

Midwest
CLINICIANS' NETWORK

NETWORK NEWS



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Embracing Change in the New Year

Author: Chris Espersen, MSPH, Primary Health Care



Another year has begun, and many of us don't even know where last year went. Last year started with the emerging demands of ICD-10, Medicaid expansion, and healthcare transformation associated with Patient Centered Medical Home and Accountable Care Organizations. It ended with other, and somewhat unexpected, health issues. Even

though Ebola caused panic for just a little over a month, it was the third most popular Google search of 2014. The first place search was Robin Williams, whose untimely death reminded us there is still a crisis in our mental health care system.

We still face these challenges in the new year, and we have new ones laying in wait for us. The providers at our health center are grateful that so many of our patients now have insurance. Lack of coverage has been a barrier to our patients getting the specialty care that they so desperately need. Providers are able to prescribe medications and other necessary medical equipment. Sometimes they can refer patients to receive transportation services to medical appointments.

What our providers don't love, however, are the increasing number of prior authorizations that are crossing their virtual desktops. And the letters. Oh, the letters. So many insurance plans letting us know how deficient we are, some of them requesting a response, which would duplicate what has already been documented in our EMR but has not passed through the billing systems and Electronic Data Interchanges.

Another issue has been ensuring patients stay on insurance. Half of the states included in MWCN decided to expand Medicaid, yet this expansion looks very different in each of the states. What does not differ among the states, however, is the prevalence of behavioral health and other social determinant of

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MWCN Strategic Planning Meeting in Chicago – December 2014

Embracing Change in the New Year *continued*

health issues in the expanded Medicaid population. Homelessness, violence, substance abuse, to name a few, are conditions that we know we have to treat in addition to chronic conditions and the ubiquitous sore throat visit. These conditions make it difficult to maintain insurance coverage, much less health.

Finally, making the shift from payment for volume to payment for value will continue to be awkward, especially in states where quality is not highly incentivized.

This is not to say our situation is hopeless. Far from it, safety net providers are well-positioned to thrive in this risk adjusted world. We are well equipped to deal with highly complex patients, doing so is our essence, our *raison d'être*. What we need a little extra help with is documenting that risk and proving it to others. We also need to recognize our vital position in the community and demonstrate our value to parties outside the usual suspects.

One of the reasons we are so well equipped to treat complex patients who make up the underserved population is that we grew out of the war on poverty movement and were designed specifically to address the social conditions that affect people's health. We have had positions that provide supportive services and coordination before patient centered medical home made these roles a requirement. We need to continue to utilize these supportive services positions and increase our use of behavioral health, oral health, and clinical pharmacy services to achieve better outcomes and decrease health disparities.

At the MWCN strategic planning session on December 5th, we discussed all these issues and more. HRSA Region V representative Kisha Hampton assured us that these are the issues that are plaguing other health centers and highlighted some of the opportunities to help us deal with these problems. One highlight was not only the expanded services funding for integrated behavioral health, but the many resources available from SAMHSA to leverage mental health services in our community and free, [online guidance](#) on how to better coordinate with those entities.

The MWCN Board also discussed how the organization can improve support to centers based on direct feedback we received from you during our survey in November. There were countless requests related to quality improvement and Patient Centered Medical Home. In this first quarter, MWCN will be providing many webinars and ongoing education opportunities related to these requests. In January there will be a webinar on a care-management tool that patients can use the 99.9% that they are outside of your clinic walls. In February we will have two centers share their peer review processes, an essential component of any quality program and an accreditation and FTCA requirement. And in March there will be a presentation on patient and employee satisfaction, and how patient experience is directly impacted by employee satisfaction. And of course there is the ongoing COPE-REMS free Opioid Prescribing Education. Check out the [Events section](#) of the website for all of these resources.

