

MEDICAL NEWS

News in Brief

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NEW YEAR BRINGS NEW TOOLS TO QUIT TOBACCO

FALLS CHURCH, VA — The U.S. Department of Defense (DoD) and TRICARE are offering new innovative online tools to help military service members keep their New Year's resolutions to quit tobacco.

The DoD-sponsored educational campaign, Quit Tobacco-Make Everyone Proud, is expanding its interactive Web site. Users can now create a blog when they register on the site, <http://www.ucanquit2.org>, to share their experiences with family and friends and sign an electronic "I Resolve to Quit" Bulletin Board to publicly announce their resolution to become tobacco free. They will also have access to a customizable Quit Calendar after Jan. 4 to record milestones and track progress. The expanded networking capabilities allow users to share ideas, tips and advice with fellow service members, as well as family and friends.

"Giving up tobacco is a challenge, but a challenge that the men and women of the military have the strength and determination to overcome. We encourage them to make 2009 the year to start a healthier lifestyle," said Capt. David Arday, M.D., M.P.H., a U.S. Public Health Service officer and chairman of the DoD Alcohol and Tobacco Advisory Committee. "The online tools are there to support you in keeping your New Year's resolution," he added.

Deciding to quit tobacco is the first step, but becoming tobacco free may take more than one try. On average, it takes 11 attempts before a person can quit tobacco for good. Motivation and support are key factors in giving up tobacco products. Studies show that if a person attempts to quit with a friend, they are 36 percent more likely to remain smoke free. The Web site allows service members to get the support they need to quit from family and friends, no matter where they live. Studies show that quitters who seek counseling and support increase their chances of remaining quit to 15.8 percent, as compared to only 10.8 percent for those who do not seek counseling.

Quit Tobacco-Make Everyone Proud is aimed at supporting enlisted active-duty military personnel in their efforts to quit tobacco. DoD urges service members to log on and take advantage of the Web site to increase their chances of becoming tobacco free.

The new features build on the interactive support tools already available on the Web site. Service members can listen to podcasts, chat anonymously with a trained tobacco Cessation Coach, browse

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Army College adds EMR Systems to the Syllabus

They are the Geek Squad® in camouflage, without the comical Volkswagens and black ties. They are Soldiers and civilians who comprise the Army's Combat Service Support Automation Management Office (CSSAMO) and often work in combat support hospitals (CSHs) in the desert and arrive by convoy in armed vehicles.



Combat Service Support Automation Management Office (CSSAMO) personnel receive hands-on training with MC4 and other standard Army management information systems (STAMIS) during an 18-day class conducted by the U.S. Army Logistics Management College, Fort Lee, Va.

Their expertise takes them to the frontlines where medical detachments and command and control elements require immediate assistance. The kind of help that won't tolerate users forced to navigate voicemail prompts.

Supporting more than a dozen complex, standard

Army management information systems (STAMIS) in the warzone requires more than a Microsoft certification and completion of classes advertised during daytime television.

It mandates an understanding of how the military works, keeping pace with the ever-changing information security landscape and a knack for getting military computer users where they need to go on the network. Tasked with training-up the Army's IT skills, the Army Logistics Management College (ALMC) has thrown another complex system into their mix of instruction—Medical Communications for Combat Casualty Care (MC4).

As the DoD's battlefield medical recording system, MC4 canvas all CSHs, clinics and battalion aid stations throughout Southwest Asia (SWA), Europe and South Korea in support of OIF and OEF. MC4 became part of the ALMC curriculum in 2007, when the institution overhauled its entire CSSAMO training with a new learning philosophy and a renewed focus on critical information systems abroad.

"Our goal is not to teach the class to be functional experts on the systems," said Martha Ann Spurlock, CSSAMO training director at ALMC. "Initially, we spent a lot of time during the MC4 segment teaching the students how to enter patient demographics and treatment information. While those items are important for clinical personnel to perform, it is not relevant to CSSAMO staff. They need to know what to do if applications do not work properly or if the hardware is malfunctioning. So we've tweaked the class so they can best fulfill their responsibilities."

Then and Now

In 2003, ALMC held its last training class for CSSAMO personnel. The curriculum primarily

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★ Syllabus

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focused on supply and maintenance systems. By then, the course contents and materials were outdated and leadership decided to cease the class altogether rather than overhaul it.

As a result, Spurlock picked up the torch to fill a void in Army training and developed a revamped opportunity for the CSSAMO community. She talked with STAMIS personnel and systems administrators to help determine new course content. Spurlock also committed to making the learning hands-on.

“We’ve tailored the class so that it is interactive from the moment the students step into the room,” Spurlock said. “This way, they have the knowledge and experience to support multiple systems when they go downrange. We offer a learning opportunity that really didn’t exist before we started the class in late 2007.”

Using feedback from students, Spurlock reshaped the material for the course to teach what mattered most to students. Topics that were less critical or required less attention fell to the back of the line and hot topic areas assumed center stage, like the Standard Army Maintenance System-Enhanced (SAM-E), the Unit Level Logistics System (ULLS), and now—MC4.

Partnering with the MC4 Product Management Office, one day in ALMC’s 18-day classroom boot camp at Fort Lee, Va., is dedicated to MC4. The course prepares Army IT professionals with the skills they’ll need in the combat zone to help the nation’s best doctors and nurses capture critical

medical information without skipping a beat. Sustaining the systems ultimately leads to improved continuity of care and a complete medical history—useful when Soldiers apply for VA medical benefits.

“If an MC4 laptop does not function properly, users will call these guys to make it work again,” Spurlock said. “The CSSAMO staff need to know how to troubleshoot and repair the problems.”

Paying Dividends, Creating Momentum

MAJ Iva Kimbrough, CSSAMO with the 316th Sustainment Command (Expeditionary), deployed to Balad, Iraq, from June 2007 to June 2008. Prior to her arrival in theater, she did not have experience supporting STAMIS systems. She wishes she had attended the new class prior to her deployment.

“The information taught in this class is the exact assignment CSSAMO personnel have when deployed to theater,” MAJ Kimbrough said. “You set up your STAMIS network and support all of the systems we learned during the past three weeks. Coming to this class provides the valuable knowledge and experience CSSAMO personnel need in order to hit the ground running.”

