A health center on life support receives a jump start

Mission-focused medicine model is attracting medical professionals and changing the culture within the hospital and the community of Ashland, Kan.

Written by Jessica Lindsey

When Roy Sprunger and his wife, Lynn, relocated from the Kansas City area to Ashland, Kan. 13 years ago, they had to drive 60 miles to take their 1-year-old daughter to a doctor.

They didn’t like the idea of traveling so far for the doctor but they had no other options. Over the years, they saw that lack of local care was an ongoing trend that made Sprunger uncomfortable and unsatisfied.

“We came to understand that in a small, rural community, it’s very difficult to find quality, long-term health care professionals,” said Sprunger, who serves as pastor of Ashland’s First Church of God. “What we began to see is what I would call a lack of well-child care. People just didn’t take their kids to the doctor because there wasn’t convenient medical care. As a result, it took a crisis or something major before they would even seek care, missing things like routine screenings and general maintenance.”

Mission-focused continued on page 3
Rural Kansas Photography Contest

Congratulations to the winners of the Rural Kansas Photography Contest. I would like to thank each of the contestants who entered the annual contest. This year marked a record-breaking year with 383 photo submissions.

These beautiful photographs of Kansas allow us to promote rural Kansas and truly exemplify why Kansas is a great place to live, work, and play.

Winning photographs are on page 8 and 9 of this edition, or you can view them online at www.ruralhealth.kumc.edu.

Second Place: Rural Landscape
Rural School in Marysville photographed by Fernando Ugarte, M.D.

Rural Health hosts Kansas Career Opportunities

The University of Kansas Medical Center, Rural Health Education and Services department hosted the 16th annual Kansas Career Opportunities (KCO) in Wichita on October 4 and in Kansas City on October 11.

KCO provides an opportunity for health care job seekers to visit one-on-one with health care employers to begin building relationships and discuss current and future job openings. It also provides a venue to learn about temporary coverage opportunities and loan forgiveness and repayment options.

During KCO, more than 390 medical/health care students and resident physicians visited with more than 40 health care organizations from across Kansas.

If your rural health care organization is interested in exhibiting at KCO in 2013, please call Laurie or Robin at 1-888-503-4221 or email rhealth@kumc.edu.

Special thanks to KCO Supporters
Dodge City Medical Center, Great Bend Regional Hospital, Kansas Academy of Family Physicians (KAFP), Kansas Association for the Medically Underserved (KAMU), Kansas Hospital Association (KHA), Kansas Medical Society, and Ness County Hospital

Debbi Lehner, Greeley County Health Services, visits with a University of Kansas School of Medicine medical student during KCO in Kansas City.
For the first decade of the Sprunger family’s time in Ashland, doctors came and went and the community generally didn’t put much trust in or expect much from the local health care system.

More recently, though, Sprunger and the community have seen the implementation of a new idea that is aiming to put an end to the pattern of a conveyor belt of medical professionals.

The change is thanks to a model called mission-focused medicine that arrived at Ashland Health Center (AHC) via Benjamin Anderson, the hospital’s CEO who took over in January 2009. When he started at Ashland Health Center, the hospital had been through 11 doctors and physician assistants in 18 years and had seen seven administrators during the same time period. The hospital also had been without a doctor for eight months and was operating with one physician assistant, Jon Bigler, who was overseen by a doctor 30 miles away. Bigler was working 24-hours-a-day during the week to cover the clinic, nursing home and emergency room with a myriad of locums providers on the weekends.

“We were in an urgent situation,” said Anderson. “I came on and one of my first marching orders from the board was to find a physician. I had a physician recruiting background, but this was probably the most challenging situation I had been in.”

The Model

“We’re two hours from a Starbucks and an hour from the nearest Wal-Mart,” said Anderson. “Those typically are points of reference when recruiting, traditionally those are anchors that potential physicians ask about for their families. You show them the schools, the nicest homes, you meet the mayor. And you avoid the rougher areas of town.”

The difference in this model, Anderson explained, is that when a physician who is mission-minded comes to interview, the things you typically would avoid are what become the central focus.

“You show them the need,” he said. “You show them the houses that are falling down, or the park that needs to be restored, or the 55-year-old health care facilities that haven’t been renovated.

“You tell them about the Hispanic population that drives two-and-a-half hours to the nearest Spanish-speaking obstetrician,” Anderson added. “We want the person who sees these challenges and wants to come anyway. Actually, we want the person who wants to come because of these challenges.”

Anderson turned to the director of Via Christi Family Medicine Residency’s International Family Medicine Fellowship, Todd Stephens, M.D., to help determine how to establish the culture of mission-focused medicine in Ashland and how to attract the right professionals. Stephens, in addition to his knowledge of mission-focused medicine, was one of the 11 providers who had seen the challenges in Ashland first hand.

Stephens told him he needed to hire two physicians, because even the best and well-intentioned physician would burn out if operating alone. But on top of that, offer them limited emergency room and on-call hours, provide a national-average salary and offer them eight weeks off for mission work.

Anderson was excited and determined but Stephens pushed him further, challenging him to put his money where his mouth was.

“So I did exactly that,” said Anderson. “I went to Africa. I had never been overseas; it was a life-changing experience.”

Anderson went to Zimbabwe expecting to serve and see challenges that he had never seen, but he wasn’t prepared for the other new perspective he gained.
“I was expecting the differences between Ashland and rural Zimbabwe. I was not expecting the similarities,” said Anderson. “We are not third-world here in Ashland—I’m not implying that we’re a developing country—but we do face some of the same challenges, one of them being access to health care.”

What he realized is that the solution comes back to mission-focused, mission-hearted people who are prepared to serve and collaborate for results.

“We have a good relationship with our neighbors,” said Anderson. “We’re all hurting for coverage so we began building trust and relationships with all of our neighbors to share people.”

Putting it into practice

Establishing the idea and working with the hospital Board of Directors to develop a comprehensive plan for AHC’s future was the first big task, filling the positions was next.

With a progressive and determined board, the plan was laid. Though Bigler badly needed support, he was a central provider and AHC began to build a strong medical staff around him.

In October 2010, Meredith Shuman became aware of the opportunity to serve in Ashland and she began to talk it over with her husband, Dan Shuman, D.O.

“After lots of emails, phone calls and prayer, our family was heading to Ashland in early December 2010 to visit in person,” said Shuman, a father of five school-age children. “By the end of December we had made our decision to relocate to Ashland and she began to work with her husband, Dan Shuman, D.O.

“The idea is to recruit people with the skill set that can be utilized but mostly with the innate desire to serve people as a whole.”

Roy Sprunger, pastor of Ashland’s First Church of God

Anderson came in with an excitement and passion to make a difference, but it was, and still is, a gradual process of changing the way AHC handles recruitment, hiring and retention of its employees.

“The idea is to recruit people with the skill set that can be utilized but mostly with the innate desire to serve people as a whole,” said Sprunger. “We’re seeing a real impact because of that. There are some great things being done as people begin to see the vision to serve.”

The vision is changing the way the community sees its local health care system and in turn, the vision of the community as a whole.

In July, Anderson and five others made the trek to Zimbabwe where they served in the community of Doma. This was Anderson’s third trip to the area in as many years.

Between travel expenses and costs
of the projects done during the mission trip, the cost was around $25,000. The expenses were completely paid for, donations given and covered in advance of the trip itself. And this isn’t a one-time deal. AHC employees routinely serve in various parts of the world and community members routinely step up to make sure the trips are successfully funded.

“The local churches and community members have really stepped up,” said Anderson. “All building and travel expenses were paid for, that doesn’t happen if the community doesn’t truly support these efforts.

These efforts and the culture we’re developing have helped us restore some of the trust that had been lost.”

Chance Wilkinson, a maintenance worker for Ashland Health Center, was a member of the latest group to go to Zimbabwe.

“This is my second time to serve overseas,” said Wilkinson. “Both trips have been to Zimbabwe. The first one was in November 2010. We spent our time there this year constructing dining room table and bench sets for orphan cottages. On our last night in Doma, we had dinner with some orphans on their new table. The trip was especially meaningful because we were able to see the immediate impact of our work.”

Bringing the experience back and using the passion to serve their own community is the result.

“There are plenty of problems in our own back yard, but the reality is that we see them day in and day out and we ignore them or they just don’t really register with us because we’ve seen them for so long,” said Anderson. “When we go and serve people on the other side of the world we begin to see parallels to things here and our eyes are opened.”

Graduate program for rural health care professionals available at Southwestern College

Written by Jessica Lindsey

Southwestern College is now offering a program that will give rural health care administrators, or those in line to become administrators, a chance to further their skills and knowledge of the position.

“Right now there’s a need because there is a lot of change occurring,” said Pamela Monaco, Vice President and Chief Academic Officer for Southwestern College Professional Studies.

