Knowledge Building Session: Empanelment

The presentation will begin shortly

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Logistics

- ❖ Webinar will be recorded
- ❖ Slides will be posted
- ❖ Operator-assisted interactive Q&A
- ❖ Submit questions using the chat function
- ❖ Please complete a brief survey to tell us what you think about the webinar and suggest future topics

Context and Objectives of Today's Presentation

change · con · cept

(cheynj kon-sept) *n.*, **1.** A general idea— with proven merit and a sound scientific or logical foundation— that can stimulate specific ideas for changes that lead to improvement

Change Concepts

- Engaged Leadership
- Quality Improvement Strategy
- Patient-Centered Interactions
- Empanelment
- Organized, Evidence-Based Care
- Continuous and Team-Based Healing Relationships
- Enhanced Access
- Care Coordination

Empanelment

PCMH practices:

- Determine and understand which patients should be empanelled in the medical home and which require temporary, supplemental, or additional services.
- Use panel data and registries to proactively contact, educate, and track patients by disease status, risk status, self-management status, community and family need.
- Understand practice supply and demand, and balance patient load accordingly.

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MULTNOMAH COUNTY Health Department

Knowledge Building Session: Empanelment

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Overview

- Definition of Empanelment
- Mechanics of Empanelment Process
- Managing after Implementation
- Ramifications for Leadership

Multnomah County Health Department

- 6 Primary Care Clinics and Specialty HIV PC Clinic
- ~32,000 patients generating >140,000 visits
- Working on PC Medical Home initiative since 2006
- On Epic EHR since 2005
- Onsite pharmacy, lab, x-ray
- Also have 13 School-Based Health Centers and 4 Dental Clinics
- Traditional Public Health Department

Definition of Empanelment

Definition of Empanelment

- Provide a systematic way to allow patients to see their own PCP
- Process for sorting patients into populations
- Way to manage supply and demand

Allows for Continuity

If a primary tenet of the Medical Home is the continuous relationship between a team of providers and an informed patient…

…then we must provide a mechanism for allowing that relationship to happen in our systems

Simply…

Empanelment is the process for ensuring that every patient has an assigned Primary Care Provider (PCP)

Sorting Patients into Populations

- Allows for a group of patients to be easily identified ***including those that don't come in***
- Will allow a provider (or team) to customize their services to the needs of their specific clients
- Can drive data reporting

Managing Supply and Demand

Historically:

- See whoever is on the schedule
- Some providers work hard to see everyone that needs to be seen, others don't
- Variability in the complexity of patients depending on provider

Managing Supply and Demand

Rational formula for determining the number of patients it's possible to take care of:

(provider visits/day)(days in clinic/year) = (# patients)(patient visits/year)

-Mark Murray, MD

Managing Supply and Demand

Solve for # patients:

$$\frac{\text{(provider visits/day)(days in clinic/year)}}{\text{(patient visits/year)}} = \text{\# patients}$$

Fill in values:

MCHD Example

Provider visits/day = 18

days in clinic/year = 210

patient visits/year = 3.6

Managing Supply and Demand

❖Solve for # patients for 1 FTE provider:

$$\frac{(18)(210)}{(3.6)} = \text{\# patients}$$

1,050 = # patients

Managing Supply and Demand

❖Fairly distributes workload

❖Rational way to align supply and demand

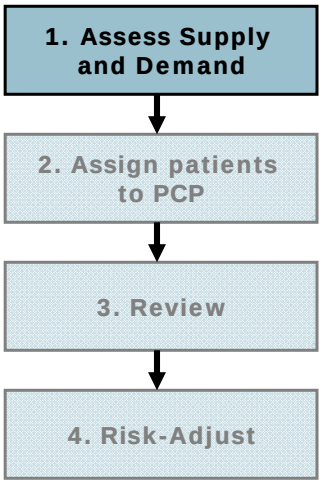
❖Allows for data-based decisions (closing and opening panels, adding provider FTE, etc)

Mechanics of Empanelment

Steps of Empanelment

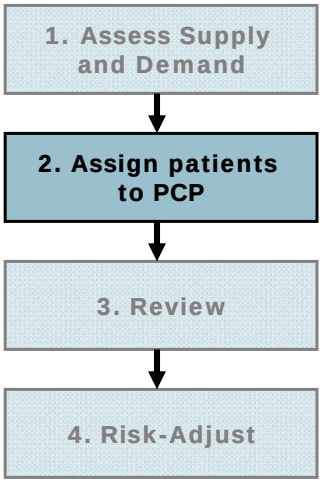
1. Assess Supply and Demand
2. Assign patients to PCP
3. Review
4. Risk-Adjust

Assess Supply and Demand



- Collect current provider FTE and Specialty

Assign Patients to PCP



- Check to see if patients already assigned to PCP belong there
- Assign patients who are unassigned
- Use Mark Murray "4-cut" Method

