



Empanelment 2.0: Leveraging Empanelment to Improve Access

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

Recap: 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*



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

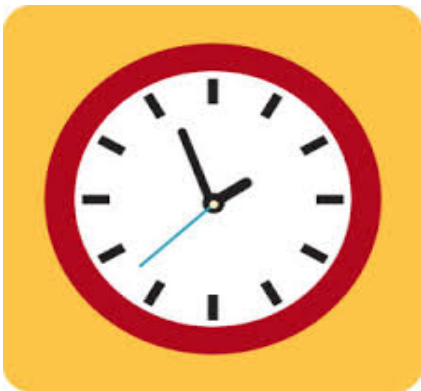
- Dr. Carolyn Shepherd, former CMO from Clinica Family Health

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.



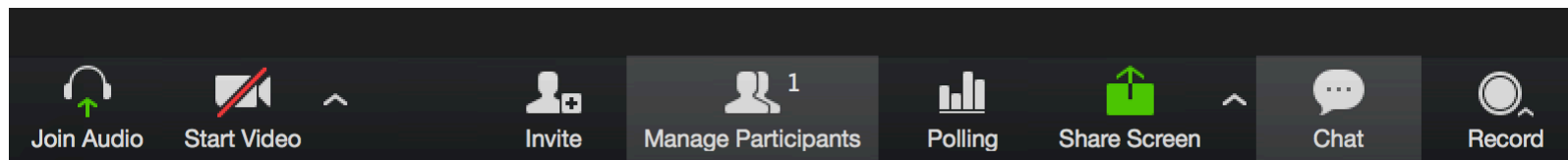
Email Megan (mobrien@careinnovations.org) and include the following:

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.

Webinar Reminders

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

2 In Person
Workshops &
Follow-Up
Webinars

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



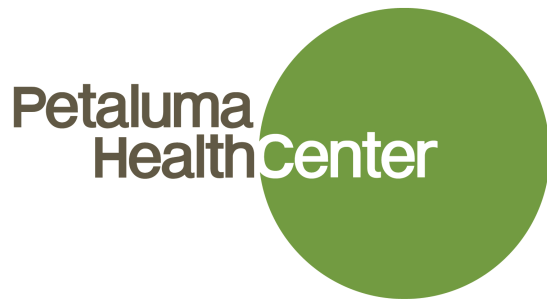
John Pendleton,
Associate Medical
Director from Petaluma
Health Center



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



Megan O'Brien,
Value-Based Care
Program Manager,
CCI



The logo for Petaluma Health Center features a large green circle on the right side. The text "Petaluma" is in a dark grey sans-serif font, and "HealthCenter" is in a white sans-serif font, with the "H" and "C" being larger and more prominent.

