



STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date:
2/26/2024

This position is:

- ☒ **Classified**
☐ **Unclassified**
☐ Executive Service
☐ Mgmt Svc – Supervisory
☐ Mgmt Svc – Managerial
☐ Mgmt Svc – Confidential

Agency: Oregon Health Authority

Division: Health Policy and Analytics Division

☒ New ☐ Revised

SECTION 1. POSITION INFORMATION

- a. Classification Title: Operations Policy Analyst 3
- b. Classification No: C0872 c. Effective Date: 1/1/2024
- d. Position No: 1025794
- e. Working Title: Quality Improvement Analyst
- f. Agency No: 44300
- g. Section Title: Health Policy and Analytics Division
- h. Employee Name: TBD
- i. Work Location (City — County): Portland – Multnomah
- j. Supervisor Name: Lisa Bui
- k. Position: ☒ Permanent ☐ Seasonal ☐ Limited Duration ☐ Academic Year
☒ Full-Time ☐ Part-Time ☐ Intermittent ☐ Job Share
- l. FLSA: ☒ Exempt If Exempt: ☐ Executive ☐ Professional ☒ Administrative
☐ Non-Exempt
- m. Eligible for Overtime: ☐ Yes ☒ No

SECTION 2. PROGRAM AND POSITION INFORMATION

- a. Describe the program in which this position exists. Include program purpose, who's affected, size and scope. Include relationship to agency mission.

About the Oregon Health Authority

The Oregon Health Authority (OHA) is the organization at the forefront of lowering and containing costs, improving quality, and increasing access to health care in order to improve the lifelong health of Oregonians. OHA is responsible for most state health services, including public health and preventive services, behavioral health, the Oregon Health Plan (Medicaid), the Oregon State Hospital, coverage for public and education employees, and Oregon's Health Insurance Marketplace.

OHA is overseen by the nine-member citizen Oregon Health Policy Board. OHA's organizational structure can be viewed here: <https://www.oregon.gov/oha/Documents/Oregon-Health-Authority.pdf>.

OHA's strategic goal is to eliminate health inequities in Oregon by 2030. OHA's mission is helping people and communities achieve optimum physical, mental and social well-being through partnership, prevention and access to quality, affordable health care. OHA has adopted the following definition of health equity to guide its work toward the 2030 strategic goal:

Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- *The equitable distribution or redistribution of resources and power; and*
- *Recognizing, reconciling, and rectifying historical and contemporary injustices.*

OHA is committed to seven core values: health equity, service excellence, integrity, leadership, partnership, innovation and transparency. In our practice, these values are expressed through:

Health Equity:

- Eliminating health inequities and working to attain the highest level of health for all people
- Ensuring the quality, affordability and accessibility of health services for all people living in Oregon
- Integrating social justice, social determinants of health, diversity and community

Service Excellence:

- Understanding and responding to the need for policy and reform within Oregon's health systems to improve services and outcomes for the people we serve
- Pursuing our commitment to innovation and science-based best practices
- Fostering a culture of continuous improvement

Integrity:

- Working honestly and ethically in our obligation to fulfill OHA and HPA's mission
- Ensuring responsible stewardship of state health resources

Leadership:

- Building agency-wide and community-wide opportunities for collaboration
- Championing health policy and program expertise and best practices
- Creating opportunities for individual development and leadership

Partnership:

- Working with partners and communities to protect and promote the health of all Oregonians
- Seeking and respecting internal and external ideas
- Exploring and defining the roles and responsibilities of HPA staff and partners

Innovation:

- Committing to new ways to solve problems and developing new evidence that evolves health policy challenges

Transparency:

- Communicating openly and honestly and providing meaningful opportunities to solicit input and enable participation in decision-making

About the Health Policy and Analytics Division

The Quality Improvement Analyst will be situated within OHA's Health Policy and Analytics Division (HPA), one of eight divisions within the Oregon Health Authority. HPA works in partnership with health care providers, payers, local governmental authorities, communities, community-based organizations, and other state agencies to implement reforms to Oregon's health system to improve

quality, lower costs and achieve health equity. HPA's mission is to reimagine and transform the health system to achieve health equity.

The position reports to the Quality Improvement Director who also works within the division of HPA. HPA contains seven additional offices:

- Health Policy
- Health Analytics
- Health Information Technology
- Delivery Systems Innovation
- Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB)
- Business Operations
- Oregon Health Insurance Marketplace

b. Describe the primary purpose of this position, and how it functions within this program. The primary purpose of this position is to:

This position is the Quality Improvement Analyst and resides within The Health Policy and Analytics (HPA) Division of the Oregon Health Authority (OHA).

