Patient Centered Access: Empanelment

Allison Palmer, SHIP QI Specialist
PCMH CCE, CHES

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- Patient Centered Access and Continuity
  - Competency B
    - Practices support continuity through empanelment and systematic access to patients medical record

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CORE

- **AC10:** Personal Clinician Selection
  - Documented process
- **AC11:** Patient Visits with Clinician/Team:
  - Sets goals and monitors the % of patient visits with the selected clinician or team
  - Report

CREDITS

- **AC13** Panel Size Review and Management:
  - Reviews and actively manages panel sizes
  - Documented process & report
- **AC14** External Panel Review and Reconciliation:
  - Reviews and reconciles panels based on health plan or other outside patient assignments.
  - Documented Process & Evidence of implementation

Why are Patient Panels Important?

1. It makes patients happy!
2. It defines the workload for the practice
3. Can help predict patient demand
4. Reveals provide performance issues
5. Helps improve outcomes

What is the panel size?

PROVIDER PANELS

- Panel size is the number of individual patients under the care of a specific provider.

PRACTICE PANEL

- The unique patients who have been seen by any provider (physician, NP, PA) within the last 18-24 months
- The practice determines the timeline
- Gather data from 12, 18 or 24 months.
  - 12 months may be an underestimate

Determining Individual Provider Panel

- Each patient on the practice's panel- **should** be placed on the **panel of only 1 provider**

- Utilize a "Four-Cut" Method
  - This is not an 100% accurate method, but it is a GOOD START!

"Four-Cut" Method

1. Patients who have seen **only one provider** for all visits are **assigned to that provider**

2. Patients who have **seen more than one provider** are assigned to the provider they have **seen most often**.

3. Remaining patients who have seen **multiple providers** the same number of times are assigned to the provider who **performed their most recent well visit, or physical**.

4. Remaining patients who have seen **multiple providers** the same number of times but **did not have an exam they are assigned to the provider they saw last.**

Determine the target panel

1. Target panel is the practice panel divided by the number of full-time-equivalent (FTE) clinical providers.

2. To determine the number of FTE providers:
   - Subtract the portion of the provider's time that is spent on non- appointment or nonclinical duties such as:
     - Hospital rounds
     - Operating room duties
     - Procedures
     - Management duties
     - Meeting time

Right Panel Size

LARGE PANELS

- Excess demand
- Delay in services
- Deflections to other providers
- Lack of continuity
- Provider dissatisfaction
- Patient dissatisfaction

SMALL PANELS

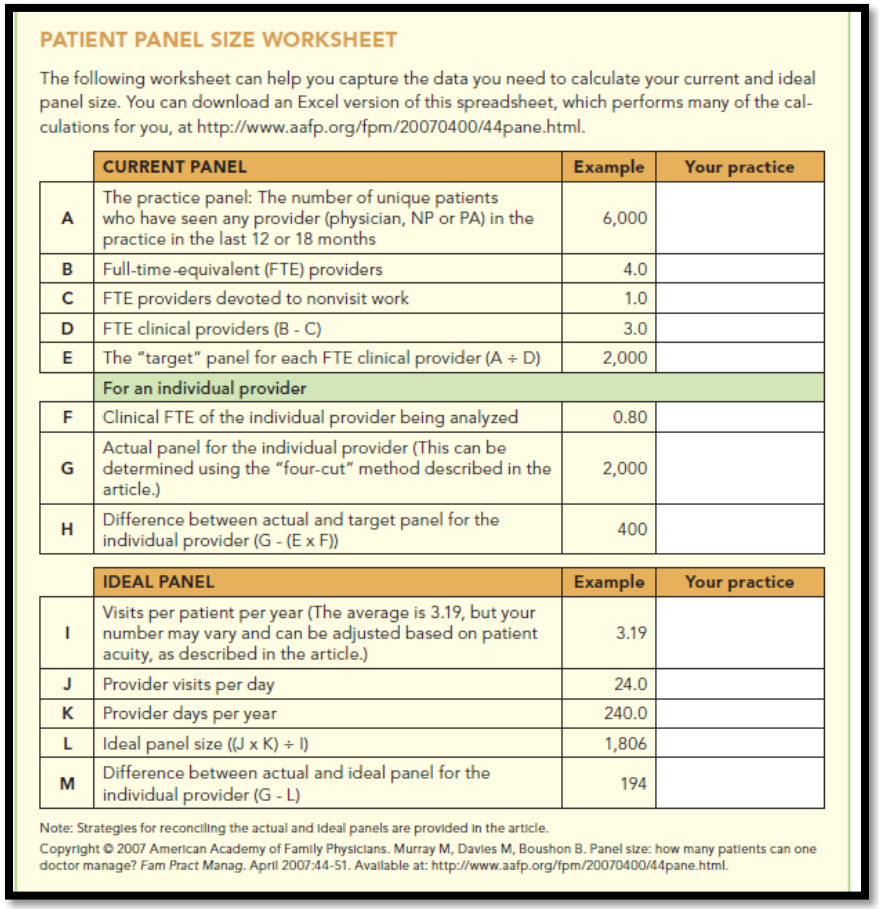
- Demand isn't enough to support the practice

Right Panel Size

- Demand for appointments must equal the supply of appointments if timely service is desired.

