



**HEALTH CENTER
PARTNERS**
of Southern California

A Family of
Companies



JOB DESCRIPTION

JOB TITLE: Manager of Clinical Quality Improvement
STATUS: Exempt, Full Time
REPORTS TO: Chief Medical Officer (CMO)
DIRECT REPORTS: Quality Coordinator

This job description is intended to be a general statement about this job and is not to be considered a detailed assignment. It may be modified to meet the needs of the organization.

JOB SUMMARY

Under the direction of the CMO (or designee), is responsible for leading and evaluating the operation and maintenance of an organization-wide performance improvement, quality, accreditation, regulatory and compliance program and related projects. Reviews and recommends revisions to clinical and administrative policies and procedures, as indicated. Facilitates performance improvement teams and educates leaders, clinical and support staff regarding Integrated Health Partners' commitment to quality. Works in an interdisciplinary manner to ensure performance improvement, quality, regulatory and compliance goals are met.

ESSENTIAL JOB FUNCTIONS

Performance Improvement/Quality

- Ensures that IHP has a basic set of standards and requirements that all participating practices must meet in order to be considered eligible for participation in the IHP programs, governance, and financial rewards. Reviews reports to ensure that participation practices are meeting standards and requirements. In conjunction with the CMO, develops remediation plans for practices that do not meet standards. Works with the CMO to ensure remediation goals are met and/or action is taken if not met.
- Works with CMO and key stakeholders to develop, maintain and monitor the implementation of the **Performance Improvement Program** and all day-to-day performance improvement activities related to Integrated Health Partners' programs and services. Identifies inadequacies in the delivery of care and works across all levels of the organization to implement corrective actions.
- Works with CMO to present and obtain BOM approval for IHP's Performance Improvement Plan.

Manager of Clinical Quality Improvement
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- Applies, teaches and skillfully uses techniques for quality improvement, outcomes measurement and statistical analysis to advance the *Performance Improvement Plan*. Provides project management and team facilitation support to operational, quality and/or performance improvement teams, as needed to implement key performance improvement projects.
- Serves as key liaison with IHP contracted health plans to review and disseminate HEDIS and Gap in Care information. Identifies discrepancies in plan reports and works to remediate identified discrepancies and works with CMO to resolve issues. Develops reports based upon findings from occurrence monitoring and assists with staff education related to same.
- Facilitates **Performance Improvement Teams** in collaboration with clinical and operational team leaders and member staff regarding proper application and implementation of performance improvement measures, as identified during performance management activity.

Health Outcome Measures

- Maintains effective, collaborative working relationships to ensure achievement of health outcome measures and coordination of efforts, including:
 - Working with health informatics staff to collect and analyze data on all Health Plan, P4P and incentive measures;
 - Providing a monthly health outcomes report for IHP Clinical Committee; and,
 - Creating a monthly dashboard for each health center on all chronic disease care measures, P4P and Health Care Plan measures, and individual provider performance status.
- Designs training modules regarding performance improvement for all levels of the organization. Collaborates with the CMO in such efforts, particularly in regard to quality, efficiency and patient safety.
- Serves as resource to providers for performance management matters and continuing education related to same.

Other

- Works closely with the MSO to identify opportunities for continuous quality improvement and increased HEDIS performance
- Collaborates with MSO in development of health center staff training to increase efficiency of proper coding to ensure maximization of pay-for-performance programs from payers.
- Shares information openly to promote continuity of knowledge dissemination amongst stakeholders
- Supports several committees and programs, as follows:
 - Clinical Quality Committee – Participates in and supports Clinical Quality Committee.
 - Senior Management – Participates as an active member of this team.
 - Operations – Attends committee meetings and facilitates with chair, as requested.
 - Analytics and Quality Improvement - Participates in and supports the Analytics and Quality Improvement Committee.

- Responsible for supervision of staff and adherence to organization policies related to such.
- Meets goals and objectives of any grant funded projects that support this position.

QUALIFICATIONS

Education/Experience

- A minimum of five years of experience successfully implementing performance improvement, quality and compliance programs in a complex health care environment, FQHC preferred.
- Bachelor's degree in nursing or related health care field.
- Clinical experience preferred.
- Master's preparation in relevant field preferred, (e.g. MHA, MPH, MPA, and/or MBA).
- CPHQ certification preferred.
- Working knowledge of regional health disparities and social determinants of health.
- Working knowledge of the Planned Care Model and its use in performance improvement.
- Working knowledge of Medi-Cal regulations and a variety of rigorous process improvement and quality outcome measurement methodologies, such as, Rapid Cycle Testing, PDSA, FMEA, Healthy People 2010/2020, HEDIS, P4P.
- Proven leadership, meeting facilitation, project management and time management skills.
- Effective advanced computer software skills including performance management-related applications, database management, and OFFICE suite.
- Excellent communication skills (oral and written).
- The incumbent must have strong interpersonal skills to work effectively internally and externally and across all levels in an organization.
- Working knowledge of relevant computer systems and software.
- Must possess valid driver's license, insurance and own transportation for use in work, and be flexible with working some evenings and weekends within a 40-hour workweek.
- Must be willing to travel (up to 20%)

Other Required Skills/Abilities

- Critical thinking, decision making and problem solving: Able to anticipate and manage current issues, exhibit critical thinking and sound judgment, use reason, even when dealing with emotional topics, take action to resolve conflicts and problems. Able to review primary and secondary data, determine facts, identify trends and patterns, weigh options, offer solutions, make recommendations, and report data clearly, succinctly, and objectively.
- Flexibility: Able to remain open-minded and change opinions on the basis of data and/or new information; perform a wide variety of tasks and change focus quickly as demands change; manage transitions effectively from task to task; anticipate, plan for and adapt to varying patient / customer needs.
- Leadership: Able to assume a role of authority as necessary; advocate new ideas, even when risk is involved; set an example for coworkers; delegate responsibility and empower associates to make decisions; provide constructive feedback to others. Must have excellent interpersonal, communication, written and presentation skills, and the ability to collaborate with leadership, providers, allied health and administrative staff and partner agency staff.

- Planning, prioritizing and goal setting: Able to prepare for emerging patient / customer needs; manage multiple projects; determine project urgency in a meaningful and practical way; use goals to guide actions and create detailed work plans and action plans; organize and schedule self, people and tasks. Lead the transition of assigned project results to the operational process owners at the time of project closure, including developing a feasible plan to spread and sustain improvements.
- Compliance: Deep understanding of HIPAA. Carries-out responsibilities in keeping with applicable laws, regulations, and industry standards; alert to potential for internal problems and reports concerns appropriately.
- Performance improvement: Serves as content expert on improvement methodologies and imparts knowledge of improvement processes to team leaders and interdisciplinary team members.

PHYSICAL REQUIREMENTS

- Ability to sit or stand for long periods of time
- Ability to reach, bend and stoop
- Physical ability to lift and carry up to 20 lbs.
- Office setting.
- Frequent, daily use of computer, telephone, copier and FAX machines.
- Regular periods of high stress and long days
- Must be responsive to multiple deadlines.

HIPAA/COMPLIANCE

- Maintain privacy of all patient, employee and volunteer information and access such information only on as need to know basis for business purposes.
- Comply with all regulations regarding corporate integrity and security obligations. Report Unethical, fraudulent or unlawful behavior or activity.

I acknowledge that I have read and understand this job description. My signature below certifies that I am able to perform the essential duties and responsibilities of this position. I have also discussed any accommodations that I feel I might need to allow me to perform these essential functions. Additionally, I agree to abide by the policies and procedures established by Health Center Partners of Southern California.

Signature

Date

Employee Name (please print)