Hep C/Substance Abuse RN Case Manager

Position Summary:
The HepC/Substance Abuse RN Case Manager (HSA) will report to Primary Care Nurse Manager and receive supervision and further direction from the Manager of HIV Services. The HSA RN will be a member of and work collaboratively with the HIV services team; including RNs, Case Managers, Community Health Workers and Physician Leaders.

The HSA Nurse will provide clinical care, leadership and quality improvement in Hepatitis C diagnosis, assessment and treatment and substance abuse screening, referral and treatment including coordinating and providing clinical care for patients in the Office Based Opioid Treatment (OBOT) Program (aka Suboxone Program). The HSA Nurse will collaborate with providers across all departments including Internal Medicine, Family Medicine, Behavioral Health, Urgent Care and Pediatrics as well as working with the development office and community partners to improve prevention, screening and referral for treatment within the community.

Primary Responsibilities:
1. Case Management
   a. Main function is to assist in the coordination of care for patients with Hepatitis C and Substance Abuse (including new and current patients involved in the CSHC OBOT)
   b. Manage all aspect of developing, implementing, and evaluating individualized patient care plans for patients with Hepatitis C and Substance Abuse in collaboration with HIV Services Team.
   c. Educate patients, families, and healthcare providers on how to follow and maintain the care plans.
   d. Collaboration and outreach with HIV Services team and community based services to bridge care and gaps in services.
   e. Linkage to Addiction services and assisting patients to access outside addiction services when appropriate including detox., inpatient, IOP/SOAP, AA/NA and Methadone programs.
   f. Assist in the development and participate in community based services for prevention, screening and referral.

2. Direct Patient Care
   a. Coordinate and manage scheduled nurse visits.
   b. Conduct comprehensive assessments of patients’ physical, mental, and psychosocial needs.
   c. Develop and manage individualized care plans; including processed therapies, administration of vaccines and treatments, testing and evaluation of plan’s effectiveness.
   d. Assessment and monitoring of patients in the induction, stabilization, and maintenance phases of treatment
e. Assist patients in navigating the health care system. Coordinate specialty care, follow-up on test results and other care coordination needs to patients and providers.
f. Develop a care plan to promote patient engagement in self-care, decrease risk status, and minimize hospital and ED utilization.
h. Follow-up with patients within 24 hours on inpatient discharge & within 48 hours of ED visit notification.
i. Act as clinical liaison for Payer Based Care Management programs, including process and coordinate referrals and insurance approval.
k. File reports and update databases as needed.
l. Responsible for all duties as noted in CSHC Job Description.

3. Patient-Center Medical Home:
   a. Pro-actively support PCMH initiatives related to care coordination
   b. Pro-active member of care teams in team-based care initiatives
   c. Partner with PCMH staff to develop integrated care management programs

4. All other duties as assigned.

Qualifications:

CSHC is an Equal Opportunity Employer, M/F/D/V encouraged to apply
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