

Chief Medical Officer (CMO)

Location: Bartz-Altadonna Community Health Center (BACHC) – Antelope Valley & East Kern County, CA

Reports to: Chief Executive Officer (CEO)

Status: Full-Time, Exempt

Schedule: 60% Clinical, 40% Administrative

Position Summary

The Chief Medical Officer (CMO) is a mission-driven physician leader who provides strategic oversight and clinical leadership across all BACHC medical operations. As a core member of the Executive Leadership Team, the CMO directly supervises the provider workforce and ensures clinical care delivery aligns with regulatory standards, organizational goals, and the mission of serving underserved and vulnerable populations.

This position requires a highly collaborative, hands-on leader who leads by example, embraces accountability, and champions the organization's core values of Compassion, Respect, Integrity, Teamwork, and Accountability. The CMO represents the clinical face of BACHC in internal and external settings and works closely with the CEO and Board to advance the organization's quality, access, and patient experience outcomes.

Duties and Responsibilities

I. Clinical Responsibilities (60%)

- Provide direct patient care at a BACHC clinic site at least 2.5 hours per day (Monday–Friday schedule).
- Serve as a clinical role model for the provider team by practicing evidence-based, culturally competent care.
- Participate as a backup for the after-hours on-call provider rotation, ensuring continuity of care and clinical coverage.
- Promote and demonstrate patient-centered care and effective care coordination across service lines.

II. Administrative Responsibilities (40%)

Provider Oversight and Supervision

- Directly supervise all licensed medical providers, including physicians, nurse practitioners, and physician assistants.
- Conduct structured 30-, 60-, and 90-day performance reviews for all new providers, and annual performance evaluations for all existing providers. Reviews must include individualized feedback on:
 - Clinical productivity/ encounter goals
 - Documentation timeliness and accuracy
 - Patient care quality and outcomes
 - Professional conduct and teamwork
 - Integration with clinical workflows and culture

- Identify and support providers needing Performance Improvement Plans (PIPs), mentorship, or clinical re-education.
- Develop and execute recruitment, onboarding, and retention strategies to attract and retain high-performing, mission-aligned providers.
- Approve all provider vacation and time-off requests and ensure appropriate clinical coverage across all service sites.
- Monitor note closure rates and enforce timely completion of documentation (within 24–48 hours).
- Provide ongoing coaching on documentation quality, including HPI, A&P, ICD-10 coding, and care plan documentation to support proper billing, compliance, and care continuity.
- Monitor provider performance dashboards; use data to proactively address underperformance or burnout.
- Lead and enforce monthly provider meetings; establish agendas, document attendance, and ensure accountability for participation and follow-through.

Executive Leadership Participation

- Participate in monthly Executive Leadership Team meetings, contributing clinical insight and aligning departmental efforts with strategic goals.
- Attend monthly Board of Directors meetings or as requested by the CEO to present updates on clinical operations, provider performance, compliance issues, and improvement initiatives.
- Serve as the clinical face of BACHC in the community—with prior approval of the CEO—representing the organization in forums, health collaboratives, advisory panels, and public health efforts.

III. Quality Improvement and Compliance

Clinical Quality and HEDIS Performance

- Lead the design, implementation, and monitoring of the organization's Quality Improvement (QI) and Quality Assurance (QA) programs.
- Drive high performance on clinical quality metrics, particularly HEDIS, UDS, and PCMH-aligned measures such as:
 - Diabetes and hypertension control
 - Cancer screenings (breast, cervical, colorectal)
 - Childhood immunizations
 - Behavioral health screenings and follow-up
- Promote pre-visit planning, standing orders, and care gap closure as part of the medical home model.
- Lead internal efforts to integrate QI into everyday clinical workflows, staff education, and provider incentives.

Coding, Documentation, and Billing Oversight

- Provide clinical oversight and training on accurate ICD-10 and CPT coding, with emphasis on specificity, medical necessity, and risk adjustment.
- Review and enhance clinical documentation standards in coordination with the Billing and Compliance teams to ensure alignment with audit and billing requirements.

- Support annual and ad hoc chart audits, peer reviews, and root cause analyses; conduct one-on-one feedback sessions and corrective actions as needed.
- Guide documentation workflows to ensure proper coding of chronic conditions, preventive services, and SDOH (Z-codes) when appropriate.

Regulatory Compliance and Accreditation

- Ensure full clinical compliance with:
 - HRSA scope of service and FTCA guidelines
 - State and federal licensing and documentation standards
 - Joint Commission (TJC), PCMH, Medi-Cal, and other payer requirements
- Lead and support preparation, participation, and follow-up for HRSA Operational Site Visits (OSVs), Joint Commission surveys, and internal mock audits.
- Collaborate with the Chief Compliance and Risk Officer to resolve clinical-related compliance issues, incidents, and corrective action plans.

Minimum Qualifications

- MD or DO from an accredited medical school; Board Certified in Family Medicine, Internal Medicine, Pediatrics, or a related primary care specialty.
- Active and unrestricted license to practice medicine in California (or eligibility for immediate licensure).
- At least 5 years of clinical practice experience, with a minimum of 3 years in medical leadership roles such as Medical Director or CMO.
- Experience working in a Federally Qualified Health Center (FQHC) or underserved healthcare setting preferred.
- Proficiency in EHR usage (eClinicalWorks preferred) and familiarity with health IT tools used for quality and compliance reporting.
- Demonstrated success in provider supervision, performance management, regulatory compliance, and clinical quality improvement.
- Strong leadership, organizational, and interpersonal skills.
- Deep commitment to BACHC's mission of providing accessible, equitable, and high-quality care to the underserved.

Work Schedule & Compensation

Schedule: Full-time, Monday through Friday

- Clinical care requires at least 2.5 hours per day
- Administrative responsibilities performed on-site and across clinical locations
- On-call coverage rotation participation required

Compensation and Benefits

- Base Salary Range: \$320,000 – \$400,000 annually (DOE)
- Benefits Include:
 - Medical, dental, vision insurance
 - 403(b) retirement plan with employer contribution
 - CME allowance and paid CME time
 - FTCA malpractice coverage

- Paid time off, holidays, and wellness leave
- Loan repayment eligibility (NHSC, California LRPs)