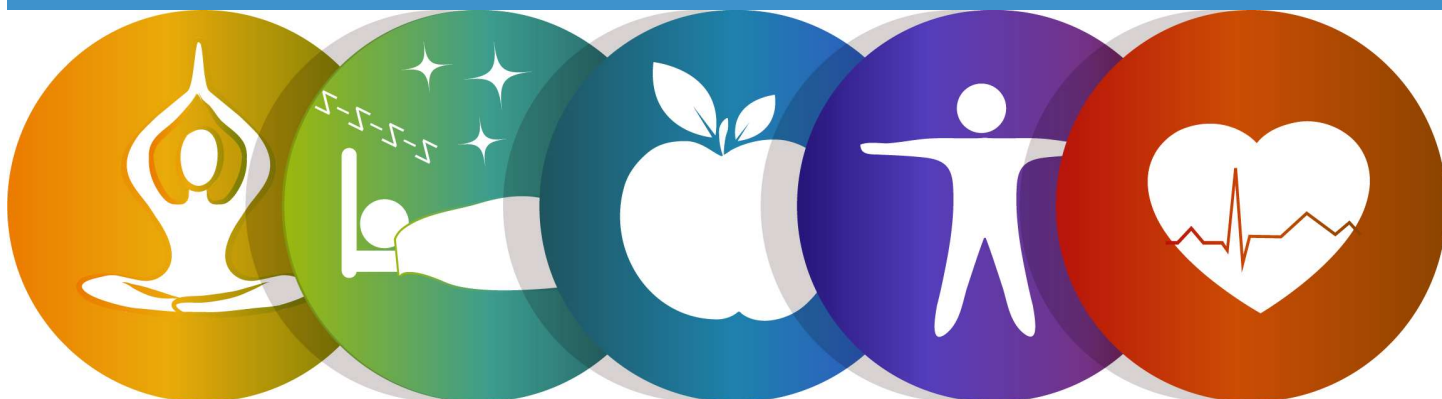


Network News!

SPRING NEWSLETTER



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

MWCN PRESIDENT

INCREASING AWARENESS

A must read. Thank you to Darryl for sharing his story. If you are 45 and older or have symptoms please consider colon cancer screening. Ask your doctor about your options.

PEDIATRIC ORAL HEALTH

INCREASING ACCESS

Learn about what one health center did to integrate oral health services between primary care physicians and dentists.

RESEARCH UPDATE

PUBLICATION

Diabetes Group Visit work published again! Keep an eye out for the toolkit that the team will distribute later this year. The toolkit will include traditional in person and virtual resources.



JOB POSTINGS

Midwest Clinicians' Network shares jobs posting for member health centers. See link to view online:

<https://www.midwestclinicians.org/job-postings>

Message from the President:

My Story and Hope for Increased Colon Cancer Screening

Hello to everyone!

I keep waiting for Spring to ---well, spring! One day here in KC it's 70 degrees and then two days later we have 3 inches of snow. But as always, it's fascinating to see everything green up as it does this time of year--new leaves on trees and new flowers.

It's March (as I write) and for years I always looked forward to March Madness and filled out my bracket and waited to see how far my picks would go. Generally, I was done by the end of the second Sunday. Some underdog had completely destroyed my bracket. Now I think of March differently...

March as you may or may not be aware, is Colorectal Cancer awareness month and my focus every year now turns to making every effort I can to increase awareness and get at least one more person screened. That one person I help may find something right before it turns cancerous or maybe they find they need a polyp removed.

Or as in my case, they may find themselves hearing those words..."Mr. Roberts, we found a malignant mass in your system." It's funny after all these years the GI doc never said 'you have cancer' and I walked out of the clinic looking at my bride and saying 'I am still a bit foggy from the med. Did he just say I have cancer?'

My story -briefly--is that I was having stomach issues. Couldn't eat crackers or chicken broth without getting sick. Lost some 30 pounds. My GI asked was I TRYING to lose 30 and I said no about 10. All manner of meds and such and finally did my first colonoscopy. Woke up to learn I had a mass in my colon at the ileum junction and they were going to do pathology and confirm it was malignant. A week or so later I'm in surgery having my ascending colon, my appendix (which had a carcinoid) and some lymph nodes out. In July we start chemotherapy and learning what neuropathy is. You can't hold a cold glass of lemonade because the med makes it almost like a static electricity shock. You can't drink it cold either.



MESSAGE FROM THE PRESIDENT - CONTINUED

Seven years later I am cancer free. But always cognizant it could return though I don't spend every moment wondering 'did it?'

But part of being successful in increasing awareness in screening rates is being willing to share my story. Part of it too is making it personal because 'you know someone who had CRC.' Now you all know someone who was not yet 50 (so not "due" for a screen) with no classic symptoms but who had Stage IIIA colon cancer and who is here today because of working in a clinic and knowing their options. They always say the whole thing is that the best screening is the one that gets done. If sharing my story helps get one more screening done, it's worth it.

As we interact with our patients and each other (!) let us remember to put our best face forward and be kind. And for those in leadership positions let's work to help our staff regain the joy in doing what they do.

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

Thank you all.

Darryl

“My focus every year now turns to making every effort I can to increase awareness and get at least one more person screened.”



