

Penobscot Community Health Care
Job Description

Health Coach

Reports To: RN Care Manager (in conjunction with Clinical Leaders and Director of Care Management)

Supervises: Not Applicable

Status: Hourly, Non-Exempt

POSITION SUMMARY

The Health Coach primary responsibility is to assist in the overall management of PCHC's patients, particularly those with chronic conditions. They do this through a population-based approach as well as individual interventions such as individual health and behavioral assessments to identify prevention, treatment, or management intervention opportunities. Perform population health, care management, patient-self management support and clinical documentation functions. Provide support for patient and family centered continuity of care services for patients undergoing transitions of care. Assist with providing patient and family with optimal linkage to community resources by facilitating referrals to Health and Behavior Coaches.

Under the guidance of RN Care Manager, Director of Care Management, and Clinical Leaders, work collaboratively to improve quality of patient care through facilitating the efficient use of resources thereby enhancing quality, cost-effective outcomes. Acts as an advocate for an individual's healthcare needs, and assists in minimizing the fragmentation of health delivery systems. This position is committed to the constant pursuit of excellence in improving the health status of the community.

ESSENTIAL JOB FUNCTIONS

1. Collaborate with RN Care Manager(s) and clinical team with population management: patient tracking and registry functions to include:
 - Patients needing pre-visit planning for Care Management visits
 - Patients needing clinician review or action
 - Patients on specific medication
 - Patients needing reminders for preventive care as it pertains to the Care Management Patients
 - Patients needing reminders for specific tests
 - Patients needing reminders for follow-up visits (ex chronic condition)
 - Patients who might benefit from care management
 - Scheduling patients for Care Management visits
2. Identified goals are specified in the Maine PCMH pilot and meaningful use criteria. Work is prioritized by specified process and outcome measures.
3. In conjunction with processes developed with other members of the care team (including staff responsible for patient visit scheduling), and the care team, conduct pre-visit planning for Care Management patients.

4. Assist Care Manager and clinical team in identifying appropriate patients with chronic conditions for care management. Contact patients to schedule planned care visit, via letter or direct telephone contact as appropriate.
5. Performs initial and periodic holistic assessments for patients with chronic disease. This includes physical, psychological, and environmental on patients as appropriate. The assessment includes a systematic and pertinent collection of data about the health status of the patient. Prioritize patients according to intensity, need and required follow up.
6. Perform individual or group based education, counseling, or self management goal setting sessions.
7. Reviews hospital lists of PCHC patients admitted and discharged, or seen in WIC or ED, and make timely follow-up calls as determined by the care management team.
8. Review self-monitoring results and incorporate them into the medical record.
9. Monitors and evaluates the progress of the patient. Assess patient progress toward care plan and self management goals. Evaluates the effectiveness of the plan in meeting established care goals; revises the plan as needed to reflect changing needs, issues and goals.
10. Routine and timely documentation of all core process work activities including, but not limited to, evidence-based chart reviews, patient calls & correspondence, and patient education activities.
11. Follow up when Care Management patients have not kept important referrals with outside providers.
12. Identify and effectively facilitate the utilization of community resources to meet the needs of patients/families by referral to the Health and Behavior Coach. Facilitate patient access to community resources as appropriate.
13. Promote patient self-management and empower patients/families to achieve maximum levels of wellness and independence. Interacts professionally with patient/family and involves patient/family in the formation of plan of care.
14. Serves as a liaison to providers, patients and families for coordination of services.
15. Interface with EMR on care managed population. Maintains accurate and timely documentation.
16. Participates in regular team meetings and peer review activities. Participates in departmental and organizational committees, as applicable. Participates in the orientation of new personnel. Precepts and mentors peers. Promotes collaborative teamwork.
17. Utilizes the Institute for Healthcare Improvement (IHI)'s Chronic Care Model as the foundation and framework for chronic illness care management.
18. Meets with the Director of Care Management and Care Management Team members on a regular basis to provide patient updates, identify issues and develop strategies for resolution.

