

Policy Number/Name: M75. Patient Selection of Primary Care Provider Empanelment Policy	Policy Section: Clinical Operations and Management Policies and Procedures
Policy Statement: Process for allowing patients/families/caregivers a choice of selecting a primary care provider and emphasizing with the patient the importance of the ongoing patient-provider relationship for continuity of care.	
Purpose: To ensure patient choice in primary care provider selection.	

Policy

It is the policy at Fish River Rural Health (FRRH) to provide patients with materials regarding the role of a medical home, how to obtain care, and collect pertinent patient information to coordinate care across multiple settings. In addition, FRRH encourages patients/families/caregivers to self-select a primary care provider [PCP] of choice. This is part of the registration form, which is completed annually. If a patient chooses to change provider, during their care at FRRH, the requested provider will need to accept the patient to ensure appropriate level of care for patient. FRRH providers shall review the establishing care patient's clinical records prior to accepting the patient into their panel.

Procedure

Informing Patients of Available Providers:

- The FRRH patient brochure and rack cards will be available in the waiting room at each practice.
- New patients will be given the FRRH patient brochure and PCMH brochure upon their initial establish care visit, Welcoming Packet.
- FRRH's providers are listed on the Agency's webpage.

Empanelment

Empanelment is the act of assigning each patient to a self-selected primary care provider who, with support from a care team [front office receptionist, medical assistant, RN Care Coordinator, referral specialist, etc.], with sensitivity to patient and family preferences, assumes responsibility for coordinating comprehensive services for the provider's panel of patients. Empanelment is a methodology to ensure continuity of care for a practice's patient population. Panel management fosters a controlled healthcare environment rather than a chaos-driven operation.

Roles and Responsibilities Empanelment goes far beyond the mechanics of assigning patients to providers. FRRH shall assign roles and responsibilities to specific employees to implement Empanelment effectively. Practice size, number of patients, and other factors will contribute to the role and responsibility decisions.

For FRRH, Empanelment creates a rational system for evaluating provider workload, defines the process for fair distribution of workload, and allows for data-driven decisions supporting practice management and growth. FRRH's Empanelment fosters the development of care teams, which develop efficient patient flow processes and work together to support care needs of every patient. Overall system costs are reduced through healthier patients and fewer emergency room visits and hospital readmissions. For PCMH transformation, Empanelment sets the stage for all other components of effective PCMH practice. For example, enhancing access to care depends on the ability of a practice to manage supply and demand, which are both clarified by Empanelment. To have effective, continuous relationships, care teams and

patients need to recognize each other as partners in care. FRRH links patients to providers, which is a primary goal of Empanelment and a provider can assess and understand the panel constituents and then build and guide a care team to effectively, proactively, and responsively provide care for the panel.

Team Roles Patient

The center of the team is the patient, thus patient-centric. While initial Empanelment is based on historical data and assumptions, it is important to remember that the PCP/care team is ***ultimately the patient's choice***. Patients must be informed and educated about the Empanelment process. Patients should be encouraged to select a primary care provider, engage in care with that provider and care team, and request a change in PCP when desired or necessary.

Panel Managers/Coordinators

FRRH's panel managers shall be the Practice Site Managers and RN Care Coordinators. The first is provider panel management, which encompasses the tasks of evaluating supply and demand and balancing panels on an ongoing basis, which shall be managed by the Practice Site Managers. Provider monthly utilization reports shall be one source of obtaining provider panel activity, balance, availability, and access. The second is population management, in which the RN Care Coordinators identify subpopulations of interest and use technology tools, such as HealthInfoNet Predictive Analytic platform, to enable varying degrees of care management for each provider's panel of patients. FRRH uses a certified EHR system across the continuum, which is Athenahealth interchangeable mentioned as EHR within this policy.

Establishing Patient-Provider Relationships

The Patient-Centered Medical Home (PCMH) Model of Care requires that patients, families, providers, and care teams recognize each other as partners in care. The care team formalizes and affirms these partnerships and sets the stage for all of the other components of effective PCMH practice. Panel management, the ongoing management of patient panels, fosters a controlled healthcare environment and enables proactive preventive and chronic illness care.

Empanelment is a cultural transformation. As a PCMH organization, the Agency's providers and care teams have shifted their focus from caring for individual patients to managing the health of a defined population of patients. Empanelment requires a shift from reactive to proactive care. The goal of focusing on a population of patients is to ensure that every established patient receives optimal care, whether the patient regularly comes in for visits or not. Accepting responsibility for a finite number of patients, instead of the universe of patients seeking care in the practice, allows the provider and care team to focus directly on the needs of each patient. FRRH, a safety net practice, serves patients regardless of their ability to pay and maintains an "open door" policy, Empanelment can be particularly challenging, because it may require limiting access for non-established patients in order to allow the practice to provide optimal care for established (empaneled) patients. While Empanelment can be challenging, it is essential for PCMH transformation and provides benefits for patients and families, providers and care teams, and the practice as a whole. Empanelment allows practices to better manage supply and demand, thereby enhancing patient access and continuity.

