



Considerations in Optimizing Empanelment

CP3 Toolkit: Panels

Clinica Family Health in Boulder, Colorado describes a number of issues to consider in panel management and access to care. The following is adapted from a presentation by Judy Troyer, VP of Operations. Download the [complete presentation](#).

- Addressing No Shows
 - High no show rates consume appointments and no show patient is not getting care and other patients on the panel can't get in for care. It's also difficult to improve health outcomes if patients can't access timely care.
 - To address no-shows, consider:
 - Open access scheduling
 - Whether you use the schedule as a "tickler" for follow-up care
 - That patients know if/when they need to cancel appointments
 - Conducting reminder calls prior to the visit
- Provider Practice Style
 - If providers with similar panel sizes have varied schedule utilization, ask: "Is there a difference in how the provider practices?"
 - Is the provider creating excess demand on their schedule by provider driven recheck appointments?
 - Is the provider practice management style slow and appointments run over?
- Unfilled Appointments
 - Unfilled appointments are a waste in the system. Addressing unfilled appointments may include the following activities:
 - Regularly review provider schedule patterns. Does provider in-clinic time match daily/weekly demand?
 - Review patterns of unfilled appointments. A chronically unfilled schedule may indicate that a panel size is too small.
 - Create systems to encourage schedule utilization during "slow times" (time of day, day of week).
 - Identify the tools used to outreach to patients due for care – are these tools used regularly?



- Seasonal Demand Fluctuation
 - Learn the ebb and flow of your practice’s seasonal demands (cold/flu, back-to-school, etc.)
 - Are there practices you can put in place that push non-essential care to low demand months?
 - Are there systems you can put in place that can increase capacity during high demand seasons (e.g. group visits, cluster visits, phone care, communication via patient portal, etc.)?
 - Is it possible to modify visit intervals during high volume periods?
 - What care can be done by others during high volume periods (e.g., does it take a provider to write a back to work/school note?)