The 18-hour graduate certificate program includes six, 12-week courses on leadership, financial decision making, organizational development and culture and information technology.

“The future really could include health care without walls,” said Monaco. “How it can be delivered, a real tool kit, that’s what it will provide. We need to have that long-range outlook but also understand things such as telemedicine.”

An advisory board made up of a variety of health care professionals developed the program. The courses run about $1,400 each with the total cost of the program being $8,500. The courses are entirely online, though there will be opportunities to connect in person during each session.

Monaco said that the college is hoping for 20 people in the first session, though they will still offer it if the enrollment is lower, and can certainly handle a higher enrollment.

The program is being marketed locally as well as on a national level. Kim Moore, president of the United Methodist Health Ministry Fund, provided the initial grant support, and Tom Bell, president and CEO of the Kansas Hospital Association, was an early provider of content ideas. Alan Morgan of the National Rural Health Association saw the need and has followed up with suggestions for content experts and instructors,” said Monaco. “Even though the system is different worldwide, we face the same sorts of struggles. Rural health care can be a rather isolating experience. Health care administrators are busy people who wouldn’t be able to drive in for class even one night a week, perhaps hours each way. We hope this helps in creating a network for the people in the program.”

For more information:
Contact Pamela Monaco at (316) 684-5335 ext. 114 or pamela.monaco@sckans.edu.
Mentoring program gives students and physicians valuable connections

_KAFP’s Faces in Family Medicine is a link between med students at the beginning of their exploration and family doctors with experience_

Written by Jessica Lindsey

It started as an idea during a brainstorming session on how to bring earlier, positive exposure to medical students who may be interested in entering family medicine. Soon after the session, the idea—a student-physician mentoring program—became reality thanks to a collection of doctors who are passionate about their field of practice. Sponsored by the Kansas Academy of Family Physicians (KAFP), Faces in Family Medicine gives the next generation of family practice physicians the opportunity to pair up with a practicing mentor.

“Students get a one-on-one relationship with an actual, practicing family doctor,” explains Shelly Gruenbacher, M.D., who practices in Quinter, Kan. “Someone to ask questions, to shadow, or just to touch base with every once in a while. Mentors get the benefit of interacting with a young student who is excited about medicine, who may make them think with sometimes tough questions, and maybe even help them remember why they love family medicine and medicine in general.”

Gruenbacher helped get the program running with Jen Brull, M.D., and Carolyn Gaughan, executive director of KAFP in 2009.

“It was easy to find the energy to establish and continue the program because, A) it was important to me, and B) students are a lot of fun to interact with,” says Brull, who was president elect of KAFP when Faces in Family Medicine began. Brull made it a goal to increase the number of students interested in family medicine when she ran for office with KAFP.

“I would love to see it continue to grow,” says Gruenbacher. “I hope we can get more family physicians in Kansas excited about the program, because as interest in family medicine grows, we need more mentors to share their enthusiasm and experiences.”

During the first year, the program was offered to first year medical students at the University of Kansas School of Medicine in Kansas City. During the second year, the program expanded to students at KU’s Wichita campus. Now in its fourth year, the program invites pre-medical students at Wichita State University, Kansas State University and Fort Hays State University to participate.

“For me, I get a lot of energy and fun from interactions with students,” says Brull, who has mentored about 20 students informally and an additional 20 within Faces in Family Medicine. “I also ultimately gained two partners from a med student mentoring relationship, which is an amazing outcome.”

Faces in Family Medicine began with a grant and KAFP continues to apply for funding to grow the program and pay for events such as the dinners which celebrate all of the volunteers and get participants excited about the program. Funding has come from the American Academy of Family Physicians (AAFP) Foundation and the United Methodist Health Ministry Fund.

“The basis of this idea began with the concept of connecting people through Facebook,” says Gaughan. “The idea has morphed a little bit since then and basically we offer the med students a chance to connect with a family practice doctor during the school year. We recruit family doctors to be mentors and we have an initial kick-off dinner at a nice place where we also feature an informal panel of extremely energetic, positive and enthusiastic family doctors.”

Before being paired, mentors and mentees each take surveys to determine the best matches based on
preferred form of communication, demographics and additional interests. Once paired, contact information is exchanged and mentors receive resources on how to lead the relationship successfully.

The group needs more mentors to share their time and expertise with students. Students like fourth-year medical student Jenny Maciaszek, who first heard about the program when she was a first-year student. Maciaszek says Faces in Family Medicine was something she had to join.

Maciaszek was paired with Brull, a partnership that has played a huge role in the student’s development.

“The experiences I’ve had through this program have been unique and invaluable,” says Maciaszek, who spent the summer working with Brull at her practice in Plainville, Kan.

“It was an amazing summer during which I learned much and was reminded there is an amazing world of medicine that lies beyond the books and tests of first and second year medical school.”

Brull gives Maciaszek the chance to network with a variety of physicians across the state and country by inviting Maciaszek to participate in activities like the Kansas Patient Centered Medical Home Initiative and discussions on health information technology hosted by the US Department of Health and Human Services.

“It’s wonderful to have someone to turn to with genuine fears or questions regarding my future as a physician and not have to worry about the pressures inherent in an academic setting,” Maciaszek says. “The first few years of medical school are a time for discovery, both within one’s self and in the wide world of medicine. It can be overwhelming. Building a relationship with a mentor is so important. It gives you someone to turn to who has experienced the journey before and can give insight, advice and encouragement.”

Faces in Family Medicine mentorship

Since beginning in the 2009-2010 school year, the Faces in Family Medicine mentorship program has grown and evolved. Some mentors now take multiple students per year to help lead the growing number of students interested in family medicine.

“Most mentors have communicated with their mentee(s) by a variety of methods including e-mail, Facebook, texting, phoning and getting together for lunch,” says Carolyn Gaughan, executive director of Kansas Academy of Family Physicians (KAFP).

The program is set up by KAFP to run throughout the school year, but many of the arranged mentoring relationships carry on well past May. Some pairs have even continued on for all four years of medical school.

- In 2009-2010, 46 students and 30 mentors participated.
- In 2010-2011, 52 students and 30 mentors participated.
- In 2011-2012, 41 students and 28 mentors participated.
- This school year, 69 students and 23 mentors participate in the traditional med-school program, and 45 students and 32 mentors participate in the new pre-med program.

For information about the program or to find out how to become a mentor, contact KAFP at kafponline.org or on Facebook at KAFP Faces in Family Medicine.
Since 2006, the University of Kansas Medical Center, Rural Health Education and Services department has coordinated a Rural Kansas Photography Contest. The purpose of the contest is to work with Kansans from across the state to produce a collection of images to help promote Kansas as a great place for health care providers to live, work, and play.

**2012 Contest Highlights**

87 contestants submitting 383 entries  
(Community: 66; Health Care: 32; Recreation: 88; Rural Landscape: 197)

**1st Place: Rural Landscape**
Spring Indian Blanket Flowers, Gallardia Wildflowers by Diana Lehmann of Lawrence, Kan.

**2nd Place: Recreation**
Mini Bull Rider by Bridget Weishaar of Nortonville, Kan.

**1st Place: Community**
All Eyes on You by Melanie Summers of Atchison, Kan.

**2nd Place: Health Care**
Heart Beat Teddy Bear by Lori Beikman of Clay Center, Kan.

**2nd Place: Rural Landscape**
NEW for 2013

Contest Dates: September 2 – November 4, 2013

Categories: Community Landmarks; Four Seasons; Health Care; Heartland Adventures; and Wildlife and Critters

For rules and category details visit www.ruralhealth.kumc.edu (News and Events tab)

2nd Place: Rural Landscape
Rural School in Marysville by Fernando Ugarte, M.D., of Marysville, Kan.

2nd Place: Community
Lining the Streets by Melanie Summers of Atchison, Kan.

Honorable Mention: Rural Landscape
His Creation by Josie Alexander of Hoxie, Kan.

1st Place: Recreation
Fishing on a rainy day with his dog by Melanie Summers of Atchison, Kan.

1st Place: Health Care
Working an Accident by Debbie Auld of Junction City, Kan.
The Kansas Recruitment and Retention Center (KRRC) assists Kansas' communities in recruiting and retaining health care professionals. KRRC works with hospitals, private physician practices, community health centers and other organizations that are recruiting physicians, dentists, physician assistants, nurse practitioners, nurses, dental hygienists, and allied health care professionals.

