

NEW PATIENT SCHEDULING AND PANEL SIZE MANAGEMENT

OPS 750.2

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Quick Reference: Y/N

Scope: Operations, Clinical

Responsible Director(s): Operations, Clinical

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DESCRIPTION:

This procedure defines the process for determining the number of new patients scheduled for a provider based on the % paneled, attrition and the average number of weeks a provider works per year (45 weeks).

PURPOSE:

The purpose of this procedure is to evenly distribute and maintain control of panel size to ensure patient access to care and to balance provider workload.

PROCEDURE

Provider panel reports are distributed to site leadership (CMD, COD), VPOps and VPCS on a monthly basis by the BI Team. The panel report indicates the number of patients on a provider's panel based on their in-clinic FTE. Once received, the site leadership team determines the following:

- which providers are over paneled/under paneled,
- if patients need to be reassigned based on current FTE and panel size,
- number of new patients that each provider should be scheduled based on panel size

Processing the Panel Report:

- Review report to determine over/under paneled providers and the % over/under paneled. A 1.0 in-clinic provider FTE is expected to carry a panel size of 1400 patients.

Provider FTE	Panel Size
1.0	1400
0.8	1120
0.6	840
0.4	560
0.2	280

- If it is found that there are providers that are significantly over paneled (> 15%), redistribution of patients may need to occur. Note: you may find that a long term provider with a well established panel can be significantly over-paneled and not affect patient access to care. In this situation, compare the provider’s panel size with: a) the provider’s Time to 3rd, b) the provider’s Future Capacity over time, c) effects that may occur due to site being short on provider FTE, and d) effects of demand related to high/low seasonality fluctuations. If access to care is reasonable, you may leave provider over-paneled or reduce only slightly.
- After necessary redistribution occurs, determine the number of new patients each provider can see on a daily basis. Note: even a provider that is fully paneled should see new patients in order to backfill for attrition.
- If you determine that a provider is only slightly over-paneled, instead of reassigning patients to another provider you can “close” the provider’s panel to new patients and allow attrition to reduce the panel size.
- Other considerations that need to be considered when analyzing panels is provider vacancy. Provider vacancy can be temporary (e.g. FMLA) or long term due to provider departure. If a provider is working on a team that is short on provider due to vacancy you want to take in to consideration the count of patients that are being absorbed due to vacancy.
 - E.g.: A 3.0 provider FTE pod is short 1.0 provider FTE, leaving 2.0 provider FTE. In this situation the number of patients assigned to the vacant provider FTE needs to be considered when looking at the panels of the two remaining providers due to the fact that the remaining providers will need to manage the patient needs of the vacant provider FTE until the provider FTE is filled. NOTE: this is a temporary situation, so it is not recommended that you reassign patients unless you are reassigning permanently.
- After reassignment of over/under, determine for each provider the number of new patients scheduled based on the following:

% Paneled Based on a 1400 Panel Size for 1.0 FTE	Panel Count	Minus Attrition Based on 1.5% Attrition Rate	Adjusted Count	Gap	# New Patients Per Week, or Per Every 2 Shifts Based on 1.0 FTE
0% - 10%	0 - 140	0-21	0-119	1400-1281	31-28, 6-5
11% - 20%	154 - 280	23-42	131-238	1269-1162	28-26, 5-5
21% - 30%	294 - 420	44-63	250-357	1150-1043	26-23, 5-4
31% - 40%	434 - 560	65-84	369-476	1031-924	23-20, 4-4
41% - 50%	574 - 700	86-105	488-595	912-805	20-18, 4-3
51% - 60%	714 - 840	107-126	607-714	793-686	18-15, 3-3
61% - 70%	854 - 980	128-147	726-833	674-567	15-12, 3-2
71% - 80%	994 - 1120	149-168	845-952	555-448	12-10, 2-2
81% - 90%	1134 - 1260	170-189	964-1071	436-329	10-7, 2-1
91% - 100%	1274 - 1400	191-210	1083-1190	317-210	7-5, 1-1

101% - 115%	1414 - 1610	212-242	1202-1400	198-0	5-1 per week
116% +	*See instructions below				

*If it is determined that a provider's panel is 116% or greater over paneled, the COD/CMD will make a determination if the providers' panel should be closed to new patients. This determination will be based on the following:

- Time to 3rd data
- Future Capacity data
- Unfilled appointment slots data
- Seasonality factors related to high/low demand
- Provider shortages in the clinic, resulting in the provider needing to cover other panels

Scheduling new patients to avoid unfilled appointments:

- All appointment slots that are at risk of going unfilled will be offered to new patients regardless of % over/under panel
- High demand season (Jan-April & July-Sept): unfilled appointment slot within 2 hours of appointment time will be offered to new patients regardless of % paneled.
- Low demand season (May, June, Oct, Nov, and Dec): unfilled appointment slots within 4 hours of appointment time will be offered to new patients regardless of % paneled.

Once new patient distribution is determined each month, the COD or designee updates the Communications Center New Patient Assignment Sheet, indicating providers are taking new patients and # of new patients allowable per shift. This information is communicated to the Communications Center Specialists via the New Patient document below:

<P:\OPERATIONS\CALL CENTER\HANDBOOK\2.ALL SITES INFORMATION\NEW PATIENTS .DOCX>

Scheduling New Patients

When scheduling new patients, the Communications Center determines if the patients lives in the Clinica Family Health service areas. If the patients does not live in the service areas, the patient should be referred to the CHC that covers their geographical area.

Patients that can be offered a new patient appointment regardless of service area are:

- OB patients
- Established patient's family members

When scheduling new patients, the Communications Center should determine if the patient lives in Clinica Family Health service area. If the patient does not live in our service area, the patient should be referred to the CHC that covers their geographical area.

Patients that can be offered a new patient appointment regardless of service area:

- OB patients that live outside our service area

- Established patient's family members

It is expected that all new patient requests will be honored and staff at the site will work to fit in new patients when the schedule is full.

Closing Site to New Patients

If it is determined by the site leadership that panel conditions exist requiring the site to refuse new patient requests, site leadership is required to work with executive leadership to determine if the site will limit or close to new patients based on the following:

- 1) Has site taken all possible measures to increase access/capacity during high demand/low capacity in order to continue to schedule all new patient requests (e.g. additional group visits, co-visits, MA visits, float providers, etc.)?
- 2) Does the site need to limit the number of new patients entering the clinic or does the site need to close to all new patient requests?
- 3) Can new patients can be diverted to another clinic that is taking new patients?

ATTACHMENTS:

None

REVIEW DATES:

3/2015

September 26, 2015

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