Petaluma HealthCenter

***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

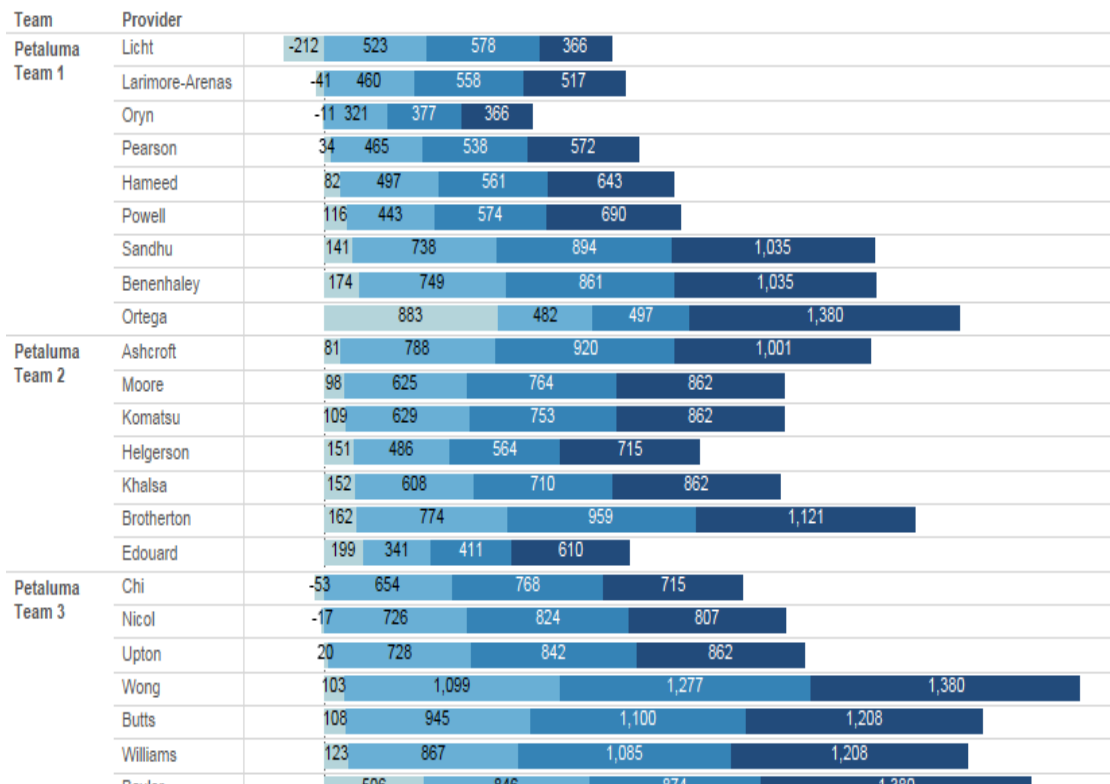


- Use **panel data** to create spread sheet of open and closed providers.
- Update **quarterly**
- Panel openings dictate new pt's scheduled:
 - >250 – 3 new patients per 4 hour shift
 - >150 – 2 new patients per shift
 - Under 150 – 1 new patient per shift

18 & 12 Month Panel Size By Provider (as of End of Day Yesterday)

Legend:

- Panel Size Cap
- Panel Size 18 I
- Panel Size 12 I
- Panel Opening



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[! HIPAA & 42 CFR](#)

[Training](#)

[! Up To Date](#)

Get Help

[Get IT Help](#) (eCW/IT Issue)

[Get Facilities Help](#)

[Huddle TV Request](#)

[Reserve Room](#)

Provider EDD Phone#:

855-342-3645

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, Anne – FNP

Butts, Carmen – M.D.

Chen, Aileen – D.O.

Edouard, Philippe – MD (Medicare/Age > 65 Patients ONLY)

Helgersen, 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

	am scheduled	am open	pm scheduled	pm open	eve scheduled	eve open
Team 1	33	1	31	2	0	0
Team 2	23	13	21	26	0	7
Team 3	24	11	41	5	22	2
OB	10	0	20	2	0	0
RP Team1	18	5	32	9	4	12
RP Team 2	12	13	23	16	10	3
	120	43	168	60	36	24

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 won't 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.

Visit info

Team	Provider	Visits per pa..	Panel Visits in 12 ..
Petaluma Team 1	Benenhaley	3.16	2,466
	Hameed	4.26	2,240
	Larimore-Arenas	3.91	1,741
	Licht	4.05	2,262
	Ortega	2.74	1,341
	Oryn	4.54	1,574
	Pearson	3.47	1,800
	Powell	2.90	1,406
	Sandhu	3.09	2,427
	Whalen	1.33	4
Petaluma Team 2	Ashcroft	3.92	3,254
	Brotherton	2.87	2,309
	Edouard	4.66	1,656
	Helgerson	4.00	2,096
	Khalsa	2.82	1,853
	Komatsu	3.10	2,069
	Moore	3.06	2,135
	zzzFix	1.40	14
Petaluma	Baylor	2.53	2,181

John Pendleton

Relation to patient: Primary Care Giver

Lookback:

