



Empanelment Series 1.0, Part 1

“The Need to Belong”

CCI CP3 Population Health Management
Low-Intensity Track Webinar
Monday, October 10, 2016 from 1pm-2pm

Today's Faculty



Megan O'Brien,
Program Manager,
CCI



Amy Ham,
PCMH CCE



Empanelment Webinar Series

EMPANELMENT 1.0: Two, 1-hour webinars to develop a strong foundation on the basics of paneling.

1. **October 10, 2016 at 1pm**
“The Need to Belong”
Topics Covered: Why Panels are Important, Where to Begin, Special Circumstances, and Paneling Reports
2. **November 7, 2016 at 11am**
“There’s No Room”
Topics Covered: Determining Panel Size, 4 cut-method, and Continuity Reporting

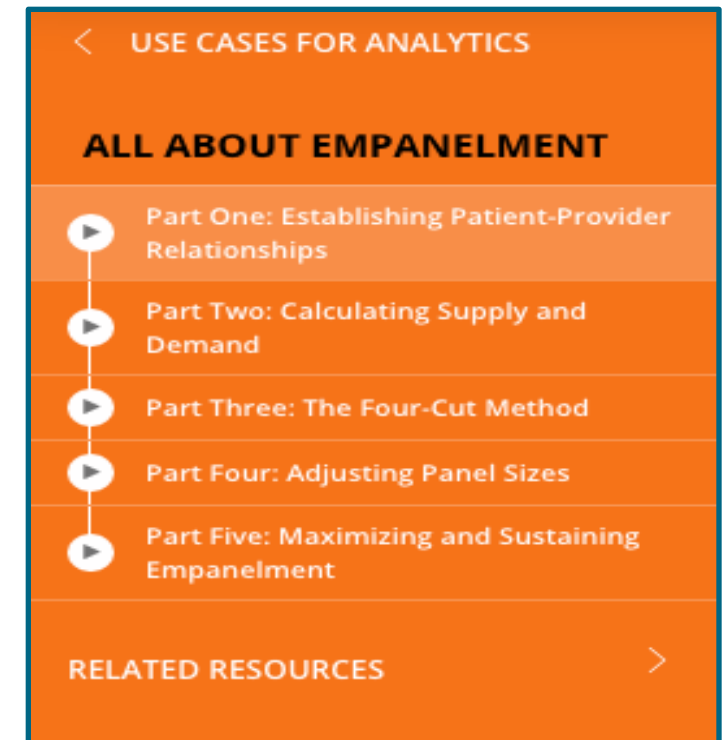
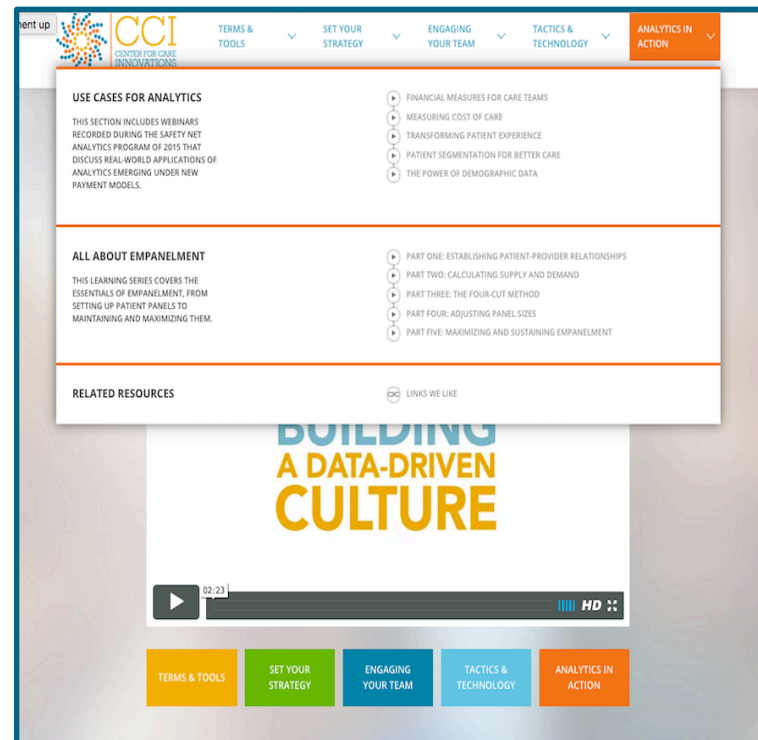
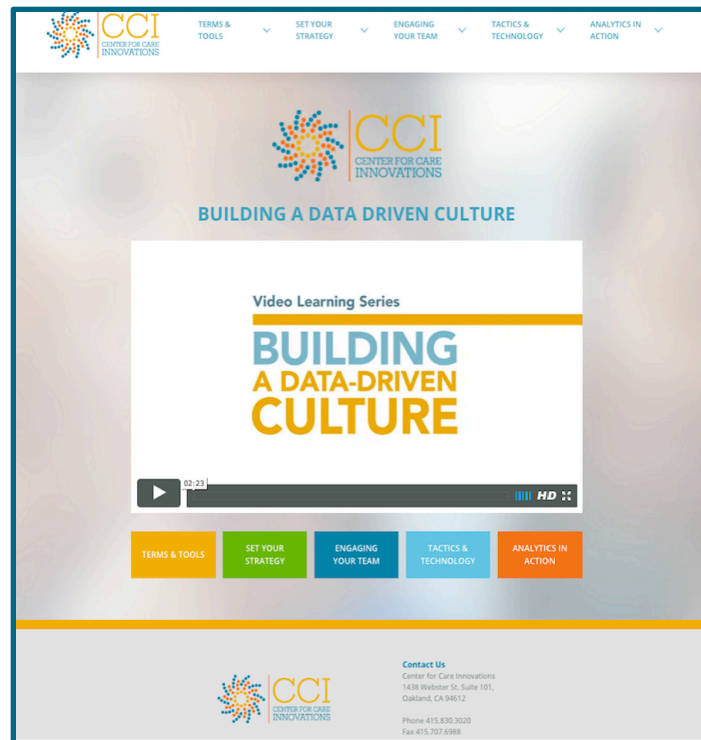
EMPANELMENT 2.0: Two, 1-hour webinars to develop & share best practices on other issues affecting patient panels.

