



MEDICAL DIRECTOR

Position Status: Exempt
Reports To: Chief Medical Officer
Effective Date: 08/12/99
Revised Date: 08/14/24
Job Level: M3

POSITION SUMMARY

Under policy direction, this position:

1. Provides clinical leadership within one or more of the Health Services functional areas, such as Utilization Management, Quality Improvement and Population Health, Pharmacy, Care Management, and Enhanced Health Services
2. Develops and improves relationships with internal and external stakeholders, including the professional medical community, and maintains and enhances communications with similar Health Plan organizations
3. Participates in all aspects of regulatory compliance related to Health Services functions
4. Performs other duties as assigned

RESPONSIBILITIES

1. Provides clinical leadership within one or more of the Health Services functional areas, such as Utilization Management, Quality Improvement and Population Health, Pharmacy, Care Management, and Enhanced Health Services, with duties including but not limited to:
 - Coordinating and consulting with department directors regarding the clinical direction of programs, studies, activities, and processes
 - Participating in the development, interpretation, and presentation of reports and analytics needed for improvement
 - Developing annual work plans, program descriptions, year-end reports, annual evaluations, and reviewing and updating policies, in conjunction with department directors and leadership
 - Providing input on clinical content for specific programs
 - Taking a leadership role in strategic planning, Clinical Effectiveness and Quality Initiatives, and other operational programs
 - Providing clinical leadership regarding provider relations and member relations
 - Participating in the general administration of the Alliance as a member of the leadership team by providing input into the problem-solving and decision-making process
 - Conducting complex research and analysis related to Health Services strategies
 - Assisting in formulating strategic plans and goal setting in support of Alliance programs
 - Modeling and promoting effective interdepartmental communication
 - Preparing narrative and statistical reports and making presentations
 - Drafting, recommending, and implementing administrative policies, processes and procedures related to Health Services operations
 - Maintaining current knowledge of relevant federal and state laws, policies and directives, and organizational policies and procedures
 - Overseeing the preparation and maintenance of records, reports, and related documents

- Attending and participating in internal and external meetings related to Alliance business operations

Utilization Management Responsibilities:

- Providing clinical leadership for medical decisions regarding hospital Concurrent Review on Alliance inpatient members
- Reviewing Authorization Requests as referred by Utilization Management staff for approval or denial of requested services
- Evaluating member requests for administrative membership categories
- Evaluating physician requests for member reassignment
- Participating in staged resolution of authorization appeals and communicating with providers and members regarding utilization management issues and questions
- Directing and interpreting data based on utilization analysis, including overutilization, underutilization, and cost trending in key areas, such as inpatient, pharmacy, and Emergency Department (ED) use
- Evaluating member and provider appeals

Quality Improvement Responsibilities:

- Assessing requirements and needs for mandatory and optional health promotion programs
- Recommending study design, oversight, and feedback mechanisms for quality improvement projects
- Participating, as assigned, on internal quality review activities
- Evaluating potential quality of care incidents, communicating with providers regarding such incidents, developing Corrective Action Plans (CAPs), and evaluating responses to CAPs
- Participating in the Alliance complaint and grievance resolution process, including State Fair Hearings
- Participating in peer review activities
- Identifying fraud, waste, and abuse and working with the Alliance Compliance Program to address those issues
- Evaluating member grievances and complaints
- Evaluating potential quality issues

Pharmacy Management Responsibilities:

- Participating in the development, implementation, and monitoring of the Alliance drug formulary
- Providing clinical support and leadership to the Pharmacy Department drug utilization management process, including practitioner interface, and overseeing appropriate denials
- Assisting in the Pharmacy Benefit Manager (PBM) and pharmacy consulting services relationships, including participating in the PBM Request for Proposal (RFP) process

Care Management Responsibilities:

- Collaborating and consulting with the Care Management Director to set the clinical direction and implement disease management, care coordination, and complex case management programs
- Collaborating with the Care Management Director to ensure that Care Management programs support Alliance strategic initiatives, including utilization and quality targets
- Supporting coordination of internal, provider, and other external care management resources

- Leading interdisciplinary team conference

Enhanced Health Services Responsibilities:

- Integrating CalAIM enhanced care management into primary care and the healthcare delivery system to ensure effective delivery of these services
 - Integrating CalAIM Community Supports into the community system of care for Alliance members
 - Supporting transitions of care for all members
2. Develops and improves relationships with internal and external stakeholders, including the professional medical community, and maintains and enhances communications with similar Health Plan organizations, with duties including but not limited to:
 - Attending or chairing local medical meetings and committees, such as Hospital Joint Operating Committee, Physicians Advisory Group (PAG), and Peer Review and Credentialing Committee (PRCC)
 - Participating in the Alliance’s internal committees and workgroups, such as: Clinical Quality Improvement Committee (CQIC), Quality Improvement Work Group (CQIW), Utilization Management Work Group (UMWG), Reassignment Committee, Appeals and Grievances Committee, and Compliance Committee
 - Participating in community forums related to the Alliance’s goals and mission
 - Participating in information sharing, discussions, and problem-solving meetings with other Health Care organizations and community agencies
 - Evaluating disputes regarding Primary Care Physician performance
 - Informing and educating the professional community about the Alliance and its programs
 - Participating in academic detailing outreach to providers regarding Care Based Incentives, Quality Improvement Programs, Utilization Management best practice, and Care Management Programs
 - Serving as a liaison for network physicians who have questions, suggestions, feedback, or complaints
 3. Participates in all aspects of regulatory compliance related to Health Services functions, with duties including but not limited to:
 - Reviewing requirements for state and federal audits
 - Preparing and reviewing materials related to compliance requirements
 - Participating as needed in regulatory discussions, meetings, and conferences
 - Participating in statewide Medi-Cal Managed Care Medical Director communications and related meetings as assigned
 4. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Doctor of Medicine, current license to practice medicine issued by the State of California, Board certification in a specialty recognized by the American Board of Medical Specialties, and a minimum of three years of experience working in medical programs administration, including experience with the peer review process; or an equivalent combination of education and experience may be qualifying.

KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of the methods of designing, operationalizing, evaluating, and iterating workflows and programs
- Working knowledge of data collection and management practices, as related to utilization and quality of medical care
- Working knowledge of the principles and practices of program development and project management
- Working knowledge of and proficiency in promoting and applying change management principles
- Working knowledge of the principles and practices of customer service
- Working knowledge of and proficiency with Windows based PC systems and Microsoft Word, Excel, Outlook, and PowerPoint, and database systems
- Some knowledge of managed care, Medi-Cal, Medicaid, and Medicare programs
- Some knowledge of healthcare regulatory processes
- Ability to independently navigate complex systems in order to effectively and efficiently implement new programs in a timely manner
- Ability to communicate clearly and consistently and work collaboratively with stakeholders and partners, such as patients, community-based organizations, and healthcare providers
- Ability to analyze issues and think critically to ensure success in leading system change, make informed operational and strategic decisions, and oversee implementation and continuous process improvement related to key internal and external priorities
- Ability to evaluate, qualitatively and quantitatively, a broad variety of programs and processes and use these evaluations to ensure ongoing quality improvement
- Ability to develop, plan, organize and direct programs and activities that are complex in nature and regional in scope
- Ability to manage multiple projects simultaneously, organize work, and achieve goals and timelines
- Ability to foster effective working relationships, influence others and build consensus with individuals at all levels in the organization
- Ability to demonstrate a collaborative management style, build rapport, and effectively manage internal and external business relationships
- Ability to provide leadership, facilitate meetings, and partner with and guide managers and employees in the resolution of issues
- Ability to build trust and rapport with the local provider community and other health plans
- Ability to gain and maintain knowledge of the medical communities within all Alliance service area counties
- Ability to act as a resource to clinical and non-clinical staff and explain complex laws, regulations, processes, and programs related to area of responsibility
- Ability to understand and interpret complex clinical reports, data, and analytics
- Ability to resolve complex problems with creativity and resourcefulness
- Ability to demonstrate sensitivity, empathy and understanding to a culturally diverse member population
- Ability to prepare narrative and statistical written reports, correspondence, and other program documents
- Ability to make presentations and adjust communication style in order to facilitate collaboration and understanding

DESIRABLE QUALIFICATIONS

- Bilingual (English/Spanish or English/Hmong)
- Experience leading change across inpatient and outpatient patient care settings
- Experience working with systematic quality assurance, quality improvement, and public health and epidemiology programs
- Experience working with healthcare partners and community partners
- Working knowledge of managed care, Medi-Cal, Medicaid, and Medicare programs
- Working knowledge of the methods and techniques utilized to address the social determinants of health
- Working knowledge of safety net systems and the factors to consider when working with vulnerable populations
- Working knowledge of the principles and practices of program implementation, continuous process improvement, and systems thinking and design
- Some knowledge of the principles and practices of supervision and training
- Some knowledge of the medical communities within the Alliance service area counties

WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift, and carry objects of varying size weighing up to 10 pounds
- Ability to work effectively in a remote work environment
- This position has geographic-specific responsibilities and will perform duties at satellite Alliance offices, as directed by the Chief Medical Officer and Health Services Officer
- Ability to travel to different locations in the course of work
- Possession and ongoing maintenance of a valid Driver's License, transportation, and automobile liability insurance in limits acceptable to the Alliance

This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.