The primary purpose of the Quality Improvement Analyst is to **analyze** Oregon's 1115 Medicaid Waiver implementation and to *identify gaps and areas of opportunity for improvements*, to **develop improvement strategies** for resolving issues identified, to **provide agency leadership with subject matter expertise and operational consultation** regarding Oregon's 1115 Medicaid Waiver, and to reconcile gaps with OHA's strategic goal of eliminating health inequities by 2030.

The position will collaborate across OHA inclusive of Medicaid, Behavioral Health, Public Health, Equity and Inclusion, and Health Policy and Analytics, as well as partner with community, and engage with the Coordinated Care Organizations (CCO) and contractors.

SECTION 3. DESCRIPTION OF DUTIES

List the major duties of the position. State the percentage of time for each duty. Mark "N" for new duties, "R" for revised duties or "NC" for no change in duties. Indicate whether the duty is an "Essential" (E) or "Non-Essential" (NE) function.

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

% of Time	N/R/NC	E/NE	DUTIES
45%	N	E	Quality Improvement Expertise <ul style="list-style-type: none"> • Lead cross-agency collaboration for planning, organizing, and conducting studies of program effectiveness to evaluate quality, equity and access for Medicaid members. • Analyzes data, qualitative and quantitative, to determine effectiveness of quality, equity and access for Medicaid members by managed care plans • Coordinate cross-agency and state partners for improvement strategies

			<ul style="list-style-type: none"> • Conducts root cause analyses, performs utilization reviews and audits, leads focus groups and provides technical assistance sessions, and employs other quality and performance methods to determine scope and background of issues and areas of concern related to 1115 waiver initiatives • Conducts trainings and facilitates learning environments. • Implements continuous quality management tools in the collection and reporting of data related to 1115 waiver initiatives, including continuous eligibility and health related social needs (HRSN) • Contribute to OHA reports as required by internal expectations and the Centers for Medicare and Medicaid Services (CMS) • Develop logic models, driver diagrams and change management tools to develop quality improvement strategies for ensuring monitoring. • Develop an action plan for the 1115 waiver improvement strategies to monitor quality goals and objectives
25%	N	E	<p>Partnership and Engagement Essential to work in partnership within the agency and cross collaboration with community partners, health plans and health systems partners with improvement strategy monitoring plans.</p> <ul style="list-style-type: none"> • Facilitate engagement across multiple sectors by ensuring collaboration between OHA and other state agencies, tribes and community partners on Quality Improvement strategies. • Communicate across the Oregon Health Authority, partner agencies, community groups and other partners on identified gaps and improvement strategies. • Promote a patient-centered, continuous quality improvement culture that will eliminate health disparities, lead through interaction with individuals and agencies, including division and agency leadership, supervisory staff, employees, the public, and community. • Facilitate engagement. This position must be particularly skilled in professional communications and relationship building. • Provide technical assistance with internal and external partners (e.g., CCOs) regarding the cross-system goals of the 1115 waiver to ensure equity, quality and access to care while meeting individual policy deliverables. • Ability to provide technical guidance on CCO performance improvement project gaps •
15%			<p>Performance Monitoring</p> <ul style="list-style-type: none"> • Establish, monitor and evaluate goals, objectives, performance of the 1115 waiver as described in the quarterly and annual reports to CMS • Develop metrics that track participation of organizations in 1115 waiver demonstration programs, beneficiary utilization of Health Related Social Needs services and payments.

