Empanelment 2.0: Leveraging Empanelment to Improve Access

CCI CP3 Population Health Management
Low-Intensity Track Webinar
Tuesday, February 7, 2017 from 1-2pm
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*
Today’s Agenda

1. **Upcoming Events & Reminders**
   - March 9 & 10: Team-Based Care & Health Coaching Workshops

2. **Metrics for Measuring Access to Care and for Managing Provider and Team Panels**
   - John Pendleton, Associate Medical Director from Petaluma Health Center

3. **Strategies for Reducing Demand and Increasing Supply**
   - Dr. Carolyn Shepherd, former CMO from Clinica Family Health

4. **Questions and Answers**
Office Hours

Virtual office hours via phone or a web-based service are opportunities to **dive deeper** and ask questions of presenters.

Email Megan (mobrien@careinnovations.org) and include the following:

1. which faculty you are interested in;
2. scope of your questions;
3. 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.**
1. Everyone is muted.
   • Press *6 to **unmute and mute** yourself
   • If calling through computer, unmute and mute control at lower left screen

2. Remember to chat in questions!

3. Fill out post webinar survey.

4. Webinar is being recorded & will be posted and sent out
Upcoming Low Intensity Track Events

1. Team-Based Care Workshop: March 9
2. Health Coaching Workshop: March 10

Lead Faculty: Amireh Ghorob, MPH
- former Director of Practice Coaching and Training at the Center for Excellence in Primary Care, UCSF

Complete this application by Friday, February 10 at 5pm
Today’s Faculty

John Pendleton,
Associate Medical Director from Petaluma Health Center

Dr. Carolyn Shepherd,
CP3 Clinical Director,
former CMO of Clinica Family Health

Megan O’Brien,
Value-Based Care Program Manager,
CCI
Petaluma Health Center works to ensure access to high quality, prevention-focused health care for residents of Southern Sonoma County.
A DAY IN THE LIFE OF A PATIENT PANEL

John Pendleton
Associate Medical Director
Team Director
Petaluma and Rohnert Park Health Centers
**Scenario #1 – New Patient Appointment**

- Use **panel data** to create spreadsheet of open and closed providers.
- Update **quarterly**
- Panel openings dictate new pt’s scheduled:
  - >250 – 3 new patients per 4 hour shift
  - >150 – 2 new patients per shift
  - Under 150 – 1 new patient per shift
### 18 & 12 Month Panel Size By Provider
(as of End of Day Yesterday)

<table>
<thead>
<tr>
<th>Team</th>
<th>Provider</th>
<th>Panel Size C mj</th>
<th>Panel Size 18</th>
<th>Panel Size 12</th>
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Provider Panels January 2017

3 per shift:

- Baylor, Anna – M.D.
- Geissler, Jillian – F.N.P.
- Greer, Karl – M.D.
- Iutzi, Cassie – M.D.
- Onochie, Adaobi – N.P.
- Ortega, Marina – P.A.
- Ullal, Ashmi – M.D.
- Williams, Victoria – D.O.

2 per shift:

- Benenhaley, Leesa – N.P.
- Daoud, Nicole – P.A.
- Sandhu, Amrita – D.O.

1 per shift:

- Brotherton, Anno – FNP
- Butts, Carmen – M.D.
- Chen, Aileen – D.O.
- Edouard, Philippe – MD (Medicare/Age > 65 Patients ONLY)
- Helgerson, Erin – M.D.
Strategies for New Patients

• New patients initially create follow-up visits.
• Temporary decrease in new patients if 3NA > 5 days or provider overwhelmed.
• Even full providers can take occasional new patients when needed
• Family members and newborns are ok on all panels regardless of closed/open status.
• Follow 3NA for new patients – goal < 2 weeks
• Group new patient visits or “new patient only” shifts when demand is high
• Use of Nurse to triage/approve same-day new patients.
Managing Weekly Demand

