

MWCN NETWORK NEWS

Fall 2020

A COVID Story

Laura Pryor, RN, MSN
Chief Quality Officer, [Windrose Health Network](#)

Dealing with the Covid pandemic has been like a roller coaster ride for our organization, as I'm sure it has been for your sites. To be honest, we floundered for awhile trying to come up with the best solution for our organization.

When it came to how we could get Covid testing done, there were several considerations. Which type of test would we use? Initially, the point of care tests seemed to have too high of an error rate and the send out tests were in short supply and slow to have results returned.

The biggest question came when deciding if we would try to offer testing at each of our clinic sites. We have 6 clinics spread over three counties. We talked about possibly having testing in only a couple of sites instead of testing in each clinic. We also thought about setting up tents so we could test outside. We discussed pros and cons of having a dedicated testing team or to have all sites and support staff performing patient testing.

After much research and several debates, we chose to use the nasal swab PCR test, which would be sent to our contracted lab. Due to staffing shortages, we felt we needed to limit our testing to one clinic to begin and then progress to a north and south testing location option as staffing and supplies allowed. We decided an outdoor approach would be best to limit the exposure risk to well patients and staff members.

At the beginning stages of the pandemic, we chose to limit our in-office visits to only patients who were asymptomatic for Covid. We were already using tents in front of the clinics to do temperature and symptom checks. Although there were many problems related to unpredictable weather, we were managing this and felt it could also be used to do a sort of drive-through testing process.

Just as we were preparing for a drive-through testing clinic, HRSA's Expanded Capacity Testing grant was announced...the debating began again! We discussed possibly making some structural changes in one or two buildings to better accommodate testing, however,



ultimately decided on opting for a mobile unit (a modified recreational Vehicle) which could be driven to several sites to hopefully provide increased access to care for our patients. We also considered additional uses for the RV beyond Covid testing, such as immunization clinics, sports physicals or other types of health outreach to the community.

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We chose an RV with a toy hauler feature in the rear. This area had its own door and could be closed off from the rest of the RV by a sliding glass door. The walls were covered in metal and there were two vinyl covered benches which would allow for thorough disinfecting.

The RV was wrapped in our company colors and logo, along with pictures of our testing team and the phone number to schedule appointments. A dedicated cell number was purchased, along with laptop computers, a printer/copier/scanner, and a MiFi for internet access. Because the unit was travelling to different clinics each day, we set up a centralized location for the specimens to be picked up by the lab courier.



We ended up taking some classes to make sure members of the team knew how to set up and maintain the RV, as well as driving lessons. Indiana does not require a CDL endorsement to drive an RV. We did check with our insurance agent to make sure we would be covered if staff were driving the vehicle. We just had to check that anyone driving the unit had a clean driving record.

To get started, we intentionally set up a slow schedule. The reasons were related to having only 3 staff members to work the unit and so we could perfect our processes. We started with testing 4 days a week from 10am-3pm. One of our clinics was closed to in-person patient visits, so we started out doing drive through testing from the building. That gave staff the opportunity to practice donning/doffing their PPE and to get some timeframes to know how productive we could be once we got going full force.



We have had a few days we were not able to use the unit. Although the unit was new, there were some manufacturing errors that had to be corrected. Not all of the issues were found at the same time, so it had to be taken into the shop more than once. We felt the unit was safe sitting in the parking lot of our clinic, with security cameras and lights all around the unit.

We came in on a Monday morning to find that someone had cut our catalytic converter off the unit. That meant a new plan for where we could safely park the unit.

We also had not considered the need to winterize the unit and that it would not be usable in extreme cold temperatures. The plan was altered so that we would convert back to the closed clinic to continue drive through Covid testing during the winter months.

It was definitely not a smooth implementation, however, our team just rolled with the waves and adjusted as needed. We will be expanding our hours to include evenings and Saturdays after adding some new team members and partnering with one of the local health departments. Things are running more smoothly now thanks to our awesome team --shout out to Jayne, Olivia, Tay, Alba and Bruce!



