



Midwest
CLINICIANS' NETWORK

NETWORK NEWS

July
2016



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Message from the MWCN President COLLABORATION

Russ Kolski, RN
Deputy Health Officer / Executive Director
Ingham County Health Department / CHC



There was a time in the Health Center movement when many organizations worked independently and didn't want to share information for fear of losing a competitive advantage. That gradually changed with the creation of State Primary Care associations and regional networks such as the Midwest Clinicians' Network (MWCN). It has additionally been forced upon us by the need to remain financially viable and the incentivizing of specific interagency activities.

One common definition of collaboration is the process of two or more people or organizations working together to realize shared goals. Membership in your state Primary Care Association or the National Association of Community Health Centers (NACHC) is a common method for individual Health Centers to support our movement and stay connected to important topics that could affect their operations. The next logical step is a two way collaboration with your State Association – beyond the standard access that they have to your UDS annual report information. Does your state have a Health Center Controlled Network? What about an Independent Practice Association or Shared Services network? If so, did you choose participate? These newer relationships require the creation of formal agreements or partnerships, a step beyond standard collaboration. These types of arrangements create new and expanded opportunities, but they create added responsibilities and demands on your systems for sharing information. They also have the potential to create specific accountabilities for ongoing participation and even potentially financial loss if you are not fully prepared.

Other opportunities for collaboration exist within the environment of new payment methodologies and enhanced payment for improved clinical quality outcomes. The movement from a visit based payment model to a care outcomes payment based model is ongoing with Medicare and many state

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Collaboration *continued*

Medicaid agencies through the CMS Center for Innovation. These changes have taken the form of ACO's (ranging from Shared Savings arrangements to full risk agreements), Practice Transformation Projects (PCMH, Case Management, Care Coordination and Patient Engagement) and chronic condition / comorbidity management demonstration projects (Million Hearts, Medical and Mental Health comorbidities and population / evidence based care).

All of these efforts are looking at ways to better utilize the resources made available to serve patients. Few of these new models can be implemented in the vacuum of a single Health Center. They require the creation of partnerships with other Health Centers, Insurers, State and Federal Regulatory Agencies, Hospitals and Health Systems, Medical Education Programs and private insurers. It has become the expectation that patient information be shared. It has also become evident that sharing information in a way that adds to the value of the patient visit rather than creating a new burden is a significant challenge. Collaborating with those in your circle of influence allows for systems to be implemented that will create change that results in improvement rather than the change that many assume is always negative.

Collaboration is the new normal! Working with patients to increase their understanding of their disease and involving them to obtain improved outcomes and better quality of life. Working with Health Systems to reduce readmission following a hospitalization. Working with Insurers and Managed Care Organizations to develop a Primary Care Relationship with each patient to ensure care is provided in the most cost effective setting and that specialty care is coordinated and the patient fully understands what is going on. Working with your local Health Information Exchange to

share information in real time to eliminate duplicate care and reduce adverse effects by providing access to patient medication and past medical history data.

How do you collaborate at your Health Center? What opportunities could you take advantage of that would produce long term improvements in the health care

“Collaboration is vital to sustain what we call profound or really deep change, because without it, organizations are just overwhelmed by the forces of the status quo.”

— Peter Senge —

system? It is my hope that each of you will work to create a local community of collaboration to allow your healthcare system to reach greater heights that you would be able as an individual Health Center. I hope each of you are able to enjoy your summer and hopefully I can meet some of you in Chicago at our MWCN meeting just prior to the NACHC CHI meeting.

MWCN coordinates one of the most successful clinical information exchange discussion lists in the country dedicated to the issues faced by Community Health Centers. The online archive of the resources shared over the listserv can be accessed by members at www.midwestclinicians.org on the Resources tab “Shared Documents” page. After you set up a member login you will have access to documents covering hundreds of topics. Resources include sample policies, job descriptions, presentations, forms, patient tools and much more! If you have any questions about accessing the member area contact acampbell@midwestclinicians.org.

Understanding and Addressing Patient Non-Adherence

By Stacey R. Gedeon, Psy.D., MSCP

Case example:

Jim is 65 years old and is being treated by his primary care provider (PCP) for Type 2 diabetes, hypertension, obesity, obstructive sleep apnea (OSA), and depression. During his most recent office visit, Jim reveals that he is struggling with checking his blood sugar and taking his antidepressant regularly. You may think to yourself, “Why don’t people just do what they need to do in order to feel better?”

