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HRSN Specialist RN

Description

The HRSN (Health-Related Social Needs) Specialist RN plays an important role in identifying, addressing, and managing the social determinants of health that influence patient outcomes. This job is in charge of combining clinical competence with case management to ensure that patients receive the necessary resources and support, hence improving health outcomes. The job demands a thorough understanding of healthcare delivery systems, case management, and utilization management procedures.

Responsibilities

- Assess patients' health-related social needs (e.g., housing, transportation, food security) and develop personalized care plans that address these needs in coordination with their clinical care.
- Serve as a patient advocate, ensuring that patients receive the necessary resources to optimize health outcomes.
- Collaborate with interdisciplinary teams, including social workers, community health organizations, and healthcare providers, to deliver comprehensive care.
- Review and monitor utilization of healthcare services to ensure effective use of resources, coordinating care that is both medically necessary and aligned with patients' social needs.
- Identify gaps in care caused by social determinants and encourage access to relevant services such as transportation, housing aid, or financial resources.
- Collaborate with community-based groups and healthcare practitioners to connect patients to relevant resources.
- Act as a liaison between healthcare systems and external social service agencies to address the broader needs of patients.
- Ensure accurate and timely documentation of patient interactions and care plans, adhering to regulatory and organizational standards.
- Utilize electronic health record systems (e.g., EPIC, Clinical Care Advanced) for tracking and documenting patient care, including social needs assessments.
- Stay current with trends and best practices related to health-related social needs, healthcare delivery systems, and case management.
- Be open to accepting new challenges and tasks as they arise.

Hiring organization

Phoenix Virtual Solutions

Employment Type

Full-time

Date posted

September 17, 2024

Qualifications

- Excellent communication and interpersonal skills.
- **Must have an active unencumbered Registered Nurse (RN) license in Oregon.**
- Bachelor of Science in Nursing (BSN) preferred.
- Master's degree in a related field is preferred.
- A minimum of two (2) years of clinical experience is required.
- Two (2) years of experience in case management and/or utilization management is required.
- Experience with healthcare delivery systems, especially in managing care for patients in a managed care environment.
- Proficiency with computer applications, including electronic documentation systems like MS Office, EPIC, and Clinical Care Advanced.
- **Has an active certificate in Management Certification (CCM) or Utilization Management Certification (MCG) is required.**
- Detail-oriented with strong organizational skills to manage multiple cases simultaneously.
- Familiarity with behavioral health regulations, managed care practices, and utilization review protocols.
- Knowledge of medical office procedures.
- Skill in operating a computer.
- Skill in answering the telephone in a pleasant and helpful manner.
- Ability to work under pressure and still maintain accuracy.