Empanelment Series 1.0, Part 2
There’s no room
Today’s Faculty

Megan O’Bien, Value-Based Care Program Manager, CCI

Amy Ham, PCMH CCE
Agenda

- Explore the calculations used in determining target panel size
- Acuity and other adjustments
- Continuity reporting
- Review 4 cut method

Please remember to fill out the post swap-meet brief survey!!
Who’s Registered?

Comprehensive Track
1. CommuniCare Health Centers
2. LifeLong Medical Care
3. Monterey County Clinics
4. OLE Health
5. San Mateo Medical Center
6. Tiburcio Vasquez Health Center, Inc.
7. Venice Family Clinic
8. Vista Community Clinic

Low-Intensity Track & Others
1. Altamed
2. Asian Health Services
3. Community Medical Centers, Inc.
4. Community Health Partnership
5. Golden Valley Health Centers
6. La Clinica de La Raza
7. Neighborhood Healthcare
8. Northeast Valley Health Corp
9. San Joaquin General Hospital
10. Tri-City Health Center
11. Winters Healthcare Foundation
What Best Describes Where you are With Regards to Empanelment?

1. We don’t empanel our patients
2. We’re thinking about it: Our leadership is committed to empanelment and have committed resources
3. We’ve started: We’ve created panels
4. We’re on the move: We’ve created processes to support continuity and pop health management
5. We’ve almost figured this out: We’ve figured out how to maintain right-sized panels over time
6. We’re leaders: We use data to monitor our panels and act based on results
Why are panels important?

Empanelment enables a practice to provide proactive and planned care for a population of patients.

-Safety Net Medical Institute

• Define the workload
• Assign accountability
  • Continuity
  • Equality
• Panel = Demand
Panel size is the number of individual patient under the care of a specific provider.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Panel Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Smith</td>
<td>257</td>
</tr>
<tr>
<td>Sally Rice, PA</td>
<td>564</td>
</tr>
<tr>
<td>Un-paneled Patients</td>
<td>200</td>
</tr>
</tbody>
</table>
Panel Variables

- Where/how is PCP recorded
- How is it decided
  - Patient Preference
  - Health Plan Requirements
  - Other
- Defining “Active” patients
## Panel Size Equations

<table>
<thead>
<tr>
<th>Section</th>
<th>Formula</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEMAND</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment needs of current population</td>
<td>$P \times F$</td>
<td>Number of unduplicated patients seen in the last year * Average visits per Patient per Year (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average visits per patient = number of visits/number of patients</td>
</tr>
<tr>
<td><strong>SUPPLY</strong></td>
<td>$S$</td>
<td>Number of appointment slots available on the schedule last year</td>
</tr>
<tr>
<td>Provider availability</td>
<td></td>
<td>Actual hours worked * Productivity 100 hours 3.25 patients per hour = 325 slots</td>
</tr>
<tr>
<td><strong>TARGET PANEL SIZE</strong></td>
<td>$S / F$</td>
<td>Number of appointment slots available on the schedule last year / Average Visits per Patient per Year</td>
</tr>
<tr>
<td>The number of patients the provider can support based on current availability</td>
<td></td>
<td>325/3.14 = 103 patients</td>
</tr>
</tbody>
</table>
• Patients × Number of visits per year (Frequency)

Practices calculate frequency by dividing number of unique patients seen during a time frame into the number of visits these patients had during that time frame.
Supply

- Number of Provider Visits per Day * Provider Days per year

Visits per day – number of visits provided per day, which can differ from the number of appointment slots.

Variables include no-show rate, reducing average visit length and looking at providers clinical hours versus non clinical visits.
Ideal or Reality

Demand – Frequency of Patients

*Increasing the size of a panel a provider can care for = lowering the visit return rate.*

Supply - Productivity

*Increasing the size of panel a provider can care for = decreasing the amount of time a provider spends with each patients*

Consistency across providers?
## Weighting Panels

- **Panel Adjustments by Age and Gender**

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5.02</td>
<td>4.66</td>
</tr>
<tr>
<td>20-24</td>
<td>.47</td>
<td>.70</td>
</tr>
<tr>
<td>40-44</td>
<td>.69</td>
<td>.89</td>
</tr>
<tr>
<td>75-79</td>
<td>1.68</td>
<td>1.40</td>
</tr>
</tbody>
</table>

Panel Adjustments by Acuity/Morbidity

• # of patients with designated diagnosis x 1.3 (to account for higher demands on provider time, and visit frequency).