Adherence vs. Compliance:

Even the terminology we use in healthcare can impact how our patients and ourselves view patients’ progress toward health goals. The term ‘compliance’ has been used for decades to describe patients who are not following through on our recommendations. The problem with this term is that it implies a one-way relationship where the patients are dependent on us (and our approval), blame is assigned and they may be viewed as lazy or stubborn. Adherence, on the other hand, suggests a partnership between the patient and the healthcare team. Goals are decided upon together and overcoming barriers to help improve successes is a regular part of the treatment plan.

Most of us are well aware that non-adherence is commonplace. A 2005 article (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1661624/>) highlights additional statistics regarding the prevalence and cost:

- Up to 40% of patients fail to adhere to treatment recommendations
- If a patient is prescribed 13+ pills/day, non-adherence increases to 80%
- “When preventive or treatment regimens are very complex and/

or require lifestyle changes and the modification of existing habits, non-adherence can be as high as 70%.”

- Cost of non-adherence is estimated to be 300 billion dollars annually

Why do patients struggle?

How many of us limit our saturated fat intake to the amount recommended by the American Heart Association? How many of us even know that limit is for a 2,000 calorie per day diet? It’s 12 grams. Are we using the extra time saved by eating less fat to meet the recommended 150 minutes of moderate exercise every week? The reality is that we are **all** non-adherent about something related to our health. Now imagine if you have several complex chronic diseases such as diabetes, obesity, and depression and your PCP tells you in a frustrated tone that you need to be more compliant with his/her instructions to improve your health behaviors.

There are many factors that may impact a patient’s level of adherence, including:

- low literacy
- confusing/complex instructions
- the relationship between the patient and PCP
- lack of family support, financial constraints
- transportation problems
- other social determinants of health (SDOH)

Lastly, lack of patient buy-in, readiness, and support is especially important to consider - why would anyone adhere to behavior change that they never agreed to in the first place?

Then there is the “chicken or egg” debate regarding the role of mental



health (MH) and substance use disorders (SUD) in the development and maintenance of chronic diseases. That is, do MH/SUDs cause poor health behaviors that result in chronic diseases, or do poor health behaviors lead to chronic diseases and then MH/SUDs? At times patients are able to identify which came first, but fortunately for all of us the same strategies are used to address barriers to adherence regardless of the order of occurrence.

Many of us in healthcare are familiar with the Adverse Childhood Experiences Study (ACES) that further serves to highlight the importance of trauma-informed primary care. Adverse events in childhood, “have been linked to an increase risky health behaviors, chronic health conditions, low life potential, and early death” (<http://www.cdc.gov/violenceprevention/acesstudy/about.html>). As an example, consider a 45 year-old woman who has been diagnosed with obesity and severe OSA who complains of exhaustion, poor concentration, and ongoing weight issues. When asked about her adherence to CPAP use, she states, “I cannot keep that thing on my face.” She continues to be instructed by her healthcare team about the importance of wearing her CPAP and how doing so will improve her presenting complaints and prevent future

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Going Mobile: Take Medical Care to Your Patients

When you want to take medical care to your patients but aren't in a position to add a new access point, what can you do to make certain that everyone in your service area is able to obtain the care that they need and that you want to deliver?

Several Community Health Centers have added mobile medical services to their offerings and more and more CHCs are doing so. These impressive units have a number of advantages for delivering clinical care, whether in rural or urban settings:

- Your center has the flexibility to deliver care where it is most needed.
- Your center can deliver care to a number of sites with one unit.
- You can change the route for the unit as needs change.
- The cost of a mobile unit is far below the cost of a new fixed site.
- In fact, a mobile unit gives you the ability to make certain that medical services are delivered exactly where they are needed, when they are needed, to the populations who need them. That means truly cost-effective care delivery.
- There are a number of funding

sources, including corporate and private foundations, that are willing to provide grants for mobile medical units.

- The mobile unit, with its striking graphics, serves as a rolling advertisement for your Community Health Center.