Panel size x visits per patient per year (demand)= provider visits per day X provider days per year (supply)

https://www.aafp.org/fpm/2007/0400/p44.html



PATIENT PANEL SIZE WORKSHEET

The following worksheet can help you capture the data you need to calculate your current and ideal panel size. You can download an Excel version of this spreadsheet, which performs many of the calculations for you, at http://www.aafp.org/fpm/20070400/44pane.html.

	CURRENT PANEL	Example	Your practice
A	The practice panel: The number of unique patients who have seen any provider (physician, NP or PA) in the practice in the last 12 or 18 months	6,000	
B	Full-time-equivalent (FTE) providers	4.0	
C	FTE providers devoted to nonvisit work	1.0	
D	FTE clinical providers (B - C)	3.0	
E	The "target" panel for each FTE clinical provider (A ÷ D)	2,000	
	For an individual provider		
F	Clinical FTE of the individual provider being analyzed	0.80	
G	Actual panel for the individual provider (This can be determined using the "four-cut" method described in the article.)	2,000	
H	Difference between actual and target panel for the individual provider (G - (E x F))	400	

	IDEAL PANEL	Example	Your practice
I	Visits per patient per year (The average is 3.19, but your number may vary and can be adjusted based on patient acuity, as described in the article.)	3.19	
J	Provider visits per day	24.0	
K	Provider days per year	240.0	
L	Ideal panel size ((J x K) ÷ I)	1,806	
M	Difference between actual and ideal panel for the individual provider (G - L)	194	

Note: Strategies for reconciling the actual and ideal panels are provided in the article.

Right Panel Size- variables

PROVIDER VISITS PER DAY

- Look at historical data regarding the # of visits provider per day
- It is NOT the number of appointment slots available per day

PROVIDER DAYS PER YEAR

- Look at the # of days in a provider's schedule was booked for patients visits per year

Isolating each of these variables helps providers understand how their practice patterns influence their panel size.

Adjusting for Age and Gender

- Patients have varying levels of needs and complexities
- Providers may express their patients are older and sicker
- Adjusting for age & gender can help determine accurately
- Timely process and one that should be done with entire team

Patients' likelihood of a visit, by age and gender

	Relative weight	
Age	Male	Female
0-11 mos	5.02	4.66
1	3.28	2.99
2	2.05	1.97
3	1.72	1.62
4	1.47	1.46
5-9	0.98	1.00
10-14	0.74	0.79
15-19	0.54	0.72
20-24	0.47	0.70
25-29	0.60	0.82
30-34	0.63	0.84
35-39	0.66	0.86
40-44	0.69	0.89
45-49	0.76	0.98
50-54	0.87	1.10
55-59	1.00	1.20
60-64	1.17	1.31
65-69	1.36	1.46
70-74	1.55	1.60
75-79	1.68	1.70
80-84	1.70	1.66
85+	1.57	1.39

Limits to Panel Size

- There is a limit to practice and individual panel sizes
  - If a practice/provider keeps saying "yes" to new patients, and exceeds it's limit = increased wait times
  - Increased wait times =
    - Chaos
    - Difficulty managing patient phone calls
    - Patient complaints
    - Increase of no-shows
    - Increase of cancellations
    - Decreased continuity
    - Lower productivity

Estimates on Panel Sizes

TEAMS OF 2000

- Good patient experience
- Well-coordinated care
- Adequate access
- Low staff and provider burn out
- Or there should be improvement plans in the place to make these things true

TEAMS OF 2100 OR MORE

- Experience stress
- Care could be less coordinated
- Barriers to access could arise
- Could lead to burn out

Strategies for Over-Paneled Providers

1. **Let it take it's course**. Patients move away, die, and change insurances.

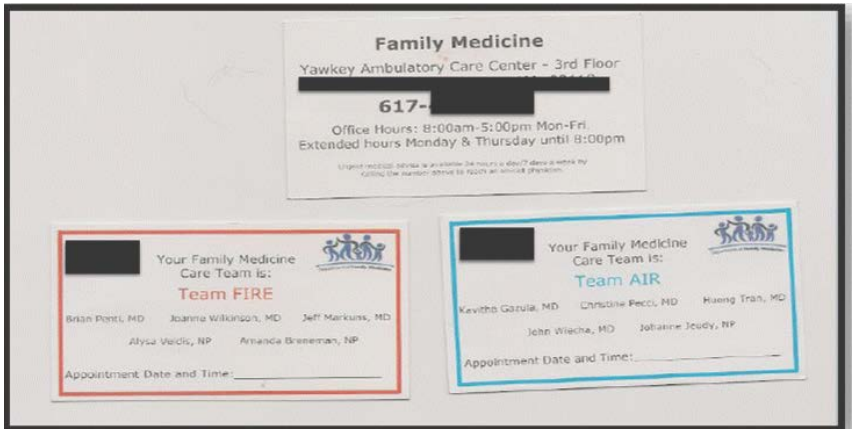
2. **Close the over-paneled** provider to new patients temporarily. Excuse them from seeing the patients of absent providers.

3. **Shift more resources** to support the provider (care managers, care coordinators, MA, etc.)

4. **Move patients away** from that panel and into another panel.

Resources to Ensure Continuity

- Appointment confirmation scripts
- Provider-staff scheduling polices
- Provider “team” cards



Panel Size References

- https://www.aafp.org/fpm/2007/0400/p44.pdf

Putting Reports Into Action

Get Started By:

Contacting Kim Huff, Healthy Connections Health Resource Coordinator at Medicaid for practice empanelment reports.