

Microlearning: Empanelment

Modules

Action Steps

Resources

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[Right Size Panel](#)

Why?

STEP 2 Check effectiveness of patient-provider assignment process

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[Empanelment Implementation Guide](#)

How?

STEP 4 Adjust 'actual' panel size toward 'right' panel size

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Coming Soon:
NACHC
Empanelment
Action Guide

Empanelment



WHAT?



WHY?



HOW?



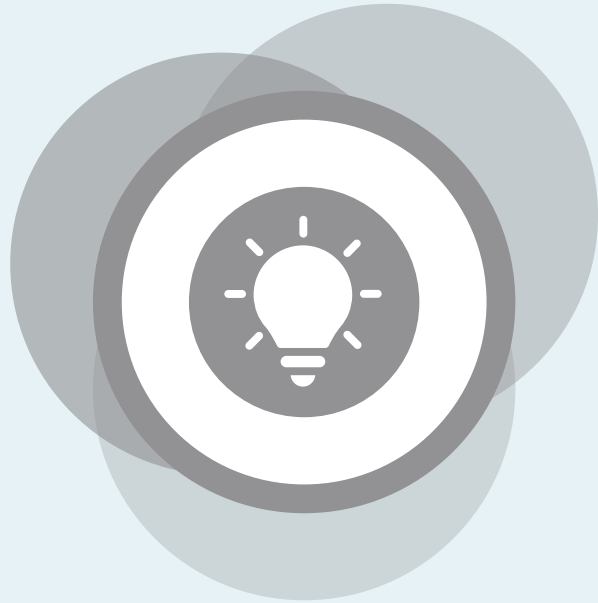
WHAT is empanelment?

Empanelment matches every patient to a primary care provider and care team.

- Considers patient and family preference.
- Identifies the population of patients a provider and care team are responsible for



Empanelment



WHAT?



WHY?

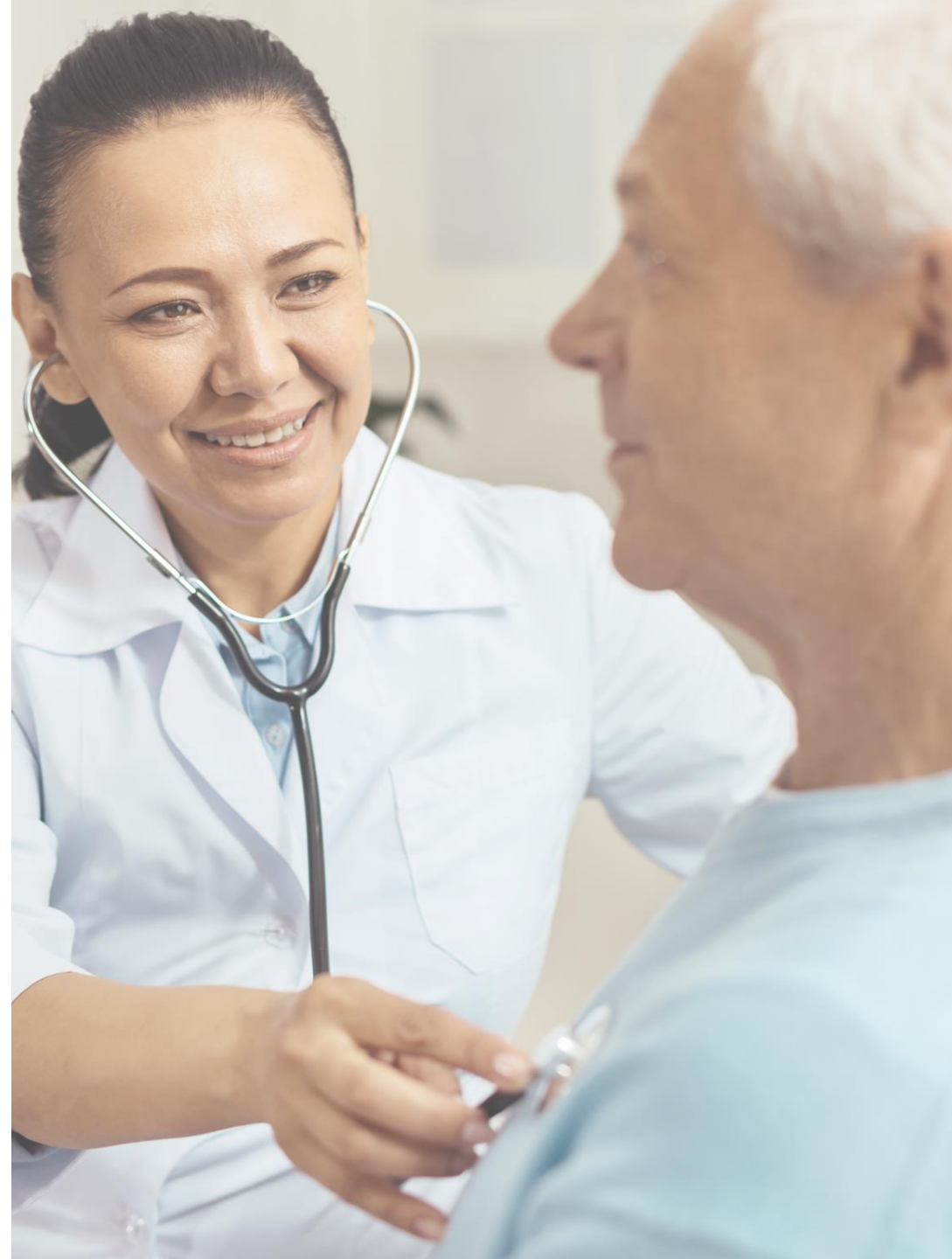


HOW?

