**Dr. James H. McMillan**

**On Career, Hobbies, Family and Retirement**

**The Family Health Centers of Ashville, Arden & Hominy Valley**

**January, 2017**

**Childhood**

Dr. James Hinton McMillan was born January 17, 1951 in Minneapolis, Minnesota. His parents moved south with his father’s army career and eventually settled in Cedartown, GA, a small town in the northeastern part of the state. The family moved to suburban Atlanta in 1964 with his father’s advancing civil engineering career to help build the emerging southern metropolis. Dr. McMillan attended Lakeside High School near Decatur.

**High School**

Dr. McMillan’s interest in medicine was sparked by his fascination with the biological sciences including physiology and anatomy. He was an avid athlete competing in multiple sports.

**Rock ‘n’ Roll**

During high school, Dr. McMillan found another important athletic pursuit- freestyle rock ‘n’ roll dancing. As most of us know, rock ‘n’ roll and R&B music exploded in the 1960’s. Cultures blended at a rapid pace and the youth of America was on a wave of new energy and freedom.

*“The youth of America at that time were released to explore many new and exciting lifestyles. We discovered the fascinating communal behavior of freestyle rock and roll dancing. This would become my first, year round sport! I will never forget those ‘germinal mosh pit’ summer dances at neighborhood teenage parties. The music created a feeling that I had never experienced before. The mixture of music, movement and uninhibited self-expression was a true out of this world phenomenon in the 60’s!”*

**College**

Dr. McMillan chose Clemson University for undergraduate studies. Colleges still had a ‘Pre-Med’ major at that time. This allowed the student to get the prerequisites for med school and the freedom to seek other courses of interest. Dr. McMillan ended up spending a lot of time in Psychology and Sociology courses which eventually fueled his attraction to extensive specialty of primary care. The study of social structure and population dynamics with personality behavior was the catalyst of primary care intrigue.

At Clemson, Dr. McMillan found another new passion—the sport of Rugby. This unique sport provided a tremendous experience for him. The game allowed him to have his competitive athletic fix while pursuing his goal to get into medical school. The socialization of a team of 15 players with minimal control of a single referee, coupled with the post-match gathering of the teams to sing rugby songs and enjoy the beverages of pleasure was just what the doctor ordered! He was also active in student government during this volatile political time of the early 1970’s.

**Decision: Family Medicine**

It was around this time, in the 1970’s, that the specialty of family medicine created. In Medical School, the exposure to the menu of subspecialties didn’t really appeal his internal desire to deal with patient as a whole person entwined within their social structure. The discovery of family medicine was the answer to his medical education quest.

**Residency**

Asheville in 1977 was a new frontier in primary care. The medical community was filled with talented physicians and had a hospital system that could sense the future direction of medicine. Mountain Area Health Education Center (MAHEC) was created by the state of North Carolina to train all types medical personnel outside of the medical teaching centers in hopes of getting the graduates to stay in the area after their training. The mystical Appalachian Mountains and the Asheville vibe of new and old cultural exploration was another unique discovery. The medical community gave a 100% support to training the family medicine residents. This resulted in the MAHEC’s ascendency to one of the premier Family Medicine residency programs nationwide.

*“MAHEC and a large number primary care doctors in WNC would not be here today if Mission/ St. Josephs Hospitals had not stood up and supported the concept Primary Care in 1975.”*

While at MAHEC, Dr. McMillan met his wife, fellow resident Carol Kaufman in 1979. Their daughter Rachael is currently practicing law in New Orleans, LA.

The late 1970’s and early 1980’s allowed Dr. McMillan more time to pursue his true passion-dancing. The explosion of Disco revived the dancing spirit of the children of the 60’s and invigorated the new generations that followed. Finally, the resurgence of Rock and Roll and birth of Punk rock occurred. Dr. McMillan was back on the dance floor at full tilt! House dance parties were occurring frequently with influx new free spirited Asheville residents. The dance scene in Asheville continued to dominate Jim and Carol’s lives. They hosted several memorable New Year’s Eve parties that remain an early benchmark for dance parties for many residents of Asheville. Dr. McMillan revitalized this concept with the creation of Dance100 in the 1997. This winter dance series ran for 6 years and provided a much-needed Rock n’ Roll dance fix for many of Asheville’s aging dancing fools!

**Mentors**

Dr. McMillan has fond memories of his mentors at MAHEC. Dr. Harry Summerlin was a founder of the MAHEC and Family Medicine residency. Dr. Dick Walton and Susan Thrower were influential in moving the MAHEC residency into the forefront of primary care education. During residency, Dr. McMillan met Dr. Bruce Elliston who was a MAHEC instructor clinician; Dr. Elliston had a vision of the true scope of primary care and left the residency in 1978 and launched a private practice in Montford called Asheville Family Health Center (AFHC). This practice ultimately became The Family Health Centers of today. Dr. Elliston was an innovative leader who brought new and unique approaches to healthcare in Western North Carolina. He developed the first “home health” system-Visiting Health Professionals, as well as the first “occupational medicine” system in the Asheville area.

