



Midwest  
CLINICIANS' NETWORK

Leadership, Growth and Quality Health Care

# NETWORK NEWS

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## Message from the MWCN President Fall is in the air

Heather Hicks, RN  
Heart of Kansas Family Health Care

Fall is peeking around the corner at us, and with fall comes flu shot season and evaluating progress on year end goals. How have you been doing on your goals for this year? Are they hanging by a thread and need a bit of attention? Now is a great time to re-focus on those goals and projects, making sure they are staying on track for the year end. Take just a moment and evaluate where you are in your plan and take one or two proactive steps in the right directions.



Sometimes the right direction is back the way you came or just a stand still. We found this out through one of our workflow improvement activities. We were looking at ways to improve our time management and our patients wait times through pre-printing for them a mini chart review before their annual visit to speed that process a little. While the idea is great in providing that information to the patient ahead of time, our available reports were not able to create an automated and easily printed and read format for patients. We decided that this was just not a process that was going to work and we have moved on to other projects and will revisit this when we have some new functions available late this year. Instead of forcing this process change, we all just called a halt and put those resources to work on new initiatives.

Don't be afraid to fail when trying new things, and don't be afraid to decide they aren't going to work. This is the beauty of the PDSA in that we can try novel things in a small environment and see what happens. By taking an approach that is open to failure, we empower our staff to think outside the box and to try new things not afraid they will be labeled a failure or to be reprimanded. Do not stifle your spirit of innovation! From our failed attempt to pre-print and send patients their chart review, we have moved to an infant and toddler Oral Health Integration in primary care initiative. It's quite a switch, but the staff are excited to see how it goes and what works because they have permission to call it a fail – but we think this one will work well. Check back next month to see how our oral health integration project has gone. To preview what we are doing, check out the "Brush, Book, Bed" program under the American Academy of Pediatrics.



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# The Oral/Systemic Connection: What We Don't Know *Can Hurt Our Patients*

By Karen Dent, Oral Health Network Director, [Missouri Primary Care Association](#)

I have never had a medical professional ask me about my mouth, even though various medical providers have examined my oropharynx dozens of times. This seems surprising in light of the fact that recent scientific study has produced a great deal of information about the impact of oral pathology on body systems, as well as health outcomes for patients with chronic health conditions.

Research indicates that improving oral health status has a positive impact on pregnancy outcomes (Campos, Sant'ana, 2011), reduces the instance of fatal cardiac events for patients with cardiovascular disease (Aarabi, Eberhard et al, 2015; Arumagan, Krishnan et al, 2017), helps reduce glycated hemoglobin levels for patients with type 2 diabetes (Costa, Taboza et al, 2016), reduces lung infections in the elderly and in high-risk hospital patients (Paju, Scannapieco, 2007), and may help prevent the onset of rheumatoid arthritis (Abbasi, 2017).

Unfortunately, the development of chronic disease can be an issue for patients as they age. Healthcare professionals will need every mechanism in their prevention and treatment arsenal in order to help Baby Boomers navigate the health consequences of the aging process. One of these vital tools should be the involvement of dental professionals in treatment protocols.

The impact of oral pathology on overall health is not only related to the aging process. Sadly, thousands of infants and toddlers in the United States are treated for rampant tooth decay under general anesthesia every month. Even though tooth decay in deciduous teeth is 100% preventable, parents and caregivers rarely receive the information they need in order to prevent this disease from taking hold in their babies. Interventions can be easily incorporated into the ten medical visits most children will experience in the first three years of life; perhaps the most important of these interventions is referral of pregnant patients to see a dentist. Additionally, infants should be referred for dental care by the age of one year, or when their first tooth appears. Oral health messaging and/or interventions should be

incorporated into every Healthy Child & Youth visit. These simple changes in routine medical appointments can help reduce the number of infants and toddlers whose oral conditions must be treated under general anesthesia.



