



A nonprofit medical practice dedicated to delivering, coordinating and advocating for the quality medical care that homebound seniors and people with disabilities need to experience healthful lives in their own homes.

Benneth Husted, DO • Executive Medical Director
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JOB DESCRIPTION: CLINICIAN

Reports to: Medical Director

Date Developed: 7/1/03

Date Revised: 2/3/08

FLSA: non-exempt

General Summary: Provide primary medical care to homebound patients.

Key Relationships: Reports to Medical Director or to Lead Clinicians, in matters delegated by Medical Director.

Qualifications: The minimum requirements needed to be successful in the position. Education, Training and Experience (includes licenses or certifications): MD or DO degree with board certification in primary care area (family practice, internal medicine, geriatrics). Nurse practitioners must have Masters in nursing and board certification in family, adult or geriatric care. Physician Assistants must have Masters level training and certification. Current license, board certification, malpractice insurance (minimum of \$1million/\$3 million), DEA Schedule II privileges, driver's license, and car insurance are required. Prior experience in home health or hospice is a plus. Multilingual skills preferred.

Knowledge, Skills and Abilities: Medical evaluation and management, establishment and implementation of care plans, thorough and legible documentation. Familiar with personal limitations of knowledge and skills, and seeks consultation appropriately. Able to triage urgent and crisis situations, solve problems and stay focused. Good communication skills and a compassionate heart. Must be organized and a self-starter; able to both work alone and be a team player.

Standards of Performance:

1. Actively supports and incorporates the mission and core values of the organization into daily activities. Treats all others with respect and demonstrates excellence, justice and compassion in daily work and relationships with others.
2. Maintains confidentiality of all information related to patients, medical staff, employees, and as appropriate, other information
3. Demonstrates service excellence and positive interpersonal relations in dealing with others, including patients, family members, caregivers, employees, clinicians, volunteers, and community members, so that productivity and positive relations are maximized.



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Principle Duties and Functions:

1. Performs medical evaluation and management services within the scope of Oregon license and personal competence. Provides medical evaluation and management services, including but not limited to:
 - a. performing history and physical examinations with typed report and electronic file;
 - b. establishing and implementing care plans including proactively managing patients (clinician sets visit schedule);
 - c. following up as needed (clinician on-call for own patients 7 am Monday to 5 pm Friday).
2. Implicit in these duties is the need to establish and maintain good working relationships with patients, their families and caregivers, as well as other members of the professional health care team both within our office and in other agencies.
3. Check voice mail at least twice each work day, around 10 and 4, and respond promptly.
4. Maintain patient records and complete other required paperwork in a legible and timely fashion (clear in-box at least twice weekly).
5. Coordinate patient care with other clinicians as needed to insure continuity
 - a. maintain and update patient list with code status, allergies, abbreviated problem list, and other relevant information;
 - b. leave voice mail for weekend on-call person regarding any unstable patients;
 - c. give updated list and verbal report to covering clinician when taking days off.
6. Participate in weekend/holiday call schedule.
7. Be readily available by phone or pager when on-call; answer pages STAT (within 10-15 minutes for most pages, one hour for page to listen to voice mail).
8. Attend team meetings (Monday mornings, 9:30 to 10:30).
9. Document visits and other services to support level of billing.
10. Submit billing weekly.
11. Complete all required forms for ongoing credentialing with insurance plans.
12. Participate in Peer Review process when requested.