☒ 12 months ☐ 18 months ☐ 36 months

811

TOTAL PATIENTS

4307

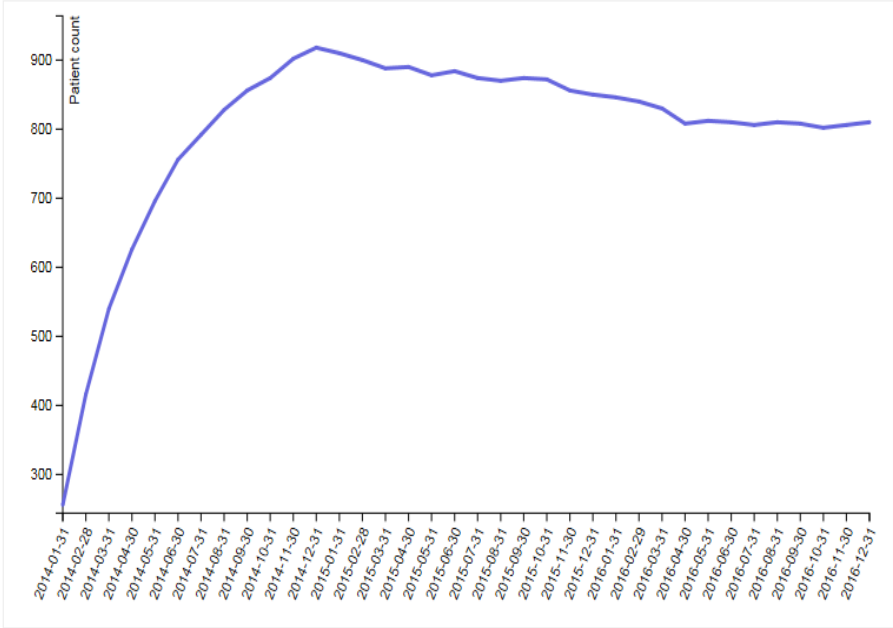
TOTAL VISITS

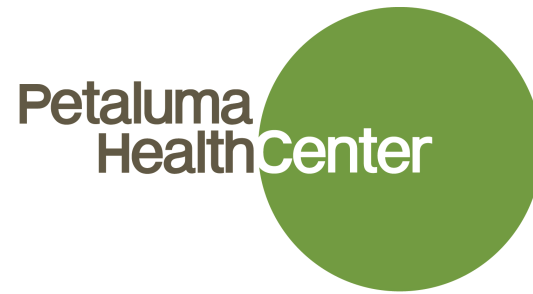
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VISITS PER PATIENT

80

NEW PATIENTS





CONTACT INFORMATION

John Pendleton, MD
Petaluma Health Center
Johnp@PhealthCenter.org

Q & A





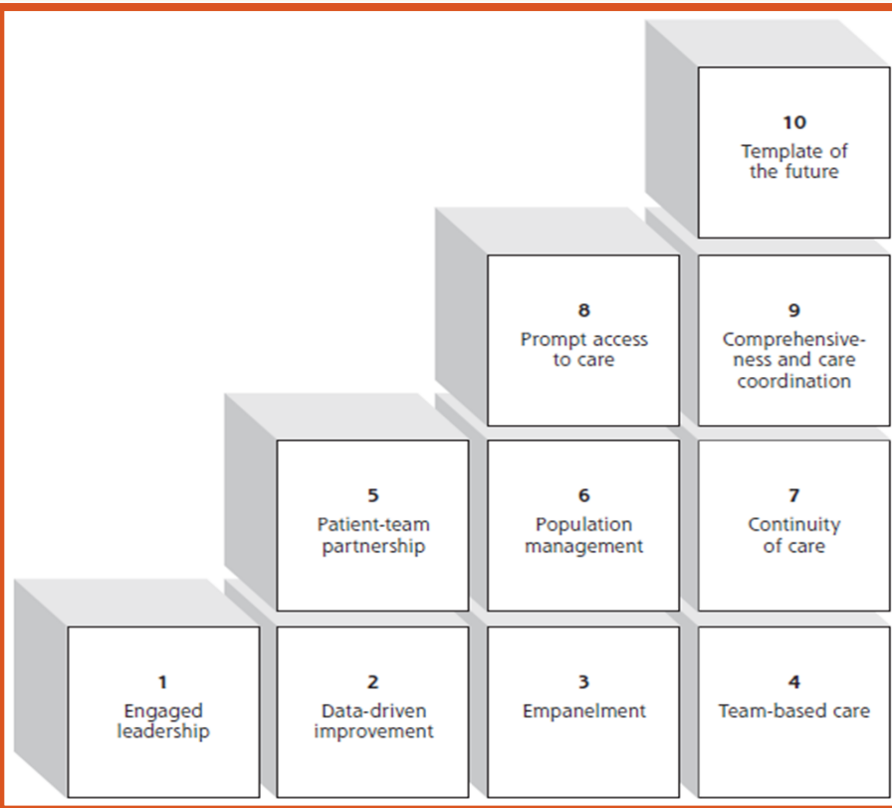
Dr. Carolyn Shepherd,
CP3 Clinical Director,
former CMO of Clinica Family Health