For instance, you can direct a mobile unit to migrant worker locations during farming season. Then, as school starts, you can redeploy the unit to school locations for physicals and immunizations. Even in the event of a health crisis, such as a viral outbreak, the unit serves as a medical command center.

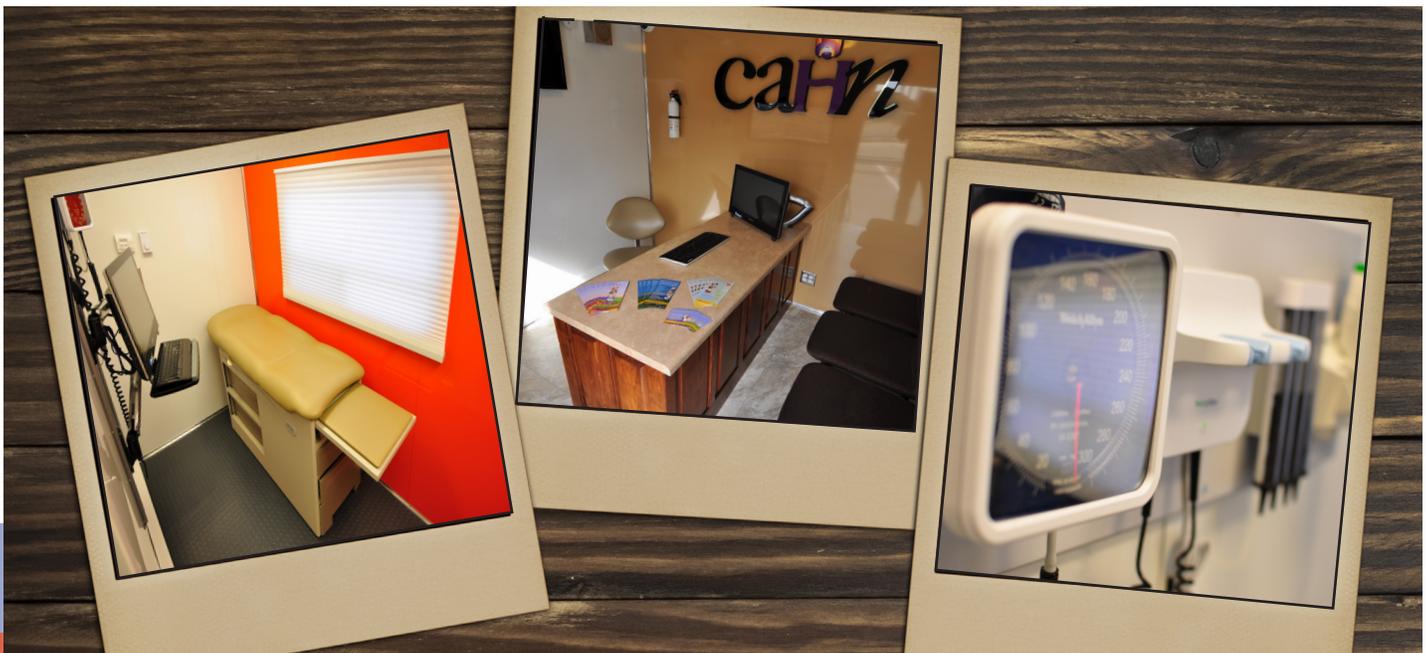
What can you expect to find in a mobile unit? Everything that a clinician needs can fit in these amazing vehicles. Once you step into the interior, you will feel as if you are in a state-of-the-art medical office, with waiting and exam rooms, bathrooms, laboratory, and even a staff kitchen in some units. The mobile units are able to operate independently of any power or water connection. You can keep them in the same location for several days or move them around at will.

Perhaps you need to expand your dental services, but have several sites that need the service. The use of mobile dental units is also growing. Community health centers are finding the same flexibility and first-class



furnishings and clinical equipment in the dental units as in the medical units. These units come in a variety of sizes and configurations that can be customized and fitted to your exact specifications. If you can dream it, it can be built.

If you would like more information about how to maximize your clinical reach in the most cost-effective way, please contact Jason Frederick with [Synergy Mobile Clinics](#) at 386-951-6642. We are dedicated to improving access to care for everyone, everywhere.