Lucky to have had his training in the bag prior to deployment, Hayden Weekes, a support contractor for the Directorate of Logistics at Fort Dix, N.J., says his CSSAMO class provided



CSSAMO personnel learn to configure MC4 servers and clients.

him with a roadmap to getting problems solved more efficiently over the past 12 months.

“Previously, I would tinker with the systems to become familiar with the equipment,” Weekes said. “I would break fully functional systems and then try to make them work again. Now, I’ve learned some steps to help narrow my search for the source of system problems.”

Spurlock and her team occasionally move the class to other locations, including Fort Bragg, N.C., and Fort Lewis, Wash. Regardless of the location, the class continues to draw eager and dedicated students. Most arrive early and stay late to get the most out of their hands-on training and practice time with the equipment. This commitment was best illustrated by students attending a class held at Fort Bragg in the spring.

“We learned that President George W. Bush planned to visit Fort Bragg and the motorcade was going to travel very close to the building where our class met,” Spurlock said. “The road in front of our building was to be closed at 6:30 a.m. for security reasons. The class started daily at 8 a.m. The students didn’t want to miss any of the class, so they arrived at 4:30 a.m. instead. They decided that arriving very early for class was better than being late and possibly missing some of the material.”

An Extended Arm of MC4 Support Born

It is the hope of Spurlock and MC4 that the interest and fortitude CSSAMO personnel display during the new training will translate onto the battlefield. With tens of thousands of MC4 laptops, handhelds, servers and printers dispersed throughout 200 medical treatment facilities in the war zone, much of the success on documenting patient care relies heavily on technical support provided by onsite personnel.

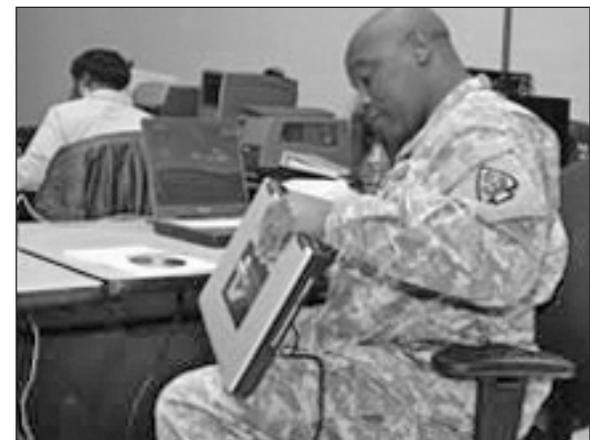
With only 50 MC4 systems admin-

istrators (SAs) in SWA, MC4 users will be relying on a coordinated support infrastructure to ensure systems deliver patient information and medical surveillance capabilities to medical leadership.

In 2008, MC4 initiated a three-tiered support agreement between deployed medical units, CSSAMO and S6 personnel and MC4 SAs in theater to ensure nothing fell between the gaps.

Now, with a new commitment to training Army support personnel on these medical systems prior to deployment, CSSAMO will prove to be an invaluable extension of MC4 support in theater.

“I really believe that we are making a difference with this class,” Spurlock said. “This is the class that CSSAMO staff need and it is probably the closest training they receive to prepare them



Some CSSAMO personnel have their first encounter with MC4 systems at ALMC.

for their role downrange. When the CSSAMO personnel arrive, they might not have a lot of experience with all of the STAMIS systems, but when they leave, they are familiar with them and they have the tools to support them.”

For more information on the ALMC CSSAMO class, contact Martha Spurlock at martha.spurlock@us.army.mil.

★ Tobacco

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research articles, locate local cessation programs, calculate how much money they’ll save when they quit tobacco, and create personalized quit plans.

Individuals who want to help someone they know quit tobacco can visit the Web site to find information on giving up tobacco, send motivational e-cards, and view their friend’s and/or family member’s progress to support them in reaching their goals.

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Operation Technology

Paired with other emerging technologies, speech recognition keeps military clinicians on the frontlines of patient care

By Cheryl McEvoy

When the U.S. Department of Defense set a 2011 deadline to develop a fully operational, globally interoperable EHR for military personnel and their families, many physicians balked at the technology. Point-and-click software meant less time with patients and more hours logged at a computer screen. Now, speech recognition technology (SRT) is bringing documentation back into the exam room and improving the way doctors serve our finest.

A Grassroots Operation

For the past couple of years, the military had been expanding its use of SRT. What once began as an individual preference has now become an institutionalized practice through the military's partnership with Nuance Communications, a provider of speech recognition software. Currently, more than 6,000 military clinicians use Dragon Medical to dictate information directly into a patient's record.

But it wasn't always popular. "There certainly was a lot more low-level grassroots interest before there was high interest in [speech recognition]," said Valerie Matthews, principal federal sales engineer for Nuance.

An early backer of SRT, Robert Marshall, MD, MPH, MISM, director of clinical informatics, Bureau of Medicine and Surgery, Department of the Navy, first encountered speech recognition almost 10 years ago while treating troops in Korea and Japan. Dr. Marshall used a small PDA-like device equipped with SRT to translate medical advice to Japanese, Korean and Thai troops who needed treatment. When Dr. Marshall returned home from his most recent overseas tour, he began advocating for everyday use of SRT.

Proponents of SRT seized an opportunity when the military implemented its EHR system, the Armed Forces Health Longitudinal Technology Application (AHLTA). The electronic system was intended to improve efficiency, but instead physicians felt they were becoming "data entry operators," Matthews said. According to doctors, more time was logged tapping keystrokes in the office than meeting face-to-face with patients.

Physicians were also unhappy with the notes that point-and-click EHR software produced. Robert Walker, MD, a physician at the European Regional Medical Command (ERMC) in Germany, said the non-narrative notes left much to be desired. "The type of note produced in a point-and-click system had no depth, quality or tone," Dr. Walker said.

Such elements are essential when documenting a patient's medical history. "By not having them," Dr. Walker explained, "we were producing a note that was not only difficult to read, but it was taking us longer to put that information into the computer."

