

COPTN Exemplar Practices Template

Insert Logo if possible	
Practice Name:	
Specialty:	

Size:	Physicians:		Patients impacted:	
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Ownership Model:	
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TCPi Phase Progress	PAT Type	Date	Phase	Score
	Baseline			
	Most Recent			
	Final			

Practice Vision:	
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Value Proposition: <i>(Insert visuals as needed)</i>	
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Clinical Outcomes:	Measure ID:	Measure Name:	Numerator:	Denominator:	Rate:	
	Clinical Outcome Improvement Narrative: <i>(Insert run charts)</i>					

PFE Metrics:	1. Patient & Families		4. E-Tool Communication	
	2. Shared Decision Making		5. Health Literacy	

	3. Patient Activation		6. Medication Management	
	PFE Comments:			

Cost & Utilization: (to be populated by DFM team)	Cost Savings Category:	
	Short Description:	
	Total Cost Savings:	
	Additional Comments:	

APM: <i>(options provided in instructions)</i>	Category:	
	Comments:	

Practice Attestation to Accuracy of the Information Above:	(Y/N)	Date Completed:	
Practice Facilitator:			
Clinical HIT Advisor:			
Practice Contact Name:			
Practice Contact Email:			