

MWCN NETWORK NEWS

Winter 2022

Message from the 2022 MWCN President

Darryl Roberts
Kansas City, MO, [Samuel U. Rodgers Health Center](#)

Hello to everyone!

My name is Darryl Roberts. I am in the incoming President for the Board in the coming year and Ms Amanda ever so gently arm twisted me in to writing an article for the January newsletter. No arm twisting actually, just a standing order for chocolate.

A little about me:

I have been in the FQHC world for 19 years now. Started working in the center in Southeast Missouri, SEMO Health Network. I was there in various capacities (IT Director, CIO and for the last four and a half years was the COO) until January of 2019 when I joined the team at Samuel U Rodgers Health Center in Kansas City, MO. Hard to believe three years have passed.



I have developed a passion for what we do over those years and it always humbles me to know that without our services, there are so many people who simply wouldn't have care or would be using an ER as their primary care. Our patients come from everywhere---all across the spectrum of race, ethnicity, urban, rural, educated, not educated, tall, short, old and very young. But what they have in common is they need a place to go for care. Say what you will about the politics in our country today, but we should take great pride in that what we do as health centers is one of the few things that has bipartisan support and shows what a tremendous service we perform for those who need it the most.

My goals as President are pretty simple. I want to be an advocate for the health centers in the network, a resource where I can be in matters that come up in the listserv, to assist Amanda and the other members of our Board in brainstorming methods where the MWCN can be of a greater help to you, our members, and lastly, to learn from you so that we can 'raise all boats' as they say.

We find ourselves in year two of a once-in-a-generation event. I like to think from recent events that there's light at the end of the tunnel and the worst has passed. I think the general sentiment is that this illness will become endemic and we'll just have to learn to live with it. But the general sentiment is also that we're all exhausted. The constant changes, limitations and restrictions are overwhelming. As we interact with our patients and each other (!) let us remember we're all tired and put our best face forward and be kind.

I hope everyone has had a great holiday and may this coming year be better in all ways possible.

Thank you all.

Darryl

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By Kristin Baird, RN, BSN, MHA

Staff retention has been a major issue in healthcare for years, but the pandemic has brought the struggle to a new level. Sign on bonuses and salary increases are commonplace tactics designed to attract and retain staff but it's not sustainable. No organization can compete on money alone.

A few weeks ago, I was talking with a bright, young graduate student about what she was looking for in her career. Although she still has one semester to complete, prospective employers are already courting her. Confident and clear, she told me, "I can find a job anywhere. I'm looking for a culture."

For this talented Gen Z, a desirable culture is one where she feels valued and is a part of something important. She wants a challenge, flexibility, and the ability to grow.

How does your culture stack up against what this Gen Z is seeking? Are you consciously creating a culture that inspires, engages and retains the best talent? FQHCs are in a great position to emphasize mission, values and purpose, but many fall short in building these things into the culture.



Here are three key things to consider:

Candidates are interviewing you too.

We've all heard the adage, "You never get a second chance to make a good first impression." This goes for the employer as well as the candidate. What are you doing to make a good impression about the organizational culture? How do you share the organization's purpose, mission, vision and values with candidate?

When someone applies, how soon do they hear back from you? Sadly, despite the heavy competition, many job seekers report that they don't hear back for weeks after submitting applications. This sends a message that they are not important.

What's next for them?

Job seekers want to know that you will help them to grow. This conversation should begin during the interview but continue throughout their employment during stay interviews. Stay interviews are a valuable tool for building employee engagement and improving retention. Leaders who conduct meaningful stay interviews learn invaluable information about their staff and can customize a personal retention strategy.

How do you show appreciation?

While bonuses are nice, they are not the only way to show appreciation. Leaders must have an unrelenting focus on their people as individuals. Know them and what matters to them. Give meaningful, personalized recognition. Help them see how their actions contribute to the mission. Give them your time and attention during daily rounds.

I recently met a clinic administrator who was brought in to make a major turnaround in a struggling FQHC. The first thing he did was to commit to doing rounds at least twice a day. Building a culture of trust laid a crucial foundation for measurable improvements within six months.

Do you live the values?

Values should be lived. But this doesn't happen by chance, it happens by design. How are values woven into hiring practices, daily operations and performance evaluations? Do leaders regularly talk about the values and tie recognition to the values? We've worked with many organizations to help them operationalize the values into a way of life rather than a plaque on the wall.

When it comes to retention, these are just a few of the ways to shape a culture where employees want to stay.

Kristin Baird is healthcare's culture catalyst and founder of Baird Group, a consulting firm devoted to helping organizations become places where employees want to work and where patients want to seek care.

