

(FACILITY NAME)
COMPETENCY-BASED POSITION DESCRIPTION

Job Title: **Continuum Care Manager**

Department Name: _____

Reports To: _____

Date Written: **September 2002**

Employee Name: _____

Employee Signature: _____

Supervisor's Signature: _____

Initial: _____

Preceptor's Signature: _____

Initial: _____

EVALUATION CODES

C = Competent

NI = Needs Improvement

Position Purpose: To improve the health and satisfaction of patients and IHC Health Plan's members with chronic and complex diagnoses; coordinate and facilitate access to appropriate health services; educate patients and members to help them manage their health care needs; facilitate the effective and efficient use of health resources; support physician practice. Must function with a high degree of autonomy, communication and interpersonal skill. Must understand the health care continuum and have the ability to solve complex problems.

COMPETENCE ITEM (Age Specific)	EVALUATION METHOD (Cognitive, Behavioral, Interpersonal)	SELF EVAL	EVALUATION/COMMENTS/IMPROVEMENT PLAN (Completed by manager)	RE-EVAL (Date & Initial) NI Rating or Optional Mid- Year Review)
ESSENTIAL JOB RESPONSIBILITIES		C or NI	C or NI	
Identify high risk patient populations <ul style="list-style-type: none"> Understand and use existing information systems; Proactively contact PCP re: patients with complex needs; and Respond to referrals from providers. 	1. Review of work load using objective data 2. Physician, patient, community and family feedback			
Support designated Clinical Program initiatives <ul style="list-style-type: none"> Focus on most complex patients; Teach/coach patients and clinical staff; Monitor patient compliance with medical plan; Facilitate patient access to appropriate services; Support patient accountability and involvement in the disease management process; and As appropriate, make recommendations to the Clinical Program workgroups regarding care or strategy revisions. 	1. Improved patient outcomes as defined by clinical program 2. Record review 3. Physician, patient and family feedback			

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ESSENTIAL JOB RESPONSIBILITIES		C or NI	C or NI	
Understand and apply nursing process <ul style="list-style-type: none"> Assess; Plan, establish goals; Implement; and Evaluate effectiveness. 	<ol style="list-style-type: none"> Record review Direct observation 			
Work collaboratively with interdisciplinary team members <ul style="list-style-type: none"> Collaborate with PCP and other team members to develop goals and plan interventions; Communicate and appropriately document interactions and interventions; Involve family members as appropriate; and Initiate and attend team conferences. 	<ol style="list-style-type: none"> Record review Physician, team and peer feedback Patient and family feedback 			
Identify most appropriate resource level <ul style="list-style-type: none"> Delegate work that can be done by others; Use consistent criteria to determine most appropriate environment for patient contacts (clinic, phone, home, other); Coordinate across IHC continuum (hospital and HPI care mgrs, PCPs) and community continuum; Transfer patients to higher or lower levels of care management support as appropriate; Work collaboratively with hospital and Physician Division diabetes educators; Refer specialty services as appropriate and with PCP consent, i.e., Heart Failure Clinic). 	<ol style="list-style-type: none"> Cost reports Physician, team and peer feedback Record review 			

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ESSENTIAL JOB RESPONSIBILITIES		C or NI	C or NI	
Implement and model professional practices <ul style="list-style-type: none"> Follow CMSA or other approved standards; Maintain expert knowledge of complex patient conditions including psycho/social needs; Maintain expert knowledge of internal and external resources; Maintain current knowledge of local and national initiatives; Reinforce the role and importance of collaboration among health care professionals within an integrated system; Precept, mentor, educate and support students and co-workers; and Act as liaison to community agencies, consumer groups, and programs. 				
Lead and sustain program development <ul style="list-style-type: none"> Participate in ongoing regional and system wide forums to develop and implement processes that improve ability to meet goals; Recommend revisions, changes, and strategies as needed to improve program; Revise, design and develop materials as appropriate and in a coordinated manner; Attend quarterly system wide CCM meetings; Participate in and evaluate findings from research initiatives and quality improvement activities; and Perform other duties as assigned. 	1. Direct observation 2. Peer feedback 3. Research and quality improvement findings			
Quantify and track activities <ul style="list-style-type: none"> Document activities on tracking forms and standardized database; and Participate in refinement of tracking tools. 	1. Statistical reports 2. Direct observation			

Minimum Qualifications:

- Current Utah Registered Nurse license required, Bachelors degree required, Masters degree preferred
or Current Utah Social Work license required, Masters degree in Social Work required;
- Five years clinical experience;
- Three years care management experience;
- Exceptional communication skills;
- Skill in assessment, critical thinking and problem solving;
- Experience with program development and implementation; and
- Current certification in related field desired.

OVERALL PERFORMANCE RATING (COMPETENT OR
NEEDS IMPROVEMENT):

NUMBER OF “NEEDS IMPROVEMENT” RATINGS:

DATE OF REVIEW:

REVIEW BY: