

2016

Happy New Year!



Midwest
CLINICIANS' NETWORK

NETWORK NEWS

January
2016



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Planning for 2016

Author: Russ Kolski, RN, Strategic Projects Director, Baldwin Family Health Care



I am both excited and honored to be entering my year as President of the Midwest Clinicians' Network. I have long benefitted from the information shared and made a decision last year that it was time to give back to the other Community Health Centers that were part of my learning. A special thanks to Chris Espersen for her leadership during 2015 and her ability to help us keep our eye on the important issues we face. I have some big shoes to fill and will appreciate

her continued involvement in the MWCN.

I have been fortunate to have been given the responsibility of overseeing some significant changes within our organization over the past 5 years including the integration of patient centered care and the creation of a data collection infrastructure that can be used to improve individual patient outcomes and collect any possible financial incentives. It has been a bumpy ride, but it has solidified my belief in the value of advanced planning for providing optimal patient care.

I am reminded of two quotes related to planning that highlight the struggles we face:

"If we do not choose to plan, then we choose to have others plan for us." **Richard I. Winwood**

"It's easy to come up with new ideas; the hard part is letting go of what worked for you two years ago, but will soon be out of date." **Roger von Oech**

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Planning for 2016 *continued*

I am sure each of you is reminded of many other quips about the importance of planning. It is my hope that you will do what is necessary to make sure it happens within your organization. Creating a shared common vision ensures that decisions are being made from a common reference. It also decreases the likelihood that individual decisions will result in conflicting outcomes or competition for the same resources. The need for a common vision has been proven over and over as we worked through the competing needs of data collection to prove the value (outcomes) of the work we do. Individual requirements for Meaningful Use, Patient Centered Medical Home, Medicare Shared Savings Programs, Pay for Performance initiatives, HRSA UDS Measures and a variety of grant related or demonstration projects compete for our attention. It is easy to get lost in the operational details and only make minor changes to your existing workflow when significant change is required to meet the desired outcomes while remaining a viable organization. In our organization, we are constantly adding things to the workflow to attempt to accommodate the needs of every program requirement that crosses our path. It is clear to me that most organizations do not have the available resources to meet every quality measure placed in front of them. It is also clear that strategically aligning your efforts to ensure the important items are taken care of first results in the greatest return on your investment.

When was the last time that you asked your staff to stop doing something that has been part of your standard workflow for years? It is not something that we consciously do very often, but this may be one of the more important questions you ask yourself in the coming year. As we transition from payment for doing (visit based reimbursement) to payment for outcomes of care, we must ensure that we provide the best possible care based upon accepted clinical guidelines and evidenced based processes. With limited resources, we must ensure that our independent

practitioners are not bogged down with work that can be done by support staff. We must also create a team based system of care that assures each person is operating at their highest level (to match their training) to ensure the best outcomes with the available resources.

It is also much easier to have a group hold themselves accountable for their actions because they believe in the shared vision of the organization or activity than to force accountability through the chain of command. I challenge each of you to step back and make the time for creating a plan for your area of influence. Once you have developed a common plan, refer to it often and check to see if your activities are supporting the established priorities. Although difficult to find time to step back in the beginning, it is usually proven to reduce the workload in the end.



MWCN:
Behavioral Health
Interest Group
discussing

Telehealth

Wednesday, January 20th
at noon EST

REGISTER HERE!

Enhanced Case Management through Text Messaging

By Jesse Stoneman, CareMessage Account Manager with input from Jennifer Petersen, Collaborative Case Manager at Siouxland

Siouxland Community Health Center launched with mobile technology nonprofit CareMessage last fall, and is actively using the web-based platform to complement its robust case management program. Siouxland's Case Managers are now able to more seamlessly communicate with and provide educational tools to their patients through text messaging.

In 2015, Siouxland applied for and was awarded the CareMessage Google.org grant, which gave them access to CareMessage free of charge for one year. The Siouxland case management team sought a way to easily connect with high-risk patients, as well as increase the number of touchpoints they had with patients between visits, and saw this opportunity as a way to achieve that goal. The first patient population

the Siouxland team wanted to target was their diabetics with an A1C > 9. After working closely with the CareMessage Account Management team throughout the implementation process to establish their goals, define their use cases, customize their content with local resources, and receive training, Siouxland successfully launched in early September with CareMessage's individual messaging and health education features.

CareMessage's Direct Messaging feature has given Siouxland's case managers the tool they need to easily send personalized follow-up and check-in messages using the communication method their patients prefer. Since their launch last month, the Siouxland team has connected with almost 100 patients through Direct Messaging.

The Siouxland team is also using CareMessage's fully automated, interactive health education programs to help patients better manage their health outside of the clinic setting and between visits. They are actively enrolling patients in the 16-week Exercise and Nutrition Goal-setting program, 25-week Diabetes program, 25-week Smoking Cessation program, and 20-week Depression program. During these programs, patients receive 3-5 messages per week, which provide them with facts and tips to better manage their health and ask them questions about their understanding of their condition and their behaviors relating to their health. 140 patients have been enrolled in these programs thus far, with engagement rates at over 80%. The team will continue to enroll patients into these programs over the next several months.

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An Often-Untapped Source of Manpower

By Caroline Hensley, Crossroad Health Center, Volunteer Internship Program Coordinator

Navigating the healthcare system is often a messy process. For patients living at or below 200% of the federal poverty level, the process becomes particularly more complicated. Our patients face many barriers as they attempt to seek the medical care they need, such as: few or no phone minutes, weak or absent insurance coverage, and inconsistent modes of transportation.

To help remediate these problems and better serve our patients, we have chosen to make use of an often-untapped source of manpower—college students. Crossroad Health Center established the Crossroad Volunteer Internship Program in January 2013 as a joint effort between several clinical staff members and college students interested in improving the quality of care provided to the poor of Cincinnati. What started with seven students at one clinical location has grown to sixty students at three clinical locations in just three years. We competitively recruit students from University of Cincinnati, Xavier University, Northern Kentucky

University, and other area colleges for our program. They commit to volunteering for a weekly four-hour shift for one year and attending monthly seminars.

Students spend the majority of their time connecting patients with outside clinical and non-clinical resources. While serving as advocates, navigators, and friends to the patients, our students gain a better understanding of the healthcare system, their surrounding community, and the impacts of poverty on an individual's health. Students make specialist appointments for patients, navigate insurance issues, set up transportation (sometimes simply by using Google maps), and make reminder calls to patients prior to their specialist appointments. They meet with patients post-visit and work via the phone to ensure our patients are able to access the care they need. Their determination, creativity, and computer skills are essential for overcoming the social barriers that many of our patients face.



For many of the students, it is their first time interacting with patients on a one-on-one basis. Time invested in the program proves invaluable, as it provides each intern with a hands-on, didactic personal learning experience in a real clinical setting. Interns are respected as professional members of the patient care team. As a result, students are empowered to be changemakers in their community. The benefits of intentionally including college students in our care team are endless for Crossroad Health Center, but more importantly for our patients and the future of healthcare. For more information on the work our students do and the lessons they are learning visit crossroadhc.blogspot.com.

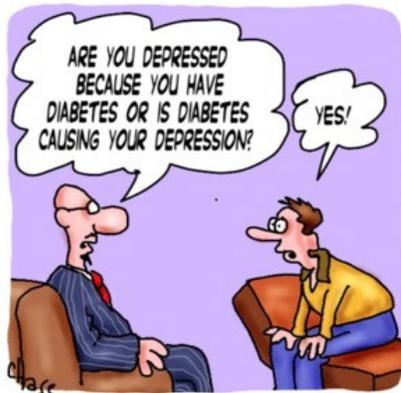
What if your patient moves before treatment is completed?

Enroll your mobile patients in Health Network, Migrant Clinicians Network's cost-effective bridge case management program. Health Network assures continuity of care and treatment completion by providing comprehensive case management, medical records transfer, and follow-up services for mobile patients with conditions like tuberculosis or cancer. Health centers enroll their mobile patients at no cost. Last month, MCN released a short series of videos in English with Spanish subtitles on how Health Network works, what patients and clinics need to know, and how to enroll patients in Health Network.

Learn more and [watch the short video series on Health Network](#) at the bottom of MCN's Health Network page.

Coming Soon! Survey of MWCN Providers on Mental Health Screening and Treatment for Patients with Diabetes

Patients with diabetes have a two- to three-fold higher risk of depression than patients without diabetes. In the U.S., one in ten adults experiences moderate or severe depression each year. That means that about one in three patients with diabetes have co-occurring depression.¹⁻⁸ Co-occurring diabetes and



depression are associated with poorer self-management, worse disease control, lower quality of life, greater functional disability, and increased mortality. Patients with diabetes and depression utilize more health services and have 50-75% greater total medical costs.⁹⁻²⁴

Community health centers bear a disproportionately high burden of both diabetes and depression. At FQHCs, the prevalence of diabetes is 40% higher than in the general population (12.7% vs. 8.9%),²⁵⁻²⁶ and the prevalence of depression is 45% higher than in the general population (13.2% vs. 9.5%).²⁷ Even though patients who receive care at FQHCs suffer disproportionately from diabetes and mental health disorders, to date, little research has examined how patients with co-occurring diabetes and depression are cared for in community health centers.

