



NETWORK NEWS

October
2017



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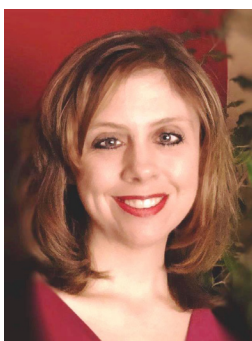
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Message from the MWCN President Experiential Impact

Chris Singer, MAN, RN, CPHQ
Chief Operating Officer
West Side Community Health Services



All of us have heard of examples of an impactful event that led to a local drive toward change. We have seen these local efforts then turn into regional and even national movements. These efforts are started by one person experiencing a catalyst that compels them to take action. Reaching this ignition point and “going viral” is easier today than it was for many great historical movements.

Rosa Parks’ refusal to sit in her assigned seat led to a challenge to end racism which we celebrate each year on Martin Luther King Day; a child losing his life to HIV led to the Ryan White Program, a necessary commitment and funding source to provide care to those impacted by HIV; a child kidnapped in plain sight led his parents to start Jacob Wetterling Foundation, a national childhood safety advocacy group. In my own community, one person’s drive to end child abuse springs from his childhood experience of seeing community apathy and uncertainty lead to the death of a child (Care in Action Minnesota). All of these are wonderful examples of someone seeing a single incidence of injustice and then refusing to accept it. These people took action and that action first changed themselves, then their communities, and in some cases, the whole nation. I am sure each of you can also point to an inspirational individual that turned their conviction into societal change.

As I embark on my final message to you as President, I want to challenge you with the question: How will you make your impact? There are recommendations out on the web how to do this great work, but the work all starts with finding the substance that causes the catalytic change. I always loved chemistry in school, as it was fun seeing how different solutions put together can result in desired change. Much like chemistry, a human catalyst is a person that precipitates an event or change. The challenge for us is to figure out how to put all of the right ingredients together in a way that drives us to the outcome we desire.

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Meeting Challenge with Leadership

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In my research, many great writers remind us that there are lots of successful stories about how to empower change. I have compiled several of these ideas for us to consider. The commonality amongst them all is that one doesn't need a pile of money, a business plan, or even legislative signage. Some of the most successful movements use a simple formula:

1. Know your cause and what change you desire.
2. Educate yourself.
3. Gather your community around a common goal.
4. Mobilize resources as a community.
5. Rally the troops.
6. Make it known in the community.
7. Communicate, communicate, communicate.
8. Identify solutions as a community coalition.
9. Persist beyond the challenges of passing time, resource constraint, and criticism.



A speaker reminded me several years ago about recognizing the busyness of work and life. There are many successes to celebrate around us, but each of us has a chance to define our own legacy in making a long lasting catalytic impact. It doesn't matter what that conviction might be for each of us, as long as we do something about it.

Thank you so much for having me as your President this year. It has been a true pleasure getting to know many of you, and I know the incoming President will continue the great work that is happening within our Network.



The process of finding and hiring the best-qualified candidate for a Quality and/or Health IT job in your health center is time-intensive and challenging. Having job vacancies or recruiting the wrong person can cost the organization in terms of real money, time spent, morale, and productivity. Successful hiring requires refining the recruitment process, which includes analyzing the requirements of a job, attracting employees to that job, screening and selecting applicants, and hiring the new employee to the organization.

This section includes resources to help you define and refine your recruiting methods. These are tools that have been tested by health centers in the field and are proven to work. These resources reflect the combined experience of several successful health centers around the country.

Also available are templates for [Health IT Job Functions](#) and samples of [Health IT Job Descriptions](#).

**Click to view the
HITEQ Job
Function Decision
Tree**



JOB FUNCTION DECISION TREE

INSTRUCTIONS:
This document is intended to help you create new job descriptions and/or modify existing job descriptions to more clearly incorporate Health IT and quality-related responsibilities. The matrix provides responsibilities across three categories of roles: Medical Leadership, Quality, and Health IT. It differentiates these responsibilities based on typical job functions (e.g., Quality Improvement, Compliance, Meaningful Use).