Maintaining Compliance with Credentialing and Privileging During the Pandemic

From [Compliatric](#)

Faced with a pandemic and a potential surge in COVID-19 cases, a health center's responsibility to ensure patient safety has never been more important. One way to safeguard the delivery of safe, quality health care services is through the implementation of rigid credentialing and privileging policies and procedures for all clinical staff. Many health centers are in desperate need of additional front-line workers. The credentialing and privileging process for these individuals is often lengthy, restricting the health center's ability to provide necessary testing and services. Appropriately, health centers that did not previously grant temporary privileges are now doing so, in accordance with Program Assistance Letter (PAL) 2017-07, "Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situation" ([PAL 2017-07](#)).

With the postponement of "on-site" Operational Site Visits (OSVs), many health centers mistakenly assumed the Health Resources and Services Administration (HRSA) would extend leniency with the requirements for credentialing and privileging of Licensed Independent Practitioners (LIPs), Other Licensed and Certified Professionals (OLCPs) and Other Clinical Staff (OCS). Six months following the onset of COVID-19, HRSA has now implemented the virtual OSV (VOSV) process to evaluate compliance. As a result, many health centers are scrambling to prepare for a VOSV they had not anticipated. Although exceptions were made for certain credentialing elements, such as the extension of expiration dates for Basic Life Support (BLS) training and waived fees for the National Practitioner Data Bank (NPDB), HRSA continues to expect health centers to maintain compliance.

So how does this affect health centers? PAL 2017-07 requires health centers have policies and procedures in place to reduce the risk of malpractice, the risk of lawsuits, and review and verify the professional credentials, references, claims history, fitness, professional review organization findings and license status of its LIPs and OLCPs. Chapter Five, Clinical Staffing, of the HRSA Health Center Compliance Manual requires health centers do the following for all clinical staff members, including LIPs, OLCPs and OCS. This includes employees, individual contractors and volunteers ([HRSA Compliance Manual, Chapter Five](#)).

- Have credentialing procedures in place for the initial and recurring review of credentials.
- Have privileging procedures in place for the initial and recurring review of privileges/competency.
- Maintain credentialing and privileging files in a secure location.
- Consider the results of peer review and/or performance improvement activities in the reappointment process.
- Maintain contracts/referral arrangements with providers/organizations who are appropriately credentialed and privileged.



Come learn why FQHCs across the country are making the switch from legacy general employee training systems to Compliatric, the COMPLETE training and compliance management system designed for FQHCs and HRSA covered entities.

OUR CORE MODULES:

- OSV Program Management
- Policy & Forms Library
- Employee Training LMS
- Incident Management
- Agreement Management
- Auditing & Monitoring
- Grant Management
- Exclusion Monitoring
- Credentialing & Privileging
- CHC Board Management

How can health centers maintain continuous compliance, reduce risk and still meet the needs of patients during the pandemic?

- Have documented procedures in place for granting of temporary privileges to LIPs, as outlined in PAL 2017-07.
- Have documented procedures in place for credentialing and privileging of LIPs, OLCPs and OCS as appropriate. In the event a health center does not utilize OCS, documented procedures are not required.
- Conduct peer review on a quarterly basis to evaluate performance. You do not want to find out a provider is placing the health center and patients at risk once it is too late.
- Review all contracts and formal written referral arrangements for contracted and/or referred services to verify the inclusion of language regarding appropriate credentialing and privileging of providers. If language is not included nor attainable, secure documented procedures for credentialing and privileging from the contracted/referral organization.
- Maintain files in a secure location and restrict access to individuals on a "need to know" basis.
- Implement a mechanism to track expiration dates of expiring credentials.
- Ensure files are organized. Continuous compliance is much more attainable when you can find what you are looking for.

During a VOSV, evaluating compliance with credentialing and privileging requirements is a little more challenging than reviewing files on site. Any files uploaded to the Citrix ShareFile platform utilized by HRSA to store documents must have all Personal Health Information (PHI) redacted. The health center has the option to have files reviewed virtually through the GoToMeeting platform utilized by HRSA to conduct the VOSV, although you should talk with the clinical reviewer during the health center's Pre-Site Visit Call to determine the most efficient and effective way to conduct the review.

As we continue to strive to maintain continuous compliance, it is important to remember that the HRSA Health Center Program Requirements are the floor and not the ceiling. Additionally, the HRSA requirements for credentialing and privileging are the minimum standard, while the Federal Tort Claims Act (FTCA) requirements are the highest standard.