FQHC and Hospital Partnership Aims to Increase Colorectal Screening Utilizing Cross Training and Team Approach

By Arely Gasca, Integrated Care Specialist and Dave Freedman, MD, Medical Director, Heartland Health Centers
Matt Johnson, MPH, CARES Director, and Fornessa Randal, MCRP, CARES Program Manager

Colorectal Cancer (CRC) is now the second leading cause of death and the third most common cancer. In Illinois, it appears that between 61 and 68 % of the age eligible population has had CRC screening. Heartland Health Centers is one of three Federally Qualified Health Centers (FQHC's) that has partnered with the University of Chicago Medicine's Center for Asian Health Equity(CAHE) to form the Cook County Cancer Alliance to Reignite and Enhance Screening (CARES) program. "The goal is to systematically increase colorectal screening rates among Asian, African American and Hispanic minorities living in metro Chicago and Illinois through the implementation of evidence based interventions(EBI), says Dr. Karen Kim, Gastroenterologist and Director of both the CAHE and the CARES initiative.



Karen Kim, M.D., discusses CRC Screening during the CRC walkthrough training session attended by Heartland Health Centers Integrated Care Specialists at the University of Chicago Hospitals

Heartland Health Centers through the implementation process within the CARES partnership has opted to provide cross training of all medical staff involved in patient centered programs. "Our Integrated Care Specialists, work closely with

the CARES Program Director on implementation of the EBI's," says Dr. Dave Freedman, Medical Director. "The CARES team works with Heartland medical professionals at all levels to provide technical support as needed with all aspects of this program including: health system assessment; establishing baseline data; assessment / documentation of clinic work-flow and patient-flow processes; implementation of evidence based interventions; provider and staff training; and ongoing evaluation / assessment."

"The Integrated Care Specialists provide leadership for the program within the clinic site" says Arely Gasca, Lead Integrated Care Specialist. "Through the CARES program, we have received planning and implementation support along with financial resources to implement three (3) evidence based interventions which have been successful in raising CRC screening rates." These interventions include: 1) Provider Reminder / pop-ups / clinician decision support: alert provider for possible screening need and raise awareness and knowledge of colorectal cancer prevention; 2) Patient Reminders – alert patients for possible screening need and raise awareness / knowledge of colorectal cancer prevention; 3) Provider Assessment and Feedback: use health information data to provide assessment reports and provider education/feedback including best practices / national guidelines on CRC screening.

The U.S. Preventive Services Task Force recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Early detection of colorectal cancer doesn't have to be expensive and the tests are simple and in most cases affordable.

The CARES program plans to offer care coordinator training and individual health system CRC screening analysis for other FQHC sites across the state of Illinois this summer.



The [Association of Clinicians for the Underserved \(ACU\)](#) is a transdisciplinary organization of clinicians, advocates, and healthcare organizations that provide health care for the underserved. ACU led the effort to save, and is leading the effort to further strengthen, the National Health Service Corps (NHSC). ACU members receive the weekly e-newsletter Washington Policy and Practice which provides timely information on policy changes and notices of key congressional hearings and activities. Additional member benefits include professional education, clinical tools, patient education, and training and technical assistance. [Join today](#) and support us in our efforts to further strengthen the National Health Service Corps (NHSC)!

problems. It's not until several visits with similar discussions



have passed that she is asked what is interfering with her wearing the CPAP. The patient then reveals an extensive history of childhood sexual abuse and adds that this is also why she is conflicted about weight loss efforts. She explains that being overweight “protects” her, as then she isolates herself and receives less attention when she is out in public. This is a prime example of the “function of dysfunctional behaviors” that can interfere with adherence to health goals and be misinterpreted as “laziness,” by the patient, family members, and the healthcare team. When thinking of ACEs, it is also important to be mindful that primary care providers and staff have trauma histories as well, and how this may impact interactions with patients.

How we can help:

Fortunately there are several strategies to employ to help

patients increase adherence to their treatment plans to help improve their overall health. These include, but are not limited,

to the following:

- Develop health action plans whose goals are patient-directed and SMART
- Utilize motivational Interviewing to help increase the level of importance and confidence that patients place on health goals. This also helps to decrease stress levels for providers and staff.
- Assess for and treat co-morbid MH and SUDs
- Be mindful of ACEs – ask patients as they may not volunteer this information
- Address SDOH and other psychosocial needs
- Provide follow-up, support, and accountability

The majority of our patients want to feel better and adhere to treatment goals to improve their health and wellbeing. Do you ever ask yourself why some patients keep attending appointments when they have repeatedly not followed through on recommendations? This kernel of hope and motivation patients have is an opportunity for us as healthcare providers to adapt our strategies in an effort to actively engage patients.

