

PRIMARY CARE RENEWAL



PCR Core Components: Change Packages



PCR Change Packages



Purpose

- Define core PCR practice components
 - For each component, create common understanding of:
 - Assumptions
 - Purpose
 - Principles
 - Key practice elements
 - Management metrics
 - Learn about different operational solutions that deliver equivalent or better practice functionality

Use

- To help guide effective implementation of transformational PCR practices
- Inform the design of a PCR payment model and state/national discussions on payment reform

PCR Change Packages



- PCR Steering Committee
 - Ted Amann – Old Town Clinic
 - Diane Hutson – OHSU – Scappoose
 - Delbert Kaufman – OHSU
 - Susan Kirchhoff – Co Chair – MCHD
 - David Labby, MD – Co Chair - CareOregon
 - Christina Milano, MD – OHSU
 - Melinda Muller, MD – Legacy
 - Gil Munoz, - Virginia Garcia
 - Sally Retecki – CareOregon
 - Bruin Rugge, MD – OHSU – Scappoose
 - Amit Shah, MD - MCHD
 - Rachel Solotaroff, MD - Old Town Clinic
 - Maryna Thompson – Legacy
 - Ann Turner, MD – Virginia Garcia

Personal Care Panel -- Assumptions



- The primary tenet of PCR is the continuous, responsive relationship between patients and families and their health care team
- To optimize that relationship, PCR practices must provide a mechanism for allowing and encouraging continuity in both directions between patients and their provider team
- Empanelment is the process for ensuring that every patient has an assigned Personal Care Provider Team with whom the patient can engage easily for their care

Personal Care Panel - Purpose



- Empanelment enables comprehensive patient centered care by providing a systematic method to:
 - Ensure continuity of care, allowing patients to reliably see and communicate with their own PCP team
 - Foster comprehensiveness of care, allowing PCP teams to monitor and address all assigned patients' health needs proactively on a total panel basis
 - Foster patient driven care, allowing PCP teams adequate time to address patient needs by adjusting panel size to equivalent team workloads
 - Meet community need, managing overall (daily, weekly, monthly) community demand for clinic and team services with provider and team availability

Personal Care Panel - Principles



- PCP teams are accountable for a panel. The panel includes both those patients who have had a visit (eg in the last 12 months) and those that are assigned but do not come in.
- Higher acuity panels generate more visit and non visit work than panels of the same size with lower acuity. As needed, panel sizes can be risk adjusted and balanced across PCP teams to standardize workload and make practice sustainable.
 - When applied, risk adjustment can balance team panels toward a clinic average by accounting for age, gender as well as level of complexity/ morbidity.
- Understanding the PCP's panel enables the provider and team to customize services to the needs of their specific population.
- Population-based reporting at the panel level helps guide practice improvement and evolution.

Personal Care Panel – Key Practice Elements



- **Use reports to define and manage panels**
 - Define an assignment method to create PCP or teams panels, including active and unassigned patients
 - Define a risk adjustment method and apply to all panels
 - Establish target risk adjusted panel size by specialty (IM, FP, Peds)
 - Establish the target risk adjusted panel size for each PCP based on their worked patient care FTE
 - Clean panels regularly – remove patients who have moved
 - Identify unassigned patients regularly / monthly and assign per target risk adjusted panel size
 - Use scripts at clinic reception during check-in and other contacts to validate PCP and patient preference
 - Create accountabilities for tracking empanelment metrics at team, clinic, organizational level, including provider review for correctness

Personal Care Panel– Key Practice Elements



- **Create and use panel management policies to assure panel sizes are maintained, including**
 - How to change providers
 - How to assign new patients based on % full
 - How to collaboratively transfer patients to other clinics
- **Create and use policies to ensure teams can do the work of the panel**
 - Define PCP team staffing: provider min FTE, min. days in clinic, coverage agreements with practice partner.
 - Establish team agreements to manage vacation / out of office time; set booking guidelines for when PCP, team or pod is full, and for allocating visits for unassigned patients who call or walk in.
 - Establish process for oversight of schedule detail
- **Identify and report risk sub-populations for management – eg diabetes, depression, etc**