For more information contact The University of Kansas Medical Center, Rural Health Education and Services, 316-293-2649 or 1-888-503-4221, or visit www.KansasRecruitment.com.
KRC.0912.1320.02 Physical Therapist
25-bed CAH seeking a full time staff PT; will treat a diverse caseload including outpatient orthopedics, acute and geriatric patients; hours are Mon-Fri 8-5 and every fifth Sat allowing a day off during the week; experienced therapist and new graduates encouraged to apply; must be a licensed Physical Therapist in the state of Kansas or be eligible; competitive salary and benefits package

KRC.0812.0317.04 Physician Assistant
0112.1319.02

Physician Assistant

experienced in pain management to join established pain clinic; clinic hours are 8a - 5p, Mon – Fri; would be responsible for patient evaluation, diagnosis & management of follow-up; employed position w/ very competitive compensation, full benefits

KRC.1111.1501.05 Physician Assistant

KRC.1111.1501.06 Nurse Practitioner

w/ or w/ob for 18-bed CAH & attached 2-physician clinic; one physician does provide OB care; PA/ NP will provide family care & ER coverage (trauma care & basic ER coverage); salary range is based on experience w/ 3 year contract; benefits

KRC.1111.0806.06 Nurse Practitioner

Physician Assistant for RHC owned by community CAH; some emergency room call coverage; attractive compensation package & full fringe benefits, compensation available for additional ER call coverage & productivity levels

KRC.0912.0314.03C Physician Assistant

KRC.0912.0314.04C Nurse Practitioner

for Family Practice Clinic in a great community; clinic has a satellite clinic that would possibly be covered by the provider 1 day/week; position also covers ER call, call time is negotiable; salary is competitive w/ contract duration of 1 year, great benefits

KRC.0512.1916.52 Psychiatrist

385 bed regional hospital seeks a BE/BC Psychiatrist, interested in practicing general adult Psychiatry, to join our team and Behavioral Health Services; this regional hospital offers a full complement of mental health care services including outpatient treatment, intensive outpatient treatment, solider treatment program, and inpatient care through a 15 bed psychiatric service unit; competitive salary, limited call, great benefits

KRC.1211.1916.49 Pulmonary/Critical Care Physician

– BE/BC physician to provide full scope of pulmonary/critical care services; aggressive compensation

KRC.0708.0701.13 Urologist

two-campus, 99-bed, regional acute care hospital. New practice; call is negotiable and may be shared; able to develop the program; specialty is in very high demand; great salary; full benefits

KRC.0111.1101.10 Dentist
to join a expanding clinic providing dental care for the indigent/Medicaid populations of the immediate county; dentist needed to diagnose, treat diseases as well as provide preventive dental services; position offers competitive salary with 1-3 year contract and an annual performance based bonus; attractive benefits package

KRC.0810.0812.04 Family Medicine

w/o OB

KRC.0112.0704.19 Family Medicine Physician

w/o OB, needed to be part of a 5 physician multi-specialty RHC or to be self-employed, in their own office; hospital employed benefits, salary range is DOE and training, but is competitive generally within MGMA standards

NORTHEAST

KRC.0711.1922.03 BE/BC Family Medicine

KRC.0711.1922.04 BE/BC Med Ped

for FQHC with state-of-the art environment offering EMR; competitive salary & excellent benefits; very limited call; NHSC approved site; Bi-lingual providers encouraged to apply

KRC.1007.2201.01C Family Physician
to join 2 physicians at group practice clinic; salary is $140,000+; call coverage rotates; full benefits; H-1B and J-1 opportunity

KRC.0309.1807.01 Family Physician

w/ OB for a newly constructed hospital based clinic; office in a new hospital-based clinic; call is every 5-6 weeknights and 5th-6th weekend; salary range is $180,000 to $200,000; great benefits

KRC.0512.1101.14 Family Physician

w/ OB for Federally Qualified Community Health and Dental Center w/ HPSA designation; provide the full scope of primary care services; no ER call for this position; salary is negotiable and include great benefits

KRC.0511.0815.02 Family Physician

KRC.0511.0815.03 Internal Medicine Physician

KRC.0511.0815.04 Pediatrician

for a Kansas Safety Net Primary Care clinic; physician will be the sole physician in the clinic, physician will participate in an on-call system; must have a license to practice medicine in the State of Kansas, Board Eligible/Certified; ability to speak a foreign language helpful, $110,000-150,000 DOE & skill range; benefits package available including student loan repayment program

KRC.1011.1923.04 Family Physician

w/o OB

KRC.1011.1923.05 Pediatrician

join mix of physicians & PAs/NPs in an FQHC primary care clinic; clinics are recently built/renovated; provider must be BC in a primary care specialty & have the ability to communicate/create positive work environment; time completion & understanding of EMR necessary; rotating call coverage, $40/day for carrying a pager, calls triaged; favorable schedule: M/W/Th/F 8a-5p, Tues 10a-7p; excellent benefits, salary $130,000-$150,000

KRC.1110.1316.02 BC/BE Gastroenterologist

for multi-specialty group practice; group includes 13 physicians, also 4 PA/NPs on staff w/ 100 supporting staff members, four satellite clinics; admitting regional health center located within one half mile of practice; call coverage is shared with 2 other gastroenterologists in the community; salary is competitive and negotiable; great benefits

KRC.1211.0704.18 General Surgeon

BE/BC for community hospital; bread and butter general surgery position typical of rural hospitals; willing to accommodate special interests of physician; hospital-employed position; excellent benefits

KRC.0212.1903.07 Internal Medicine Physician

for 25-bed CAH; primary care physician will work in the RHC w/ 3 other physicians and 2 PA/NPs; practice coverage call is shared amongst the providers & no ER coverage; salary of $175,000 and excellent benefits

KRC.0808.1316.01 Internist

for multi-specialty group including 13 physicians w/ various specialties; 4 PAs/NPs on staff; 4 satellite clinics; 120-bed admitting health center; call is 1:8; salary is competitive and negotiable; benefits

KRC.0810.0812.05 Internist

for Not-for-Profit organization that provides health and dental care for the uninsured; physician will work 16 hours/week, Mon, Wed & Thurs evenings 5-9P & Sat 8A-noon; benefits, salary range of $53-$65/hour

KRC.0511.0815.01 Nurse Practitioner

to join safety net, primary care clinic; NP must have experience working with patients whose income is below 200% of the federal poverty level, flexibility in assigned working hours is needed; ARNPs will lead the care team (as applicable) and ensure the highest standards of care are provided for the patients; salary range is $65,000-$70,000 and is based on a full-time 40-hour work week, great benefits

KRC.1009.0704.15 Nursing Unit Manager

– for OR of 92-bed hospital; RNs in the OR are responsible for scheduling and coordination of surgeries in the OR, patients/physicians, and staff; hospital employed position offering a competitive salary; experienced RNs and new graduates are encouraged to apply; great benefits

Find Health Care Jobs at KansasRecruitment.com
for a newly remodeled, non-profit pediatric clinic serving the uninsured and underserved children that has an integrated care team approach to health care; bilingual (Spanish) candidate would be welcomed; schedule would be Mon - Fri 8a-5p w/ occasional Tues and Thurs evenings 5-8 or Sat mornings 8a-noon; salary range is based on experience, benefits

Certified Occupational Therapy Assistant – to join 24-bed CAH; department offers varied services including IP/OP, SWB, post-surgery, pediatric (school setting), and home health; currently on staff including IP/OP, SWB, post-surgery, pediatric (school setting), and home health; currently on staff

Clinical Pharmacist to join clinic that works to assist the medically underserved. The pharmacist responsibilities include coordinating the pharmacy technician’s duties, specialize in dispensing drugs prescribed by physicians and providing information to patients about their side effects and use; position offers a great benefits package

Physical Therapist for 24-bed CAH; position is 50% outpatient, 20% pediatrics, 15% inpatient, and 15% home health; rehab facility is brand new; currently on staff: 1 PT, 4 PTA’s, and 1 OT; position hours are 8:4:30, flexible, offered, call time is 1 holiday weekend/ year; salary is competitive and includes a great benefits package

Physical Therapist to join large, fully integrated rural healthcare system in Northeast Kansas, PT is needed to provide therapy in both home health and outpatient environment; typical work week is Mon-Fri 7a-5p; salary range is $66,500 - $76,900 & based on experience, comprehensive benefits package

 Registered Nurse with OB, prefer c-section certified; 25-bed CAH; currently 3 physicians and 1 PA/NP; call is 1:4 as secondary to ARNP (primary ER call); salary includes base + productivity incentive, approximately $150,000+ depending on OB and procedures; full benefits; H-1B opportunity

Registered Nurse w/ OB for 25-bed CAH; OB preferred; rural health clinic on-site (4-day schedule); current staff: 3 FPs, 1 general surgeon, 1 PA/NP; call is 1:5 ER and 1:3 OB; salary is $140,000-$150,000 + incentives; full benefits; J-1 and H-1B opportunity

Registered Nurse w/ OB for FQHC; great opportunity to join won- w/ 2 year contract; comprehensive benefits package

