

12 Balancing Panel Size

☰ Introduction & Learning Objectives

☰ Factors that Impact Panel Size

☰ Panel Size Comparisons

☰ Balancing Workloads: New Compared to Seasoned Care Managers

❓ Test Your Knowledge

👉 Activity Instructions

Introduction & Learning Objectives

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The average panel size for a Care Manager can vary widely from practice to practice. Sometimes this is due to the Care Manager being pulled in numerous directions to assist with tasks that aren't related to care management. Therefore, understanding and developing a process for determining panel size is important to keep from becoming overwhelmed or burned out. In this course, you will learn about strategies you can use to determine the proper panel size for your practice.

Learning Objectives

Following the completion of this course, the learner should be able to:

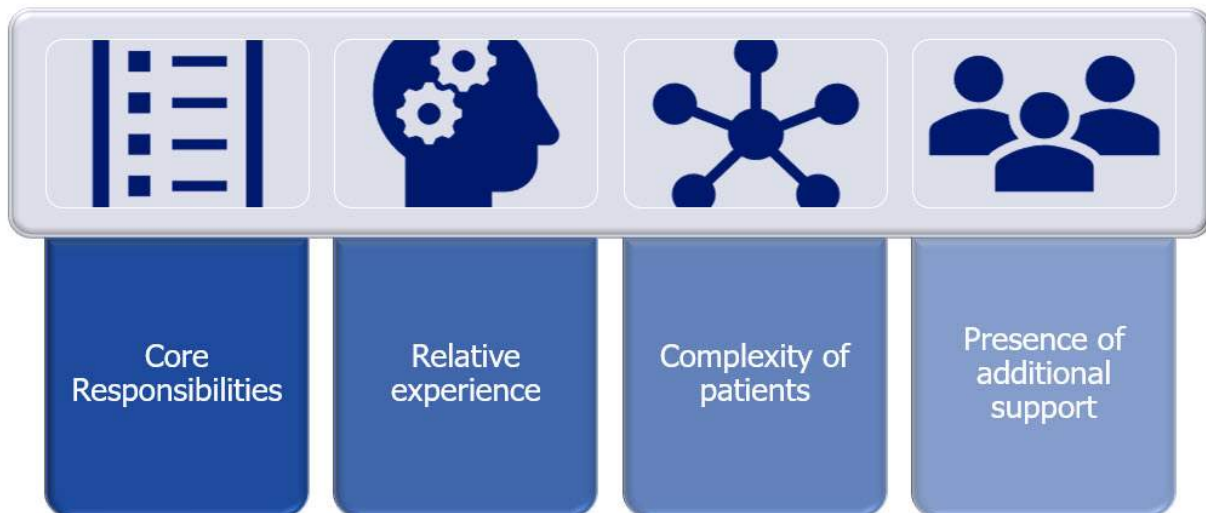
- Determine the ideal panel sizes in your practice based on role and responsibilities.
- Examine effective strategies to balance the workload without adversely impacting quality or experience for the patient and practice staff.

Factors that Impact Panel Size



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Many practices take a thoughtful & tactical approach to developing the role and panel expectations of a Care Manager. These practices indicate several key factors that, combined, help to inform appropriate panel size for the unique needs of the practice. These are the factors and key considerations:



What are the core responsibilities of the Care Manager?

1. Is the CM entirely dedicated to the work of Care Management, or are there numerous 'Other duties as assigned' that eat up much of their time? This includes things like giving IM injections, drawing blood, starting IV's, handling triage calls, and filling in when other care team members are out. Non-CM tasks like this dramatically impact the ability of the CM to focus on enrolling and working with patients in LCM.
2. Are they responsible for both Episodic and Longitudinal CM? If so, and if ED/IP utilization is high in the practice, much of their time will be spent completing ECM which limits the potential panel size for LCM.
3. Will the Care Manager be completing home visits or hospital visits? This, with travel time, can take a lot of time in the day. Most practices whose Care Managers complete home visits have

panel sizes around 50-75 patients at most and the Care Managers only conduct LCM (no ECM responsibilities, except for managing their own LCM patients that are hospitalized).

What is the Care Manager's prior work experience?

