



**Oregon Network of Community Health Centers
Network Director**

Position Description

Position:	Network Director	Date:	02.21.23
Reports To:	OPCA Executive Director	FLSA Status:	Exempt
Supervision:	Network Manager	Pay Type:	Salary
	1.0 FTE	Starting Range:	\$154,000-\$170,000 + potential for an annual performance bonus

Approved By: Network Executive Committee
Joan Watson-Patko, OPCA Executive Director

_____ Date _____

1. Primary Purpose

- The Network Director is the lead accountable staff of the Network, and provides overall management of Network operations, is responsible for maintaining funding and fiscal accountability, supporting community partnerships, planning, and developing new services, and accomplishing goals and objectives set by the Board of Managers (BOM). The Network is a newly formed network, comprised of Oregon federally qualified health centers (FQHCs) working towards clinical integration, and is a wholly owned subsidiary of the Oregon Primary Care Association, the membership organization serving Oregon’s 34 FQHCs and FQHC Look-Alikes.

2. Essential Duties and Responsibilities

- **Provide oversight and management of Network operations**
 - a. Works closely with Network Board of Managers on the development of the strategic plan, and planning and reporting tools, and is accountable for the implementation and communication of progress toward strategic priorities.
 - b. Drives the clinically integrated network (CIN) vision and cultivates, develops and fosters strong relationships with all stakeholders.
 - c. Leads development and implementation of the Network’s business plan and all strategies and tactics for achieving its goals and objectives.
 - d. Works closely with OPCA’s Executive Director to ensure the value, goals, and objectives of the Network and OPCA are defined, communicated, and recognized by partners and key stakeholders and progress is made towards strategic priorities, and opportunities for influence and impact.

- e. Leads the development, in collaboration with OPCA’s Finance lead, Executive Director, and the Network Finance and Operations Committee, and has oversight accountability for the Network operating budget.
 - f. Oversees the administration of all Network programs and services in accordance with all regulatory requirements.
 - g. Removes roadblocks and develops the structures, systems and processes required to support clinical excellence, performance management and managed care contracting.
 - h. Represents Network in public forums, builds local relationships, including with business coalitions and other community organizations.
 - i. Engages in a productive working relationship with and receives strategic guidance from the Board of Managers (BOM), and leverages BOM and Committee member skills and expertise to achieve Network goals and objectives.
 - j. Provides the BOM with the organization's strategic picture and keeps them informed of accomplishments and challenges
 - k. Oversees the evaluation, launch and implementation of all Network value-based programs and/or alternative payment models. This could include government sponsored programs (e.g., Medicaid & CMS's Medicare Shared Savings Program), bundled payment arrangements, and/ or commercial insurance products. Collaborates with relevant stakeholders to model the financial impact of value-based programs/ models.
 - l. Works closely with BOM and Board Committees to implement Network’s Board and Committee work plans to ensure successful network operations and performance.
 - m. Creates a best practice learning environment within the Network to improve clinical quality, data systems, and operational workflows across and among Network participating health centers.
 - n. Works closely with BOM and Committee chairs to prepare for, coordinate, and follow up on Board, Committee, and Annual Meetings. This includes the development of agendas, materials, and follow up actions.
 - o. Serves as the primary liaison with Network’s administrative & program services contractor to support business and administrative continuity and manage the day-to-day administrative requirements of the Network through a master services agreement (MSA). This can include
 - i. Administrative Support: i.e., scheduling, logistics, minutes, follow-up
 - ii. Finance Support: payments of bills and invoices, development of all monthly, quarterly, and annual financial reports and audits, monitoring annual filings, insurance, and other requirements, development of and compliance with financial P&Ps, staffing of Board Finance and Operations Committee, and other financial support needs, as identified
 - iii. Data and Programs Support: as needed and identified to support the success of value-based program arrangements and includes staffing of Committees and implementing work plan priorities
 - p. Supervise the day-to-day work, progress, and activities of Network staff and contactors.
 - q. Oversee and comply with any necessary reporting requirements. Coordinate with the Board and relevant Committees on these reports.
 - r. Analyze global performance across the entire network to meet Network objectives, strengthen and grow positive results, and identify low result initiatives and strategies to improve or end.
 - s. Participate in meetings as a member of OPCA’s leadership team.
- **Provide oversight and management of Network’s activities with payers and external partners**