**Foundations**

Dr. McMillan graduated from the residency in 1980 and moved to Warm Springs, Oregon for one year. Working in an Indian reservation provided with the insights of a new cultural experience. In 1981, he returned to Asheville to marry Carol and live in the mountains of WNC again. Dr. McMillan joined Dr. Elliston and Dr. Jeffrey Tait as a partner in Asheville Family Health Center on his return. The office was located at 172 Asheland Avenue. The present downtown Asheville location, at 206 Asheland Avenue, was built in 1986. The Asheville Family Health Center forged a new path in primary care which included providing home deliveries and natural childbirth services along with the unique concept and the development of preventive health care.

*“In the early 1980’s, family physicians were exposed to the full spectrum of health care including Obstetrics. I did a lot of OB work during the first fifteen years of practice.”*

Dr. McMillan considers Dr. Jeff Tait to be an esteemed colleague. A native of England, Dr. Tait completed his family practice residency in Anderson, SC. Dr. Tait’s knowledge of the English heath care system gave AFHC an advantage in the benefits for total care to patients and the awareness that primary care physician is the foundation of quality health care.

Dr. Tait was a pioneer in the transformation of local Obstetrical care. The early 1980’s was the pre-Lamaze era where fathers were not allowed into delivery rooms and women had little say in the sterile hospital birth experience. Dr. Tait developed the new concept of a natural childbirth with less medical intervention. Practicing obstetrics with Dr. Tait opened a new window of interest for Dr. McMillan. Working with Dr. Tait, he recognized the importance of respecting the patient’s ownership of personal health choices. Together they expanded and improved home deliveries and pushed with others in the Asheville medical community to change the obstetrical care to women in WNC.

*“In the early 1980’s, I had discovered another year round sport- bicycling racing. When I was the on-call for deliveries, I had to memorize the location of pay phones in Asheville. (no cell phones in those days!) That way I could return a call if someone went into labor while I was riding my bike, and get back to the hospital in a timely manner.”*

When Dr. Tait left AFHC to establish a solo practice, Dr. Elliston and Dr. McMillan decided to expand. The managed care systems were gaining traction with the development of HMO’s. . Previously health insurance only paid for sickness and not preventative care. Insurance companies finally realized that maintaining good health of their employees would cost less than waiting for them to get sick. Employers realized that if they worked with an HMO to keep their employees healthy that it would benefit everyone. During this era, Primary Care became the true gate keeper of health care to the population. When first HMO came into existence in North Carolina, Drs. Elliston and McMillan said *“this is what we’ve been waiting for.”*

**Expansion**

These developments created opportunities for AFHC. They knew they wanted to take care of patients, and their families, from the ‘cradle to grave’. In the meantime, they were making health care readily available to local businesses through occupational health. *“We realized that we needed to grow the practice as businesses now wanted preventive health care access for their employees. Long-term continuity of care and employee heath were now a priority. The AFHC needed more doctors.”*

MAHEC residency continued to provide new doctors to AFHC and the practice launched into a phase of rapid expansion. Asheville Family Health Center bought Dr. Everett Smith’s practice in Hominy Valley. They had a turnkey purchase with Everett Smith. *“He called us stating he was ready to retire. Move out here and take my office. We knew Everett. He was a respected leader in primary care.”* Within another year, the Arden office was also opened.

During these early years, the physicians were also the practice managers. This distracted the physicians from their primary focus, patient care. Asheville Family Health Centers hired its first Office Manager in the late 1980s.

In 1987 the practice moved to the new location in the upper floor of the 206 Asheland Avenue building. Asheville Family Health Centers eventually bought the lower level condo and filled it more primary care physicians. The practice was on its way to becoming the largest independent family practice group in the North Carolina

In the early 1990’s, Dr. McMillan took on several high-profile roles including serving on the MAHEC Board of Directors. MAHEC grew as the Mission footprint expanded. It became more regional, with larger facilities and more residency programs. Dr. McMillan represented Primary Care / Family Medicine on the Mission Board of Directors in the 1990’s and Family Medicine hospital division chairman.

As the 1990’s progressed Dr. McMillan faced a cross road in his career. His board service and committee work were becoming more demanding. He was asked to take on higher profile roles politically and administratively. The need to balance professional aspirations with personal ambitions had to be addressed. Dr. McMillan decided to scale back his committee work to focus more on AFHC, cycling and his family. He had founded the Asheville Bicycle Racing Club in 1984. He thrived on the competitive excitement of bicycle racing and wanted to give more to the promotion of bicycle racing and competing on the national master’s level of road racing.

*“Cycling opened up a whole new world of elite performance.”* In the 1990’s cycling was becoming a more popular sport in the U.S. Along with his cycling club, Dr. McMillan promoted the Bele Chere Bicycle races and the French Board Cycling Classic. The Classic was the largest amateur bike race on the east coast for more than 15years. Dr. McMillan continued racing competitively until he was 62.