Dr. Walker was similarly discouraged by how the computer disrupted the usual physician-patient interaction. Data entry on a desktop computer shifted valuable focus away from the patient. "We were looking more at the computer screen than at the patient; typing instead of talking; reading rather than listening," he said.

The constant typing also kept Dr. Walker with his back to the patient, which he said was wrong. "It was as if the computer became the third person in the room and was getting more attention than the patient," he recalled. "There had to be a better way."

Dr. Walker would often wait to complete his documentation after the patient left, a situation that wasn't ideal; the delay not only made his day longer, but also forced Dr. Walker to remember specific patient details at a later time. "That's not good from a patient safety standpoint, nor does it make much sense from a time management perspective," Dr. Walker said. "It really goes against everything we've been brought up with."

Dr. Walker had tried SRT in the past, but free-text—a more narrative note compared to standard templates—was initially not encouraged for use in AHLTA. About a year ago, however, the door opened for use of free-text, and Dr. Walker began advocating for SRT.

Help on the Homefront

In its most basic form, SRT "replaces your keyboard," Matthews said. Instead of clicking through charts or selecting items from a drop down menu, physicians speak into a microphone and the software translates their words into text on the screen. Translation is instantaneous, so documentation is often faster than typing or clicking through notes. Improved productivity means that doctors are free to see more patients or even go home to their families "at a reasonable hour," Matthews said.

SRT transcribes exactly what the doctor dictates, so the endproduct is a narrative text instead of choppy text. Dr. Walker said "resembles a ransom note." The readable text makes it easier to follow a doctor's train of thought and rationale for formulating a diagnosis and treatment plan, Dr. Walker said. That becomes particularly helpful in the military when both patients and providers move frequently.

Dr. Marshall said while the readable

text is convenient, it cannot be mined for data quality or measures. However, Dragon software can be used in combination with structured text, which follows a template and enables data mining for research or auditing purposes. With both structured and unstructured texts, medical practices can get the best of both worlds, Dr. Marshall said.

Another rising trend among military physicians is the use of wireless tablets, which are portable computers about the size of a thin textbook. When combined with SRT, they enable doctors to document in a more patient-centric way. Dr. Walker said the mobile device—as opposed to a stationary desktop—lets him walk from room to room and document in real time while standing face-to-face with his patients. But the real benefit of documenting in the exam room is improved patient care. Dictating directly into the EHR allows the patient to hear exactly what is being documented, Dr. Walker noted. So if a doctor dictates that a patient's right ankle was injured, but the injury was actually on the left ankle, the patient is there to correct the error.

"If I were to wait and document after the patient leaves, the error would not be caught," Dr. Walker said. "That can lead to patient errors and is a safety issue."

Dr. Walker also found that SRT makes the record "transparent" to his patients; they take his instructions more seriously when they see his words directly transcribed into their charts. "It reinforces things," he said.

Dr. Marshall also prefers to dictate in the exam room. "When I'm speaking in front of the patient, I get immediate feedback," he said.

For patients who can't make it to the office or who simply don't want to sit in the waiting room, Dr. Marshall uses SRT with another emerging trend: patient-provider messaging. The doctor communicates with a patient via secure e-mail, so the patient can voice minor complaints and get answers without stopping by the office.

"It's very good for follow-up too," Dr. Marshall said. "With patients for whom I have lab results or an ongoing work-up, I can share results and we can go over things."

Dr. Marshall "writes" his e-mails by dictating through the SRT program. He said the e-mails give him better, more complete notes than he would get from a telephone consultation.

Customized Care

When SRT software encounters a word that it does not recognize, such as a local term or unique name, doctors must manually add the word to the

program's vocabulary bank. The partnership between AHLTA and Nuance, however, took this feature a step further and now offers a complete list of military-related vocabulary that doctors can download to bring customized care to uniformed men and women. The list includes the names of every military base in the world, all military hospitals and clinics and all military ranks.

The technology is also adapting to changes within the military. The most recent version of Dragon Medical has been programmed to recognize Spanish-accented speech. "There are a lot of doctors in the military for whom Spanish is their first language, so this will make the software much more usable for that population," Matthews said.

While doctors are working with SRT at different skill levels, they hail shortcuts—called "macros"—as the key to more efficient documentation. Macros allow doctors to place large amounts of text into a patient's record with a simple voice command. The shortcut is particularly helpful for making routine medical notes, which frequently require the same or repeated information. For example, about 85 percent of documentation for routine low back pain is the same, Dr. Walker said. By using a macro, a doctor can simply say, "insert exam low back pain" and the whole exam will be instantaneously placed in the note. As for the 15 percent that is unique to the patient, the doctor can make any necessary changes to the record by selecting those elements and dictating over them, Dr. Walker said.

Near and Far

Macros assist physicians on an individual basis, but the shortcuts have even greater potential when shared with the larger medical community. Dr. Walker is currently working to create macros that can be accessed by any physician in his region. The Army has clinics throughout Europe, so posting macros to a Web site where doctors could download them would not only reduce documentation time, but also rein in the distance between clinics. It's not a "cookbook" approach to medicine, Dr. Walker explained, because doctors can modify the macro according to each patient's case.

Dr. Walker gave the example of creating a macro on community-acquired bronchitis: a doctor would write out the macro and then send it to a pulmonologist who would make annotations. After the pulmonologist, the macro would go to a coder, who would provide guidance on the proper documentation to receive maximum reimbursement. Finally, the

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macro would be posted on a Web site, where a doctor in the ERMC could download it. The doctor can then use the assigned voice command to fill the patient's chart, make appropriate changes and have the added convenience of the document being pre-approved by the pulmonologist and already coded for reimbursement.

Another example would be a condition like Methicillin-resistant staphylococcus aureus (MRSA), a highly contagious infection that is difficult to treat. A MRSA macro approved by the infectious disease consultant and posted on the ERMC Web site would provide a doctor stationed in Italy up-to-date information on how to treat an infected patient without having to call the specialist.

While Dr. Walker is using macros to reach Europe from his office, other physicians are bringing SRT onto the battlefield, treating troops in combat zones in Iraq.

Speech recognition has proven a valuable addition to the armed forces' combat-ready documentation system, MC4, which allows clinicians to input and store medical data when an Internet connection is unavailable. "When communication is available, critical medical data is sent to a central repository where information can be aggregated and become part of service members' life-long medical records," said Lieutenant Colonel William Geesey, commander and product manager of MC4.

