

*Midwest*  
CLINICIANS' NETWORK

Leadership, Growth and Quality Health Care

# NETWORK NEWS

January  
2020

## WHAT'S INSIDE



pg. 3

Making Customer Service a Reality at Your Community Health Center

pg. 4

MWCN and the University of Chicago Diabetes MESSAGES Study

pg. 5

Expert Patient Engagement Designed for Underserved Populations  
WEBINAR: MWCN & CareMessage

pg. 6

WEBINAR: The Top 5 OSV Conditions and Why Technology is Essential to Continuous HRSA Compliance  
HEALTHY RECIPE: Homemade Minestrone Soup (Slow Cooker)

pg. 7

Job Postings

## Message from the MWCN President *The Impact of Training*



Stephanie Carr, BSN, RN Training Director  
[Primary Health Care](#)

Greetings and Happy New Year from Des Moines, Iowa! I am excited to be starting the New Year as Board President for the Midwest Clinicians' Network. I look forward to another year of sharing best practices and resources, as well as opportunities for personal and professional growth. I have greatly benefited from the resources available through our Network and I am grateful for the opportunity to give back and to serve in this way.

A bit about me, I am a Registered Nurse with 20 years serving patients in a clinical setting. I enjoyed leading teams and found that I was drawn to the administrative side of healthcare. I feel very fortunate to have had opportunities in various capacities to enhance my professional practice while focusing on the importance of evidence, theory and research. I am true believer that we should be lifelong learners to enhance patient outcomes and ensure best practices. This philosophy led me back to college. In ten weeks, I will complete a master's degree in nursing with a concentration in executive leadership.

Soon I will celebrate four years working in a Federally Qualified Health Center (FQHC). My journey began as a Clinic Manager, then later promoted to a Clinic Director in a busy residency clinic. I appreciated and enjoyed the challenges and learned a lot. From there, I was promoted to our organization's Training Director, and that is the capacity in which I serve today. I'm passionate about seeing employees grow and thrive in their roles, and I view training as one of the most important investments we can make in our most valuable asset, our employees.

Training provides leaders an opportunity to reflect and analyze the current state, determine where improvement can be made and implement the process to achieve the desired outcome. Much like the start of a new year, the development of a training plan provides a spark to ignite a fire for new ideas, establish goals and identify new projects. Perhaps the New Year is the spark for you or your organization to ignite a fire that has burned low or may provide the fuel to start anew.

## CONTACT US

Midwest Clinicians' Network  
321 W. Lake Lansing Road  
East Lansing, MI 48823  
517.381.9441  
[info@midwestclinicians.org](mailto:info@midwestclinicians.org)  
[www.midwestclinicians.org](http://www.midwestclinicians.org)

**OFFICERS**

**Stephanie Carr, BSN, RN**

*President*  
Primary Health Care  
Des Moines, Iowa

**Ronald Dwinells, M.D., MBA, CPE,  
FAAP, CEO**

*Past-President*  
ONE Health Ohio  
Youngstown, Ohio

**TBA**

*President-Elect*

**Jeff Cooper, CFO**

*Treasurer*  
Shawnee Health Service  
Carterville, Illinois

**Laura Pryor, RN, MSN**

*Secretary*  
Windrose Health Network, Inc.  
Trafalgar, IN

**BOARD MEMBERS**

Lynne Adams, RDH, RN  
Lisa Burnell, RN, BSN  
John Carrington, PA  
Diane Cummins, MSN, RN, LICDC  
Natalie Dykman, MPH  
Shannon Fahey, MS, RD, CDE  
Stacey Gedeon, Psy.D., MSCP  
Lanett Kane, Director of Nursing  
Denise Koppit  
Renee Mardis, OTR, MBA  
Nicole Meyer, MBA  
Debra Morrisette, DDS  
Kerri Murphy, DNP, MSN, MBA, MOL, RN  
Michael Quinn, PhD  
Darryl Roberts  
Cindy Schaefer, RN, PhD  
Jennifer Smith  
Emily Specer  
Mary E. Steiner  
Terry J. Warren, MBA

**THE IMPACT OF TRAINING**

cont'd from page 1

Training involves some sort of change for the employee; how they perform their job and acquire knowledge that they will be able to use immediately (Mello, 2015). Some may view training as a subjective concept, often to describe any form of information given to employees. Training should not be a buzz word that uses a “spray and pray” approach. This approach is merely sharing information (spraying) using various delivery methods and believing or hoping everyone understands (pray). How do you evaluate the success of the training, your audience and their learning needs?

