



VALUE TRANSFORMATION FRAMEWORK

Action Guide

HEALTH CENTER



CARE DELIVERY



INFRASTRUCTURE



PEOPLE



POPULATION HEALTH MANAGEMENT EMANELMENT

WHY Empanelment?

Empanelment builds the patient-provider relationship that is at the center of patient-driven primary care. It is a fundamental population health management activity that matches every health center patient with a primary care provider (PCP) and care team who assumes responsibility for their care.

Empanelment supports continuity of care and offers stability and predictability to a practice, allowing it to focus proactively on managing the health of a population of patients. The provider-patient consistency that results from empanelment allows for improved communication, better identification of medical problems, more consistent treatment approaches, and improved clinical outcomes¹.

Empanelment also allows health center leaders to evaluate provider workload, distribution, and staffing models. It assists frontline staff in essential tasks such as scheduling patient appointments with the correct provider and team. In addition, empanelment provides essential information about patient access to care within the health center and continuity of care that allows leaders to make data-driven decisions supporting practice management and growth¹.

Empanelment is a vital foundational step toward health care systems change and the Quintuple Aim goals of improved health outcomes, improved patient experience, improved staff experience, reduced costs, and improved equity.

WHAT is Empanelment?

Empanelment is the process of matching every patient with a PCP and care team, taking patient and family preference into consideration. It identifies the population of patients a provider and care team are responsible for.

POPULATION HEALTH MANAGEMENT



The Value Transformation Framework addresses how health centers can use a systematic process for utilizing data on patient populations to target interventions for better health outcomes, with a better care experience, at a lower cost, and improved equity. This Action Guide focuses on one foundational component of population health management: empanelment.





POPULATION HEALTH MANAGEMENT EMPANELMENT

Panels are assigned through a systematic, rational approach to care delivery rather than a finite productivity requirement. Each provider is responsible for all the patients assigned to them, whether or not those patients come into the practice for care. Accepting responsibility for a finite number of patients, instead of the universe of patients seeking care in the practice, allows a provider and care team to focus more directly on the needs of each patient.¹

The PCP and care team, which can include medical assistants, nurses, care managers, behavioral health staff and other personnel, shift from thinking about providing care to patients who come across their schedule each day, to managing the health of a population. It requires a proactive approach on the part of the provider and care team to engage each patient on their panel in optimal care.

This assignment sets the stage for the provider-patient partnership and the support that is provided to each patient as they navigate and become accountable for their health care. Empanelment is central to the Patient Centered Medical Home (PCMH) model of care.

HOW to Empanel Patients and Utilize Empanelment Data?

Empanelment ensures that patients are assigned to PCPs through a clearly defined, systematic process. These assignments are then fully leveraged through robust, team-based care.

- STEP 1** **Define and document patient-provider assignment process**
- STEP 2** **Measure patient-provider assignment process:** Run a report out of your EHR and review for patients unassigned to a PCP, patients with an out-of-date PCP assignment, and providers assigned too many or too few patients.
- STEP 3** **Determine each PCP's 'right' panel size**
- STEP 4** **Adjust 'actual' panel size toward 'right' panel size**
- STEP 5** **Use the 4-cut methodology to suggest PCP assignments:** Use the 4-cut method to assign 'unassigned' patients, to reassign patients assigned to a provider who is no longer at the health center, and to adjust assignments for over-empaneled providers.
- STEP 6** **Review panels using PCP and care team input:** Share panel information with PCPs and care teams to ensure patient assignments make sense. Re-empanel patients as needed. Review assignments with patients. Routinely repeat process.
- STEP 7** **Use risk stratification to segment and manage patient panels:** Segment panel into subgroups through risk stratification to target resources and care accordingly.
- STEP 8** **Optimize care team roles for effective panel management:** Use risk stratification, standing orders, and pre-clinic huddles to anticipate and manage patient care needs.
- STEP 9** **Use empanelment data to improve patient access:** Consider "third next available" appointment dates and continuity of care measurements.
- STEP 10** **Incorporate payer attribution data:** Review payers' assignment of patients to providers; correct assignments, as appropriate. Outreach to patients not in the health center's records to bring into care.



POPULATION HEALTH MANAGEMENT EMPANELMENT



STEP 1 **Define and document patient-provider assignment process.** Define and document your health center's process to identify, assign, and regularly review the PCP each patient is assigned to. Develop a set of empanelment policies and procedures, including attention to:

- 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 assigned to a PCP who has is no longer providing care at your health center.

