Suffolk Care Collaborative (SCC)
JOB DESCRIPTION

TITLE: Director of Care Management, Suffolk Care Collaborative
REPORTS TO: VP, Medical Director, Suffolk Care Collaborative **FLSA: Exempt**
DEPARTMENT: Population Health Management

JOB SUMMARY:

The SCC's Director of Care Management will provide clinical and administrative oversight to SCC's Care Management program. This role involves implementation and evaluation of all aspects of Care Management including provider and patient engagement approaches, care management strategies across the continuum of care and best successful and evidence based practices. The Director will also be responsible for helping SCC meet the care management goals set forth under the Delivery System Reform Incentive Payment (DSRIP) program. The incumbent will be a critical part of a model of care leadership team that ensures the delivery of quality, efficient, and cost-effective healthcare services for a Medicaid population.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- **40%** Provides content expertise in conceptualizing, developing, and implementing Care and Disease Management (CM/DM) strategies and products using evidenced based best-practices and new technologies. Assesses the CM/DM needs of new business partners/internal clients by conducting needs assessments; develops and ensures budget. Focuses on outcome measures to evaluate the impact of CM/DM project redesign and programs including quality, experience and efficiency metrics. Consults and communicates with client site leaders/physicians to evaluate CM/DM needs and implement services. Continually monitors and evaluates the CM/DM program, coordinates CM/DM products lines, and assists consumers with coordinating services that are needed and desired. Provides oversight and direct management of CM/DM staff in region/regions assigned. Implements improved innovative processes and programs to enhance the offering of CM/DM services to internal and external clients.

- **20%** Develops and implements plan to meet client needs regarding the various aspects of Care Management services including referral, intake, eligibility determination, program planning, monitoring, and ongoing assessment. Continuously available at client sites for day to day operational oversight and support. Directs the planning, coordination and execution of initiatives that promotes and supports the adoption of population health management.

- **20%** Assesses and analyzes with the Project team, any risks and issues that may compromise the team's performance and results; Develop plans to remove or mitigate issues.

- **10%** Collaborates with key stakeholders to develop and implement the on-boarding programs of Care Managers that facilitate comprehension, retention and continuous learning.

- **10%** Develops an ongoing communication mechanism in order for all stakeholders to be well informed on projects and future plans.

NON-ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Protects confidentiality of data and intellectual property; insures compliance with national health information projection guidelines.
- Recruits regionally for Care and Disease Managers to provide client services.
- Develops/maintains policy and procedures related to care and disease management.
- Possess knowledge and keeps current regarding national State Board of Nursing regulations and international regulatory bodies.
- Ensures that educational programs are congruent with organizational missions, values and goals.
- Serves as a mentor and coach for Care and Disease Managers.
- Performs all other duties as required or assigned.

SKILLS AND ABILITIES:

- Exhibits leadership qualities to include human resources management, time management, presentation/facilitating, team building, verbal and written communication skills
- Possesses proven ability to positively influence behavior and outcomes
- Ability to be autonomous and be directly accountable for results
- Demonstrates ability to excel in a fluid, dynamic and rapidly changing, complex environment
- Displays ability to influence and negotiate individual/group decision making
- Confident as an Independent thinker; demonstrates logical, strategic high focus, with attention to detail
- Ability to creatively solve problems, deal with ambiguity, develop and implement policy and procedures, perform analysis and prepare reports, and foster team building
- Proficient computer skills: comfortable with systems and proficient in Access, Excel, PowerPoint, Microsoft Project and other applications
- Effectively interacts collaboratively with physicians, other members of the health care team, regulatory bodies, consultants and customers
- Has an in-depth understanding of the clinical functions within Population Management especially those of CM/DM. Understands medical home practice assessments, workflows, division of labor, barrier analysis and analytics.

EDUCATION AND/OR EXPERIENCE:

- Requires an RN (current licensure). Bachelor's degree in nursing Master's degree preferred.
- Demonstrated working knowledge of NY Medicaid guidelines.

- Minimum 5 years of health care management experience.
- At least three (3) years of population health related management experience.
- Practice management/operations experience desirable.
- Experience with IT solutions such as electronic health records or disease/care management systems.

- Understanding of predictive modeling and risk stratification population based strategies

WORKING CONDITIONS/PHYSICAL DEMANDS:

- Requires the ability to travel and manage fluctuating work hours.
- Valid driver's license required.
- United States Passport may be required.

The specific statements shown in each section of this description are not intended to be all-inclusive. They represent typical elements considered necessary to successfully perform the job.