I Mastering the Stay Interview is a module in Baird Group's [Be the Leader Nobody Wants to Leave](#)

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"The Midwest Clinicians' Network, Inc.'s (MWCN) mission is to enhance professional and personal growth for clinicians to become effective leaders for their health centers and promoters of quality, community-based primary health care."

Be the Leader Nobody Wants to Leave

COMPETING IN A SHRINKING LABOR POOL? RETENTION IS KEY.

Leadership is a pivotal employee retention strategy, yet many managers are promoted without adequate leadership training. This 8-module course prepares both new and seasoned leaders for today's challenges.

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Hillary@baird-group.com / 1-866-686-7672



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OUR CORE MODULES:

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Written by [Compliatric](#)

In order to receive federal funding and Federal Tort Claims Act (FTCA) deeming status, health centers are required to implement a Risk Management Program that includes Risk Management Policies and Procedures and the completion of Risk Management assessments, in an attempt to reduce the level of risk placed on the health center. The Risk Management Program must apply to all services in scope and address the evaluation and mitigation of risk in the areas of clinical, operations and finance.

What does this mean for community health centers from a reporting perspective? As outlined by “Chapter 21 – Federal Tort Claims Act (FTCA) Deeming Requirements” of the Health Resources and Services Administration (HRSA) Compliance Manual ([Chapter 21: Federal Tort Claims Act](#)) and the FTCA Health Center Policy Manual ([FTCA Policy Manual](#)), the health center’s Risk Management Program must address the following:

- The completion of quarterly Risk Management assessments by the health center, with the reporting of these results to key management and the board of directors on a quarterly basis.
- Reporting to the board of directors and key management staff on Risk Management activities and progress in meeting goals a minimum of annually.
- Reporting of Risk Management metrics on a quarterly basis. Minimally these include, but are not limited to the following:
 - o Patient Complaints and Grievances
 - o Near Misses
 - o Patient and Employee Incidents
 - o Patient and Employee Adverse Events
 - o Sentinel Events

Neither HRSA, nor FTCA defines the format in which Risk Management reports must be presented. Industry standard best practices for presenting Risk Management reports include the following:

- Present data in a format that is appropriate for the composition of the board – Some people are more visual, while others are more narrative.
- Simplify the presentation of data – Sometimes less is more.
- Ensure the reports facilitate discussion and management decision making by the board of directors.
- Ensure discussion of these reports is clearly documented in meeting minutes.

It is important to remember there are a significant number of other requirements related to Risk Management that are not listed above. Additionally, although the review of Chapter 21 – FTCA Deeming Requirements during an Operational Site Visit does not factor into compliance, the responses submitted by the reviewer will be included in the final report and sent to FTCA for review. The FTCA Program then utilizes this information to support deeming decisions and identify the need for additional technical assistance in this area.

Additional resources for Risk Management initiatives can be found by accessing the Institute for Healthcare Improvement ([IHI - Institute for Healthcare Improvement](#)) and ECRI ([ECRI | Trusted Voice in Healthcare](#)).

Recognition and Highlights from Midwest Primary Care Associations

Since the health disparities collaboratives in the late 1990’s, Midwest Clinicians’ Network has been lucky to have the support of the 10 Primary Care Associations in our region. MWCN wanted to express how grateful we are for partnerships, projects, resource sharing, and committee participation (and more) that the PCAs have provided over the years.

Thank you!

In order to celebrate some of the diverse work the PCAs do, we are sharing a highlight from each state for this newsletter. This is just a small fraction of what they do, but love seeing the various projects!

The Michigan PCA/HCCN has worked hard this year to advance the care management and care coordination services provided by our health centers. In collaboration with our Clinically Integrated Network, we have launched a Care Management Initiative with 20 participating health centers across Michigan. This initiative provided funding to health centers for implementing, improving, or enhancing care management services with an initial focus on transitional care management. The program aims are to assist health centers to cultivate sustainable care management programs and services through a learning and development process and to improve clinical utilization metrics. Objectives include establishing workflow standardization for transitional care management, improved billing processes and activity, and performance tracking mechanisms. The goal is to decrease emergency department and in-patient utilization rates for participating health center patient populations to assist the health centers in meeting the network utilization measures. Our team developed a training curriculum and has conducted “bootcamp” sessions for health center staff providing care management services that include covering team-based care and patient engagement content along with sessions related to tracking and use of reports and dashboards in Azara DRVS and billing, and coding for care management. To date, more than 40 health center staff members have participated in the bootcamps.