I believe most healthcare professionals understand the value of training and education but lack resources or a methodologies to implement concrete programs. Start small! Organizations should understand it is equally vital to quantify the return on investment (ROI) for training and education (Mello, 2015). The ROI can be seen on employee and patient surveys, heard during human interactions, and felt throughout the culture. My organization agreed to venture down the path of training because we believed it would positively impact our employees, patients and clients.

We want training and organizational alignment to maximize employee flexibility because they are cross-trained (Mello, 2015). This is a win-win for the employee and the organization because the employee remains challenged with new motivators. Training also produces a talented workforce that leads to a higher retention of good employees (DeMotta, Gonzales, & Lawson, 2019). It can help identify process improvement initiatives to improve

patient outcomes and increase staff satisfaction because they are part of the decision-making process. We identified opportunities to enhance performance evaluations, focus on accountability, and the career development committee applied lean tools to gather staff input for additional employee benefits, such as professional development.

It is vital to align organizational development, strategic goals, and training to remain viable in a competitive workforce market and the ever-changing healthcare industry. Investing in training and education will allow organizations to continue to meet the high standards of quality of care, ensure patient safety, and make for a fulfilled and happy team. I challenge you to look at the way your organization delivers training and education to see if there are opportunities to make improvements in 2020. Be the spark that ignites a blaze of renewed, stimulating opportunities for employee growth and challenge!

Feel free to contact me with questions.

Best Wishes and Happy New Year!

**References:**

DeMotta, H. G., Gonzales, S. J., & Lawson, S. (2019). Exploring Strategic Training Approaches that Lead to The Retention of Talented Employees. *Journal of Organizational Psychology*, 19(3), 48.

Mello, J. (2015). *Strategic human resource management* (4th ed.). Stanford, CT: Cengage Learning



Check out this Resource!  
[www.healthcenterinfo.org](http://www.healthcenterinfo.org)

Find resources and opportunities and learn how to request technical assistance from organizations that have National Cooperative Agreements with HRSA.

- Capital Development
- Clinical Issues
- Diabetes
- Emergency Management
- Emerging Issues
- Finance
- Governance
- HIT/Data
- Leadership
- Outreach
- Practice Transformation
- Quality Improvement
- Social Determinants of Health
- Special & Vulnerable Populations

# Making Customer Service a Reality at Your Community Health Center

By Lisa Mouscher, *Sogence Training and Consulting*

You're a leader, manager or supervisor in a Community Health Center and you know that developing a culture of customer service is an important endeavor. Although you've had this on your to-do list forever, other priorities continue to arise and your customer service initiative is repeatedly pushed to the following month, somehow never rising to the top.

This scenario is incredibly common, yet poor customer service in health care is a far more critical issue than we may realize. Health centers that provide less than stellar customer service are often fraught with high employee and patient turnover, reduced productivity, bottomed-out morale, an abundance of patient complaints and an unfavorable reputation. And the fact is, the quality of customer service can both directly and indirectly influence clinical outcomes. These crucial realities propel the development of a culture of customer service from a "nice to have" to a "must have."

How do you move from concept to action? Begin by deciding to start TODAY. Sustainable change can take time, but incremental changes can quickly be seen, felt and celebrated across your department or organization. These successes help to keep your change process on track while you work to implement a wide range of shifts both big and small to impact your organization for the long term.

Although not everyone is able to implement culture change across the entire organization, a culture of customer service can also be implemented one department at a time. Regardless of the scope of your initial project, here are some keys to successful implementation:

- Start with the premise that customer service expectations must apply internally (between employees) as well as externally (when serving patients and their families).
- Bring together a diverse team of employees to plan, create, kick-off and sustain your culture of customer service. Include employees from different levels and areas of your organization or department, and include a wide range of viewpoints.
- Find ways to understand what great customer service looks like to both your internal and external customers. Be willing to hear the tough stuff and identify the gaps between the current and desired state.
- Identify the low hanging fruit and address the most important issues first, as well as areas where the impact can be seen and felt quickly. Success breeds motivation and continued success!
- Work together with your new customer service team to create clear, simple and non-negotiable expectations that apply to both internal and external customer service.