- a. Develops and solidifies relationships with all payers and FQHC staff including establishing regular meetings with payers to review and resolve any operational or payment issues and being visible and accessible to both FQHC and payer staff.
 - b. Work closely with Board and Committees to monitor utilization and costs of health care services, improvement and overall quality of care, and overall compliance and performance against Network contracts with payers.
 - c. Serve as a primary liaison with payers and others contracting with the Network to support the payer contracting goals of the Network. This includes monitoring and managing the Network's provider relations requirements for each payer and coordinating with the Board and relevant committees on these requirements.
 - d. Serve as the primary liaison with the Network's HIT and data partners / vendors to support data and HIT programs, including the implementation of a new data platform, and manage the day-to-day functions of these services. This includes coordinating with the Board and the Data & HIT Committee on these activities and initiating follow-up with data partners / vendors based on direction from the Board and Committee.
 - e. Maintain positive business relationships to ensure retention of existing payers, Network participants, vendors, and other key stakeholders critical to the Network's success.
- **Lead Participant Relations Functions**
 - a. Conduct routine visits to Network participating health centers as necessary; 1) to engage in open face to face dialogue with participants to communicate/educate important issues and updates, 2) ensure effective problem resolution, and 3) to ensure performance compliance with revenue driven initiatives.

3. Knowledge, Skills, and Abilities

- Extensive knowledge and understanding of the field of primary care and the policy, finance, and economic issues confronting provision of access to primary health care services.
- Knowledge of federal and state legislative, health policy, and regulatory processes.
- Knowledge of safety net clinics, how they operate, and challenges they face in the current environment.
- Knowledge of health plan management needs and goals. Understands and articulates the variety of ways FQHC's create value for health plans and assist them to achieve their business interests.
- Recognize complex connections in situations and can identify the key or underlying issues.
- Skilled negotiator.
- Demonstrate the ability to make decisions that benefit the organization and the Network participants based on identification of key or underlying issues.
- Demonstrate strong positive image of self and own skills, capabilities and judgment while maintaining humility and a learner's mindset.
- Knowledge of organizational management systems, computer systems, word processing, and budget planning programs and applications.
- Ability to effectively coordinate, direct, and manage the overall activities of the organization.
- Ability to organize project tasks, delegate authority, effectively supervise and mentor the work of others, and ability to allocate time and resources effectively.
- Ability to communicate effectively both orally and in writing to members, and to make technical subject matter understandable to non-technical audiences.

- Ability to maintain effective working relationships with Board members, staff, payors, and other stakeholders.
- Ability to effectively represent the organization on various non-profit and/or public boards, committees, task forces, and coalitions.
- Ability to facilitate and build consensus and effective partnerships and coalitions among diverse groups of stakeholders.
- Ability to foster a team approach in program implementation and delivery of technical assistance.
- Ability to assume and maintain a leadership role in a group, and to influence, find shared understanding and persuade others in order to accomplish a program objective.
- Ability to concurrently manage multiple projects and to work independently, exercising a high degree of initiative, judgment, discretion, and decision making to achieve objectives.
- Ability to visualize the “big picture” and think strategically, as well as being able to implement strategic, business, and budget plans.
- Ability to effectively support strategic planning and implementation in a network environment.
- Ability to be successful in working with a diverse Board.
- Demonstrated ability to work for and with low-income populations.

4. Minimum Qualifications and Experience

- At least 5+ years of network management experience or payer relations/contracting experience, preferably in a managed care setting.
- Undergraduate degree required from an accredited college or university.
- Must have knowledge of Accountable Care Organizations (ACOs), Medicaid Managed Care Organizations (MCOs), or Coordinated Care Organizations (CCOs) and Federally Qualified Health Centers.
- Candidate should also have relevant experience and demonstrated success in business development.
- Experience managing multiple, large-scale, complex projects.
- Strong skills developing and implementing operating plans and analyzing both financial and quality data.
- In-depth knowledge of the healthcare industry.
- Strong and effective oral, written and conflict management communication skills.
- Demonstrated ability to effectively manage provider relations.
- Ability to manage complex functions and activities and deal with highly sensitive and confidential matters.
- Ability to engage multiple constituencies with dignity and respect.
- Previous supervisory experience required.
- Fluency in written and spoken English required.