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

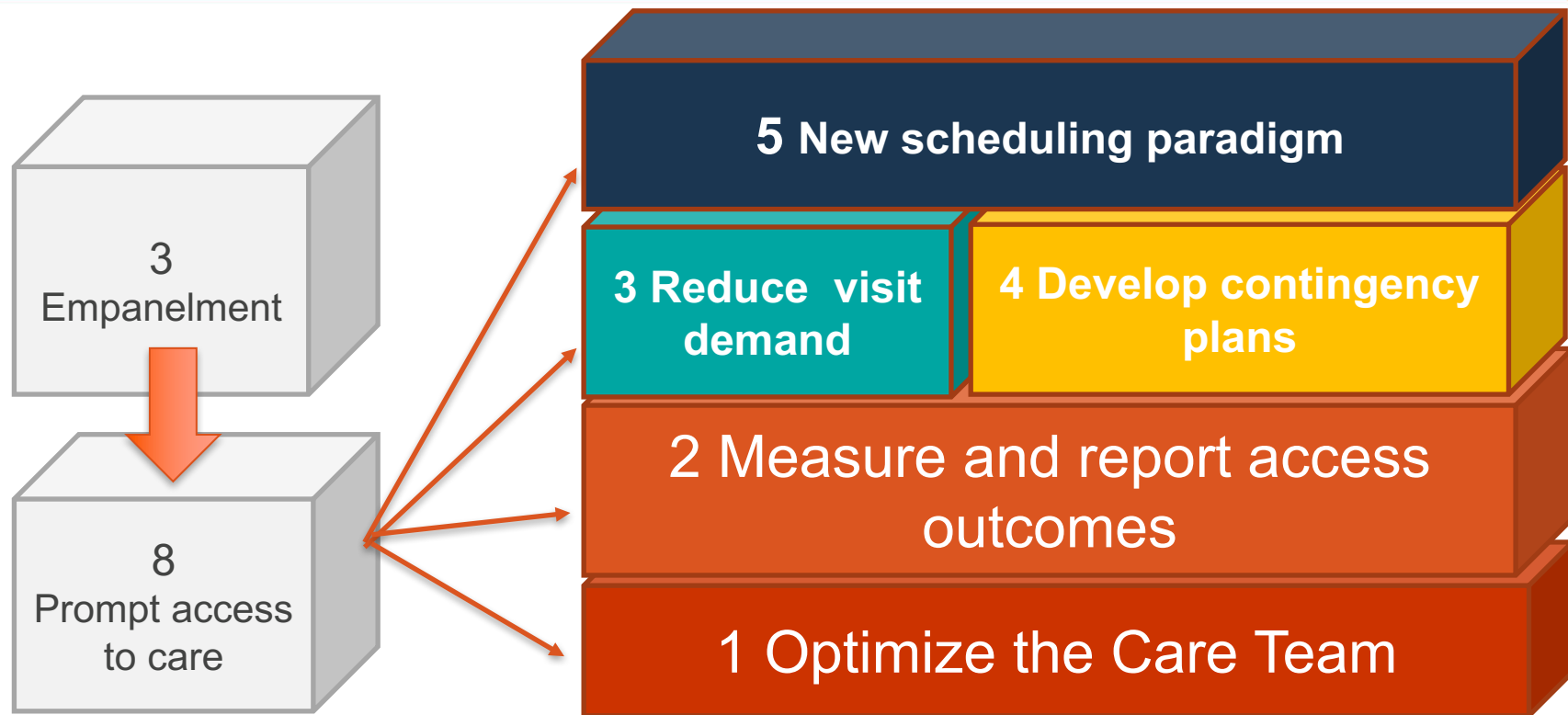


Relationships are the Basis for Access

- Relationships allow alternative visits
 - Technology enabled care
 - Phone care
 - Portal care
 - Texting
 - Skype visits
 - Shared medical appointments
 - Nurse co-visits

