

## Oncology CARE COORDINATOR/NAVIGATOR

**Facility:** Oncology Practice Sites  
**Department:** Oncology Care Model  
**Reports to:** Director of Oncology Care Model  
**Date written:** September-719, 2017  
**Date revised:**

### **JOB SUMMARY**

The Care ~~Manager~~-Coordinator serves as a patient advocate, liaison, and educator to assist patients with the psychosocial issues. Will provide patients and family members with the education and advice needed to cope with issues which arise from various emotional, physical problems and financial matters related to their diagnosis. Coordinates a variety of services including crisis intervention, bereavement, client advocacy, referrals, prevention, education, discharge planning and implementation, and psychosocial assessments including survivorship care plan. Collaborates in the development and implementation of performance improvement initiatives and quality indicators.

### **JOB QUALIFICATIONS**

Education: Master degree in social work or counseling; licensed preferred. Experience in health care

### **ESSENTIAL FUNCTIONS**

All duties and responsibilities are essential job functions and are subject to possible modification to reasonably accommodate individuals with disabilities. Other functions and accountabilities may be assigned from time to time. Regular attendance is an essential function of this position. To perform this job successfully, the employee will possess the skills, aptitudes, and abilities to perform each duty proficiently.

### **TYPICAL PHYSICAL DEMANDS**

Requires sitting and/or standing for extended periods of time. Some bending and stretching required. Manual dexterity sufficient for operation of calculator, computer keyboard, telephone, fax, copier and other office equipment required. May involve stressful situations.

### **JOB DUTIES**

1. Conduct a comprehensive psychosocial assessment of the patient/family's health care needs to identify the strengths, challenges and opportunities
2. Reviews depression screening results and develops plan of care. Documents in medical record
3. Provides assessment of patients to evaluate mental health/psychiatric history/emotional issues/coping style, understanding of illness/adjustment/compliance, barriers to care, cultural issues,

4. Advocates on behalf of patients and families to gain access to services and resources. Refers patients to other providers, as necessary.
5. Works effectively as part of the interdisciplinary health care team, communicating regularly with the team and other members on cases and as issues arise. Documents timely and relevant information.
6. Facilitates the appropriate and efficient use of hospital and community resources.
7. Participates in formal and informal clinical case reviews, clinical supervision, educational seminars and research projects.
8. Interacts with home care, community agencies and facilities to ensure safe and timely patient care transitions
9. Ensures that patient/family is involved in all phases of the care process to the greatest extent possible.
10. Maintains current knowledge of and identifies needs in service delivery within social, governmental, protective services and legal agencies.
11. Participates in data collection for departmental quality assessment activities in collaboration with the care coordination department.
12. Maintain fluent knowledge of internal and external resources. .
13. Collaborate with referral sources and health care team members
14. Identify and advocate for the needs of the patient/families/caregivers within the healthcare system, provider team and community.
15. Maintain patient records, tracks resource allocation and statistics on patient contact according to division guidelines. Reports back to team to ensure continuity and cohesiveness of care
16. In the spirit of teamwork, employees are expected to follow any other job-related instructions and to perform any other job-related duties as requested

## **PERFORMANCE REQUIREMENTS:**

### Knowledge, Skills, and Abilities

Knowledge with health insurance guidelines, programs and plans; patient and co-pay assistance programs; Medicare and Medicaid health plans: COBRA guidelines, and the ability to find new programs to assist patients preferred. Skill in writing correspondence and utilizing good grammar. Skill in establishing and maintaining effective working relationships. Ability to organize, coordinate and monitor project work.