This can be used in two distinct ways. First, this matrix can provide language to modify existing job descriptions to ensure that for each function, responsibilities are articulated across all appropriate health center roles. Second, the matrix can help an organization that has determined the need for additional Quality and Health IT staff, such as a Data Analyst or Quality Coordinator by assisting in determining which functions will be incorporated into the new role, and then developing the job description from the chosen functions.

Job Function	Roles/Responsibilities		
	Medical Leadership (e.g. CMO, Medical Director, Nursing Director)	Quality Staff (e.g. Quality Director, Practice Manager)	Health IT Staff (e.g. IT Director, EHR Manager, Data Analyst)
Quality Improvement	<ul style="list-style-type: none"> Develops and oversees the implementation of a Quality Plan in accordance with the organization's mission and strategic goals, and in compliance with federal and state regulations, and as applicable, accrediting bodies such as HRSA, The 	<ul style="list-style-type: none"> Develops detailed plans to achieve the goals set forth in the Quality Plan, and tracks the ongoing progress of work Monitors and leads improvement efforts for prioritized clinical quality measures Trains, coaches, and mentors health center staff to use continuous quality 	<ul style="list-style-type: none"> Develops method to monitor clinical quality measures through EHR, chart audits, or other data sources Maximizes the EHR reporting capability to achieve the goals set forth in the Quality Plan Creates customized reports, as needed, to support ongoing

The HITEQ Center, for Health Information Technology, Evaluation, and Quality Improvement is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U54CE000666, National Training and Technical Assistance Cooperative Agreement.

Addressing Suicide Directly in Primary Care

By Sarah A. Bernes, MPH, LMSW, Director of Suicide Prevention, The Institute for Family Health

In 2015 more than 44,000 Americans died from suicide and suicide was the tenth leading cause of death in the United States.¹ Suicide is a public health problem that is often preventable. Almost half (45%) of people who die by suicide have contact with primary care providers in the month before death, and the percentage is even higher among older adults.² Primary care providers have an integral role in helping people build lives worth living and that includes preventing suicide. In 2016 The Joint Commission Released [Sentinel Event Alert 56](#), highlighting the crucial role of primary care settings in detecting suicide ideation and assuring appropriate evaluation.

The [National Strategy for Suicide Prevention](#) specifically calls for suicide prevention as a core component of health care services, with objectives pertaining to delivering care in the most collaborative, least restrictive settings; providing continuity of care for suicidal patients seen in emergency departments and inpatient settings; and training clinical providers on the recognition, assessment, and management of at-risk behavior; and the delivery of effective clinical care for people with suicide risk.

Suicide can be a scary topic, and one that we avoid due to our own emotional reactions. We may stay silent on suicide because we're afraid, don't know what to say, or mistakenly believe that talking about suicide might give someone the idea. Silence around suicide reinforces the deadly notion that it shouldn't be talked about. In order to reduce the suicide rate nationally and help our patients fighting thoughts of suicide, primary care providers must be ready and willing to start conversations around suicide. Here are three steps your health center can take to prepare for having conversations about suicide:

1. [Listen to suicide attempt survivors tell their stories](#): People who experience suicidal thoughts or who have made a suicide attempt face incredible prejudice and discrimination, including from health care providers. [Live Through This](#) is a collection of portraits and stories of suicide attempt survivors, as told by those survivors. We cannot hope to solve the problem of suicide without listening to those most affected.
2. [Take the self-study](#): The Zero Suicide Self-Study allows your organization to assess what suicide prevention practices you already have in place and create a roadmap for how to improve. Get a team together and honestly examine the care you provide for suicidal patients.
3. [Contact your state suicide prevention coordinator](#): Every state has a suicide prevention coordinator and a statewide suicide prevention plan. Connect with your state's coordinator to find out what suicide prevention activities are already happening in your area.



1 Drapeau, C.W., & McIntosh, J. L. (for the American Association of Suicidology). (2016). U.S.A. suicide 2015: Official final data. Washington, DC: American Association of Suicidology, dated December 23, 2016, downloaded from <http://www.suicidology.org>.

