

W-10.a.

AGENDA COVER MEMORANDUM

AGENDA DATE: October 1, 2003

TO: Board of County Commissioners

DEPARTMENT: Management Services

PRESENTED BY: Jan Wilbur, Personnel Analyst 2

TITLE: **IN THE MATTER OF CREATING CLASSIFICATIONS AND SALARY RANGES FOR COMMUNITY HEALTH CENTER MEDICAL OFFICER, CLINICAL HEALTH SERVICES COORDINATOR, CLINICAL FISCAL SERVICES SUPERVISOR IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.**

I. PROPOSED MOTION

MOVE TO APPROVE ORDER NO. _____ IN THE MATTER OF CREATING CLASSIFICATIONS AND SALARY RANGES FOR COMMUNITY HEALTH CENTER MEDICAL OFFICER, CLINICAL HEALTH SERVICES COORDINATOR, CLINICAL FISCAL SERVICES SUPERVISOR.

II. ISSUE

The Lane County Department of Health & Human Services, Human Service Commission (HSC) Program, was awarded a competitive grant from the Federal Department of Health and Human Services to establish a Community Health Centers program. To further implementation of this program three key management positions were identified as needed.

III. DISCUSSION

Background:

A review was conducted by Human Resources and Health and Human Services to outline the duties of the three requested positions, and the required training and experience for each. One position was described as needing to perform professional work as a physician while supervising an interdisciplinary provider team. Another position was required to ensure fiscal accountability for the community health centers. The third position would manage, direct and coordinate the activities of the community health centers program including, but not limited to, supervision, clinic scheduling and coordination, caseload management, and program compliance.

Analysis:

Human Resources evaluated the current classifications in our Lane County classification plan for any potential matches, and when we were unable to find matches, considered new classifications. Classification specifications for similar positions in other counties were studied, internal equity considered, and point factoring completed. As a result of this analysis, Human Resources proposes three (3) new classifications. The complete classification specifications for each are attached:

1. The Community Health Center Medical Officer, will evaluate and treat patients in both the clinic and hospital setting, provide on-site consultation for providers and staff, serve as facility contact for all medical emergencies, and lead and coordinate the clinic provider group. Point factoring for this position resulted in Grade 63 (***\$85,113-\$117,811***). Human Resources was unable to locate an exact match to this position in other counties when taking a sideways glance at market, in terms of scope of this position currently. For example, in some of the jurisdictions that compensated the position more highly, the position was responsible for multiple clinics, such as Tillamook, where the position is responsible for one main site consisting of Community Health and Public Health, plus two satellite clinics. Internal equity was given significant consideration in considering the compensation for this position. In terms of internal equity, this position is one grade below the Public Health Officer.
2. The Clinical Health Services Coordinator, will supervise clinic scheduling, supervise clinic staff, establish schedules and methods for the provision of services, develop and evaluate program protocols, recommend program goals and objectives, investigate complaints and recommend corrective action. Point factoring for this position resulted in Grade 37 (***\$44,803-\$62,005***). For comparable positions, we looked at two agencies. Multnomah County is a Federally Qualified Health Center (FQHC), and compensates the position at \$52,968-\$74,155. In Grants Pass, at the FQHC Siskiyou Health Center, the position is compensated at \$50,000-\$62,000. In terms of internal equity, an example of a position at the same grade is the Recycling Program Manager. The new position is one grade above an Administrative Services Supervisor.
3. The Clinical Fiscal Services Supervisor, will plan, organize, perform and supervise medical financial support services and operations with the clinic programs, direct and monitor the development of contracts, plans and assigned grants, supervise fee collection and insurance and medical billing. Point factoring for this position resulted in Grade 34 (***\$41,600-\$57,574***). Tillamook County has a Medical Billing Supervisor in their FQHC (\$37,000-\$47,664), however, the scope of Lane County's position is larger. In Roseburg, at the FQHC Umpqua Community Health Center, the position is compensated at \$47,000-\$63,164. In terms of internal equity, examples of positions at the same grade are an Employment and Training Supervisor, and an Information Services Analyst.

Budget:

Funding for these positions will be from federal grant revenues for the Community Health Centers awarded to the Department of Health and Humans Services, Human Service Commission.

Alternatives:

1. Approve the classification specifications and new titles and salaries.
2. Reject the motion.

Recommendation:

It is recommended that the proposed new classification specifications, as well as the salary ranges for the proposed Health and Human Service positions be approved.

