

## Sample Provider Staffing and Scheduling Policy

### Policy Statement

Provider staffing and scheduling practices are designed to ensure timely access and promote continuity of care. Providers are expected to achieve annual productivity targets. Provider teams are responsible for ensuring adequate coverage during all hours of clinic operation.

### I. Provider Team Staffing

- A. All providers are in clinic a minimum of four days/week with the exception of administrative providers.
- B. Providers are linked as “practice partners” to ensure coverage of all clinic sessions each week.
- C. If half days are used to achieve above, then they must be equally distributed between am and pm sessions.
- D. Practice partners cannot have the same planned time off (e.g., vacation, CME).
- E. Provider teams can include provider, nurse, medical assistant. Teams must have two of the following members scheduled every day (provider and team nurse or two providers).

### II. Provider Productivity Expectations

#### A. Established Providers

Primary Care Medical	18 patients/eight hour day 23 patients/10 hour day
Behavioral Health	10 patients/day
HIV	12 patients/day
School-Based Elementary/Middle School High School	12 patients/day 14 patients/day

#### B. New Providers (with experience)

First 80 hours of clinical practice	50%
80–160 hours	75%
160–320 hours	90%

#### C. New Providers (without experience)

Individualized productivity advancement plans are developed. 100% productivity expected at six months.

#### D. Provider Transfers within Primary Care

First two weeks	50%
Two–four weeks	75%
Four–eight weeks	90%
More than eight weeks	100%

### III. Provider Scheduling

Limitations to scheduling are based on scope of practice and must be pre-approved by clinic management team.

- A. All primary care providers (except HIV) are given one 20 minute appointment slot at the beginning of each day for team planning and 40 minutes at the end of the day (60 minutes for 10 hour providers).
  - Behavioral health providers have 30 minute appointments and have a total of 90 minutes of team planning for eight hours.
  - HIV providers have 25 minute appointments and have a total of 50 minutes of team planning for eight hours.
- B. Additional appointment slots are added based on provider no-show rate. The provider and clinic management choose where on the schedule the additional slots occur.
  - 0-10% = two additional appointments/eight hours (three for 10 hour shifts).
  - 10-15% = three additional appointments/eight hours (three for 10 hour shifts).
  - >15% = four additional appointments/eight hours.
- C. The number of new patients scheduled is determined by panel capacity. The provider and clinic management choose where on the schedule these occur.
- D. Lunch and session breaks are determined by the provider in collaboration with clinic management.

**Suggested citation:** Shah A, Stadtlander M. Building Better Care “Empanelment.” 1st ed. Portland, OR; Multnomah County Health Department. December 2009.

## Safety Net Medical Home Initiative

This is a product of the Safety Net Medical Home Initiative, which was supported by The Commonwealth Fund, a national, private foundation based in New York City that supports independent research on health care issues and makes grants to improve health care practice policy. The views presented here are those of the author and not necessarily those of The Commonwealth Fund, its directors, officers, or staff. The Initiative also received support from the Colorado Health Foundation, Jewish Healthcare Foundation, Northwest Health Foundation, The Boston Foundation, Blue Cross Blue Shield of Massachusetts Foundation, Partners Community Benefit Fund, Blue Cross of Idaho, and the Beth Israel Deaconess Medical Center. For more information about The Commonwealth Fund, refer to [www.cmwf.org](http://www.cmwf.org).

The objective of the Safety Net Medical Home Initiative was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S. For more information about the Safety Net Medical Home Initiative, refer to: [www.safetynetmedicalhome.org](http://www.safetynetmedicalhome.org).



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