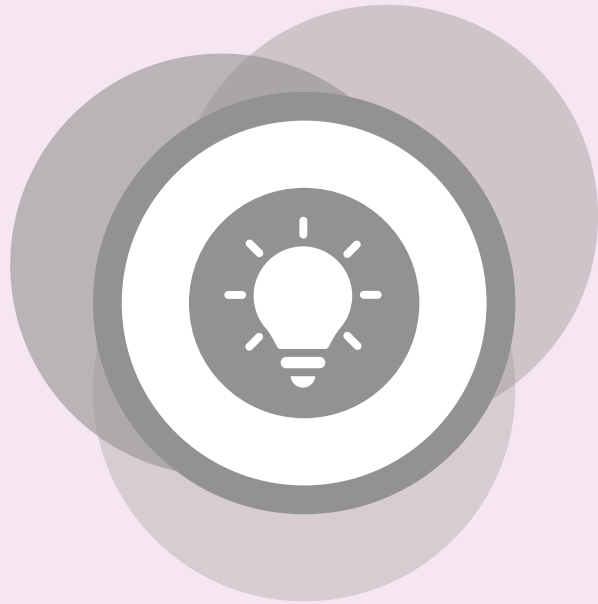


WHY empanelment?

- **Improved patient-provider partnership**
 - Better patient-provider communication
 - Better identification of medical problems
 - Higher satisfaction
- **Essential population health management tool;** enables providers to customize care to subpopulations through risk stratification.
- **Useful tool to evaluate provider workload** and distribution, staffing models, and data-driven decisions supporting practice management and growth.



Empanelment



WHAT?



WHY?



HOW?



Step 1:

Document your patient-provider assignment policies and procedures



Define and document the process for recording the PCP that each health center patient is assigned to and keeping the PCP assignment up to date.



Policy should clearly address:

- Patients new to the health center who have not yet established care.
- Patients who transfer care to another PCP within the health center.
- Patients who transfer care to another PCP outside of your health center.
- Patients who are assigned to a PCP who leaves your health center
- The frequency that the PCP assignment is verified with the patient.
- The patients right to choose their PCP.
- Criteria for when a provider's panel is 'closed'.



Educate staff on policies and procedures



Step 2: **Check effectiveness of patient-provider assignment process**

Work smarter! A few simple reports can be used to find out if your PCP assignments are being kept up to date, without having to review patient by patient.

Run a report out of your EHR that tells you how many patients with a primary care visit in the last 2 years:

1

Have an 'unassigned' PCP:

Indicator of whether assignment process is functioning properly

2

Have an assigned PCP who is no longer at the health center:

Indicator of whether assignment process is functioning properly

3

For patients assigned to current health center PCPs:

Look for obvious variances in the total # assigned to each PCP; indicator of whether assignment process or ongoing monitoring is in place.



Step 3: Determine each PCP's 'right' panel size

A **provider's right panel size** is the number of patients a provider can reasonably support.

Unique to provider: A right panel size is based on a provider's schedule availability and complexity of patients. Determining a right panel size can be accomplished through a series of calculations measuring supply and demand using this worksheet: [Right Size Panel](#)

Demand:

of appointments needed
for current panel



of unduplicated patients
seen in the last year

x

average # of visits per patient
per year

Supply:

Provider availability



of appointment slots
available on the schedule last
year

Right Panel Size:

of patients a provider can
support based on current
availability



of appointment slots available
on the schedule last year

/

average # of visits per patient
per year



Step 4: Adjust 'actual' panel size toward 'right' panel size



If a provider is **over-empaneled** (if their actual panel size is larger than their right panel size), consider:

- 'Close' the patient panel
- Expand their schedule
- Re-empanel some of their assigned patients to other providers (use 4-cut methodology!)
- Form a 'provider team' (e.g., partner an MD/DO with a PA/NP to care for a patient panel)
- Increase care team support
- Hire additional PCP



If a provider is **under-empaneled** (if their actual panel size is less than their right panel size), consider:

- Assign new health center patients to this provider
- Move patients over from over-empaneled providers
- Form a 'provider team'



Step 5:

Use the 4-cut methodology to suggest PCP assignments

Cut	Report Description	PCP Assignment
1 st Cut	Patients who have only seen one provider in the past year	Assigned to that provider
2 nd Cut	Patients who have seen multiple providers, but one provider the majority of the time in the past year	Assigned to the majority provider
3 rd Cut	Patients who have seen two or more providers equally in the past year (No majority provider can be determined)	Assigned to the provider who performed the last physical exam
4 th Cut	Patients who have seen multiple providers	Assigned to the last provider seen

Work smarter! Instead of going patient by patient to review their appointment provider history to determine PCP assignment, the 4-cut methodology can be used for large lists of patients to help determine which PCP patients 'should' be assigned to.