1. Do they have prior experience working as a Care Manager? If so, was it inpatient or ambulatory? For a new nurse Care Manager whose only prior experience is in the acute setting as a bedside nurse, the transition to ambulatory care can be challenging. It's a completely different way of working with patients, and the learning curve is long.
2. Does the new Care Manager need training in Motivational Interviewing and other skills that are critical?
3. These factors will impact the Care Managers timing to ramp up panel size for LCM.

What is the complexity of the patients requiring Care Management?

1. What is the average acuity of the patients that require LCM? For an IM practice with a predominantly geriatric and complex population, the acuity when patients are initially enrolled in LCM will be very high. This means the Care Manager will need to take a very strategic approach to ramp up panel size.
2. For patients with complex social needs, these issues will have to first be addressed before making a significant impact on clinical factors. And if the Care Manager does not have the support of a social worker in the practice, there will be a very big learning curve here as they learn the available resources in the community. Again, impacting panel size.

Are there other care management staff to help support the panel?

1. Does the practice have a Social Worker, Community Health Worker, Care Coordinator, or Health Coach?
2. The presence of additional care team members dedicated to the work of Care Management can free up the Care Manager to focus on LCM or at least help with the different needs of the population.
3. Social Workers are a significant asset to the team; they are knowledgeable about resources in the community and have specific skills in working with patients to address social needs.
4. If the population is large, it's helpful to have an additional Care Manager or Care Coordinator to focus on the ECM population, thereby freeing up the Care Manager to entirely focus on LCM.

As you answer these questions about your practice, consider how many different tasks and responsibilities you have, and how many other care management staff available to help do the work. This information combined should help inform what a reasonable panel size might be for LCM.

Panel Size Comparisons



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There is very little research to substantiate how many patients a Care Manager can manage on a panel at any given time. As we discussed in the previous module, this is largely dependent on the type and number of other tasks the Care Manager is responsible for in a day, as well as the acuity of their patients and relative experience of the Care Manager.

That said, there are still some general guidelines we propose, based upon the research that is available, our experience in the field, and from our work with practices that are successful in their approach to CM.

Panel Size < 50 <ul style="list-style-type: none">• CM responsible for all ECM and LCM, + numerous non-CM tasks (triage, IM injections, filling in for staff)
Panel Size 50 - 75 <ul style="list-style-type: none">• CM conducts home visits & hospital visits OR• CM responsible for LCM & all risk levels of ECM
Panel Size 75 - 100 <ul style="list-style-type: none">• CM responsible for LCM + medium & high risk ECM
Panel Size 100 - 150 <ul style="list-style-type: none">• 100 pts - CM responsible for LCM + high risk ECM; with support of SW and/or CHW• 150 pts – CM responsible for LCM only; ideal with support of SW

- A practice whose Care Manager is responsible for LCM, ECM for all risk levels, plus numerous non-CM type tasks, will likely result in this Care Manager struggling to enroll and work with upwards of 50 patients in LCM. More than likely, they will max out at 25-30 patients for LCM with the other pressing responsibilities.

- A practice whose Care Manager conducts home visits or hospital visits with the LCM patients will typically max out anywhere from 50-75 patients, depending on the acuity of the panel and experience level of the Care Manager.
- A maximum of 50-75 LCM patients would also be likely for a Care Manager who is responsible for LCM and all risk levels of ECM, but whose time is protected to focus on CM activities, in other words, they do not get pulled into non-CM tasks like filling in for staff or administering IM injections.
- A Care Manager who is responsible for LCM and the medium and high-risk ECM and does NOT get pulled into non-CM tasks may be able to manage a panel size anywhere from 75-100 patients.
- A panel of about 100 patients would be manageable for a Care Manager who is responsible for LCM and only the high-risk ECM. If their ED and Inpatient utilization is high, they might need the additional support of a social worker or a community health worker.
- Finally, a practice with a Care Manager dedicated solely to LCM, a panel of 150 patients is achievable. Depending on the acuity of the panel and relative experience of the Care Manager, they may be able to manage up to 200 patients.

Keep in mind there are no hard and fast rules to this. Practices with exceptionally high Inpatient and ED utilization, thus a large number of ECM patients, may need to adjust DOWN in their expectations for LCM panel sizes. At least until the utilization issue is under control.

On the other hand, practices with exceptionally LOW Inpatient and ED utilization may find the ECM numbers are low, allowing for the Care Manager to enroll more patients in LCM.

The key is to study the data for your population so you can make an informed decision.

