



JOB DESCRIPTION

Chief Medical Officer, Quality & Clinical Management

Department: Administration	Status: Full time
Location: Hilo, Hawaii	Reports to: IPA Board of Directors

JOB SUMMARY

In support of East Hawaii Independent Physicians Association's (EHI IPA's) mission, vision, and strategic goals as an emerging Clinically Integrated Network, the Chief Medical Officer of Quality & Clinical Management provides medical leadership for adopting key principles, tools, technologies, payer contracts and clinical support services in an IPA setting. This position also provides medical guidance activities of the organization which are part of the IPA's transformational, capitated, delegated, and/or risk payer contracts including Credentialing, Utilization, Care, and Quality Management Programs. The Medical Director helps create an environment encouraging IPA Members and support personnel to collaborate in building successful practices that deliver quality medical care cost-effectively while optimizing patient and IPA Members' quality of life. This position develops and recommends guidelines, policies, practices, procedures, and recommendations for appropriate clinical and business actions.

Works closely with IPA Board of Directors, IPA Administrator and other members of the IPA Leadership Team to design and implement effective practice engagement strategies to create meaningful change in the delivery of care across our wide array of independent practices. This will include engaging practices in a side-by-side, face-to-face fashion with other members of the IPA's diverse team of professionals in support of performance improvement activities guided by performance data and benchmarks. Must be willing to attend evening and early morning meetings and travel to Oahu or Mainland as needed

ESSENTIAL DUTIES & RESPONSIBILITIES

Medical Leadership

- Chairs Quality and Clinical Integration Committees as assigned and participates on the IPA BOD as a non-voting member.
- Provides medical leadership for IPA Clinical Integration initiatives which may include review and recommendations of various third-party payer contracts related to medical management programs.
- Monitors utilization review/management, quality and performance improvement, and credentialing process for compliance with internal and external regulations.
- Coordinates with the BOD President, Administrator, IPA Members, continuity of care facilities/services and health plans to research and resolve issues requiring corrective action. Holds self and IPA Members to a BOD approved Standards of Behavior Compact.
- Monitors and counsels IPA Members on clinical and financial performance reporting to ensure compliance with cost effective delivery of health care and ancillary services.

- Is accountable for and provides medical leadership and direction to the utilization/cost management and clinical quality management functions and works with IPA members to improve IPA's overall clinical measure performance.
- Responsible for the development, maintenance, oversight and implementation of Utilization, Care and Quality Programs, policies, procedures.
- Maintains HIPAA standards and confidentiality of protected health information; reviews critical incidents and information.
- Participates in and provides leadership at regional, payer, community and other organizational meetings.
- Mentors new IPA Members for successful attainment of IPA quality, clinical and financial goals.

Clinical Integration

- Actively promotes the basic tenets of Clinical Integration and Continuity of Care as the means of achieving, maintaining, and growing the market place stature in an IPA setting.
- Serves as the lead clinician for the planning and implementation of the IPA's Clinical Integration and Continuity of Care initiatives including electronic records/analytics/interconnectivity adoption, quality metrics collection, outcomes reporting, and performance improvement.
- Oversees the implementation of web-based care transition, clinical communication, and hospital and specialty care referral management platforms.

Utilization and Care Management

- Works directly and in close cooperation with participating/contracting hospitals, allied health plans, allied health professionals and physicians in executing IPA's responsibilities in the management and care of subscribers/enrollees.
- Oversees and ensures timely, necessary, appropriate and quality medical care through review of Inpatient and Outpatient utilization and planning.
- Participates in annual review of Utilization and Care Management process to assess consistency of health care professionals to ensure decisions are appropriately made as a result of medical criteria, population and program criteria.
- Reviews referral/authorizations submitted by primary care physicians, specialists and allied health professionals that require further clinical judgment and decisions that cannot be approved by staff.

Provider Relations and Network Development

- Serves as member of health plan and other network advisory and quality performance committees.
- Participates in provider relations activities to promote physician education about transitional/managed care functions and services.
- Coordinates with Administrator and BOD in planning, developing and delivering strategic network messaging.
- Coordinates with Administrator and BOD in support of IPA Membership recruitment, new acquisitions or affiliations and overall network development activities.
- Collaborates with IPA Members to improve performance in areas of quality, risk adjustment and associated operations.
- Facilitates ad hoc medical record reviews and based on results, educates IPA Members around regulatory and contractual reporting requirements.
- Tracks IPA Member and patient experience feedback; analyzes findings and suggests improvements in care delivery program.

