



NETWORK NEWS

January
2019

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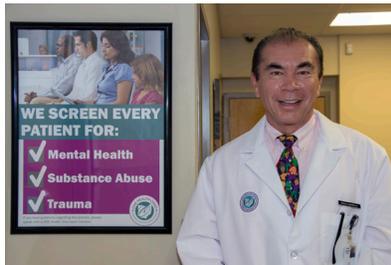
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Message from the MWCN President Quality is the Name of the Game

Ronald Dwinnells, M.D., MBA, CPE, FAAP
CEO, ONE Health Ohio



Kind Greetings and Happy New Year to everyone! This address is short and simple for a couple of reasons. The primary explanation is that I ran out of time and Amanda was getting after me! No, I take that back; Amanda is one of the sweetest persons I know, and she never nags anyone! I simply experienced poor time management skills over the past few weeks and am sorry I got this to her so late!

I am so happy to be back into the "thick-of-things" with the Midwest Clinician's Network! I was thrilled when Amanda asked if I would be interested in serving another term as the President of this fabulous Network. It is truly an honor and a privilege, and I hope to make a lot of new friends.

After being in the FQHC business for the past 33 years, I have seen a lot and learned even more! I have seen many transitions politically, legislatively and financially that have impacted our Cause over the years. Most have been positive, thanks to the great work of supportive organizations such as NACHC; our respective State's PCAs and the MWCN efforts to advocate tirelessly for those that we serve. What I see now is the incredible efforts made at all levels—our third-party payers, HRSA and our Associations—to push our health care delivery programs to extensively improve the quality of care delivery. With the advent of concepts such as the Patient Centered Medical Homes (PCMH); utilization of clinical measures and quality outcomes to report and use for FTCA applications, Federal 330 grant proposals, and accreditation bodies, we are under ever more accountability to provide the highest quality of care to our patients. This means our entire paradigm of health care delivery has shifted to replace the old "getting paid for volume and FFS" approach to earning our reimbursement through quality care services. This, you must agree, is better! It holds us accountable and gives our patients the best care possible! Of course, as an administrator, I recognize it is costing me more to provide this quality because of new positions I must create to manage patients better and the constant upgrade and monitoring of EMRs, billing services and trainings that I must constantly monitor and maintain. And, yes, I also know the insurance companies benefit tremendously with lower hospitalization rates and more healthy subscribers. But it is the patients who make out in all

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Quality is the Name of the Game

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this! Isn't this what we are supposed to do? Shouldn't our efforts improve the health of all through quality care?

I'm not worried about the money, because I've always held closely to the tenet that we must always do the right things for the right reasons and do them the right way. When you do this the money will always follow! This is our job! (No, I'm not naïve. I've been at the business of medicine for a long time now.)

I hope to lead our Network in 2019 by really pushing and supporting the concepts and processes of quality health care delivery for all patients. I know this has already been started and practiced by most of our Network members! It is important for our

survival and I think together we can help each other through these processes by sharing best practices and ideas.



Compliance & Risk – Building a Program That Goes Beyond “Putting Out Fires”

With so many challenges intrinsic to our Health Center landscape, it is often difficult to be as proactive as we would like to be regarding our 5 domains of clinical, operational, quality, finance, and compliance. We all too frequently fall into the quagmire of “putting out fires” and find ourselves in the mode of reacting vs. planning and preparing as we would like to do.

So, the first question we face is – HOW? How do we build a program that addresses as many of those challenges as possible and proactively plans and prepares for the potential pitfalls of our challenging environment? The most highly recommended strategy is to build and implement a comprehensive Compliance and Risk Program that creates an overarching model that envelops each of the essential domains relevant to our Health Center.

The next question would naturally be – WHY? Why do we need to build this type of program? In truth, the answers are many. But, one of the most significant reasons is that this type of program allows for resource optimization and alignment. We almost always face the challenge of too few people to attend too many meetings and accomplish



too many tasks. Our leaders, providers, and staff members often serve in multiple roles (“wear multiple hats”), which makes optimization and alignment of resources even more critical. Additionally, this allows for increased levels of efficiency and effectiveness across the domains or focus areas.