The Indiana Primary Health Care Association (IPHCA), through its Indiana Quality Improvement Network (IQIN), created Project UTILIZE to support health centers’ access to health information exchange to facilitate better care coordination and transitions of care between care settings. The project involves receiving alerts of emergency department and inpatient admissions, discharges and transfers into Azara DRVS and access to patient longitudinal health records through IHIE’s Care Management data portal.



IPHCA rolled out the transition of care program to the participating health centers in several interactive sessions. We introduced the concept of transitions of care through guided homework to include an interprofessional approach. As we walked the health centers through the implementation we provided them with homework templates with questions that guided them through the setup process. We took an interprofessional approach on how each service line inside a health center could aid in reducing risk for readmission to the ED or Hospital visits. We then brought them together in a report out style meeting so that the health centers could hear how they each implemented the

program and learn from each other. We ended the series with education and information on how the transition of care activities could be used to set up a transitional care management program for future reimbursement. As we move forward with the transition of care project, we also hope to explore interventions to reduce avoidable ED and IP visits and readmissions.

The Partnership with IPHCA from the Indiana Health Information Exchange (IHIE), the Indiana Family and Social Services Administration (FSSA), the Indiana Department of Health (IDOE), the Centers for Medicare & Medicaid Services (CMS) and Azara Healthcare have made Project UTILIZE possible. By leveraging the power or network level pricing and technology interfaces, we were successful in securing CMS matching funds through our state FSSA to fund 54% of the first year of project costs (because 54% of health center patients are Medicaid recipients) and have since secured commitment of additional support from the CDC through IDOH and at least one Medicaid Managed Care Entity.

In late 2020, the Community Care Network of Kansas (Community Care) received CARES Act funding through the State coronavirus relief fund to purchase remote monitoring devices for Kansas health centers. The devices included scales, BP cuffs, glucose monitors, O2 sensors/O2 sat and thermometers. To support the implementation of remote monitoring programs, Community Care partnered with Reconnect4Health to provide a 7-session learning series around remote patient monitoring that began in May 2021. Participants in the series received educational content, tools, and resources to help stand up and maintain their programs. Each session featured breakout sessions that allowed health center staff to meet with staff in other health centers at similar stages of implementation. These breakouts allowed health centers to share practical application and plans for the stage they were in and to build on the knowledge of the health centers further along in the process. Through the series, staff were able to utilize remote monitoring devices at a level that was manageable for their health center while gaining insight from other health centers in different stages of RPM use. The learning series will transition to a peer learning team in the first quarter of 2022 with ongoing peer support and initiatives as device support across various EHR’s changes.



**COMMUNITY CARE
NETWORK OF KANSAS**
Health. Equity. Justice.

By: Raj Savalia, MBA, MPH, Practice Transformation Coordinator, Cristina McKay, MPH, PCMH CCE, Senior Manager of Clinical Integration, Naila Al Hasni, MPH, PCMH CCE, Senior Manager of Clinical Quality Improvement, Ashley Colwell, MS, PHR, Vice President of Clinical Services and Workforce Development



ILLINOIS PRIMARY
HEALTH CARE
ASSOCIATION

The Illinois Primary Health Care Association (IPHCA) has been engaged in supporting community health centers and their work to address social determinants of health (SDOH) within their patients and communities for many years. Recently IPHCA has developed some innovative programming in the area of SDOH. IPHCA is also relying heavily on the role of Community Health Workers (CHWs) to address SDOH.

To address social determinants of health (SDOH) needs and challenges at community health centers, Illinois Primary Health Care Association (IPHCA) began with first disseminating a social determinants of health survey to health centers. The survey results helped to determine health center activities around SDOH data collection and garner insight into barriers around collecting SDOH data as well. Based on the survey results, IPHCA staff developed an SDOH Data Collection Toolkit. The toolkit was designed as a comprehensive resource that identifies tools organizations can implement to capture and analyze SDOH data. Toolkit users have access to information and resources such as screening tools, data utilization tools, strategies for training staff, patient and provider tools, webinars, trainings, podcasts, and much more. Also featured in the toolkit are best practices from two member health centers to improve SDOH inequities through data utilization.

Moving forward and following distribution of the toolkit, IPHCA staff have also created a podcast called 'IPHCA Health Talks'. In this podcast series, we will discuss SDOH, strategies to improve patient care, and other important topics in health care. The initial podcast series will have a 4-episode arc during which the host, Raj Savalia, and other co-hosts will interview leaders in health care, health center staff, policy directors, patient care advocates, epidemiologists, patient navigators, among others. The goal is to have a diverse roster of guests who have a wide range of experiences and insight, working to reduce health inequities and highlight best practices to improve patient care. IPHCA plans to release podcast episodes on Apple, Spotify, iHeartradio, as well as on www.iphca.org in early 2022.

