

Provider Staffing and Scheduling Policy

Suggested Citation: Shah A, Stadlander M. Building Better Care “Empanelment”. 1st ed. Portland, OR; Multnomah County Health Dept, December 2009.

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.

1. Provider Productivity Expectations

A. Established Providers

Primary Care Medical	18 patients/8hr day 23 patients/10hr day
Behavioral Health	10 patients/day
HIV	12 patients/day
School Based	
Elementary/Middle School	12 patients/day
High School	14 patients/day

B. New Providers (with experience)

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

C. New Providers (without experience)

Individualized productivity advancement plans are developed and 100% productivity is expected at 6 months.

D. Provider Transfers within Primary Care

- First 2 weeks 50%
- 2-4 weeks 75%
- 4-8 weeks 90%
- 8 weeks > 100%

2. Provider Scheduling

- A. Limitations to scheduling are based on scope of practice and must be pre-approved by clinic management team.
- B. All primary care (except HIV) providers 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 providers who work 10 hour shifts).
 1. Behavioral Health providers have 30 minute appointments and have a total of 90 minutes of team planning for every 8 hours worked.
 2. HIV providers have 25 minute appointments and have a total of 50 minutes of team planning for every 8 hours worked.
- C. Additional appointment slots are added based on provider no-show rate. The provider and clinic management can choose where on the schedule the additional slots occur.
 - 0-10% = 2 additional appointments/8 hour shift (3 for 10 hour shifts)
 - 10-15% = 3 additional appointments/8 hour shift (4 for 10 hour shifts)
 - >15% = 4 additional appointments/8 hour shift
- D. Number of new patients scheduled is determined by panel capacity. Clinic management team chooses where on the schedule these occur.
- E. Lunch/breaks are determined by the provider in collaboration with clinic management.

3. Provider Team Staffing

- A. All providers are in clinic a minimum of 4 days/week with the exception of administrative providers.
- B. Practice partners' regular schedule covers all clinic sessions 5 days/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 must have two of the following members scheduled every day (provider and team CHN or 2 providers).