IV. IMPLEMENTATION/FOLLOW-UP

If approved by Board action, the Health and Human Services Department, Human Services Commission, will begin recruitment of these positions soon.

V. ATTACHMENTS

Board Order

Classification Specifications

Attachment (A) Community Health Center Medical Officer

Attachment (B) Clinical Health Services Coordinator

Attachment (C) Clinical Fiscal Services Supervisor

IN THE BOARD OF COUNTY COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO.) IN THE MATTER OF CREATING
) THE CLASSIFICATIONS AND SALARY
) RANGES FOR COMMUNITY HEALTH
) CENTER MEDICAL OFFICER,
) CLINICAL HEALTH SERVICES COORDINATOR,
) CLINICAL FISCAL SERVICES SUPERVISOR IN
) THE DEPARTMENT OF HEALTH AND HUMAN
) SERVICES

WHEREAS, new classifications have been developed which appropriately describes the proposed duties and responsibilities to be performed; and

WHEREAS, it is the intent of Lane County to properly classify and compensate positions with regard to duties and responsibilities; and

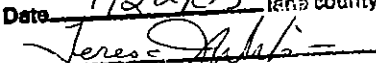
WHEREAS, Lane Manual requires Board approval for amending the classification and compensation plans; and

WHEREAS, Human Resources has developed the classifications and salary ranges in compliance with current classification/compensation policy, therefore it is hereby

ORDERED, that the classifications and salary ranges be as follows:

Community Health Center Medical Officer	Grade 63	\$85,113-\$117,811
Clinical Health Services Coordinator	Grade 37	\$44,803-\$ 62,005
Clinical Fiscal Services Supervisor	Grade 34	\$41,600-\$ 57,574

DATED this 1st day of October, 2003

APPROVED AS TO FORM
Date 9/22/03 Lane County

OFFICE OF LEGAL COUNSEL

Peter Sorenson, Chair
Lane County Board of Commissioners

IN THE MATTER OF CREATING THE CLASSIFICATIONS AND SALARY RANGES FOR COMMUNITY HEALTH CENTER MEDICAL OFFICER, CLINICAL HEALTH SERVICES COORDINATOR, CLICAL FISCAL SERVICES SUPERVISOR.

ATTACHMENT (A)

COMMUNITY HEALTH CENTER MEDICAL OFFICER

DEFINITION

To perform professional work as a physician, and to plan, organize, direct, and supervise medical activities within the programs of the Human Services Commission Community Health Centers. To serve as primary medical practice consultant, and perform a variety of technical tasks relative to the area of responsibility; and to perform related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED

Receives administrative direction from the program manager.

Exercises direct supervision over assigned medical and other assigned personnel.

EXAMPLES OF DUTIES – Duties may include, but are not limited to the following:

Evaluates and treats patients in both the clinic and hospital setting; provides on-site consultation for providers regarding patient evaluation and clinic operation issues; serves as facility contact for all medical emergencies, and provides emergency treatment and after hours call coverage.

Provides appropriate medical records documentation on all patients in accordance with policy.

Leads the clinic provider group in setting standards in medical excellence; refers patients for specialty care as appropriate; coordinates scheduling for provider staff ensuring appropriate coverage for patients, including and extended hours plan; coordinates after-hours call coverage.

Provides consultation to staff on medical aspects of a treatment program including difficult cases involving legal or ethical issues, and use of unusual or costly tests or therapies.

Provides appropriate information and educates patient and family members regarding diagnoses, treatment, prevention, safety, etc. Participates in resolving and evaluating client complaints regarding quality of care.

Participates in clinical staff meetings for the development and evaluation of individual treatment plans, and quality assurance. Discusses case management practices and techniques with staff.

Ensure compliance with legal and regulatory requirements related to medical practice; ensures delivery of services conforms to standards, policies and legal guidelines.

Participates in the planning and implementation of health educational activities in the clinic and community; participates in the development, review and adoption of standing medical orders and diagnostic protocols.

Attends meetings with various internal and external boards, groups, or committees to provide consultation, advise, and leadership and/or to participate in the planning and development of activities, events, and policies.

Recommends and collaborates in the development of goals and objectives, and program policies, and procedures.

Participates in recommending the appointment of personnel; provides or coordinates staff training, orientation, education, and development; approves all continuing medical education in accordance with established policies. Supervises and evaluates all provider staff and works with employees to correct deficiencies; recommends employee terminations.