That leads us to the question of – WHAT? What is the structure? And what are the areas of focus that support the creation of this type of comprehensive Compliance and Risk program? Best practice tells us that our program should ideally be structured with three tiers. Each of these tiers have significant interplay, and even some areas of overlap. Each tier has a set of members and houses specific domains/focus areas.

- Tier 1 – Compliance Advisory Team
- Tier 2 – Quality Improvement/Quality Assurance Team
- Tier 3 – Risk Management Team

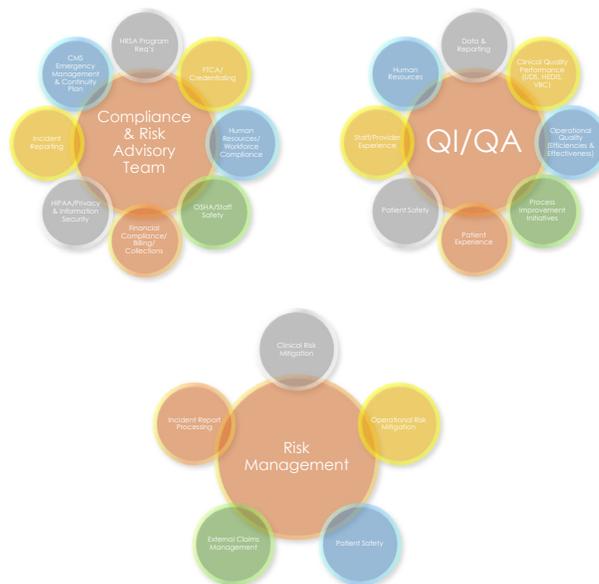
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The Compliance Advisory Team is made up of a group of senior leaders with strategic level insight and decision-making authority. This group would report to the CEO and provide reports for the Board of Directors. The Advisory Team typically includes the CFO, COO, CMO, Human Resources leader, Compliance Officer, Risk Manager, Privacy/Security Officer, Safety Officer. Ideally, this team is not more than 8-10 members.

The Quality Improvement/Quality Assurance Team is an integral team for all Health Centers and should be leveraged in this model to support alignment and resource optimization. This team typically consists of a core group of interdisciplinary and cross functional members who serve in management or supervisory roles. This team also includes a group of ad hoc members who contribute as subject matter experts when appropriate or when needed. It is recommended that this core team not exceed 10-12 members.

The Risk Management Team is also integral for all Health Centers and is conjoined with the QI/QA Team; often sharing members, collaborating on projects, and meeting collectively at least quarterly. This team is narrower in focus than its QI/QA counterpart. It is comprised of a cohort of core mid-level management or director level members, with the support of ad hoc members as needed. The Risk Management Team is typically not more than 5-6 members.

This infrastructure allows for fewer required members and fewer meetings (ie: resource optimization), alignment of priorities and focus areas across the organization, improved communication, strategic and proactive identification of needs and intervention planning, consistent follow up and reporting, etc. All of this results in improvements across our 5 domains of clinical, operational, quality, finance, and compliance.



Creating a Culture of Healthcare Excellence



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CURIS consultants bring several decades of experience in the Health Center, PCA/HCCN, and healthcare industry and provide the expertise needed to help create clinical, operational and financial excellence.

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Intimate Partner Violence, Health, and Universal Education in Community Health Centers

Anisa Ali, MA, Program Specialist, Futures Without Violence

Intimate partner violence (IPV) is a key social determinant of health and impacts your patients: At least 1 in four women have experienced IPV¹ —and LGBTQ communities experience violence at similar or higher rates to that of heterosexual women.^{2,3,4,5,6,7} The Centers for Disease Control found that men and women who experienced rape or stalking by any perpetrator or physical violence by an intimate partner in their lifetime were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and poor mental health than men and women who did not experience these forms of violence.⁸

The good news is that health providers can help—survivors are 4 times more likely to use an intervention after talking with a health care professional about abuse. Given their enormous reach and overarching goals to promote health and safety, health centers are uniquely positioned to be leaders in violence prevention across the U.S. One in 13 people nationwide rely on a [HRSA-funded health center](#) for their health care needs.⁹ Many health centers have already partnered with domestic violence (DV) organizations to implement health interventions with promising results to achieve better health outcomes for patients.