- Distribute these expectations to every member of your department or organization and expect everyone to exemplify them.
- Identify barriers to achieving the goals and work to remove them (or find effective work-arounds).
- Create a long-term strategy! Without a clear, written, and long-term strategy, culture change tends to fade away. Revisit your plan regularly and make changes when and where needed.
- Review relevant data collected through your organization's surveys. This information can be extremely valuable when regularly evaluated, acted upon, revisited and updated.
- Search the Internet for an effective change management process and utilize it throughout your planning and implementation (check out John Kotter's change process). The benefits of following a change management process cannot be overstated. Change is difficult for many people and resistance can be widespread. By implementing an effective process, you can dramatically increase your opportunities for success!
- **Of critical importance** -- provide a wide range of relevant and hands-on training on the front end and never stop. Your employees may not currently have the necessary skills to provide great service, but many may surprise you with the right training and support.

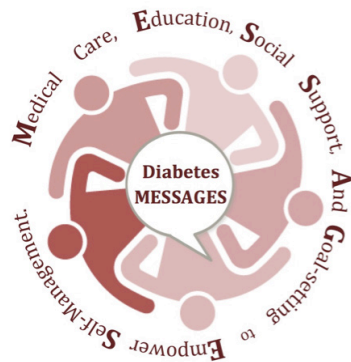
Weave customer service into every aspect of your organization. Reinforce your new culture through staff meetings, emails, one-on-ones, posters, events and more, and follow-up regularly to ensure service excellence is happening in every area of your department or health center. Implement ongoing accountability processes, including regular check-ins and coaching meetings. **And possibly most important of all -- be a customer service role model yourself. Your staff will follow your actions far more than your words.**

Customer service in health care is critical, and you can be the catalyst to create a culture of customer service in your department or organization. Make customer service non-negotiable, **make it fun**, and make it part of every meeting and every aspect of your department or your health center. Talk about it, live it, and expect it. With patience, perseverance and commitment, you can truly create a culture where customer service is an expectation with every interaction, moving your health center a long way toward becoming both a provider of choice and an employer of choice for the long term.

*Lisa Mouscher, CEO and Lead Consultant at [Sogence Training and Consulting](http://www.sogence.com), works with Community Health Centers nationwide, conducting training programs to strengthen the management skills of CHC leaders, managers and supervisors; and helping CHCs to create a culture of customer service.*



# MWCN and the University of Chicago Diabetes MESSAGES Study



As part of the Diabetes MESSAGES study, MWCN and the University of Chicago are training teams from 14 health centers across the Midwest to implement diabetes group visits and text messaging.

The first training cohort attended their first learning session in Chicago in

September 2018. This 2-day learning session covered the structure and content of group visits, how to recruit and retain patients, data collection and evaluation, health disparities, and cultural competency. A panel of speakers from health centers in Indiana, Minnesota, and Nebraska described their experiences with diabetes group visits and answered questions. Health center teams began planning their group visit programs, identified potential barriers to implementation, brainstormed solutions, and shared ideas and experiences. In March, the cohort came together again in Chicago for the second learning session. All of the teams gave presentations about their group visit programs and discussed their challenges and successes so far. The learning session also included time for team planning and expert presentations on behavior change, health literacy, community linkages, quality improvement, and sustainability. Staff and providers reported feeling more knowledgeable and prepared to implement diabetes group visits after attending the learning sessions.