*Stacey R. Gedeon, Psy.D., MSCP
 Director of Behavioral Health & Integrated Primary Care
 MidMichigan Community Health Services
 MWCN Behavioral Health Representative*

HEALTHY RECIPE: Hydrating Salad



This salad is all about the veggies, more like a salsa-meets-salad without a traditional dressing. But if you prefer your salad dressed, whip up the lime vinaigrette. It also tastes better after marinating in the lime juice for a while, so you could easily make this the night before eating.

INGREDIENTS:

Salad:

- 1 English cucumber, diced
- 1 can black beans, rinsed
- 1 1/4 cups corn
- 1 red pepper, diced
- 1 cup cherry tomatoes
- 1/2 cup packed fresh cilantro, chopped
- 1 lime

- 1 avocado, diced
- Salt and pepper, to taste

- Optional lime vinaigrette:
- 2 Tbsp freshly squeezed lime juice
 - 1 Tbsp finely chopped cilantro
 - A dash of hot sauce, optional
 - Salt and pepper, to taste
 - 3 Tbsp extra-virgin olive oil

PREPARATION

1. Place the cucumber, black beans, corn, red pepper, cherry tomatoes, and chopped cilantro in a bowl. Squeeze the fresh juice from the lime onto the salad, and stir well.
2. Mix in the avocado, season with salt and pepper, and enjoy.
3. For optional lime vinaigrette: Whisk together the lime juice, cilantro, hot sauce, if desired, and generous pinch of salt and pepper in a small mixing bowl. Slowly add the olive oil, whisking to combine into an emulsion.

Source: <http://www.popsugar.com/fitness/Cucumber-Black-Bean-Corn-Tomato-Avocado-Salad>

INDIANAPOLIS

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Keynote Speaker



AANP President
Cindy Cooke, DNP,
FNP-C, FAANP



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The Emerging Role of Health Coaching within Value-Based Health Care

Kathy Kunath, RN
Iowa Chronic Care Consortium
Training and Partner Relations

- Is your health center struggling to compete in the new value-based environments of accountable care organizations, risk-based contracting, and managed care?
- Are the clinicians at your health center frustrated with patients who are stuck in their patterns of unhealthy behaviors?
- Are you looking for ways to improve patient engagement and make Patient Centered Medical Home efforts at your health center more meaningful?

If your answers to these questions are yes, yes, and yes, then plan to join an informational webinar to learn more about Clinical Health Coaching training. Offered throughout the country, the Iowa Chronic Care Consortium (ICCC) developed this training for care coordinators, care managers, health navigators, physicians, nurse practitioners, social workers, physician assistants, health coaches and other health care professionals interested in improving communication skills to better engage patients. Key curriculum components include evidence-based motivational interviewing and health coaching, team-based care models, and population health strategies that support targeted health coaching and care management. Clinical Health Coach training creates effective behavior change specialists and care management facilitators.

On the webinar, the ICCC will provide an overview of this training for those interested in bringing the training to their state or attending one of the scheduled trainings in the Midwest.



DATE:
Tuesday, July 19

TIME:
11:30_{CST} (12:30_{EST})

DURATION:
1 hour

TO REGISTER:
<https://attendee.gotowebinar.com/6994341302057986>



THE UNIVERSITY OF
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SCIENCES

In April, MWCN and the University of Chicago launched a survey about Behavioral Health and Type 2 Diabetes at community health centers in the Midwest (Principal Investigator: Neda Laiteerapong).

Thank you so much to the 51 health centers that returned the survey! Your responses will help inform the development of trainings and programs to improve care for patients with behavioral health problems and diabetes at community health centers.

We will begin data analysis this summer and share preliminary findings in the October newsletter. In early fall, we will send a follow up survey to primary care providers at the health centers that completed the first survey. The goal of the follow-up survey is to understand providers' attitudes and experiences related to behavioral health care in general and specifically for patients with diabetes.