The [universal education](#) approach to addressing IPV in health settings recommends that health providers talk to their patients about healthy and unhealthy relationships, and the health consequences of IPV. This evidence-based intervention

differs from screening in that it advocates for all patients to be given information on the health impact of IPV, regardless of whether or not they disclose current or past experiences of violence, thus reaching more patients who may choose not to disclose for a variety of reasons, while also promoting prevention.

A helpful acronym for the universal education approach is “**CUES**”:

- **C:** Confidentiality
- **UE:** Universal Education + Empowerment
- **S:** Support

Confidentiality: Always see the patient [alone](#) for at least part of the visit and disclose your [limits of confidentiality](#) before discussing IPV.

Universal Education + Empowerment: Use our [safety cards](#) to talk with all patients about healthy and unhealthy relationships and the health effects of violence. Always give at least two cards to each patient so that they can share with friends and family.

Support: Disclosure is not the goal, but it will happen. Discuss a patient-centered care plan to encourage [harm reduction](#). Make a [warm referral](#) to your DV partner and document the disclosure in order to follow up at the next visit.

1 2010 CHC National Intimate Partner and Sexual Violence Survey www.cdc.gov/violenceprevention/nisvs/

2 Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and Characteristics of Sexual

3 Landers S, Gilsanz P. The health of lesbian, gay, bisexual, and transgender (LGBT) persons in Massachusetts. Massachusetts Department of Public Health; 2009.

4 Braun V, Schmidt J, Gavey N, Fenaughty J. (2009). Sexual Coercion Among Gay and Bisexual Men in Aotearoa/New Zealand. *Journal of Homosexuality*, 56:336-360.

5 Houston E, McKirnan DJ. (2007). Intimate Partner Abuse Among Gay and Bisexual Men: Risk Correlates and Health Outcomes. *Journal of Urban Health, Bulletin of the New York Academy of Medicine.*, 84(5):681-690.

6 Tjaden P and Thoennes N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: finding from the national violence against women survey. U.S. Department of Justice, National Institute of Justice, and U.S. Department of Health and Human Services, Centers for Disease Control. NCJ 183781

7 The Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey (2010 Summary Report) <http://www.cdc.gov/violenceprevention/nisvs/> and http://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf.

8 The Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey (2010 Summary Report) <http://www.cdc.gov/violenceprevention/nisvs/> and http://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf.

9 <https://bphc.hrsa.gov/about/healthcenterprogram/index.html>

Below you will see a diagram of how health center and DV partnerships can work together to support survivor health. Health centers will use the “CUES” intervention to talk to their patients about how relationships can affect their health, and make a warm referral to their DV partner as needed. Similarly, DV organizations will ask their clients about any health concerns, and will make a warm referral to their health partner as needed.

her husband not to wear the cologne around her, she replied that her husband had worn the cologne intentionally to aggravate her asthma. The provider recognized this behavior as a warning sign of abuse and was able to talk to the patient about how relationships can affect health, and connected the patient (who later disclosed additional abusive behaviors) to resources for support.



Figure 1: Bi-directional warm referrals for health center and DV program partnerships

Community health centers who have partnered with local DV programs and have implemented the “CUES” approach have remarked on the impact it has had for their clients. A health center in Iowa that participated in the [Improving Health Outcomes through Violence Prevention Project](#) shared a story of success with a patient experience violence. A patient had disclosed to her health care provider during a visit that her asthma had been exacerbated by the cologne her husband was wearing. When the provider asked if the patient could ask

(Read more about the current iteration of the [Improving Health Outcomes through Violence Prevention Project: Project Catalyst: State and Territory-Wide Transformation on Health, IPV, and Human Trafficking.](#))

In partnership with DV programs, health centers have a unique and important opportunity to help improve the health of survivors of violence.

