

Job Description

Job Title: Assistant Director, Health Care Quality Improvement
Reports To: Director of Clinical Affairs
Desired Start Date: ASAP (but no later than July 30, 2008)

SUMMARY

Resolution Health, Inc. (RHI) sends personalized communications that empower patients and enable physicians to maintain health, improve quality of health care and reduce medical care cost. The Assistant Director, Health Care Quality Improvement will be responsible for: (1) identifying situations in which analyses of integrated health care claims data, lab test results and other member-specific health data (e.g. biometric or patient self reported data) can be used to identify actionable patient-specific opportunities to improve compliance with "best clinical practice" and prescribed medication regimens, and/or to responsibly reduce medical costs (for payor and/or member); and (2) assisting in the development and maintenance of technical specifications for computer algorithms used to identify such member-specific opportunities. The results of these analyses trigger personalized communications that are sent to members, providers, and other care managers.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following:

- Monitor development of clinical practice guidelines by major medical specialty organizations (e.g., ACC/AHA, ACG) as well as the creation and/or endorsement of quality measures by national committees (e.g., NQF, AQA, NCQA, AHRQ, USPSTF).
- Keep abreast of cutting edge activities in quality measurement, quality improvement, and disease management
- Assist in the development, implementation and maintenance of the technical specifications for computer algorithms that (1) describe the clinical status of individual health plan members, including their overall health status, clinical history, the severity of particular diseases, and clinical and economic risk; (2) identify actionable opportunities to improve quality and safety of care and/or reduce cost of care. Technical specifications include the clinical logic and relevant codes used in medical service and prescription drug claims data (e.g. ICD-9, CPT-4, and NDC); and (3) participate in quality assurance related to the performance of these algorithms
- Ensure that the clinical algorithms used in RHI's products and services are consistent with current clinical practice guidelines
- Interact with health plan medical directors and external physician review panels that review RHI algorithms on a periodic basis
- Perform economic analyses to identify cost savings of health interventions.
- Oversee the design, implementation, and analysis of studies to determine the clinical and financial effectiveness of RHI products and services
- Other clinical and analytics projects as assigned by direct supervisor

REQUIRED OR DESIRABLE EDUCATION/ EXPERIENCE

- Clinical: MD with at least two years of clinical experience
- At least two years of experience doing health services research or work in quality improvement, disease management or utilization management
- Familiarity with standard medical and pharmacy coding schemes (ICD-9, HCPCS, CPT-4, hospital revenue codes, LOINC, and NDC) and, ideally, experience analyzing health care claims data
- Strong oral, written communication, organizational, and analytical skills
- Ability to manage multiple, diverse projects in a fast-paced environment
- Attention to detail
- Experience using Microsoft office applications

CONTACT INFORMATION

Please send/email cover letter and Curriculum Vitae (CV) to:

Resolution Health, Inc.
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