MidWest Clinicians' Network

NETWORK NEWS

Fall 2014

MWCN

Message from the President

Rescheduling of Hydrocodone Combination Products From Schedule III to Schedule II

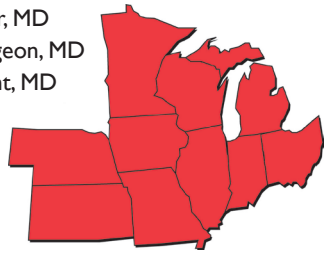
by Laura Pryor, RN, MSN
Chief Quality Officer, Windrose Health Network

In an attempt to implement regulations to protect the health and safety of the US. public, the United States Department of Justice Drug Enforcement Administration's Office of Diversion Control is rescheduling hydrocodone combination products from a Schedule III to a Schedule II medication effective October 6, 2014.

Under the Controlled Substances Act (CSA), every controlled substance is classified into one of five schedules based upon its potential for abuse, currently accepted medical use in treatment in the United States, and the degree of dependence the drug or other substance may cause.

The push to move hydrocodone containing products (HCPs) to a Schedule II designation didn't just happen overnight. The DEA received a petition to reschedule HCPs in 2004. At that time, the DEA requested that the HHS provide them with a scientific and medical evaluation of available information and a scheduling recommendation for HCPs. The HHS recommended that HCPs remain controlled in schedule III of the CSA. In 2008, the DEA requested that the HHS re-evaluate their data and provide another scientific and medical evaluation and scheduling recommendation based on additional data and analysis.

Continued on page 2



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Rescheduling of Hydrocodone Combination Products From Schedule III to Schedule II *continued*

On July 9, 2012, President Obama signed the Food and Drug Administration Safety and Innovation Act (Pub. L. 112-144, 126 Stat. 993) (FDASIA). Section 1139 of the FDASIA directed the Food and Drug Administration (FDA) to hold a public meeting to "solicit advice and recommendations" pertaining to the scientific and medical evaluation in connection with its scheduling recommendation to the DEA regarding drug products containing hydrocodone, combined with other analgesics or as an antitussive. Additionally, the Secretary was required to solicit stakeholder input "regarding the health benefits and risks, including the potential for abuse" of HCPs "and the impact of up-scheduling these products." Accordingly, on January 24 and 25, 2013, the FDA held a public Drug Safety and Risk Management Advisory Committee meeting. Members included members with scientific and medical expertise in the subject of opioid abuse, a patient representative, representatives from the National Institute on Drug Abuse (NIDA) and the Centers for Disease Control (CDC). Additionally, the public was given the opportunity to provide comments.

On December 16, 2013, the HHS submitted its scientific and medical evaluation entitled, "Basis for the Recommendation to Place Hydrocodone Combination Products in Schedule II of the

Controlled Substances Act." Pursuant to 21 U.S.C. 811(b), this document contained an eight-factor analysis of the abuse potential of HCPs, along with the HHS's recommendation to control HCPs in schedule II of the CSA.

Based upon the evidence presented, as well as the public comments, the HHS concluded that:

1) Individuals are taking HCPs in amounts sufficient to create a hazard to their health or to the safety of other individuals or to the community;
2) there is significant diversion of HCPs; and
3) individuals are taking HCPs on their own initiative rather than on the basis of medical advice from a practitioner licensed by law to administer such drugs.

The Administrator of the DEA published a notice on Feb, 27, 2014 of proposed rulemaking ("Schedules of Controlled Substances: Rescheduling of Hydrocodone Combination Products from Schedule III to Schedule II") to reschedule HCPs from schedule III to schedule II of the CSA. 79 FR 11037.

The proposed rule provided an opportunity for interested persons to file a request for hearing in accordance with DEA regulations and for interested persons to submit written comments on the proposal. The DEA specifically solicited comments on the economic impacts of rescheduling with a request that commenters describe the specific nature of any impact on small entities and provide empirical data to illustrate the extent of such impact.