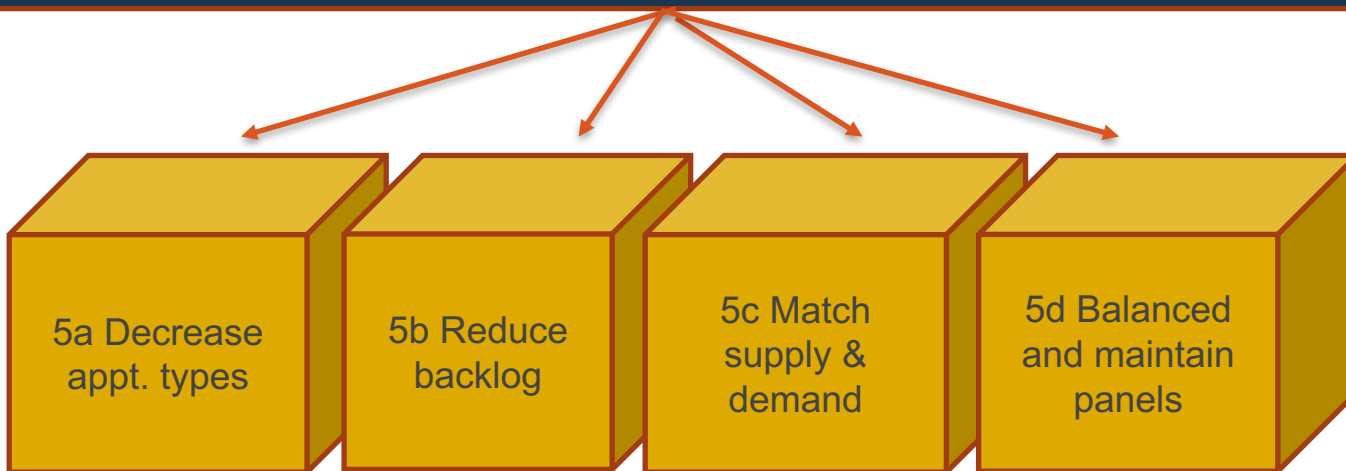


Relationships are the Basis for Access



Relationships are the Basis for Access

5 New scheduling paradigm



Empanelment in Primary Care

Empanelment

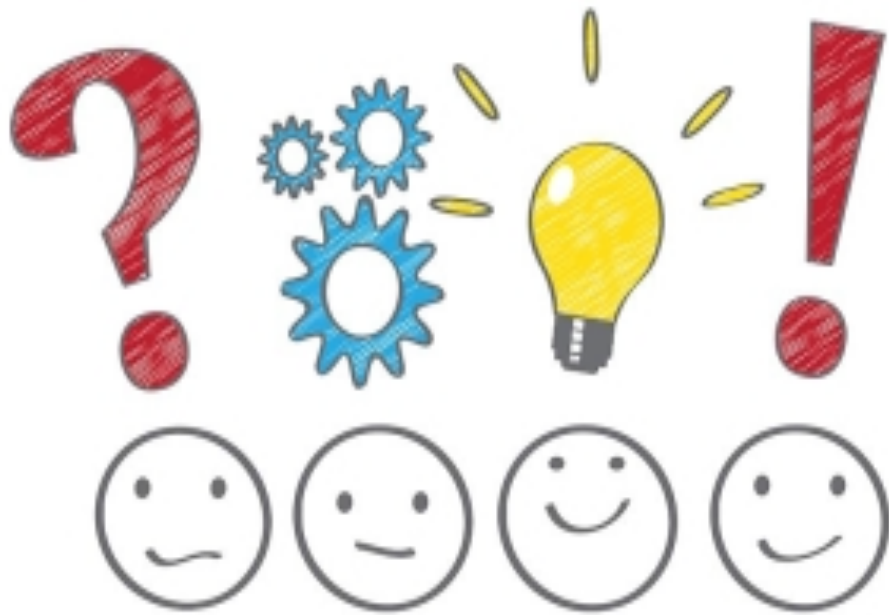
Relationship

Innovation

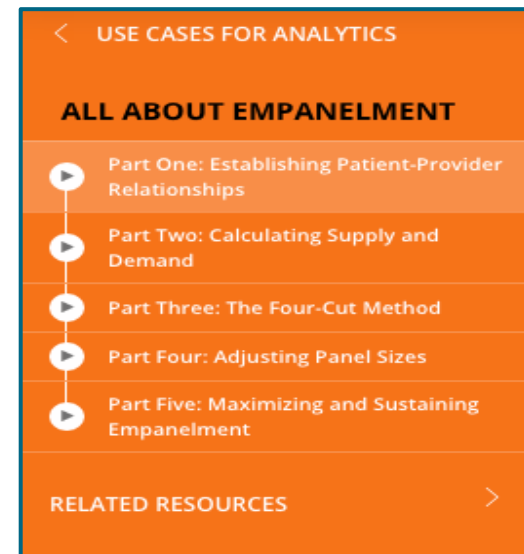
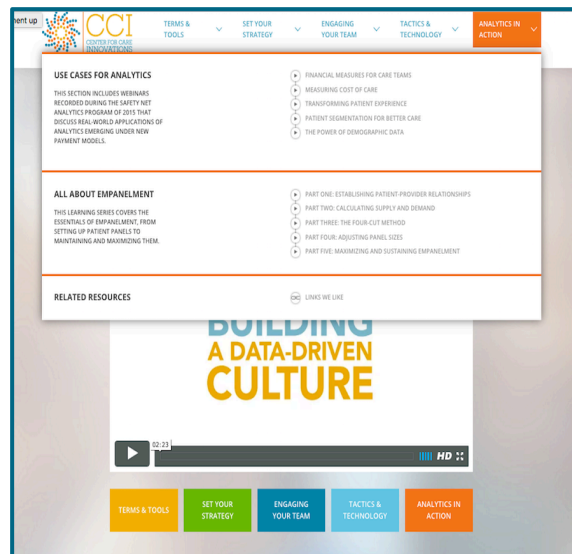
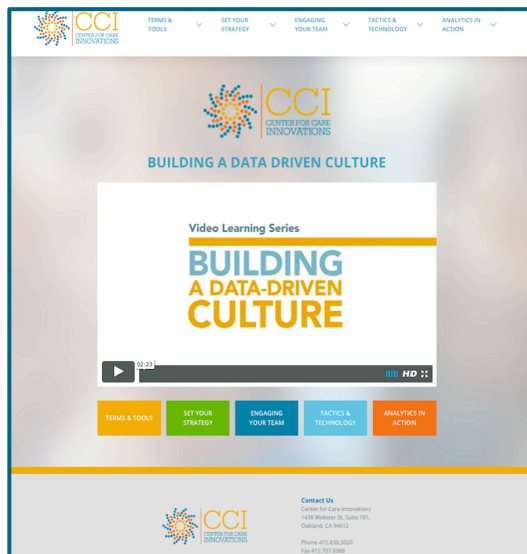
**True
Access**

Empanelment: It's a really big deal!

Q & A



CCI Data Analytics Knowledge Center



[Datadrivenculture.org](https://datadrivenculture.org)

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CONTACT INFORMATION

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

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

THANK YOU!