



Empanelment: Size Example

CP3 Toolkit: Panels

Developed as part of a [September 21, 2016 presentation](#), Virginia Garcia Memorial Health Center designed panel size and access considerations as part of their participation in the Oregon APM. The philosophy underlying the approach included the following goals: providing excellent access for patients; changing focus to clinical outcomes instead of the number of visits; flexibility in provider's schedule (i.e., for administrative time, huddles, virtual visits, panel management, etc.); and, to continue the focus on standard work, best practices, and lean principles.

- Provider schedules = 21 slots per day (8 hr. day)
 - Possibility of converting 4 slots into 8 provider virtual visits
 - Provider virtual visits = 2 per slot, 1 slot for a huddle
- Provider slots must be used for “billable” patient contact (in clinic, phone, MyChart)
- Provider administrative time stays as is
- Virtual Care by provider and team
 - MyChart patient contact response
 - Phone calls
- Initial Panel Size = 1200 pts per FTE family physician to be revisited as we move into APM and determine factors for sizing panels
- Measures
 - 0 to 1-day access for team $\geq 40\%$ (family physician), 30% (internal medicine)
 - 3rd next available for team ≤ 1 day
 - Continuity for team $\geq 80\%$
 - Patient satisfaction for access (goal to be determined based on CAHPS)
 - Assigned patients established (goal TBD)