Job Title:	Nurse Health Coach		
Department/Group:	Population Health Services/Enhanced Patient Services		
Location:	Millennium Collaborative Care	**Travel Required:**	Regional Travel Required
Level/Salary Range:		**Position Type:**	Full-time
HR Contact:	Jan Brown	**Date Posted:**	Updated June 2019

Job Description

POSITION SUMMARY

The Nurse Health Coach serves in an expanded nursing role to collaborate with patients as a part of the Delivery System Redesign Incentive Payment Program (DSRIP) and the Great Lakes Integrated Network Accountable Care Organization (GLIN ACO). The Nurse Health Coach will also collaborate with the patient's support systems and their Primary Care Providers to provide a model of care that ensures the delivery of quality, efficient, and cost-effective healthcare services. The Nurse Health Coach is responsible for assessing care plans and implementing, coordinating, monitoring and evaluating all options and services with the goal of optimizing the member's health status. This position will integrate evidence-based clinical guidelines, preventive guidelines, protocols, and other metrics in the development of treatment plans that are patient-centric, promoting quality and efficiency in the delivery of healthcare. The applicant will identify and enroll patients with complex and chronic health conditions and/or refer to other services/programs per policies. The applicant will support transitions of care as assigned and/or health and wellness programs for the assigned population.

ROLE AND RESPONSIBILITIES

1. Fosters strong professional relationships with members of a patient's care and social service network to facilitate the coordination of referrals and ensure quality services/products are received in the most cost-effective manner. Collaborates with patient clinical site to include providers and other team members in an effort identify the targeted population within his/her practice site and risk stratifies all members to prioritize needs and direct interventions. Works in partnership with primary care providers to enhance evidence-based clinical guideline adherence and promote best practice by initiating/adjusting therapies as directed by the practitioner and providing appropriate follow-up and monitoring as needed. Designs an individualized plan of care with the patient and fosters a team approach by working collaboratively with the patient, their support system, primary care provider, and other members of the health care team to ensure coordination of services.

   Note: A Nurse Health Coach may be assigned Transitions of Care patients and will also be responsible to ensure a safe and effective transition from the inpatient setting to the community (e.g. home, rehabilitation, residential treatment services or Skilled Nursing Facility)

2. Works effectively with the multi-disciplinary care team. Establishes leadership among the care coordination team.

3. Works with leadership to continuously evaluate process, identify problems, and propose process improvement strategies to enhance the assigned primary care practices or medical home delivery of care model. Utilizes appropriate conflict resolution, negotiation, and collaboration skills in facilitating the Patient/family throughout the health care continuum.

4. Continuously evaluates relevant clinical information and utilization patterns and other metrics to monitor quality and efficiency results for assigned population. Maintains required documentation for all care management activities. Collects required data and utilizes this data to adjust the treatment

plan when indicated in collaboration with the primary care practice. Manages utilization and practice metrics to further refine the delivery of care model to maximize clinical, quality, and fiscal outcomes.

5. Implements and delivers clinical interventions based on risk stratification and evidence-based clinical guidelines utilizing various modes of delivery to include telephone communication, primary care site, or patient home visits.

6. Develops and implements systems of care that facilitate close monitoring of high-risk members to prevent and/or intervene early during acute exacerbations.

7. Assesses the healthcare, educational and psychosocial needs of the patient and family.

8. Reviews the current literature regarding effective engagement and communication strategies, care management strategies and behavior change strategies and incorporates into clinical practice.

9. Adheres to Millennium Collaborative Care standards regarding patient confidentiality.

10. Participates in reasonable self-education efforts to understand the New York State DSRIP and CMS ACO programs

11. Performs duties that may be in an embedded or remote environment.

QUALIFICATIONS AND EDUCATION REQUIREMENTS

Requires Registered Nurse with current license. Certification in Care Management required within two years of hire and maintained throughout employment. BSN or comparable Bachelor's degree required. Minimum of three years recent experience to match responsibilities above such as acute care, home health or skilled nursing facility with a demonstrated working knowledge of Medicaid and Medicare required. Experience as a Nurse Health Coach PCMH preferred. Experience with IT solutions such as electronic health record, learning management or disease/care management systems a plus.

KNOWLEDGE/SKILLS/ABILITIES

Demonstrates customer focused interpersonal skills to interact in an effective manner with practitioners, the interdisciplinary health care team, community agencies, patients, and families with diverse opinions, values, and religious and cultural ideals. Demonstrates ability to work autonomously and be directly accountable for results. Exhibits the capability to influence and negotiate individual and group decision-making. Incorporates excellent written, verbal, and listening communication skills, positive relationship building skills, and critical analysis skills into care management practice. Possess the skill to function effectively in a fluid, dynamic, and rapidly changing environment. Displays the proven ability to positively influence behavior and outcomes. Critical thinking skills and ability to analyze complex data sets required. Protects confidentiality of data and intellectual property; insures compliance with national health information projection guidelines. Demonstrates flexibility and ability to adapt to evolving requirements of DSRIP program. Serves as a role model for education and professional nursing practice. Demonstrates proficient computer knowledge with proven keyboarding skills.

Reviewed By:	Name	Date:	Date
Approved By:	Name	Date:	Date
Last Updated By:	Name	Date/Time:	Date/Time