• 1 minute daily Huddle TV across sites to give overall access summary for the day and week. Strategies for access for this week and next.
• 1 minute team Huddle to review team availability and planning for absent providers
• 15 minute Provider/MA huddle
• “See your own and don’t make them wait” – (The Mark Murray mantra)
• Call center fills basic schedule, then passes responsibility to lead MA or Nurse on team who can further massage the schedule.
Managing Short Term Demand

PHC Daily Schedule at a Glance

Date: 1/30/2017

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Scenario #2: “I Want to be Seen Today” (PCP Schedule is Full)

- Remind patient of PCP and team
- “Dr. Cool has a full schedule today. Would you like me to check with her team to see if she can fit you in today?” (can also offer nurse triage)
- Lead MA(flow coordinator) looks live at the schedule and makes decision to double book where appropriate (early in shift. Avoiding clumping of complex patients) Notifies patient it will be a brief visit.
Scenario #2: “I Want to be Seen Today” (PCP Schedule is Full)

- May consider moving an ‘absent provider patient’ to another schedule to make room.
- Inform provider that patient added and MA or RN will help to document history, visit will be brief (We wont let you drown!)
- Rarely may decide to reschedule non-urgent visit to accommodate same-day
- Providers trade absent provider patients for their own
“I Want to be Seen Today”

- Busy days balanced by light days
- Panel activity only moderately predictable
- Consistent schedule decreases variation
- Robust huddle allows easier accommodation of same-day
Other Data Utilization Tips

- Manage providers with high visits per patient per year
- Use cycle times to understand providers who are chronically behind.
- Totally open schedules don’t allow huddling.
- Collect data re: same day requests by day of week
- Schedule routine appts late in week, early in day
- Anticipate high demand days (post-holiday or post-vacation) and use blocks sparingly for these types of supply changes
- Avoid frequent use of long appointments due to harm of a no-show.
<table>
<thead>
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<th>Team</th>
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<th>Visits per pa.</th>
<th>Panel Visits in 12 months</th>
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</tbody>
</table>
CONTACT INFORMATION

John Pendleton, MD
Petaluma Health Center
Johnp@PhealthCenter.org
Dr. Carolyn Shepherd,
CP3 Clinical Director,
former CMO of Clinica Family Health
What’s the Big Deal about Empanelment??
Empanelment

• One of four fundamental building blocks
• 3 Culture Issues
  – Leadership
  – Data-driven improvement
  – Team-based care
• 1 Process
  – Empanelment
Empanelment is KEY for Transformation

• Creates relationships and improves:
  – Team based care
  – Population management and planned care
  – Complex care management
  – Performance improvement
  – Continuity
  – Patient experience
  – ACCESS
Relationships are the Basis for Access

• Relationships facilitate care visits
  – Continuity-familiarity, efficiency
  – Effective patient engagement
  – Better prevention
  – Patient experience
  – Accountability by whole team
  – Decreased demand for visits
Relationships are the Basis for Access

- Relationships allow alternative visits
  - Technology enabled care
    - Phone care
    - Portal care
    - Texting
    - Skype visits
  - Shared medical appointments
  - Nurse co-visits
Relationships are the Basis for Access

1. Optimize the Care Team
2. Measure and report access outcomes
3. Reduce visit demand
4. Develop contingency plans
5. New scheduling paradigm

- 3 Empanelment
- 8 Prompt access to care
Relationships are the Basis for Access

5 New scheduling paradigm

- 5a Decrease appt. types
- 5b Reduce backlog
- 5c Match supply & demand
- 5d Balanced and maintain panels
Empanelment in Primary Care

Empanelment: It’s a really big deal!
Q & A
Upcoming Low Intensity Track Events

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2. Health Coaching Workshop: March 10

Lead Faculty: Amireh Ghorob, MPH
- former Director of Practice Coaching and Training at the Center for Excellence in Primary Care, UCSF

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

THANK YOU!

Please remember to fill out the post webinar brief survey!!