Directs and/or participates in the development, implementation and monitoring of appropriate standards of care, quality assurance indicators, patient care protocols, and medical records. Oversees the quality assurance process, and compliance with quality assurance indicators established in managed care contracts.

Participates in assessing future needs for direct medical services, developing and organizing range of services offered. Oversees implementation and follow-up of the clinical component of grant requirements.

Supervises learners, including medical students and physician extenders, nurse practitioner students; maintains quality of supervision and oversees the educational experiences and development of learners.

MINIMUM QUALIFICATIONS

Knowledge of:

Principles, practices and procedures of family medicine, including preventative medicine, obstetrics, and pharmacology.

Pertinent federal, state, county, and local laws, codes and regulations.

Methods and techniques of diagnosing and treating a variety of diseases and injuries.

Working knowledge of clinic office procedures and practices.

Principles and techniques of supervision, training and performance management.

Community service systems and resources.

Principles, practices and objectives of community health administration.

Techniques and practices of program planning, organizing, managing, case management, and coordination of community health services.

Quality assurance guidelines from Medicare/Medicaid and National Committee on Quality Assurance and generally accepted community standards clinical practice. Knowledge of managed health care and ethical practice.

English usage, spelling, grammar, and punctuation.

Ability to:

Effectively gather, evaluate, and convey sensitive and confidential information.

Diagnose, treat and control diseases and physical injuries/ailments in a culturally sensitive manner, using a variety of techniques.

Correctly interpret and apply pertinent laws and policies to specific problems governing health care.

Develop and implement program goals and policies.

Organize, direct, supervise, train, and evaluate assigned staff.

Direct staff in continuous efforts to improve quality, productivity and effectiveness.

Prepare clear and concise reports and recommendations as needed.

Establish and maintain effective working relationships with those contacted in the course of work; work as a team member and work with professional independence.

Communicate clearly and concisely, both orally and in writing.

Experience and Training:

Training:

Graduation from an approved school of medicine with an MD degree, completion of an approved residency program in family practice and board certified in family practice. If board eligible at time of hire must be board certified within one year.

Experience:

Three years of increasingly responsible professional experience as a physician in a primary care or public health clinic setting. Previous public health administrative experience preferred.

Special Requirements:

Possession of an appropriate and valid license to practice medicine in the State of Oregon at the time of appointment.

Eligibility for appointment to the medical staff at local hospitals.

ATTACHMENT (B)

CLINICAL HEALTH SERVICES COORDINATOR

DEFINITION

To manage, direct and coordinate the activities of a comprehensive clinical program, including staff supervision, scheduling and coordination; caseload management; program compliance; staff training and development; budgeting; ensuring program compliance to rules and regulations. To foster effective working relationships with other agencies, departments and organizations. To perform a variety of professional and administrative tasks relative to the assigned area of responsibility; and to perform related duties, as assigned.

SUPERVISION RECEIVED AND EXERCISED

Receives direction from the Program Manager.

Exercises direct supervision over clerical, technical and professional personnel.

EXAMPLES OF DUTIES: Duties may include, but are not limited to the following:

Supervises clinic scheduling and coordinating; establishes schedules and methods for the provision of services.

Selects and supervises staff; provides or coordinates staff development training; works with employees to correct deficiencies; implements discipline procedures.

Plan, prioritize, assign, direct, and evaluates the work of staff involved in health services operations.

Oversees program participants and vendor compliance with rules and regulations.

Outreach and network with community regarding resources and supplies.

Participates in evaluating effectiveness of health service program in meeting client needs; recommends improvements and modifications.

Develop, implement, monitor, and evaluate program protocols; recommends program goals and objectives; assists in the development and implementation of policies and procedures.

Design and establish schedules and methods for clinical service operations; caseload management.

Assists with preparation of program materials used to help participants understand and utilize the program.

Serves as a liaison with public and private agencies related to the program, including the state of Oregon Health Division.

Participates in the preparation and administration of the budget; assists in budget implementation.

Answer questions and provide information and consultation to staff, clients, and the public; investigates complaints and recommend corrective action as necessary to resolve complaints.

Prepares various analyses and reports on operations and activities; ensures compliance with rules and regulation; develops and administers clinic management systems as appropriate.

MINIMUM QUALIFICATIONS

Knowledge of:

Clinic scheduling; methods and techniques of health services operations.

Principles and practices of supervision, training and personnel management.

Principles, practices and procedures of clinic administration.

Community agencies and resources related to healthcare.