The COVID-19 pandemic has been a global public health crisis since January 2020. As such, Illinois needed to come up with a plan to fight back against the ongoing crisis. Part of that plan is the Pandemic Health Navigator Program (PHNP). PHNP brings together community health centers (CHCs), community-based organization (CBOs), other public health partners, and community health workers (CHWs) to connect individuals impacted by COVID-19 to the resources they need most. The PHN program connects people in isolation or quarantine with

critical resources, such as meals, medicine, mobility support, immigration matters, income and unemployment assistance, mental health support, support for unsafe living conditions, and many other resources. Each of these resource requests are completed within 48 hours through the PHN program. The PHNP also collaborates with local health departments (LHDs) and healthcare providers to ensure that all communities receive assistance while reducing disparities in health outcomes. IPHCA is also using PHNs to provide education to COVID-19 positive patients and community members on SDOHs that impact oral health, screen for oral health risks, and connect the patients to oral health services.

The program has created an expanded workforce of CHWs and built a network of community partners that assist in addressing the pandemic with a well-coordinated response. To date, over 33,000 resource requests have been completed. This program continues to connect individuals and families with the services and resources they need. For more information about the Pandemic Health Navigator Program please visit <https://www.helpguidethrive.org/> or contact IPHCA's Practice Transformation Coordinator, Raj Savalia, rsavalia@iphca.org.

IPHCA in collaboration with the Michigan Primary Care Association, Iowa Primary Care Association, and Ohio Association of Community Health Center collaborate on the Midwest Network for Oral Health Integration (MNOHI) to improve access to and delivery of comprehensive, quality oral health care for children. The MNOHI project focuses on children, ages 6 to 11, who live in communities served by community health centers.

Illinois has ten member health centers participating in this project committed to improve medical and dental integration and to provide better access to oral health care to children by providing preventative services and making dental referrals during annual well child visits. The health centers also committed to utilizing a CHW or similar position to provide approximately 20 hours a week of patient outreach for oral health services and oral health education. By having a CHW as part of this project, the hope is to release some burden on providers as CHWs can provide the oral health education needed to the patient and the care givers, help set self-management goals and also follow-up on referrals to get the patient in to see the dentist and improve the overall oral health in children. These CHWs are playing a vital role in reducing oral health disparities and identifying SDOH barriers on oral hygiene and health.



WPHCA has conducted 2 workshops focused on Hypertension improvement through data analysis in Azara DRVS. After noticing trends of significant

variation in hypertension outcomes across care teams (even within the same CHC), WPHCA designed a worksheet to guide CHCs through various methods of analyzing their data as well as similarities and differences that may exist in care team processes. One goal was to identify key differences that could be replicated to close outcome gaps. The worksheet was completed during the workshop with direct PCA support and CHC participants then shared high level findings and action steps with each other. Through this process, health centers were able to evaluate various drivers of Hypertension control alongside actual outcomes and identify action steps to test new strategies for improvement.



Missouri Primary Care Association – Clinic Manager Peer Learning Network

Founded in November 1984, the Missouri Primary Care Association's mission is to be Missouri's leader in shaping policies and programs that improve access to high-quality, community-based, and affordable primary health services for all Missourians. MPCA works with 28 Community Health Centers who provide 2.2 million encounters each year for over 600,000 Missourians. Partnering closely with CHCs, federal, state, local governments, and private organizations, MPCA helps to support resources, programs, and policies that assure access to health care.

To better serve and support our CHCs, we have cultivated peer learning network groups in areas where networking and communication are crucial. Peer Learning Network groups have been formed for CEOs, COOs, CMOs, CHWs, CFOs, HR, Quality Improvement, Behavioral Health, and Oral Health. Network groups meet routinely and offer education, training, and community for its members.



Our most recently formed Peer Learning Network was created with clinic managers in mind. While providing advocacy and support to so many networks geared toward leadership, MPCA identified a gap in representation and communication for clinic management. Clinic managers are uniquely situated in the healthcare leadership structure. Often the unsung heroes of healthcare, managers frequently provide clinical and front desk support in addition to daily clinic management. Positioned in middle management, they are responsible for leading clinic staff and maintaining the operational success of their clinics while being mostly removed from involvement in broader organizational decision making. Executive leadership acknowledge the challenges facing this group and have expressed a need for additional support for these industrious individuals. The MPCA Clinic Manager Peer Learning Network is comprised of health center managers from medical, dental, and behavioral health clinics. Meetings are held quarterly with an agenda that dissects clinical quality measures, introduces state and federal programs, and develops management skills. Topics for the interactive meetings are determined based on feedback directly received from the clinic managers. The meetings offer a place for managers to learn more about the programs that affect their organization, discuss amongst themselves the issues they face, and meet various MPCA staff members. In addition, a listserv was created so managers could reach out to each other at any time. Feedback from participants has been overwhelmingly positive, particularly with all the challenges clinic managers have faced during the past few years, particularly with staffing and the Pandemic. This network strives to support, empower, and give a voice to an often-excluded layer of healthcare administration.