Dentist to join established group of busy Cardiologists at a Heart Institute in Northwest, Kansas; the hospital is a 222-bed medical center and the medical staff consists of 100 physicians representing a full range of specialty services; currently 3 Cardiologists in the practice; benefits to include an excellent base salary, plus a wRVU bonus provision, and a comprehensive benefits package

General Surgeon w/ OB for newly remodeled RHC, on campus of 25-bed CAH; call is 1:4; to perform C-sections. Prefer interest in pediatrics, elder care, and women’s health and commitment to the medical home concept; Great patient mix and enhanced reimbursement through the RHC. Salary: $170,000 - $190,000; great benefits

Med/Ped RHC w/ updated equipment & facilities, attached to a 20-bed CAH; physician clinic includes oversight of NPs & oversight of patients/residents with ER call throughout the month; excellent benefits, salary is $150,000+

Medic Dentist to join progressive safety-net clinic; schedule is Mon-Fri 8a-5p; salary range is $115,000-$125,000 w/ 2 year contract; comprehensive benefits package

Family Medicine w/ OB for family medicine clinic looking to expand; currently on staff: 6 physicians, 2 PA/NPs, 7 RNs plus support staff; call is 1:6; salary is negotiable, full benefits

Office Assistant to join large, fully integrated rural healthcare system in Northeast Kansas, PT is needed to provide therapy in both home health and outpatient environment; typical work week is Mon-Fri 7a-5p; salary range is $66,500 - $76,900 & based on experience, comprehensive benefits package

Family Medicine w/ OB or for trimming family medicine clinic looking to expand; currently on staff: 6 physicians, 2 PA/NPs, 7 RNs plus support staff; call is 1:6; salary is negotiable, full benefits

Family Physician w/ OB for family medicine clinic looking to expand; currently on staff: 6 physicians, 2 PA/NPs, 7 RNs plus support staff; call is 1:6; salary is negotiable, full benefits

Family Physician w/ OB for family medicine clinic looking to expand; currently on staff: 6 physicians, 2 PA/NPs, 7 RNs plus support staff; call is 1:6; salary is negotiable, full benefits

Family Physician w/ OB for a newly remodeled, non-profit pediatric clinic serving the uninsured and underserved children that has an integrated care team approach to health care; bilingual (Spanish) candidate would be welcomed; schedule would be Mon - Fri 8a-5p w/ occasional Tues and Thurs evenings 5-8 or Sat mornings 8a-noon; salary range is based on experience, benefits
KRC.0808.0801.33 Hospitalist
for 190+ bed, state of the art medical center and
wellness facility; currently 90 physicians on staff,
will be 6 hospitalists providing care; current 12 hr
shift is 7am, 7 off; evening coverage every 6th week;
salary is competitive and negotiable; benefits
KRC.1205.0801.23 Internist
190+ bed, state of the art medical center and well-
ness facility; currently 90 physicians on staff; call is
1:5; salary is negotiable; benefits; an outstanding
hospital in a positive and progressive environment;
H-1B and J-1 opportunity
KRC.0307.1803.05C Internist
for health center that operates a 24-bed CAH, 2
rural health clinics, 8 specialty clinics, and a retire-
ment community; to see patients in a rural health
clinic setting and long-term care, to participate in
the admission and delivery of inpatient care; call
is 1:3½ or less; currently 3 full-time providers on
staff; salary is $150,000-$170,000; excellent ben-
efits; H-1B and J-1 opportunity
KRC.0811.0703.13 Medical Technologist
KRC.0811.0703.14 Medical Laboratory
Technologist – for a 25-bed CAH serving
NW Kansas, Eastern Colorado, and SW Nebraska
with a full range of clinical services, full time pos-
tion with primarily day and early evening work, call
coverage is every 5th weekend and typically once
per week; salary range is $37,400-$47,800, great
benefits package
KRC.0209.0101.09 Medical Technologist
Manager – 16-bed progressive hospital; will
oversee technical procedures and personnel; salary is
$30,000-$40,000; excellent benefits
KRC.0307.1902.08 Medicine-Pediatrics
18-bed CAH; patient population is pediatric thru
geriatric in variety of settings; currently 1 physi-
cian and 2 ARNP’s on staff; call is secondary; 1:4,
ARNP’s take primary call; salary is $175,000-
$185,000 plus production bonus, sign-on bonus,
and ARNP supervision pay with a three-year con-
tact; full benefits; H-1B and J-1 opportunity
KRC.1209.1805.08 Medicine-Pediatrics
25-bed CAH; currently on staff: three other physi-
cians and three PA/PMs; must have Kansas lienc-
sure; salary and benefits negotiable and competitive;
J-1 and H-1B opportunity
KRC.1110.0801.44 Nurse Practitioner
KRC.0812.1902.18 Nurse Practitioner/
APRN
KRC.0812.1902.19 Physician Assistant
to join 18-bed CAH w/ RHC, long term care &
assisted living facility; position schedule is Mon -Fri
8a-5p or 7a-4p; call coverage is 1:4; salary range is
$85,000-$90,000 & based on experience w/ 3 year
contract; full benefits package
KRC.0811.0101.10 Director of Nursing
KRC.1210.1602.05 Registered Nurse
KRC.1108.0801.36 Occupational
Therapist – 270-bed, state-of-the-art medical
center and wellness facility; rehabilitation center
just underwent a $17 million expansion; acute care/
inpatient hospital setting; salary: $68,000 and based
upon experience; full benefits
KRC.1108.1805.04 Occupational
Therapist – NEW facility; 20-bed CAH;
experienced therapists and new graduates encouraged
to apply; salary is negotiable and depends upon
experience; great benefits
KRC.1209.1805.09 Otolaryngologist
KRC.1108.0801.35 Physical Therapist
KRC.1106.1805.02 Physical Therapist
NEW facility; 20-bed CAH; the hospital also sup-
ports 4 satellite clinics; experienced therapists and
new graduates are encouraged to apply. Salary is
negotiable; fantastic benefits
KRC.0211.0402.11 Physical Therapist
KRC.1110.0801.45 Physician Assistant
KRC.0112.1803.12 Physician Assistant
KRC.1012.0402.14 Physician Assistant
KRC.1012.0402.15 Nurse Practitioner
KRC.0912.0703.16 Radiologist Technolo-
gist – to join a team located at a thriving CAH;
genralist position with duties in the general radiog-
raphy, CT, DEXA, and mammography, Nuclear
medicine & MRI services are provided weekly by
means of a visiting mobile unit; position schedule
is Mon-Fri w/ night of call/week & every 5th
weekend; great benefits
SOUTH CENTRAL

KRC.0812.0814.05 Dentist – to join a 2 physi-
cian multispecialty clinic that offers primary care,
mental health & dental services to the community’s
uninsured patient population; position schedule is
flexible & the dentist is responsible for their own
patients when it comes to call coverage; salary is
commensurate w/ experience and great benefits;
the organization requires that dentists have at least 1
year of prior dentistry experience

Find up-to-date job listings at
KansasRecruitment.com
**KRC.0312.1405.13 Endocrinologist**
to join a fulltime practice, hospital needs assistance w/ IP diabetes protocols, there is currently a diabetes educator on staff, the hospital is involved in diabetes grant work that is enhancing chronic care & self management strategies, wound care center is also available on site; hospital will provide the clinic and staffing; position schedule is M-F w/ 10 day/month of call time; competitive wages & competitive benefits package

**KRC.0410.1604.08 Endocrinologist**
for solo practice located within the hospital; position prefers generalist that is able to do a wide range of ENT procedures; competitive salary, full benefits

**KRC.0909.0315.01 Family Medicine**
community health center; w/ or w/o OB; benefits include medical, dental, 10 paid vacation days, loan repayment availability, CME allowance and a negotiable salary

**KRC.0709.1921.02C Family Medicine**
w/ or w/o OB; join existing practice w/ 2 physicians; call coverage shared w/ 8 physician rotation; salary is $160,000-$180,000/year w/ first year guarantee and option for year two

**KRC.0511.1317.02C Family Physician**
– w/o OB to take over two clinic solo practices w/ current patient base; position is located in a desirable area in South Central, KS; physician able to follow patients in local hospitals; experienced physicians and recent graduates encouraged to apply; benefits, salary is $120-$140,000

**KRC.0112.1321.01 Family Physician**
– w/o OB, opportunity to do minor surgeries & endoscopy; opportunity to work 4-4 1/2 days/week w/ no weekends; one week night per week of call; salary range is $140k-$160k; there is an opportunity to become a partner in the future

**KRC.0405.0105.05 Family Physician**
Family Physician w/o OB – for a patient-centered, family-focused, hospital-based rural health clinic; call coverage is 1:6 on the weekends w/ no weeknight call; salary range is competitive w/ base salary plus signing bonus for the first year