2 Luoma, J. B., Martin, C. E., & Pearson, J. L. (2002). Contact with mental health and primary care providers before suicide: a review of the evidence. *American Journal of Psychiatry*, 159(6), 909-916.

SBIRT Webinar hosted by the MWCN Behavioral Health Interest Group

Julie Baker, MPA from the Iowa Primary Care Association will share information and resources on SBIRT. We will then have the opportunity for health centers sharing/ questions and discussion.

Wednesday October 25th at 11:00 CST/12:00 EST (one hour)

[Register HERE!](#)



Pain Care for the Underserved in Missouri

Chronic pain is an ongoing or recurrent pain lasting beyond the usual course of acute illness or injury. It generally lasts more than 3 months and adversely affects an individual's well-being. A simpler definition for chronic or persistent pain is pain that continues when it should not. (IOM Glossary) The pain is usually not constant but can interfere with daily life at all levels. Ongoing pain can undermine overall physical, psychological, and social well-being, and is a major cause of disability and costly health care utilization.¹ Reducing the enormous financial, physical and emotional toll of chronic pain will require a transformation in how pain is perceived and judged, both by people with pain and by the health care providers who help care for them.

Community Health Approach

The Center for Health Care Quality, within the Missouri Primary Care Association (MPCA), is working to address this public health crisis by adopting and implementing recommendations contained within the Institute of Medicine's "Relieving Pain in America" report. MPCA supports primary care providers with the delivery of coordinated, evidence-based, interdisciplinary pain assessment and care for persons with complex pain. Additionally, it promotes public policy and community awareness strategies to address chronic pain.²

MPCA's approach is informed by the expertise of health care professionals who have worked closely with patients diagnosed with

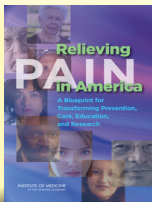
Chronic Pain. The team's inter-disciplinary, bio-psychosocial approach incorporates primary care, behavioral health, and pain care to manage patients' pain issues. A care team typically consists of a Pain Management Physician, Clinical Psychologist, Clinical Pharmacist and Nurses. Simultaneously, this team-based care approach is able to address co-morbid conditions such as obesity, hypertension, tobacco usage, and depression.

The Missouri Primary Care Association, in partnership with the Missouri Telehealth Network, offers Chronic Pain Management ECHO to provide case-based learning to healthcare professionals throughout the state. In addition to trainings via videoconferencing, the MPCA also provides onsite training and consultation to health centers. Training focuses on behavioral and medical considerations for Chronic Pain patients, support of team-based care, safe opioid prescribing guidelines, case study presentations, and policy and guideline review and implementation.

Functional assessment and the importance of physical activity are additional components to treatment. A few health centers offer acupuncture services, while others partner with Chiropractic Colleges to offer services. Physical therapy exercise/patient handouts are also available for patients.

1 Mayday Fund, A Call to Revolutionize Chronic Care in America: An Opportunity in Healthcare Reform. Nov. 2009. <http://www.maydaypainreport.org/docs/ACalltoRevolutionizeChronicPainCareinAmerica.pdf>

2 IOM Report



Click for options on how to view the publication:

"Relieving PAIN in America: A Blueprint for Transforming Prevention, Care, Education, and Research"

HEALTHY RECIPE: Pumpkin Pie Protein Smoothie



This easy to whip up smoothie tastes more like dessert than a healthy, protein-full breakfast. If you like pumpkin pie, you'll definitely FALL in love with this smoothie. Vegan, gluten-free, soy-free, refined sugar-free.

