# APP Performance Measurement Feedback Form

Core to the APP Accountability Framework is bi-lateral communication for the establishment of clear, realistic deliverables and measurable indicators of success. Individual performance reports are the first step in ensuring physicians know what data government is monitoring but it is recognized that this cannot be a static undertaking. With data supported input from physicians, government will advance their understanding of the work you do to evolve performance measurement, and aid decisions on policy and support.

The following form will help guide some of the information that would be helpful in improving our understanding of the work you do to support Nova Scotians in your unique practice but it is only a guide and should not constrain the information you want to share. We look forward to working together with you.

|  |  |  |  |
| --- | --- | --- | --- |
| **Physicians Name:** | Name | **Physician Provider #:** | Number |
| **Community Cluster:** | Choose an item. | **Date:** | Date |

**With which area of the framework does this query apply? (Check all that apply)**

**Shadow Billing  Panel Size  Additional Practice Context**

**Please complete the sections applicable to your query:**

## Shadow Billing

1. Consider including the following information:

* Practice Team Description (Physicians, nurse practitioners, registered nurse, licensed practice nurse, allied health professionals, administrative staff, etc.).
* Description of any non-office-based APP deliverables(such as LTC, ED, hospitalist, PMC)

Click or tap here to enter text.

1. What change are you requesting or recommending?

Click or tap here to enter text.

## Panel Size

1. Consider including the following information:

* Description of Roster(demographics, health status, socio-demographic risk factors)
* What is the current wait time to see you (and/or the practice)?
* How many office visits per day are available?

Click or tap here to enter text.

1. What change are you requesting or recommending?

Click or tap here to enter text.

## Additional Practice Context

Consider including the following information:

* Are there unique shared care models amongst collaborative partners within the practice or community? Click or tap here to enter text.