Data indicated that HCPs have an abuse potential similar to schedule II opioid analgesics such as oxycodone and their abuse is associated with severe psychological or physical dependence. Abuse of HCPs is also associated with large numbers of individuals being admitted to addiction treatment centers. Individuals are taking these drugs in sufficient quantities to create a hazard to their health, and abuse of HCPs is associated with large numbers of deaths. Further, data from several different drug abuse monitoring databases support the conclusion that HCPs have a high potential for abuse similar to other schedule II opioid analgesics.

Rescheduling of Hydrocodone Combination Products From Schedule III to Schedule II *continued*

Even low doses of HCPs have the potential to adversely impact public health and safety. According to the CDC, an estimated 80% of patients who are prescribed opioids are prescribed low doses (<100 mg morphine equivalent dose per day) by a single practitioner. These patients account for an estimated 20% of all prescription drug overdoses.

An estimated 10% of patients who are prescribed opioids are prescribed high doses (>=100 mg morphine equivalent dose per day) by single prescribers. These patients account for an estimated 40% of all prescription opioid overdoses.

An estimated 10% of patients are patients who seek care from multiple doctors and are prescribed high daily doses of opioids account for another 40% of all opioid overdoses.

In the January 2014 newsletter article, I discussed the changes to Indiana rules relating to the prescribing of opioid medications. Our organization has recently modified our controlled substance policy and procedure to meet the new prescribing requirements (*Click here for WHN policy*).

For an official copy of the regulation, please click here.

Sources:

Centers for Disease Control, CDC Grand Rounds: Prescription Drug Overdoses–a U.S. Epidemic, 61(01) Morbidity and Mortality Weekly Report (MMWR) 10 (2012) (internal citations omitted) available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a3.htm.

Drug Enforcement Agency: http://www.deadiversion.usdoj.gov/21cfr/21usc/811.htm http://www.deadiversion.usdoj.gov/fed_regs/rules/2014/fr0822.htm

The Dental Quality Alliance

The Dental Quality Alliance (DQA) is happy to announce that the National Quality Forum (NQF) has endorsed five DQA measures!

1. Prevention: Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk
2. Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk
3. Utilization of Services: Dental Services
4. Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services
5. Oral Evaluation: Dental Services

NQF endorsement is considered the gold standard for measuring healthcare quality and is valued for the selection of measures to assess quality of care within federal programs such as Medicaid and the emerging ACA Marketplaces. To find more information on the NQF endorsed measures, please visit the Health & Wellbeing website.

LIKE US!

Midwest Clinicians' Network is on Facebook!!

If your organization has a FB page, like our page and you will have access to items that don't go out to the listserv.

Some topics posted only to the MWCN FB page that you may have missed:

- ABCS & Community Health Worker Fact Sheet
- Colorectal Screening Webinar on How to Use the Manual for Community Health Centers
- Dr. Jack Geiger video "remembering the early years" a must see if you don't know the history of health centers
- Healthy Recipes
- Customer Experience Video
- Interview with Dr. Marshall Chin "Reducing Medical Issues in Minorities"
- And more!

October is National Breast Cancer Awareness Month

Tom Rich, MPH, American Cancer Society

This year, an estimated 232,670 new cases of invasive breast cancer are expected to be diagnosed among US women. Another 40,000 women are projected to die from the disease. Only lung cancer accounts for more cancer deaths in women.

Breast cancer incidence rates are highest in non-Hispanic white women, followed by African American women and are lowest among Asian/Pacific Islander women. In contrast, breast cancer death rates are highest for African American women, followed by non-Hispanic white women. Breast cancer death rates are lowest for Asian/Pacific Islander women. Breast cancer incidence and death rates also vary by state.

Opportunities

Prevention We do not know how to prevent breast cancer, but it is possible for women of average risk to reduce her risjof developing the disease. Lifestyle factors, such as reducing alcihol use, breast-feeding, engaging in regular physical activity, and staying at a healthy weight are all associated with lower risk. Estrogen-blocking drugs such as tamoxifen and raloxifene can reduce the risk of developing breast cancer in some high-risk women. Some risk factors cannot be changed such as age, race, family history of the disease, and reproductive history.