SMOOTHIE:

- 1 cup unsweetened pumpkin puree
- 1 frozen banana
- 1/2 -1 cup unsweetened almond milk, or other dairy-free milk
- 1 scoop unflavored (or vanilla) protein powder- optional

- 2-3 tbsp agave or maple syrup, to taste
- 1/2 tsp vanilla extract
- 1/2 tsp cinnamon
- 1/4 tsp nutmeg
- 1/8 tsp ginger
- Small pinch of cloves
- Small pinch of salt
- Ice- optional

COCONUT WHIPPED CREAM:

- 1 15oz can full fat coconut milk, chilled overnight
- 2-3 tsp agave or maple syrup, or to taste- optional

DIRECTIONS:

1. Blend all ingredients until smooth – add almond milk to thin to the consistency you want. Top with coconut whipped cream if desired... and who wouldn't desire it? Garnish with a dash of cinnamon or nutmeg, and enjoy!
 2. For the coconut whipped cream: Remove the well-chilled can of coconut milk from the fridge, and turn it upside down. Open the can, and pour off the coconut 'water' (this can be saved for later use in other recipes, or for drinking). In the bottom you'll be left with the separated coconut fat. Spoon this out into a bowl, and whisk or beat with a mixer until smooth. Mix in a little sweetener, or some vanilla or other spices, to taste. Store any extra in the fridge and re-whip when ready to use.
- Makes 1 large serving.

Source: <http://www.willcookforfriends.com/2012/09>

Implementing Diabetes Group Visits in Midwestern Health Centers

In collaboration with MWCN, researchers at the University of Chicago recently concluded a pilot study training health center staff to implement diabetes group visits and conduct a 6 month diabetes group visit program for patients with uncontrolled diabetes.

Teams from 6 health centers across 5 states



participated in the study. A total of 26 health center staff including physicians, nurse practitioners, physician assistants, nurses, medical

assistants, and behavioral health counselors attended training in the implementation of diabetes group visits.

The 18-month training program included monthly

webinars and two 2-day in-person learning sessions in Chicago, IL, featuring expert presentations, team planning sessions, and peer learning.

Training topics included

group visit structure, behavior change, implementation barriers, and patient recruitment. After each learning session and at the conclusion of the training, staff completed surveys assessing preparedness, implementation, and perceptions of the group visits. Staff reported that the training intervention increased their preparedness to conduct group visits and their awareness of key group visit elements.

Each health center conducted monthly diabetes group visit sessions for about 10 patients over the course of 6 months. The group visits included a medical exam and provider assessment for each individual patient, review and assessment of behavioral health and self-management goals, medical education, and behavioral health and self-management goal setting for the group.



Patients enjoyed learning more about diabetes and receiving support from other group members. As one patient said, “[The visits] opened my eyes to more people with the same problems.” All of the patients reported that they were satisfied with the group visits and gained confidence in their ability to manage their diabetes. One of the six health center sites

implemented a text messaging program for diabetes education, support, and self-management. All of the participants agreed that the messages were clear and easy

to understand and would recommend the program to a friend with diabetes.

MWCN and the University of Chicago will be expanding the diabetes group visit study to more health centers in spring 2018. This larger study will also



incorporate text messaging to reinforce self-care knowledge and goals between monthly group visits.

“It was a good reminder for me to keep on trying to manage my diabetic issues even when I feel like I’m losing the game.”

– Diabetes Group Visit Patient

Keep an eye out for information on how your health center can participate in the next diabetes group visit opportunity in spring 2018!

JOB POSTINGS

Illinois

Various Positions

Community Health Partnership of Illinois (CHP) is seeking mission driven staff members – Dental Hygienist (18hr/week) and Staff Nurse (RN/LPN) (40hr/week) in Harvard, IL; Dental Assistant (34hr/week) and Front Office Assistant (40hr/week) in Mendota, IL. CHP offers a competitive salary and outstanding benefit package. Contact Barbara Sacco, HRD by e-mail HR@chpofil.org or fax 312.578.1454 for more information.

Various Positions

The Illinois Primary Health Care Association seeks physicians (FP, IM, PED, OB/GYN, PSY, Medical Directors), nurse practitioners, physician assistants, certified nurse midwives, dentists, dental hygienists, LCSWs, LCPCs and clinical psychologists for positions in urban and rural community health centers in Illinois and Iowa. To read job descriptions please send your CV to Ashley Colwell, Manager of Workforce Development, acolwell@iphca.org or visit www.iphca.org for more information.