Consideration of the oral cavity as an integral body system has never been part of the vernacular in traditional medical education. Fortunately for patients, times are changing. Oral health education and the impact of oral health on overall health is slowly being incorporated into the medical curriculum for many educational institutions, placing emphasis on integration of care between medical and dental professionals. In July 2018, the Association of American Medical Colleges published *Open Wide: Medical Education with Real Teeth*. This article describes innovative interprofessional education techniques that incorporate oral health into primary medical education:

<https://news.aamc.org/medical-education/article/open-wide-medical-education-real-teeth/>

Healthcare professionals do not have to go back to school however, in order to learn how to identify and address health issues for which collaboration with other health disciplines can improve health outcomes. Resources to learn the how's and why's of integration of care abound; some of these resources are highlighted below. Medical providers can also seek training in oral health interventions from Community Health Center dental programs as well as Schools of Dentistry and Dental Hygiene and their State Health Department.

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As the concept of a true health care home continues to evolve, now is the time for healthcare professionals to embrace eliminating the barriers that impede integration of care and hinder improved health outcomes for patients of all ages... because what we don't know *can* hurt our patients.

#### Resources:

The resources below are just a few of those available online.

- **Smiles for Life** is an excellent online curriculum for primary care providers that addresses oral health across the lifespan: <http://www.smilesforlifeoralhealth.org>
- **Fluoride Varnish Application Video:** <https://www.youtube.com/watch?v=zfdcjZ3ht9M>
- **Oral Health Care During Pregnancy: A National Consensus Statement** <https://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>
- **The National Institute of Dental and Craniofacial Research** offers patient education publications that can be downloaded or ordered free of charge: <https://catalog.nidcr.nih.gov/OrderPublications/#>
- **The National Maternal and Child Oral Health Resource Center** website includes lots of information on pregnancy and early childhood oral care. Click on "Publications" to order or download free educational materials for your patients: [https://www.mchoralhealth.org/materials/consensus\\_statement.php](https://www.mchoralhealth.org/materials/consensus_statement.php)
- **Oral Health: An Essential Component of Primary Care**, a Qualis Health White paper: <http://practicetransformation.qualishealth.org/sites/default/files/practicetransformation.qualishealth.org/White-Paper-Oral-Health-Primary-Care.pdf>
- **ORGANIZED, EVIDENCE- BASED CARE: Oral Health Integration** is an integration toolkit developed by Qualis Health: <http://practicetransformation.qualishealth.org/sites/default/files/practicetransformation.qualishealth.org/Guide-Oral-Health-Integration.pdf>

- **Perio 360 Evidence Based Research** - links to additional articles about the oral/systemic connection can be found here: <https://www.perio360.com/research/>
- **Perinatal Oral Health Training for Medical Professionals** Many Primary Care Associations offer training in perinatal oral health interventions for medical providers. Use a search engine for contact information in your state.

#### References

- Sant'ana, A, de Campos, M, Passanezi, S, de Rezende, M, Greggi, S, Passanezi, E. Periodontal Treatment During Pregnancy Decreases the Rate of Adverse Pregnancy Outcome: A controlled clinical trial. *Journal of Applied Oral Science*. 2011, 19 (2): 130—136
- Mahalakshim K, Krishnan n, Arumugan S. Association of Periodontopathic Anaerobic Bacterial Co-Occurrence to Atherosclerosis: A cross-sectional study. *Anaerobe*. 2017 Apr; 44: 66 – 72
- Aarabi G, Eberhard J, Reissmann D, Hydecke G, Seedorf, U. Interaction between Periodontal Disease and Atherosclerotic Cardiovascular Disease – Fact or Fiction? *Atherosclerosis*. 2015 Aug; 214 (2): 555 – 560
- Costa K, Taboza Z, Angelino G, Silveira V, Montenegro R, Haas A, Rego R. Influence of Periodontal Disease on changes of Glycated Hemoglobin Levels in Patients with Type 2 Diabetes Mellitus: A retrospective cohort study. *J Periodontal*. 2017 Jan; 88 (1): 17 – 25
- Paju S, Scannapieco F. Oral Biofilms, Periodontitis, and Pulmonary Infections. *Oral Diseases*. 2007 Nov; 13 (6): 508 - 512
- Abbasi J. To Prevent Rheumatoid Arthritis, Look Past the Joints to the Gums. *JAMA*. 2017; 317 (12): 1201 - 1202

For helpful videos on using data to tell a story, check this out!