Detection The earlier breast cancer is found, the better the chances for successful treatment. A mammogram can often show breast changes that may be cancer before physical symptoms develop. Some cancers that are not seen on a mammogram may still be felt by a woman or her health care provider. For this reason, the American Cancer Society recommends the following guidelines for finding breast cancer early:

- Women age 40 and older should have a mammogram every year and should continue to do so for as long as they are in good health.
- Women in their 20s and 30s should have a clinical breast exam (CBE) as part of a periodic (regular) health exam by a health professional preferably every 3 years. Starting at age 40, women should have a CBE by a health professional every year.
- Breast self-exam (BSE) is an option for women starting in their 20s. Women should be told about the benefits and limitations of BSE. Women should report any breast changes to their health professional right away.
- Screening MRI is recommended for women at high risk of breast cancer, including women with a strong family history of breast or ovarian cancer, those with a lifetime risk of breast cancer of about 20% to 25% or greater according to risk assessment tools that are based mainly on family history, those with a known breast cancer gene mutation, and women who were treated for Hodgkin disease.

Treatment Treatment is most successful when breast cancer is detected early. Depending on the situation and the patient's choices, treatment may involve breast conservation surgery or mastectomy. In both cases lymph nodes under the arm may also be removed. Women who have a

October is National Breast Cancer Awareness Month *continued*

mastectomy have several options for breast reconstruction. Other treatments are radiation therapy, chemotherapy, hormone therapy, and monoclonal antibody therapy. Often two or more methods are used in combination. Patients should discuss all treatment options with their doctors.

Who Is At Risk?

Gender Simply being a woman is the main risk factor for developing breast cancer. Men can develop breast cancer, but this disease is about 100 times more common among women than men. This is probably because men have less of the female hormones estrogen and progesterone, which can promote breast cancer cell growth.

Age The risk of developing breast cancer increases with age. About 1 out of 8 invasive breast cancers are found in women younger than 45, while about 2 of 3 invasive breast cancers are found in women age 55 or older.

Heredity Breast cancer risks are higher among women with a family history of the disease. Having a first-degree relative with breast cancer increases a woman's risk, while having more than one first-degree relative who has or had breast cancer before the age of 40 or in both breasts increases a woman's risk even more. However, it is important to remember that most women with breast cancer do not have a first-degree relative with the disease.

Other Risk Factors These include:

- Post-menopausal hormone therapy with estrogen and progesterone therapy;
- Overweight or obesity, especially excessive weight gain after menopause;
- More than one alcoholic drink daily;
- Physical inactivity;
- Long menstrual history;
- Never having children or first live birth after 30;previous chest radiation to treat a different cancer;
- Previous history of breast cancer or certain benign breast conditions.

Quality-of-Life Issues

Concerns that patients and survivors most often express are fear of reoccurrence; chronic and/or acute pain; sexual problems; fatigue; guilt for delaying screening or treatment, or for doing things that may have caused the cancer; changes in physical appearance; depression; sleep difficulties; changes in what they are able to do after treatment; and the burden on finances and loved ones. Women with breast cancer often feel uncertainty about treatment options and have concerns about their fatigue, sexuality, and body image.

Bottom Line

Nearly all breast cancers can be treated successfully if found early. Today, the most effective ways to detect breast cancer early are to have yearly mammograms starting at age 40 and to have regular breast exams by a doctor or nurse. With the advent of the Affordable Care Act and – in some states – Medicaid expansion – screening is available for more of your clients than ever before.

Addition Information

Promote National Breast Cancer Awareness month by making screening a priority in your clinical practice. The American Cancer Society has tools to help you in your practice, including sample screening and follow-up reminders for your patients, and other resources designed for health care professionals and patients alike. Talk to your local ACS representative for even more materials.

