

# Where the Action Is, a Seat at the Table

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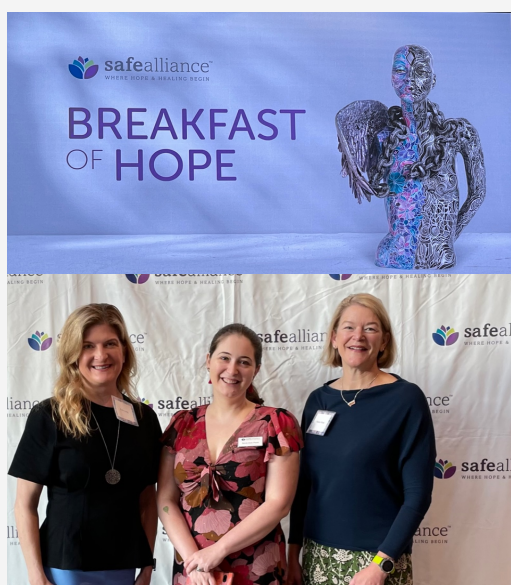


**A**s I write the first president's letter of the year, I feel the need to be completely honest with you: writing was one of my least favorite assignments in school. My mind always

went blank, and I had no idea how to make one thought flow into another. So, beware! I want to thank Scott (Dr. Paviol), who helped ignite some new fire into the MCMS Board last year, and also to extend thanks to Chirag (Dr. Patel) for being willing to engage with the medical society fresh out of residency to help us create a vision.

I've always appreciated the letters from past MCMS presidents, and now, OMG, it's my turn. Deep breath — here goes, with some stuff about me and my “why I'm here.”

Originally from Tallahassee, Fla., I have called Charlotte home for 25 years. I earned my medical degree from the University of Florida and completed residency at Carolinas Medical Center. I have been in family medicine for 22 years and married to my husband, Carlyle, for 17 years. We have two teenagers, Benjamin, 15, and Virginia, 13. Our household also includes two dogs, Gus and Lucy, and a cat named Nermal.



My practice with Avance Care is located in the SouthPark area. When Kate (Dr. Long) asked me to be on the MCMS Board in 2021, of course I had to say yes. We had met and become friends at CMC, so I agreed mostly because it was an opportunity to see my friend once a month.

I like to be where the action is, not a bystander. I think this is true for most of us, otherwise we wouldn't have chosen a career on the front lines in medicine. We also like to know what's going on and be part of it, or we wouldn't be committed to patient care and pay for membership in this professional society.

After being on the Board a couple of years and learning what MCMS actually does, here are the reasons I'm involved:

**COMMUNITY** — We now work in silos (at least those of us in the outpatient world). I've been around long enough that many of my mentors/referral sources are retiring. Tom (Dr. Barringer) don't you dare! Making connections and forging relationships is essential to the work we do.

How do I meet new specialists in Charlotte? How do I know who might be a good match to take care of a patient? How do I get my patient, who has a new diagnosis, in with a specialist and not have to go through the cumbersome referral process first?

**NETWORKING** — It's really valuable to know and to be able to trust some colleagues at a more personal level. We need to support one another in running an efficient practice, gaining a different perspective, and solving perplexing clinical and non-clinical problems. I rely on my MCMS friends to help me stay abreast of changes in medicine/specialties and to be a resource for me (outside my normal go-tos).

**ADVOCACY** — Time spent face to face with patients seems to have taken a back seat to fighting with insurance companies. There are so many obstacles to our patients getting the optimal care they need (prior authorization, referral coordination, high deductible plans, and denied coverage for testing). Much of what we do on a daily basis includes meeting metrics and trying to "play the game" to get reimbursed adequately for our services.

I want a seat at the table! I really want to have a voice for my patients. What about you? Do your patients have a doctor who doesn't decide on treatment plans based on the whims of insurance contracts and networks? The dreams we had in medical school will never come true if we don't come together and advocate for ourselves and our patients.

MCMS affords physicians the opportunity for **connection and community**. Whether at Board meetings or social events, our medical society brings together experienced and/or retired physicians, established mid-life MDs, and young out-of-residency docs. MCMS offers the sharing of a wealth of experience and a platform for gaining knowledge and support (and, dare I say, trust). We need each other to make sure medicine continues to be the noble profession it is.



I mentioned above that I want to “be where the action is.” Yet, action often means change. We generally don’t like to change the way we do things though, right? In med school and during residency, “this is the way it’s always been done” is the standard line. And, when evidence suggests otherwise, we know it takes a while for things to actually change.

In 2024, however, MCMS will continue to change because we have to. The first, as you’ve noticed, is the discontinuation of our printed magazine. Mecklenburg Medicine has had a long history in the hospitals and around physician offices. It’s been a part of my work life since I was a resident, and I always have enjoyed reading articles about local doctors and programs.

But digital is the way of now, the way of the future. Printing the magazine no longer is cost-effective. We still will be bringing you informative and motivational articles. The MCMS Board is looking at how these will appear (and be linked through social media) online.

Other changes include more events and programs for connection and education. We also want to find ways in which groups of physicians can give back and serve our community needs together.

I’d love to hear your “why I’m here” and the ideas you have for expanding the scope and breadth of MCMS in 2024. Email me at [faisongreen@yahoo.com](mailto:faisongreen@yahoo.com).