Ohio Project Catalyst Summary

OACHC partnered with the Ohio Department of Health and the Ohio Domestic Violence Network (ODVN) to participate in Project Catalyst, a funded project through FUTURES Without Violence. The goals of Project Catalyst were to strengthen partnerships between community health centers and domestic violence advocacy programs, to address the health needs of survivors of intimate partner violence (IPV) and human trafficking, and to build bidirectional referrals to connect survivors to care. OACHC and ODVN partnered to conduct trainings for the health centers and domestic violence programs to discuss strategies to create healing-centered environments for patients and staff, to underscore the impact of IPV, human trafficking, and exploitation on health and healthcare access, and to introduce universal education patient outreach tools to have equitable, normalized discussion with patients about IPV and human trafficking. These tools included the CUES intervention (Confidentiality, Universal Education, Empowerment, and Support), a universal education methodology to create safe environments to patients and staff to discuss IPV, human trafficking, and health, regardless of a disclosure happening, and palm-sized safety cards for patients to keep and give to a loved one to extend support and normalized conversation.

Four health centers partnered with five domestic violence programs to strengthen existing referral pathways. Beyond the official Project Catalyst cohort, OACHC offered the training to all members, with additional outreach to health centers and domestic violence programs to connect and conduct needs assessments to support future partnership building.

After completing the training, all health centers had educational brochures for all patients and resource lists to connect patients who disclose exploitation history to community-based organizations. Four participating health centers had a Memorandum of Understanding with a victim service agency specifying a bidirectional referral service; additionally, one health center was co-located in a domestic violence program, allowing for walk-in services to connect patients to help. After the training, staff increased in readiness to universal education using the palm-sized safety cards, to offer harm reduction strategies for patients disclosing IPV or human trafficking, and to review the limits of confidentiality before asking about IPV or human trafficking. Health center staff also reported an increase of understanding of the dynamics of IPV and human trafficking on health and an increase in understanding of how to provide universal education, including for patients using telehealth, and assessment for higher-risk patients, including LGBTQIA+ patients, patients living with HIV, and pregnant patients.

Since pilot completion, OACHC has integrated the training into our Integrated Primary Care Clinical Learning Collaborative. OACHC is also continuing partnership with ODVN in their work to assess health centers' knowledge and readiness to address traumatic brain injury in their patient populations.

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www.ohiochc.org

The Iowa PCA currently coordinates two ECHOs - Hepatitis C (HCV) and Behavioral Health. These telementoring opportunities are open to a wide array of healthcare staff across the state of Iowa and across practice entities - providers, mid-levels, behavioral health staff, Community Health Workers, counselors, pharmacists, etc.



The Project ECHO model has transformed the healthcare system. As a movement to de-monopolize knowledge and amplify local capacity to provide best practice care for underserved people all over the world, the Extension for Community Healthcare Outcomes (Project ECHO) is also making an impact in Iowa.

During the 2020 HCV ECHOs, there were 62 case presentations for patients diagnosed with HCV to begin treatment. In 2020, 825 Iowans were diagnosed and reported to the Iowa Department of Public Health (IDPH) with chronic HCV. Of those, 30% were under 40 years old. The CDC estimates that 45-85% of people with HCV are undiagnosed.



While there are many successes for this program, we're highlighting this week the experience of two staff members from Community Health Centers of Southeastern Iowa in participating in the HCV ECHO.

Link to 6 minute HCV experience video <https://www.youtube.com/watch?v=mVI2kZILybk&t=12s>

HCAN Launches New Career Center!

Health Center Association of Nebraska (HCAN) recently announced the launch of their HCAN Career Center, a new career site that connects professionals looking to work at a Community Health Center. The HCAN Career Center is powered by YM Careers, the leading provider of job websites and career centers for organizations that serve specialized members: <https://hcan.careerwebsite.com/>.



