

Director, Risk Management and Clinical Operations

Steward Health Care System (Steward), the largest privately owned hospital operator in the country, is comprised of 36 hospitals in 10 states as well as managed care operations in Arizona, Utah, and Massachusetts, and Health Choice, a managed risk platform which delivers managed care and health insurance services to more than 680,000 patients. Steward Health Care System employs more than 37,000 people and serves approximately 3.1 million patients annually.

Steward Medical Group (SMG), Inc. is Steward's multi-specialty group practice with over 4,300 employees including over 1,400 physicians and advanced practitioners. SMG operates approximately 450 practice locations throughout Massachusetts, Southern New Hampshire, Rhode Island, New Jersey, Pennsylvania, Ohio, Florida, Utah, Arizona, Texas, Louisiana and Arkansas, and provides more than 4 million patient encounters per year.

Position Summary:

Reporting to the SMG National Chief Operating Officer, the Director, Risk Management and Clinical Operations will Provide leadership, direction and consultative guidance to the medical group leadership and employed physicians/mid-level providers (hereinafter "Employed Providers" or "SMG" or "Steward Medical Group") regarding identifying and managing risk. This includes clinical compliance activities such as clinical data reporting programs, mandatory insurance reporting (aka MMSEA reporting), payer inquiries, etc.

The Director serves as a role model for proactive risk management in the ambulatory practices of SMG through monitoring of claims and incident reporting activity, development of proactive audits of best practices in clinical care and documentation, and creation of training programs and policies to support standardization. The Director also serves in a key role for developing and operationalizing initiatives related to clinical quality and quality measurement as required by risk management, compliance, payors, regulators, and other stakeholders.

Essential Functions:

Risk Identification & Management – Regulatory and Accreditation:

- Partners with IT and SMG Operations on eCQM, ACI and CPIA measures to reduce risk in the implementation and submission of Merit Based Incentive Payment System ("MIPS") reporting.
- Works to reduce risk with the clinical data registries so that each Employed Provider's NPI has the highest possible MIPS score reported to regulatory agencies.
- Completes on-site survey preparations using NCQA/URAC factors/elements prior to payor site assessments.
- Maintains minutes for the general session and executive session for all Texas 5.01a organization activity (terminations, peer reviews, etc.), per policy.
- Completes initial credentialing and re-credentialing of all 5.01a enrolled SMG Employed Physicians.

- Holds 5.01a Board Meeting Executive Sessions to credential and re-credential SMG Employed Physicians.
- Participates as a member of the SMG Policy & Procedures committee.
- Assures compliance with State licensing agencies, NCQA accreditation/certification standards (where applicable) and other regulatory bodies as they apply to the SMG.

Risk Identification and Management – Management of Clinical Risk:

- Collaborates with coding personnel to manage risk in concurrent coding/documentation using the clinical documentation improvement program (CDI) tools..
- Partners with IT and SMG Operations to facilitate staff and operations leadership to report unusual occurrences using the RL or STARS Incident Reporting System, or similar system.
- Follows up with SMG Operations on open unusual occurrences to assure operations leadership has documented required follow up.
- Develops and implements training programs based on identified trends or high-risk areas for SMG providers and staff
- Oversees audits of clinical practice, office workflow, and documentation in order to ensure compliance with key risk management initiatives.
- Analyzes data from unusual occurrence reports to assure risks identified in reports has been addressed, where required. This may be through the proactive use of FMEA tools or retrospective use of root cause (RCA) review tools.
- Verifies that IT has met risk management documentation standards in clinic facing applications (ie: Cerner PowerChart,. Athena, etc.).
- Assess and, where required, constructs and implements healthplan requested corrective action plans (CAPS) for identified exposed risk.
- Administers the Clinic Patient Safety/Satisfaction and Quality Program.
- Works to assure compliance with applicable policies written for SMG.
- Reduces clinical risk by conducting RCAs and FMEAs where appropriate.

Risk Transfer/Financing – Reporting and Management of Captive Enrollment:

- Manages the Captive Eligibility Review Committee (CERC) by drafting a summary for all providers being recruited and who will be enrolled on the captive malpractice carrier.
- Assures the CERC process follows the minimum standards of NCQA or URAC, whichever is more rigorous.

Claims Management – Facilitating Defense, Generating Claims:

- Provides guidance to the SMG employed providers when there is a Medical or Nursing Board complaint to promulgate an effectual response.
- Uses claim data to proactively reduce clinical/non-clinical risk within SMG.
- Keep a loss-run history in order to identify and address areas of risk.

Required Knowledge, Skills and Abilities:

- Bachelor's Degree in Nursing or equivalent amount of education and experience. Masters's Degree in Nursing, Healthcare or related field preferred.
- Board certification as a healthcare quality professional required.
- Board certification as a risk management professional preferred.
- Administrator of risk management programs preferred.
- Completion of six-sigma green-belt. Black-belt or master black-belt preferred.
- Experience in clinic operations preferred.
- Experience with electronic medical record systems required.
- Experience as a clinic provider preferred.
- Experienced with population health/disease management required.
- Demonstrated ability to lead a Quality Department and/or Risk Management Department.
- Demonstrates 10+ years successful leadership in an ambulatory or inpatient clinical role.
- Ability to interface with all levels of medical group and clinical executives.
- Able to multi-task urgent needs of the providers, patients and operational leadership.
- Has excellent communication skills and is able to have sensitive discussions and share information of a confidential nature.
- Travel requirement up to 30%.