INCREASING ACCESS: AN INTERDISCIPLINARY APPROACH TO PEDIATRIC ORAL HEALTHCARE

Dr. Jamie Ehrenpreis, MD and Dr. Lisa Beaudette-Nguyen, DDS, AHS Family Health Center

*This article was originally published in the Winter 2022 edition of the Illinois Primary Health Care Association™ Newsletter.

AHS Family Health Center helps tens of thousands of people every year - from 55 different countries and in more than 35 languages. We exist to provide patient-centered, quality, and compassionate healthcare services to Asian immigrants and other underserved communities so they can fully participate, prosper, and thrive in our community. Our service area is a major entry hub for new refugees and immigrants who not only have to learn about the challenges of urban living in a highly impoverished area, but also speak a wide range of languages including Korean, Tagalog, Telugu, Mongolian, Mandarin, Khmer, Somali, Arabic, Spanish, Urdu, Hindi, Thai,

continued

Vietnamese, Gujarati, Punjabi and Pashto. Many of these patients have had little to no access to preventative oral health care in their home countries, previously often seeking dental treatment only when they had emergent needs such as pain or swelling.

As with many diseases, numerous factors contribute to increasing a child's risk for oral health problems, such as social determinants of health, nutritional habits, education and preventative measures, other disease states, as well as genetics. Many of these factors can put children at higher risk for oral health problems. Assessing patient risks and knowledge about oral health and providing education and prevention early on can help reduce or eliminate some of these risk factors.

Since the fall of 2019, AHS Family Health Center, has been involved in developing a medical/dental integration program for our patients through funding and collaboration from the Midwest Network for Oral Health Integration (MNOHI). MNOHI is a collaboration between the Illinois Primary Health Care Association and the primary care associations in Iowa, Michigan and Ohio. These states receive funds from the Health Resources and Services Administration to support this work. This 5-year project is focused on providing oral health services to children aged 6-11 during their primary care well visits; looking to integrate oral health screenings and education into the medical office.

With all four of our medical clinic locations co-located with our oral health clinics, we are able to meet the healthcare needs of our patients in one location, and many times on the same day. While our dental and medical care teams were already in close concert in our health center, we have used the project to build several new strategies, workflows, and processes that have helped us to make collaboration even easier for both our providers and patients. The first intervention was having medical staff (physicians and medical assistants) involved in the project and complete the Smiles for Life Curriculum to give a strong foundation to our staff to be able to teach families about oral health care.

Next, physicians began completing oral health screenings and caries risk assessments as part of every well child visit. We were able to incorporate the risk assessment into our electronic medical record (EMR) which has made asking and recording these questions an easy part of a well child visit. If patients are determined to be high risk on these screenings, they are referred

RESEARCH PUBLICATION ANNOUNCEMENT



The BMC Endocrine Disorders Journal has published an article reporting results of the Diabetes Group Visit project with University of Chicago:

“Impact of diabetes group visits on patient clinical and self-reported outcomes in community health centers”

For those interested, we will be hosting a webinar on the outcomes in 2022 as well as launching an online toolkit for group visits!



continued

to a dental visit through our EMR orders. If a dental referral is sent, our oral health care team will then reach out to the parents to schedule a dental visit. Patients and parents are also given age-appropriate oral health education and handouts, and fluoride varnish is applied by pediatricians during the visit when deemed appropriate.

Parents in our clinic have responded positively to the changes we have made and the screening questions. Surveys administered to parents showed high levels of satisfaction with the coordinated care provided by primary care physicians and dentists including the oral health education. Parents have responded well to recommendations from their trusted physicians and have noted ease of scheduling dental follow ups when required.

As well as positive polling, our collected data shows that the referral system is helping to get more patients referred for oral health care; there was an increase from the first year of the program when 62% (38/62) of patients who were deemed at high risk for dental caries were referred for dental care, to the second year when 84% (32/38) of patients identified as high risk were referred for dental care. There was also an increase in the percentage of children seen for well child checks who received an oral health screening from 85% (401/474) to 99% (245/248). While the COVID-19 pandemic has caused additional challenges to this project, we look forward to continuing our growth and improving these metrics. At this stage of the project cycle, we feel that promoting integration of oral health services through coordinated efforts between primary care physicians and dentists improves compliance from a patient perspective as well as yields better health outcomes for our patients.

For more information about the MNOHI project or additional resources, contact Senior Manager of Clinical Integration, [Cristina McKay](#) and click [here](#).



MWCN BOARD OF DIRECTORS

OFFICERS

Darryl Roberts
Sonya Cass, BSN, RN
Laura Pryor, RN, MSN
Terry J. Warren, MBA

BOARD MEMBERS

Diane Cummins, MSN, RN, LICDC
Kathy Davenport, RN, CPHRM,
PLNC, PCMH, CCE
Shannon Fahey, MS, RD, CDE
Stacey Gedeon, Psy.D., MSCP
Sherry E. Gray, CEO
Lanett Kane
Denise Koppit
Renee Mardis, OTR, MBA
Nicole Meyer, MBA
Renee Petruzzi, MSW, LISW,
LICDC
Julie Rutter, MSN, RN
Cindy Schaefer, RN, PhD
Jennifer Smith
Mary E. Steiner
Laura Waldvogel

“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.”

Thank you for reading MWCN’s Network News!

If you have something to share, please contact acampbell@midwestclinicians.org and we can include it in the summer edition. This could be anything from staff recognition, a project, best practice, a case study, or anything else you would like to share.

