ACO Office Performance Improvement Process – Meeting Template

Consider using this template to satisfy criteria within the 1st Quarter, ACO 2015 Performance Improvement Incentive Program (PIIP)

Practice Name: ____________________________________________________________________________

Date Meeting: _____________________________________________________________________________

Attendance: _______________________________________________________________________________

________________________________________________________________________________________

I. Review of the last meeting minutes and discuss updates on existing performance improvement activities:

Example: List any measurements on quality or cost metrics you’ve been working on and how they compare to prior measurements

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

II. Performance improvement initiatives

a. Using Population Manager or your own quality reports, list your Medicare quality metric compliance percentages for the following (list each provider’s individual performance or you can provide one measure representing the entire practice):

☐ % of A1c < 8.0 = __________________________________________________________________________

☐ % mammogram done = ______________________________________________________________________

☐ % depression screening done = __________________________________________________________________

☐ % fall screening done= ______________________________________________________________________

☐ % colon CA screening done= __________________________________________________________________

Identify practice staff roles, responsibilities and/or workflow interventions that will improve performance in these quality metrics:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
b. Review your PCP Profile Efficiency Report (to be delivered within My Documents around March 1) and identify up to 3 areas where your practice’s Efficiency Index is >1.0:

- □ ____________________________
- □ ____________________________
- □ ____________________________

Identify practice staff roles, responsibilities and/or workflow interventions that will improve performance in these cost metrics:

- ____________________________________________________________________________
- ____________________________________________________________________________
- ____________________________________________________________________________
- ____________________________________________________________________________
- ____________________________________________________________________________
- ____________________________________________________________________________
- ____________________________________________________________________________

b. List any additional ongoing performance improvement activities.

- ____________________________________________________________________________
- ____________________________________________________________________________
- ____________________________________________________________________________

III. Next meeting date and time: _________________________________________________

Signed by Practice Representative/Date: __________________________________________

Print Name: ___________________________________________________________________