Physician

Community Health & Emergency Services, Inc. (CHESI) is seeking a physician to serve patients in the Harrisburg area. CHESI is a federally-funded community health center system, accredited by JCAHO. Our providers participate in a well-established primary care delivery system, insured by the Federal Tort Claims Act (FTCA). We offer a productivity-based contract, which allows each provider to benefit from industry. Our competitive compensation includes liberal benefits & generous support for continuing medical education. Higher compensation if the practice includes suboxone treatment. We will consider part-time participation (one or two days per week). Please direct letters

of interest/vitas to: CEO, CHESI, 1250 Cedar Ct., Carbondale, IL, 62901(618) 457-0450, or email to fbernstein@chesi.org. EOE

Indiana

Various Positions

Porter-Starke Services, Inc. (PSS), a CMHC based in Valparaiso is seeking Psychiatrists, Nurse Practitioners, Therapists, and more in offering services for virtually all mental health and addiction needs for adults, children and families. PSS also operates Marram Health Center, a FQHC in Gary, IN, providing comprehensive primary and integrated care. PSS offers competitive salary and a benefit package. Visit the PSS Careers website at <http://www.porterstarke.org/careers/current-job-opportunities/> for both locations, or contact Mark Goodrich (219)476-4582, Recruitment and HR Coordinator at mgoodrich@porterstarke.org for more information.

Physicians

Open Door Health Services (FQHC) in Muncie, Indiana is seeking to hire a full-time family practice physician and a full-time internal medicine physician. Our clinic is located in a beautiful city along the White River and near Ball State University. The community provides a wealth of culture and recreational opportunities for families and singles. Open Door offers a competitive salary and benefit package. Visit www.opendoorhs.org or mail CV to tlhutchison@opendoorhs.org.

Iowa

Various Positions

Primary Health Care, Inc. (PHC) is seeking to hire a variety of positions including an HIV Clinical Director (required MD/DO, PA, or NP), RN-Nurse Care Manager, Medical Assistant/LPN, Billing Manager, and

more! Please navigate to our careers page at <https://pm.healthcaresource.com/cs/phc#/search> to search and apply for positions. Contact Rachael Miller at rmiller@phcinc.net for more information.

Various Positions

FORBES ranked IOWA as the FIRST IN THE NATION FOR QUALITY OF LIFE. THRIVING Iowa Community Health Centers seek Family Medicine Physicians, Internal Medicine Physicians, Pediatricians, Family Nurse Practitioners, Pharmacists, Psychiatric Nurse Practitioners, Dentists, and Behavioral Health Providers to join dedicated teams of mission driven providers and staff. Health Centers offer competitive salary and benefit package, eligible for loan forgiveness, and offer visa sponsorship, in their patient-centered-medical care health homes and state of the art facilities. Contact Mary Klein for more details at mklein@iowapca.org.

Kansas

Physician

PrairieStar Health Center (PSHC) is seeking to hire a full-time FAMILY PRACTICE PHYSICIAN to work with a dedicated patient centered medical home team in an integrated primary care/behavior health model. Contact Bryant Anderson, CEO, by email andersonb@praieststarhealth.org or mail 2700 E 30th Ave., Hutchinson, KS 67502 for more information.

Michigan

OB Care Coordinator

Oakland Integrated Healthcare Network (OIHN) is seeking to hire a motivated full-time OB CARE COORDINATOR. OIHN offers a competitive salary and benefit package. Email resume and cover letter to HR by e-mail hr@oihn.org. *continued on page 8*

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

JOB POSTINGS

Various Positions

At [East Jordan Family Health Center](#), located in beautiful northwest Lower Michigan, "Our Mission is Your Health." We are seeking full-time: Physicians, Advance Practice Providers, and Medical Assistants in our Bellaire and East Jordan, MI clinics. We offer competitive wage, benefits and participate in Federal and State Loan Repayment Programs. Please contact kmoore@ejfhc.org for more information.