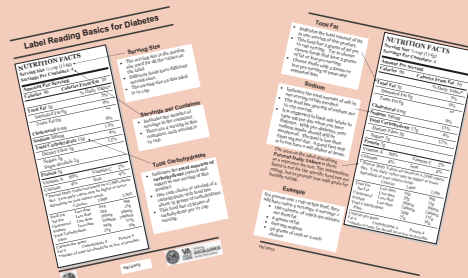
Health center teams began recruiting patients after the first learning session and then held their first group visit sessions in December. All of the teams successfully completed 6 monthly diabetes group visits! Teams designed their group visits to include the “core 4” elements of medical visits, education, social support, and goal setting. Health centers customized their programs to fit the space, personnel, and time available to them and chose education topics based on patient feedback. Across the board, patients expressed a strong interest in learning about food, so teams held cooking demonstrations, a grocery store tour, and educational activities related to nutrition. To facilitate group discussions and help with goal setting, teams found that having a behavioral health staff member involved in the group visits was extremely helpful. Although winter weather presented some challenges to attendance, teams reported that patients were highly engaged during group visits, and several sites noted changes in patients’ self-management and improvements in A1C. Group visit sessions were 60-180 minutes long (median 120 minutes). At the last visit, teams celebrated how much patients had learned and accomplished over the past 6 months.

Throughout this process, all of the teams met via webinar for monthly progress updates and sharing. After the initial 6 months, many teams decided to continue diabetes group visits and are planning to expand group visits to additional clinic sites and other medical conditions. Teams have been sharing their experiences with others at their health centers and in their communities, including speaking at board meetings, presenting at conferences, and publishing articles in their health center newsletter or local newspaper. The study team at University of Chicago is currently analyzing survey and medical record data collected by the health center teams to determine the impact of group visits on patient outcomes, compared to similar patients receiving usual care at other health centers. The teams will be collecting follow-up data at 12, 18, and 30 months to help assess the long-term effects of the program. The next cohort of health centers will be coming to Chicago to begin their training in March.

The Diabetes MESSAGES study is funded by the U.S. Department of Health and Human Services Office of Minority Health (1CPIMP171145-01-00). The contents of this article are solely the responsibility of the authors and do not necessarily represent the official views of OMH. Additional funding is provided by the University of Chicago Biological Sciences Division Office of Diversity and Inclusion.



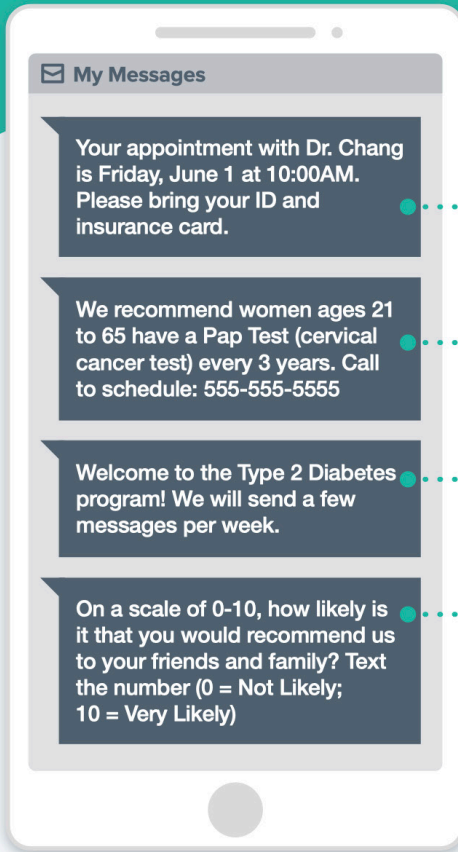
## Label Reading Basics for Diabetes



See these larger and learn the proper way to read nutrition labels!

**CLICK HERE FOR THE LINK!**

# Expert Patient Engagement Designed for Underserved Populations



1 ..... Reduce no-shows with **Appointment Reminders**

2 ..... Fill gaps in care by targeting patient cohorts with **Group Outreach Messages**

3 ..... Educate patients and achieve quality measures with **Health Education Programs**

4 ..... Gather fast and actionable feedback with **Patient Satisfaction Surveys**

Learn more about our work  
with 200+ FQHCs, free  
clinics and health systems  
[www.caremessage.org](http://www.caremessage.org)



## CAREMESSAGE

## Join MWCN & CareMessage

next month for an exclusive webinar featuring a demonstration of the CareMessage's patient engagement platform exclusively designed for FQHCs and underserved patients. Currently working with 200+ FQHCs around the country, here are a few examples of the impact they've seen thus far:

- Saving Staff Time: 416 staff hours saved using CareMessage for patient communication
- Reducing No-Shows: 35-38% to 17-18% no-show reduction in Dental, Behavioral, and Primary Care
- Improving Outcomes: 0.62 A1c reduction with CareMessage's Type 2 Diabetes program intervention

We would love to have you join us on

**Tuesday, February 4th at 11:30 - 12:30pm CT**

for a great discussion on streamlined patient engagement to help you and your team reach more patients,  
in less time to maximize impact and reimbursement opportunities.



