

or redistribution of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices.” OHA’s 10-year goal is to eliminate health inequities.

The Health Policy and Analytics Division is aligned with the Oregon Health Authority’s core values of partnership, service excellence, leadership, integrity, health equity, innovation, and transparency. In our practice, these values are expressed through:

Service Excellence:

- Understanding and responding to Oregon public health needs and the people we serve
- Pursuing our commitment to innovation and science-based best practices
- Fostering a culture of continuous improvement

Leadership:

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

Integrity:

- Working honestly and ethically in our obligation to fulfill our public health mission
- Ensuring responsible stewardship in public health resources

Health Equity:

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

Partnership:

- Working with partners and communities to protect and promote the health of all Oregonians
- Seeking, listening to, and respecting internal and external ideas and opinions
- Exploring and defining the roles and responsibility of public health staff and partners

Innovation:

- We are not satisfied with the status quo if there are new and better ways to meet the needs of the people we serve. We bring creativity, experience, and openness to our search for solutions to problems. We pursue opportunities to develop new evidence to evolve our practices.

Transparency:

- We communicate honestly and openly, and our actions are upfront and visible. We provide open access to information and meaningful opportunities to provide input and participate in our decision-making.

HPA is organized into seven offices: The Office of Health Policy; the Office of Delivery Systems Innovation; the Office of Health Analytics; the Office of Health Information Technology; the Public Employees Benefit Board and the Oregon Educators Benefit Board; the Oregon Health Insurance Marketplace, and ; the Office of Business Operations. The Division is responsible for providing agency-wide policy development, strategic planning, clinical leadership, and statewide delivery system technology tools to support care coordination, health system transformation support, and health system performance evaluation reports.

This position is situated within the DSI Office but works collaboratively with all areas of HPA as well as the Oregon Public Health Division, the Health Services Division and other parts of the agency.

The Health Evidence Review Commission reviews evidence about health services in order to prioritize health spending in the Oregon Health Plan and to promote evidence-based medical practice statewide. Its work products include the Prioritized List of Health Services as well as evidence-based reports, including coverage guidance, health technology assessments and evidence-based practice guidelines. The commission uses a transparent public process to ensure that its decisions are made in the best interest of patients and taxpayers while considering input from providers and members of the public, including those affected by the conditions discussed.

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

The Medical Director’s primary responsibility is to make evidence- and equity based recommendations regarding coverage and prioritization of health services for the Health Evidence Review Commission to use in maintaining the Prioritized List of Health Services and in developing evidence-based reports. The Prioritized List governs coverage for over 1 million Oregonians on the Oregon Health Plan. In order to make these recommendations, the Medical Director must conduct literature reviews, synthesize the available evidence, consult with experts, consider the equity impact of current policy and any proposed changes and write concise summaries for the use of the Commission. The medical director must also consider and respond to feedback from patients, providers, policy experts and OHA leadership. This information will be presented to the Commission in public meetings.

In addition, the medical director consults with other staff within OHA on other topics such as appeals of coverage denials and implementation of benefits. The Medical Director will also provide clinical expertise from an equity- and evidence-based perspective. The medical director represents OHA and the HERC to provider groups as well as other organizations and the public. The medical director serves as a liaison between the medical community and OHA on a variety of topics.

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
65%	R	E	Provide medical and clinical direction for the HERC. Develop and/or preview documents and presentations presented to HERC and its subcommittees or other work groups regarding proposed provision of health services and other services which impact health. Presentations must contain sufficient scientific information for clinicians but contain summaries of key issues that will be understandable by the general public. Summaries will include consideration of health inequities, costs, delivery system limitations and patient values and preferences.

			<p>Recommend revisions to the prioritized list based on the best available evidence, in the context of the Oregon Health Plan's innovative Coordinated Care Organization model. Documents include evidence reviews, clinical and delivery considerations, equity considerations and recommendations for technical changes to the list.</p> <p>Make coverage and guideline recommendations for the HERC's evidence-based reports process, which makes recommendations for all payers, including the Oregon Health Plan.</p> <p>Review new procedure and diagnosis coding published and prepare evidence-informed recommendations to HERC regarding coverage/placement.</p> <p>Present findings and recommendations at public meetings of the HERC and its subcommittees, task forces and advisory panels. Address questions and concerns and requests from Commissioners, subcommittee members and members of the public with professionalism and sensitivity.</p> <p>Assist in preparation of biennial report to the legislature.</p> <p>Assist in the preparation of meeting minutes as necessary.</p>
15%	NC	E	Provide medical expertise and consultation to OHA staff as needed related to coverage, appeals or other issues as assigned.
15%	NC	E	<p>Liaison and Other OHA Activities</p> <p>Attend monthly meeting of the OHP Medical Directors.</p> <p>Meet periodically with specialty groups who are partners in improving the prioritized list (especially as part of the biennial review process). Establish, and maintain communication with them in the interim. In coordination with CMO, responsible for liaison duties with academic institutions, professional associations, providers, and various state and national health committees.</p> <p>Serve as liaison to physicians in selected communities where new or expanded medical assistance programs are being operated or when problems arise between physicians and selected program services.</p>
5%	NC	E	Other duties as assigned
At all times	N	E	Consistently treats customers, partners, vendors, and co-workers with dignity and respect. Represents the Authority with