LTC Geesey said doctors at the Balad Air Force Theater Hospital in Iraq pioneered the use of SRT in combat areas. "They took an important task—documenting patient care—and further streamlined it by using speech recognition software," Geesey explained.

Basic Training

While physicians laud the benefits of SRT, they admit it's not an easy skill to master. Dragon software has nearly 100 percent accuracy right out of the box, but users need thorough training to ensure the technology reaches its full

potential.

Dr. Walker divided the learning curve into three stages. The "wow" phase is when the physician first sees the technology in action and is eager to learn its features. Then comes the frustration phase, when the user faces minor setbacks and may argue that SRT is too technical. Finally, the user clicks with the software, ushering in the "I get it" phase. Once physicians reach the "I get it" phase, they won't practice without it, Dr. Walker asserted. The microphone becomes as common a tool as a stethoscope.

The frustration phase can be an uphill battle, so it's up to SRT advocates to encourage the fight. "It's like a speed bump; some hit it and don't seem to get over it," Dr. Walker said. "It's our jobs as their advocates to help them over that bump."

Many physicians are comfortable with the way they practice—whether using point-and-click software or still scratching out handwritten notes—so the shift to new technology like speech recognition requires some encouragement and guidance. "Eight to 10 percent of folks will pick [SRT] up and adopt it on their own," he said, "but the other 90 percent of those licenses will sit there and collect dust."

Dr. Walker suggests a consistent regimen including an initial one-on-one training session for a couple hours, then regular follow ups to address any difficulties the physician is having.

Part of training also includes managing expectations. "Don't promise more than you can deliver," Dr. Walker said.

While Dragon offers a training course, Dr. Marshall has found that peer-to-peer training is most effective. "We've learned a lot of tips and tricks," he said, "and that's what it requires—sharing those tips and tricks with people."

In addition to proper training, SRT works best when paired with a high-quality microphone and good processing system that can support the data load, Dr. Marshall noted.

The Battle Plan

With the home base and international arenas abuzz with talk of EHRs and health information networks, the military's use of SRT is likely to expand in the coming years. Both the Army and Navy recently purchased an additional 10,000 and 2,200 licenses from Nuance, respectively. Matthews said the growth is evidence of a more "systematic integration" of SRT, as opposed to implementing the technology on a facility-by-facility basis.

Dr. Marshall sees potential for SRT use in the Wounded Warrior program, which provides injured military personnel with superior medical care even after discharge. The program has not implemented SRT yet, but Dr. Marshall said case managers would be ideal candidates for it, as they commonly use text-based notes; the Wounded Warrior program often handles patients with "amputations, traumatic brain injury, mental health issues—and a lot of those are very similar," Dr. Marshall explained. "You could easily shortcut those with Dragon text macros."

With a number of opportunities for SRT ahead, the future holds promise. For many years, the technology was not up to par, Dr. Walker said, but improvements in accuracy and the coupling of SRT with wireless tablets have brought speech recognition into the spotlight. "The moment has arrived," Dr. Walker said. "We're about to see a paradigm shift in the way we document health care."

Expanding the Home Base

The military's partnership with Nuance Communications Inc. is helping spread speech recognition technology (SRT) worldwide. From a naval base on the East Coast to the frontlines of Iraq, physicians are using Dragon software from Nuance to ensure military personnel have complete and accurate records wherever they deploy.

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Now, Nuance is expanding its domain to European civilians. This past October, the Massachusetts-based company acquired Philips Speech Recognition System (PSRS) from Royal Philips Electronics Inc. for \$96.1 million. Headquartered in Vienna, Austria, PSRS provides an avenue through which Nuance hopes to strengthen its presence in the overseas health care sector.

"It's very important to have a strong international presence," said Bob Wise, president of Nuance's Dictaphone health care division. Wise said apart from military bases, Nuance's business has been largely concentrated in North America. The purchase of PSRS, however, brings an experienced European team and expanded client base to the table.

The acquisition followed a year of evaluation and "on again/off again" negotiations with Philips, according to Wise. Ultimately, Nuance was eager to move into the European market, and PSRS had a business model and portfolio that Nuance "could not replicate," Wise said.

Marcel Wassink, CEO of PSRS and vice president of Nuance EMEA said Nuance was attracted to the strong position PSRS held overseas, particularly the company's pre-existing customers, partnerships and support for foreign languages. Philip's speech recognition platform, SpeechMagic, will continue to function under Nuance's ownership, and Wassink said he expects the platform to grow.

Currently, Nuance will focus on the non-military market in Europe, but Wise didn't shrug off the possibility of bringing SRT to other nation's armed forces in the future. In fact, Wassink said they are looking to bring speech recognition to Spain's ministry of defense. "We're rolling out SpeechMagic across that whole global defense organization," he said.

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Oscar G. Johnson VA Medical Center, nestled in Dickinson County, Upper Michigan offers the benefits of rural living surrounding our Level 3, state-of-the-art facility. In addition to primary care and inpatient services, the Iron Mountain VAMC provides audiology and speech pathology, cardiology, ENT, general surgery, urology, geriatrics, intensive coronary care unit (ICCU), nephrology, oncology, optometry, ophthalmology, orthopedics, podiatry & pulmonary function testing. We are a leader in advanced telemedicine programs, including a remote control dynamic telepathology system.

Jam packed with things to do from winter sports to summer recreational activities, Iron Mountain's is a beautiful natural environment with excellent schools, restaurants, lounges, golf courses, endless outdoor adventure, within driving distance from Lake Superior & Lake Michigan.

