Empanelment Series 1.0, Part 1
“The Need to Belong”
Today’s Faculty

Megan O’Brien,
Program Manager,
CCI

Amy Ham,
PCMH CCE
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;
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- I will work with you on scheduling office hours.
CCI Data Analytics Knowledge Center

USE CASES FOR ANALYTICS

ALL ABOUT EMPANELMENT

Part One: Establishing Patient-Provider Relationships
Part Two: Calculating Supply and Demand
Part Three: The Four-Cut Method
Part Four: Adjusting Panel Sizes
Part Five: Maximizing and Sustaining Empannelment

RELATED RESOURCES

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

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

<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>
## Example

<table>
<thead>
<tr>
<th>Patient</th>
<th>Provider 1</th>
<th>Provider 2</th>
<th>Provider 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam</td>
<td>1*</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Trish</td>
<td>2</td>
<td>4</td>
<td>4*</td>
</tr>
<tr>
<td>Lisa</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>John</td>
<td>1</td>
<td>1</td>
<td>1*</td>
</tr>
</tbody>
</table>
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

<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><strong>600</strong></td>
<td>-36</td>
<td><strong>575</strong></td>
<td>25</td>
</tr>
<tr>
<td>Un-paneled Patients</td>
<td>3.19</td>
<td>196</td>
<td>-196</td>
<td></td>
<td></td>
<td>174</td>
<td>22</td>
</tr>
</tbody>
</table>

Target Panel Size = Clinical Hours * Productivity (3)/ Average visits
Remember, press *7 on your phone to **unmute** yourself. Press *6 to **mute** yourself.
Upcoming Opportunities

**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!