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, LPN's, Dentist, Dental Hygienist, Therapist, Certified Medical and Dental Assistants, Call Center- Customer Service Reps, Billers and Community Health Workers. We offer competitive salaries and full benefits package including loan repayment through NHSC and NURSE Corps. Forward your CV/resume to: humanresources@wwfhc.org. Please see our "jobs" on our website at www.wwfhc.org.

Minnesota

Chief Medical Officer

[People's Center Health Services \(PCHS\)](#) in Minneapolis is seeking to hire a Chief Medical Officer. For details about the position please visit our website at: <http://www.peoples-center.org/jobs/> PCHS offers a competitive salary and benefit package. Please forward your resume to: careers@peoples-center.org

General Dentists

[Lake Superior Community Health Center \(LSCHC\)](#) is looking to hire General Dentists for our Duluth, MN and Superior, WI clinics. LSCHC offers competitive salary and benefits and possible NHSC loan repayment options. Please send resume to LSCHHumanResources@lschc.org.

Missouri

Physician/Medical Director

Supporting the Mission and demonstrating the Core Values of ACCESS Family Care, the individual in this position will perform patient care services, under the designated scope of his/her service and licensure. The Practitioner shall use their best professional judgment in the performance of health care services that are rendered to patients; and shall provide appropriate care to all patients assigned to the Practitioner, without regard to the patient's ability to pay. The Practitioner shall render all services he/she deems medically necessary or otherwise appropriate for the patient, in compliance with Access Family Care's Clinical Management System. Working cooperatively with other Practitioners, Site Supervisors, and all staff members; this individual will support a team effort and promote a positive quality of care at all worksites. www.accessfamilycare.org

Various Positions

[Northwest Health Services](#) is looking for a mission-minded DENTIST to join our Family Dental location in St. Joseph, MO, a NURSE PRACTITIONER to service long term care facilities in the St. Joseph/ Mount City/Savannah/Gower areas, and a FAMILY PRACTICE PHYSICIAN for the Savannah/Mound City areas. Contact HR at heathermiller@nwhealth-services.org or (816) 901-1040.

Various Positions

[Myrtle Hilliard Davis Comprehensive Health Centers](#) is a FQHC seeking mission driven Board Certified Family Physician, Internists, Child-Psychiatrists, Dentists, Nurse Practitioners, Director of Nursing and Registered Nurses. MHDCHC offers a competitive salary and loan forgiveness through NHSC. For more information, please contact Mary Payne, PHR Chief Human Resource Officer (314) 367-5820 x2310 or by email mpayne@mhdchc.org, or visit our website at <http://mhdchc.org/careers/>

Nebraska

Various Positions

[OneWorld Community Health Centers, Inc.](#) in Omaha, NE is seeking a Physician, Physician Assistant, Nurse Practitioner, Midwife, Medical Dietitian/Nutritionist, Behavioral Health Therapist, Registered Nurse, and RN Clinic Manager. OneWorld is a FQHC and a Certified Level III Patient Centered Medical Home (NCQA.) Out of 1,400+ Community Health Centers nationwide, we rank in the top 1% in clinical quality. Our clinic is growing, and we need dedicated individuals to come join our team! We offer a competitive salary and generous benefits. Our clinicians are eligible for student loan repayment through NHSC and NURSE Corps. Please apply at www.oneworldomaha.org/careers

Ohio

Various Positions

Community Health Centers of Greater Dayton in Dayton, OH has career opportunities for Family Practice physician or Nurse Practitioner. CHCGD offers a competitive salary and benefits. Contact Sheryl Fleming at sfleming@chcgd.org or visit our website at www.communityhealthdayton.org.

Chief Medical Officer

Fairfield Community Health Center is seeking a Chief Medical Officer to join our team! We offer competitive salaries, quality incentives and a robust benefits package. To learn more please contact Stefani Stump, sstump@fairfieldchc.org, or visit our website at www.fairfieldchc.org.

Physician

Lower Lights Community Health Center in Columbus, OH has career opportunities for Family Practice physician with OB. LLCHC offers a competitive salary and benefits. Contact Kelly O'Brien at kellyo@llchc.org or visit our website at www.llchc.org.