In collaboration with the MWCN and the Behavioral Health Interest Group, Dr. Neda Laiteerapong of the University of Chicago is developing a survey of provider attitudes, knowledge,

and behaviors regarding mental and behavioral health care for patients with Type 2 diabetes in community health centers. Dr. Laiteerapong is interested in learning what resources health centers currently have and what barriers they face to providing quality care for patients with diabetes and depression in order to develop solutions and improve patient care. Knowledge gathered from this survey will inform the development of a tailored mental health intervention for patients with Type 2 diabetes within MWCN community health centers.

Dr. Laiteerapong is a practicing general internist and health services researcher in the Department of Medicine at the University of Chicago and a core member of the Chicago Center for Diabetes Translation Research (CCDTR). MWCN and CCDTR have a long-standing collaboration, including a number of prior surveys and studies related to diabetes care. Prior to launching the survey, Dr. Laiteerapong and colleagues will be hosting a webinar in February on diabetes, depression, and behavioral health care integration in primary care. Stay tuned for more information about the webinar and the survey!

If you have any questions about this project, please contact Erin Staab at estaab@medicine.bsd.uchicago.edu. If you are interested in joining the MWCN Behavioral Health interest group, please contact Amanda Campbell at acampbell@midwestclinicians.org.

For resources cited, click here.

Substance Use Warmline: Providing peer-to-peer consultation on managing use disorders

Beginning December 1, 2015, the Clinician Consultation Center is pleased to offer free and confidential peer-to-peer telephone consultation, the Substance Use Warmline, focusing on substance use evaluation and management for primary care clinicians in health centers. With special expertise in pharmacotherapy options for opioid use, addiction medicine-certified physicians, clinical pharmacists, and nurses are available at 1.855.300.3595, M -F, 10 a.m. to 6 p.m, EST. Voice mail is available 24-hours a day. Learn more at nccc.ucsf.edu or via the attached description.

[Click here to read the article!](#)



Siouxland also launched with access to the CareMessage-i2i Tracks interface, which allows the team to send messages and appointment reminders seamlessly through their existing population health management tool. They will be taking advantage of this bidirectional interface to send preventive messaging to large groups of patients going forward.

The Siouxland case management team and HIV and social services departments are also customizing their own messages to send patients medication reminders and check their blood sugar levels, and plan on leveraging the technology to connect their patients to local events and support groups in the coming months as well. The Prenatal Team will also be taking advantage of CareMessage's recently published Maternal Health program to support the work of their maternal health case management team.



Better health outcomes
through mobile technology

Visit www.caremessage.org
for more information

HEALTHY RECIPE: Carmelized Onion Kale Goat Cheese Pizza with Balsamic Drizzle



INGREDIENTS:

2 lbs mozzarella cheese, shredded
2 prepared whole wheat pizza dough
3 large onions, sliced
2 tbsp olive oil
4 oz fresh baby kale
11 oz goat cheese, crumbled
Red pepper flakes, optional

BALSAMIC CREAM:

1/2 cup balsamic vinegar
1 tbsp unrefined sugar
(Or use a premade balsamic glaze)

PREPARATION

1. Preheat oven to 425 F.
2. In a skillet, over medium to high heat, place the onions and olive oil and cook stirring occasionally until the onions are caramelized. This will take about 5-7 minutes.
3. For the balsamic cream, place the ingredients in a saucepan and bring to a boil over medium heat. Reduce the heat to low and simmer for 10-15 minutes or until liquid reduces by about half. Set aside to let the cream cool and thicken.
4. On a flat surface, place some whole wheat flour to prevent the dough from sticking. Roll out one pizza dough with a rolling pin. Place the pizza dough onto a pizza stone or pan, or a cookie sheet. Repeat this with the second pizza dough.
5. Place 11lb of shredded cheese over each pizza crust followed by the caramelized onions and crumbled goat cheese.
6. Bake the pizzas in the preheated oven for 18-22 minutes. When baked, top the pizzas with the baby kale and drizzle the balsamic cream and pepper flakes. Serve immediately. Yield: 16 slices.

Source: <http://www.eatgood4life.com/caramelized-onion-kale-goat-cheese-pizza-balsamic-drizzle/>

JOB POSTINGS

Illinois

Various Positions

[IPHCA](#) seeks Physicians (FP, IM, PED, OB/GYN, PSY), Medical Directors, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Dentists, Dental Hygienists, LCSWs, LCPCs and Clinical Psychologists for opportunities in urban and rural FQHCs in Illinois. To take advantage of our complimentary service contact Ashley Colwell, acolwell@iphca.org.