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Michigan Psychological Association Conference: The Future of Psychological Services in the Era of Integrated Care

November 7, 2014

Author: Stacey R. Gedeon, Psy.D., MSCP, MWCN Behavioral Health Representative

The Michigan Psychological Association's (MPA) November 7th conference entitled, "The Future of Psychological Services in the Era of Integrated Care" proved to be incredibly worthwhile. Attendees included doctoral level psychologists in clinical, training, and academic settings, masters' level psychologists, social workers, and administrators. The morning session began with Katherine Nordal, Ph.D., Executive Director for professional practice of the American Psychological Association providing an overview of the implications for professional practice in the age of health care reform on a national level. She highlighted the fact that chronic health problems account for 75% of the nation's health spending and that behavioral factors are the leading cause of chronic illness. Dr. Nordal noted the way health care will be delivered requires a system redesign to address these factors. This includes the use of Accountable Care Organizations and Patient Centered Medical Homes (PCMH) and Neighbors (PCNH-N), and the importance of behavioral health providers playing important roles in these systems.

Ben Miller, Psy.D., the Director of the Office of the Eugene S. Farley, Jr. Health Policy Center and Assistant Professor in the Department of Family Medicine at the University of Colorado Denver School of Medicine discussed the role of payment reform and comprehensive primary care. Dr. Miller urged participants to be prepared to impact at least one area of the Triple Aim (improved population



health, improved patient experience, and lower costs) to adapt to changes in payment models. He provided an overview of partly-capitated, capitated, and bundled systems of payment focusing on shared risks and benefits among treatment providers from different disciplines and organizations.

The afternoon session focused on state-level interests and began by having Ms. Lynda Zeller, the Deputy Director of the Michigan Department of Community Health (MDCH), speak about the delivery of mental health and substance abuse services in Michigan. Topics addressed included MDCH's strategic plan and the differences in obtaining health care between various Medicaid health plans for Community Mental Health (CMH) and non-CMH patients. Ms. Zeller also solicited feedback from attendees regarding barriers to patients with Medicaid receiving the mental health and substance use disorder (SUD) care that they need. Attendee responses included lack of access to community mental health services for many patients with serious mental illness, lack of reimbursement for Health and Behavior codes, and the inability of licensed psychologists treating patients with SUDs to receive

reimbursement if they are not also certified as addiction counselors.

The final individual speaker of the day was Thomas Simmer, M.D., Senior Vice President of Health Care Value & Provider Affiliation Chief Medical Officer, Blue Cross Blue Shield of Michigan. He discussed how payment models (e.g., Physician Group Incentive Program, Tiered Fee Payment Models) are focused on performance at the population level and the importance of team-based care and information exchange. This coincides with the goals of PCMH, PCMH-N, and the Triple Aim. Dr. Simmer expressed his support of psychologists receiving appropriate compensation for their roles in population health, as well as his dislike for mental health carve-outs.

A lively panel discussion including Drs. Nordal and Simmer as well as Ms. Zeller rounded out the fact-filled conference. The presenters successfully informed and challenged the attendees about the need to adapt to the aforementioned changes resulting from health care reform and increase our focus on population health care and integration.

PROVIDER SPOTLIGHT

Dr. Paul Luning Recognized by American Academy of Family Practice Physicians



Dr. Paul Luning, chief medical officer at PCC Community Wellness Center (PCC), was recognized by the American Academy of Family Practice Physicians (AAFP) as the recipient of the 2013 AAFP Distinguished Service Award. Luning has proven a long-standing reputation within his community as a trusted provider, a sentiment that is echoed by the national medical organization, as well as the state chapter that nominated him. Dr. Luning was presented the award in November at the annual meeting of the Illinois Association of Family Physicians in Naperville.

Family medicine has been at the heart of PCC since it opened in 1980. Serving the West side and near west suburbs of Chicago, PCC delivers integrative, primary care to an underserved and low-income patient population. Luning has been a member of the PCC family since 1996, when he joined the

organization as a first year resident of family medicine. Luning's dedication and commitment to providing for the medically underserved has engrained him as a significant piece of PCC's history as well as a great asset to the community.