- Pulmonary and Critical Care
- Hospitalist
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- Neurology
- Dermatology
- Orthopedics
- Cardiology
- Intensivist
- Emergency Medicine
- General Surgery
- Gastroenterology
- Psychiatrist

An active, unrestricted license in any state is required. Recruitment incentive & relocation expenses may be offered. Please send CV with 3 references to:

Oscar G. Johnson VA Medical Center
Attn: Tania Fuller-Hautamaki, 325 East H Street, Iron Mountain, MI 49801
E-mail: tania.fuller-hautamaki@va.gov • Phone: 906-774-3300, x. 32503



Please include position title in all correspondence.
All positions require U.S. Citizenship • Random Drug Testing • Equal Opportunity Employer

Miscellaneous

Miscellaneous

Miscellaneous

Miscellaneous



There is a place where weekends seem to last longer



A life where sunrise is still the best part of the day

Experience the hometown, family-oriented feel of Michigan's UP

Oscar G. Johnson VA Medical Center, nestled in Dickinson County, Upper Michigan offers the benefits of rural living surrounding our Level 3, state-of-the-art facility.

Jam packed with things to do from winter sports to summer recreational activities, Iron Mountain's is a beautiful natural environment with excellent schools, restaurants, lounges, golf courses, endless outdoor adventure, within driving distance from Lake Superior & Lake Michigan.

Full time positions are available for:

- Respiratory Therapists
- Physical Therapists

An active, unrestricted license or certification in any state is required. Recruitment incentive and relocation expenses may be offered to highly qualified applicants.

Contact:

Oscar G. Johnson VA Medical Center

Attn: Teresa Aichner, 325 East H Street, Iron Mountain, MI 49801

E-mail: teresa.aichner@va.gov • Phone: 906-774-3300, x. 32281

Or visit www.usajobs.opn.gov and search Michigan/Upper Peninsula



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Vascular Surgeon Opportunity

As Louisville, Kentucky's health care leader (44 percent market share), Norton Healthcare is recruiting a vascular surgeon to expand its vascular program to meet increasing demand regionally. The vascular program

will support two existing community hospitals, as well as Norton Brownsboro Hospital - the city's first new hospital in 20 years - opening in 2009. Demand for vascular services has increased because of an extensive network of referring physicians, including Norton Healthcare's more than 300 employed referring primary care, specialty care and subspecialty physicians.

The new surgeon will join two established surgeons in creating a specialized team to develop services to provide advanced endovascular techniques and an outreach program for patient access and screening.

Position requirements

- Graduation from accredited medical school
- Completion of accredited vascular fellowship
- Board certification/board eligibility in vascular surgery
- Kentucky medical license

Louisville combines a vibrant and affordable Midwestern lifestyle with an acclaimed arts community, a passion for sports of all kinds and a wide array of spiritual, cultural and recreational options. Metro Louisville also is home to one of the state's finest educational systems, including public, private and parochial schools, as well as several colleges and universities.

For more information about joining the vascular team or to send your CV, contact Amanda R. Bailey, physician recruitment manager, Norton Physician Services, at (502) 961-6897 or amanda.bailey@nortonhealthcare.org.



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Nurse Practitioner

for contract work in our Ottumwa, IA Pork facility. This position will consist of providing Health and Wellness, Occupational health and Primary care services to employees on-site 1-2 days/week.

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Primary duties:

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Cargill

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Ottumwa, IA 52501

Nurses

NURSES

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Please contact Shawn Scott at 303-832-9323

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Monthly Premiums Decrease for TRICARE Reserve Select

FALLS CHURCH, Va. — Effective Jan. 1, 2009, TRICARE will reduce the rates for TRICARE Reserve Select (TRS). Monthly premiums for TRS individual coverage will drop 44% from \$81.00 to \$47.51, and TRS family coverage will drop 29% from \$253.00 to \$180.17.

The 2009 National Defense Authorization Act (NDAA), section 704, required TRICARE to analyze Reserve Select costs from 2006 and 2007, and set new rates for 2009.

“Now that TRS has been in place for several years, we were able to calculate premiums for 2009 from actual cost data obtained in earlier years,” said

Army Maj. Gen. Elder Granger, deputy director of TRICARE Management

Activity. “It is important to provide high quality and affordable healthcare coverage for our National Guard and Reserve families.”

Established in 2005, TRS is a premium-based health plan for National Guard and Reserve personnel available for purchase by members of the Selected Reserve who are not eligible for or enrolled in Federal Employee Health Benefit plans.

TRS provides a health plan option to members of the Selected Reserve and their families when they are not on active duty status. The TRS plan delivers coverage similar to TRICARE Standard and Extra to eligible members who purchase the coverage and pay monthly premiums. TRS also features continuously open enrollment.

RNs

Explore our job opportunities!

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Human Resources
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DENTISTS

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Dentists

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Physicians

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Physicians

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Physicians

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**Contact: Jamie Brownell at 406-434-3110
Fax: 406-434-3143
or e-mail to: jbrownell@mmcmnt.org.**


Employment Opportunities:
ENT
Hospitalist Oncology
The Alexandria Clinic, P.A. is an independent, physician-owned, multi-specialty group practice. We are located 2 hours west of the Twin Cities on I-94 in the heart of the Central Lakes. Alexandria offers year-round recreation for the whole family! We are home to a service area approaching 100,000 people and over 1,000 growing businesses.
We're easy to get to and hard to leave!
Attractive compensation and benefits package with shareholder and partnership opportunities.
For more information, please contact:
Alexandria Clinic, P.A.
Attn: Tim Hunt, Administrator
610-30th Avenue West, Alexandria, MN 56308
Phone: (320) 763-2540 Fax: (320) 763-5749
E-mail: thunt@alexclinic.com
Visit our website at www.alexclinic.com

GENERAL SURGEON
Join 15 progressive physicians in a medical practice at West River Health Services in Hettinger, ND, a nationally-recognized rural health care delivery system. Medical system consists of a full-service acute care hospital w/network of 12 clinics (8 owned and 4 affiliated). The system prides itself on its modern technology (a new 16-slice CT scanner was just recently installed) and plans are underway for a hospital addition to triple the operating room space and to provide for a new medical clinic.
**Contact or send CV to:
Jim K. Long, CEO, 1000 Highway Drive, Hettinger, ND 58639.
E-mail: jimk@wrhs.com.
Phone 701-567-6183,
Fax 701-567-6368
Web site: www.wrhs.com.
Not a J-1 site.**

Physicians

Kingston, Pennsylvania - Licensed family medicine/internal medicine physician to work in a busy practice. Full-time, part-time considered. Salary commensurate with experience. Hospital and on-call coverage required. Convenient location, good schools, affordable housing, two hours from Philadelphia and New York City. Pleasant environment, great support staff. Please Email your CV to: katham116@aol.com.
Fax: (570) 714-2903; Call Kathy: (570) 714-2999.