Physician

[Community Health Partnership of Illinois \(CHP\)](#) is seeking a mission-driven FP / Staff Physician with a passion for the healthcare needs of migrant, seasonal farmworker and rural, underserved populations to provide care to our patients in our Mendota, IL Medical & Dental Clinic. Competitive wage, excellent benefits and supportive work environment with other dedicated professionals. Eligible National Health Service Loan Repayment Sites. Interested applicants are asked to submit a current resume to CHP, Attn: HR Director – email bsacco@chpofil.org or fax 312/795-0002

Iowa

Various Positions

Primary Health Care, Inc. (PHC) is seeking to hire a variety of positions, including a full time Dentist. PHC offers a competitive salary and benefit package. For more information, and to apply for any of our open positions, visit <http://www.phciowa.org/> and click on “careers” from the bottom left of the website.

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.

Michigan

Social Workers

[MidMichigan Community Health Services](#) is seeking two fully licensed Social Workers to join our thriving Behavioral Health Service. One LMSW will provide outpatient counseling services while the other LMSW will provide substance abuse services and must also possess a CADC or CAADC. Both must be experienced in treating patients across the lifespan and experience with electronic health records is preferred. Salary commensurate with experience and generous benefit package included. Please email cover letter and resume to: Dr. Stacey Gedeon at stacey.gedeon@midmichiganhs.org

Various Positions

Grace Health is looking for health care professionals with positive attitudes and an exceptional work ethic to join our growing community center. We have full time openings in Family Practice / Internal Medicine for Medical Assistants, Licensed Practical Nurses, and Registered Nurses. For more information, please visit www.gracehealthmi.org or send resume to recruiting@gracehealthmi.org.

Quality/Nurse Educator

Downriver Community Services is seeking a FT Quality/Nurse Educator for New Haven, MI site. Competitive salary and benefit package offered. Please apply online at www.downrivercs.org or email resumes to Nikole Dawson, HR Director at ndawson@downrivercs.org.

Various Positions

Hackley Community Care (FQHC) is seeking to hire a motivated full-time CHIEF HEALTH OFFICER, an energetic full-time DENTIST, and motivated full-time PROVIDER. We have a spacious facility with top-of-the-line equipment. We offer a competitive salary and a generous benefit package. For more information on these jobs go to www.hackleycommunitycare.org. Send cover letter and curriculum vitae to heistant@hccc-health.org or fax to 231-733-5416.

JOB POSTINGS

Minnesota

Family Practice Physician

[Indian Health Board](#) seeks a Family Practice Physician to provide primary health care services to both Indian and non-Indian patients. We qualify for loan repayment and offer an exciting and rewarding opportunity to make a difference in the community. This is a full-time position with no weekends. If interested please send your CV to HR Dept. 1315 E. 24th Street, Minneapolis, MN 55404 or cfields@ihb-mpls.org

Missouri

Project Manager

[Missouri Primary Care Association](#) seeks project manager for population health management project targeting chronic pain, plus health informaticist, clinician consultant, and data analyst for Missouri Quality Improvement Network. Inquire with Susan Wilson at (573) 636-4222.

Nebraska

Various Positions

[OneWorld Community Health Centers, Inc.](#) in Omaha, NE is seeking a Family Practice Physician, Physician Assistant, Nurse Practitioner, Behavioral Health Therapist, and Medical Nutritionist. 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. We offer a competitive salary and generous benefits. Our clinicians are eligible for student loan repayment through NHSC. Please apply at www.oneworldomaha.org/careers

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

Ohio

Various Positions

Community Health Centers of Greater Dayton in Dayton, OH has career opportunities for Internal Medicine physician and part-time dentist. CHCGD offers a competitive salary and benefits. Contact Sheryl Fleming at sfleming@chcgd.org, or visit our website, www.communityhealthdayton.org.

Wisconsin

General Dentist

[Community Health Systems, Inc.](#) is seeking a motivated, full-time GENERAL DENTIST with a passion for Public Health Dentistry. We have a hard-working team in a growing facility that offers providers multiple practice options. CHS offers a competitive salary and benefits package. Contact Melanie Hills, Human Resources Manager by e-mail mhills@chsofwi.org or fax to 608-299-3889.

340B Coalition Launches New Website

The 340B Coalition, a national group of safety-net providers and programs, including NACHC, who are dedicated to protecting and improving the 340B Drug Discount program, launched a new website 340BCoalition.org. The website is designed to provide clear explanations of how the 340B program works, to highlight real stories from patients and providers who use it, and to feature relevant 340B news, research, and updated information.

We encourage you to check it out, and to share any feedback or recommendations for the website by emailing federalaffairs@nachc.org.