



QUALITY IMPROVEMENT PROGRAM ADVISOR II

Position Status:	Exempt
Reports To:	Department Manager
Effective Date:	04/21/21
Revised Date:	04/22/24
Job Level:	P2

POSITION SUMMARY

Under limited supervision, this position:

1. Supports Quality Improvement (QI) and Population Health Department leadership and higher-level Quality Improvement Program Advisors with program administration
2. Conducts quality improvement studies and analyzes data to evaluate the Alliance's performance
3. Analyzes, develops and implements quality improvement activities to increase performance against national, state and regional benchmarks and definitions
4. Performs other duties as assigned

DISTINGUISHING CHARACTERISTICS

The Quality Improvement Program Advisor II is the full working level classification in the Quality Improvement Program Advisor series and is distinguished from the lower, entry and first working level Quality Improvement Program Advisor I by the former's performance of more complex analysis and reporting, greater independence of action, and application of a greater degree of knowledge of quality improvement initiatives. This classification is distinguished from the next higher, advanced working level Quality Improvement Program Advisor III by the latter's performance of more complex data analysis and reporting, greater independence of action, application of a greater degree of knowledge of quality improvement initiatives, and responsibility for assisting with mentoring and training of subordinate Quality Improvement and Population Health Department staff.

RESPONSIBILITIES

1. Supports Quality Improvement (QI) and Population Health Department leadership and higher-level Quality Improvement Program Advisors with program administration, with duties including but not limited to:
If assigned to QI Clinical Decision Unit:
 - Coordinating and submitting convenience and over read samples to the External Quality Review Organization (EQRO) to ensure quality data
 - Submitting Interactive Data Submission System (IDSS) data to National Committee for Quality Assurance (NCQA)
 - Acting as a resource on HEDIS technical specifications and training staff in the use of HEDIS certified software
 - Collaborating with other County Organized Health Systems (COHS) regarding joint HEDIS activities and reporting
 - Serving as point person for HEDIS staff regarding correct Health Insurance Portability and Accountability Act (HIPAA) protocols related to transporting Protected Health Information (PHI)
 - Maintaining Health Effectiveness Data and Information Set (HEDIS) member exclusion data
 - Maintaining a problem log of certified HEDIS software issues
 - Reviewing and validating accurate location and contacts for medical record requests

- Coordinating, preparing, and facilitating in person and virtual provider trainings, workshops, performance reviews, and data validation for the Alliance’s pay-for-performance (Care-Based Incentive) program
- Working with supplemental data sources such as immunization registries and lab vendors
- Collaborating with practices to integrate their electronic medical record data into vendor software
- Compiling and analyzing Facility Site Review (FSR) and Potential Quality Issue (PQI) data to assist with evaluation of quality of clinical care and member safety
- Performing data collection and trend analysis focused on member safety, quality care and provider performance
- Participating in on-site visits for Physical Accessibility Reviews (PAR) with providers, in collaboration with QI nurse
- May assist FSR Team engagement with providers, including scheduling reviews and monitoring visits related to Medical Record Review (MRR), FSR and PAR
- Performing outreach to providers for corrective action plan (CAP) follow-up
- Preparing documentation and provider-specific reports to assist QI nurses with providing educational information and assistance with CAP completion to providers

If assigned to QI Performance Improvement Unit:

- Act as practice coach to providers to improve effectiveness of health care delivery through various modalities such as on-site support, trainings, analysis, and one-on-one coaching.
- Develop, participate in, and lead provider collaboratives across counties including but not limited to, in-person events and virtual meetings
- Develop and support provider improvement plans and programs
- Responding to inquiries from internal stakeholders regarding regulatory and accreditation activities by researching, summarizing and presenting findings and recommendations
- Coordinating Health Services (HS) Division continuous audit readiness program efforts
- Coordinating production of pre-audit deliverables and conducting review and analysis of various data sources to determine potential audit focal points
- Conducting gap analyses between operational activities and contractual requirements and collaborating with stakeholders on contract requirements and related operational modifications
- Acting as liaison to Compliance Department audit leads to coordinate and execute on-site audit logistics, coordinate document requests with relevant subject matter experts and stakeholders, coordinate required CAP (Corrective Action Plan) activities and development of narrative CAP rebuttals, and supporting implementation of operational modifications to correct deficiencies
- Researching and coordinating health plan accreditation standards, such as NCQA
- Performing routine review and interpretation of accreditation standards and guidelines, regulatory and contractual requirements, policies and procedures, and trends and best practices, and making recommendations based on findings
- Participating in HS Division quality improvement efforts to promote operational alignment with accreditation, regulatory and contractual standards, guidelines and/or requirements
- Coordinating annual facilitation, analysis and dissemination of the Alliance member experience surveys, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, including coordinating with the Alliance’s third-party survey administrator and internal stakeholders