Results from 2016/2017 Behavioral Health Survey: Addiction Treatment Capacity in Midwest Health Centers

By Jasmine Katz, Erin Staab, Neda Laiteerapong

As some of you may recall, researchers from the University of Chicago sent two surveys about behavioral health to MWCN health centers in 2016 and 2017. Seventy-seven health centers responded to the first survey, which assessed the types of behavioral health services offered, barriers to behavioral health care integration, behavioral health funding, behavioral health training, and health center characteristics. More than 500 primary care providers responded to the second survey, which measured care integration, behavioral health referrals, confidence in providing behavioral health care, and provider demographics.

Results from some of the questions on these surveys were published in the July 2020 issue of *Psychiatric Services* in an article entitled “Addiction Treatment Capacity in Health Centers: The Role of Medicaid Reimbursement and Targeted Grant Funding.” The article reports that, of the health centers that responded to the survey, about one-third received grant funding from HRSA targeting addiction treatment capacity. About one-half of health centers received Medicaid reimbursement for addiction treatment. Most health centers provided addiction screening and on-site addiction counseling, but only 26% offered medication assisted treatment (MAT). Health centers without on-site addiction staff were less likely to provide MAT.

About half of the behavioral health leaders responding to the health center survey felt that primary care providers needed more training in best practices for screening, brief intervention, and referral to treatment (SBIRT). Only 29% of primary care providers surveyed felt confident providing addiction counseling, and 17% felt confident providing MAT.



AT THE FOREFRONT
UChicago
Medicine

Importantly, we found that health centers that reported receiving Medicaid reimbursement for addiction treatment were five times

more likely to have on-site substance use disorder counseling ($p < 0.001$), and six times more likely to have a certified addiction counselor ($p = 0.03$). Furthermore, health centers that received HRSA funding, in the form of a FY 2016 Substance Abuse Service Expansion Award, were 20 times more likely to offer MAT ($p < 0.001$) and three times more likely to have an on-site psychiatrist ($p = 0.160$).

Community health centers serve one in 12 Americans, and as safety-net providers they treat an especially vulnerable patient population. The results from this study show that the increased federal funding dedicated to community health centers has proven successful, and that addiction treatment in health centers should remain a priority for policymakers. In particular, health centers need Medicaid support in order to continue providing essential addiction services. By removing obstacles to Medicaid reimbursement, like plans that exclude health centers from their provider networks, addiction care could be expanded and improved.

Thank you to everyone who completed these surveys! Keep an eye out for more results in future newsletters. Upcoming articles based on the survey data will describe behavioral health services and integration at MWCN health centers, examine factors associated with primary care provider confidence in managing depression, and assess if integration of depression and diabetes care was associated with better glycemic control.



Tribute to a Dear Colleague and Friend

Emily Spencer, Family Health La Clinica’s Operations Manager passed away on Monday, August 24, 2020 passed away due to an aggressive glioblastoma brain tumor. Emily was a vibrant and dedicated leader who wore many hats during her time with FHLC. She joined us as an IT and EMR Site Specialist in 2017. Emily was an instrumental member of the EMR implementation team and worked hard to ensure a successful conversion. Emily then moved into various quality and operations roles where she assisted all service lines contributing to quality and operational excellence. She also served as a state representative for Wisconsin on the Midwest Clinicians’ Network Board of Directors. Her calm and collected manner kept us steady during uncertain times. She welcomed opportunities to learn and did whatever was needed to benefit other staff, our patients and the organization. She did this quietly, with grace and skill. Emily has left a lasting impression on the Family Health La Clinica team and is truly missed.



Join us for the 15th annual Many Faces of Community Health Conference!



Thursday,
October 22, 2020



\$75 (general)
\$50 (MN health centers)
\$30 (students)

Registration
is open!

Our 2020 Keynotes



Morning Keynote: Matthew Bennett
Connecting Paradigms to Address Trauma
and Promote Self-Care as Quality Care



Closing Keynote: Adair Mosley
Resiliency and Innovation in Tackling
Multidimensional Social Issues



Visit
manyfacesconference.org
to check out the full
conference agenda!