The Distinguished Service Award recognizes members of the AAFP for dedicated efforts that further the family medicine specialty within their local chapter and beyond. Luning embodies this description as a physician, educator, and leader within his field. Along his path at PCC, Luning played a highly influential role in the design of PCC's Performance Improvement Program and developed a clinical program at Interfaith House, a local shelter for homeless individuals recovering from illness. Luning serves as the Associate Director for West Suburban Medical Center's Family Practice Residency Program, and provides training and mentoring at

PCC to students interested in pursuing a career in community health. As the current Chief Medical Officer at PCC, Luning serves as a leader among the primary care providers, while continuing to provide primary care to patients at PCC Lake Street Family Health Center.

PCC Community Wellness Center is a Federally Qualified Community Health Center with the mission of improving health outcomes for the medically underserved community through the provision of quality, affordable, and accessible primary health care and support services. Anchored with family medicine, PCC is committed to serving the needs of all people in all stages of life, while continuing to specialize in the delivery of comprehensive maternal and child health services to address this unmet need in the community. For more information about PCC, contact Toni Bush at (708) 524-7687 or tbush@pccwellness.org.

UPCOMING WEBINARS

Using "Smart" Text Messaging to Streamline Population Health and Improve Disease Management

Wednesday January 21st 2015 at 11:30 CST/12:30 EST

Participants will hear from two organizations using CareMessage, a HIPAA-compliant text messaging product. They will share how CareMessage has helped automate patient communication, streamline population health and improve disease management at their organizations. Participants will also hear about the business case for this form of patient follow up and there will be users available to answer questions from webinar participants.

Speakers

Jaime Martinez, Diabetes Care Coordinator, St. Anthony Medical Clinic, San Francisco, CA; Denise Bockwoldt, MS, RN, NP, CDE, Director, Diabetes & Endocrinology Services, Sinai Health System, Chicago, IL

[REGISTER HERE](#)

Peer Review "How it Works at Two Health Centers"

Thursday February 26th 11:30 CST / 12:30 EST (one hour)

Melodie Gee, Chief Quality Officer, Lower Lights Christian Health Center in Ohio and Dr. Tomas Platt, Cherry Street Health Services in Michigan will describe how the peer review process works at their organizations. Deb Kazmerzak from the Iowa Primary Care Association will facilitate the sessions and share resources with attendees.

[REGISTER HERE](#)



Tackling Chronic Pain and Opioid Misuse in the Midwest

Author: Laura Cooley, MA, Program Manager, University of Washington's COPE Program

When nine pain clinics in northeast Indiana closed suddenly in late November, their patients turned to the area's primary care doctors for help in managing their pain. Across the country, primary care doctors are on the front lines of helping patients cope with chronic pain, an epidemic affecting 100 million Americans and growing. The issue of pain management is a constant for doctors, nurses and others treating patients with work-related injuries, diabetes, obesity, back pain, fibromyalgia and more. One of the tools used by healthcare providers are extended-release (ER) and long-acting (LA) opioids. Yet along with the increased use of these ER/LA opioids has come a rise in the misuse and abuse of opioid medications, and this has resulted in a co-epidemic of addiction, overdose and death.

In the Midwestern states, this dual epidemic is widespread—and apparent in everything from emergency room visits to deaths. In Duluth, Minnesota, in just two days in late November, three people died of opioid overdoses. They were among the estimated 16,000 deaths this year from opioid overdoses across the country. The rates of opioid overdoses and deaths have increased in tandem with the opioid prescription rate—which has tripled in the last twenty years.

A 2014 study by the Centers for Disease Control and Prevention (CDC) gives a snapshot of how widely opioids are used. It tracked the number of opioids prescribed per 100 people by state. Michigan, Indiana, and Ohio fell into the highest tier: healthcare providers there prescribed 96-143 prescriptions for every 100 people living in their states. Missouri and Kansas weren't far behind, with



Training providers about chronic pain: The University of Washington's COPE-REMS is an online, no-charge CME that models effective provider-patient communication when treating chronic pain. Learn more about COPE at: www.COPE-REMS.org Photo credit: University of Washington COPE-REMS Program. 2014. All rights reserved.

