

HCR 2.0: Making the SHIFT to a Culture of Health June 3, 2015

Emerging Titles & Roles

RN Care Manager

The RN Care Manager is a registered nurse or an advanced practice nurse who focuses on chronic disease management. His/her primary role is to make assessments, develop, implement and evaluate care plans. S/he regularly evaluates and updates the care plan and educate the patient and families how to follow their care plans. The RN Care Manager advocates for patient welfare and often serves as a liaison between the patient and his/her families, healthcare providers and other community based providers. Additionally, the RN Care Manager supervises and serves as a team leader for a care team.

The RN Care Manager is equipped with strong leadership and clinical skills. S/he communicates effectively in clinical and non-clinical settings. S/he has strong problem-solving skills and a deep understanding of social determinants of health, health disparities, co-morbidities and demonstrate cultural competent care.

Other titles for the RN Care Manager

- Transition Coach
- RN Case Manager

- Senior Education
 Counselor
- Health Education
 Counselor
- RN Care Coordinator

Care Manager

The Care Manager is a Health Care professional with a Bachelor's Degree in a relevant field of study. S/he is the lead in coordinating a patient's care plan within the interdisciplinary team. This team includes but is not limited to; PCP, Specialist, Substance abuse, Psych, Community Health worker, Navigator, and support staff. S/he develops and monitors the patient's care plan making sure the flow of information is reaching the care team members and patient. S/he works to link patients and families to appropriate resources and resolve barriers they face. S/he makes sure each care team member is providing and receiving the needed information to successfully manage the designed care plan. S/he provides support to the team and patients including peer support groups, wellness education, and available resources.

The Care Manager is a Health Care Professional equipped with great leadership skills. S/he is able to effectively communicate an idea and articulate a plan of action. S/he possesses strong problem solving skills, and the ability to multitask several projects through the new healthcare models of care. S/he has a deep understanding of the health care structure and is always updated on changes, including Medicaid/Medicare.

Other titles for the Care Manager

Care
 Coordinator

- Social Work Assistant
- Case Manager

Behavioral Health Specialist

The push towards integrated primary care and behavioral health has promoted the use of Advanced Primary Care (APC) models. APC has gained significant interest as a feasible model to improve quality of care, promote better health, and lower costs. The Advanced Primary Care practice consists of primary care providers and other health professionals working in teams within the practice to coordinate care. In integrated medical-behavioral health systems such as Advanced Primary Care models, Behavioral Health Specialists (BHS) work within a primary care setting or on coordinated care team. These professionals work with patients who not only have mental or substance use conditions, but also assist other patients who are having difficulty making or maintaining the behavior changes necessary to their improved health.

The behavioral health specialist is a professional with an allied health certificate or Bachelor's Degree (depending on the title) in a behavioral health field. The BHS will also have relevant training and experience in counseling, mental wellness and/or substance abuse disorders. The behavioral health specialist needs to be competent in the assessment, treatment (especially brief cognitive behavioral intervention and motivational interviewing skills) and service planning for persons with mental and substance use disorders as well as consultation, communication, care management, team collaboration and orientation and an understanding of chronic disease and self-care requirements. Successful behavioral health specialists in primary care should also be as flexible, independent and oriented to action and solution rather than process, along with having strong organizational and computer competencies.

Other titles for the Behavioral Health Specialist

- Certified Alcohol Substance Abuse Counselor (CASAC)
- Mental Health Counselor
- Social Worker

Chronic Disease Educator

The Chronic Disease Manager/Educator has obtained their Associate degree in a relevant field of study. S/he is an important part of the patient's care team providing essential self-management assistance and knowledge to patients/community. S/he has in depth knowledge of chronic disease management, including but not limited to; HIV, Asthma, Diabetes, and basic wellness maintenance. S/he understands determinants of health and barriers to self management (smoking, poor nutrition, lack of community resources). S/he addresses the gaps in information and resources by coordinating and organizing wellness sessions, providing informational documents, and advocate to address systematic gaps. S/he documents and reports community needs and service gaps within care teams to help develop strategies for population health education.

The Chronic Disease Educator understands cultural competency and has great public communication skills. S/he understands the principles of health education and health promotion. S/he understands adult learning practices and has the ability to compose and provide statistical analysis of community resource development and needs. S/he is able to successfully plan and organize events, advocating for population health improvement.

