

Job Description

Job title: Senior Practice Transformation Consultant
Reporting to: Director, Operations
Department: Practice Transformation
Hours: Full-time Exempt
Performance Review period: Calendar Year

Purpose of the position

The Senior Practice Transformation Consultant is responsible for strengthening the relationship between United Physicians and assigned client physicians and practices with the objective of maximizing performance. This is accomplished by simultaneously: (1) acting as the main point of contact for assigned clients, identifying, tracking and resolving all issues related to performance within United Physicians programs and (2) delivering or coordinating consultative services to increase value based reimbursement including patient-centered medical home implementation, process improvement, quality improvement, burden of illness documentation, increasing efficiency, and health information technology optimization. Along with these activities, the Senior Practice Transformation Consultant will be responsible to lead one area of network improvement (examples include, Quality, PCMH, Risk coding, CQIs, or other programs assigned)

Responsibilities & duties

- Establishes positive and productive relationships with member physicians, with the goal of influencing physician behavior through education and frequent touchpoints.
- Leverages relationships with office staff to optimize engagement and performance improvement
- Identifies, tracks and resolves issues related to all operational and transactional relationships between assigned client practices and United Physicians, including membership, credentialing, plan and program enrollment, accounting, authorization and claims processing issues, hosted IT applications, portal access and usage, and care management
- Ensures timely and accurate on-boarding and off-boarding of physicians and practices
- Identifies key value based care improvement opportunities at assigned practices
- Engenders practice accountability for change and improvement
- Identifies process changes or capability adoption to drive improvement in all assigned programs
- Facilitates process and technology improvement and work flow changes in practices
- Engages with Providers and their office staff on Burden of Illness (BOI). This includes creating and sharing actionable data with them and driving performance
- Is the subject matter expert for BOI topics and fields questions from the providers and their office staff related to BOI
- Partners with practices with any identified tasks related to BOI i.e., scheduling, researching, auditing and visit preparation

- Partners with Risk Adjustment Manager and Director on projects as needed
- Recruits new physicians and practices to the company and for identified contracts and programs
- Engages medical directors for counseling and corrective action process as required
- Audits practice attestations on PCMH and PCMH-N capabilities
- Staff support for leadership, regional, specialty steering committee, and office manager meetings
- Participates in development of best practice documentation, process improvement work flows, and other performance improvement job aids
- Lead group projects and conversations on assigned lead area
- Completes special projects assigned

Qualifications

- Ability to be a team player and exercise initiative in responding to provider requests and concerns in a helpful and courteous manner
- Strong understanding of the health care industry, and provider relations
- Successful experience in providing customer service
- Knowledge of process improvement
- Ability to work with mathematical concepts such as probability and statistical inference. Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.
- Understanding of specifications of quality, use and financial metrics used by national agencies and local payers
- Understanding of credentialing and plan enrollment processes
- PCMH, population health, clinical integration, chronic care model theory and application
- Experience with ambulatory practice management
- Moderate project management skills (including ability to map dependencies, identify critical path)
- Familiarity with use of patient or disease registry and common EMRs in population health management
- Knowledge of CPT, ICD, and HCPCS coding
- Knowledge of DRG, RBRVS, APC reimbursement methodologies, including application of outliers, copays and deductibles, allowed versus paid
- Valid driver's license and reliable transportation
- Bachelors Degree in business, health care administration, nursing, health information technology or related field
- 5 years experience in related position
- Proficiency with Microsoft Office applications

Performance Skills

- Listens, seeks to understand and articulates the values and interests of others
- Ability to decompress conflict by acknowledging source of conflict and refocusing on improvement principles and objectives

- Quickly identifies problems that affect clients and other departments, informs impacted parties with transparency and works to resolve issues in a timely, thoughtful and respectful manner
- Balances identified performance challenges with practice priorities and interpersonal relationships to build ever increasing momentum towards transformation
- Comfortable independently demonstrating qualifications in group settings
- Ability to identify priorities and stay on schedule, and help internal partners and clients do the same
- Demonstrates relentless optimism about the future of the company, its clients and the health care delivery system
- Attention to detail and dependencies

Disclaimer

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 construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.