



Job Code: 6666

Grade: 23

HCWR: N

Job Title

Manager of Quality of Care and Population Health

Department

Health Plan Services

This position is exempt from Career Service under the CCH Personnel Rules.

Job Summary

The Manager of Quality of Care and Population Health develops and implements Health Plan Services initiatives that promote high quality of care for all Health Plan Services members. Collaborates with Health Plan Services and Cook County Health (CCH) leadership, clinical services, health plan committees, contracted providers and partners, and regulatory agencies on timely resolution of complex issues, reporting and data analytic activities required by State and Federal statute or regulation. The Manager of Quality of Care and Population Health designs and implements measures to minimize the risk of injuries and adverse incidents through adherence to quality standards, risk detection and prevention education. Supervises staff and leverages vendor/partner participation to lead these efforts.

General Administrative Responsibilities

Collective Bargaining

- Review applicable Collective Bargaining Agreements and consult with Labor Relations to generate management proposals
- Participate in collective bargaining negotiations, caucus discussions and working meetings

Discipline

- Document, recommend and effectuate discipline at all levels
- Work closely with labor relations and/or labor counsel to effectuate and enforce applicable Collective Bargaining Agreements
- Initiate, authorize and complete disciplinary action pursuant to CCH system rules, policies, procedures and provision of applicable collective bargaining agreements

Supervision

- Direct and effectuate CCH management policies and practices
- Access and proficiently navigate CCH records system to obtain and review information necessary to execute provisions of applicable collective bargaining agreements



General Administrative Responsibilities

Management

- Contribute to the management of CCH staff and CCH' systemic development and success
- Discuss and develop CCH system policies and procedures
- Consistently use independent judgment to identify operational staffing issues and needs and perform the following functions as necessary; hire, transfer, suspend, layoff, recall, promote, discharge, assign, direct or discipline employees pursuant to applicable Collective Bargaining Agreements
- Work with Labor Relations to discern past practice when necessary

Typical Duties

- Oversees management of Quality of Care grievances and concerns. This includes the grievance investigation and resolution process. Collaborates with Chief Medical Officer, Managed Care or designee to convene the Peer Review committee and oversee corrective action and improvement initiatives.
- Provides leadership and subject matter expertise to improve quality of care and safety of Health Plan Services members in accordance with quality management and regulatory requirements of health plan services.
- Hires, supervises, coaches and evaluates staff to implement quality of care management program.
- Develops program descriptions, policies and procedures, work plans, and annual program goals for approval by Health Plan Services leadership and governance committees to continually improve health plan quality.
- Engages and monitors network providers, vendors, and delegates to adhere to practice guidelines, Health Plan Services policies, State, Federal and accreditation standards, regulatory requirements and quality standards to minimize the risk of injuries and adverse incidents to members.
- Assures compliance with all monitoring and reporting of Quality of Care concerns in accordance with State, Federal, accreditation standards and CCH and Health Plan Services committees.
- Develops and implements audit processes and on-site quality reviews of providers and oversees audits of Health Plan Services.
- Participates in the Health Plan Services Delegation Oversight team to ensure oversight and ongoing monitoring of delegated entities' implementation of both an incident reporting and complaint/grievance systems to comply with applicable State and Federal laws.
- Analyzes the frequency trends and causes of actual or potential adverse incidents and collaborates with partners to develop and implement improvement initiatives and/or corrective action plans.
- Collaborates with leadership to implement the Quality Program and Quality workplan to achieve stated goals in accordance with Federal and State requirements and National Committee on Quality Assurance (NCQA) standards.
- Develops and approves training materials, participate in training for Health Plan Services staff, providers, vendors and delegates to ensure compliance with quality of care and quality



Typical Duties

investigations as well as to promote person centered care planning and competence addressing diverse populations' needs.

- Develops effective relationships with internal and external stakeholders, including State and other agencies, professional and community organizations.
- Travels to work sites throughout Cook County.

Minimum Qualifications

- Bachelor's degree from an accredited college or university
- Three (3) years of experience in a risk management, audit, or quality assurance capacity with responsibility for monitoring performance, reporting trends, and investigating grievances
- Two (2) years of experience managing staff
- Intermediate proficiency using Microsoft Office
- Must be able to travel to work sites throughout Cook County

Preferred Qualifications

- Advanced degree in health, administration or legal field(s)
- Licensed Registered Professional Nurse in the State of Illinois
- Experience as an RN in a clinical setting
- Prior experience in managed care, preferably a Medicaid/Medicare Managed Care Organization
- Current risk management certification

Knowledge, Skills, Abilities and Other Characteristics

- Knowledge of managed care and health system goals and trends including care coordination, population health and health outcome measurement
- Knowledge of patient-safety interventions and continuous quality improvement models
- Commitment to person-centered care and strong initiative to innovate, improve health care access, quality and outcomes
- Excellent program development, management and leadership skills
- Strong interpersonal skills to build relationships, negotiate and collaborate with individuals, organizations and stakeholders
- Demonstrated analytical, problem-solving, critical thinking, decision making and conflict management/resolution skills
- Ability to conduct activities in accordance with CCH privacy policies and provide leadership regarding confidentiality requirements for behavioral health services
- Ability to prioritize, plan, and organize projects to meet deadlines in a fast paced and stressful environment
- Ability to function autonomously and as a team member in a multidisciplinary team
- Must be able to travel to work sites throughout Cook County



Physical and Environmental Demands

This position is functioning within a healthcare environment. The incumbent is responsible for adherence to all hospital and department specific safety requirements. This includes but is not limited to the following policies and procedures: complying with Personal Protective Equipment requirements, hand washing and sanitizing practices, complying with department specific engineering and work practice controls and any other work area safety precautions as specified by hospital wide policy and departmental procedures.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of the personnel so classified.

For purposes of the American with Disabilities Act, “Typical Duties” are essential job functions.