Caseload management and how client numbers are related to funding and staffing.

Pertinent state, local and federal laws, rules and regulations that impact providing community health services, and privacy of medical information.

Establishing program policies and protocol.

Modern office procedures, methods and computer equipment.

Research, data analysis, report writing methods and techniques.

Principles of work planning, teamwork and organization.

Principles and practices of budget analysis, preparation and monitoring.

Ability to:

Plan, direct, review and supervise the work of others, utilizing team approach.

Advise, coach and train staff, including specific training, incorporating new ideas and updating skills.

Organize, implement and evaluate program or administrative services.

Coordinate, integrate and evaluate separate programs and functions.

Interpret local, State and Federal statutes and make policy recommendations accordingly.

Work with community providers and the medical profession to increase networking.

Prepare and monitor a budget.

Work independently; communicate effectively, both orally and in writing.

Respond to multiple needs rapidly.

Select, supervise, train, evaluate, and discipline assigned staff.

Establish and maintain effective working relationships with those contacted in the course of work.

Experience and Training

Training:

Bachelors' degree from an accredited college or university, with major coursework in community or public health, human services, public health administration, or a related field.

Experience:

Three years of increasingly responsible experience in health care program management, development and evaluation, supervision and budget, including one year of supervisory experience.

An equivalent combination of experience and training demonstrating the required knowledge and abilities, is qualifying.

ATTACHMENT (C)

LANE COUNTY

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CLINICAL FISCAL SERVICES SUPERVISOR

DEFINITION

To plan, organize, perform, and supervise medical financial support services and operations within a clinic program; and performs related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED

Receives direction from assigned management personnel.

Exercises direct supervision over assigned accounting, clerical and technical support personnel.

EXAMPLES OF DUTIES - Duties may include, but are not limited to the following:

Supervises, plans and organizes financial operations in the clinic setting.

Supervises the recording and retention of fiscal records.

Verifies, screens and records approval of fiscal documents, records, reports, and transactions.

Develops a variety of accounting, statistical and fiscal reports; organizes and compiles data for financial reports for reimbursements.

Answers inquiries and provides information concerning the status of financial accounts; investigates complaints and recommends corrective action as necessary to resolve complaints.

Directs and monitors the development of contracts, plans and assigned grants.

Responsible for monitoring grants, and for insuring compliance with the use of funds.

Supervises fee collection, insurance, and medical billing.

Selects staff; provides or coordinates staff training; works with employees to correct deficiencies; implements discipline procedures.

Coordinates with outside agencies and organizations on clinic financial processes and issues.

Evaluates operations and fiscal service activities; develops and administers fiscal management systems.

Recommends and assists in the implementation of goals and objectives; forecasts and establishes schedules and methods and for the provision of clinic financial services.

Prepares various analyses and reports to document income, expenses, productivity and other operations and activities; ensures compliance with applicable federal and state laws, rules, and regulations.

Participates in budget preparation and administration; prepares cost estimates for budget recommendations; monitors and controls expenditures.

MINIMUM QUALIFICATIONS

Knowledge of:

Principles and practices of accounting and statistics.

Oregon Revised Statutes and rules relating to fiscal matters and privacy of medical information.

Principles of supervision, training and performance evaluation.

Report writing methods and techniques.

Pertinent state, local and federal laws, rules and regulations.

Principles of work planning and organization.

Budgeting and monitoring principles and procedures.

Medical billing and coding practices.

Fiscal reporting requirements for grants.

Modern office procedures, methods and computer equipment.

Principles of work planning and organization.

Ability to:

Engage in preparing accounting and bookkeeping records.

Develop, prepare and present accounting, fiscal and statistical reports.

Communicate clearly and concisely, both orally and in writing.

Supervise, train and evaluate assigned staff.

Analyze data, draw conclusions, recommend and implement appropriate changes to fiscal services.

Interpret and apply department policies, procedures, rules and regulations.

Organize and analyze general and financial data and information.

Use initiative and judgment in completing tasks and responsibilities, establishing new procedures, and in resolving technical challenges.

Establish and maintain effective working relationships with those contacted in the course of work.

Experience and Training

Training:

Bachelor's degree from an accredited college or university with major course work in accounting, finance, business administration, or a related field.

Experience:

Three years of increasingly responsible experience in accounting and administrative support activities in a medical setting including one year of lead responsibility.

An equivalent combination of experience and training that will demonstrate the required knowledge and abilities is qualifying.