

POSITION: Chief Medical Officer **RESPONSIBLE TO** Chief Executive Officer

DEPARTMENT: Administration

SUMMARY:

As the Chief Medical Officer (CMO), is responsible for providing oversight and medical expertise in implementing the Medical Management Program. The CMO promotes the organizational goals and objectives and assures that quality health care services are delivered by the physician groups. Clinical care amounts for 60% and the remaining 40% administrative and supervisory responsibilities.

EXPECTATIONS:

- Recruits, hires, trains, counsels, and evaluates both technical and professional staff involved in the delivery of clinical services who perform the Quality Management (QM) and Utilization Management, and Credentialing/Re-Credentialing/ Process.
- Participate in the overall development and directions of the Clinical Program.
- Implement the Utilization Management Plan and Quality Management Plan.
- Lead the Patient Center Medial Home recognition efforts.
- Lead the Chairmanship of both UM and QM Committees.
- Establish and maintain standards and protocols of medical care practiced by the physician groups.
- Monitor the practice of medicine and the implementation of managed care processes.
- Promote continuing medical education opportunities for both internal and external clients.
- Exercise professional judgment regarding specific cases or the interpretation of health plan benefits
- Establish and maintain professional relationships between the organization and all provider clients.
- Assure the standards of care provided by contracted and ancillary providers meet organizational and nationally recognized standards of care.
- Participate as a part of the management team in consulting and the development of new ventures.
- Participate in the development of innovative case management, high risk assessment, and other activities that improve quality of care and control costs.
- Participates in the evolution and refinement of the Quality Improvement process as well as other committees such as Senior Management, emergency preparedness.
- Undertakes special projects as assigned by the CEO.

DUTIES and RESPONSIBILITES

- Recruits, hires, trains, counsels, and evaluates both technical and professional staff involved in the delivery of clinical services who perform the Quality Management (QM) and Utilization Management, and Credentialing/Re-credentialing/. Encourages group and individual understanding of how team and individual efforts contribute to program accomplishments.

- On call after hours service (when requested) as well as coordinate with other specialties such as psychiatry.
- Clinical oversight for all locations
- Oversight of in Clinic and Offsites
- Oversight of Podiatry, Chiropractor, Acupuncture and other related services as requested
- Review quality of care issues and provide corrective action plans, education, and counseling through the UM and QM Committees.
- Communicate with regulatory agencies and their representatives and maintain an understanding of NCQA and HEDIS standards.
- Analyze data sets, utilization reports, and physician practice profiling. Provide evaluation and appropriate action to improve provider performance and quality of care.
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- Implement educational programs for physicians and medical management staff in QM and Credentialing/Re-Credentialing principles and methods in clinical updates.
- Peer Review – Responsible for implementing and maintaining the Peer review program.
- Monitor the Credentialing, Re-Credentialing of all practitioners and reports results to the board of directors for final approval.
- Chair the UM and QM Committee Meetings with a clear commitment to continuity of the working UM and QM process and an orderly communication of clinical information from the UM/QM Committees to both the Board of Directors and the provider network.
- Make presentations to Management, Board and Board of Committees, when requested

MINIMUM REQUIREMENTS:

Education:

- M.D., D.O. degree with a current valid license to practice medicine in the State of CA.

Prior Qualifications and Experience:

- Board Certified in Family Practice, Internal Medicine or other clinical specialty
- Minimum 5 years experience as a Primary/specialty Care Physician
- Minimum 5 years experience in a leadership position in a community based clinic environment.
- Must be experienced in implementing new clinic operating processes and systems aimed at improving efficiency, knowledge of and experience with EHR and/or a related automated systems is a plus,
- Demonstrated leadership ability, team management and interpersonal skills.
- Excellent analytical and abstract reasoning skills, plus excellent organization skills.

Physical Requirements:

- Role involves standing, walking, pushing, pulling, lifting, sitting, twisting, and the ability to lift and carry 20 pounds

Received: _____
Employee Signature _____ Date _____