Health Center Association
OF NEBRASKA

In addition to serving as a robust source of hundreds of job opportunities at the community health centers, the HCAN Career Center is set apart by a number of benefits it offers both job seekers and employers including:

- Targeted job searches directed specifically to the Nebraska/Iowa community health centers.
- The ability for job seekers to post anonymous resumes, allowing them to be recruited while remaining in complete control over which employers view their information.
- A variety of options for employers to expose open jobs to passive job-seeking professionals who do not visit job boards, including Job Flash emails to registered job seekers.
- Allows candidates to search and apply for hundreds of fresh jobs on the spot via robust filters.

The Health Center Association of Nebraska's (HCAN) mission is to support Nebraska community health centers as they provide comprehensive health care homes for the underserved. Nebraska community health centers provide medical, dental and behavioral health services to over 107,000 people and have nearly 70 locations across the state. For more information about the community health centers, please visit hcannebraska.org.

HCAN.CAREERWEBSITE.COM

YOUR DIRECT CONNECTION TO TOP HEALTH CENTER CAREERS



Health Center Association
OF NEBRASKA

The HCAN Career Center offers job seekers the tools they need to quickly find and apply for Community Health Center Jobs. At a Community Health Center, you join a team of health professionals, community members and patients who work together on effective, community-based solutions to meet the primary health care needs of the underserved populations. hcan.careerwebsite.com

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Create your account and post your resume at hcan.careerwebsite.com and connect with local Community Health Centers!



MNACHC is preparing to launch a Medical Assistant Apprenticeship Program and a Dental Assistant Apprenticeship Program on January 10th, 2022. These programs will train community members and current CHC staff to become medical and dental assistants through on-the-job training and online curriculum. These programs will not only help to fill vital roles in health centers, they will also uplift members of communities by removing barriers to joining the medical and dental assisting professions.



EASY RECIPE: Slow Cooker Chicken Burrito Bowl

Mexican-inspired slow cooker chicken bowl combined with rice, black beans, corn, avocado, cilantro, cheese and drizzled with a creamy and zesty Cilantro Lime Dressing. So easy and delicious! Perfect for meal prep as well. Serves 6. Nutrition: Calories 645 kcal, Sugar 6g, Sodium 409mg, Fat 21g, Carbs 64g, Fiber 8g, Protein 56g, cholesterol 90mg per serving



Resource:
<https://www.joyousapron.com/slow-cooker-chicken-burrito-bowl/>

INGREDIENTS:

Slow Cooker Mexican Chicken:

- 2-2.5 lbs skinless boneless chicken breast
- 16 oz chunky salsa
- 1/3 cup Cilantro Lime Dressing (such as Briannas brand)
- 1/2 cup chicken broth
- 1/2 tsp chili powder
- 1/2 tsp cumin
- 1/2 tsp smoked paprika

Other ingredients for the bowl

- 4 cups cooked rice
- 1 cup frozen sweet corn
- 1 16 oz canned black beans, low sodium
- 3 small avocados
- 1/4 chopped cilantro
- 1 lime

DIRECTIONS:

1. Add all "Slow Cooker Mexican Chicken" ingredients to slow cooker. Set on high and cook for 4 hours.
2. Shred chicken (it should come apart really easily!) and let it cook/sit for 10 more minutes. Optional: Add salt to taste if needed.
3. Prepare the other ingredients- cook rice, heat up frozen corn and black beans in the microwave, chop cilantro, dice avocados, cut lime into wedges.
4. Assemble rice bowls by adding rice, chicken, corn, black beans and diced avocados to each bowl. Garnish with cilantro and lime wedges. drizzle with Cilantro Lime Dressing.

JOB POSTINGS

If you have a job posting you would like added to our next newsletter, forward it to Renee Ricks at rricks@midwestclinicians.org

Illinois

Various Positions

[Alivio Medical Center](https://www.alivio.org) is seeking a Director of Quality and Value Based Care, Quality Improvement Coordinator, HIV Prevention Manager, and Healthy Illinois Campaign Director. Interested individuals can send their resume to hr@aliviomedicalcenter.org. More details can be found at <https://careers.npo.net/company/alivio-medical-center-0067>.

Various Positions

[AHS Family Health Center](https://www.ahsfhc.org) seeks Risk Management Coordinator, Program Director, Medical Assistants, Patient Care Assistants, Dentists and Dental Assistants. We offer competitive compensation and excellent benefits. For more information on the position, please contact Emina Celik, Human Resources Manager at ecelik@ahsfhc.org.



Director of Finance/Controller

[Eagle View Community Health System \(EVCHS\)](#) is a rapidly growing FQHC seeking to hire multiple full-time positions. We are in search of: a School Based LISW/LCSW, a Behavioral Health Specialist LCSW/LPCP/LISW, an LPN/CMA, DAs, and a Director of Finance/Controller. EVCHS is located in West Central, IL and offers health services to all regardless of their ability to pay. Visit www.eagleviewhealth.org to view job descriptions. Contact Colby Springer by e-mail: cspringer@eagleviewhealth.org.