# Engaging Patients in Today's Hi-Tech Environment

By Kathy Kunath, RN, [Iowa Chronic Care Consortium](#)

## Engaging Patients Across Generations

The success of value-based healthcare hinges on the active involvement and collaboration of all players, most importantly, the patient. Provider organizations are taking on increasing risk, often in concert with health plans, ACOs or in alternative payment strategies. Connecting with patients at the right time and place is essential.

According to CDW Healthcare's 2017 Patient Engagement Perspectives Study, 70% of patients say they have become more engaged with their healthcare during the past two years. They state that changes include joining a patient portal (74%), accessing healthcare information more frequently (69%) and speaking to a healthcare provider more frequently (69%). However, only 29% of patients surveyed would give their provider an "A" for their use of technology to interact with and engage patients, and 89% of patients would like to be able to more easily access their personal healthcare records.

Like any customer service, there are many drivers of interest and engagement, but in healthcare, our "consumers" span an age spectrum from newborns to centenarians. No matter their age, all patients fall into some sort of "population" group. Providers are challenged to improve the health of populations, while remaining "person-centered". This may be defined as *"A partnership among practitioners, patients, and their families that ensures decisions respect patients' wants, needs, and preferences, and that patients have the education and support they need to make decisions and participate in their own care."* (PCPCC 2013 Managing Populations, Maximizing Technology).

Health coaching has proven an important strategy to build person-centered care into population health management. A key shift is moving from focusing on ONLY the low hanging fruit of older patients with established chronic conditions, to identifying and preventing chronic conditions in rising risk populations. However, reaching these populations require different approaches. Once we "sync" with patients and create a trusting relationship, there is great opportunity to improve the health of populations, one patient at a time

This article is intended to bring perspective into the health coaching encounter. All patients have unique and personal motivations for life and health management. Once uncovered, there are relevant generational considerations to maintaining patient engagement over time. Keep these concepts in your back pocket and we will do well to check our own biases when working with generations that may be quite different from our own. It has great transfer value into daily life encounters with family, friends and colleagues.

## Older Adults

These patients (over 72 years of age) have spent the majority of their years without our current technology. They were often physically active during their lives, and many remember receiving healthcare long before there was health insurance. Some portion have put aside personal savings to cover unexpected healthcare needs (such as surgeries and emergent events). They are accustomed to the "expert role" and the paternalistic approach to healthcare, less likely to research health and believe that the "doctor knows best". They may be unfamiliar and uncomfortable (at first) with newer approaches such as SMART goal-setting and shared decision-making.

According to the National Council on Aging, 92% of older adults have one chronic condition and 77% have at least two. The four chronic conditions of heart disease, cancer, stroke and diabetes, cause nearly 2/3 of all deaths. Health coaching can be a great source of support for these patients, and they tend to be highly loyal to their physicians once trust has been established. (Remember that many of their family physicians have long retired -- the Marcus Welby type -- and they are adapting to a younger healthcare workforce.) The health coach is often viewed (almost on a personal level) as a conduit to the physician. These patients often enjoy a good long conversation and it is best approached in person, with a family member or friend also present. Since goal-setting is a bit foreign, consider re-wording questions that bring out their interests and motivations in a way that can lead to specific action. Frequent follow-up, either in person, or telephonically, will ensure that they understood their treatment plan and are building the goals into daily activities. Special attention should be paid to medications and watching for early signs of health exacerbations (such as with heart failure).

## Baby-Boomers

75 million Americans make up the Baby-Boomer generation (born between 1946 and 1964) and they are threatening the capacity of the current healthcare system. Boomers see themselves as young and vibrant as they age and many are not retiring until well into their 70's (either by choice, or by necessity). However, a recent study by the United Health Foundation found that boomers have "higher rates of obesity and diabetes" than the previous generation, mostly because of lower physical activity and availability of fast foods and incidence of eating out. 62% of persons aged 50-64 currently have at least one chronic condition. Boomers have greater longevity than their parents, but higher rates of hypertension, high cholesterol, diabetes and obesity (JAMA, Internal Medicine, March 2013). Unlike their parents, they are more willing to discuss mental health challenges such as depression, anxiety and substance use. Behavioral health issues in this generation, as well as those to follow, warrant considerable attention to identifying available resources. Health coaches can

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contribute by instilling a positive health future and partnering with patients to build hope and confidence in their self-management.

