



Title: Practice Transformation Manager

Reports to: Director, Practice Transformation

Classification: Individual Contributor

Location: Boston

Job description revision number and date: v2.0, 05/13/2022

Organization Summary:

Community Care Cooperative (C3) is a 501(c)(3) non-profit, Accountable Care Organization (ACO) governed by Federally Qualified Health Centers (FQHCs). 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 Practice Transformation Manager will serve as the primary relationship manager to the FQHCs and Affiliated Participating Providers (APPs) providing oversight and assistance in achieving their annual cost and quality goals. The position will also support other required functions, such as regulatory requirements of C3 risk contracts.

The job is a true generalist; the position requires enough subject matter expertise in the full scope of our organization's business operations to be able to trouble-shoot, diagnose and fix a broad array of issues. When not able to directly resolve issues, the Practice Transformation Manager must be skilled enough to trouble-shoot who to go to for additional support and keep accountability for ensuring that all open issues are resolved. The scope of these generalist functions includes, but is not limited to, Care Management, Risk Adjustment, Quality, Practice Transformation, Value-Based Care, and EHR optimization. This person must exhibit strong leadership skills, organization and communication skills, independent thinking, flexibility, and a strong attention to detail.

While this role will have a defined set of FQHC/APP assignments, the position will have a hybrid schedule that will require visiting FQHC/APP locations throughout the state of Massachusetts, working from home, and required time at the organization's office.

Responsibilities:

1. Relationship Management

- Supports and advises Health Center/Practice leadership, providers and staff on their transformation efforts towards value-based care
- Monitors Health Center/Practice satisfaction with the organization and risks to success in population health on an ongoing basis and ensures appropriate communication with our Leadership and program leads



- Supports the Health Center/Practice care teams as practice coaches in locally integrating the Model of Care and successfully achieving the goals of the Model of Care
- Collaborates with each Health Center/Practice Lead in monthly meeting planning and management
- Facilitates communication between the organization and appropriate Health Center/Practice staff, as needed
- Ensures that the organization understands Health Center/Practice culture and concerns and responds accordingly to their requests for information and support
- Supports the Health Center/Practice in achieving our requirements as stipulated in Participation Agreements, Board Policies and Delegation Agreements

2. Driving Transformation to Value Based Care

- Partner with Health Center/Practice leadership in preparing to transform and improve primary care for more advanced value-based payment contracts and models
- Supports and oversees progress with the Health Centers/Practices in achieving total cost of care and quality performance goals
- Understands risk coding, quality improvement and population health and drives improvement on related engagement, outcomes and staff productivity and financial measures
- Works directly with Health Center/Practice staff on achievement of annual key performance indicators
- Analyze performance reports and data to inform decision-making, process, and program improvement
- Identifies process improvement gaps and works with staff to recommend and facilitate changes
- Monitors and identifies best practices within the Health Center/Practice; works in conjunction with others to implement and share organization-wide best practices
- Works with Health Center/Practice staff to test and refine workflows that support sustainable transformation, and guide practices as they expand interventions to additional patient populations

3. Technical and Knowledge Enablement

- Ensures Health Center/Practice staff are onboarded and facile with the organization's Population Health technology platform; arranges for training and re-training as needed
- Serves as content area specialist for the Population Health platform technology and/or assists in securing expertise from others when needed
- Provides direct education and training of the Population Health platform, as appropriate
- Works with the organization's reporting team to support the development of a suite of reports ensuring appropriate inputs for managing team productivity and performance
- Reviews regularly Health Center/Practice performance on KPIs in the Population Health platform and other reporting structures, and informs Health Center/Practice leads on insights, data trends, and leading or lagging performance



Required Skills:

- Experience working in Value-Based Care and Alternative Payment Models
- Excellent written and oral presentation skills, with the ability to engage, inspire, build credibility and trust
- Highly organized and self-motivated individual with ability to adapt to various workspaces
- Working knowledge of clinical quality metrics such as HEDIS, NCQA or National Quality Forum type metrics
- Collaborative working style with the ability to work across different teams, areas of expertise, and adapt to ambiguous environments
- Must demonstrate excellent interpersonal communication skills; must be personable and comfortable communicating with all levels of the organization
- Must be flexible and adaptable to change and demonstrate the ability to work independently
- Demonstrated success in working as part of a multi-disciplinary team including communicating and working with Providers, Nurses, and Social Workers.
- Experience and proficiency with Microsoft Office products (Excel and Power Point)

Desired Other Skills:

- Five+ years of leadership experience in practice management, provider relations or project management
- Training in the Model for Improvement, LEAN or other process improvement methodologies
- Knowledge and understanding of Risk Adjustment concepts and models
- Experience working on a primary care team
- Familiarity with the MassHealth ACO program
- Familiarity with Federally Qualified Health Centers
- Familiarity with Private Payor/Commercial contracts
- Additional qualities that would be a good fit for our team include: Passion for our Mission; enthusiasm and passion for helping patients; genuine spirit; kind and empathetic nature; and one who embraces a “go with the flow” mentality
- Experience with anti-racism activities, and/or lived experience with racism is highly preferred

Qualifications:

- Bachelor’s Degree (in Nursing, Business Administration/Healthcare Administration/ Public Health strongly preferred. Preference given to Masters prepared individuals in related fields.)
- 3+ years experience in practice re-design work including Patient Centered Medical Home (PCMH), Practice Transformation, Quality Improvement, ACO Development, Ambulatory Care, and Quality and Efficiency Metrics
- Must have a valid Driver’s License and be willing and able to travel locally/regionally at regular intervals



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