Various Positions

Illinois Primary Health Care Association wants to help Physicians, Medical Directors, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Dentists, Dental Hygienists, LCSWs, LCPCs and Clinical Psychologists find rewarding careers at community health centers throughout Illinois and Iowa. To take advantage of IPHCA's complimentary recruitment assistance service please contact Emma Kelley, ekelley@iphca.org or visit www.iphca.org.

Indiana

Various Positions

The Jane Pauley Community Health Center is a thriving Federally Qualified Healthcare Center (FQHC) in the central Indiana region. We are leaders in compassionate, integrated care. We are seeking talented professionals who LCSW, LCAC, LMHC, LMFT and HSPP. We are also seeking talented professionals as Medical Assistants and Patient Service Representatives positions. We offer competitive salaries, generous benefit package, and great work-life balance! Come join our mission! For more information, visit our website at www.janepauleychc.org.

Various Positions

[ECHO Community Healthcare](#), a Federally Qualified Health Center serving Southwestern Indiana, has immediate openings for Dentist, Dental Hygienist, LCSWs, and Health Therapist positions in Evansville, Indiana. Indiana Licensures are required. If you are interested in joining our

team you can view our current opportunities [here](#) or contact Penny Ballew, HR Manager: pballew@echohc.org.

Various Positions

[Bowen Center](#), an integrated healthcare organization, is seeking to hire passionate RN/LPNs, Licensed Clinical Social Workers, CMA/CNAs, and Case Managers. We are committed to providing our staff with a generous PTO plan, education assistance, and a variety of other benefits. Please contact recruiting@bowencenter.org for questions about our open opportunities!

Iowa

Chief Medical Officer

Come join a growing health center in the Tri-State area! [The Iowa PCA](#) is actively recruiting for a Chief Medical Officer at a community health center in Dubuque, IA. Contact Angela Benjegerdes at abenjegerdes@iowapca.org for more details or visit <https://iowapca.org/iowa-health-care-jobs/chief-medical-officer-dubuque-ia>

Healthcare Data Analyst

[Iowa Primary Care Association DATA ANALYST INFO](#) For more information, please reach out to Nicole Hudson, Workforce Consultant at nhudson@iowapca.org.

Various Positions

[Primary Health Care, Inc.](#) is looking to hire talented individuals in a variety of positions including: General Dentist, Peds Dentist, Physician, Psychiatric Mental Health Nurse Practitioner, Midwife, Behavioral Health Consultant, Pharmacist, Nursing, Medical Assistant, Dental Hygienist, Dental Assistant, Billing Rep., Referral Coordinator, Help Desk Associate, Project Manager, Marketing Specialist, and MORE! To view and apply, navigate here. Contact Rachael Miller at rmiller@phcinc.net or 515-248-1490 for more information.

Kansas

Various Positions

[Flint Hills Community Health Center](#) is seeking to hire a Medical Director,

a Psychiatric Nurse Practitioner, and a General Dentist. FHCHC is part of the Kansas Public Employee Retirement system, and offers a solid benefits package. Contact Carolyn Zapata, HR Director, by email at CZapata@FlintHillsHealth.org for more information.

Various Positions

[Hunter Health Community Clinic](#) is a Federally Qualified Health Center (FQHC) that serves the health and well-being of our patients in the Wichita, KS community and surrounding areas. HHC is an Urban Indian Health Clinic funded through a contract with Indian Health Service (IHS), where our mission is to provide patient-centered services and offer tailored treatment plans that best fit their lifestyle and goals. We have immediate openings for a Chief Medical Officer, Physicians, Medical Doctors, Dentists, and a Nurse Manager. Please view our openings and submit your application at <https://hunterhealth.org/careers> or contact Brianna Blackford, HR Coordinator, at 316-260-9158 for more information.

Michigan

Dentists

[Family Health Care](#), located in Michigan, is seeking dentists for its Baldwin, Big Rapids, and Cadillac locations. These positions offer great work schedules (no late nights or weekends), opportunities for loan repayment, generous paid vacation time, and extra time off for continuing education. For more information or to apply, visit familyhealthcare.org/careers.

Various Positions

[Hackley Community Care](#) is a FQHC located in Muskegon, Michigan along the beautiful shores of Lake Michigan and Muskegon Lake. HCC is seeking to hire a full-time BEHAVIORAL HEALTH THERAPIST, DENTIST, and FAMILY PHYSICIAN. We offer a competitive salary and a generous benefit package. For more information, go to [Join Our Team - Hackley Community Care](#).