2. Conducts quality improvement studies and analyzes data to evaluate the Alliance's performance, with duties including but not limited to:
 - Providing technical expertise in data analysis to Health Services staff and external agencies
 - Performing computer-based statistical analysis of data related to QI programs
 - Monitoring and ensuring the validity of data
 - Evaluating quantitative and/or qualitative reports for accuracy of data
 - Assisting in identifying, assessing, and modifying current or new processes and creating process documentation for QI activities
 - Developing tools, templates, reports, and matrices to support QI activities
 - Collecting data from one or more quantitative and/or qualitative sources, such as encounter data, claims data, laboratory data, benchmark data user interviews, or other data sources
 - Utilizing Alliance data systems to generate, work with and analyze data
 - May be assigned to back up or assist senior Quality Improvement and Population Health Department staff
3. Analyzes, develops and implements quality improvement activities to increase performance against national, state and regional benchmarks and definitions, with duties including but not limited to:
 - Participating in developing and implementing interventions, such as provider level report cards, webinars, collaboratives, and performance improvement initiatives
 - Evaluating and reporting performance at fixed intervals and on an ad-hoc basis
 - Working directly with provider offices and internal end users, to increase performance
 - Educating providers of regulatory requirements and measures
 - Designing and administering training, education, and awareness activities, in
 - Requesting information from internal and external partners
 - Leading and participating in departmental and cross-functional projects, workgroups, and committees
4. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Bachelor's degree in Business, Health Care, Data Science or a related field and a minimum of four years of experience performing or supporting quality/process improvement or project management activities, including a minimum of two years of experience performing QI activities in a health care environment (a Master's degree may substitute for two years of the required experience); or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Working knowledge of the principles and practices of QI in a healthcare environment
- Working knowledge of the principles and methods of research methodology, statistical analysis and report design
- Working knowledge of relational databases and data analysis
- Working knowledge of the principles and practices of project management
- Working knowledge of and proficiency with Windows based PC systems and Microsoft Word, Excel, Outlook, Access, Visio and PowerPoint
- Ability to plan, organize and lead data collection activities

- Ability to resolve complex analytical problems
- Ability to document, summarize and present statistical and technical data in a clear and understandable manner utilizing a variety of narrative and graphical formats
- Ability to facilitate and coordinate the work of a workgroup engaged in quality improvement activities
- Ability to interpret, apply and explain policies, procedures, standards, guidelines, and legal and contractual language
- Ability to identify and define issues, analyze and interpret data, evaluate and synthesize a wide range of information, identify options and make recommendations for action
- Ability to write routine reports and provide analytical conclusions of data
- Ability to manage multiple projects simultaneously, organize work, maintain accurate records, and achieve goals and timelines
- Ability to analyze and write process maps and work instructions
- Ability to learn and apply SQL to manage data
- Ability to demonstrate strong organizational skills and attention to detail
- Ability to evaluate medical records and other health care data
- Ability to prepare materials, make presentations, and conduct training related to quality improvement activities
- Ability to demonstrate flexibility and creativity, identify improvements to existing practices, and to effectively adapt to change
- Ability to work collaboratively with individuals at all levels of the organization and with providers and other external stakeholders
- Ability to work independently with minimal supervision and as a member of a team

DESIRABLE QUALIFICATIONS

- Master's Degree in Business, Healthcare, Data Science or a related field
- Working knowledge of compliance and audit techniques in the health care field
- Working knowledge of the concepts of Medi-Cal managed health care
- Working knowledge of Title 22 regulations related Medicaid
- Working knowledge of HEDIS reporting, if assigned to QI Clinical Decision Unit
- Some knowledge of SQL

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 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.