**KRC.1007.2307.01 Family Physician**
with OB for rural health clinic; currently 3 physicians and 2 PAs/NPs on staff; phone call is 1:4; 4 days/week schedule; nearby 80-bed hospital; salary is competitive and negotiable; full benefits

**KRC.0709.1921.01C Family Physician**
– OB, family practice clinic with a four day work week. Current staff: 5 physicians and 2 PAs. Call Coverage will be shared with an eight physician rotation. Salary is $160,000 with great benefits

**KRC.0811.1603.04 Family Physician**
– w/o OB; will work in a FQHC, care for children and adults in a family practice setting, some supervisory duties of NPs/ PAs and hospital care. New facility with new equipment; shared call coverage; salary range is $161,000 - $178,000; excellent benefits

**KRC.0410.0814.01 Family Physician**
for growing health center, OB is preferred, but negotiable; very supportive medical community, great working environment, currently one internist, Peds, ARNP and 8 volunteer physicians on staff; great benefits and negotiable salary

**KRC.0711.0817.01 Family Physician**
for established, growing private practice; prime location & recently expanded to accommodate growth; very favorable outpatient hours (Mon-Fri 8-5) with phone call coverage only, no shared call with other practices, and optional hospital rounds; great benefits, salary range is negotiable depending on candidate experience and qualifications

**KRC.0911.1204.11 Family Physician**
– w/o OB to join a group practice; provide Family Medical care in an ambulatory clinic as well as providing ED call coverage, inpatient rounding, & care to nursing home residents in two local facilities, Locum Tenens providers cover the ED and inpatient on Saturdays and Sundays; salary is negotiable and competitive, based on MGMA median for family practice w/o OB, and to include base salary plus production bonus, great benefits

**KRC.1104.1907.01 Family Physician**
– w/o OB for 22-bed CAH w/ attached rural health clinic, 32-bed long-term care center, and home care agency; renovation and expansion project planned; call coverage is 2/day/week; no weekends or holidays that fall on a Monday or Friday; $205,000 + sign on and retention bonus, great benefits

**KRC.0511.0813.08 Family Physician**
for a 73 physician multi-specialty group; benefit highlights include malpractice, CME, vacation, salary is negotiable and DOE

**KRC.0511.0807.12 Family Physician**
– for FQHC, position will be for chief medical officer; faith based non-profit clinic serving the indigent population; very convenient schedule Mon.-Fri. 8A – 5P; full benefits, salary DOE

**KRC.0511.0708.13 Internist**
Internal Medicine Physician – for FQHC, position will be for chief medical officer; faith based non-profit clinic serving the indigent population; very convenient schedule Mon.-Fri. 8A – 5P; full benefits, salary DOE

**KRC.0810.1912.03 General Surgeon**
to join expanding practice; new, hospital employed position, joining one full time: GS and 1 part-time orthopedic surgeon; general surgeon should be familiar with laparoscopic and bariatric surgery; clinic space and staff are provided in-house and shared with the other surgeon; facility averages 90+ surgeries per month; salary range is around $220,000 + incentive bonus; excellent benefits package

**KRC.0512.1925.01C General Surgeon**
– General Surgeon to join established surgery clinic (single practice) located in the hospital’s outpatient specialty clinic; full time general surgery practice; call schedule is to be negotiated; an independent position with the support of the hospital; base salary is in the $250,000 range w/ performance incentives to be offered

**KRC.0512.1604.14 Gynecologist**
to join established gynecological surgery practice of regional medical center; the practice partner is a general surgeon; staff & patient base is in place; call coverage is required; great benefits

**KRC.0810.2309.01 Internal Medicine**
physician for full time, traditional IM clinic w/ inpatient/outpatient mix; call coverage is shared and would be one in five weekends; excellent benefits; salary: $175,000-$200,000 range with a 1-2 year guarantee as well as a sign-on bonus

**KRC.1109.1907.04 Internal Medicine**
22-bed CAH w/ attached RHC, 32-bed long-term care center, and home care agency; new renovation and expansion project planned; Call coverage is 2 days/week, no weekends or holidays that fall on a Monday or Friday; currently on staff: 1 physician, 1 PA, 2 nurses and 2 support staff; salary is $145,000-$165,000; full benefits

**KRC.0206.1914.02C Internist**
Physician w/o OB for 25-bed CAH; call is 1 evening/wk and 1:5 weekends; salary: $150,000-$160,000/w up to a 2 year contract; full benefits; H-1B and J-1 opportunity

**KRC.1104.1907.04 Internist**
Physician for non-profit urban primary health care institution to participate in development of clinical areas of strategic and operational plans; ideal candidate would have KS RN license and special interest in community medicine; salary range is $45,000 - $52,000; H-1-B opportunity

**KRC.0709.1204.08 Laboratory Director**
(ASCP or equivalent); friendly RHC and 25-bed CAH, will oversee 3-4 med techs, 1 lab assistant; shared call time of 1-2 nights per week and a weekend rotation every 3rd; great salary and benefits package

**KRC.1109.1907.05 Medicine-Pediatrics**
22-bed CAH with RHC, long-term care center, and home care agency, expansion and renovation project planned; call coverage: 2 days/week; salary $145,000 - $165,000 + sign on and retention bonus, full benefits

**KRC.0612.0708.18 Nurse Practitioner**
for a faith-based community health clinic w/ 6 locations; clinic hours are Mon-Fri, 8 a.m - 5 p.m; 1:7 call rotation; salary range is competitive & based on experience

**KRC.0811.0708.14 Pediatric Nurse Practitioner**
– for a CHC w/ 3 satellite clinics, clinic hours are Mon-Fri, 8 a.m - 5 pm; 1:5 call rotation; salary range is competitive and will be based on experience, great benefits
KRC.1211.1604.13  ICU Nurse
for an acute care hospital w/ a long & short term care facility & five physician clinics; ICU nurse shifts available from 7a-7p and 7p-7a, current staffing is 2:1 days and 3:1 nights; excellent pay and benefits are offered

KRC.0512.0105.15  Nurse Supervisor
for CAH and RHC w/ acute care, swing bed, & ER; position schedule is Mon-Fri 8a-5p; phone call time is required to assist w/ pressing situations; salary range is $41,000-$61,000

KRC.1210.0105.13  Registered Nurse
for family focused, 25-bed CAH & adjoining RHC; RN needed to assist physicians in the family practice; currently 1 Physician and 3 PA/NPs on staff, hospital is open to experienced RN’s and new graduates; salary range is negotiable, competitive, and based on experience; great benefits package; position may offer loan repayment, relocation costs, and a CME allowance

KRC.1010.0708.11  OB/GYN
needed to join a thriving CHC with 3 satellite clinics; the OB GYN would focus on women’s health and providing pre and post natal care, outpatient only; currently on staff are 6 physicians and 6 PA/NPs; call coverage will be 1:5 phone triage; salary is competitive and based on experience; great benefits

KRC.0511.2309.02  OB/GYN
for family-oriented, small-town practicing; call is 1:2 for one hospital, which provides one-on-one nursing for patients; excellent benefits, salary is in the $175,000-$200,000 range w/ one to two year guarantee + sign-on bonus

KRC.0808.0308.02  Pediatrician
group practice with suburban and rural patients in clinic and hospital, covering a level II nursery; complete clinical EMR/HER; currently 1 full time pediatrician and part-time MDs on staff; cover deliveries at OB request; call is 1:4 nights and weekends; salary range is $140,000 to $155,000 + possible bonuses; benefits

KRC.1108.1405.06  Physical Therapist
103-bed facility w/ about 60 physicians of all specialties; salary is $52,000 - $65,000 and depends on experience; excellent benefits

KRC.0612.0813.13  Physician Assistant
KRC.0612.0813.14  Nurse Practitioner
to join a great 70+ physician multispecialty group; position will focus on oncology; schedule is Mon-Fri 8a-5p; no call coverage for this position; 2-5 years of experience is preferred; salary range is competitive & offers a comprehensive benefits package

KRC.0109.1405.09  Speech Language Pathologist
- 103-bed newly renovated/updated medical center; PRN, Monday-Friday during the day. Patients range from pediatric to geriatric; competitive pay; great benefits

KRC.0309.1604.04  Urologist
option to be hospital employed or in a solo practice; no other urologists on staff; call is negotiable. Benefits are comprehensive; excellent salary

KRC.0608.0305.10  Anesthesiologist
for solo practice; 105-bed admitting medical center; salary is competitive and based on experience; possible loan repayment and CME allowance available; H-1B opportunity

KRC.0509.1201.26C  Endocrinologist
hospitalist program at a 109-bed medical center. Salary is $220,000 with a 2 year contract; relocation costs and loan repayment are available, CME allowance; excellent benefits

