

Job Description

Job Title: Director of Population Health	Department: Medical Management
FLSA Status: Exempt	Reports: Chief Risk and Compliance Officer
Effective Date: 10/1/2022	Revised Date: 12/12/2022

Job Summary: Responsible in developing, implementing and monitoring progress in meeting the Provider 2.1 A Health Whole Health initiative by identifying and correcting Gaps in Care, assisting in defining Care Management protocols/criteria, developing and implementing screening tools for Health-Related Social Needs, developing and implementing protocols for a High Risk registry, implementing Population Health activities including, AHCCCS Targeted Investment Program (TIP) including identifying, measuring and reporting outcomes and all Value Based Care initiatives. This position will implement solution focused initiatives with a keen ability to isolate causes and create solutions across multiple systems (IT, Business operations, clinical care, quality management, and billing). This position will support agency risk mitigation activities. Will serve as a subject matter expert contributing to grant and proposal, as well and diversity, equity and inclusion initiatives. This position will report to the Chief Risk and Compliance Officer.

ESSENTIAL JOB DUTIES AND RESPONSIBILITIES

- In collaboration with members of the Executive Team, implement and monitor progress in meeting the Whole Health program goals by:
 - a. Establishing report metrics, methodologies and standards using all data sources to track and monitor HEDIS performance.
 - b. Assisting in developing communication & feedback measures for responding to gaps in care
 - c. Assisting in design and implementation of team, campus and company-wide intervention strategies to prevent gaps in care
 - d. Establishing written protocols and workflows
 - e. Monitoring progress in addressing gaps in care
 - f. Reporting back to management, supervisors and teams their progress or lack thereof
 - g. Assisting in addressing performance issues by using problem solving techniques
 - h. Participating in MIPS coordination meetings and initiatives
- Assist in defining Care Management protocols/criteria for the High Need/ High Risk registry, levels of care panels, Health-Related Social Needs findings by populations, and determining under/over utilization.
- Assist in maximizing the utilization of population health platforms potential for metrics and reporting for :
 - a. Value-based contract measures
 - b. Whole Health initiatives
 - c. HEDIS measures
 - d. HRSN identification and referral activities
 - e. Health inequities
 - f. Other organizational initiatives
- Significant Assistance and contribution in all Population Health activities including:
 - a. AHCCCS Targeted Investment Program (TIP) including identifying, measuring and reporting outcomes.
 - b. The development of Care Management/Case Coordination assessments

- c. Implementing programs to address HRSN
- d. The case formulation process
- e. Policies, protocols and workflows related to these activities.

- Develops data strategies and reporting metrics using available data sources within the company including:
 - a. HIE batch alerts report and CCDA data
 - b. Problem registry reporting within the E.H.R.
 - c. Available population health and analytics tools
 - d. Other custom data sources available through payers such as ED utilization and risk scoring
 - e. Encounter data
- Develops data baselines and progress reports, protocols and data management strategies for comprehensive population management consistent with PIR's value-based contracts and best healthcare practice including:
 - a. Methodologies for management of high cost/high utilizers, including frequent ED and inpatient utilization
 - b. Methodologies for management of preventive health care needs for individuals with HRSN
 - c. Develop metrics for relevant HEDIS measures
 - d. Methodologies for management of at-risk conditions, lifestyle factors and social determinants of health including smoking, obesity and homelessness
 - e. Methodologies for management of chronic conditions such as diabetes and COPD
 - f. Methodologies for identification and management of service participants that are not progressing as expected
- Serves in a consultative role to care coordination staff and initiatives within the Clinical Care Team, including identification and assignment of participants to enhanced monitoring panels and consultation on evidence-based strategies for clinical, medical and social interventions.
- In collaboration with the CMO and COO, provides data and support for monitoring Care Team follow up (gaps in care, ED utilization, chronic condition management, etc) and identifying opportunities for population health improvement.
- In collaboration with the Director of Clinical Services and the Chief Business Strategy Officer, conducts in-depth analyses on service utilization, provider practice patterns, examination of complex data relationships, and use of statistical techniques to measure impact of various actions/results and interventions. Develops reporting metrics to identify trends and patterns in population health, cost and utilization across sub-populations and PIR campuses.
- Assist in identifying training and technical assistance needs to achieve fully whole person, integrated and collaborative care practices.
- Work closely with digital team to enhance member engagement related to gaps in care, utilization etc. through the use of a SMS and other patient engagement platforms.
- Work with the digital team to determine health inequities and develop methods to reduce the disparities.
- Assist in the development of digital solutions to current data measurement methods including the creation of a data warehouse, reports and dashboards.
- Participate in committees/meetings by related to data governance and utilization of data for clinical initiatives.
- Participate in planning and monitoring of value-based payment methods and contracts