Baby boomers appreciate a “high touch” approach, desiring direct communication and relationship with physicians, coaches and the healthcare team. Although they were the first generation to experience the knowledge explosion through the worldwide web, there is some split (older boomers versus younger) in how technologically savvy they are. They may research their provider's quality ratings (or ask their children to do so), and they recognize that healthcare is not equitable between institutions and not all institutions deliver high quality care. Because of the sheer number (and the increasing incidence of chronic diseases), coaches may benefit from exploring how personal communication can be expanded through electronic means and technology. Boomers are willing to use patient portals to obtain personal healthcare information and some may find motivation in tracking lifestyle management through mobile apps and electronic personal health records. This tends to be a personal choice, as AARP research reveals that only about 1/3 of seniors have an interest or understanding of these health management tools.

Boomers strive for “successful aging” which may include life transitions from home to assisted living and the use of community-based services to keep themselves active and engaged in life. They are keenly concerned with the burden that their health may have on their children. Coaches may wish to explore and understand local community resources that are available to this generation.

### Generation X

Gen Xers (ages 36-52 years) have grown up in an era of internet-available health information. They were the first to experience direct advertising for prescription drugs and consumer activism in health care. They are not likely to be passive in their healthcare decisions (if there is an issue), but as reported in a survey recently completed by MDVIP (2017), 32% of this population may actually AVOID seeing a primary care physician for fear of that they may learn. They wish to live a long life, but 2/3 acknowledge that they could do much more about exercising regularly, maintaining a healthy weight and managing stress. **They could be missing the prediction that this generation may be the first to see a DECREASE in life expectancy.** How can health coaches reach this age group?

**Open communication.** Communicate with this group in transparent and immediate ways. For personal health information, patient portals and electronic communications work well. Gen X will have researched treatment options so they value evidence-based decisions. However, they believe that physicians and the healthcare team offer the best support, particularly if it can be aligned with their research and if a trusting relationship is built.

**Thirst for knowledge.** Gen Xers look to a variety of sources for information, including family members, coworkers, their doctors, pharmaceutical company websites, medical journals, television programs, news websites, and books. Be prepared for a conversation around “what is best” for them, and health coaches are particularly adept at honing in on personal motivations (thus choosing their path among many choices). Acknowledge their research and interest and identify the priorities that are unique to their life situations.

### Millennials

Ah the millennials -- the invincibles. Surely this generation (age 18-35) will never die, or at least not before their time. However, when one carefully uncovers the healthcare concerns of this generation, it reveals depression, overweight and anxiety disorders. 54% of millennials report having been diagnosed with a chronic condition (Transamerica Center, 2016).

Affordability for health insurance (after age 26) is a major factor in this generation. Health coaches are likely to encounter this population when working with an employed population. However, they may encounter some if assigned to a state Medicaid program or a state insurance exchange program. If coaches are working in environments where patients are uninsured, they may benefit this generation by educating and connecting them to insurance options.

This generation may also choose public health opportunities (i.e. Planned Parenthood) for their healthcare needs if not covered through an employer health plan.

According to the Transamerica Center for Health Studies, Millennials are looking for healthcare services with shorter waiting times and often seek “after hours” care or same day services. They value telephonic or email consultations during evening and weekend hours and may be the most interested in telehealth (skype or other synchronous communications) options. They will be attracted to:

- Telephone or e-mail consultations available with clinicians during evenings and weekend hours
- Patient portals or mobile apps that allow online appointment scheduling and email communications

Health coaches may connect with this generation through brief “progress checks” via email or text and connecting younger patients with modern technology and apps that track exercise logs, nutrition intake, and many technology-enabled devices such as insulin pumps. Management programs for Type I Diabetes are particularly adept in addressing the social and emotional considerations of the millennial population.