82.2-95 prescriptions per 100 people. On the lower end of the spectrum were Iowa, Nebraska and Wisconsin where providers issued 52-71 opioid prescriptions for every 100 people.

Given the circulation of such huge volumes of prescription opioids and related overdose and death rates, the US federal government, state governments and other partners are working to curb this epidemic by improving provider education in the area of safe opioid prescribing. The US Food & Drug Administration (FDA) issued a Risk Evaluation and Mitigation Strategy (REMS) for extended-release and long-acting opioids which requires pharmaceutical companies that produce ER/LA opioids to fund independent educational programs about safe opioid prescribing for healthcare providers.

One such program is COPE-REMS, the Collaborative Opioid Prescribing Education-REMS Training Program

(www.coperems.org), created by pain specialists at the University of Washington School of Medicine in Seattle. The COPE-REMS course is available nationally; it is a free, online and interactive course that grants up to four hours of CME credits.

COPE provides tools and techniques that strengthen collaboration between healthcare providers and patients, such as tips on how to provide objective assessments and communication techniques that increase provider confidence when answering patient requests for more opioid medications, changes in dosage and other treatment questions. The course also addresses pharmacology, covering drug interactions and treatment of co-morbid conditions and offers counseling advice for patients, on safe use, storage and disposal of opioid medications. COPE

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Tackling chronic pain and opioid misuse in the Midwest *continued from page 5*

helps practitioners treat the whole patient, not just their pain. As one doctor who completed the course said, “The course helps me work with patients to set more realistic expectations, engage the patient in their commitment to their care, and reduce over prescribing.”

COPE also helps doctors to overcome the problem of “adverse selection,” whereby the patients at greatest risk of accidental or intentional overdose of prescription opioids are the same people who are prescribed high-dose regimens (e.g., more than 120 mg MED (morphine equivalents daily). “Ultimately, prescribing opioids

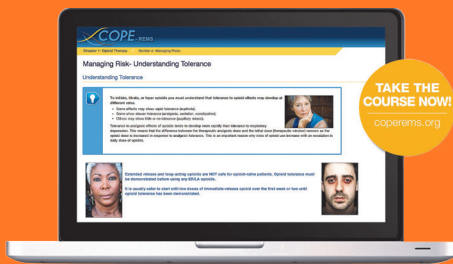
safely depends on the trust between prescriber and patient. Training can improve trust by improving communication and collaborative skills,” said Mark D. Sullivan, a psychiatrist and pain specialist at the University of Washington Medical Center. Sullivan, who leads the COPE (Collaborative Opioid Prescribing Education)-REMS Training Program, emphasizes its collaborative approach. “The COPE course improves knowledge and competence at managing chronic pain so that interactions between the prescriber and patient are handled collaboratively and lead to better patient outcomes,” he said.

For more information and to take the course, visit www.COPEREMS.org. COPE helps healthcare providers with decisions about how to handle opioid prescribing safely. It is an interactive, no-cost CME aimed at providing quality, evidence-based training on safe opioid prescribing.

COPE-REMS appreciates the partnership of the Midwest Clinicians Network in collaborating to provide tools and knowledge for treating pain while ending opioid abuse.



UW Medicine
UW SCHOOL
OF MEDICINE



Announcing Free CME Training for Managing Chronic Pain

Boost your confidence when talking with patients who experience chronic pain. Get trained today. The University of Washington School of Medicine offers a no-cost, online CME course about safe opioid prescribing called COPE (Collaborative Opioid Prescribing Education) for REMS.

The COPE-REMS course is unique in that it allows you to experience realistic patient-prescriber video vignettes on how to handle tough situations. The course stresses constructive dialogue between provider and patient. It also covers knowledge of clinical pharmacology, safety tips, and other guidance. The CME course responds to the FDA REMS (Risk Evaluation and Mitigation Strategy) for extended-release and long-acting opioids by being fully REMS-compliant. Participants can view interactive, audiovisual content and review guidelines for safe prescribing, thereby increasing their knowledge and confidence when treating patients with chronic pain.