Your policies and procedures should also address:

- The frequency that the PCP assignment is verified with the patient.
- The patient's right to choose their PCP.
- Criteria for when a provider's panel is 'closed', meaning they are no longer accepting patients into their panel.
- How often panel sizes are assessed.

Educate health center staff on the definitions and processes for assigning and updating patient PCPs.



Action item: Define and document how patients are assigned to providers at your health center as part of a formal empanelment policy and procedure. Educate staff on empanelment metrics and processes.

STEP 2 **Measure patient-provider assignment process.** After defining your health center's patient-provider assignment process, assess performance for this process. This review and assessment will repeat on a periodic basis.

This Action Guide describes a few simple reports that can be run from your EHR to assess the degree to which PCP assignments follow empanelment policies and procedures established in [Step 1](#), without having to review assignments patient-by-patient. Based on your health center's capabilities and available technology, you can run the following reports:

A report listing all patients who had a primary care visit in the last 2 years:

- Filter to view only patients who have an 'unassigned' PCP.
Then,
- Filter to view only patients who are assigned to a PCP that is no longer providing care at your health center .

If these filters display a significant number of patients, this indicates your PCP assignment and updating processes are not being followed.

- Filter your report to view all patients who are assigned to all current health center PCPs.



POPULATION HEALTH MANAGEMENT EMPANELMENT

Scan the filtered report for obvious variances in the total number assigned to each PCP. An obvious variance could include:

- o Providers of equal FTE with significant differences in total number of patients in their panel.
- o A part-time provider with more patients in their panel than a full-time provider.
- o A full-time provider with fewer patients in their panel than a part-time provider.

Note, for a newly hired provider who is building a patient panel, a small panel size may not be a variance of concern. However, be sure to monitor panel size growth overtime.

Upon review, if you see indications that PCP assignments are not being updated or maintained, provide staff with additional training on the correct processes.



Action Step: Regularly assess effectiveness of patient-provider assignment process using simple EHR reports. Look for patients who are unassigned, patients assigned to inactive PCPs, and significant variances in panel sizes by PCP. Use data to train staff on proper empanelment procedures.

STEP 3

Determine each PCP's 'right' panel size. A provider's right panel size is the number of patients a provider and care team can reasonably support. A right panel size is unique to each provider based on their schedule availability and the complexity of the patients they care for. Determining a right panel size can be accomplished through a series of calculations measuring supply and demand. To complete these calculations, you will need to know the following information for each PCP individually:

- Average number visits per patient per year
- Number of appointment slots available on their schedule in the last year (Note: appointment slots include all slots on the provider's schedule, regardless of whether they were filled with an appointment, left unfilled, or the appointment was cancelled or rescheduled.)

The formula to determine 'Right Panel Size' is:

of patient appointments slots available on the schedule last year/average # of visits per patient per year.

For example, a provider that has 4,200 appointment slots on their schedule last year, with an average of three visits per patient per year, can manage a panel of approximately 1,400 patients.

Additionally, the number of unduplicated patients seen in the last year compared to the number of unduplicated patients seen in the year prior to last year can help you to measure panel growth.

POPULATION HEALTH MANAGEMENT EMPANELMENT

The [Panel Size Worksheet](#) can assist in calculating right panel size.

As noted previously, patient complexity is a key factor in calculating 'right' panel size. Complexity is factored into the equation through both the average visits per patient per year and number of appointment slots available on the schedule in the last year. Patients of higher complexity levels require a higher number of visits per year than low complexity patients. If a provider is assigned a greater number of high complexity patients, this provider's average number of visits per patient per year will be higher. Additionally, patients of higher complexity levels often require a longer appointment time with the provider and care team. Longer appointment times lead to a reduced number of total appointment slots available on the schedule. Thus, also influencing a provider's right panel size.

 **Action step:** Determine each PCP's 'right' panel size using the [Panel Size Worksheet](#).

STEP 4 **Adjust actual panel size toward 'right' panel size.** After calculating each PCP's 'right' panel size, compare that number to their actual panel size (the number of patients who have had a visit in the last two years and are assigned to that PCP in the EHR).

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

- Close the patient panel – this will prevent new patients from being assigned to the provider
- Expand the provider's schedule (for example, shorten the length of current appointment slots, or add additional time). The use of this solution should be dependent on provider capabilities and patient complexity.
- Re-empanel some of the assigned patients to other providers – use the 4-cut method ([Step 5](#)) to determine if there are other, under-empaneled providers that the patients could be reassigned to.
- Form a 'provider team' (for example, partner an MD/DO with a PA/NP to care for a single patient panel together. Right panel size should be recalculated for the provider team to determine their combined capacity)
- Increase care team support (see [Step 8](#))
- Hire an additional PCP

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

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

Empanelment data can be used to help inform staffing decisions during times of provider turnover and to determine whether a replacement provider is needed to take over the patient panel or whether other health center provider(s) have the capacity to absorb the patient panel into their own.