Breast Cancer in the United States: 2014 Estimates

- New Cases
  Women: 232,670
  Men: 2,360
- Deaths
  Women: 40,000
  Men: 430
- 5-year relative survival rate for localized stage: 99%
- 5-year relative survival rate for all stages combined: 90% for white women and 79% for African American women

The Fifth Vital Sign

Ronald Dwinnells, M.D., MBA, CPE, FAAP, CEO, Ohio North East Health Systems, Inc. (ONE Health Ohio), Youngstown, Ohio

"Some folks arrive in this world fragile. Like tender fruit, they bruise easier, cry more often, and turn sad young."

Mr. Jonas in Dandelion Wine
By Ray Bradbury

Introduction

Around 2:30 on a frigid and gloomy January afternoon in 1984, my dad left us—a victim of suicide. The autopsy report stated the cause of death was asphyxiation due to hanging. Three sons and his wife were devastated; left feeling abandoned. Postal co-workers were shocked; neighbors whispered behind closed doors and friends asked why. Emotional turmoil, tears, anguish, and questions filled our family's lives for three decades. The ensuing few days passed by like a blur. So many things to do—choose a head stone and hastily consider an inscription; purchase a cemetery plot; feed and console friends and relatives who came to comfort us. There was no time to grieve and come to terms with what just happened. Ironically, time sharpened every detail of those events and now the memories are deeply etched in my mind—as vividly as if I was staring at a photo with all of the features in one scene.

My dad suffered from depression and insulin dependent diabetes mellitus. Together, this is known as a co-morbid condition—a deadly cocktail of conditions sure to cause demise if not recognized and treated early. A couple of blood tests can confirm diabetes, yet there are no transparent analyses for depression. Clinical symptoms can alert suspicion with each of the disorders; yet, medical providers rarely delve into questions of depression or other behavioral health conditions such as alcoholism or addiction. My dad was depressed—it was obvious—but not one doctor ever broached the subject. Vital signs, blood sugar levels and weight checks were routine for those visits. Exploring behavioral status—for example, "… how do you feel?" were not.

Implications

We know the most current national statistics on suicide rates are about 12 deaths per 100,000. This means 39,518 people committed suicide in 2011. Now consider, for a moment, replacing the above referenced condition of depression with alcoholism, substance abuse and/or addiction and replace the word suicide with homicide, unintentional death or simply death. Multiply this by the number of family, friends and acquaintances the death of a loved one affects and then multiply it by the different behavioral diseases of depression, alcoholism and substance abuse/addiction. All these multipliers reveal that millions of lives were affected in adverse ways! If you want to go further, multiply this by the dollars it costs society for lost productivity, increased societal dependence and medical costs. You now have billions of dollars in costs to society.

The Fifth Vital Sign

When we visit our medical providers, vital signs are usually the first part of the examination. Your temperature, pulse, breathing rate and blood pressure are checked to make sure the basic vital portions of our health are intact. I propose a fifth vital sign: SBIRT, an acronym which stands for Screening, Brief Intervention and Referral to Treatment. This is a philosophy or mechanism to screen and help people who have behavioral health issues. At ONE Health Ohio, we use a pre-screening tool consisting of five questions with every medical visit. Patients are informed that this is a vital sign; no different than taking a blood pressure, heart rate or respiratory rate except this one is to make sure your well-being is complete. If the pre-screen questionnaire garners any positive answers then more detailed tests are presented: DAST, AUDIT, and the PHQ-9[1]. Results are quantified and, depending on the results, the patients are either briefly counseled or referred for a more thorough evaluation and therapy. The point here is to identify the problem, intervene and try to get them help.