4-Cut Method

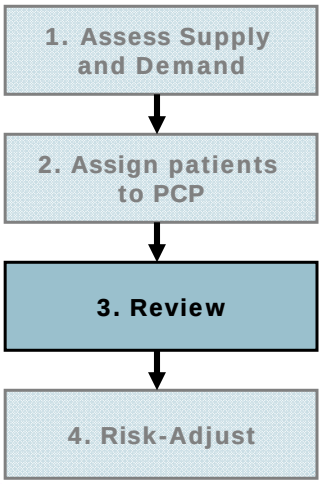
Cut	Patient	Assignment
1	Only ever seen 1 provider	Provider seen
2	Seen 2 providers, with 1 provider majority	Provider seen the majority of times
3	Seen a few providers	Provider who performed last physical
4	Seen many providers	Last provider seen

Practical Steps

(starting as if no patients are assigned)

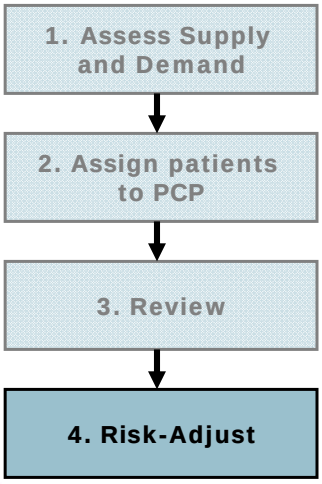
1. Assign all patients who have only ever seen 1 provider to that provider
2. Develop a list of patients with their last 3-5 providers seen
3. Assign patients who have seen a provider the majority of times to the majority provider
4. Allow clinic teams to talk through the rest of the patients and where they belong

Review



- Allow all providers to review their panel for correctness
- Allows for ownership of panel

Risk-Adjust



- Allow variance for specialty
- Weight panels by age and gender average utilization
- Can weight by complexity/morbidity

Adjustment for Specialty

- For clinics with multiple specialty practices (IM, FP, Peds, etc):
  - The average patient visits per year will be different by specialty. *MCHD Example:*

Specialty	Avg. Pt. Visits/Yr	Patients for 1 FTE Provider
Internal Medicine	4.5	840
Family Practice	3.5	1080
Pediatrics	2.8	1350

Weighting by Age/Gender

- Must be a "zero-sum" game
  - If a 50yo F weights as more than 1 patient based on utilization, another patient must weight as less than 1
- Can be done based on own clinic population if size is large enough

E-mail Amit for more info if you're at this step:

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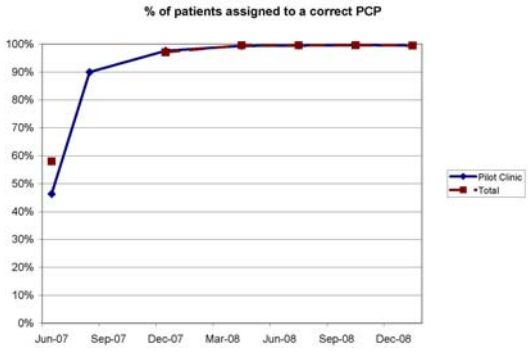
Weighting by Complexity

- Running into the problem that some FP panels look more like IM panels and no way to account for difference
- Currently modeling diagnoses that predict higher utilization
- Will weight based on #/type of dx

MCHD Results

- Started with pilot clinic
- Process took 6 months for all clinics
- Implementation of new processes were maintained post-empanelment



Managing After Implementation

How to Maintain

- Implement process for assigning PCP at or before 1st visit
- Implement process for validating PCP (and ensuring assignment) at Check-In
- Identify unassigned patients monthly and develop process for assigning

Related Policy & Procedures

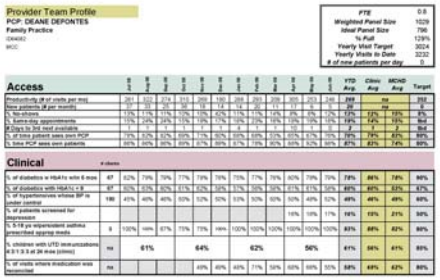
- Panel Management Policy
  - How to change providers
  - # new patients based on % full
  - Transfer to other clinic
- Provider Minimum Staffing
  - Minimum days in clinic
  - Coverage with practice partner

Definitions of Active Patient

- As FQHC, responsible for patients who have been seen in the last 3 years (patient)
- Standard definitions of active panels range from 1 visit in the last 12-18 months
- MCHD assigned based on 18 months but measures based on 12 months (actively managed)

Use for Reporting

- With ownership of a panel comes the ability to identify provider team level metrics
- Can identify individual patients in need of services leading to improvement



Ramifications for Leadership

Change in Control

- Allow for local innovation
- Teams have ownership over their panels
- Teams determine how to meet the needs of their panels (eg. vacation time)

References

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Questions?

Survey

Please help us improve the quality of these sessions by taking a short survey.

http://www.surveymonkey.com/s.aspx?sm=9_2fv3_2bejxItOsAuWMlChb3g_3d_3d