



**OAKCARE
MEDICAL
GROUP**

PRIME Medical Director Time

Alameda Health System
Due within 10 days of month's end
 Submit to forms@oakcaremedical.com
 or Fax to 510-645-1173

Monthly Reporting of PRIME Medical Director Time

MONTH _____ YEAR _____

NAME _____ TITLE _____ BUDGETED HOURS ____

Administrative Directorship Activities	Hours/Month
1. Collaborate with business intelligence team to optimize data Integrity and clinical relevance for all PRIME metrics.	
2. Identify interdependencies to facilitate collaborations between PRIME projects.	
3. Collaborate with PRIME operational lead to develop implementation plan to achieve metric targets	
4. Facilitate PRIME meetings for AHS and PRIME leadership	
5. Assist primary care clinics in transforming care delivery model to achieve consistent, high quality, high value and patient-centered care	
6. General Administration (Calls, eMails, Meetings, etc.)	
7. Other (Specify: _____).	
TOTAL	

Vacation/CME from _____ to _____.

*I attest that these administrative directorship activities were conducted during this month.

Administrative Director Signature _____ DATE _____

Division Chief/Dept Chair/President Signature _____ DATE _____