Supportive Data

During a six month test period, between February and August of 2013, data about this process was recorded and studied[2]. Soon, the significance of the SBIRT process became evident and it was implemented as a quality improvement initiative across all medical delivery sites. 3,125

The Fifth Vital Sign *continued*

patients, 18 years and older, had kept their appointments during this period. SBIRT pre-screening questions were administered to 2,482 persons and 1,570 were identified positively as having signs and symptoms of depression, alcoholism or substance abuse. That is a 63.3% identification rate! Even more interesting was the increase in diagnostic rates. When compared with a control site (no SBIRT implementation), the rate of diagnosis more than doubled (11.4% versus 25.3%).
Finally, two physicians were involved with the pilot study. One doctor's average patient time in the clinic increased by four minutes, yet the other decreased by 16 minutes![3] Hence, there were no negligible differences in time demand by performing the SBIRT process. If anything, the efficiency appeared to improve.

Conclusion

The fifth vital sign, SBIRT screening, is not a laborious process. It is quick and simple to administer and it saves lives! The data is compelling and indisputable. I implore and challenge all of you to consider implementing this process into your health centers.
Thirty years ago, if my dad was simply asked, "Don, are you okay? You seem a little depressed to me," perhaps he would have poured his heart out. Certainly, the doctor would have referred him for help. And maybe—just maybe—he would have never left us in 1984, sparing his family from awful daemons and overwhelming anguish all these years.

Foonotes

1. DAST is Drug Abuse Screening Test; AUDIT is Alcohol Use Disorders identification Test and PHQ-9 is Patient Health Questionnaire for depression.

2. There are numerous data which were collected and continue to be collected by ONE Health Ohio on this study.

3. This defines how long did the patient spend in the clinic from registration to discharge.

Provider Spotlight - Brieanne Borntrager, MDT

My name is Brieanne Borntrager. I have been working as a dental therapist at Open Cities Dental Clinic, a federally qualified health center in St. Paul, MN, for just over one year. I received my undergraduate degree in Biology from the University of Wisconsin-Madison in 2009 and my Masters degree in Dental Therapy from the University of Minnesota School of Dentistry in May 2012.

The dental therapist position was created in 2009 with the goal of increasing access to dental care for underserved populations. For this reason, by law, a dental therapist's patient visits must consist of 50% underserved patients. "Underserved" is defined as 1) Having state medical assistance (MA) OR 2) Located in a dental Health Professional Shortage Area (HPSA) OR 3) Being uninsured or underinsured and low income. My scope of practice consists of 1) Anesthesia (local and Nitrous Oxide) 2) Preparation and placement of all direct restorations 3) Preparation and placement of temporary crowns 4) Extraction of primary teeth 5) application of fluoride and sealants 6) preliminary charting of the oral cavity 7) radiographs. More information about the dental therapy scope of practice can be found on the Minnesota Board of Dentistry website.

In my role as a dental therapist at Open Cities Health Center, I collaborate with three dentists, seeing up to 10 patients per day. I keep my own schedule of patients and work with a dental assistant. The dental therapist role was fairly smoothly and quickly incorporated into the flow of the practice. Collaboration between the dentists, hygienists, dental assistants and dental therapist is now fairly seamless and working well in our clinic setting.

Job Postings

ILLINOIS

Nurse: TCA Health, Inc., NFP of Chicago, Full Time Triage Nurse. Provides comprehensive telephone and walk-in nursing assessment, planning and scheduled evaluation of patients seeking acute health care; follow role assignments that are in alignment with the Patient Centered Medical Home Standards, and participate in all Patient Centered Medical Home efforts. Must have knowledge of all clinical policies and procedures. Proficient in basic word processing and excel for data tracking and reporting. Associate degree in Nursing required, Bachelor's Degree in nursing preferred. Current Illinois Registered nurse License and CPR Certification. Three years of experience in nursing preferred, especially in a community health center setting. To apply, applicants can submit their resume with cover letter to jobs@tcahealth.org.