In summary, health coaches have a multitude of tools and technology-based applications that can assist in supporting and monitoring the self-management of patients with chronic conditions. However, these technologies, assessments and tools do not replace the human connection factor. *“Engagement is about more than a tool; it’s a strategy like marketing and requires design. Engagement without a designer is like medicine without a doctor. (Leonard Kish, Patient Engagement is a Strategy, Not a Tool, ebook, 2014)*

True patient engagement is about relationship and developing trust over the long-haul. Health Coaches equipped with an understanding of generational preferences can have a significant impact on engaging patients across generations. This is a basic and fundamental principal of successful value-based healthcare.



### Clinical Health Fusion Training Des Moines Site: Enrollment open through October 14

**Clinical Health Coach®** is the leading clinically focused health coach training that equips care managers, care coordinators and health coaches with patient-centered communications strategies to engage and activate patients in their self-care and treatment. Over 3,000 practitioners have completed the training. Clinical health coaching supports Medical Home quality measures by improving clinical outcomes, and lifting patient experience. Join our **Clinical Health Coach Online** training at any time or enrollment is open through October 14th for **Clinical Health Coach Fusion, with a Two-Day Live Intensive in Des Moines, Iowa.**

To learn more about our training solutions, please visit our web site at [www.clinicalhealthcoach.com](http://www.clinicalhealthcoach.com) or contact Kathy Kunath @ [kathy.kunath@iowaccc.com](mailto:kathy.kunath@iowaccc.com). For health centers interested in enrolling teams through Clinical Health Coach Fusion, please consider applying for discounted pricing through the Scout Program at [www.clinicalhealthcoach.com/scoutprogram](http://www.clinicalhealthcoach.com/scoutprogram).

## HEALTHY RECIPE: No-bake Pumpkin Spice Energy Bites

Easy no-bake pumpkin energy bites made with healthy ingredients- pumpkin, oatmeal, and all of your favorite warm spices. The perfect grab-n-go breakfast, pre-workout, or afternoon snack! Makes 20-25 balls



#### INGREDIENTS:

- 1 can pure organic pumpkin puree
- 3 cups old fashioned rolled oats
- 1 cup pepitas/pumpkin seeds (or raw nut of choice)
- 1 cup dried cherries (or dried fruit of choice)

- 1/4 cup ground flax
- 1-2 tsp pumpkin pie spice
- 2 tbs raw honey

#### Optional:

- 1/2 cup cacao nibs or dark chocolate chips

#### DIRECTIONS:

1. Mix all ingredient together in large bowl
2. Roll into individual balls.
3. Refrigerate for 30 minutes and enjoy.
4. Store leftovers in fridge for up to one week.

Source: <https://www.nourishmoveandlove.com>



### Missed HITEQ's recent webinar on PCMH 2017?

[Access the recording here.](#)

This webinar from the Health Information Technology, Evaluation, and Quality Center provides a broad overview of NCQA's Patient Centered Medical Home (PCMH) recognition for 2017, including overall structure, timing, and evidence options that are new to 2017. The new standards focus on continuous practice transformation, flexibility including a new virtual review process, comprehensive integrated care, and increased alignment with existing initiatives.

### HITEQ UDS Dashboards - Updated with 2017 Data!

[Log in to the dashboards](#)

The HITEQ UDS Clinical Analysis Dashboards now include 2017 UDS data. The dashboards aim to help HRSA Partner organizations (Health Centers, HCCNs, PCAs, and other National Cooperative Agreement agencies) examine trends in clinical results and their relationship to the use of their EHR systems at both the individual organization and group levels. Dashboards include a National view, accessible to all organizations, and organization-specific views with the appropriate level of access. HCCNs/PCAs are able to see their members' data and health centers are able to compare their own data compared with all other health centers. These dynamic customizable dashboards provide organization-specific analyses of all 14 clinical measures. Authorized individuals from each organization have log-in information. Please contact us at [hiteqinfo@jsi.com](mailto:hiteqinfo@jsi.com) if you have questions or need assistance with accessing the dashboards.



