

Job Description Recommendations

In regard to the job descriptions there are several specific areas of “care team wording” that NCQA wants to see in job descriptions and in training materials.

These areas are as follows:

1. The care team member’s role in **patient population management**. Examples of this may include use of i2i to help manage certain patient populations, preparation of materials for certain patient populations, use of registry and proactively managing care for certain clinical conditions (such as diabetes or asthma) or needing services (such as immunizations or mammograms). *[PCMH 1G-6]*
2. The care team member’s role in **care coordination**. Examples of this may include lab tracking, referral tracking, communicating with hospitals or other facilities about a patients stay, etc. *[PCMH 1G-4]*
3. The care tam member’s role in **self-management support**. Examples of this may include motivational interviewing, providing self-management tools and encouraging patients to self-manage and coaching to promote healthy behavior changes. *[PCMH 1G-5]*
4. The care team member’s role in **communication skills**, particularly with vulnerable patient populations (vulnerable populations are those made vulnerable by their financial status, personality characteristics, place of residence, health status, age, etc.). Examples of this includes being able to communicate effectively with a wide range of populations, understanding health literacy levels, or other approaches to addressing communication needs. *[PCMH 1G-7]*
5. The care team member’s role in **quality improvement**. Examples may include the expectation of the care team member to participate in quality improvement activities, meetings, provide feedback on quality improvement data, etc. Training may include PDSA or understanding the QI process and its importance. *[PCMH 1G-8]*

It’s important to incorporate this language and these “topics” in all of the care team members’ job descriptions, as appropriate.