KRC.0410.0302.10  Family Medicine
w/ OB; for growing health center with total of 120 employees: 6 physicians, 5 NPs, satellite clinic, call is shared with 3 other physicians; excellent benefits, negotiable salary

KRC.0510.1406.07  Family Medicine
w/ OB, for FP group that just accepted hospital employment; this practice is well-known and respected in the community; call coverage is 1:2 with the possibility of 1:4 in the future; Salary range of $140,000 - $150,000 with RVU incentives, great benefits, up to 32 days off per year

KRC.0907.1905.02C  Family Physician
busy rural health clinic; 1 FP, 1 NP, 1 administrator, and 1 office coordinator on staff; admitting 25-bed licensed inpatient acute care CAH directly across street; salary is competitive and negotiable; great benefits

KRC.0508.0305.06  Family Physician
w/ or w/ OB for multi-specialty group practice; 105-bed admitting medical center; 1st year guarantee offered to solo practitioner; benefits; H-1B and J-1 opportunity

KRC.0508.0305.07C  General Surgeon
for solo practice; 105-bed admitting medical center; the medical center offers practice establishment assistance and marketing; first year guarantee; benefits; H-1B opportunity

KRC.0901.0103.05  Internist
multi-specialty group with 4 satellite clinics; staff includes: 6 FPs, 1 pediatrician, 2 internists, 2 general surgeons, 1 urologist; the clinic offers a full spectrum of care; salary is negotiable; full benefits

KRC.0208.1201.15C  Internist
109-bed hospital serves a 6 county area; will serve in-patient and out-patient pop.; currently 37 physicians representing over 15 specialties on staff; salary is competitive and negotiable; full benefits if employed by the hospital

KRC.0410.0302.11  Internal Medicine
for growing health center with total of 120 employees: 6 physicians, 5 NPs, satellite clinic, call is shared with 3 other physicians; excellent benefits, negotiable salary

KRC.0508.0305.05C  Internist
multi-specialty group practice; 105-bed admitting medical center; this is a traditional inpatient/outpatient internal medicine primary care position; 1st year guarantee offered to solo practitioner; benefits

KRC.0812.0302.19  Nurse Practitioner
w/ strong background or training in behavioral health, for FQHC serving more than 23,000 patients in the region; fully implemented EMR; schedule is Mon-Fri & 1 evening/week, if possible, but not required; no call coverage; salary range starts at $75,000 for new graduates & increases with experience

KRC.1111.0302.15  Nurse Practitioner
mission-focused, culturally competent NP for an FQHC satellite clinic in Southeast, KS; fully implemented EMR; position schedule is 4 days/week in the clinic w/ mostly day time hours, 1 evening / week; call coverage is TBD; salary range starts at $75,000 for new graduates, increases w/ experience; great benefits

KRC.0312.1201.34  Nurse Practitioner
for a hospital affiliated family practice clinic; nurse practitioner will be joining the clinic with 4 other providers; the schedule is Mon-Fri w/ one evening clinic; ARNP will take 1st call over the phone; position offers a great benefits package

KRC.0210.0305.14C  OB/GYN
BC/BE for 105-bed hospital; several employment options, call coverage depends on employment model; excellent benefits; salary is negotiable and competitive

KRC.0508.0305.08C  Orthopedic Surgeon
for solo practice; 105-bed admitting medical center; one ortho surgeon currently on staff; the medical center offers practice establishment assistance and first year guarantee; benefits; H-1B opportunity

KRC.0909.1201.28C  Orthopedic Surgeon
BC/BE for very busy group practice with 3 other orthopedists; would prefer candidates to have an interest in spine, foot, or ankle specialties or any subspecialty besides total joints; income guarantee for the first year is $350,000-$400,000; excellent benefits including sign on bonus

KRC.0910.0103.09  Orthopedic Surgeon
for growing multi-specialty group practice, one main clinic and four satellite clinics, clinic also sponsors surgical outreach; clinic has 10 providers covering six fields to better serve the communities’ needs; first year base salary is $500,000 + bonus + full benefits; partnership/practice ownership is offered after 1 year
**Otolaryngologist**
148-bed licensed, 105-bed operating medical center; not a hospital employee, salary guarantee; benefits

**Pathologist**
BC/BE for 105-bed hospital; several employment options, call coverage depends on employment model. Excellent benefits; H-1B opportunity; position available in 2011/2012

**Pediatrician**
109-bed hospital that is open to physician’s practice needs, multiple employment options; salary depends on model chosen and can be market + RVU (based on MGMA standards); great benefits; H-1B visa opportunity

**Physician Assistant**
for CAH & traditional family practice RHC, w/ plans to develop a satellite clinic approx 10 miles away; positive work environment w/ supportive community; position schedule is 4.5 days/week; practice call coverage is shared w/ the 5 other providers; no ER call for the PA; salaried hospital employed position w/ salary range of $70,000-$100,000 and is based on experience

**Physician Assistant**
for newly remodeled RHC, on campus of 25-bed CAH; clinic has a very established patient base w/ over 100 scheduled appointments daily; PA/NPs clinic schedule will primarily focus on urgent care and occupation health patients; weekly ER coverage 8a-6p 4 days/week & will rotate Fridays off for a 3 day weekend; ideal candidate will be a caring physician w/ good bedside manner; negotiable salary of $150,000-$180,000 & great benefits

**Physician Assistant**
for newly remodeled RHC, on campus of 25-bed CAH; currently on staff: 3 physicians and 3 PA/NPs; must have Kansas licensure or be eligible; salary and benefits are negotiable, competitive; J-1 visa opportunity

**Physician**
– w/o OB needed for 12-bed CAH w/ clinic on campus; hospital has recently undergone a complete renovation; position is for 4 days/week & will rotate Fridays off for a 3 day weekend; ideal candidate will be a caring physician w/ good bed side manner; negotiable salary of $150,000-$180,000 & great benefits

**Physician**
– w/ OB needed for 12-bed CAH w/ clinic on campus; hospital has recently undergone a complete renovation; position is for 4 days/week & will rotate Fridays off for a 3 day weekend; ideal candidate will be a caring physician w/ good bedside manner; negotiable salary of $150,000-$180,000 & great benefits

**Physician**
– w/ OB for 25-bed CAH; currently on staff: 3 physicians and 3 PA/NPs; must have Kansas licensure or be eligible; salary and benefits are negotiable, competitive; J-1 visa opportunity

**Physician**
– w/ OB for 20-bed CAH w/ rural health clinic; currently 2 physicians, 2 PAs, 1 ARNP on staff; shared call coverage 1:5; salary $200,000 + production bonuses + ER coverage pay; great benefits; H-1B and J-1 opportunity

**Physician**
– w/ OB for 25-bed CAH; clinic has a very established patient base w/ urgent care unit; recently remodeled hospital facility with state-of-the-art computer systems; great salary; full benefits

**Physician**
– w/ OB for 20-bed CAH w/ rural health clinic; currently 2 physicians, 2 PAs, 1 ARNP on staff; shared call coverage 1:5; salary $200,000 + production bonuses + ER coverage pay; great benefits; H-1B and J-1 opportunity

**Physician**
– w/ OB for 25-bed CAH, RHC & 44-bed Long Term Care; seeking MD/DO w/ desire to help lead/grow facility & community; site is currently designated as an underserved area & may be eligible for state/federal loan forgiveness; competitive base salary in the $160,000 range, full benefits

**Physician**
– w/ OB for a progressive, energetic, recently remodeled hospital facility & clinics; salary of $150,000-$200,000 depending on experience; great benefits

**Physician**
for a new surgical department in a 69,000 sq ft hospital; new position, hospital employed, compensation includes a guaranteed competitive salary w/ opportunity for bonus & excellent benefits; candidates must be Board Eligible (new grads) or Board Certified

**Physician**
for 20-bed CAH w/ rural health clinic; currently 2 physicians, 2 PAs, 1 ARNP on staff; shared call coverage 1:5; salary $200,000 + production bonuses + ER coverage pay; great benefits; H-1B and J-1 opportunity

**Physician Assistant**
for multi-specialty group, 23 physicians from 11 specialties; large service area; satellite facility; 100-bed hospital 3 blocks away; 2 opportunities due to growth; 2 physicians and 1 NP on staff; call is 1:3; competitive and negotiable salary full benefits; H-1B and J-1 opportunity

**Physician Assistant**
for great group practice w/ 2 satellite clinics; call coverage is shared and is every 5th weekend (1:5) and 1 night per week; salary range is $180,000-$200,000; excellent benefits

**Physician Assistant**
– to oversee operations of nursing home for healthcare center; DON will lead approx. 35 people; strong emphasis on the importance of international service work the organization provides employees w/ extra PTO for service work; competitive salary & full benefits package; BSN is required; MSN & nursing home administrator’s license is preferred
Helping providers concentrate on patient care

Most health care practitioners choose medicine because they want to care for patients. But practicing medicine requires making sure licenses and qualifications are in order, a process involving a lot of time-consuming details and paperwork.

