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 >=40% (family physician), 30% (internal medicine)
  - 3rd next available for team <= 1 day
  - Continuity for team >= 80%
  - Patient satisfaction for access (goal to be determined based on CAHPS)
  - Assigned patients established (goal TBD)