**Practice philosophies**

When not on the bicycle saddle, Dr. McMillan worked on molding The Family Health Centers into the independent practice that it is today. *“One of our core philosophies is to be sure our physicians enjoy their work.* *Patients want to see a doctor who enjoys their profession and is willing to give the patient the time needed. I consider our practice to be a team, from the front office to the nurses and doctors. Everyone has a commitment to excellence and personalized care. Our positive environment is generated by the doctors’ personalities and attitudes toward compassionate healthcare delivery.*

**On becoming a patient-centered medical home**

*“Becoming a patient-centered medical home (PCMH) originated from national concerns about ensuring the quality of primary care. To us it was a no-brainer. We were already doing it. We just needed to document what we were already doing. It did not signify a change in the way we were providing healthcare. It was just a matter of entering the data so Medicare and Medicaid could assess our performance. PCMH provides the knowledge that family doctor is addressing the factors that affect quality of life and good health care. This development related back to the emergence of managed care. If we provide good preventive care for the population, there will be a financial benefit to all aspects of the health care system.”*

**On independent medical practices**

*Currently, it is estimated that only thirty percent of all physicians operate independently. I believe independent practices have more sincere personal commitment from physicians when it comes to continuity of care. The reason fewer and fewer doctors stay independent is that most are good at delivering patient care and staying current with health care knowledge, but less skilled in the area of managing a business. And frankly It’s hard to be a physician practice manager when your primary interest is providing care to patients. The managing physician has a difficult time balancing medical practice, practice management and personal life.*

*After all, doctors go into health care because we enjoy the patient-physician relationship. Pulling away from patient contact detracts from physician gratification. We saw the need to be surrounded by good business managers. Fortunately, as The Family Health Centers grew, we were able to hire qualified practice managers. The physicians were able focus on be physicians. This practice leadership and professional management allowed FHC to purchase the EMR, develop PCMH and work with health care systems to improve the health of their patient population.*

**On Electronic Medical Records**

*“Adapting to use of Electronic Medical Records (EMR) enhanced our ability to invest back in the business. It gave us more freedom to focus on financial stability, nurses, equipment, management and staff. Another reason our practice elected to bring on an EMR system was to have better communication with all of our offices, improve chart functionality, have immediate access the hospital records and monitor in-patient care of our patients. It also allows us to focus on and monitor the quality of care. Plus, we have the opportunity to communicate with patients throughout the day on the patient portal, giving patients ready access to their physician without having to negotiate at phone tree answering system!*

*The EMR has changed the way we interact with patients. However, the benefits outweigh the challenges associated with using a laptop while seeing a patient. EMR provides a cleaner and more accessible medical record. Allscripts has its challenges but I think overall it is a quality product that allows me to retrieve patient information in a timely manner.”*

**On the future of family medicine**

*I believe all physicians of FHC share similar dreams as forward-thinking doctors that balance professional and personal life. We do a lot with encouraging and directing patients to take ownership of their health. Universal healthcare for all with a single payer system is the next major trend that will occur in the near future. ObamaCare is the way to a better national health care system!*

**Advice for future physicians and leaders**

*Enjoy yourself and your profession! Remember that “Every day is a great day in Primary Care.”*

**To Lynn Neely**

*“My work relationship with Lynn has made my life one filled with pleasure of work/personal balance. I feel Lynn has shares equally in the care of our patients. It’s wonderful to have a long-term professional relationship with a person who shares my ideals and compassion for patients and their concerns.”*

**To Terry McLane, CEO, MBA**

*“Terry McLane joined our practice and revved us up to become a premier medical corporation. His stature and professionalism have taken us to a new level. He helps us feel confident in our decisions and helps us handle what we are not sure we can control. We know he has our best interests in mind.”*

**Fondest Memories**

*“One of the most rewarding compliments I ever received was at a MAHEC reunion a couple of years ago. I was approached by a hospital staff person with whom I was not acquainted. He said ‘You don’t know me, but I’m in nursing administration at the hospital. I’ve noticed repeatedly over the years that you reach out to the nurses to let them know that their contributions are important. Just as important as yours.’*

*I’ve always made this a major part of my philosophy. ‘That I am part of a team. I take the time to visit my patients who are hospitalized. Many are critically ill. I may not being managing the specifics of the illness in the hospital but I believe my presence provides a sense calm and clarity for them in this time of uncertainty of illness. I’m there to help interpret what is happening and to answer questions which other specialists sometimes don’t provide to the patient and their family.*

**Post-retirement – time to explore**

*“Carol and I will continue to live in the Asheville area.*

*“My plan is to explore who I am as a non-physician.”*

*“You can never fully explore who you are when you are a physician. I feel I’ll be able to walk away from being a physician because it will give me the time self exploration. I’ll find things to fill my time I’m sure. I hope to re-explore old friendships that I was not able to maintain while working. I will seek out new horizons and adventures.*

*I also plan to explore more of western North Carolina. I can leave downtown on my bike and be in the splendor of the Appalachian Mountains within 15 minutes. I love that about Asheville.*