Medical Provider Resources (MPR) takes care of those details, ensuring information and paperwork is precise, accurate and distributed to the appropriate governing bodies or employers.

“Our services are crucial because the provider’s time is so limited,” says Vicki Bond, chief operating officer of MPR. “If a provider can provide their information once, then we can massage the information to meet all the different requirements for getting them on board at hospitals and getting them enrolled in different health plans. We exist to make things easier for the provider.”

MPR was formed by the 2011 merger of the Kansas Physician Information Verification Program (KPIVP), a service established in 1992 by the Medical Society of Sedgwick County, and Medical Staff Services, Inc. (MSSI), an Andover-based medical staff verification company also started in 1992.

It was an ideal fit, says Bond, former owner of MSSI. “Twenty-five percent of the providers that were in my database were also in the KPIVP database, so that meant that 25 percent of the providers that were in Sedgwick County were offering services in rural communities around Kansas. It was more proficient for those providers to make one application and then we could process the application and submit the information to each hospital where they were applying,” she says.

While KPIVP provided credentialing services for physicians in Sedgwick County and surrounding areas, MSSI served largely rural Kansas communities, offering credentialing for physicians and allied health professionals.

Patient care continued on page 24
A firm foundation of family and family practice

Travis Daise lives his dream of being a physician in the town where he was raised.

It seems almost too sweet to be true. Boy grows up in a small rural town and heads off to college then medical school. He returns to his hometown with his wife, whom he met in middle school, to practice medicine at the hospital where he was born.

The story is true and Travis Daise, M.D., considers it an honor to serve the residents of Goodland, the northwest Kansas town where he was born and raised.

“It is such a rewarding privilege to be able to have these connections with people and to provide the care we provide,” says Daise, a family practice physician at Goodland Family Health Center.

Daise, whose grandparents homesteaded in the Goodland area decades ago, returned in 2003 to the town where his parents and in-laws still reside.

Continuing in a rural foundation

In high school, Daise decided he wanted to pursue a career in the medical field. He enjoyed the science of medicine and knew early on that practicing in a place where he could offer a full range of services would be a perfect fit.

“Family is the biggest reason we came back here after residency,” says Daise. “Being a small town family physician is something I knew I wanted to do. Moving back home and having the ability to have a broad scope practice was kind of the ideal.”

Daise, a 1992 Goodland High School graduate, obtained his bachelor's degree in biology from the University of Kansas in 1996. In July
1996, Daise married his wife, Melanie, who now teaches middle school in Goodland.

“After high school she ended up going to K-State and I went to KU,” says Daise. “I got to know the road between KU and K-State really well. We were married the July after graduation. We went to Disney for our honeymoon, then we came back and I started med school the next week.”

Daise received his medical degree in 2000 from KU and completed his three-year residency at Smoky Hill Family Practice in Salina, Kan.

“Medical school definitely was good preparation and good basic science and training, but then most physicians really become physicians during their residency,” says Daise. “You graduate with an M.D. from med school but you really become the provider you’re going to become at your residency program.”

The Salina program secured Daise’s focus on rural family medicine and taught him to be a well-rounded, active participant in the community and the hospital.

“The faculty and other people in your residency class play a big role in how you develop,” says Daise. “You’re in it together. You learn from each other and create some lifelong friendships.”

In addition to his practice, Goodland’s close proximity to family and convenient location offers Daise the chance to enjoy his time away from his profession. The couple has two children, Jackson, 10, and Allison, 6.

“I love to golf every chance I get,” he said. “And we do a lot of things together as a family. We’re only 17 miles from the Colorado border, we have season tickets to the Broncos games. Most of our families are here or near here so the holidays are always good.”

**A broad-scope rural practice**

For Daise, the close patient-provider relationship and the opportunity to serve nearly every aspect of his patients’ health needs are the most appealing aspects of becoming a rural family practice physician.

“You develop relationships with your patients,” says Daise. “I know most everybody here so besides being their physician, it’s nice to be able to talk to them about other things like their interests or how their wheat is doing, etc.”

Daise provides obstetrical services and performs endoscopic procedures and colonoscopies at his practice in the town of 4,500 people.

In addition to his personal practice, Daise serves as chief of the medical staff at Goodland Regional Medical Center and is medical director for the Sherman County Good Samaritan Center, Goodland’s skilled nursing facility.

And, because a rural doctor is skilled in many areas, Daise also wears the hat of county coroner and medical director of Northwest Kansas EMS.

“I want to continue to provide good care and do the best we can do,” Daise says. “We don’t necessarily know the landscape of the future of health care but we want to continue to take care of people regardless of how that’s mandated or how that’s provided.”

Daise and his son, Jackson, cheer on the Broncos at a game this season.
When the economy takes a nosedive, health care is often the first item to be dropped from the expenses list for individuals finding themselves without an income or short on funds. That’s where safety net clinics can help.

Safety net clinics are designed to fill gaps in services or access to health care.

“Safety net clinics catch those who otherwise would not receive care due to economic status, lack of transportation, or other barriers that prevent people from getting the health care they need to survive and thrive,” explains Krista Postai, CEO and president of Community Health Center of Southeast Kansas (CHC/SEK) based in Pittsburg, Kan.

For places like Pittsburg, Kan., an area hard hit by the recession of the last few years, safety net clinics can be crucial to a community’s survival.

“Southeast Kansas has always had a shortage of health care providers. It has also been economically stressed for more than a century and the most recent downturn only made a bad situation worse,” says Postai. “As a result, this region ranks at the bottom among all Kansas counties for health indicators and outcomes.”

Still CHC/SEK has managed to not only survive but thrive, thanks in part to a uncommon style of leadership and a can-do philosophy that encourages staff to get creative and go the extra mile in finding ways to deliver care.

“CHC/SEK embraces the ‘servant leadership’ model, which focuses on providing staff what they need to do the best job possible,” says Postai. “If someone tells me that we have a problem, I will always say that what we really have is an opportunity, and that’s how we’re to approach it. Thinking something can’t be done just creates barriers. So we embrace the philosophy of ‘believe it and you’ll see it.’”

That kind of thinking helped CHC/SEK go from providing services in a 1,500-square-foot, double-wide trailer with a waiting room on the porch in Pittsburg, to a new $1.5 million, 15,000-square-foot building in Pittsburg and six additional full-time sites including clinics in Baxter Springs, Coffeyville, and Columbus, plus dental clinics in Pittsburg and Iola.

Today, CHC/SEK is expanding the main clinic in Pittsburg with the addition of 25,000 square feet of space, plus renovating a large portion of the existing space. The multi-million-dollar expansion will triple the existing number of exam rooms and support the addition of at least 11 new providers. It will also accommodate...
new services including urgent care, optometry, audiology and specialty services such as surgery, orthopedics, cardiology, podiatry, and ear, nose, and throat.

Figuring out ways to serve more than 25,000 patients a year — more than 80,000 patient visits — has taken a little creativity, says Postai, citing an expansive outreach program as one way the clinic serves patients. “Not only does it make good sense to take services directly to people in schools, nursing homes, child care facilities, and anywhere people congregate, it also increases capacity to serve without having to add space,” she says.

Among the clinic’s outreach services is a program that screens almost 22,000 children throughout southeast Kansas for dental decay. The program includes follow-up preventive services and in some cases, treatment plans performed at remote sites. CHC/SEK has also partners with area schools to deliver health care, establishing the state’s first rural school-based health center in Community Elementary in Coffeyville and starting a mobile school health clinic that serves students in Pittsburg USD 250. Other services include physicals and immunizations for students regionally as part of enrollment or scheduled visits at schools; medical services at two correctional facilities in Crawford and Cherokee counties; flu shots at community centers and nursing homes; and medical and dental services to Head Start programs in 11 southeast Kansas counties.

The clinic also offers care in the evenings and on weekends, making care convenient for working parents and other eight-to-fivers without denting their paychecks. The clinic has long been a one-stop solution, offering medical, dental, and mental health services, and a pharmacy with discounted medications all in one place.

“It’s a design that allows for coordinated care among the different specialties,” says Postai. “That’s very appealing to many people, no matter their economic status.”

Coordinated care is a reason the clinic has dedicated space in its new facility for patient support services such as navigators, who help patients work through the intricacies of the health care system outside CHC/SEK, and behavioral health consultants, who help patients address the underlying problems that can lead to chronic disease. The new facility will also include a medical fitness area and a fully accessible outdoor playground. These additions are anticipated to help CHC/SEK serve more than 32,000 patients annually.