5. Preferred Qualifications and Experience

- IPA/CCO/MCO/ACO Operations experience strongly recommended.
- Experience with Oregon’s unique Medicaid CCO structure and regional interests.
- Experience with payer relations/contracting.
- Managed Care Network or Provider Relations experience is a plus.
- Experience in an Integrated Healthcare Delivery System.
- Extensive knowledge of ambulatory regulatory compliance relating to both state and federal healthcare guidelines and requirements.
- Master's degree in business administration or health administration or another related field strongly preferred.

6. Specific Job Attributes

- **Job Complexity:** As an expert in the industry, determines and leads work critical to the organization. Owns strategic decisions and develops goals and objectives in all aspects of the organization. Guides the development of guidelines, processes, and procedures for the organization, implemented through subordinate directors and staff. Responsible for resource allocation, including budget and personnel.
- **Impact:** Responsible for work critical to the organization and its participants. Failure to achieve goals will have critical impact on the success of the organization and possibly its members.
- **Degree of Work Direction:** This level is the top executive within the organization; determines organizational goals in collaboration with Board of Managers.
- **Role as a Team Member:** Works closely with the Board of Managers and company leadership in the implementation and evaluation of organizational goals and strategic plans.
- **Internal / External Contacts:** Recognized as a trusted and influential leader. Creates and maintains formal networks with key industry leaders and serves as the external spokesperson and face of the organization.
- **Leadership/Supervision of Others:** Functionally reports to OPCA Executive Director with guidance through the Network Board of Managers. Leads the work of the entire organization through subordinate directors and staff. Develops guidelines, processes, and procedures for the Network
- **Innovation:** Develops and leads overall direction of organizational innovation priorities. Builds partnerships to support innovation and removes barriers at the local, regional, and national level. Positions Network to lead nationally on innovative approaches to achieving Network's mission.
- **Budgetary/Fiscal Responsibility:** Responsible for maintaining funding and fiscal accountability for the entire organization.
- **In-state and out-of-state travel** is required for this position. If using a vehicle for work related travel, must possess valid Oregon or Washington driver's license and provide proof of insurance if using own vehicle, or be insurable if renting. Must be able to drive a motor vehicle safely and use a seat belt when in operation. Mileage and travel expenses are reimbursed per OPCA policy.

7. Work Environment

- The Oregon Primary Care Organization serves as the employer for Network staff and is a team-oriented organization; a tight-knit group of professionals committed to both the mission and to enjoying their jobs. Respectful interpersonal relationships, a fun team dynamic, and a passion for advancing the cause of community health clinics are equally critical components of the work environment.
- As a subject matter expert, employees are expected to partner as needed for communications & marketing needs to develop messages, objectives and/or communications tools to reach Network participants and other target audiences.
- Duties will be performed in both an office setting and out in the field with participating Community Health Center organizations.

8. Physical Demands

- The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is regularly required to sit behind and use a computer, talk, hear, and be able to operate general office equipment. This individual is also required to stand, walk, and reach during events.

Statement of OPCA Practices: OPCA is committed to continuous internal quality improvement practices. We work in a fast-moving, ever-changing environment in which management and staff strive to create constantly improving quality. OPCA is a smoke free, drug free workplace. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, gender, age, sexual orientation, national origin or disability. OPCA expects employees to be culturally competent, with the ability to interact positively with people who do not look like, talk like, think like, believe like, act like, and live like they do.

General Statement: Oregon Primary Care Association (OPCA) is a private, 501(c)(3)-membership organization of Oregon’s “safety-net” primary care providers. Our mission is to lead the transformation of primary care to achieve health equity for all. Our membership primarily includes the federally qualified Community Health Centers (CHCs) and Look-Alikes as well as Rural Health Clinics, Indian Health Centers, and community clinics with similar missions and governance.

REQUIRED SIGNATURES

I acknowledge that I have reviewed the above job description and understand my job responsibilities and requirements.

Employee _____

Date _____