 **Action Step:** Adjust each PCP's actual panel size toward their right panel size.



POPULATION HEALTH MANAGEMENT EMPANELMENT

STEP 5

Use the 4-cut methodology to suggest PCP assignments. When determining which PCP to assign a current patient, it can be inefficient and time-consuming to manually review one patient at a time. Instead, the 4-cut methodology can be used for large lists of patients to efficiently determine which PCP patients 'should' be assigned to.

The 4-cut method can be especially useful 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

For example, run a list of patients from your EHR that have an 'unassigned' PCP.

- Have any of these patients seen only one provider in the past year (1st Cut)?
 - o If yes, assign these patients to that provider.
 - o If no, move on to the 2nd Cut.
- Have any of these patients seen one provider a majority of the time in the past year (2nd Cut)?
 - o If yes, assign these patients to the majority provider.
 - o If no, move on to the 3rd Cut.
- Continue this sequence through the 4th Cut or until all patients have been assigned.

The table below shows the four 'cuts' to consider for a report of patients.

Cut	Report Description	PCP Assignment
1 st Cut	Patients who have seen only one provider in the past year	Assigned to that provider
2 nd Cut	Patients who have seen multiple providers, but one provider that 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 may have seen multiple providers	Assigned to the last provider seen

Source: Murray M, Davies, M, Boushon, B. Panel size: How many patients can one doctor manage? *Fam Practice Mgmt.* 2007;14(4):44-51.



Action Step: Use the 4-Cut method for PCP assignments: assign 'unassigned' patients; reassign patients assigned to a provider who is no longer at the health center; and adjust assignments for over-empaneled providers.



POPULATION HEALTH MANAGEMENT EMPANELMENT

STEP 6 Review panels using PCP and care team input. After re-empaneling patients as needed, run new patient panel reports for each PCP. Share the lists of assigned patients with each PCP and care team for their review and feedback. If any patients have been newly assigned to the PCP and care team (for example, through re-empanelment), it may be helpful to highlight those newly assigned patients so the PCP and care team can confirm assignment. Repeat the re-empanelment process, as needed, based on PCP and care team feedback. Finally, review the patient-provider assignments with patients to ensure that they are comfortable with the pairing. The patient ultimately has the right to choose their PCP.



Action Step: Share updated panel information with the PCP and care team to ensure appropriate patient assignment. Re-empanel patients, as needed. Review assignments with patients.

STEP 7 Use risk stratification to segment and manage patient panel. Working from the full patient panel list, each provider and care team can segment their patient population into unique subgroups (e.g., based on common conditions, social support needs, etc.) in order to better target care and services. Risk stratification enables providers to identify the right level of care and services for distinct subgroups of patients.

Segmenting the population according to health care needs allows health centers to do a better job of targeting resources more efficiently at a lower cost with improved outcomes. Patient segmentation can also help inform staff training efforts (focusing staff education and training around the care needs of their patient panel) and staffing models.

Health centers can use the registry functions in their electronic health record (EHR) to identify sub-populations within a panel (e.g., adults 50-75 years of age) for more targeted preventive and/or care management services. See NACHC's [Risk Stratification Action Guide](#) for guidance on action steps for risk stratification.



Action Step: Segment patient panel into subgroups through risk stratification to better target resources and care.


STEP 8 Optimize care team roles for effective panel management. Doing the work of empanelment, and caring for each patient in the panel, takes a team (see [Care Team Action Guide](#)). Research has shown that care teams, when organized in a way that allows staff to work at the top of their licensure and engages providers in activities that only a provider can carry out, increases the team's capacity to meet patient demand.

Leadership must ensure there are policies and procedures in place for ongoing and effective panel management. It is important to clearly delineate which individuals or positions will be responsible for each step, including which role(s) will enter the PCP assignment into the EHR. Update staff assignments, as needed. For example, it may be determined that front desk staff confirms PCP assignment during appointment scheduling or patient visit check-in and assign PCPs to new, unassigned, patients as outlined in health center protocol ([Step 1](#)).