Other titles for the Chronic Disease Education

- HIV Educator
- Diabetes Educator
- Asthma Educator
- Health Education Counselor, Health Educator

Home Health Aide

The Home Health Aide (HHA) is a certified paraprofessional who provides home-based, individualized care to the elderly, persons with disabilities or health-impaired children. Duties of the HHA include assisting with Activities of Daily Living (ADLs) as well as health-related tasks under the supervision of an RN such as clean dressing changes, exercise programs and medication administration. Additionally, Home Health Aides monitor and report changes in the patient's health status to the care team. As a member of the care team, the Home Health Aide is uniquely positioned as a first responder/observer of changes in the patient. S/he is often the first notice and communicates these changes. Additionally, the HHA is uniquely positioned to inform the care team to address issues with adherence. This paraprofessional is skilled in providing personal care, a variety of supportive health-related activities and demonstrates compassionate and empathy. The HHA knows how to follow a care plan and has adequate communication skills.

Other titles for the Home Health Aide

• Certified Home Health Aide

Patient Navigator

The Patient Navigator is a high school graduate with training who acts as a direct link between the patient and the care manager/team. S/he assists with the implementation of patient's care/discharge plans. This includes, but is not limited to, assisting patients with making needed appointments, coordinating resources to meet care plan goals (transportation, telephone reminders, maintaining patient communication and appointment log). S/he uses the E.H.R. to coordinate patient's needs within the care team, including missing tests, screenings, test results, and document follow up plan. S/he serves as the patient's advocate within the care team.

The Patient Navigator is culturally competent for the community being served and has great communication skills. S/he has competency using the E.H.R., enabling him/her to navigate a patient through the system coordinating the patient's appointments and service needs. S/he maintains and updates the patient's E.H.R. and is able to note and relay the patient's needs to the care team. S/he understands the determinants of health, and has basic knowledge of chronic disease management, patient rights, and HIPAA.

Other titles for the Patient Navigator

- Care Navigator
- Community Navigator

Community Health Worker

The Community Health Worker is a high school graduate with training and often has some experience in health, social services. His/her role is to establish strong positive relationships with patients, assist patients by providing or directing them to needed resources within their community or healthcare system. This includes, but is not limited to, self management education, maintaining social service resource information, assessing at risk patients, collaborating with care teams, educating and assisting patients to follow their proposed care plan (prescriptions, appointments, consent forms, social services). S/he works primarily in the field.

The Community Health Worker is culturally competent for the community, has the ability to work in the field/community, and has great communication skills. S/he understands a Care Plan and is able to assist patients with

compliance. S/he understands the determinants of health, and has basic knowledge of chronic disease management. S/he is trained in CPR, Infection prevention, with knowledge of patient rights and HIPAA.

Other titles for the Community Health Worker

- Outreach
 - Specialist/Worker
- Health Promoter
- Lay Health Advocate
- Community Health Advocate

• Promotora

Peer Provider

The peer provider is a person with lived experience of recovery from mental illness, addiction and/or chronic illness. S/he may or may not have formal education; however, s/he has acquired additional skills through formal training, to deliver services to promote mind-body recovery and resiliency. These skills include: coaching basics, lifestyle factors for health and wellness, interpersonal skills, communication, motivational strategies, promoting wellness strategies, self-care and self-advocacy. By focusing on resiliency and whole health, peer providers can activate self-management of prevention factors, such as stress management, to promote health and longevity.

Peer providers bring unique strengths and qualities to the integrated care team. The Peer Provider has insight into the experience of internalized stigma and how to combat it; compassion and commitment to helping others, rooted in a sense of gratitude; the experience of moving from hopelessness to hope and knows how to communicate that experience to those with a similar struggle. Additionally, the peer is in a unique position to develop a relationship of trust, which is especially helpful in working with people in trauma recovery. S/he also has developed skill in monitoring their illness and self-managing their lives holistically.

Other titles for the Peer Provider

• Certified Peer Specialist

Peer Support Specialist

- Recovery Coach
- Peer Health Coach
- Wellness Peer Health
 Coach

Source: Job descriptions from NYC facilities and national competency studies.