If your health center has not yet returned the survey, we would love to hear from you! Surveys were mailed to behavioral health or medical directors at all MWCN affiliated health centers. If your health center has not received the survey or you would like another copy, please contact Erin Staab, MPH at estaab@medicine.bsd.uchicago.edu or Neda Laiteerapong, MD, MS at nlaiteer@medicine.bsd.uchicago.edu.

Thank you again for your participation!

Thank you

to all that participated in the MWCN Annual Walk@Lunch Day of April 27th!

Congratulations

to [Fairfield Community Health Center](#) in OH on being chosen the winner!





UPCOMING TRAININGS

CHC Clinical Leaders Training Institute–Part 2

September 9 - 10, 2016

September 9 from 8:00 a.m. – 5:00 p.m. & September 10 from 8:00 a.m. – 3:00 p.m.

IPHCA Institute for Learning, 500 S. Ninth St., Second Floor, Springfield, IL

[Register»](#)

About The Training

IPHCA will host the “CHC Clinical Leaders Training Institute –Part 2”, a two-day training for community health center (CHC) clinicians to enhance their knowledge and skills around various aspects of operations, management, and the changing health care environment.

[View Tentative Agenda»](#)

Target Audience

The training is intended for seasoned medical, dental and behavioral health directors.

Session Content & Presenters

This is an advanced level training, built upon the curriculum of IPHCA’s annual “CHC Clinical Leaders Training Institute – Part 1” (which is designed for new and aspiring leaders). The “CHC Clinical Leaders Training Institute-Part 2” is designed to enhance the knowledge and skills of current community health center clinical leaders around various aspects of operations, management, and the changing health care environment. In addition to CHC specific discussions and case study activities, participants will also gain knowledge regarding clinical integration, population health management, finance, and conflict resolution. Presenters include local and national FQHC experts, all of whom have extensive experience working in FQHC’s. Networking opportunities will be available among peers and program faculty.

Continuing Education Credits

This Live activity, CHC Clinical Leaders Training Institute-Part 2, with a beginning date of 09/09/2016, has been reviewed and is acceptable for up to 12.00 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Illinois Department of Public Health has authorized this training for 12.5 Dental continuing education credits.

IPHCA is authorized by the Illinois Department of Financial and Professional Regulation to grant 12 continuing education credits for this training to: Professional Counselors, LCPCs, Marriage and Family Therapists, LCSWs and Registered Social Workers.

Registration Fee

When registering, please provide us with a few suggested topics for potential inclusion in the discussion groups session under the “additional comments” section of the registration form.

Early Bird Registration Rates (Registrations received by August 7, 2016):

IPHCA Members - \$275/per attendee

Non-Members - \$375/per attendee

Regular Registration Rates (Registrations received after August 7, 2016):

IPHCA Members - \$325/per attendee

Non-Members - \$425/per attendee

Lodging

A room block has been reserved for the nights of September 8 -10 at the rate of \$109.00/per night at the [Wyndham Springfield City Centre Website](#). Or call (217) 789-1530 -- Reservation Prompt (1) – you will be transferred to an operator let them know you want to reserve under a room block and use dates of 9/8 - 9/10 group name is Illinois Primary Health Care Association.

JOB POSTINGS

Illinois

Various Positions

Family Christian Health Center is a FQHC seeking motivated Family Practice and Internal Medicine Physicians who will support our mission and provide high quality health care to the underserved populations in our area. We offer a competitive compensation and benefits package. Located 25 miles south of downtown Chicago. Send your CV to rmartin@familychc.org.

Various Positions

IPHCA seeks Physicians (FP, IM, PED, OB/GYN, PSY, Med Dir.), nurse practitioners, physician assistants, certified nurse midwives, dentists, dental hygienists, LCSWs, LCPCs and Clinical Psychologists for urban, suburban and rural community health centers in Illinois. To take advantage of our complimentary recruitment services please send your CV to Ashley Colwell, acolwell@iphca.org.