POPULATION HEALTH MANAGEMENT EMPANELMENT

Segmenting your patient population using risk stratification can inform the types of care team roles that are needed (care management, integrated behavioral health, etc.). Pre-clinic huddles can be utilized to anticipate patient care needs and gaps in care and standing orders can be implemented to empower care members to carry out key preventive and chronic care screenings and services.

Empanelment enables the PCP and care team to support not only the patients who are on the schedule for a given day, but all the patients to whom they are assigned. Effective panel management strategies also include identifying patients who are due for care and reaching out to schedule them for needed services.

 **Action Step:** To optimize care team roles for effective panel management, use risk stratification, standing orders to empower care team members, and pre-clinic huddles to anticipate patient care needs.

STEP 9 Use empanelment data to improve patient access. Empanelment data is a key element to measuring patient access to your health center. In addition to measuring the 'supply and demand' by comparing a provider's actual panel size with their 'right' panel size, other measures of access include:

- Third Next Available
- Continuity of Care
- Appropriate Schedule Utilization

Third Next Available⁺

The average length of time, in days, between the day a patient makes a request for an appointment with a provider and the third available appointment for a new patient physical, routine exam, return visit exam, or other visit categories of your choosing.

- Provides detail into how far into the future patients are having to schedule appointments due to schedule availability.
- The "third next available" appointment is used rather than the "next available" appointment because it is a more sensitive reflection of true appointment availability. For example, an appointment may be open at the time of a request because of a cancellation or other unexpected event. Using the "third next available" appointment eliminates these chance occurrences from the measure of availability.²
- You may choose to have different third next available goals for different appointment categories (e.g., hospital follow up appointment, new patient appointment, acute appointment, preventive appointment, etc.). Determine which appointment types or categories are important for your health center to monitor.
- Note: 'same day availability' is measured through an appointment type resulting in 'zero' days on a third next available report.

⁺<https://www.ihl.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx>



POPULATION HEALTH MANAGEMENT EMPANELMENT

Continuity of Care⁺

The percentage of visits patients have with their own primary care provider when receiving primary care.

Continuity measures the patient-provider partnership, and whether patients are seeing the provider they were assigned to.

$$\frac{\text{\# of patients of Provider X that were seen by Provider X}}{\text{\# of patients assigned to Provider X that have been seen in primary care.}}$$

Multiply the result by 100.
The goal is >80 percent.

The percentage of visits that a provider has with patients who are assigned to them.

Measures whether providers are seeing the patients that are assigned to them, or if they are seeing another provider's patients.

$$\frac{\text{\# of patients seen by Provider X that were not assigned to Provider X}}{\text{\# of patients Provider X saw}}$$

Multiply the result by 100.

Goals for appropriate schedule utilization can vary by provider and health center. If a provider is temporarily covering for another provider who is on vacation or leave, it may be appropriate for the other provider's patients to be scheduled with them. However, if provider X has a full patient panel but is seeing a significant number of other provider's patients, this may lead to provider X's actual patients not being able to schedule with provider X in a timely manner. This creates a snowball effect as provider X's patients are scheduled with other providers or are scheduled too far into the future.

⁺<https://www.ihl.org/resources/Pages/Measures/TeamMemberPatientContinuityReviewofSchedule.aspx>



Action Step: Use empanelment data to assess patient access to their PCP. The third next available appointment dates tell you how far into the future patients must wait for appointments; continuity of care tells you how often patients see their PCP.



POPULATION HEALTH MANAGEMENT EMPANELMENT

STEP 10 **Incorporate payer attribution data.** When commercial and government payers assign patients to providers, those providers are held accountable for their care. This process is called attribution. Attributed patients have been assigned to the health center by a payer but may not have established care with your health center and/or have been properly assigned. Incorporating payer attribution data into empanelment practices is an essential value-based care activity. Thus, it is critical that health centers focus empanelment not only on ‘active’ patients but have the capability to assign all ‘attributed’ patients to a PCP and team.

Your health center may receive payer attribution data through paper mail, pdf files, spreadsheets, portals, or interfaced rosters. It is important to recognize that payer attribution may differ from your internal empanelment data. As payer attribution lists likely include patients who have never been seen at your health center, this offers a great opportunity to engage and connect those patients to care.

Since patients may be internally assigned to a PCP that is different than who they are attributed to in the payer data, sometimes you can provide payers with PCP “updates” to correct their attribution files. Talk with your payer contact to learn if this is an option and what their process is for receiving updates.



Action Step: Payer empanelment data may differ from your health center’s internal empanelment data. Make plans to provide updates to payers when empanelment discrepancies are noted. Outreach to patients attributed to your PCPs who are not in the health center’s records.

References

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