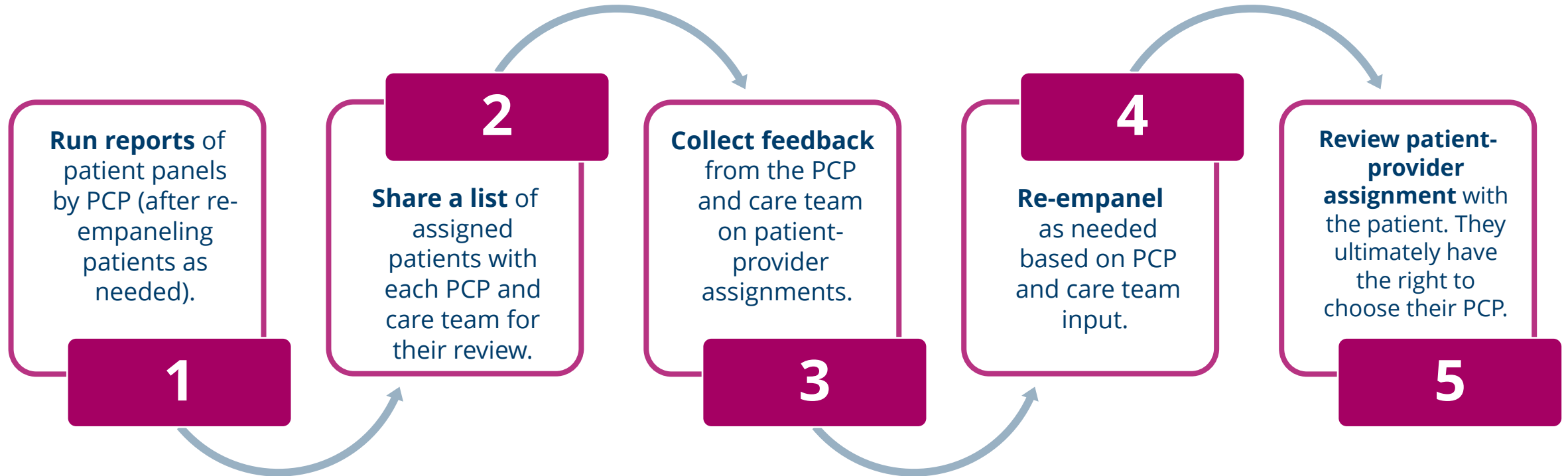
4-cut method can be used for:

- Patients with an 'unassigned' PCP
- Patients assigned to a provider who is no longer at the health center
- Patients assigned to an over-empaneled provider

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



Step 6: Review Panels by PCP; Seek PCP and Care Team Input





Step 7: Use risk stratification to segment and manage patient panel



Each provider and care team can segment their patient population into unique subgroups (e.g., common conditions, social support needs, etc.)



Allows the provider and care team to target preventive and/or care management services



Informs staff training and resources needs



Drives care team model and allocation of staff roles and responsibilities.



Step 8: Optimize care team roles for effective panel management

a

RISK STRATIFICATION

Use risk stratification of panel data to determine which care team roles are needed (care management, integrated behavioral health, etc.).

b

CARE ROLES

Define care roles that allow each staff person to work at the top of their license.

c

PROVIDER ACTIVITIES

Focus provider activities on those tasks and responsibilities that only a provider can carry out.

d

CARE TEAM WORKFLOW

Reorganize care team workflow to support enhanced care team roles.

e

PRE-CLINIC HUDDLE

Implement pre-clinic huddles to anticipate patient care needs and gaps in care.

f

STANDING ORDERS

Institute standing orders to empower care members to carry out key preventive and chronic care screenings and services.



Step 9:

Use empanelment data to improve patient access

Measure patients' ability to access care through:

- **Actual panel size** compared to **right panel size**
- **Third Next Available Appointment:** How far into the future patients are having to schedule appointments due to schedule availability.

Continuity of Care:



of patients assigned to
Provider X that were seen by
Provider X



of patients assigned to
Provider X that have been seen
in primary care

Appropriate Schedule Utilization:



of patients seen by Provider
X that were not assigned to
Provider X



of patients Provider X has
seen



Step 10: Incorporate payer attribution data

- **Attribution** is the process that commercial and government payers use to assign patients to the providers who are held accountable for their care
- **Payer attribution may be different** from your internal empanelment data!
- **Include payer attribution data** into your internal empanelment data
 - May receive attribution data through paper mail, pdf files, spreadsheets, portals, or interfaced rosters.
 - Sometimes payers will accept PCP “updates” to correct their attribution files.
- **Payer data ultimately determines** value-based care payments, so be sure to develop a process to empanel attributed patients and include in outreach and closing of care gaps.

