Empanelment and Population Health

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- Access/scheduling
- Balancing Provider Panels
- Risk Stratification
- Care Coordination
- Care Management
- Population Management/Gaps in Care Out Reach
- Performance Improvement
Performance Improvement
Population Management
Risk Stratification
Empanelment
Empanelment

The act of assigning a patient to a primary care provider or teamlet (physician and mid-level) who, with support from a care team, assumes responsibility for coordination of comprehensive services for his/her panel of patients.

*The relationship between the patient/family and the care team is at the heart of the patient-centered care.*
Why empanel?

- Better continuity
- Better access
- Increased satisfaction
- Increased efficiency
- Sets stage for population management

✓ Improved Clinical Outcomes
And the Evidence is In...

Sustained Continuity of Care (SCOC) Leads To¹:
- Decreased hospital admissions
- Decreased ED visits
- Improved receipt of preventative services

Improved Patient Satisfaction²:
- Relational continuity
- Informational continuity
- Personal self-responsibility and patient involvement

Care Team Satisfaction:
- Decreased frustration over length of time spent preparing for, treating and following up on patients unknown to the team

Base for Population Management:
- Up-to-date panels of patients
- Logical assignments of responsibilities
- Fewer gaps in care
Empanelment and Continuity/Access

Convenience Care

- Between 2006 and 2014, the number of retail clinics in the United States grew by nearly 900 percent from 200 to 1,800.
- By 2012, retail clinic visits also grew sevenfold to 10.5 million, which represents 2 percent of all primary care encounters in the country.

Source: Roberts Woods Johnson Foundation

Many primary clinics allow crossbooking between providers as a way to improve patient convenience and access.
Empanelment and Continuity/Access

- When patients have a discontinuity visit, they are two times more likely to schedule a follow up visit when they see a known provider than their PCP, and four times more likely to schedule a follow up visit if they see an unknown provider.

- A patient’s own provider will have a more efficient visit and is more likely to deal with more than one issue at one visit during the same time frame.

Source: Unpublished large group experience
Empanelment and Continuity/Satisfaction

- Patients increasingly seek out convenience care without concern about continuity.
- Often patients will say, “I don’t care, I’ll see anyone.”

**BUT...**

- Retrospectively, after the visit, patient satisfaction does not reflect this perspective.
- Satisfaction greater with PCP > known provider > unknown provider
Empanelment and Continuity/Quality

Lower indices of continuity of care in patients with newly diagnosed hypertension, diabetes, and hypercholesterolemia were associated with higher all-cause and cardiovascular mortality, cardiovascular events, and health care costs. Health care systems should be designed to support long-term trusting relationships between patients and physicians.

Source: Impact of Continuity of Care on Mortality and Health Care Costs: A Nationwide Cohort Study in Korea, Annals of Family Medicine 2014
Empanelment and Continuity/Quality

From 5070 candidate titles, we examined the full text of 260 articles and found 18 (12 cross-sectional studies, 5 cohort studies and 1 randomized controlled trial) that fulfilled our criteria. Five studies focused on patients with chronic illness (eg, asthma, diabetes).

RESULTS: No studies documented negative effects of increased SCOC on quality of care. SCOC is associated with patient satisfaction (4 studies), decreased hospitalizations and emergency department visits (7 studies), and improved receipt of preventive services (5 studies).

CONCLUSIONS: SCOC improves quality of care, and this association is consistently documented for patients with chronic conditions. Programs to promote SCOC may best maximize impact by focusing on populations with chronic conditions.

Empanelment and Continuity/Expanded Hours

- Substantial majority of patients seen in the evening had expressed a preference to be seen in the day, but were unable to schedule an appointment.
- The demand for evening appointments is present, but not equal to the number of patients who present for care in the evening.
Steps to Empanelment

Step 1: Assign panel manager

Step 2: Document

Step 3: Define active patient

Step 4: Clean up panel (4 cut method)

Step 5: Involve providers and patients

Step 6: Maintain

Your PHP Practice Transformation Coach can provide your practice coaching support and an Empanelment Toolkit that includes a sample policy and process.
# 4 Cut Method

<table>
<thead>
<tr>
<th>Cut</th>
<th>Report Description</th>
<th>PCP Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st cut</td>
<td>Patients who have seen only one provider in the past year</td>
<td>Assigned to that sole provider</td>
</tr>
<tr>
<td>2nd cut</td>
<td>Patients who have seen multiple providers, but one provider the majority of the time in the past year</td>
<td>Assigned to majority provider</td>
</tr>
<tr>
<td>3rd cut</td>
<td>Patients who have seen two or more providers equally in the past year (no majority provider can be determined)</td>
<td>Assigned to the provider who performed the last physical exam</td>
</tr>
<tr>
<td>4th cut</td>
<td>Patients who have seen multiple providers</td>
<td>Assigned to last provider seen</td>
</tr>
</tbody>
</table>

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

• Determining the perfect panel size:
  – Review the “Perfect Panel Worksheet”

• Mid-level provider considerations for empanelment:
  ○ Is the mid-level provider a new graduate?
  ○ Is the medical director or practice director comfortable with assigning panels to mid-levels?
  ○ NCQA only extends PCMH recognition to mid-levels if they are assigned panels.
What About Technology?

- Phone
- Email
- Algorithm
- Video
The INEVITABLE Questions:

How do we adjust panel size?  
- Close the panel of over-paneled providers
- Add new providers
- Add support staff
- Remove patients from over-paneled provider and assign to under-paneled provider

What is the “average” panel size?

![Primary Care Median Panel Size](source: MGMA)
Thank you!

For more help with empanelment, please contact your Practice Transformation Coach