JFK Family Medicine Residency is seeking a full-time family physician to join our faculty. JFK is located in culturally diverse suburban community 30 minutes from New York City. Duties include patient care, teaching and administrative responsibilities. Practicing obstetrics and ABFM certification are required.
Contact Robin O. Winter, M.D., Director at: (732) 321-7493; or submit your CV via Email to: famprac@solarishs.org

FAMILY HEALTHCARE NETWORK is looking for BC/BE Family Practitioners and OB/GYN's for their offices in Porterville, Goshen & Hanford, CA. Valid CA medical license required. Salaried/full time position.

Mail CV/salary requirements to
Rafael Rivas, Family Healthcare Network
305 East Center, Visalia, CA 93291
or Email to rrvivas@fhcn.org. Fax: 559-734-1247. EOE.

New York
UPSTATE NY/LAKE GEORGE / LAKE CHAMPLAIN. A great opportunity for one or two BC/BE physicians to join a five doctor, two office practice in conjunction with a small critical access hospital with few admissions and limited inpatient rounding. No outpatient phone calls. Competitive income with base salary guarantee, excellent benefits, full malpractice, retirement plan, tax-free spending accounts. Loan forgiveness up to \$150,000 available. Signing bonus of up to \$30,000. Combine a deeply satisfying career at our "small town" health centers with an unparalleled life style offering superb outdoor recreation and an active cultural scene in the beautiful Adirondack Mountains.

Contact: Daniel Larson, MD or Victoria Wirth, Hudson Headwaters Health Network, P.O. Box 3253, One Broad Street Plaza, Glens Falls, NY 12801
Tel: 518-761-0300. Fax: 518-745-1378.
Email CVs to vwirth@hnhn.org, www.hnhn.org.

Physicians

Northeastern NY, Adirondack Mountains, Lake Champlain Region. Outstanding practice, family and recreation opportunity! Elizabethtown Community Hospital www.ech.org, 25-beds, seeks FP or IM physician. Right in the High Peaks of the Adirondacks, ECH has well appointed clinics and great MD and support staff. Develop "old-style" patient and family oriented practice within the security of an employed position. ECH is affiliated with CVPH Medical Center, a regional referral center 45 minutes away.
Contact: Zaidee Laughlin, CVPH, 800-562-7301, Lzaidee@cvph.org.

**IMMEDIATE POSITIONS AVAILABLE FOR
INTERNISTS AND/OR HOSPITALISTS,
PEDIATRICIAN AND DENTISTS**

to work at Gateway Community Health Center, Inc., a progressive community health center in Laredo, Texas.

Competitive salary with incentive, paid malpractice insurance, IRA, full health/dental insurance, 4 weeks paid vacation, short-term disability, 7 days paid CME, paid licenses and professional organizations, J-1 Visa Waiver and H1B Visa candidates welcomed. EOE

Contact: Miguel Treviño, Jr., CEO
Phone: (800) 440-7776 or (956) 523-3645
E-mail CV to miket.gateway@tachc.org
Visit our website at www.gatewaychc.com



**PACIFIC
NORTHWEST
BC/BE PEDIATRICIAN**

**Needed for well-established
10 provider pediatric group in
Kitsap County, WA. within 1 hour
of downtown Seattle.**
Outstanding family and
recreational area.
Full time position
Please contact Lynne at
360-692-6347
or email:
Lynne@kitsapchildrensclinic.com



**Visiting
Physicians**
www.visitingphysicians.com

**Physicians Wanted for
House Call Visits**

Visiting Physicians Association is seeking Physicians in:

- Florida • Michigan • Ohio
- Texas • Wisconsin

Join our mission of delivering compassionate, high quality medical care in our House Call practices. Experience a quality of life with flexible schedules, 9-10 patients per day, no nights, no weekends, no on-call and no hospital rounds.

**Call: 888-816-1554
Fax CV: 800-376-5202**

Physicians

Arizona: Outstanding opportunity in a growing community. Physicians make \$200,000 plus per year with four weeks vacation and a four day work week. Outdoor opportunities abound. We have three physicians and one nurse practitioner to cover vacations and overflow. We give quality patient care while maximizing physician quality-of-life. Send CV to: **Mary Moyer, M.D.** via FAX: (928) 778-7834; E-Mail: moyer47@msn.com; or Call: (928) 778-1251.



MINISTRY HEALTH CARE

At Ministry Health Care, we share your calling to make a difference. That's why we offer you an open environment to practice in communities that support the importance of health care, education, recreation and culture. Ministry Medical Group is currently seeking BC/BE:

- Internists
- Hospitalists
- Emergency Medicine
- Family Medicine
- Psychiatry
- Urology
- ET
- Neurology

at our busy practices in Stevens Point, Rhinelander and Weston, Wisconsin. Our opportunities offer a competitive salary, CME allowance, paid dental, health, life, and disability insurance, as well as dues, licenses and malpractice coverage. Excellent retirement packages also included. To learn more about this opportunity, please contact:

**Cole Marschke,
Physician Recruiter**
800-420-2622, ext. 65624
Fax: 715-343-3331
mmgrecruitment@ministryhealth.org
www.ministryhealth.org/recruitment

CMS

Dedicated People Making A Difference!
CORRECTIONAL MEDICAL SERVICES
**Unique Practice
Opportunities Available
SIGN ON BONUS**

Would you enjoy a Monday through Friday schedule with no nights or weekends on call. Correctional Medical Services (CMS), is currently looking for Physicians interested in a Full-time change or simply a Part-time supplement to your current practice situation. CMS has Primary Care opportunities in upper Peninsula of Michigan. Here is your opportunity to truly make a difference not only in your patients' lives, but yours as well. As a national leader in the correctional healthcare industry, CMS offers Primary Care Physicians a practice environment that is both clinically stimulating and professionally rewarding. I welcome the opportunity to speak with you in detail about the advantages of working with the nation's largest private provider of correctional healthcare, Correctional Medical Services.