19. Develops relationships across broad organizational lines and where innovative and unstructured situations arise. Relationships usually involve combined skills in communicating, understanding, developing and motivating people to the highest degree.
20. Meets or shows progress towards meeting established productivity standards.
21. Interacts harmoniously and effectively with others, focusing upon the attainment of organizational goals and objectives through a commitment to teamwork.
22. Conforms to acceptable attendance and punctuality standards as expressed in the Employee Handbook.
23. Complies with all safety rules and protocols, as established by the Environment of Care Committee. Immediately reports any workplace injury to supervisor.
24. Abides by the organizations compliance program and requirements.
25. Current on all required training for current year.
26. Performs all other duties, as assigned by supervisor.

KNOWLEDGE, SKILLS, AND ABILITIES

1. Inventive, creative, and innovative employee who looks for unique ways to improve overall performance.
2. Excellent written, verbal and listening community abilities. Communicate appropriately and clearly to staff and providers. Exhibits age appropriate communication skills.
3. Willingness to establish effective working relationships with internal and external customers. Maintains a good working relationship within the department and with other departments.
4. Demonstrates ability to compile patient data and prepare outcome analysis. Ability to assess, provide and interpret age specific data.
5. Serves as a patient and family advocate. Gives priority to customer service issues and promotes positive interpersonal relationships among patients, providers, and the general public.
6. Ability to involve family or significant other in decision making related to plan of care.
7. Ability to write routine reports, design forms, retrieves data, and the ability to speak effectively with management and staff.
8. Maintains a working knowledge of payer requirements.
9. Ability to manage conflict, stress and multiple simultaneous work demands in an effective and professional manner.
10. Ability to work well independently, while collaborating with other team members. Serves as a clinical resource person to staff.

11. Ability and willingness to self-motivate, to prioritize and change processes to improve effectiveness and efficiency. Adapts to changing patient or organizational priorities.
12. Ability to self-educate and develop a thorough knowledge of JCAHO standards and performance improvement techniques.
13. Knowledge of the Plan, Do, Study, Act process of Performance Improvement Testing.
14. Ability to apply commonsense understanding to carry out instructions furnished in written, oral, or diagram form with mathematical skills.
15. Ability to make independent decisions in accordance with established policies and procedures. Decisions and problem solving require a combination of analysis, evaluation and interpretive thinking.
16. Knowledge of activity restrictions appropriate to the severity of injury or illness.
17. Knowledge of and appreciation for cultural diversity and low literacy issues in care provision.
18. Computer literacy, including by not limited to, data entry, retrieval and report generation.
19. Ability to work with patients/families of all ages and in a variety of settings, including office, facility and patients' homes, presenting diverse physical conditions and social/cultural environments.
20. Ability to drive to and from a variety of settings in varying weather conditions.

TYPICAL WORKING CONDITIONS

- Frequent exposure to communicable diseases, toxic substances, medicinal preparations and other conditions common to a medical practice setting.
- Normal medical office environment. Work may be required in patient's homes.
- Involves frequent contact with staff, patients and the public.
- Work may be stressful at times. Contact may involve dealing with people who are angry or upset.
- Working extended hours may be required as needed.

FUNCTIONAL DEMANDS

- Requires prolonged sitting, and some standing, walking, bending, stooping, kneeling, crouching, crawling, stretching, and climbing stairs.
- Requires hand-eye coordination and manual dexterity sufficient to operate a keyboard, photocopier, telephone, calculator and other office equipment.
- Vision must be correctable to 20/20 and hearing must be in normal range, aided or unaided, for telephone contacts.

- Requires some lifting occasionally (up to 30 pounds).
- It is necessary to view and type on computer screens for long periods and working in an environment which can be very stressful.

EDUCATION AND EXPERIENCE

- Certified MA through AAMA or be certification eligible within six (6) months or have a minimum of three (3) years clinical experience in a primary care setting.
- Will have up to date training and certification in Healthcare Provider Basic Life Support issued by American Heart Association, American Red Cross or American Health & Safety Institute. Must obtain within 3 months if not current at hire.
- Valid driver's license with acceptable driving record for insurance purposes.

Employee Acknowledgement:

External and internal applicants, as well as position incumbents who become disabled, must be able to perform the essential functions (as listed) either unaided or with the assistance of a reasonable accommodation to be determined by management on an individual basis upon request. I have received a copy of my job description and can perform the essential functions of the job, with or without reasonable accommodation.

Signature

____ / ____ / ____
Date

Print Name

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