Hosted by:



Register at <https://manyfacesconference.org/registration/>

By Kristian Merchant and Christen Aldrich

The impact of COVID-19 on our present situation has been described in abounding ways: disruptive, burdensome, never before seen, unprecedented. Regardless of whether you are a student, marketing analyst, healthcare clinician, or HR Director, your professional life has most likely been dramatically affected. With this, you have undoubtedly been faced with conducting your management, learning, or business over Zoom and other virtual formats. For some, this may make things easier; for others it presents unfamiliar challenges. The world speculates when things will “go back to normal,” but there are many indicators that this is the new normal, and that much of this is here to stay, with or without a pandemic.



People and industries grow when they are disrupted. One promising growth indication is our move towards digital; digital meetings, digital learning, digital patient or customer engagement, digital consumerism have all become business as usual. Yet for the past several years before the pandemic, businesses, start-ups, higher education, and other sectors have deliberately been taking their business, learning, and engagement online. As most industries are being forced to move online due to the ongoing pandemic, going digital is now not just strategic, but essential. Many sectors face a two-fold challenge: successfully reorienting their products and services to be as appealing to their consumers as possible, and maintaining, engaging, and focusing their mostly-remote workforce so operations can continue and grow. More than most industries, our healthcare industry is hit hard.

Healthcare has forever struggled to adapt to our increasingly digital world with agility. Some would argue the barriers to a digital transformation are often decidedly nontechnological. In a recent interview, Harold F. Wolf, president and CEO of the Healthcare Information and Management Systems Society (HIMSS), considers a change of culture to be the biggest hurdle in the industry’s digital transformation. Today, the challenge of redesigning the delivery of care, and the recruitment, engagement, and development of workforce seemingly overnight is substantial. Moreover, social media and marketing have been instrumental in appealing to a younger healthcare workforce over the past few years as Millennials and Gen Z-ers come of working age, and terms such as “employee engagement” and “apps” are becoming exciting buzzwords in healthcare HR departments across the country. These signs are promising, yet the shift is still met with reluctance and discomfort, if not completely written off because of the

assumed cost. Perhaps the hardest digital transformation for healthcare facilities during this time is the shift towards virtual training, development, recruitment, retention, and engagement. In other words, how do we affordably build, grow, and support the needs of the people conducting the most essential work in the world right now?

Every healthcare facility understands the burden that conducting workforce trainings and meeting employee engagement and satisfaction demands require, and they long before COVID-19. From annual in-service trainings to new employee onboarding, professional development, skills-building, re-certifications, and metric-based training requirements, the traditional training delivery and management process requires a lot of staffing, coordination, paper, collection, tracking, reporting, and occasionally, unhappy participants that don’t want to sit in a room for an hour or follow-up with their supervisor. Additionally, keeping your hand on the pulse of your workforce (which is likely overworked and understaffed) requires a particularly delicate approach to avoiding turnover, and keeping up with the latest hiring trends and strategies for connecting with younger generations is no small task.

In March 2020, when social distancing, work-from-home, and crowd-size limitations began taking effect, these challenges transformed as, suddenly, going digital was the only option on the table.

Almost overnight, the need for implementing emergency policies and procedures occurred and operations needed to quickly adapt to continue. With agility, organizations needed to provide training on new policies, continue to somehow meet

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compliance and metric-based training requirements while providing educational opportunities and certifications, focus on engaging a struggling workforce bearing the brunt of the pandemic while prioritizing support and mental health needs, continue to recruit and hire during a time where interest in entering the healthcare world was sinking, *and now do it all virtually.*

Disruption leads to growth. The last six months have been exceedingly difficult for our healthcare industry - not just in meeting patient needs, but in supporting the needs of our healthcare workers. And while it is impossible to know if COVID-19 will still be impacting our industry in six months, a year, or even five, there is growing proof-of-concept for the value that this digital shift provides.

We argue that this shift towards digital is occurring, that it is necessary, and that it is easier and more valuable than you may think. Here are a few of our insights, particularly in the area of employee development, training, and engagement:

- **Virtual learning is already happening.** It has been implemented, tested, and worked at scale, even prior to COVID-19. The International Nursing Association of Clinical Simulation and Learning (INACSL, www.inacsl.org) and the Society for Simulation in Healthcare (SSH, www.ssih.org) issued a position statement on use of virtual learning and simulation during the pandemic on March 30, 2020. Within that statement, the simulation organizations made the following assertion:

“...We can attest that virtual simulation has been used for over a decade successfully. Further, research has repeatedly demonstrated that use of virtual simulation - simulated healthcare experiences on one’s computer - is an effective teaching method that results in improved student learning outcomes...”