For more information, contact:
**Patricia Linhares
Physician Recruiter**
Correctional Medical Services
Phone: (800) 222-8215, x9553
Fax: (314) 919-8803

Physicians

MASSACHUSETTS — Family Physician (FP/OB preferred). Health Center in central Massachusetts seeking FP to provide comprehensive outpatient primary care treatment. Practice includes diverse pediatric, adult and geriatric populations. Paid malpractice, tuition reimbursement. J-1/H1-B sponsorship. Center located within one hour of Boston, Providence and Hartford.
E-mail CVs to: **HR@greatbrook.org.**
Call: 508-854-2122, extension 235, EOE.

Locum Tenens! Nationwide opportunities - Private and Federal in FP, IM, PEDS, Psych and EM. E-mail inquiry or CV to: locums@bellsouth.net or fax: 800-735-6278.
Call: 800-735-6296, ask for Maryann or Cam. Visit: www.tllocums.com

**MISSOURI
NEAR SPRINGFIELD/BRANSON**
Missouri Ozarks Community Health, a Federally Qualified Health Center in Ava, Missouri is seeking a Board-Certified Family Practice Physician or Internist/Pediatrician who desires to practice comprehensive outpatient medicine free of the financial constraints of private practice. Position Offers: Competitive salary, loan repayment, sign-on bonus & moving expenses, health, dental, vision, life insurance, 401K plan, malpractice coverage, CME licensure allowance, vacation/personal time. Monday-Friday work week with no weekend or evening call. Ava, MO is located an hour away from Springfield and Branson, MO. Numerous outdoor activities available with many lakes, streams and rivers located nearby. Springfield and Branson offer many entertainment options. Quiet, peaceful community setting offering a great practice opportunity! Site qualifies for NHSC loan repayment as well as state loan repayment. MOCH is a newly constructed medical facility with all new equipment and electronic medical records.
Please contact Jennifer Heinlein directly at 417-683-4831 ext. 111 for more information or please send e-mails to: jheinlein@moch.us.



Department of Veterans Affairs Black Hills Health Care System, with medical centers at Fort Meade and Hot Springs in Western South Dakota, is currently seeking Hospitalist, Pulmonologist, Emergency Medicine and BC/BE Family Practice or Internal Medicine Physicians to provide inpatient and outpatient care for veteran patients. The Black Hills area offers year-round outdoor recreational activities, including over 3,000 sq. mi. of public forest land where residents enjoy skiing, hiking, camping, hunting and fishing. Attractions include Mount Rushmore, Crazy Horse Memorial, and many opportunities for sightseeing and outdoor sports. VA offers competitive salary, education debt reduction program, generous insurance and leave benefits, federal retirement, and 401K with employer matching. Relocation expenses are authorized. The Department of Veterans Affairs is an Equal Opportunity Employer.

**Contact Chris Molitor,
Human Resources Service at
605-745-2018**
E-mail Anna.Molitor@med.va.gov or Stacie Collins, Primary Care Service, at 605-745-2821
E-mail Stacie.Collins@me.va.gov.

**VERMONT'S
NORTHEAST KINGDOM**

Northern Counties Health Care, Inc, has openings for the following positions:

- Family Practice Physician at its Hardwick Area Health Center
- Family Practice Physician with or without OB at its Concord Health Center
- Internal Medicine with Peds at its Island Pond Health Center

These busy and growing FQHC practices located in rural Northeastern Vermont seek highly skilled, energetic, and team-oriented physicians to work 4 to 5 days per week in modern, well-equipped and community-oriented practices. Opportunity to provide a broad range of services to all age groups, and to provide supervision and guidance to other staffmembers. Requires Board Certified physicians from an accredited school and Vermont license. The Northeast Kingdom offers a rural lifestyle, good education systems, affordable housing and all-season recreational opportunities. 2 hours from Montreal, 3 hours from Boston. Excellent salary and benefit package. Student loan repayment possible. EOE

Forward CV to:

Executive Director
Northern Counties Health Care, Inc
165 Sherman Dr, St. Johnsbury, VT 05819
Fax: 802-748-4540
hradm@nchcvt.org
www.nchcvt.org



Physicians

Physicians

Physicians

Physicians



The VA Montana Healthcare System is currently recruiting for the following Board Certified Physicians:

- Urologist (Fort Harrison, MT)
- Psychiatrist (Fort Harrison, MT)
- Ophthalmologist (Billings, MT)
- Internal Medicine/Family Practice (Glendive, MT)

Competitive salary, benefits and liability included. This is not a J-1 visa opportunity. EOE. Fax or email curriculum vitae to:

Carline.Cochrane@va.gov

Carline Cochrane 406-447-7566 (phone)

406-447-7978 (fax)

Information is available at www.vacareers.va.gov



**Department of Veterans Affairs
VA Northern California Health
Care System**

**Clinical Administrator, Compensation
& Pension Department**

Excellent opportunities exist for a full-time Internal Medicine Physician at the McClellan VA Outpatient Clinic located at McClellan Park, CA. The VA recognizes Internal Medicine as a specialty and our practice has earned national and international recognition as the best care delivered anywhere. The incumbent will be the Clinical Administrator over Compensation & Pension clinical services for all of VA Northern California Health Care System which includes: Redding, Chico, Sacramento, Oakland, Martinez, Fairfield and Mare Island. This position will be 50% administrative and 50% clinical duties and the incumbent will report directly to the Chief of Staff. Outstanding working conditions allow for a satisfying career with a high quality of life along with a competitive salary and excellent benefits including malpractice insurance. Education Debt Reduction Program (EDRP) may be authorized for eligible applicants. Candidates must be BC/BE and a US citizen or PRA.

For application information contact

Sandra Harris-Byrd,

Human Resources Specialist

(916) 843-7229

or email request to

Sandra.harrisbyrd@va.gov

The VA is an equal opportunity employer



PSYCHIATRIST

The VA Medical Center in Walla Walla, Washington, is seeking two (2) full time psychiatrists to join our growing clinical team.

Applications are being accepted for the following positions:

Outpatient Psychiatrist to work with a recovery oriented team in the evaluation and Management of veteran outpatients.