3. **January 2017**
“Behind the Shadows”
Topics Covered: Paneling & QI Reporting, Shadow Panels, and Best Practices
4. **January 2017**
TBD
Topics Covered: Strategies for Increasing Capacity to See More Patients

Office Hours

- Virtual office hours via phone or a web-based service will be set up following the webinars to give participants the opportunity to dive deeper and ask questions of presenters.
- If you are interested in setting up office hours, please email **Megan** (mobrien@careinnovations.org) and include the following information:
 - (1) which faculty you are interested in;
 - (2) the scope of the questions you have;
 - (3) whether you are interested in 30 or 60 minutes;
 - (4) if you are interested in other organizations joining in, or want individualized time.
- I will work with you on scheduling office hours.

CCI Data Analytics Knowledge Center



Datadrivenculture.org

Agenda

- Review the **role of paneling** in patient-centered practice
- Identify **key steps** in paneling and panel management.
- Discuss how to **adjust** for locums, part-time providers, mid-level providers
- Review **basic elements** in panel reporting

Defining Panels and Panel Management

- A panel is the list of patients assigned to each care team in the practice.
- Panel Management is population-based care – meaning the care team is concerned with the health of the entire population of patients, not just those who come in for visits.

Why is Panel Management Important?

Empanelment must be an early change on the journey to becoming a PCMH, because other key changes such as continuous, team-based health relationships, enhanced access, population-based care, and care coordination depend on the presence of such linkages.