Various Positions: PCC Community Wellness Center is a FQHC, with a competitive compensation and benefits package. PCC is located just 7 miles from downtown Chicago in Oak Park, IL— home to Frank Lloyd Wright's studio and Ernest Hemingway's birthplace. With affordable housing and an outstanding school system, this ideal suburban community with an urban flair is an exceptional community to raise your family, and further develop a rewarding healthcare career. We are seeking Medical Director for our Austin and Loretto sites, also seeking vibrant Family Practice Physicians, Family Practice & Psychiatric APNs, and CNMs to join our team of dedicated professionals. Also, dedicated RN's to join our thriving healthcare team. Send your CV to recruit@pccwellness.org Visit us at: www.pccwellness.org.

Quality Improvement Facilitator: The position is responsible for assisting member health centers in developing and implementing various quality improvement strategies. The successful applicant will thrive in a team-based office environment; have a strong knowledge of quality improvement methodologies; and have the ability to use data to identify the need for change and to evaluate outcomes. An understanding of the Illinois health care landscape and clinical experience is also preferred. This is a part-time position. Please visit www.iphca.org to apply.

Family Practice Nurse Practitioner: Central Counties Health Centers is seeking a full-time Family Practice Nurse Practitioner to work with adult patients in a fast-paced clinic environment. Previous healthcare experience is preferred, but new graduates are encouraged to apply. CCHC offers competitive wages and a great benefits package. Email resume to sparks@centralcounties.org. No phone calls, please. CCHC is an equal opportunity employer.

Various Positions: IPHCA seeks clinicians interested in working at urban or rural health centers in IL to take advantage of its complimentary recruitment service. Eligible providers include: Physicians (FP, IM, PED, OB/GYN, PSY, Medical Directors), Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Dentists, Dental Hygienists, LCSWs, LCPCs and Psychologists. Please contact Ashley Colwell, acolwell@iphca.org.

Family Practice Physician, Physician Assistant or Nurse Practitioner: Family Christian Health Center (Harvey, IL) is seeking to hire a motivated full-time Physician or Mid-Level provider. We are a federally qualified, state-of-the-art health center. FCHC offers a competitive salary and benefit package. Contact Regina Martin via email, rmartin@familychc.org or phone, 708.589.2017 for more information.

INDIANA
CHIEF EXECUTIVE OFFICER

Various Positions: Raphael Health Center, Indianapolis, Indiana, FQHC, faith based, family practice health center accepting resumes for Chief Executive Officer opening. Check out our website: www.raphaelhc.org! Contact Ruth Jones at rjones@raphaelhc.org for more information.

IOWA

Various Positions: Iowa Community Health Centers seek Family Practice Physicians, Internal Medicine Physicians, Family Nurse Practitioners, Psychiatric Nurse Practitioners, and Dentists to join dedicated teams of mission driven providers. Forbes ranked Iowa as the first in the nation for quality of life. Centers offer competitive salary and benefit package, and loan forgiveness in their patient-centered-care and state of the art facilities. Contact Mary Klein for more details at mklein@iowapca.org. website: www.iowapca.org.

KANSAS

Various Positions: Health Ministries Clinic (HMC) is seeking to hire a motivated, full time physician to serve as Medical Director. This position includes both administrative and clinical time. We are a Federally Qualified Health Center that provides medical, dental and behavioral health services in a truly integrated setting. We have a very solid Management Team and are preparing to move into a completely renovated clinic. Contact Matthew Schmidt, CEO, by email mschmidt@hmcks.org or phone 316.281.7314 for more information. Our website is www.hmcks.org.

MINNESOTA

Dental Director: Lake Superior Community Health Center is seeking to hire a full-time Dental Director. We are a federally-qualified health center, dedicated to serving the needs of low income and underserved communities. LSCHC offers a competitive salary and excellent benefits. Apply on-line at www.lschc.org/employment.php or contact Ashley at lschhr@sisunet.org for more information.

Job Postings

MISSOURI

Family Practice Physician: Missouri Ozarks Community Health is seeking a Board-Certified Family Practice Physician. The work schedule is Monday through Friday. We offer a competitive salary and attractive benefit package. We have a possible repayment, sign on bonus and moving expenses. There is a CME/ Licensure. Contact Tim Shryack at tshryack@mo-ozarks.org or visit our website at www.mo-ozarks.org.