Care Provider Assignment

Unassigned new patients are scheduled in new patient appointment slots [Establish Care Visit] by front office personnel. Front office personnel enter new patient's selected PCP in the electronic health record (EHR) under *Quickview – usual provider*, thus enlisting the support of the care team in determining PCP

assignment. If the patient requests a different provider, or if a provider requests that the patient be managed by a different PCP, the current PCP is responsible for identifying a receiving PCP. A care team member refers the requesting party to the panel manager, Practice Site Manager, for assistance.

Existing Patient is Unassigned

1. Front office personnel shall ask the patient if he/she has an assigned PCP.
2. If the patient knows the PCP: Scheduling personnel enter the provider in the EHR under *Quickview – usual provider* and nursing personnel will enter the PCP under the patient's *care team* section. This information will be gathered from the completed registration form, which the patient/parent/guardian completes annually.
3. If the patient does not know the PCP: Staff will inform the Practice Site Manager and they will assist the patient further in identifying a PCP.
4. Patient requests a PCP assignment change within the same clinic: Front office personnel shall inform the patient that the Practice Site Manager will assist in making PCP assignment change.
5. Practice Site Manager uses the registration form as a change request form and documents request, then discusses the change request with current PCP and reviews patient's medical record with the requested PCP.
6. Practice Site Manager asks current PCP for a recommendation for a new receiving PCP and facilitates a dialog between current PCP and receiving PCP. Practice Site Manager will determine basis for PCP transfer request and appropriateness to level of care will be considered prior to approval of change request. ***Of Note - Patient request for a PCP assignment change:*** Provider consideration for *warm-hand off* shall be given when determining the level of appropriateness of care the patient requires and the comfortability of the receiving provider to provide the required level of care.
7. Appropriate documentation is made in the patient's EHR [*patient case*] by the Practice Site Manager, and the new PCP is documented as part of the care team. The previous provider is removed from the care team list.

Patient Requests a Transfer to a PCP at a Different Clinic

1. Front office personnel inform patient that the Practice Site Manager will assist in making PCP assignment change.
2. Practice Site Manager uses the registration form and documents request, then consults with current PCP and reviews patient's medical record for history with appointments and providers.
3. Practice Site Manager contacts their counterpart at the receiving clinic and/or potential PCP at receiving clinic to review patient's request and determine appropriate PCP assignment.
4. Appropriate documentation, via *patient case*, in the patient's EHR is made by the Practice Site Manager, and the new PCP is documented under the care team list, along with confirmation that the new PCP will assume the patient's care.
5. Current PCP provides accepting PCP with summary patient information, when necessary.
6. Panel manager facilitates discussion between PCP requesting the change and potential new PCP and obtains approvals for transfer of care. Practice Site Manager informs patient of the new PCP, enters appropriate documentation in the EHR, via *patient case*.

Our goal at FRRH is to match patients to providers in a continuous healing relationship. Continuity of care helps patients and the care teams develop a close, trusting relationship and results in better quality of care and higher patient satisfaction with the care provided. The Agency recognizes that occasionally changes need to be made to most effectively match the patients with providers that can best meet their

needs. Change requests will be reviewed by the providers involved and the panel managers, and action will be taken in approximately two-weeks. When necessary, the Medical Director shall be consulted regarding patients that repetitively switch PCPs.

Analyze Panel Size Over-paneled versus Under-paneled

The Practice Site Managers shall compare demand to provider's supply of appointments for the coming year. Does supply equal demand? Although patients will naturally move away, pass away, or change insurance plans, thereby reducing demand on the practice, changes may need to be made to ensure that appointment demand can be met. These might include:

- Close the panel of the over-paneled provider – this shall only occur if directed by the Executive Director.
- Add new providers.
- Add new support staff, including medical assistants and/or RN Care Coordinators, to increase efficiency of existing providers.
- Explore new ways to increase efficiency of existing providers. Some no-cost methods of increasing provider efficiency include keeping to schedule and managing no-shows with scheduling personnel.
- Determine if the over-paneled situation truly is an overload situation. Review workflow of the over-paneled provider. Look at the number of patients by age group, and number of patients requiring chronic care management.
- Practice Site Managers shall compare the final panel roster total to the calculated right size as determined by the organization.

Ongoing Monitoring and Adjustment

The Practice Site Managers are responsible for ongoing monitoring, analysis, and adjustment of individual provider panels. The Practice Site Managers shall run a panel reports quarterly to check for outliers. On an annual basis, the practice may elect to review provider supply for the coming year to ensure that there is enough appointment availability to meet the demands of the current panel size. The Practice Site Managers shall continuously monitor the following, and make panel adjustments accordingly.

Provider Status Changes

- Consider adjustments in FTE, transfers to other clinic locations, or other relevant staffing adjustments, in the quarterly reviews
- On-boarding new providers
- Transfer of care among providers

Patient Status Changes

- PCP assignment (new patients)
- Transfer of care upon request by patient and/or family
- Patient self-discontinues care by seeking health services in another non-FRRH practice or moving out of the area
- Death

Reference

<http://www.safetynetmedicalhome.org/sites/default/files/Implementation-Guide-Empanelment.pdf>