## HRSA National Cooperative Agreements

See [link to HRSA](#) website for training and technical assistance details on the following topics:

- Asian American, Native Hawaiian, and other Pacific Islander Communities
- Capital Funding
- Health Information Technology
- Individuals of Families Experiencing Homelessness
- Lesbian, Gay, Bisexual, and Transgender (LGBT) People
- Medical-Legal Partnership
- Migratory and Seasonal Agricultural Workers
- Older Adults
- Oral Health
- Residents of Public Housing
- School-Aged Children
- All Underserved Populations
- Workforce

# NACHC Quality Center Opportunities

The Quality Center at the National Association of Community Health Centers (NACHC) supports the advancement of health center quality, improved outcomes, and lower costs. With a clear focus on the Quadruple Aim, the Center promotes system transformation in health centers by: leading innovative programs to meet challenges facing health centers today; translating evidence into practical action steps; providing professional development opportunities to enhance quality; and supporting a national network of quality improvement (QI) staff at Primary Care Associations, Health Center Controlled Networks and health centers.

To learn more and get involved:

- [Sign up](#) for the Center's "QI Touchpoints" network
- [Self-nominate](#) to join the Center's QI Advisory Board (due November 15)
- Check out the Center's [webpage](#) to access [action guides](#) and other resources



## JOB POSTINGS

### Illinois

#### Various Positions

The Illinois Primary Health Care Association seeks Physicians, Medical Directors, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Dentists, Dental Hygienists, LCSWs, LCPCs and Clinical 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 [www.iphca.org](http://www.iphca.org) for more information.

#### Pediatric Physician

Crossing Healthcare is seeking to hire a full-time Pediatric Physician at our 320 E. Central Ave., Decatur, IL. Location. Please visit our website at [www.crossinghealthcare.org](http://www.crossinghealthcare.org) and view our employment opportunities. Competitive salary and benefit package.

#### Family Practice Physician

Family Christian Health Center (FCHC), a federally qualified health center, is seeking to hire a motivated full-time FAMILY PRACTICE PHYSICIAN. We offer a competitive salary and excellent benefits. Please contact Regina Martin, Human Resources Manager, by email, [rmartin@familychc.org](mailto:rmartin@familychc.org), or phone, 708.589.2017, for more information.

### Iowa

#### Various Positions

The Iowa Primary Care Association is seeking General Dentists, Family Medicine and Internal Medicine Physicians, Pediatricians, Psychiatrists, Psychiatric Nurse Practitioners, Family Nurse Practitioners, Psychologists, and Social Workers for Iowa's Community Health Centers. All positions qualify for state loan repayment (PRIMECARRE) and National Health Service Corps Loan Programs, as well as competitive benefits packages. Contact Katie Kenny, Recruitment and Workforce Development Manager by email [KKenny@iowapca.org](mailto:KKenny@iowapca.org) or apply directly at [lowapca.org](http://lowapca.org) under Workforce and Job Board.

#### Various Positions

All Care Health Center (ACHC) is currently hiring Dental Assistants, a Medical Billing and Coding Specialist and a Mental Health and Substance Abuse Counselor! ACHC offers competitive wages including a comprehensive benefits package and provides an empowering culture! If you want to learn more about joining our team, please send inquiries to Gina Klein at [gklein@allcarehealthcenter.org](mailto:gklein@allcarehealthcenter.org) for more information!

### Various Positions

Peoples Community Health Clinic, Inc. is seeking to hire full-time Accounting Manager/Controller. This person will report directly to and work closely with the CFO and supervise staff in the accounting departments. Must have a Bachelor's degree in Accounting, CPA or be a CPA candidate, and have accounting and management experience. PCHC offers a competitive salary and benefit package. Contact Human Resources, by e-mail [BWhite@peoples-clinic.com](mailto:BWhite@peoples-clinic.com) for more information.



### Kansas

#### Family Practice Physician

The Community Health Center in Cowley County seeks a full-time Family Practice Physician to assist our Medical Director. National Health Service Corps active. Highly collaborative environment. Located in Winfield, KS. Competitive salary and excellent benefits. Contact David Brazil, CEO for more information at [dbrazil@cowleyhealthcenter.org](mailto:dbrazil@cowleyhealthcenter.org) or (620) 221-3350.