Personal Care Panel - Regularly Monitored* Management Metrics

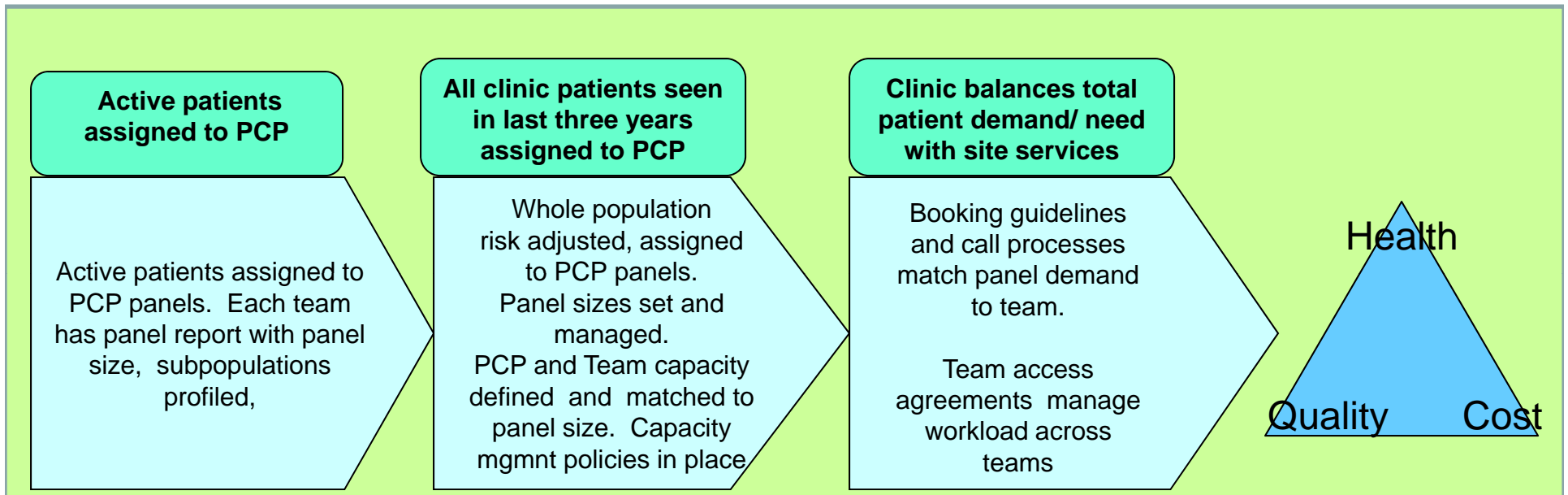


- **Panel, Pod, Clinic and Organization Level:**

- Percent of patient visits and scheduled phone calls that are to their own PCP
- Percent of PCP visits by patients from other PCP panels
- Percent of total clinic patients empanelled
- Percent of PCPs at, above and below target risk adjusted panel size
- Percent of panel patients who are new, percent reassigned, percent dropped -- at team and clinic levels
- Overbooks per week
- 3rd next available appointment, and/or other measures of access
- Patient satisfaction with access and continuity
- Provider satisfaction with practice sustainability
- Distribution of sub populations of interest – eg diabetes, depression..

**Frequency varies by metric from weekly/ monthly/ quarterly / bi annually/ annually.*

Personal Care Panel - Stages of Functionality



Possible measures :

- Percent of active patients empanelled at target
- Percent of patient visits and scheduled phone calls that are to their own PCP
- Percent of PCP visits that are visits by patients from other PCP panels
- Distribution of sub populations of interest

Possible measures :

- Percent of total clinic patients empanelled at target
- Percent of PCPs at, above and below risk-adjusted panel size
- Percent of paneled patients who are new, percent reassigned, percent dropped
- Overbooks per week

Possible Measures :

- 3rd next available appointment., or other measures of access at target
- Number of days with supply /demand match
- Patient satisfaction with access and continuity
- Patient satisfaction with continuity and access
- Provider satisfaction with practice sustainability

Total functionality aligned as appropriate with other PCR practices to optimize the Triple Aim

Personal Care Panel -- Requirements for Success



- Leadership commitment and accountability
 - Clinic Leadership Operational / Clinical Dyad builds shared commitment to new empanelment paradigm and associated policies and practices
 - Executive leadership provides visible and repeated leadership in balancing panel size to team and clinic capacity
- Team Ownership of practice
 - Practice uses panel reports to enable a “see your panel, own your panel” paradigm shift
 - Teams determines how to manage/meet the needs of their patients day-to-day:
 - Access agreements (use of over-booking)
 - Vacation schedules

Personal Care Panel– Other Standards and Workflows That Are Linked to Empanelment



- Managing supply/demand balance
- Team practice
- Huddling
- Prepared Visit
- Barrier Free Access
- Phone Care
- Call Management
- Pro-active tracking and management of subpopulations of interest



Appendix

Personal Care Panel -- key practice elements



FULL IMPLEMENTATION – PRACTICE ELEMENTS	OHSU - RICHMOND	OHSU - SCAPPOOSE	LEGACY	OTC	VG	MCHD
•Use reports to define and manage panels:						
-Track and report guiding metrics for empanelment at the team, clinic and organization level, - daily, weekly, monthly. Document the accountabilities for this work in job descriptions as appropriate. Staff and schedule the work						
-Define an assignment method and create initial panels by assigning patients to PCPs or teams, including active and unassigned patients						
population						
-Establish target risk adjusted panel size by specialty (IM, FP, Peds)						
-For each PCP, document their worked clinic FTE time; establish the target risk adjusted panel size for each PCP						
-Clean panels regularly – remove patients who have moved						
-Identify unassigned patients monthly; process for assigning per target risk						
-Providers review panels for correctness						
-Use scripts at clinic reception during check-in to validate PCP and patient						

Personal Care Panel -- key practice elements



FULL IMPLEMENTATION – PRACTICE ELEMENTS	OHSU - RICHMOND	OHSU - SCAPPOOSE	LEGACY	OTC	VG	MCHD
•Create and use panel management policies to assure panel sizes are maintained regarding:						
–How to change providers						
–How to assign new patients based on % full						
–How to work collaboratively transfer patients to other clinics						
•Create and use policies to make sure teams can do the work of the panel:						
–Define PCP team staffing: provider min FTE, min. days in clinic, coverage agreements with practice partner.						
guidelines for when PCP is full, out of office, team or pod is full, and for allocating unassigned patients who call or walk in.						
detail						
•Identify and report risk sub-populations for management – eg diabetes and depression						