- Work collaboratively with the state identified health information exchange service provider, medical leadership and campus staff to optimize utilization of data and alerts within the Health Information Exchange.
- Support in the development of report templates (source, methodology, frequency, audience, monitoring process) for company oversight of contract/quality metrics.
- Develop strategies for accountable care with communication to leadership including regular review processes/tools that includes process for using data to drive care initiatives while evaluating progress and areas for improvement.
- Review models/tools for no-show management and develop standardized procedures throughout the organization to reduce no-shows and increase member engagement
- Support training department and campus leadership with assessment of culture related to integrated care and evaluate training needs and strategies for implementation
- Support the training and clinical departments in developing staff training for issues identified in the population health data.
- Supervision of Care Management staff.
- Meet engagement/productivity goals as determined by Director of Population Health and Chief Risk and Compliance Officer. (Engagement goals can be achieved through providing direct patient care, counseling (as appropriate) and consultation/clinical staffing.
- Support agency risk mitigation activities.
- Assist in grant and proposal related activities as needed.
- Support Diversity Equity Inclusion efforts as needed.
- To ensure compliance, adequate services, and quality improvement, additional job duties may be required to meet the needs of the program and/or department.

MINIMUM QUALIFICATIONS

- Master's degree in a behavioral health related field with at least two (2) years of full-time behavioral health work experience.
- At least (1) year full-time leadership/management experience
- **(Preferred)** - License in Arizona as a Behavioral Health Professional which includes:
 - Psychologist
 - Social Worker
 - Counselor

KNOWLEDGE, SKILLS, AND ABILITIES

- Demonstrated ability to communicate, problem solve, and work effectively with people and in a team environment.
- Capacity to engage in multiple activities without losing track of needed results.
- Strong attention to detail especially when turning data into information..
- Solution focused with a keen ability to isolate causes and create solutions across multiple systems (IT,

Business operations, quality management, and billing.)

- Constant attention to issues relating to utilization management and fiscal sustainability.
- Superior ability to motivate staff in their discharge of their duties and responsibilities.
- Knowledge of applicable state, and federal regulations.
- Good working knowledge of the current landscape of health care financing and utilization issues.
- Ability to take initiatives and see tasks to completion.
- Willingness to accept new responsibilities for organizational leadership.

Computer Skills: Proficiency in typing, using computer software, i.e., EHR/EMR systems, Word, Excel, and PowerPoint and Internet is essential.

Required: Car, valid AZ Driver's License, state minimum insurance coverage and ability to meet and maintain the company's acceptable driving requirements.

Other: Flexible work schedule.

WORKING ENVIRONMENT (This position may include the following situations)

Sitting Standing Lifting 15 lbs.
Typing Pushing Driving Other: Travels 50%

Standard work schedule: 08:00 am – 5:00 pm with flexibility to work evenings and weekends as needed.

SIGNATURES OF APPROVAL

I HAVE RECEIVED A COPY OF THIS JOB DESCRIPTION. I HAVE READ AND UNDERSTAND THE INFORMATION PRESENTED HERE. THIS JOB DESCRIPTION IS NOT A PROMISE OR A CONTRACT OF EMPLOYMENT, EXPRESSED OR IMPLIED, AND DOES NOT ALTER THE EMPLOYMENT AT-WILL RELATIONSHIP IN ANY WAY.

Date: 2022.12.13 19:07:22 - 0700'

Employee's Signature

Date

Print Name