			<ul style="list-style-type: none"> • Analyze data and prepare reports for the OHA Quality Improvement Director, OHA Medicaid Director, Medicaid waiver team, that includes but not limited to quality strategy actional plan status, and waiver quality management activities. • Review and evaluate CCO performance improvement projects for quality improvement methodology, performance measurement and ability to meet stated objectives and goals. • Development of cross-system monitoring for health equity and quality monitoring to ensure fidelity to 1115 Medicaid waiver policy levers and Medicaid member access and quality of care • Assess the need and develop the contracting resources for services resources to support quality improvement technical assistance with CCOs to monitor progress towards equity and quality 1115 waiver goals and objectives • • Lead 1115 monitoring activities with other offices, units, and divisions within the agency, agency-led committees and workgroups and external partners.
10%	N	E	Project Management <ul style="list-style-type: none"> • Identify project scope. • Development and maintaining general project tracking tools for quality strategy. • Manage daily, weekly project action item lists to ensure engagement of project team members and other partners. • Coordinate project activities with internal units. • Recommend changes to project plan in response to unanticipated changes or unexpected results. • Verify quality of project deliverables.
5%	N	E	Other assignments as determined by OHA Quality Improvement Director.
At all times	N	E	<ul style="list-style-type: none"> • Working in a team-oriented environment requires participative decision making and cooperative interactions among staff and management and proactively implementing OHA's strategies and goals, including work such as the OHA Equity Advancement Plan. • Consistently treat customers, stakeholders, partners, vendors and co-workers with dignity and respect. Create and maintain a work environment that is respectful and accepting of diversity. Set clear guidelines and model expected office professional behaviors. Establish and maintain clear methods for reporting inappropriate actions. • Responsible for promotion and fostering of a diverse and discrimination/harassment-free workplace; establish and maintain professional and collaborative working relationships with all contacts; contribute to a positive, respectful and productive work environment; maintain regular and punctual attendance; perform all duties in a safe manner and comply with all policies and procedures.

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SECTION 4. WORKING CONDITIONS

Describe any on-going working conditions. Include any physical, sensory, and environmental demands. State the frequency of exposure to these conditions.

- The work of this role may be conducted primarily remotely with full access to the needed operating systems and technology. There are times that the work will need to be conducted onsite.
- Work may occasionally be required outside typical business hours, including evenings or weekends. Work is conducted in a fast-paced, multiple-demand business setting.
- This position requires the ability to work on multiple tasks, sometimes under pressure related to time or impact. Many assignments will have short timelines. Must be able to determine priorities and flex to meet deadlines and expectations.
- This position requires awareness and skill in navigating politically, socially or media-attentive matters.
- This position must be able to present to large or small internal and external audiences in person, via telephone and via virtual platforms.
- This position requires occasional in-state and out-of-state travel and some overnight travel, as well as some out-of-state travel for meetings and conferences. Requires occasional evening and weekend hours in order to attend public meetings, conferences or other events.

SECTION 5. GUIDELINES

- a. List any established guidelines used in this position, such as state or federal laws or regulations, policies, manuals, or desk procedures:**

Oregon Revised Statute

- Oregon Revised Statutes and Administrative Rules
- OHA Policies and Procedures Manual
- CMS Federal Guidelines
- Federal statutes and administrative rules
- The Americans with Disabilities Act
- State Executive Order 16-09 -Affirmative Action, Diversity & Inclusion
- State Executive Order 18-03 -Promoting Diversity & Inclusion Opportunities for COBID

Businesses

- OHA Tribal Consultation and Urban Indian Health Program Confer Policy
- OHA Affirmative Action Plan
- OHA Employee Resource Group Policy and Procedures
- OHA Discrimination and Harassment-Free Workplace Policy
- OHA Diversity Recruitment Procedures
- OHA Reasonable Accommodation Policy and Procedures
- OHA Non-Discrimination Policy for the Public
- OHA Alternate Format and Language Access Services Policy
- OHA Race, Ethnicity, Language and Disability Data Policy
- OHA Gender Identity and Expression Policy for Employees
- CLAS standards
- REALD/SOGI

b. How are these guidelines used?

These guidelines must be understood and interpreted when performing job functions. The position must assure adherence to the guidelines and be able to articulate policies to other agencies and partners.

SECTION 6. WORK CONTACTS

With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact?

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

Who Contacted	How	Purpose	How Often?
HSD Medicaid staff	In person, virtual meeting, phone, email	Plan, coordinate, consult, inform	Weekly
HPA staff	In person, phone, email	Plan, coordinate, consult, inform	Daily
HPA managers/leadership	In person, phone, email	Plan, coordinate, consult, inform	Weekly
OHA Public Health	In person, phone, email	Plan, coordinate, consult, inform	Weekly
Equity and Inclusion Division staff	In person, phone, email	Plan, coordinate, consult, inform	Weekly
OHA staff	In person, phone, email	Plan, coordinate	Weekly
Representatives of health systems, CCOs, providers	In person, mail, phone	Plan, coordinate, provide information	Weekly

Regional Health Equity Coalitions	In person, mail, phone	Plan, coordinate, provide information	Weekly
Consultants	In person, mail, phone	Plan, coordinate, provide information	Weekly
Community-based organizations	In person, mail, phone	Plan, coordinate, provide information	Weekly
Tribes and Tribal leaders	In person, mail, phone	Plan, coordinate, provide information	Weekly

SECTION 7. POSITION-RELATED DECISION MAKING

This position will be required to exercise independent decision-making authority based on principles of equity and anti-racism for advancing quality and health transformation.