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>COPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic pain</td>
<td>HIV</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Asthma</td>
</tr>
<tr>
<td>OB</td>
<td>NP (no visits prior to 6 months ago)</td>
</tr>
</tbody>
</table>
Other Adjustments

Social Determinants of health may influence demands on the provider, care team and appointment schedule.

http://www.safetynetmedicalhome.org/sites/default/files/Patient-Acuity-Rubric.xlsx

<table>
<thead>
<tr>
<th>Primary Care Provider</th>
<th>Budgeted Panel Size</th>
<th>Actual Panel Size</th>
<th>Adjusted Panel Size by age/gender</th>
<th>Adjusted based on disease acuity</th>
<th>Adjusted Panel Size (FINAL)</th>
<th>% Difference</th>
</tr>
</thead>
</table>
Practices should consider whether many of the age and acuity factors could be managed more effectively by providing focused team support than by adjusting panels.

– Mark Murray
Monitoring Empanelment

• Size of panel by clinician and how it compares to target panel size for the practice.

• Percentage of total patients unassigned to a panel

• An access measure, such as 3rd Next Available Appointment or Continuity of Care may provide a more sensitive measure of “correct” panel size.
### Example

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Average visits per patient/year</th>
<th>Clinical Hours</th>
<th>Target Panel Size</th>
<th>Current Panel Size (3/01/2015 - 9/30/2016)</th>
<th>Difference between Target Panel Size and Current Panel Size 9/30/16</th>
<th>Panels on 8/31/2016</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Smith</td>
<td>3.5</td>
<td>300</td>
<td>257</td>
<td>200</td>
<td>57</td>
<td>220</td>
<td>-20</td>
</tr>
<tr>
<td>Sally Rice, PA</td>
<td>3.19</td>
<td>600</td>
<td>564</td>
<td>600</td>
<td>-36</td>
<td>575</td>
<td>25</td>
</tr>
<tr>
<td>Un-paneled Patients</td>
<td>196</td>
<td></td>
<td></td>
<td>196</td>
<td>-196</td>
<td>174</td>
<td>22</td>
</tr>
</tbody>
</table>

Target Panel Size = Clinical Hours * Productivity (3)/ Average visits
# Continuity of Care

## Two ways to measure

### Provider Capacity

<table>
<thead>
<tr>
<th></th>
<th>Visits with Paneled Patients</th>
<th>Visits with others</th>
<th>Percent of visits with Paneled Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider A</td>
<td>100</td>
<td>150</td>
<td>40%</td>
</tr>
<tr>
<td>Provider B</td>
<td>300</td>
<td>100</td>
<td>75%</td>
</tr>
</tbody>
</table>

### Patient Continuity

<table>
<thead>
<tr>
<th></th>
<th>Visits with PCP</th>
<th>Visits with others</th>
<th>Percent of visits with PCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider A Patients</td>
<td>200</td>
<td>100</td>
<td>66%</td>
</tr>
<tr>
<td>Provider B Patients</td>
<td>50</td>
<td>200</td>
<td>20%</td>
</tr>
</tbody>
</table>
The Four-Cut Methodology

<table>
<thead>
<tr>
<th>Cut</th>
<th>Report Description</th>
<th>PCP Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Cut</td>
<td>Patients who have seen only one provider in the past year</td>
<td>Assigned to that provider</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Cut</td>
<td>Patients who have seen multiple providers, but one provider the majority of the time in the past year</td>
<td>Assigned to the majority provider</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Cut</td>
<td>Patients who have seen two or more providers equally in the past year (No majority provider can be determined)</td>
<td>Assigned to the provider who performed the last physical exam</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; Cut</td>
<td>Patients who have seen multiple providers</td>
<td>Assigned to the last provider seen</td>
</tr>
</tbody>
</table>
Remember, press *7 on your phone to unmute yourself. Press *6 to mute yourself.
Upcoming Opportunities

November 2016:
• Alternative Encounters, Part 1
  • Thurs, Nov. 17 at 11am
• Alternative Encounters, Part 2:
  • Wed., Nov. 30 at 1pm

Webinars

Other:

January 2017-September 2017: Webinar and In-person workshops will focus on topics:
• Team-based care
• Patient engagement
• Population health management
• Empanelment 2.0
CONTACT INFORMATION

- Tammy Fisher: tammy@careinnovations.org
- Megan O’Brien: mobrien@careinnovations.org

THANK YOU!

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