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# JOB POSTINGS

## Michigan

### Various Positions

Western Wayne Family Health Centers (WWFHC) a FQHC with 3 locations is seeking vibrant Internal Medicine Physicians, Family Practice, DO, OB-GYN Physician, Nurse Practitioners, Certified Nurse Midwives, Registered Nurses, LPN's, Dentist, Dental Hygienist, Therapist, Certified Medical and Dental Assistants, Call Center- Customer Service Reps, Billers and Care Coordinators. We offer competitive salaries and full benefits package including loan repayment through NHSC and NURSE Corps. Forward your CV/resume to [humanresources@wwfhc.org](mailto:humanresources@wwfhc.org). Please see our "jobs" on our website at [www.wwfhc.org](http://www.wwfhc.org).

### Primary Care Provider

MidMichigan Community Health Services located in Houghton Lake, MI is seeking qualified candidates for the following full time positions: Call Center Representative, Information Systems Specialist, Front Receptionist and LMSW. We offer competitive wages and comprehensive benefits packages. Interested candidates should submit their cover letter, resume and references to [Allison.hubbard@midmichiganhs.org](mailto:Allison.hubbard@midmichiganhs.org).

### Registered Dietitians

Community Health and Social Services Center is seeking to hire a full time Spanish speaking Registered Dietitian for WIC department and a Registered Dietitian for Medical department. Contact Angela Salgado, HR Director via email: [asalgado@chasscenter.org](mailto:asalgado@chasscenter.org).

### General Dentist

Muskegon Family Care (MFC) is seeking to hire a part-time GENERAL DENTIST. Muskegon Family Care is a Federally Qualified Health Center (FQHC) that offers a competitive salary, benefits package and loan reimbursement. Contact Ashlee Koone by email [koonea@mfc-health.org](mailto:koonea@mfc-health.org) or call/text 231-327-9781.

### BH/Substance Use Director

Hackley Community Care (HCC) is a Federally Qualified Health Center looking for a full-time Behavioral Health Director to join our team in Muskegon, Michigan along the beautiful shores of Lake Michigan. HCC offers a competitive salary and benefit package including possibility of NHSC loan repayment. Visit our website at <http://www.hackleycommunitycare.org/about/join-our-team/> to apply. If you have questions, please email the HR recruiter at [heistant@hccc-health.org](mailto:heistant@hccc-health.org) or call at 231-733-6796

## Missouri

### Various Positions

Northwest Health Services is an FQHC looking for a PSYCHIATRIST with a calling to serve the underprivileged population of NW Missouri, a mission-minded NURSE PRACTITIONER to service St. Joseph and surrounding areas, and a family practice PHYSICIAN for the St. Joseph area. Visit our website to apply [www.nwhealth-services.org/careers](http://www.nwhealth-services.org/careers) or contact HR @ (816) 901-1040.

### Various Positions

Jordan Valley Community Health Center seeks Physicians, OB/GYN, Pediatricians, Psychiatrists, Psychologists, Dentists, and Pediatric Dentists for openings in our community health center located in Springfield, MO. Our complete package includes strong base salary, loan repayment, generous time off, minimal call rotation and much more. Visit [www.jordanvalley.org](http://www.jordanvalley.org) or contact Kristen Backs [kbacks@jordanvalley.org](mailto:kbacks@jordanvalley.org) for more information.

## Ohio

### Various Positions

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

## Wisconsin

### Family Practice Physician

Community Health Systems Beloit, WI seeks an experienced Family Practice Physician with an interest in public health. Join a dynamic team working toward quality and growth for those who need access to care the most! Individuals should be motivated to promote a collaborative atmosphere in support of our existing integrated care model. Join an innovative organization with great hours, competitive salary, generous benefits, and an excellent work/life balance! Contact Danielle Marx, Human Resources Manager, at [dmarx@chsofwi.org](mailto:dmarx@chsofwi.org) or (608)313-3404.

### Various Positions

Progressive Community Health Centers (PCHC) is seeking to hire a motivated full-time FAMILY MEDICINE PHYSICIAN and GENERAL DENTIST. PCHC offers a competitive salary and benefit package. For more information, contact Alison Thiel, Human Resources Generalist by email at [alison.thiel@progressivechc.org](mailto:alison.thiel@progressivechc.org).

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