This position makes decisions that directly impacts the strategy, goals and standards for the Oregon Medicaid program which impacts the health plan for over 1 million Oregonians. The position develops internal outcome measures used across the agency and external measures for coordinated care organizations and or contractors for 1115 waiver monitoring.

Key decisions made affect the quality strategy for the Medicaid program for Oregon and the overall benefit design needs, plan coverage decisions, and division budget and division personnel/staffing levels. These decisions have a direct impact on the operational effectiveness local entities, health providers and payers, contractors and ultimately the citizens of Oregon.

Decision-making of this position centers around direction-setting, problem solving, policy planning, and setting direction for the quality improvement program for Oregon Medicaid, including but not limited to, program assessment, program priorities, agency policy setting, operational effectiveness analysis, analysis of procurement and maintenance of adequate and functional data systems.

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

Classification Title	Position Number	How	How Often	Purpose of Review
Health Policy and Program Administrator 1 (PEM G),	1021954	In person, email, and phone	Daily	General guidance related to deliverables and priorities consistent with evolving agency goals and objectives. Annual performance review.

SECTION 9. SUPERVISORY FUNCTIONS

- a. How many employees are directly supervised by this position? 0
- How many employees are supervised through a subordinate supervisor? 0
- b. Which of the following activities does this position do?
- | | |
|--|---|
| <input type="checkbox"/> Plan work | <input type="checkbox"/> Coordinates schedules |
| <input type="checkbox"/> Assigns work | <input type="checkbox"/> Hires and discharges |
| <input type="checkbox"/> Approves work | <input type="checkbox"/> Recommends hiring |
| <input type="checkbox"/> Responds to grievances | <input type="checkbox"/> Gives input for performance evaluations |
| <input type="checkbox"/> Disciplines and rewards | <input type="checkbox"/> Prepares and signs performance evaluations |

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: List any knowledge and skills needed at time of hire that are not already required in the classification specification.

All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.

Registration in Health Alert Network (HAN) to receive important public health alerts and emergency notifications.

The work led by the Quality Improvement Medicaid Analyst Director has a direct impact on the lives of people in Oregon experiencing health inequities, including communities of color, people with disabilities and other historically marginalized communities. The individual must possess skills in cultural competency, a commitment to ongoing development on unconscious bias, health equity, anti-racism, diversity and inclusion and have experience developing and implementing policies/programs that promote equity.

All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints will be required.

The following knowledge and skills, expertise and abilities are essential for this position:

Required knowledge, skills, and learned experience:

- Ability to evaluate quality of care with health equity seamlessly
- Proficiency in skillful communication, both written and oral, and the principles of documentation.
- Demonstrated knowledge and understanding to analyze and develop a gap analysis
- Knowledge of health disparities and development of targeted improvement plans
- Ability to review data, synthesize data to decision analytics, utilize data to decision making and report data through multiple presentation methods
- Demonstrated knowledge and understanding in applying principles related to health equity, addressing systematic health disparities and collaborating with diverse population groups that are most impacted by health inequities.

- Proven knowledge of project management principles managing multiple and large complex projects. To include Directing project activities such as project coordination, reporting, document management and support with a foundational grounding in equity and anti-racism principles and practices
- Must also have experience developing and implementing policies/programs that center equity and reduce disparities.
- Ability to train and/or conduct learning environments
- Demonstrated ability to develop logic models, driver diagrams and change management tools

Preferred knowledge, skills, and learned experience:

- Demonstrated skills in the equity and inclusion discipline, including culturally responsive practice, inclusive community engagement methodology, implicit bias, anti-racism and service and health equity.
- Experience working within the social service and/or health policy arena is a plus, as is familiarity with the programs and services provided by OHA.
- Demonstrated ability to build and steward positive, respectful and reciprocal relationships with individuals and communities with which and for whom OHA works, including communities of color, Tribes, tribal communities and tribal members, immigrant groups and people seeking refuge, people with disabilities, and other communities most impacted by health inequities.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following: <i>Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".</i>		
Operating Area	Biennial Amount (\$00,000.00)	Fund Type

SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. Be sure the following information is shown on the chart for each position: classification title, classification number, salary range, and employee name and position number.

SECTION 12. SIGNATURES

Employee Signature

Date

Supervisor Signature

Date

Appointing Authority Signature

Date