Learn more at www.ipvhealthpartners.org.

The Hurdles to Value Based Care

One hour webinar with speaker Jennifer Calohan, RN, TQMP, PCMH-CCE, Principal Consultant, CURIS Consulting - Hosted by MWCN

Tuesday January 15th 12:30 EST / 11:30 CST - REGISTER HERE!

Description: Health centers are positioned to be successful in the value-base care environment because team-based care and whole person care are founding principles of the FQHC movement.

Join this event to learn the key attributes of clinical services required to position your organization to flourish and your patients to obtain optimal health outcomes.

Learning Objectives:

- The definition of the Value Based Care and the impact on Health Centers' PPS reimbursement model
- The role of the Health Center Quality Improvement & Risk Management Programs in Value Based Care delivery
- The criticality of Team Based Care in the Value Based Care model
- How to measure Care Team productivity in Value Based Care
- The importance of reinvestment to sustain performance improvements in a model of continuous quality improvement



HEALTHY RECIPE: *Cashew Chicken Lettuce Wraps*

Perfect for lunch, dinner or even as a tasty appetizer. Each wrap has only 165 calories!



INGREDIENTS:

- 1 pound boneless, skinless chicken breasts, cut into bite sized pieces
- 4 tbsp oyster sauce
- 4 tbsp low-sodium soy sauce
- 2 tbsp sesame oil or olive oil
- 2 cloves garlic, minced or grated

- 1 tsp grated fresh ginger
- 1 tsp chili paste
- 1/3 cup raw cashews
- Boston lettuce leaves
- Toppings (optional): thinly-sliced basil, sesame seeds

DIRECTIONS:

1. Place the chicken in a zip lock bag with the oyster sauce, soy sauce and chili paste.
2. Let the chicken marinate for 10 minutes.
3. Heat a large skillet over medium heat. Add 1 tablespoon of sesame oil, garlic, ginger, and cook for 30 seconds or until fragrant.
4. Increase the heat to medium high, add the chicken and the remaining oil, and stir-fry until cooked through, about 5 minutes.
5. Once the chicken is cooked, add the cashews and cook for another 1-2 minutes.
6. Spoon the mixture into the individual lettuce leaves, top with basil and sesame seeds and serve.
7. Enjoy!

Serves: 8 (2 lettuce cups per serving)

Source: <https://aseasyasapplepie.com/cashew-chicken-lettuce-wraps/>

JOB POSTINGS

Illinois

Various Positions

The 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 community health centers in Illinois and Iowa. To take advantage of IPHCA's complimentary recruitment assistance service please contact Ashley Colwell, acolwell@iphca.org or visit www.iphca.org for more information.

Various Positions

Community Health Partnership of IL is seeking to hire a part time dentist (Mendota, IL), part time physician (Harvard, IL) as well as part time seasonal support and provider staff for our 2019 spring and summer Agricultural Worker Outreach Program at all CHP locations. Think spring & plan ahead! We offer excellent benefits, competitive wages and a rewarding work experience. For more information please contact Barbara Sacco, HR Director at 312.795.0000x224, fax 312.795.0002 or email bsacco@chpofil.org.

Various Positions

PCC Community Wellness Center (PCC) is a FQHC located in suburban Oak Park IL. We are seeking vibrant Family Physicians and APNs to join our team. Our practice model is full scope family medicine, including inpatient obstetric,

and adult medicine. We offer competitive compensation and benefits package. Please contact Nancy Martorelli, Human Resources Director @ nmartorelli@pccwellness.org.