**REGISTER HERE**

[Click here to read](#) more about CareMessage's work and impact with FQHCs around the country.

Please don't hesitate to reach out to Jessica Day from the CareMessage team, [jday@caremessage.org](mailto:jday@caremessage.org), with any questions you have prior to the webinar - we look forward to seeing you there!

# MWCN Webinar Opportunity

Wednesday, January 15th- 12:30 EST

## “The Top 5 OSV Conditions and Why Technology is Essential to Continuous HRSA Compliance”

Speaker David Monaghan, MHA, Founder and President of [COMPLIATRIC](#) will explore the top five conditions that Community Health Centers are receiving as part of their HRSA Operational Site Visit in the first half of 2019 along with tips on how to prevent those conditions from being placed on your organization's award. We will also be exploring and contrasting the various forms of compliance technology available in the market today and strategies on how to select the best tools for the needs of a Community Health Center.

The webinar will include a demonstration of Compliatric's software: Compliatric's cloud-based platform enables community health centers to have robust, simplified and effective administrative and compliance processes. Providing value to our clients through innovation and systematic evolution since 2010, our 25+ integrated modules provide comprehensive regulatory (HRSA, HIPAA, OIG and more) compliance program support, delivering organization-wide operational excellence and risk management in a single repository of evidence.



**Register  
Here!**

## HEALTHY RECIPE: Homemade Minestrone Soup (Slow Cooker)

*An easy to make, minestrone soup recipe that is loaded with good for you veggies, like spinach and zucchini. It's also protein packed with red kidney beans and great northern beans. You'll be full for hours from this healthy, nutritious soup!*



### INGREDIENTS:

- 2 cans (14.5 oz) diced tomatoes
- 2 tbsp tomato paste
- 1/4 cup sun-dried tomato pesto
- 1 Parmesan rind
- 4 cups vegetable stock
- 2 cups water
- 1 cup carrots, diced
- 1 1/4 cup celery, diced
- 1 1/2 cup white onion, diced
- 4-5 cloves garlic, minced
- 1 tsp dried oregano
- 1 sprig rosemary (or 1/2 tsp dried)
- 2 bay leaves
- salt and pepper to taste
- 1 can (15 oz) red kidney beans, drained and rinsed
- 1 can (15 oz) great northern beans, drained and rinsed
- 1 1/2 cup zucchini, diced
- 1 1/2 cup tubular (ditalini) pasta
- 1 cup frozen green beans, thawed
- 2 1/2 cups baby spinach, chopped
- finely shredded Parmesan cheese, for serving (or Romano)

### DIRECTIONS:

1. Add the diced tomatoes, tomato paste, tomato pesto, Parmesan rind, vegetable stock, water, carrots, celery, onions, garlic, oregano, rosemary, and bay leaves to a slow cooker. Season with salt and pepper to taste and cook on low heat 6-8 hours or high 3-4 hours.
2. Add in red kidney beans, great northern beans, zucchini, and pasta and cook on high heat for an additional 20-25 minutes until pasta is tender. Stir in the spinach and green beans and cook for an additional 5 minutes until heated through. Serve warm topped with Parmesan cheese and garlic toasts.

Resource and additional great tips! <https://littlespicejar.com/homemade-minestrone-soup-slow-cooker/#>



# JOB POSTINGS

## Illinois

### PRN Nurse Practitioner

Eagle View Community Health System (ECHS) is seeking to hire a PRN Nurse Practitioner or Physician's Assistant to cover vacations, and planned time off for our current providers. If you are interested, please send your resume to [administration@eagleviewhealth.org](mailto:administration@eagleviewhealth.org).

### Various Positions

Community Health Partnership of Illinois (CHP) is seeking mission-driven individuals with a passion for the healthcare needs of migrant, seasonal farmworker and rural, underserved populations. AURORA p/t Dental Assistant, MENDOTA bi-lingual LCSW, MENDOTA bi-lingual Clinic Support (CNA/MA), HARVARD p/t physician 1 or 2 days per week. Dedicated team environment with competitive pay and great benefits. Contact Barbara Sacco, HRD @ [HR@chpofil.org](mailto:HR@chpofil.org).