—Katie Coleman and Kathryn Philips

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

-Safety Net Medical Institute

**Visits with the same provider positively
affect patient experience, clinical care, and
patient outcomes.**

-Safety Net Medical Institute

Benefits for the Practice

- Creates efficiency through reduction of intensive chart review
- Controls costs, reducing duplicate tests, medications, referrals
- Defines process for fair distribution of workload
- Data-driven decisions supporting practice management and support.

Where Do We Begin?

- Assign all patient to a provider panel, and confirm assignments with the providers and patients
- Assess practice supply and demand and balance patient load accordingly
- Use panel data and registries to proactively contact, educate and track patients.

Which Providers to Panel

- Part-time Providers
- Locum
- Mid-Level Providers
- Specialty Providers (OB, Dentist)
- Residents

Pre-Empanelment Work

- Record PCP in structured field
- Determine Average visits per patient per year (AVPY) by provider type
- Determine number of appointment slots for each provider

Safety-Net Medical Home Initiative
Determining the Right Panel Size

Calculating Panel Size



	FORMULA	
<u>DEMAND</u> Appointment needs of current population	B x F Number of unduplicated patients seen in the last year X Average Visits per Patient per Year	Average visits per patient = number of visits/number of patients
<u>SUPPLY</u> Provider availability	H Number of appointment slots available on the schedule last year	Actual hours worked x Productivity 100 hours 3.25 patients per hour = 325 slots
<u>RIGHT PANEL SIZE</u> The number of patients the provider can support based on current availability	H / F Number of appointment slots available on the schedule last year / Average Visits per Patient per Year	325/3.14 = 103 patients

Empanelment

- Review patient visit history
 - Patient ID, Visit Date, Assigned PCP and Provider Seen
 - Do not include, specialty or nurse visits
 - If patients are not assigned do so based on visit history
- Review initial patient assignments
 - Identify patients not yet assigned, or assigned to providers no longer with the organization.
 - For pediatric patients, 17 and older develop a plan to transition them to adult care

The Four-Cut Methodology

Cut	Report Description	PCP Assignment
1 st Cut	Patients who have seen only one provider in the past year	Assigned to that provider
2 nd Cut	Patients who have seen multiple providers, but one provider the majority of the time in the past year	Assigned to the majority provider
3 rd Cut	Patients who have seen two or more providers equally in the past year (No majority provider can be determined)	Assigned to the provider who performed the last physical exam
4 th Cut	Patients who have seen multiple providers	Assigned to the last provider seen

Example



Patient	Provider 1	Provider 2	Provider 3
Sam	1*	5	2
Trish	2	4	4*
Lisa	5	0	0
John	1	1	1*

Assigning Patients to Panels

Incorporate the voice of the patient in this process. This can be done by training front office staff or the clinic's call center to ask patients which clinician they see regularly and assign them as they register.

Safety Net Medical Home Initiative Resources:

- [Sample PCP Assignment Policy](#)
- [Scripting for Appointment Scheduling](#)
- [Sample Provider Staffing and Scheduling Policy](#)

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 per clinician (the average number of days between a request for an appointment and the 3rd available appointment for that clinician—a more sensitive measure of true appointment availability).

Example

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

Target Panel Size = Clinical Hours * Productivity (3)/ Average visits

Q & A



*Remember, press *7 on your phone to **unmute** yourself. Press *6 to **mute** yourself.*

Upcoming Opportunities



Webinars

November 2016:

- Empanelment Series 1.0, Part 2
“There’s No Room”
 - Monday, Nov. 7 at 11am
- Alternative Encounters, Part 1
 - Thurs, No. 17 at 11am
- Alternative Encounters, Part 2:
 - Wed., Nov. 30 at 1pm

January 2017-September 2017:

Webinar and In-person workshops will focus on topics:

- Team-based care
- Patient engagement
- Population health management
- Empanelment 2.0

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CONTACT INFORMATION

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

THANK YOU!