CHC/SEK is a private, not-for-profit organization with 160 staff members, including physicians, dentists, advanced nurses, physician assistants, dental hygienists, psychologists, social workers, counselors and pharmacists. CHC/SEK receives state and federal-funding, as well as contributions from several Kansas-based health foundations and local individuals.

“I use the children’s story ‘Stone Soup’ to describe it,” says Postai. “We started out with a need and many people put something into the pot to meet this need and together we created something wonderful.”

Postai adds that the success of the organization is the result of a lot of determination. “It’s taken a lot of hard work by many, many dedicated people who were committed to seeing that their friends and neighbors have access to affordable and quality health care regardless of their ability to pay,” she says. “When we set out on this project, we were a two-year-old organization with less than $100,000 in the bank and a patient population that paid $10 per visit for their care.

“Today we have excellent private and public partners, and state and federal support to help us cover the cost of those who can’t afford care. Plus, the value of being patient-owned and patient-operated can also never be underestimated. It is indeed the foundation of our success and our philosophy. Together, we have found that anything is possible if you believe it can be done.”
Taking care where it’s needed most

Written by Regina Roths

Rural health care providers are always coming up with ways to overcome the challenges of providing care for their patients. In southeast Kansas, where one-fourth of the population now lives below the poverty level, one organization has come up with a solution for providing care for its student population.

Community Health Center of Southeast Kansas (CHC/SEK) started a mobile health clinic, known as KidCare Connection, to bring care to schools in Pittsburg Unified School District.

“With at-risk kids come barriers to care, such as their family situations or insurance or other factors,” says Dawn McNay, project director for KidCare Connection and director of operations for CHC/SEK. “Our community health center’s goal and the school’s goal is to provide quick access to medical care so kids stay in school and they’re not falling behind in their learning because of unattended health issues.”

Rural Kansas residents trying to obtain care often have difficulty finding a medical provider, and poverty can compound health care access problems because of lack of funds or reliable transportation. When a child from an impoverished household is sick, parents must make difficult decisions on how to pay for a doctor today and put food on the table tonight. According to McNay, these difficult decisions can force parents to delay care, which can cause a child already challenged by his or her home situation to unnecessarily miss school, potentially hurting grades.

Nearly 2,900 students attend school in the Pittsburg school district, which operates four elementary schools, a middle school, and a high school within a roughly 10-square-mile area. Nearly 72 percent of the student population qualifies for free or reduced-price lunches, a program that indicates almost three-quarters of Pittsburg students live below the poverty line. A large percentage of the student population is on Medicaid or uninsured.

In an effort to keep kids healthy and in school, McNay said CHC/SEK tried several ways to provide care during the school day, including telemedicine, which connected a CHC/SEK provider to a school nurse via computer, and an arrangement of holding appointments open at the clinic for students referred by school nurses. Ultimately, a mobile clinic seemed the most viable option to serve students in six different buildings.

The clinic received a $370,000 federal grant to purchase a mobile medical unit and equip it with computers, exam beds and medical devices for dental, ear, nose, and throat exams. The vehicle has two exam rooms and a centralized area with bench seating that serves as a waiting area.

The mobile clinic provides preventive services such as well-child exams, physical exams and immunizations, along with preliminary care for acute conditions such as upper respiratory care.
concerns and ear infections for students, teachers, and staff. In addition to exams, the mobile unit’s nurse practitioner can also prescribe medications, which can be obtained at a reduced cost through the pharmacy located at the CHC/SEK clinic in Pittsburg. In addition to the medical services inside the mobile unit, dental services are available separately inside each school during the mobile clinic’s visits.

The clinic also serves families of children attending the district’s schools.

“We’ve arranged our hours prior to school starting, so that if a parent wakes up and their child goes to Lakeside Elementary but their toddler is sick, they can bring their toddler to be seen in the van when they drop off their six-year-old at school,” McNay says.

The mobile clinic is located at a different school each day of the week on a set schedule, splitting time on Fridays between two of the district’s elementary schools. CHC/SEK relocates the unit each night and connects it to electrical outlets specially installed at each school site as part of the clinic’s partnership with the district.

Clinical providers staffing the unit also work with school counselors and nurses to provide health education to students through classroom visits.

“That was a planned extension of our partnership with the schools—that the nurse practitioner could be there to support the school nurses both with treating students and staff, but also providing education,” says McNay.

KidCare Connection launched at the beginning of the 2012-2013 school year with 142 patient visits in its first month.

“It’s working much better than we even anticipated,” says Destry Brown, superintendent of the Pittsburg Unified School District. “We thought it might be kind of slow getting started, but they’re busy every day. They’re seeing kids or staff members all the time.”

Although it is too early to tell what effect the program will ultimately have on attendance, Brown is optimistic that the length of an absence due to illness will shorten.

“We should see some attendance change,” he says. “It may be slight, but it certainly will be better for the kids and hopefully they can get back to school quicker.”

Brown adds that immunizations through the mobile unit have also helped with attendance.

“This has enabled us to give immunizations right on site, so no kids have to be excluded from attending school because they did not have their immunizations done prior to the deadline,” he says.

Because the unit is operated as an extension of CHC/SEK, care is paid for through the same channels as any service provided by the clinic, whether the patient has Medicaid, private insurance, or no means at all.

“For the students, there’s no out of pocket; we accept whatever their insurance pays. If there’s no insurance, we take care of them,” says McNay.

“Basically this is our clinic on wheels and we see everyone regardless of their ability to pay.”
"In rural communities, they rely a lot on physician assistants, nurse practitioners, and others to provide services," Bond says. “So when we combined, we expanded our services in the Sedgwick County area from physicians to include allied health practitioners.”

The expanded services have proven valuable in part because of an increase in allied health providers in the Wichita area, which Bond credits to programs at Wichita State University and Newman University. “We’re seeing fewer people going into medicine to be physicians, but more and more people go into our allied health fields. So it makes sense that we would combine credentialing for the two into one service,” she says.

MSSI also brought to the table customizable, proprietary software. “We’re able to add or delete data fields, so we can massage the information. It’s things like that that keep us nimble and able to readily respond to the practitioner’s needs,” Bond says.

MPR has also grown since the merger because the same information used for credentialing can also be used for other services, such as provider enrollment with insurance companies.

“We’re just now beginning to see the efficiencies of the information that can be used,” says Bond. “I think that’s really being driven by the provider, because everybody was asking for the same information from the provider, and the provider was saying, ‘It’s a lot of work and takes a lot of time to give my information to everybody. I want to give my information one time, to one trustworthy entity, and I want to let that entity do everything that they can with that information.’”

By combining its services, MPR is actually an industry leader, which Bond discovered on a recent trip to a national industry meeting.

“It’s funny because I came to that meeting wanting to ask others what they were doing, and the minute that they found out that we offered provider enrollment and credentialing, all the questions were coming toward me. They were all saying, ‘This is where we’re headed in the future and you already have done that,’” she says.

Speed, security and accuracy are other factors contributing to MPR’s success.

“We hold all of our employees to a very strict security policy,” says Bond. “We also hold ourselves to a strict turnaround time of no longer than 60 days. If we cannot verify the information in a file with that amount of time, we’re going to lose business because physicians can’t wait to get started.”

With 10 employees, MPR provides services to 44 hospitals, 30 physician groups and 2,400 providers throughout Kansas. It’s a client list that Bond would like to grow in rural Kansas and nationally.

“In rural communities we see more one-person clinics or smaller physician groups, and to me, they need us even more because they can’t hire full-time staff to do what we do for them,” says Bond. “So it becomes very cost-effective for them to use us. Plus, I think they take a lot of comfort in knowing they can give us their information once, and then they have only one contact person to deal with when they have questions.”

Another service MPR provides is credentialing audits for contracting hospitals, a useful service to ensure records meet standards set by accreditation bodies. MPR keeps up with constant changes in clinical privilege forms, and can help decision-makers develop, review and revise clinical privileges documents as needed. MPR also has the expertise to develop, review, revise and rewrite medical staff bylaws for a facility.

One area where Bond hopes to see industry improvement is in the standardization of the curriculum vitae (CV) format. But for now, MPR offers CV formatting services and works with the Council for Affordable Quality Healthcare (CAQH) Universal Provider Datasource, a web-based resource that allows providers to keep their information up to date online.

“A lot of times, a provider will put their information in the database, but they won’t have time to keep it current,” says Bond. “We can do that for them. We can develop a CV for them, enter it into the database, and update it regularly for them.”

MPR also offers the provider the ability to track continuing medical education courses. With this service, the provider submits copies of certificates to MPR, which records the information and produces a listing to the provider upon request.