Registered Dietician/CDE

Alivio Medical Center is seeking a full time Registered Dietitian/CDE. Candidate must be licensed in the State of Illinois. View this job @: <http://careers.npo.net/jobs/11732053/registered-dietitian-cde/>

Various Positions

Asian Human Services Family Health Center, an FQHC with four locations, is seeking to hire a F/T Medical Receptionist Supervisor, Dental Assistants (for Niles location), as well as a Behavior Health Counselor (LCSW or LCPC). We offer great benefits and a competitive salary. If you are interest, please submit your resume to kmcmamara@ahsfhc.org.

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JOB POSTINGS

Indiana

Various Positions

Heart City Health Center (HCHC) is seeking to hire a motivated full-time GENERAL DENTIST. We have a state-of-the-art facility with sufficient space and equipment for 3 full-time dentists and 2 hygienists. In addition, looking to hire a motivated full-time PSYCHIATRIST. Looking for the right candidate to lead our Behavioral Health Department HCHC offers a competitive salary and benefit package. Contact Sheila Houser, Human Resources Director, by e-mail shouser@heartcityhealth.org, or mail HCHC C/O Sheila Houser, 236 Simpson Ave., Elkhart, In. 46516 for more information.

Iowa

Various Positions

Primary Health Care, Inc. is seeking to hire a variety of positions including: Float Family Practice Nurse Practitioner/Physician Assistant; RN Clinical Practice Manager; Medication Assisted Treatment RN; Physician; Dentist; Pediatric Dentist and more! Navigate to our careers page at <https://pm.healthcaresource.com/cs/phc#/search> to search and apply for positions. Contact Rachael Miller at rmiller@phcinc.net for more information.

LCSW

All Care Health Center (ACHC) is currently hiring a LCSW for our Mental Health and Substance Use Counselor position. ACHC offers competitive wages including a comprehensive benefits package and provides an empowering culture! If you want to learn more about joining our team, please send inquiries to Gina Klein at gklein@allcarehealthcenter.org for more information!

Various Positions

NorthShore Health Centers, located in Northwest, Indiana, is seeking to hire experienced LPN's and MA's to join our family practice, OB/GYN, and pediatric nursing staff. Qualified candidates must have at least 1 year LPN or MA experience in the area of family medicine, OB/GYN medicine, Urgent Care, and/or pediatric medicine, preferably in a clinic setting, possess exceptional organizational skills, and work well within a team environment. Please apply on our website at <https://www.northshorehealth.org/join-northshore/>

Kansas

Dentist

PrairieStar Health Center in Hutchinson, Kansas is seeking a full-time dentist to join their growing practice. The right candidate will be joining the Dental Director in providing comprehensive general dentistry and will be responsible for the oral health of patients in all age groups, from all income levels. Benefit package includes Health and Dental Insurance, Malpractice Insurance, Group Life & AD&D, Extended Illness Leave, PTO, Holidays, 403(b) Retirement Plan Match, Continuing Education Expense and Moving Expense. PrairieStar is an NHSC and State Loan Repayment Program approved site with a Dental HPSA Score of 22. Contact Bryant Anderson at andersonb@prairiestarhealth.org or 620-663-8484.

Michigan

Various Positions

Sterling Area Health Center is seeking a Family or Internal/Peds Physician, FNP's, CMA/RMA's, Scribes, Complex Care Manager's, a Dental Receptionist, Billing Clerk, and Health Information

Clerk. We are a Federally Qualified Health Center (FQHC) providing high quality healthcare to underserved areas within five locations offering Medical, Dental and Behavioral Health. We offer a Competitive Salary and Benefits. Qualified candidates may send CV or resume to Rose in Human Resources (EOE) at rstachlewicz@sterlinghealth.net, or fax to 989-654-2348. For more information, please visit www.sterlinghealth.net.