HWapps currently provides customized Learning Management Systems for digital learning and development and digital compliance modules to training vendors and healthcare facilities for 5+ years with a number of different partners across the country, greatly boosting training and development efficiencies in an affordable way. As a matter of impact, hundreds of thousands of healthcare workers now have access to training, certification, and development via their preferred devices that they can access anytime, anywhere, which saves their employers time and cost.

Key insights into the value of virtual learning include the following observed benefits:

- Flexibility (compared to in-person group trainings)
- Accessibility (employees can connect from

their devices on their own time to connect with a self-directed online training or connect to a webinar)

- Larger audiences (more people can be trained remotely than in-person with regards to COVID-19 regulations on crowd-sizes)
 - Digital data tracking and reporting (no more paper record keeping)
 - Up-to-date compliance requirements
 - Conducive to all types of learners
- **COVID-19’s impact will, fortunately or unfortunately, be permanent.** Even after the pandemic ends, regulations restricting group-sizes and social distancing will likely remain in effect to some degree in certain settings, suggesting the necessity for long-term virtual solutions. Furthermore, in circumstances where there may be a heightened risk of cross-contamination, rampant infection, and person-to-person transmission of pathogens, the ability to train, connect, communicate, and engage remotely offers leadership and supervisors tremendous opportunity to develop and maintain clinical proficiency and workforce engagement and support without physical contact.
 - **Our workforce prefers (or even requires) digital.** The healthcare workforce is increasingly Millennial/Gen-Z, and both cohorts prefer to be digitally connected so they can engage on their own time, with their own devices, and in places they choose. In some industries, younger individuals are even turning away from certain industries they feel are not “keeping up”, adding to recruitment difficulties. By the year 2025, roughly 75 percent of the global workforce will be Millennials. Across the globe, 70 percent of tomorrow’s future leaders might ‘reject’ what business as traditionally organizational has to offer, preferring to work independently by digital means in the long term (Deloitte).
 - **Investing in your people is smart, and more essential than ever.** When employees are engaged, supported, and provided with resources and growth opportunities *through the methods they prefer*, everyone wins. Happier, more supported employees lead to lower turnover (and, by virtue, less cost for recruitment to fill vacancies) and higher patient outcomes. *HWapps* is currently planning a Pilot study for implementing a digital employee engagement app at two FQHCs for the purpose of measurably mitigating employee engagement and satisfaction struggles, and other digital forms of communication such as instant messaging applications and digital feedback surveys that employees can engage with on their own devices are becoming increasingly popular
 - **This is doable.** The bottom-line is adopting a program of digitizing everything from employee training to engagement to communications is daunting. Technology alone cannot fix our problems, and most out-of-the-box enterprise level

products will not provide ROI because they are not a perfect fit, cost too much, and are too rigid to customize and shape around your needs. However, there are many organizations dedicated to designing relevant workforce solutions informed by research, engagement and consultation in the healthcare industry, and experience that can be delivered as unique fits to your organizational needs by people who know and experience your world. We take this approach at HWapps and pride ourselves on being a partner, not a technology vendor.

HWNY is the 501(c)3 non-profit that designed and implemented *HWapps* with a focus on making the shift towards digital healthcare workforce solutions possible, affordable, and valuable by focusing on human-centered technology that can be built, grown, and adopted by the healthcare industry easily. HWNY is a nationally focused organization that works with healthcare organizations, FQHCs, training vendors, and healthcare networks to address training, recruitment, and retention challenges with partnerships and experience across the country.

All this said, there is still a critical question that healthcare facilities have: OK, but how do we do it?

Contact us directly by emailing Kristian Merchant, Director of Products, kris@hwapps.org.

This question is what we strive to answer for you; not in this newsletter, but through conversation, partnership, and insights, blogs, and success stories on our website. If you would like to follow these insights, or simply learn more, you can visit our website below.

