



Title: Chief Medical Officer

Reports to: President and CEO

Classification: Chief

Location: Boston

Job description revision number and date: v2; 8.14.2023

Organization Summary:

Community Care Cooperative (C3) is a 501(c)(3) not-for-profit, Accountable Care Organization (ACO) governed by Federally Qualified Health Centers (FQHC). Our mission is to leverage the collective strengths of FQHCs to improve the health and wellness of the people we serve. We are a fast-growing organization founded in 2016 with 9 health centers and now serving hundreds of thousands of beneficiaries who receive primary care at health centers and independent practices across Massachusetts. We are an innovative organization developing new partnerships and programs to improve the health of members and communities, and to strengthen our health center partners.

Job Summary:

The Chief Medical Officer (CMO) has strategic responsibility for the clinical effectiveness and efficiency for the organization's Model of Care and its implementation, and shares accountability with the ACO executive team for setting and achieving annual quality of care and total cost of care savings targets, throughout all of the organization's business line. Regardless of who directly reports to the CMO, the CMO is the organization's executive lead on clinical design and clinical program strategy. The CMO also partners with CMOs and other clinical leaders at C3 FQHCs to ensure the Model of Care and its implementation are responsive to local community needs and health center capabilities in order to maximize the success of individual health centers and C3 as a whole. This position reports to the CEO and is also a member of the organization's Executive Team. The CMO serves as a key organizational leader and models collegiality in everything they do, including in interdepartmental workings.

Responsibilities:

- Stays current with evidence-based best practices and innovations in healthcare delivery that result in improved outcomes and lower total medical costs and brings those insights to the continued evolution of the Model of Care
- Serves as the chief strategist and champion for the development and implementation of programs, services and performance standards related to the implementation of the organization's clinical strategies, including strategies to iterate on the Model of Care, and strategies to improve quality & patient outcomes and effectively manage total cost of care for C3 including work in our subsidiaries, Community Technology Cooperative and Community Pharmacy Cooperative, and new other emerging lines of business
- Works across the organization to ensure a person-centered, holistic, non-medicalized approach to assessment, care planning, and all aspects of the Model of Care and its implementation
- Collaborates closely with the executive team and leadership team, including operations, clinical operations, quality, IT, analytics, and finance, to ensure the effectiveness of clinical initiatives, identify gaps in clinical programs and clinical strategy and provide leadership over the development of new clinical initiatives



- Provides key analytic and interpretation and insights into clinical and cost trends to identify areas where interventions may generate significant improvement, and collaborates with the executive team to develop, prioritize, implement and monitor interventions
- Based on observation, outcomes and industry know-how, monitors the cost and quality performance of the Model of Care
- Works collaboratively to perform root cause analysis when issues arise
- Formulates and executes plans to course correct
- Participates as a key member of the National Strategy Team and attends out-of-state meetings via Zoom and/or in person as needed
- Supports interested health centers in understanding how C3 can support health centers clinically, in a manner that is situationally and geographically astute
- Serves as the clinical key leader, inside and outside of the company
- Serves as a trusted advisor and partner to health center CMOs, other health center clinical leaders, and to provider ecosystem partners such as hospitals, and colleagues in state and federal government
- Develops relationships, sets shared goals, and holds health center and ecosystem partners accountable in working toward shared goals
- Communicates enthusiasm for the mission of C3 and the opportunity the ACO represents for FQHCs to be successful in value-based care and serve their communities even more effectively and shares this message with both internal (e.g. C3 FQHC) and external audiences
- Supports CEO and the Executive Team in analyzing, recommending, shaping, and/or monitoring changes in reimbursement rates, networks, payment policies, benefits, utilization management, and any other changes in the “rules of the road” associated with the execution of the Model of Care (e.g. the MassHealth contracted provider network)
- Collaborates with health center CMOs to gather information related to common issues and representing policy concerns to EOHHS in coordination with CEO and/or other Chiefs
- Serve as primary senior staff for the Board Quality Committee including developing and presenting content for the Committee, working with their respective board chairs
- Documents board decisions related to financial matters including the development of policies
- Together with colleagues on the executive team and other senior leaders, fosters a culture (through example as well as influence) of constructive and solution-oriented collaboration to define plans of operation as this fast-moving organization continues to take on new business and changes in scope and priorities
- Is a supportive thought partner to all colleagues
- Strikes a good balance between, on the one hand, protecting operational teams and pushing for lower operational risk, and on the other hand having a “can do” approach to inevitable evolution and expansion in the organization’s scope
- Other duties as assigned

Required Skills:

Must possess strong clinical, strategic, collaboration and communication skills, along with practical skills in developing, measuring and modifying clinical programs to achieve goals in a value-based care context.

- Experience working in or with Federally Qualified Health Center
- Experience with alternative payment models
- Experience leading successful change in one or more clinical settings



- Experience at the intersection of information technology and clinical care, and care team design/redesign which is relevant to the implementation of value-based care systems
- Skilled in exercising a high degree of initiative, judgement, discretion and decision making to achieve objectives
- Strong track record of working in multidisciplinary teams that share and leverage the strengths of its members
- Strong track record of managing a team of direct and/or indirect senior-level administrators; engaging and developing staff
- Strong communication and persuasive skills
- Must be able to remain in a stationary position 50-75% of the time

Desired Other Skills:

- Familiarity with the MassHealth ACO program and/or other state Medicaid programs
- Familiarity with Medicare ACO programs
- Experience with anti-racism activities, and/or lived experience with racism

Qualifications:

- Medical degree, MD or DO, required
- 10-plus years of senior management in clinical, consulting, health plan operations, provider practice or hospital leadership

***** In compliance with Covid-19 Infection Control practices per Mass.gov recommendations, we require all employees to be vaccinated consistent with applicable law. *****