Learn more at www.coperems.org For more information, contact coperems@uw.edu

Accreditation

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this enduring material for a maximum of 4 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Acknowledgment

The COPE-REMS educational activity is supported by an independent educational grant from the ER/LA Opioid Analgesic REMS Program Companies. Please see www.er-la-opioidREMS.com for a listing of the member companies. This activity is intended to be fully compliant with the ER/LA Opioid Analgesic REMS education requirements issued by the US Food & Drug Administration. Previously, COPE was supported by CME grants from Pfizer Inc.; Mallinckrodt, Inc., a Covidien Company; and Endo Pharmaceuticals. Copyright© 2013 University of Washington. All Rights Reserved.

We also plan on offering more analysis options with the satisfaction surveys, and offer other quality improvement opportunities throughout the year.

In order to continue to give you what you need, we need to hear from you. Please provide feedback on our annual survey so we know what topics

are important to you and your staff. Continue to engage in the listserv, and encourage others to join our network so we can learn from them as well.

This new year, one of the best ways to remember where we come from, and avoid losing sight of what is important, is to stay connected and share

resources with our peers. One of the benefits of community health centers is that we are not in direct competition with each other—we are a community that comes together in the best interest of the underserved. Thanks to all of you for what you do for your communities and for your patients.



Check out the new Million Hearts® Action Guide for clinicians about self-measured blood pressure monitoring

Behavioral Health Integration Implementation Guide

Safety Net Medical Home Initiative

PUBLICATIONS



New Publication

We are pleased to announce the publication of the [Behavioral Health Integration Implementation Guide](#) and accompanying tools and resources, a new component of the Safety Net Medical Home Initiative's (SNMHI's) Patient-Centered Medical Home (PCMH) transformation resource library. Behavioral Health Integration resources are housed under the [Organized, Evidence-Based Care Change Concept](#) and are free and publicly available at: www.safetynetmedicalhome.org

About the Publication

The Behavioral Health Integration Implementation Guide is a suite of materials to help primary care practices integrate behavioral health care. It includes:

- An [Executive Summary](#) that provides a concise description of behavioral health integration, its role in PCMH transformation, and key implementation activities and actions described in plain language for a wide variety of readers.
- The [Implementation Guide](#) provides clear guidance and concrete strategies on behavioral health integration: creating a vision for integrated care, identifying

resources to support integration, building integrated care teams, monitoring progress, and spreading and sustaining successes.

- The [GROW Pathway Planning Worksheet](#) — an interactive tool a practice can use to develop a customized implementation plan reflective of its goals for integration and its current resources.
- Case examples from diverse primary care practices.

Updated Tools

We have also updated two existing tools to incorporate new expectations for integrated behavioral health care:

- The [PCMH-A assessment tool](#) has been updated to include a new question on behavioral health integration.
- A new [Crosswalk](#) between The Change Concepts for Practice Transformation and the 2014 NCQA PCMH Recognition Standards is now available. The 2011 NCQA PCMH Standards will still be in effect through the end of 2014, so the 2011 Crosswalk will remain available until the end of the year.

OUT OF SIGHT, OUT OF MIND?



Dr. Ron Dwinells

Check out the blog post by IRETA
(Institute for Research, Education and Training in Addictions).

The post features MWCN Past President Dr. Ron Dwinells from ONE Health Ohio and the talk he gave at the ATTC Network Forum in Baltimore. His training on the use of SBIRT (Screening, Brief Intervention and Referral to Treatment) to push for integration of behavioral health into medical and dental programs is inspirational.

You can also watch the archived webinar on SBIRT that Dr. Dwinells did for MWCN in June at the following link:
<http://www.midwestclinicians.org/#!/archived-webinars/cosu>

HRSA Geriatrics Workforce Enhancement Program Fund

HRSA has released the Funding Opportunity Announcement for its Geriatrics Programs. HRSA has combined all of the Geriatrics Programs (GACAs, GECs, GTPD, and CGEPs) into one fund – the Geriatrics Workforce Enhancement Program (GWEP). The application deadline is March 5, 2015. Regional TA sessions are tentatively scheduled for the week of January 5, 2015. Information regarding these sessions will be posted [here](#).

