

POSITION DESCRIPTION: Not-for-profit Community Health Center Network of clinics in Nashville, Tennessee. Neighborhood Health is a network of 12 clinics including community clinics, homeless services and public housing services clinics. Over 30,000 individuals are provided comprehensive services: medical, dental, behavioral health and other support services. Neighborhood Health is dedicated to improving the lives of the people we serve and the health of our communities. Neighborhood Health strives to assure access, value and best practices for all those we serve.

Must be able to work in a Patient Centered Medical Home model. Must facilitate partnerships between patients, physicians and health teams with focus on care coordination and integration of treatment internally and externally. Must work diligently to assure that services are accessible, continuous, comprehensive, coordinated, compassionate, and culturally effective. Must be committed to eliminating barriers to care that is centered on the needs and convenience of patients above all other factors.

More information can be found at: www.neighborhoodhealthtn.org.

Resumes and letters of interest or inquiry may be submitted to: opportunity@neighborhoodhealthtn.org.

I. TITLE OF POSITION: Chief Clinical Officer

II. NATURE OF POSITION:

As a member of the Executive Leadership Team, the Chief Clinical Officer (CCO) is dedicated to service to the underserved. The CCO is responsible for guiding the delivery of clinically excellent healthcare with knowledge, commitment and passion. The CCO provides leadership to the provider staff, developing their knowledge and talent, while building fidelity to the patient centered medical home model of team-based integrated care.

III. QUALIFICATIONS:

- Graduate of an accredited school of medicine, licensed as a physician and certified in a recognized primary care medical specialty.
- Five (5) years of clinical experience in the practice of primary care medicine
- Three (3) years of administrative experience in leading and managing a group of primary care medical providers of ten or more at multiple ambulatory care delivery sites
- Demonstrated dedication to mission of service for uninsured and underserved
- Demonstrated understanding of the patient centered medical home
- Demonstrated knowledge and use of rapid cycle quality improvement
- Super User with electronic health software
- Demonstrated ability in the following competencies:
 - Excellent Verbal and written Communication Skills
 - Ability to motivate and inspire
 - Critical Thinking
 - Complex and Creative Problem Solving
 - Strategic Planning Ability

- Talent Development
- Negotiation and Conflict Resolution
- Business Acumen
- Interpersonal savvy with proficiency in developing and building relationships
- Proven time management and priority setting skills
- Change Management

IV. ESSENTIAL JOB FUNCTIONS:

Administrative:

Participates in administrative decision-making.
 Meets and collaborates with leadership team and Board to achieve organizational goals.
 Participates in the development and evaluation of policies and procedures.
 Stays informed regarding developments in primary care and recommends changes.
 Participates in the development of the organizational strategic plan and healthcare plan, aligning programs, mission and patient needs.
 Collaborates in the development of the medical expense budget and assures conformance within budgetary guidelines.
 Participates in information system planning.
 Provides periodic written and verbal reports and updates as required in the Peer Review Plan, Quality Management Program, the Annual Work Plan, the health plan, and other documents and programs.

Personnel:

Organizes medical staff and keeps medical staff informed regarding policies and procedures.
 Develops continuing education plan for clinical staff.
 Participates in recruiting providers and leadership staff.
 Provides formal orientation and conducts performance evaluations and corrective plans for all providers.
 Participates in the credentialing process.
 Assists in development of clinical staffing plans.
 Mediates professional disagreements.

Care Delivery:

Plans, organizes and directs the professional medical services program.
 Designs and implements medical goals and objectives.
 Manages the resolution of practice related concerns of provider staff.
 Manage change in the integrated health care delivery system, such as work flow restructuring, technological innovations, and integration with behavioral health.
 Serves as a mentor and resource for medical providers.
 Maintain clinical practice serving as a role model in regard to patient satisfaction, quality and volume.

Quality of Care:

Directs the process to ensure the appropriateness and quality of medical and medically related care.
 Develops and directs quality improvement efforts in keeping with effective practices to meet established quality outcome goals

Develops and updates medical care protocols and procedures.
Develops and directs the peer evaluation program.
Develops the continuing medical education staff program.
Serves as chair of the clinical committees and assure staff involvement in quality management.
Participates in review of patient satisfaction surveys and in resolving patient complaints.

Operational Efficiency and Regulation:

Provides oversight for utilization and risk management activities.
Monitors appropriateness of specialist referral and inpatient admission patterns, and ancillary service utilization.
Promotes provider support for diagnostic and E&M coding accuracy, adherence with the corporate compliance plan, attainment of productivity targets, and claims preparation for third party reimbursement.
Assures conformance with legal and regulatory requirements, including FTCA, CLIA, Joint Commission, PCMH, 340b, VFC and others.
Serves as liaison to regulatory agencies and managed care plans.

Community Partnership:

Serves as liaison to medical community-at-large.
Assures consistency of organizational mission with demonstrated needs/expectations of medically underserved community.
Promotes wellness and ensures programs of prevention, education and outreach to communities consistent with the mission, vision and values.
Assists the CEO with activities to promote positive community relations.
Commits professional time to community service activities on behalf of the center.

V. SALARY GRADE AND CLASSIFICATION: Executive Leadership, Salaried/Exempt

VI. SUPERVISORY RESPONSIBILITIES: Yes

VII. RESPONSIBLE TO: CEO

VIII. PHYSICAL REQUIREMENTS:

Work is varied in nature and is performed with frequent interruptions. Work requires close attention to detail, accuracy, documentation and timeliness in fulfilling duties and reports. Work requires sitting, standing, and/or walking for periods of five hours or more, moving and examining objects at high and low reach, and reading for extended periods.