



CLASSIFICATION NO. 533
Established: 9/13
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FLSA: Exempt
EEO: 2

ASSISTANT PRIMARY CARE MANAGER

CLASS CHARACTERISTICS

Under general direction, to plan, direct, organize, manage, and evaluate patient engagement and outreach activities within the Health Centers Division; set primary care goals and objectives; and to do other work as required.

DISTINGUISHING CHARACTERISTICS

The Clackamas Health Centers Division within the Department of Health, Housing and Human Services is a Federally Qualified Health Center that offers primary care, dental services and behavioral healthcare at multiple primary care, behavioral health, and school-based health centers.

The Assistant Primary Care Manager is responsible for directing activities at Health Centers that impact patient membership and engagement. Incumbents are responsible for setting program goals and objectives as well as coordinating activities with other division programs. The incumbent reports to the Clinic Operations Manager, and will act on their behalf in his/her absence.

The Assistant Primary Care Manager differs from the Clinic Operations Manager who directly manages the health clinics and school-based clinics and reports to the FQHC Director. It also differs from the Health Centers Administration and Financial Services Manager which is responsible for administration of business and administrative systems for the Division.

TYPICAL TASKS

Duties may include but are not limited to the following:

1. Directs activities impacting patient membership and engagement, emergency department utilization, care coordination, and utilization of resources for services; prioritizes and assigns work; develops procedures consistent with division practices.
2. Works in partnership with Clinic Operations Manager to improve primary care operation results across the division; represents program areas by participating, facilitating, and coordinating internal committees and work groups; reviews reports and statistical data; evaluates the effectiveness of current programs; develops and implements new program initiatives, grant and professional opportunities, and other advancement initiatives.
3. Provides facilitation, consensus building, and collaboration on a broad range of complex issues with a variety of participants and stakeholders.

4. Directs ongoing monitoring of financial performance as related to Coordinated Care Organization metrics and implements corrective action as needed; develops plans for achieving program objectives that require fiscal viability; analyzes information to plan program changes; makes recommendations to senior leadership to meet programmatic goals.
5. Hires and directs supervisory, professional, paraprofessional and support personnel; prepares performance evaluations; recommends and administers progressive discipline; conducts and/or facilitates staff training and development programs; promotes cooperative team efforts among staff and other County divisions and departments; motivates employees to provide quality services to clients and staff; fosters and supports a diverse workforce and environment; encourages creativity and teamwork among staff.
6. Assists and advises staff with difficult and complex issues; provides information and technical assistance as needed; partners with Coordinated Care Organization staff around patient engagement, membership, and health metrics; serves as a backup for the Clinic Operations Manager and may serve as liaison to federal, state, and other agencies as related to the operations of the FQHC.
7. Consults with Clinic Operations Manager and other members of the management team on matters of policy, program formulation, budget development and grant submission; develops, recommends and/or evaluates new and revised rules, policies, procedures, variance requests, goals and priorities to respond to division needs, and to improve the effectiveness of primary care operations; may provide oversight of Continuing Operations Plan (COOP) for Health Centers
8. Provides backup to the Clinic Operations Manager in supporting the Community Health Council (Board); participates and organizes information for the meetings as directed and ensures information is prepared and provided to the Board in a timely manner.
9. Serves as a member of the management team; works in a collaborative environment to make program and administrative recommendations on the provision of health care services; provides highly responsible and complex management support and consultation to, or as requested by, the Clinic Operations Manager.

REQUIRED KNOWLEDGE AND SKILLS

Thorough knowledge of: Principles and practices of primary care operations, community health services, team-based health care delivery, managed care, care coordination, collaboration and integration; federal, state, and local statutes and regulations governing Federally Qualified Health Center guidelines; Coordinated Care Organization quality health metrics; available community resources; rules, laws, regulations and ethics governing the medical management of patients; grant and budget preparation and administration; project management, analysis and evaluation; strategic planning; Federal and commercial insurance billing and payment systems.

Working knowledge of: State of Oregon Health Division Administrative rules and Oregon Revised Statutes related to division services; principles and practices of supervision, training and personnel management; participative management theories; research methodologies, techniques of data collection and statistical analysis and applies data based decision making techniques; office equipment, including personal computers and software programs.

Skill to: Communicate effectively, both orally and in writing with diverse groups of people; organize, direct, train, evaluate and discipline supervisory, professional, technical and administrative staff; produce measurable outcomes using applicable data and participatory management strategies within budgetary limits and time constraints; plan and organize personnel, equipment and budgetary resources to achieve program goals, objectives, quality improvement, productivity and effectiveness; interpret and apply relevant laws, ordinances, rules, regulations, policies and procedures; analyze problems and identify alternative solutions; establish and maintain effective working relationships as a member of a professional health care team; keep accurate and timely records; operate computer software and other office equipment.

MINIMUM QUALIFICATIONS

Minimum qualifications are used as a guide for establishing the minimum experience, education, licensure, and/or certifications required for employment in the classification. The following minimum qualifications are established for this classification. Additional minimum qualifications and special conditions may apply to a specific position within this classification and will be stated on the job announcement.

Experience: A minimum of six (6) years of related experience that would provide the required knowledge and skills to perform the responsibilities of this position.

Licenses/Certifications: None Required.

PRE-EMPLOYMENT REQUIREMENTS

Must successfully pass a criminal history check which may include national or state fingerprint records check.

Driving is required for County business on a regular basis or to accomplish work. Incumbents must possess a valid driver's license, and possess and maintain an acceptable driving record throughout the course of employment.