			professionalism and sound judgment in professional and public settings.
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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 base position will be located in Portland, Oregon with remote work capabilities for candidates who have full access to the needed technology, and can report on-site as needed. There are times that the work may need to be conducted at a state office building or alternate location such as a public meeting venue. Work location may be changed at any time at the discretion of the hiring manager. This is a fast-paced environment that may require the ability to work after hours when necessary.

This position will involve communication with people who experience challenges with some part of the health care system. You must be able to:

- Recognize and identify the needs of people with limited English proficiency, or other physical or behavioral needs that affect communication.
- Support people in effective communication and interact competently and professionally with people of diverse backgrounds and experiences.
- You can expect to be in occasional contact with people (patients, employees, or the public) who are dysregulated or activated.

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:

- 1) Federal laws and regulations regarding Medicaid
- 2) State laws and regulations regarding Medicaid
- 3) Oregon's state plan and waiver
- 4) The Affordable Care Act as it pertains to Medicaid.

b. How are these guidelines used?

The above legal regulations provide the frame work for the Medical Director to carry out assigned responsibilities..

SECTION 6. WORK CONTACTS

With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact? When applicable, please identify contacts that might be virtual/ in-person, or both.

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?
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Representatives from Professional Organizations	Phone/email/meetings	Problem Resolutions, or Communications	Daily
OHA/DHS, Managers, Executive and all staff	Phone/email/meetings	Communication, Coordination and Correspondence, problem solving	Daily
Hearings and DOJ staff	Phone/email/meetings	Advise and participate in hearings as needed	Monthly
Community Organizations	Phone/email/meetings	Resolve and/or identify issues, problem solving, communication, program coordination	Daily
Health Care Provider Association and Providers	Phone/email/meetings	Resolve and/or identify issues, problem solving, communication, program coordination	Daily
Members of the HERC and its subcommittees	Phone/email/meetings	Answer questions, communication, receive input	Daily
Legislators	Phone/email/meetings	Phone/email/meetings	Daily

SECTION 7. POSITION-RELATED DECISION MAKING

Describe the typical decisions of this position. Explain the direct effect of these decisions:

Uses medical expertise in determining what issues need to be brought to the Health Evidence Review Commission in maintaining the prioritized list of health services and the development of evidence-based reports. Compiles the necessary information in order for the Health Evidence Review Commission to make an informed decision in a timely manner. These decisions will provide direction in determining the benefit package made available under the Oregon Health Plan.

The Medical Director must evaluate and advise on diverse medical matters from a variety of specialties.

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
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PEM F – HERC Director		In person, via email and/or phone	Daily	Provide performance feedback & direction
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SECTION 9. OVERSIGHT 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.

This position must meet qualifications for licensing as M.D or D.O. in the state of Oregon. Ability to rapidly analyze evidence on a wide variety of services which impact health and communicate it effectively. Ability to understand and interpret relevant laws and regulations and represent the Authority's interpretation and application of these in public meetings including administrative law hearings. Ability to augment current medical information with new medical knowledge and use sound clinical judgment in leading its application to the Prioritized List. Background in medical utilization review or other administrative medical experience is preferable. Ability to understand the needs of populations experiencing inequities and take their needs into account in making and presenting recommendations. Ability to translate complex clinical and analytic information into simple terms for decision makers and the public. Preference will also be given to those with MBA, MPH, MPA or background in managed care, translational medicine, applying equity-oriented principles to research and policy development, or state Medicaid policy.

SPECIAL REQUIREMENTS:

D.O or M.D. degree required.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following:

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

Operating Area	Biennial Amount (\$00,000.00)	Fund Type
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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, employee name and position number.

SECTION 12. SIGNATURES

Employee Signature

Date

Supervisor Signature

12/28/2021

Date

Appointing Authority Signature

Date