HEALTHY RECIPE: Broccoli-Cheddar-Chicken Chowder



Serves 6

INGREDIENTS

3 tablespoons extra-virgin olive oil
1 cup diced onion
1 cup diced celery
1/2 cup all-purpose flour
1 teaspoon dry mustard
1/4 teaspoon salt
1/4 teaspoon ground pepper
4 cups reduced-sodium chicken broth
1 cup whole milk

3 cups chopped broccoli florets
2 cups diced Yukon Gold potatoes
1 pound boneless skinless chicken breasts, cut into bite-size pieces
1 cup shredded Cheddar cheese, plus more for garnish
Finely diced red onion for garnish

PREPARATION

Heat oil in a large pot over medium heat. Add onion and celery; cook, stirring frequently, until softened and beginning to brown, 3 to 6 minutes. Sprinkle flour, dry mustard, salt and pepper over the vegetables and cook, stirring, for 1 minute more. Add broth and milk; bring to a gentle boil, stirring constantly. Stir in broccoli and potatoes and bring just to a simmer. Simmer, uncovered, stirring occasionally, until the potatoes are tender, 12 to 15 minutes. Add chicken and 1 cup Cheddar and cook, stirring frequently, until cooked through, 4 to 6 minutes. Serve topped with a little more Cheddar and red onion, if desired.

Source: http://www.eatingwell.com/recipes/broccoli_cheddar_chicken_chowder.html

JOB POSTINGS

ILLINOIS

Various Positions

Family Practice Physician, Physician Assistant or Nurse Practitioner: Family Christian Health Center (Harvey, IL) is seeking to hire a motivated full-time Physician or Mid-Level provider. We are a federally qualified, state-of-the-art health center. FCHC offers a competitive salary and benefit package. Contact Regina Martin via email, rmartin@familychc.org or phone, 708.589.2017 for more information.

EMR Support Specialist

Lawndale Christian Health Center in Chicago is seeking to hire a sharp, service-oriented EMR Support Specialist. We manage our GE Centricity EMR in-house which allows us great flexibility and creativity in development and maintenance of our EMR. Bachelor's Degree required, EMR experience and/or Nursing Informatics a plus. If interested, contact Rachel Herter at rachelherter@lawndale.org.

Physicians

Community Health Care, Inc. is located on the Mississippi River in the Quad Cities. We are seeking FP and IM physicians to join our busy practice. CHC offers a competitive salary, comprehensive benefit package, loan forgiveness and much more. Send CV to Kimberly at kdtisman@chcqca.org or visit our website www.chcqca.org.

Various Positions

IPHCA seeks providers for urban and rural health centers in Illinois and Iowa. Providers needed include: physicians (FP, IM, PED, OB/GYN PSY,

Medical Director), nurse practitioners, physician assistants, certified nurse midwives, dentists, dental hygienists, LCSWs, LCPCs and clinical psychologists. To read job descriptions and be added to our mailing list send your CV to Ashley Colwell: acolwell@iphca.org

Iowa

Various Positions

Iowa Community Health Centers seek Family Practice Physicians, Internal Medicine Physicians, Family Nurse Practitioners, Psychiatric Nurse Practitioners, and Dentists to join dedicated teams of mission driven providers. Forbes ranked Iowa as the first in the nation for quality of life. Centers offer competitive salary and benefit package, and loan forgiveness in their patient-centered-care and state of the art facilities. Contact Mary Klein for more details at mklein@iowapca.org.

Michigan

MidMichigan Community Health Services in Houghton Lake, MI is seeking a fully licensed Social Worker to join our thriving Behavioral Health Service. LMSW will provide outpatient counseling services in our Houghton Lake and Roscommon primary care offices. Must be experienced in treating patients across the lifespan. Will consider part- and full-time employment. Please send

cover letter and resume to Dr. Stacey Gedeon, 9249 West Lake City Road Houghton Lake, MI 48629.

