



Position Description

Job Title:	Medical Director, Recuperative Care	Revision Date:	5/5/21
Program/Department	MLK RCC	FLSA Status	Non-Exempt
Reporting To:	Chief Medical Officer & Program Director	Salary Grade Level:	TBA

Position Purpose:

The primary function of the Recuperative Care Center (RCC) Medical Director is to ensure that high quality medical care is delivered to patients during their stay at the RCC and to ensure that care is coordinated with other service providers attending to the physical, behavioral health, and social needs of these individuals. The RCC Medical Director will oversee Physician Assistants (PAs) and/or Nurse Practitioners (NPs) and a clinical nurse supervisor who, in turn, oversees RNs/LVNs providing support to RCC patients. He/she will be an active member of the RCC Management team. The RCC Medical Director will report internally to the JWCH Chief Medical Officer for all clinical and quality assurance functions and will report to the Director of the RCC Program for all other administrative, programmatic and operational functions. All medical, behavioral health and case management services delivered at MLK RCC are subject to oversight by the Department of Health Services (DHS), Housing for Health Chief Medical Officer who is responsible for all services provided at DHS funded transitional housing sites.

The Recuperative Care Medical Director will be in charge of 3 sites comprised of 325 bed medical respite units for some of the most medically and behaviorally complex individuals experiencing homelessness in LA County. Patients are referred to the MLK RCC from LA County Department of Health Service’s program: Housing for Health (HFH). HFH, in turn, receives its referrals from public and private hospitals, emergency rooms, outpatient clinics, and the streets. Patients meet eligibility for MLK RCC based on their medical and/or behavioral health vulnerability; once accepted into the MLK RCC, they receive case management, behavioral health and care coordination services within RCC’s interim housing until they are stabilized and ready to move on to permanent supportive housing. Length of stays vary from several weeks to over one year depending on the patient’s individual needs as determined by HFH.

Principal Responsibilities:

1. Receive referrals from HFH and determine eligibility for the MLK RCC. Assist in coordination of admission to the MLK RCC and provide necessary information to the MLK RCC multi-disciplinary team so that a comprehensive and well-coordinated care plan can be actualized.
2. Assign patients to the PAs and help devise the medical care plan on admission. Ensure that all patients are fully assessed by NP/PAs within 24 hours of arrival and receive the necessary medical attention/medications/equipment that they need at intake. For patients that are admitted without standard intake documentation, coordinate and assign medical staff to monitor, assess and report on the appropriateness of the patient remaining at the RCC.
3. Oversee weekly tier system of MLK RCC patients, categorizing them into one of three tiers: Level 1, 2, or 3 patients based on their medical vulnerability and acuity.
 - 3.1 Tier 1 patients should be fully assessed (i.e. have full HPI, ROS, physical exam, and assessment/plan) at least once weekly by PA/NPs and more often as indicated by their signs/symptoms. These patients should also be seen weekly to work with the patient on substance use disorder issues, care coordination, patient education and medication management issues. This weekly visit is designed to provide additional medical provider input to the weekly interdisciplinary team (IDT) meetings for patient support.
 - 3.2 Tier 2 patients should be fully assessed (i.e. have full HPI, ROS, physical exam, and assessment/plan) at least once every two weeks by PA/NPs and more often as indicated by their signs/symptoms. These patients should also be seen weekly to work with the patient on substance use disorder issues, care coordination, patient education and medication management issues. This weekly visit is designed to provide additional medical provider input to the weekly interdisciplinary team (IDT) meetings for patient support.
 - 3.3 Tier 3 patients should be fully assessed (i.e. have full HPI, ROS, physical exam, and assessment/plan) at least once monthly by PA/NPs and more often as indicated by their signs/symptoms. These patients should also be seen weekly to work with the patient on substance use disorder issues, care coordination, patient education and medication management issues. This weekly visit is designed to provide additional medical provider input to the weekly interdisciplinary team (IDT) meetings for patient support.

- 3.4 All assessments and plans must be documented in ORCHID on the same day as the patient encounter before the NP/PA leaves after their shift.
4. Oversee the work of the PA/NPs in providing high-level care coordination to RCC patients.
 - 4.1 It is a goal of the RCC to help patients establish therapeutic alliances with community-based primary care providers. Until that primary care is established, the NP/PAs at the RCC will assume a primary care role. Once primary care is established, the role of the NP/PA is to coordinate care. This might include diagnosing and treating new medical conditions, supporting ongoing care of chronic conditions, pain management, prescribing new medications (except for antipsychotics without psychiatry support), making medication changes, obtaining prior authorizations for medications and supplies, arranging for necessary DMEs, arranging for specialty visits and studies, and completing patient forms. NP/PAs are also responsible for daily huddles on each RCC wing to create and implement daily action plans, performing transition of care visits for patients being discharged from hospitals, following up with outside provider recommendations after outpatient visits and ensuring that treatment recommendations/medication changes are acknowledged and actualized, and preparing patients for discharge from the RCC to their new housing locations.
 - 4.2 The role of the MLK RCC Medical Director is to ensure that this care is being provided in a thorough, high-quality, and prompt manner and that care is well-documented in the medical record in ORCHID. The MLK RCC Medical Director should provide this quality assurance by participating in daily rounds, holding case-based review sessions with the NP/PAs on a weekly basis, conducting chart reviews, and interfacing with patients directly.
5. The MLK RCC Medical Director may also need to provide direct care to patients in prescribing pain medication, antipsychotic or other medications (such as Suboxone) outside of the prescribed scope of NP/PAs, assessing and treating patients with high medical complexity, completing forms/signing prescriptions that require MD signature, coordinating care of patients with complex treatment plans and multiple providers in disparate institutions.
6. Substantively participate in weekly interdisciplinary team (IDT) meetings. The MLK RCC Medical Director will provide education/guidance as needed to ensure that the care team is designing and implementing a care plan that will optimize the patient's current health, as well as, their health in the future.
7. Substantively participate in weekly social worker case conferences to lend medical expertise to the care of patients with significant mental health illnesses and substance use disorders.
8. Provide regular educational sessions and case-based learning opportunities to the NP/PAs and other clinical staff at the RCC.
9. Substantively participate in monthly medical staff meetings and RCC management meetings and support new programs and initiatives as directed by the Program Director of MLK RCC
10. Develop and implement protocols and procedures to improve medical practice at RCC and create an ideal model of care amongst medical respite units in LA County and the nation.
11. Represent MLK RCC's medical services and interface with partnering medical directors at DHS divisions, DMH, DPH and community partners when needed to strategize linkages and enhance coordinated care of homeless individuals.

Requirements:

1. Doctor of Medicine (M.D.) Degree and a valid CA license to practice medicine issued by the CA Medical Board
2. Homeless healthcare experience
3. Experience working with high complexity patients with multiple medical problems, severe persistent mental illness, and SUD.

Preferred:

1. Teaching and communication with clinical and non-clinical staff
2. SSA and disability documentation
3. Familiarity with DMH, DHS, DPH and community primary care, mental health and substance use programs and resources



Employee's Signature

Print Name

Date

Supervisor's Signature

Date

Human Resources Director's Signature

Date