

Job Description: Clinical Value-Based Care Advisor

Job Title: Value-Based Care Advisor

Reports To: Director of Programs

Travel: In-state and out-of-state travel is required for this position

Salary Range: \$95,000-\$125,000

Position Summary

The Value-Based Care Advisor supports community health centers in advancing practice transformation and quality improvement efforts that strengthen population health, improve patient outcomes, and position health centers for success in value-based care arrangements. This role provides hands-on support to health center teams, using data-informed approaches to target opportunities for improvement and implement evidence-based strategies. A key priority of the Advisor's work will be improving outcomes related to hypertension and diabetes, two of the most pressing conditions impacting patient health and driving health disparities. At the same time, the Advisor's scope will span a broad range of clinical, operational, and population health measures tied to payer contracts, grant priorities, and organizational goals.

Qualifications

- Bachelor's degree in public health, health administration, nursing, or related field required; advanced degree or clinical licensure (MD, DO, NP, PA, etc.) preferred but not required.
- Experience in quality improvement, clinical practice transformation, or value-based care in a primary care or community health setting; FQHC experience strongly preferred.
- Comfort with technology and data — ability to use Microsoft Excel effectively and learn population health management platforms (e.g., Azara). Formal data analysis expertise not required.
- Proven ability to establish credibility with clinical leaders, including CMOs, through collaborative problem solving, relationship building, and clear communication.
- Self-starter with strong initiative who also excels at working across teams and building relationships with diverse stakeholders.
- Knowledge of quality measures and regulatory frameworks relevant to health centers, value-based care, and chronic disease management.
- Strong communication, facilitation, and coaching skills to support diverse health center teams.
- Preferred: Experience with Epic HER.

Duties and Responsibilities

- Partner with health center leadership, providers, and QI staff to design and implement practice transformation initiatives that improve quality outcomes and advance success in value-based contracts.
- Use available payer data, population health tools, and internal reporting to identify performance trends and guide improvement strategies, with particular focus on hypertension and diabetes outcomes.

- Provide technical assistance, coaching, and training on quality improvement methodologies, evidence-based care models, and patient engagement strategies.
- Support projects addressing chronic diseases, including hypertension and diabetes, as well as other clinical and operational measures aligned with HRSA priorities, payer contracts, and organizational strategy.
- Facilitate learning collaboratives, workshops, and peer-sharing opportunities among health centers, with emphasis on strategies to prevent and manage cardiovascular disease and diabetes.
- Track and report on project progress, outcomes, and lessons learned for internal leadership, HRSA, payer partners, and other stakeholders.
- Serve as a subject matter resource on value-based care models, quality measures, and practice transformation approaches.

Employment Status

OKPCA is open to filling this position as either a full-time staff role or a contracted position (minimum 20 hours per week).

Salary Range

If full time, OKPCA's budget is \$95,000-\$125,000 depending on experience and qualifications.