Balancing Workloads: New Compared to Seasoned Care Managers

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As you begin to enroll patients in LCM, it's helpful to approach the work strategically to ensure you don't become overwhelmed by too many patients too fast.

The approach can be tailored, depending on your experience as a Care Manager and the other responsibilities you have in the practice.

Let's look at two different examples – one for a new Care Manager, and one for a seasoned Care Manager.

New Care Manager with little to no experience in the ambulatory setting: A new Care Manager will need time to acclimate to the practice and a different manner of working with patients. If you are a new Care Manager to the practice and have responsibility for ECM, it's even more important to ramp up the panel of LCM patients slowly. In this case, we recommend a very conservative strategy, allowing time for checks and balances and for the Care Manager to adapt to the flow of working with patients in this way.

Sample "Ramp-Up" Schedule

WEEK 1 – ENROLL 2 NEW PATIENTS

WEEK 2 - ENROLL 3 NEW PATIENTS

WEEK 3 – ADJUST TO THE CASELOAD, NO NEW ENROLLEES

WEEK 4 – ENROLL 3 NEW PATIENTS

WEEK 5 – ENROLL 4 NEW PATIENTS

WEEK 6 - ADJUST TO THE CASELOAD, NO NEW ENROLLEES

WEEK 7 – ENROLL 4 NEW PATIENTS

WEEK 8 - ENROLL 4 NEW PATIENTS

WEEK 9 – 12 – HOLD ENROLLMENT

Sample formula to slowing build the panel:

At this point, the caseload is up to 20 patients. This is a good time to temporarily stop adding patients to allow time to acclimate to this caseload. Additionally, the acuity of the patients in the panel will likely decrease as the patients are following their care plans and working effectively with you.

After the 2-3-week break, repeat the same process, eight weeks of intermittently enrolling patients, to a caseload of now 40, then a 2-3 week break to acclimate. Repeat this cycle until you reach the capacity of your panel.

This method of slowly growing the panel will help the new Care Manager safely acclimate as the panel progressively gets larger and they can learn to juggle the myriad of tasks in a controlled way.

The second example we have is for a seasoned Care Manager with ample experience in an ambulatory care setting. In this example, the Care Manager enrolls 5 new patients into LCM each week for 8 weeks then takes a break for 3 weeks.

Panel Size < 50

- CM responsible for all ECM and LCM, + numerous non-CM tasks (triage, IM injections, filling in for staff)

Panel Size 50 - 75

- CM conducts home visits & hospital visits **OR**
- CM responsible for LCM & all risk levels of ECM

Panel Size 75 - 100

- CM responsible for LCM + medium & high risk ECM

Panel Size 100 - 150

- 100 pts - CM responsible for LCM + high risk ECM; with support of SW and/or CHW
- 150 pts – CM responsible for LCM only; ideal with support of SW

A seasoned Care Manager has less need to acclimate to the "style" of working with the patients. More than anything, the breaks in between are to enable the acuity of the patients in the panel to settle so there is a variety of acuity levels once the panel is at capacity.

Additional Considerations:

- Establish a process and criteria to "Graduate" patients from LCM. By graduating patients, new ones can then be enrolled.
- Establish a waiting list for LCM for those patients who have been referred or identified while your panel was at capacity. As soon as new space opens up on the panel bring in the next person on the list.

Test Your Knowledge

Question

01/04

When determining panel size for care management, it is crucial to identify the core responsibilities of the Care Manager.

True

False

Question

02/04

Factors that determine panel size include:

- The number of patients that are enrolled in Episodic Care Management
- The practice's rate of utilization
- The experience of the Care Manager
- Does the Care Manager conduct home visits

Question

03/04

When "ramping" up panel sizes for patients in Longitudinal Care Management, it is best to employ an aggressive strategy.

True

False

Question

04/04

Setting up a waiting list when a panel is at capacity is not a good practice. You should never turn down a patient who is eligible for care management.

True

False

Activity Instructions

Practical application of what you are learning helps with skill development and retention. We have created an activity that will guide you in that type of application.

- Visit <https://www.healthteamworks.org/resource/essentials-care-management-activities-and-resources>.
- Find and download the activity assigned for this course.
- Complete the activity. You are encouraged to work with your team to complete the activity.
- Email the completed activity to caremanagement_nachc@healthteamworks.org.
- Make sure to add the Course Activity Title you are submitting and your full name to the Subject Line of your email.
- You will receive feedback on your completed assignments.