Chemical Dependency & Psychosocial Rehabilitation Psychiatrist to provide psychiatric Evaluation and clinical team leadership for an expanding residential program.

Join a team of dedicated colleagues and make a difference in a personable work milieu. Walla Walla is a thriving community with a rare balance of diverse cultural and outdoor recreational opportunities. Mild and beautiful year round weather, reasonable priced housing and three colleges make this area a great place to live. Sunset Magazine recently rated Walla Walla one of the best small towns in the U.S.

Benefits include:

- Salaried position
- Malpractice coverage
- Excellent retirement program/ Health and Life Insurance
- Generous paid vacation/ sick/CME days
- 10 paid holidays

Contact Lou Holm, MD at (509) 525-5200, ext. 22691, or the Human resource Department at (509) 527-3453 for additional information, Monday-Friday, 8 a.m. - 4:30 p.m., or visit our website: <http://www.visn20.med.va.gov/walla-walla/index.asp>.

This agency provides reasonable accommodation to applicants with disabilities. If you need reasonable accommodation for any part of the application and hiring process, please notify the agency. Walla Walla VAMC is an Equal Opportunity Employer.

*Computer/Electronics Accommodations
Program more widely available to
Wounded, Ill and Injured Service Members*

FALLS CHURCH, Va. - A new Department of Defense (DoD) instruction on assistive technology (AT) will increase availability and awareness of AT to wounded service men and women at no cost to them.

This instruction, signed in August by Dr. David Chu, Under Secretary of Defense for Personnel and Readiness enables the Computer/Electronics Accommodations Program (CAP) to work closely with military treatment facilities to coordinate AT needs assessments. This ensures that eligible wounded service members can receive accommodations for their disabilities and conditions.

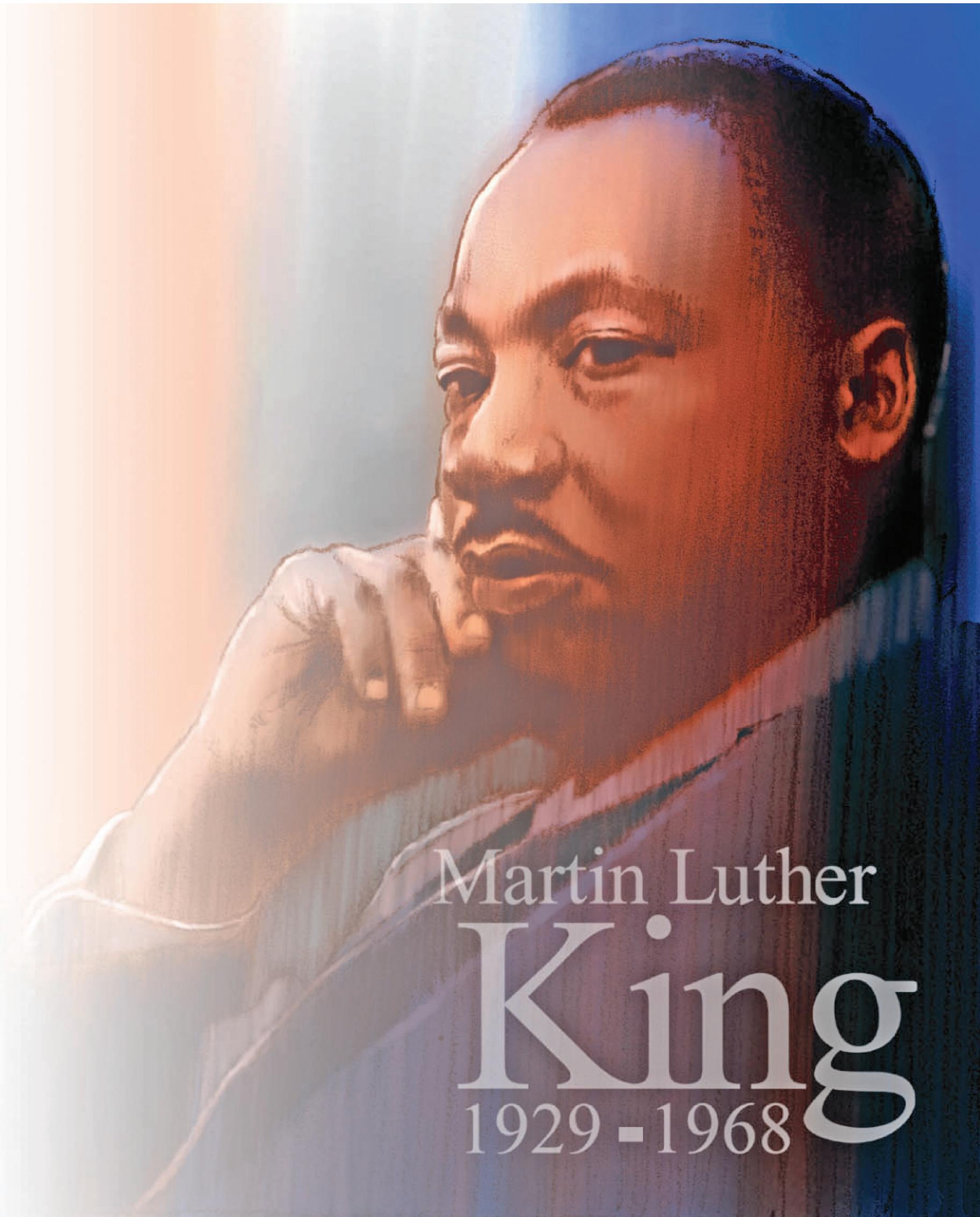
CAP is part of TRICARE and was launched in 1990 as a centrally funded,

reasonable accommodations program for DoD employees with disabilities. It supports people with cognitive or communication disabilities, who are blind or have low vision, are deaf or hard of hearing or have dexterity disabilities.

CAP is committed to ensuring that all clients have the assistive tools early in their recovery and rehabilitation to ensure success for those who continue on active duty, explore different employment options, or continue their education.

For more information about the CAP Wounded Service Member Initiative or to request a presentation, e-mail WSM@tma.osd.mil. For additional information on CAP, visit <http://www.tricare.mil/cap/>.





Martin Luther
King
1929 - 1968