Behavioral Health

[Great Lakes Bay Health Centers \(GLBHC\)](#) is seeking to add additional Behavioral Health positions. GLBHC offers a competitive salary and fringe benefits packages. For information contact GLBHC at Jobs@glbhealth.org or visit greatlakesbayhealthcenters.org/careers/

Various Positions

MidMichigan Community Health Services (MMCHS) is seeking to hire several Full Time MEDICAL ASSISTANTS, NURSES as well as a CERTIFIED CODER/MEDICAL BILLER, BEHAVIORAL HEALTH CONSULTANT and a PRIMARY CARE PHYSICIAN. Based out of Houghton Lake, MI our employees qualify for NHSC and State Loan Repayment. We offer competitive salary along with medical, dental, vision, (at no cost to providers), annual CME, generous PTO, a 403B with 5% match and additional voluntary benefits. Contact Allison Hubbard, HR Director, by e-mail allison.hubbard@midmichiganhs.org or apply online at www.healthynorth.org by clicking on Careers.

Various Positions

Job posting: Muskegon Family Care (FQHC) is seeking to hire a GENERAL DENTIST, FAMILY PHYSICIAN, AND CHIEF MEDICAL OFFICER. MFC offers a competitive salary, benefit package and loan repayment options. Contact Ashlee Koone, Recruiter, by email koonea@mfc-health.org, or visit mfc-health.org.

Minnesota

Various Positions

[Neighborhood HealthSource](#), a Federally Qualified Healthcare Center dedicated to advancing health equity, is seeking clinical and administrative staff who want to make a difference in the Minneapolis community. We are seeking Medical assistants, RN's, a Licensed Behavioral Health Therapist, Certified Nursing Assistants, and a Business Operations Manager to join our team. To Apply, please send your resume to Megan Cardenas at hr@neighborhoodhealthsource.com or visit <https://neighborhoodhealthsource.org/about/jobs-internships/>

Various Positions

[Community-University Health Care Center \(CUHCC\)](#) is seeking [Dental Assistant](#), [Medical Assistant](#), [Patient Service Representative](#), [LPN](#), and [RN/Care Coordinator](#) positions. Click on the job title links to view more information and to apply or contact Human Resources by email at oacahr@umn.edu. CUHCC's mission is to seek health equity in our community by advancing the well-being of diverse people.

Minnesota

Various Positions

[Katy Trail Community Health](#) is seeking to hire a General Dentist for our Warsaw location as well as Behavioral Health Consultant at our Sedalia location. We offer a competitive salary and benefit package. Please contact Chris Stewart, CEO, by email at cstewart@katyhealth.org or by phone at (660) 826-4774 Ext. 825.

Ohio

Various Positions

Community Health Centers of Greater Dayton in Dayton, OH has multiple career opportunities for Clinical and managerial staff, including Family Practice physician, Behavioral Health Consultants, Psychiatrist and Psychiatric Mental Health Nurse Practitioner. CHCGD offers a competitive salary and benefits. Contact Sheryl Fleming at sfleming@chcgd.org or visit our website, www.communityhealthdayton.org and apply under the Careers tab.

General Dentist

Valley View Health Centers, CAC of Pike County is searching for a full-time general dentist to join its health centers in Southern Ohio. A dentist with Valley View Health Centers is leader and clinical supervisor to the dental team. As part of the team, will provide comprehensive and appropriate dental care to patients, maintaining and restoring the oral health of their patients. VVHC offers a competitive salary, generous benefits, and signing bonus. To learn more contact Sarah Williams, Director of Dental Operations by email swilliams@pikecac.org or visit <https://www.valleyviewhealth.org/>

Various Positions

[Sixteenth Street Community Health Centers \(sschc.org\)](#) has the following openings: Talent Acquisition Specialist, Director of Government Regulation, RN EMR Trainer, Registered Dental Hygienist, Data Analyst, and more. SSCHC offers competitive salary and benefits package. For further information please visit: [Careers - Sixteenth Street \(sschc.org\)](http://Careers-SixteenthStreet(sschc.org)).

Wisconsin

Dental Positions

[Scenic Bluffs Community Health Centers](#) is seeking to hire multiple motivated full-time/part-time General Dentist and Dental Hygienist positions. We have newly remodeled facilities with 2 locations (Cashton and La Crosse). SBCHC offers a competitive salary and benefit package, CE, PTO and flexible schedules. Contact Human Resources via e-mail at careers@scenicbluffs.org, or by phone 608-654-5100 x260 for more information.