Various Positions

PCC Community Wellness Center is a FQHC, with a competitive compensation and benefits package. PCC is located near downtown Chicago in Oak Park, IL – home to Frank Lloyd Wright's studio and Ernest Hemingway's birthplace. With affordable housing and an outstanding school system, this ideal suburban community with an urban flair is an exceptional community to raise your family, and further develop a rewarding healthcare career. Providers: Seeks vibrant Family Practice Physicians, Family Practice & Psychiatric APNs, and CNMs to join our team of dedicated professionals. Nurses: Seeks dedicated RN's to join our thriving healthcare team. Send your CV to recruit@pccwellness.org. Visit us at: www.pccwellness.org

Indiana

Various Positions

The Jane Pauley Community Health Centers are seeking FT Family Medicine w/ OB and FT Family Medicine w/o OB Physicians for opportunities throughout Central Indiana. We offer a competitive salary with a \$20,000 sign on bonus, \$15,000 in student loan reimbursement and \$5,000 in relocation assistance. Please contact Anton Shelton, HR Generalist, by email AShelton@JanePauleyCHC.com or mail 1503 N. Mitthoeffer Rd. Indianapolis, IN 46229.

Various Positions

Echo Community Healthcare is seeking full-time providers and nurses to care for the uninsured, underinsured and homeless in the Evansville, IN community. We qualify for loan repayment and offer a competitive salary. Please apply at www.echohc.org.

Physician

Valley Professionals Community Health Center is looking to hire a physician for its Crawfordsville office. This position is for you if you are looking to practice with experienced physicians in a new office with state-of-the-art equipment and medical supplies. If you are interested, please contact Tiffani Martin at 765-832-3847 or tmartin@vpchc.org. *NHSC Loan Repayment Available*

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

Iowa

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, 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.

Various Positions

Primary Health Care, Inc. (PHC) is seeking to hire a variety of positions, including a dentist, physician, and nurse practitioner/physician assistant. Please navigate to <http://www.phciowa.org/>, scroll down to the bottom left and click "careers" to apply. Contact Rachael Miller at rmiller@phcinc.net for more information.

Michigan

Various Positions

Western Wayne Family Health Centers (WWFHC) a FQHC with 3 locations is seeking vibrant Internal Medicine Physicians, OB-GYN Physician, Dentist, Dental Hygienist, LPN's, Integrated Care Clinical Manager, Certified Medical Assistant, Certified Dental Assistants, Call Center- Customer Service Reps. We offer competitive salaries and full benefit package including loan repayment through NHSC. Forward your CV/resume to humanresources@wwfhc.org.

JOB POSTINGS

Various Positions

[Hegira Programs, Inc.](#) (HPI), with 14 clinic locations in Western Wayne County, is seeking professionals for the following positions: Psychiatrist, LMSW, LPC, LLP, or Limited Licensed professionals for Adult SMI, SUD, DBT, and Psychiatric, as well as Children and Family services. HPI offers challenging and rewarding work and an opportunity to make a real difference in the lives of others. HPI offers competitive wages, paid time off and benefit packages, including health and wellness incentives. Please send resumes to Shana Stefanski at: sstefanski@hegira.net or mail to 37450 Schoolcraft Rd, Suite 110, Livonia, MI 48150.

Various Positions

[Hackley Community Care \(FQHC\)](#) is seeking to hire a full-time DENTIST and a full-time PA-C. We have a spacious office with top-of-the-line equipment. HCC offers a competitive salary, generous benefit package and an opportunity for loan repayment. Please send cover letter and curriculum vitae to heistant@hccc-health.org or fax to 231-733-5416.

Various Positions

Family Medicine Practitioners: [MyCare Health Center](#), a FQHC located in Macomb County Michigan, is looking for motivated, full-time Family Medicine Physicians, Physician Assistants and Nurse Practitioners for our state of the art facility. MyCare offers a competitive salary and benefit package. For more information please contact Judy Hinson, HR Manager at jhinson@mycarehealthcenter.org or (586) 619-9986 X16.

Minnesota

Family Practice Physician

Indian Health Board, a FQHC, seeks a Board Certified/MN Licensed Family Practice Physician for its Minneapolis, MN Community Clinic. We offer a competitive salary, excellent benefits and qualify for loan repayment program. Contact Courtney at cfields@ihb-mpls.org or visit our [website](#) for more information.

Various Positions

Lake Superior Community Health Center is seeking a FRONT DESK RECEPTIONIST for our medical location and two full time DENTISTS for our dental location. Please see our website for details: www.lschc.org.

