### SI 5: Deliverable B (For participants not meeting SFHP average PC visit rate only)

**SI 5: Percent of Members with a Primary Care Visit**

Quarter 2 Template

U**Improvement Plan**

Please submit an improvement plan detailing the activities that will be implemented to improve the Quarterly Primary Care Visit Rate. (Please add rows as needed.)

|  |  |  |
| --- | --- | --- |
| Proposed improvement activities  | Staff Responsible | Date to be completed |
| 1. |  |  |
| 2. |  |  |