General Dentist

Cherry Street Health Services, located in beautiful Grand Rapids, MI. Full-time Position. We offer excellent compensation and benefit packages, loan repayment eligibility and much more. Robert Lackey, Director of Provider Recruitment, Rlackey@cherryhealth.com phone: 616.776.2124

Clinical Quality Specialist

Clinical Quality Consultant for Michigan Primary Care Association: Responsible for coordinating key quality improvement activities at Health Centers throughout the state, as well as providing direction and guidance on the clinical quality, clinical measures improvement, and population health management. To apply [click here](#).

Minnesota

APN

Planned Parenthood Minnesota, North Dakota, South Dakota is looking for an APN to join their team in Alexandria, MN. 20hrs/week, benefits eligible. When you work for Planned Parenthood you make a difference in the lives of those we serve by affirming the human right to reproductive health and freedom. To learn more or to apply online please [click here](#).



JOB POSTINGS

Missouri

Physicians

FQHC seeking 2 Family Practice Physicians, for our Family Medicine location in Saint Joseph, MO. Contact careers@nwhealth-services.org or fax CV to 816.232.2696.

Chief Financial Officer

Katy Trail Community Health, an award-winning, Central Missouri FQHP seeks forward-thinking Chief Financial Officer with healthcare industry experience. This is an outstanding opportunity to manage all financial aspects of a provider that delivers patient-centered care. The successful candidate will possess 7+ years of finance experience, preferably in healthcare. Knowledge of grant writing, knowledge of medical office systems and experience with third-party payer systems is preferred. A Bachelor's is required; a Master's or CPA, preferred. For detailed position specifications and to apply, contact: lgallick@eflassociates.com

Nebraska

Various Positions

OneWorld Community Health Centers provides culturally respectful, quality healthcare with special attention to the underserved, and we are seeking to hire RN's, LPN's, Medical Assistants, Nurse Managers, Immunization Case Managers, and Dental Assistants. We offer competitive salaries and great benefits. Bilingual English/Spanish required. Please visit our website www.oneworldomaha.org and click on "careers" to apply.

Ohio

Various Positions

Community Health Centers of Greater Dayton in Dayton, OH has career opportunities for an experienced Practice Manager and Director of Fundraising and Development. CHCGD offers a competitive salary and benefits. Contact Sheryl Fleming at sfleming@chcgd.org, or visit our website, www.communityhealthdayton.org.

Various Positions

The HealthCare Connection in Cincinnati, Ohio has immediate needs for full time (min. of 32 clinic hours) IM or FP Physicians as well as Nurse Practitioners. With locations throughout Cincinnati, we are sure to have a location and environment that works for you! No weekends! Limited call! Email interest to: careers@healthcare-connection.org.

Various Positions

FQHC with 4 locations in Columbiana County currently accepting applications for Family Practice Physician and General Dentist. Physicians will provide primary care to all ages. Dentist will provide preventative, minor restorative and emergency services to all ages. Competitive salary and benefit package. Contact Mary Ann Pettibon, CEO by email maryann.pettibon@caaofcc.org for more information.

If you have a job posting you would like added to our newsletter, forward it to Amanda Campbell at info@midwestclinicians.org

Medical Director

Cincinnati Health Department is looking for a dynamic and progressive Medical Director to oversee a large FQHC and Health Department and seasoned Family Physicians that are vibrant with extensive experience working with a multidisciplinary team and diverse populations. We use the EPIC EMR and practice management system. Contact: Mr. Harry Barnes, MBA, Director of Human Resources, City of Cincinnati Health Department, 513.357.7473



Wisconsin

Various Positions

Kenosha Community Health Center (KCHC) is seeking to hire a **Dentist**, **Family Practice Physician**, **Nurse Practitioner**, **Pediatrician**, **Licensed Clinical Social Worker (LCSW)** and **Licensed Clinical Social Worker-Certified Substance Abuse Counselor** and **Registered Nurse Case Manager**. To view position requirements and to apply, please click on the title of the position you wish to view.