Various Positions

MidMichigan Community Health Services is hiring for the following full time positions: Substance Use Disorder Clinic Practice Manager (Houghton Lake, MI), LMSW for School Based Health Center (Roscommon, MI), Medical Assistant (Roscommon) Family Medicine Physician (Houghton Lake) and Family Medicine Physician (Beaverton). We offer very competitive salaries and benefit packages. Interested candidates please apply at <https://www.healthynorth.org/healthynorth/careers/>

Minnesota

Various Positions

People's Center Clinics & Services (PCCS) is a nationally recognized community health center delivering high-quality, affordable, and culturally relevant care to everyone, regardless of their ability to pay. For 50 years, People's Center has stood as a beacon of hope in the global village of Cedar-Riverside in South Minneapolis - a neighborhood that has long been the first stop for new Americans. PCCS' mission is to deliver affordable healthcare, inspire hope, and promote community wellness. PCCS have several position openings, including Mental Health Therapist, Medical Assistant, Dentist/Dental Director, Advanced Dental Therapist, Care Coordinator, Bilingual. Please refer to our website www.peoples-center.org for details.

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JOB POSTINGS

Nebraska

Various Positions

Community Action Health Center has amazing career opportunities. The agency is looking for qualified superstars to fill our full-time opportunities as Director of Human Resources, Clinic Operations Director, and Primary Care Clinic Director. Our facility boasts cutting-edge trends and innovative thinking. Contact Chante Truscott, HR Director, by email ctruscott@capwn.org, online at capwn.org, or 3350 10th Street, Gering, NE 6934. To view our current opportunities, click [here](#).

Various Positions

OneWorld Community Health Centers, Inc. in Omaha, NE is seeking a Behavioral Health Director, Behavioral Health Therapist, and Physician. OneWorld is a FQHC and a PCMH. Out of 1,400+ Community Health Centers nationwide, we rank in the top 2% for clinical quality. Our clinic is growing, and we need dedicated individuals to come join our team! We care about our employees, and it shows; we were recently named one of the Best Places to Work in Omaha®. We offer competitive salaries and generous benefits. Our clinicians are eligible for student loan repayment through NHSC and NURSE Corps. Please apply at www.oneworldomaha.org/careers.

Ohio

Various Positions

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

Various Positions

ONE Health Ohio, a rapidly growing healthcare center, is seeking to hire Family Medicine Physicians, Pediatricians, Family Medicine & Pediatric Nurse Practitioners, General Dentists, IT Network Administrator and Controller for Finance. Highly competitive salaries and excellent benefits package, as well as National Health Service Corps Loan Repayment Program for those who qualify. View our website at www.onehealthohio.org and contact Lori Kline, HR Director at lkline@onehealthohio.org.

Psychiatric Nurse Practitioner

CAA of Columbiana County (CAA) is seeking to hire a motivated full-time PSYCHIATRIC NURSE PRACTITIONER. We have a brand new facility with medical, dental, behavioral health, pharmacy and MAT services with sufficient space to grow. CAA offers a competitive salary and benefit package. Contact Jenna Wonner, COO, by e-mail jenna.wonner@caaofcc.org, or phone 330-424-7221 ext. 103 for more information.

Wisconsin

Various Positions

Scenic Bluffs Community Health Centers (SBCHC) is seeking to hire a full-time BEHAVIORAL HEALTH COUNSELOR and a full-time DENTIST. SBCHC has a newly remodeled, state-of-the-art dental facility. SBCHC offers a very competitive wage and benefit package that includes medical, dental, vision, accident, cancer, life and disability insurance plans, medical reimbursement, dependent care reimbursement, paid time off and a retirement plan. Contact Stacie Mashak, HR Specialist- Email: hr@scenicbluffs.org, Phone: 608.654.5100 x260.

Director of Pharmacy

Sixteenth Street Community Health Centers is seeking a full-time Director of Pharmacy that can develop and implement a comprehensive program to manage all pharmaceuticals. Sixteenth Street Community Health Centers offers competitive salaries and an excellent benefits package, SSCHC is also an equal employment opportunity employer. Apply either on line <http://sschc.org/careers/benefits/> or email your resume to Sue Raymond, Vice President of Human Resources at sue.raymond@sschc.org.

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