Physician

People's Center Health Services is seeking experienced Board-certified Family Practice MD/DO for full-time opening at (FQHC) located in Minneapolis. PCHS serves nearly 10,000 patients every year. This position is eligible for full benefits. Malpractice coverage under the Federal Tort Claims Act – up to 20 days PTO plus 7 paid legal holidays per year- expense allowance for CME training - Eligibility for loan repayment through National Health Services Corp. Please see our job posting at www.peoples-center.org.

Missouri

Various Positions

Physician Needed! [Fordland Clinic](#), located in southwest Missouri, offers flexible hours (32-40 hours/week with FULL benefits), flexible schedule, and your choice of location. FNP needed for beautiful Branson-area clinic. Flexible hours (32-40 hours/week with FULL benefits) and schedule. E-mail inquiries to Robert Marsh, Executive Director, at director@fordlandclinic.org.

Nebraska

Various Positions

[OneWorld Community Health Centers, Inc.](#) in Omaha, NE is seeking a Family Practice Physician, Physician Assistant, Nurse Practitioner, Behavioral Health Therapist, Clinical Social Worker, Medical Nutritionist, RN Clinic Manager, and Registered Nurse. OneWorld is a FQHC and is a Certified Level III Patient Centered Medical Home by 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



ADULT MEDICINE AND PEDIATRIC PHYSICIAN

Affinia Healthcare, a large FQHC located in St. Louis, Missouri is seeking a full-time Adult Medicine (Family Practitioner or Internist) and Pediatric Physician who will support our mission to provide high quality care and exceptional service while promoting healthy lifestyles. Affinia Healthcare offers a competitive salary, full benefit packages and the opportunity for loan repayment with the NHSC. Contact us at aboone@affiniahealthcare.org or 314.814.8520.

JOB POSTINGS

Sr. Director Dental leader

[Charles Drew Health Center](#) is seeking a Sr Director Dental Svcs to be the clinical leader for the oral health program, including developing protocols, standard procedures and provide direction to patient care related activities. The department is growing, offer excellent benefits and compensation pkg. Email anita.mcgaugh@charlesdrew.com for more information.

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, www.communityhealthdayton.org.

Wisconsin

General Dentists

Scenic Bluffs CHC is currently seeking applicants for 2 General Dentist positions, a Behavioral Health Counselor and a Primary Care Physician. For more information and full job descriptions please visit www.scenicbluffs.org or contact Human Resources by phone at 608.654.5100 x260 or by email at hr@scenicbluffs.org



Workforce Technical Assistance available through the STAR² Center



The [STAR² Center](#) (Solutions, Training, and Assistance for Recruitment and Retention), the workforce project of the [Association of Clinicians for the Underserved \(ACU\)](#) was created in July of 2014 through a national cooperative agreement from the Bureau of Primary Health Care (BPHC) to support workforce improvement through clinician recruitment and retention in community health centers. The STAR² Center supports health center recruitment and retention efforts by providing free in person and web based training, technical assistance (TA), and an ever-expanding resource clearing house of articles, tools, and events related to workforce topics.

If a health center is interested in discussing their recruitment and retention strengths and challenges with the assistance of STAR² Center staff, they are encouraged to contact us to arrange for a [TA consultation](#). Based on an initial conversation with STAR² Center staff, a health center will be paired with an expert STAR² Center Consultant for a personalized discussion of their particular recruitment and retention needs via phone or web-conference. Our consultants are experts in their fields who have been trained to work with STAR² Center original resources to provide targeted TA. These TA consultations are meant to help health centers to identify opportunities for improvement and provide concrete next steps toward their individual workforce goals. On-site TA is available in some instances.

What can a health center, PCA, or PCO staff member do to access the STAR² Center?

- Review your individual [Data Profile](#) and/or State Aggregate Report or contact [Mariah Blake](#) to request access to these resources;
- View recorded webinars, tools, and [National Data Review](#) in the [STAR² Center Resource Center](#);
- Download the [Self-Assessment Tool](#) and [Financial Assessment Tool](#) to guide your workforce team discussion;
- [Find a STAR² Center training](#) near you or [contact us](#) to request a training at your conference; and
- [Request Technical Assistance](#) to continue working toward your recruitment and retention goals with the help of STAR² Center staff.