Sign up to get today's health workforce news, information, and updates with The Daily Brief: <https://www.thehealthworkforcehub.org/search-resources/daily-brief/>

HWapps website: <https://welcome.hwapps.org/>

About

HWapps is the Product Suite of workforce development tools designed by Health WorkForce New York (HWNY) on agile open-source technology to keep cost and maintenance low and product features flexible and customizable to best serve the unique needs of our partners. *HWapps* products are built for the healthcare workforce and by developers, technologists, consultants, and project managers who have deep experience working closely in the healthcare industry.



All Member Update - Bureau of Primary Health Care Quality and Data Updates (one hour webinar)



Guest Speaker: Suma Nair, Ph.D., MS, RD, Director, Office of Quality Improvement, BPHC, HRSA

November 12, 2020

12:30 PM - 1:30 PM EST

Please join us for a health center program update from Office of Quality Improvement. Hear about programmatic developments around quality, data, OSV visits, compliance and more.

[Register HERE!!](#)

Iowa

Various Positions

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 health centers in 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.

Various Positions

[Primary Health Care, Inc.](http://PrimaryHealthCare,Inc) is seeking to hire a variety of positions including: Medical Director; Physician; Dentist; Dental Assistant, RN in Marshalltown (including Nurse Care Manager, Clinical Practice Manager, and Float) and More! Navigate to our careers page at <https://recruiting2.ultipro.com> to search and apply for positions. Contact Rachael Miller at rmiller@phcinc.net or 515-248-1490 for more information.

Kansas

Various Positions

[Sharon Lee Family Health Care](http://SharonLeeFamilyHealthCare) of Kansas City, Kansas is seeking to hire a motivated full-time physician and Medical Director. FHC is an FQHC LAL offers a competitive salary and benefit package. Experience is preferred. Contact Carla Southard, HR by email: CarlaSouthard@swbfhcs.org or mail 340 Southwest Blvd, K.C., KS.66103 or call 913-722-3100.

Dentist

[Hunter Health](http://HunterHealth) is seeking a full-time DENTIST in Wichita, KS. We are a full scope public healthcare facility with advanced technology and materials that is seeking a full-time dentist to fulfill the mission of the organization and expand access to care. We are seeking a dedicated, hard-working and quality-driven individual who is passionate about making an impact on all populations and economic classes

with a specific focus on underserved and underinsured. Experience is preferred. Contact Brianna Blackford, HR Admin, by email brianna.blackford@hunterhealth.org or visit our website <https://hunterhealth.org> for more information.

Chief Medical Officer

PrairieStar Health Center in Hutchinson, Kansas is seeking a Chief Medical Officer (CMO) for our well-established growing Federally Qualified Health Center (FQHC). This position will consist of 50% direct patient care and 50% administrative duties. PrairieStar offers a comprehensive benefit package including paid health, dental and life insurance, retirement plan with match, CME expense, paid time off and extended illness leave. Please submit CV to Bryant Anderson, CEO at andersonb@prairiestarhealth.org. Visit our website at www.prairiestarhealth.org.

Michigan

Various Positions

[Grace Health](http://GraceHealth) is seeking to hire a motivated GENERAL DENTIST and FAMILY PRACTICE PHYSICIAN. We are a FQHC and strive to provide patient-centered healthcare. New graduates are welcome to apply. Visit our careers page <https://grace-health.breezy.hr/> or contact Tricia Simunovic, HR, by email recruiting@gracehealthmi.org for more information.

Various Positions

Community First Health Centers is hiring full time Medical Assistants and part time Custodians for our New Haven medical facility. These are excellent opportunities for those looking to "make a difference"! We offer a competitive wage and excellent benefits. To view all of our available positions and apply, please visit www.communityfirsthc.org and click on "Join Our Team" or email Christi Romero – HR Director at cromero@communityfirsthc.org and be sure to include your resume.

Various Positions

Hackley Community Care is recruiting for the following jobs: Substance Use Disorder Therapist, Physician, Physician Assistant and Nurse Practitioner. We are located in West Michigan near Lake Michigan. For more information, please visit our website at www.hackleycommunitycare.org.

Various Positions

Western Wayne Family Health Centers (WWFHC) a FQHC with 4 locations is seeking vibrant Internal Medicine Physicians, Family Practice, DO, OB-GYN Physician, Nurse Practitioners, Registered Nurses, LPN's, Dentist, Dental Hygienist, Therapist, Certified Medical and Dental Assistants, Medical & Dental Customer Service Reps, Billers and Community Health Workers. We offer competitive salaries and full benefits package including loan repayment through HRSA and NHSC. Forward your CV/resume to humanresources@wwfhc.org. Please see our "jobs" on our website at www.wwfhc.org.