Quality Program and Provider Engagement

- Provides education and consultation to IPA Members and clinical care teams related to clinical performance measures.
- Supports HEDIS reporting of measures, appropriate medical record documentation and coding opportunities for improvement and reduction in barriers.

- Works with leadership in planning and implementation of innovative clinical care models in support of clinical integration initiatives.
- Drives improvement in HEDIS and CAHPS results; helps design and support the structure and function of quality activities working in partnership with Quality program.
- Actively uses and supports quality improvement principles and methods in an effort to improve processes; participates on quality improvement project teams as a member/leader.
- Performs ongoing analysis of gaps in clinical care and barriers to care delivery.
- Assesses care opportunities for patient and provider actions and designs and implements patient and provider specific interventions.
- Advises and educates IPA Members practices in appropriate quality measures in accordance with regulatory and contractual requirements.
- Reviews and trends IPA Members performance data to identify and strategize opportunities for provider improvement.
- Collaborates with IPA Members to review pharmacy utilization to optimize therapeutic outcomes and cost-effective pharmacotherapy throughout the care delivery system.

KNOWLEDGE, SKILLS, AND ABILITIES

- Philosophical perspective to fully embrace the tenets of the private practice of medicine as a viable alternative for IPA Members and their patients.
- Comprehensive skills, abilities and knowledge to serve as an ambassador for IPA among network providers, payers and community partners.
- Able to work collaboratively and tactfully with a wide variety of health care professionals and staffs, both inside and outside of the organization; strong "people" skills.
- Willingness to adhere, support, and enforce IPA Members Standards of Behavior Compact.
- Experience or knowledge of Hawaii State's unique health care delivery structures, programs and stakeholders.
- Knowledge of managed care, including utilization, care management, quality, credentialing, and peer review.
- Knowledge of Medicare and Medicaid various plan designs.
- Knowledge of prepaid health care delivery systems and value-based payment models.
- Knowledge of healthcare administration, policies, and operating procedures.
- Skill in working cooperatively with patients, physicians, and staff to articulate complex concepts, including managed care principles, in readily understandable terms.
- Ability to analyze problems and formulate plans, solutions, and course of actions.
- Ability to establish and maintain cooperative working relationships with individuals at all levels of the organization.
- Ability to analyze and interpret complex data.
- Ability to research and prepare comprehensive reports.
- Knowledge of specific communication needs with the ability to listen actively and respond in a timely, competent manner both verbally and in writing.
- Demonstrated skill in learning, teaching and utilizing information technology systems.
- Ability to judge appropriate information to be conveyed to different levels of company leadership.
- Skill in working effectively under deadlines, frequent interruptions and changing priorities.

MINIMUM QUALIFICATIONS

Education: Graduate from accredited medical residency program.

Experience:

- 5 years' recent experience in clinical practice.
- 5 years' experience in leadership role in medical facility or related environment.
- Significant experience in chronic care management and population health.

Certification:

- Current unrestricted Physician (MD/DO) license.
- Board certified in a recognized specialty of the American Board of Medical Specialties.
- Current driver's license.

EQUIPMENT USED

Office equipment, computer, personal vehicle.

MENTAL & PHYSICAL DEMANDS/WORKING CONDITIONS

- Mental Effort: Must be able to work effectively as a member of IPA team; work is detailed and complex with multiple competing personalities, priorities, deadlines and internal and external customers.
- Physical Requirements: Work is primarily in office environment requiring ability to see and hear and communicate as well as operate personal motor vehicle.
- Working Conditions: Work is performed both in an office setting and at clinic locations; noise level may be moderate or loud on occasion; work may be required outside normal business hours.

The job description does not constitute a written or implied contract of employment. East Hawaii IPA reserves the right to revise or change job duties and responsibilities as the need arises.

ACKNOWLEDGEMENT

I have read and understand the above job description.

Employee Date

President, BOD Date