Primary Care Providers: The Missouri Primary Care Association seeks dedicated healthcare professionals in the specialties of: Family Medicine, Internal Medicine, Pediatrics, OB/GYN, Psychiatry, and Dentistry to fill positions throughout Missouri's rural and underserved areas. Competitive compensation and benefit package including Loan Repayment incentives. Contact Joni Adamson jadamson@mo-pca.org, 573.636.4222 or visit https://www.3rnet.org/locations/missouri

Dentist: Our new dental office in Cassville, MO has an opening for a general dentist! We are seeking a mission driven dentist who wants to serve the underserved. For more information please contact Kyra Bray 417.451.9450 ext. 226.

OHIO

Family Practice Physician: Center Street Community Health Center is seeking a Family Practice Medical Provider to evaluate and treat clients of all ages under the supervision of the Medical Director and collaborating physician. Please contact Cliff Edwards at 740.751.6618.

Dentist: CAA Health, Behavioral Health and Dental Centers is accepting applications for a full time dentist. Dentist must have current and unrestricted DEA. Dentist will provide preventative, minor restorative and emergency services. CAA offers a competitive salary and benefit package. Primary care medical, dental and behavioral health providers may be eligible for the National Health Service Corps (NHSC) Loan Repayment Plan, where student loans are repaid (tax-free) while serving in communities with limited access to care. (Prior loan repayment programs offered $30,000 to $60,000 yearly, tax free) Contact Mary Ann Pettibon, CEO, by e-mail at maryann.pettibon@caaofcc.org, or mail 7880 Lincole Place, Lisbon, Ohio 44432 for more information.

Various Positions: FQHC seeking Staff Physicians (FT & PT) and FNP Nurse Practitioner. Faith based center is expanding services and offering missional environment including competitive salary and benefits. Contact Steve Myers, CPO careers@llchc.org.

Various Positions: Community Health Centers of Greater Dayton in Dayton, OH has career opportunities for Mental Health Professionals and a Social Worker. Must be currently licensed in the state of Ohio. CHCGD offers a competitive salary and benefits, including loan repayment. Contact Sheryl Fleming at sfleming@chcgd.org, or visit our website, www.communityhealthdayton.org.

FINANCE DIRECTOR
This position is for a federally qualified health center (FQHC) needed for the Franklin, Ohio and Greater Cincinnati area. Requires a Masters degree in Accounting or Finance or MBA from an accredited university. CPA is highly desirable. Minimum of 7 years experience with at least 3 years as a finance director or equivalent, preferably in FQHC or community health organization. Significant experience in or knowledge of nonprofit accounting, including sophisticated fund and grant accounting, compliance and reporting. Knowledge of eClinical Works is highly desirable. Must be able to proficiently use accounting software and create dashboards. Contact: lorie.glenn@centerpointhealth.org

WISCONSIN

Dental Director: Lake Superior Community Health Center is seeking to hire a full-time Dental Director. We are a federally-qualified health center, dedicated to serving the needs of low income and underserved communities. LSCHC offers a competitive salary and excellent benefits. Apply on-line at www.lschc.org employment.php or contact Ashley at lschhr@sisunet.org for more information.

Various Positions: Kenosha Community Health Center (KCHC) is seeking to hire a Dentist, Family Practice Physician, Nurse Practitioner, Pediatrician, Mental Health Clinician II (Licensed), Mental Health Clinician II (Licensed) - Certified Substance Abuse Counselor and Registered Nurse Case Manager. To view position requirements and to apply, please click here.

General Dentist: Scenic Bluffs Community Health Centers (SBCHC) in Cashton, WI is seeking to hire a motivated General Dentist. We offer a growing team and facility as well as a competitive salary and benefits package. Contact Danielle Marx, Human Resources Specialist, by e-mail at hr@scenicbluffs.org or by phone at 608.654.5100 x205 for more information.