

Connecticut Hospital Association
JOB DESCRIPTION

JOB TITLE: Senior Healthcare Analyst / Senior Data Scientist

REPORTS TO: Senior Director, Performance Analytics

OVERVIEW

The Connecticut Hospital Association (CHA) seeks a Senior Healthcare Analyst to work as part of a small team focused on developing business intelligence capabilities to support CHA members. The Senior Analyst brings advanced data analytics skills and experience, and will collaborate with colleagues across the organization in support of utilization management, community health, advocacy, and quality and patient safety measurement and analysis needs. This is a unique opportunity for an intellectually curious individual to participate in expanding existing and developing new data sources and to help lead the advancement of CHA's exciting new data and analytics services.

CHA is a not-for-profit organization, dedicated to the advancement of the health of individuals and communities in Connecticut by leading, representing, and serving Connecticut hospitals and integrated health systems including related healthcare organizations.

JOB SUMMARY:

This individual will design approaches to solving complex analytic challenges, identify process improvement opportunities and contribute to reducing turn-around time for ad hoc analyses. The senior analyst will develop and refine healthcare data analyses using large, complex databases in support of performance reporting and advanced analytics needs. The position will be responsible for delivering analysis and interpretation including the preparation and "translation" to non-data colleagues of key findings/observations to address specific needs. The healthcare analyst will also contribute to ongoing support of ChimeData services by performing functions such as data validation, application testing, documentation, training and user support.

DESCRIPTION OF DUTIES:

1. Write queries to evaluate data; organize and summarize data; publish results and findings.
2. Develop business rules based on data exploration and define algorithms and calculations to transform and enhance data.
3. Create data visualizations and infographics to convey information and help users derive meaning from data. Synthesize complex data and use appropriate statistics to deliver information in a concise, meaningful way to communicate to non-technical audiences.
4. Lead the development of sophisticated analytic tools by documenting requirements, creating detailed specifications and mock-ups, and working with software developers to rapidly prototype, test and revise business intelligence offerings.
5. Drive data analysis to evaluate the impact of legislative and regulatory proposals and analyze trends affecting hospitals and healthcare organizations.
6. Provide training and support for member hospitals and other business partners. Lead the creation of innovative solutions to support members and clients.
7. Support ongoing data and reporting operations, and provide backup for other team members as needed.
8. Identify the steps/tasks needed to complete a project and track progress in project management software.
9. Mentor junior colleagues and share best practices. Participate in peer review process, offering constructive feedback and suggestions.

QUALIFICATIONS:

1. A Master's degree is required for this role (MHA, MPH, or MS in fields such as data science, statistics, mathematics, economics, public health, or epidemiology) along with a minimum of 5 years of healthcare industry experience, preferably in a payer or provider setting.
2. Strong Excel, Microsoft office and database skills. Experience using database query tools such as SQL, SAS or Alteryx. Experience using software such as Tableau, Qlik, or COGNOS to build data visualizations is highly desirable.
3. Ability to identify relationships in data sets, determine key fields, and present findings independently. Ability to troubleshoot problems, identify defects in logic and identify and resolve data quality issues. This individual should be a big picture thinker and be able to make connections and grasp the significance of implications.
4. Attention to detail – ability to produce accurate, high-quality written work is critical.
5. Understanding of provider/payer measurement and standard healthcare code sets. Experience with with electronic health record (EHR) data or Admit-Discharge-Transfer (ADT) data is a plus. Experience using statistical methods to evaluate healthcare data is strongly preferred.
6. Ability to work independently with minimal oversight and produce a quality output. Must be resourceful and possess the ability to investigate complex issues and synthesize quantitative and qualitative information; the ability to research varied topics as needed and embody the organizational and critical thinking skills essential to success.
7. Experience working in a team-oriented, collaborative environment; ability to establish effective interpersonal relationships.
8. The ideal candidate will bring other desirable skills to complement the existing team, including: knowledge of hospital reimbursement methodologies and risk adjustment; experience using public data sets (US Census/ACS, CMS public data files, and APCDs (all payer claims databases)) and FHIR resources; knowledge of coding, medical terminology, quality pay-for-performance programs, hospital electronic health record systems, and predictive modeling; experience designing applications using user-experience design principles; and analyzing pharmacy claims or lab data.

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