Medical and Dental Assistants

[Family Health Care](http://FamilyHealthCare), located in Michigan, has openings for medical and dental assistants at its clinics in Big Rapids, Baldwin, Cadillac, Grant and White Cloud. At Family Health Care, our medical and dental assistants are a vital part of the care team. These positions provide direct support and assistance to our patients; working closely with medical and dental providers in a primary care clinic setting to ensure the best possible care is provided. As a team, we place integrity, teamwork, service to others, excellence, and stewardship above all else to ensure the success of our mission and vision. Through this, we are able to provide and create resources, community and direct support for access to care, and a focus on serving all parts and members of our communities. If you are looking for an employer that can offer great benefits and hours, then we want to talk to you! Apply online at <https://www.familyhealthcare.org/join-our-team/careers/>.

Various Positions

PSYCHIATRISTS, PSYCHIATRIC NURSE PRACTITIONERS and LICENSED MASTER SOCIAL WORKERS are needed to join our team of caring professionals at Great Lakes Bay Health Centers, located in Saginaw and Bay City, Michigan. GLBHC offers competitive salaries and benefit packages including NHSC loan forgiveness. Visit our website at www.glbhealth.org under Careers for open positions or call 989-759-6400 option 5 for the HR department.

Various Positions

MidMichigan Community Health Services is seeking to hire a part-time or full-time LMSW/LPC for our brand new School Based Health Center (SBHC) in Harrison, MI. We are also seeking MA/LPN candidates for our Roscommon, MI SBHC. We offer competitive pay and benefits packages. To apply or for more information visit <https://www.healthynorth.org/healthynorth/careers/>.

Minnesota

Various Positions

Open Door Health Center is seeking a Medical Director, Dental Director and Psych NP. If you are looking for a work environment that is patient focused and passionate about what we do, then we want to hear from you! To explore these positions, visit our website at www.odhc.org.

Ohio

Various Positions

Community Health & Wellness Partners has full time positions open for Physicians, Behavioral Health Providers and Nurse Practitioners. Please go to www.chwplc.org to apply.

Various Positions

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

Various Position

[Knox Public Health and the Community Health Center](#) is seeking to hire motivated full-time staff in our two locations within Knox County. Positions available are: Certified Medical Assistant, Administrative Assistant in the Community Health Center and Administrative Assistant in WIC Division. Benefits include paid holidays, vacation, sick time, personal leave, and retirement; health, dental, and vision insurance available. Resumes can be sent to HR, Knox Public Health, 11660 Upper Gilchrist Road, Mount Vernon, Ohio, 43050 or by email: resume@knoxhealth.com

HEALTHY RECIPE: Instant Pot Butternut Squash Soup

This easy Instant Pot Butternut Squash Soup is just 6 simple ingredients in a pressure cooker to make a delicious fall or winter soup in less than 30 minutes!



INGREDIENTS:

- 32 oz Butternut squash, *peeled, seeded and roughly chopped*
- 1/2 cup Onion
- 1 Green apple, *peeled, cored and sliced into quarters*
- 3 cloves Garlic
- 4 cups Vegetable broth
- 6 sprigs Thyme
- 1 tbsp Lemon juice
- Salt and pepper to taste

DIRECTIONS:

1. Place the butternut squash, onion, green apple, garlic and vegetable broth in the pot of your Instant Pot and then lock lid in place. Turn the top valve to "Sealing."
2. Press "Manual", then press "Pressure" until the light on "High Pressure" lights up, then adjust the +/- buttons until time reads 10 minutes.
3. When the time is up press "Cancel" to stop the cooking and then wait 10 minutes as the Instant Pot does a natural release. After 10 minutes carefully turn the vent to "Venting" to release the remaining steam.
4. Remove the lid and pull out the pieces of thyme. Then use an immersion blender to puree the soup until it is smooth and creamy.
5. Add lemon juice then salt and pepper to taste. Serve warm.

Resource: <https://www.homemadeinterest.com/butternut-squash-soup/>