### Various Positions

Illinois Primary Health Care Association seeks Physicians, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Dentists, Dental Hygienists, LCSWs, LCPCs and Psychologists for positions in urban, rural and suburban community health centers in Illinois and Iowa. To take advantage of IPHCA's complimentary recruitment assistance service please contact Ashley Colwell, [acolwell@iphca.org](mailto:acolwell@iphca.org) or visit [IPHCA-Job Seekers](http://IPHCA-JobSeekers) for more information.

### Physicians

CHESI is seeking a physician to serve patients in our system of care. CHESI is a FQHC with FTCA coverage. We qualify for NHSC loan repayment. Our competitive compensation includes liberal benefits & generous support for continuing medical education. We will consider part-time participation for the short-term. Please email to [sturner@chesi.org](mailto:sturner@chesi.org).

### OB/GYN Physician

Family Christian Health Center (FCHC), a federally qualified health center, is seeking to hire a motivated full-time board certified OB/GYN PHYSICIAN, NURSE PRACTITIONERS- FAMILY PRACTICE. We offer a competitive salary and excellent benefit package. Please contact Regina Martin, HR Manager, [rmartin@familychc.org](mailto:rmartin@familychc.org) or phone, 708.589.2017 for more information. FCHC is a participant in the Loan Repayment Program through National Health Service Corporation.

## Iowa

### Various Positions

Primary Health Care, Inc. is seeking to hire a variety of positions including: Medical Director; Physician; Dentist; Pediatric Dentist; Psychiatric Nurse Practitioner and More! Navigate to our careers page at <https://recruiting2.ultipro.com> to search and apply for positions. Contact Rachael Miller at [rmiller@phcinc.net](mailto:rmiller@phcinc.net) for more information.

## Michigan

### Clinical Manager

Grace Health is looking for a full-time CLINICAL MANAGER that will provide leadership and direction for day-to-day clinical functions. This person will serve as a resource person for clinical issues and questions. Minimum four years of professional nursing preferred. One year of management experience preferred. Contact Jasmine Miller, Recruiting Specialist, by e-mail [recruiting@gracehealthmi.org](mailto:recruiting@gracehealthmi.org) or phone 269.966.2600 for more information.

## Minnesota

### Director of Nursing

Sawtooth Mountain Clinic (SMC) is seeking a Director of Nursing. SMC offers an engaging and supportive work environment and a generous benefits package. We are a rural FQHC located on the beautiful north shore of Lake Superior close to hiking, biking, and ski trails. To learn more, visit [www.sawtoothmountainclinic.org/employment](http://www.sawtoothmountainclinic.org/employment) or email Erin Watson at [erin@sawtoothmountainclinic.org](mailto:erin@sawtoothmountainclinic.org).

## Ohio

### General Dentist

Valley View Health Centers, CAC of Pike County, an FQHC in Southern Ohio, is seeking a full-time GENERAL DENTIST to join its Jackson and Portsmouth locations, to provide comprehensive and emergent dental care. All clinics have quality equipment and are fully digital (EMR and radiographs). Clinic support staff includes hygienist, EFDA, and 1-2 dental assistants. VVHC is mission driven, providing care to all members of the community it serves. VVHC offers a competitive salary, generous benefits, signing bonus, and Monday- Thursday work week. To learn more contact Sarah Williams, Director of Dental Operations by email [swilliams@pikecac.org](mailto:swilliams@pikecac.org) or visit <https://www.valleyviewhealth.org/>.

### Various Positions

Community Health Centers of Greater Dayton in Dayton, OH has career opportunities for Family Practice physician Nurse Practitioner, and a RN Care Coordinator. CHCGD offers a competitive salary and benefits. Contact Sheryl Fleming at [sfleming@chcgd.org](mailto:sfleming@chcgd.org) or visit our website, <http://www.communityhealthdayton.org>.

*If you have a job posting you would like added to our next newsletter, forward it to Renee Ricks at [ricks@midwestclinicians.org](mailto:ricks@midwestclinicians.org)*