


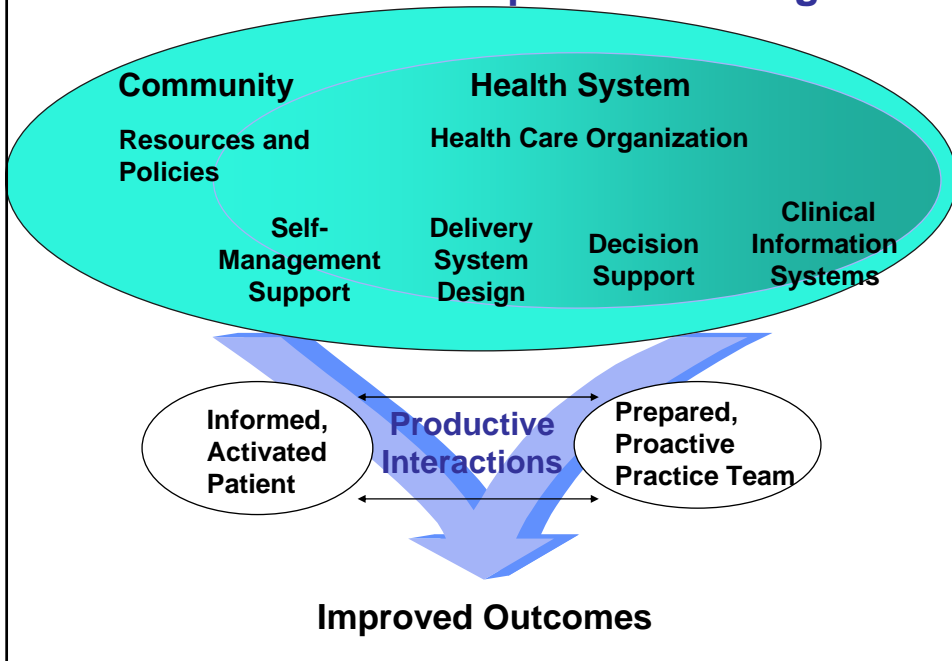
Provider Panels and Continuity

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- ## Objectives
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- *Describe the provider panel as the foundation for population management and its related impact on outcomes.*
 - *Describe the steps in establishing the CHC panel and the provider panels.*
 - *Illustrate the need for panels and the process of establishing panels using Executive Director testimonials and case studies.*
 - *Describe the potential impact of a provider-led team managing the panel in terms of efficiency, demand management, and clinical outcomes, and capacity.*
 - *Illustrate the establishment and related impact of provider-led teams using Executive Director testimonials and case studies.*

You are probably wondering...

- What is the connection between provider panels and population management?

Chronic Care Model –Population Management





We know that Population Management Refers to:

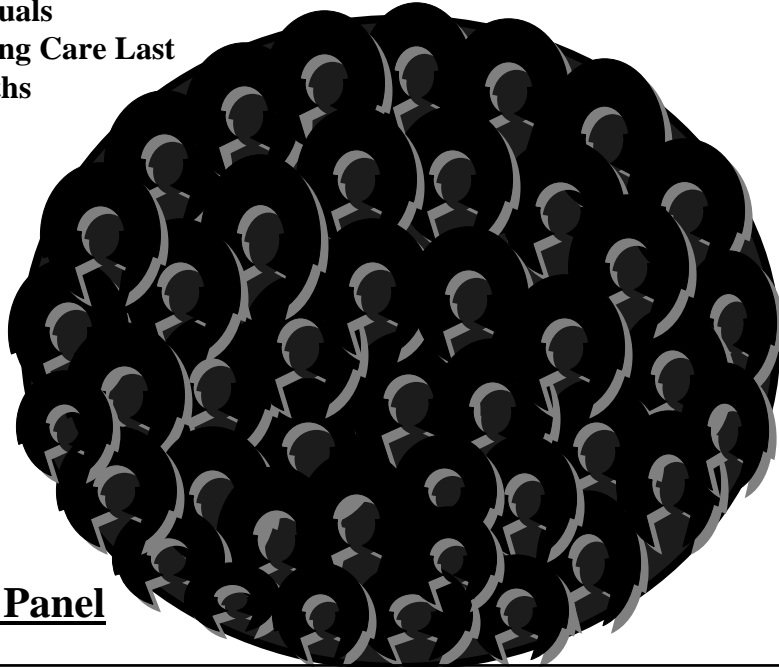
- Managing all of the patients at the clinic
- Managing all of the chronic diseases
- Managing the acute problems of the population
- Managing the prevention of disease amongst the population



How do we go about managing all of the outcomes for an population?

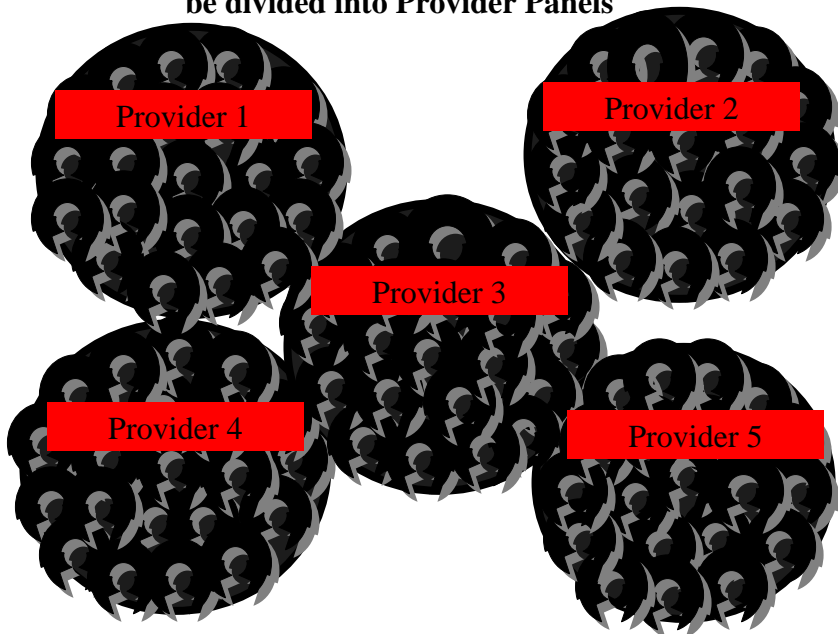
- How do we organize the work?
- How do we break-up the work into manageable components?
- Who within the organization is responsible to the population and the CHC for achieving the outcomes?
- How do we build in as much efficiency into the process of population management as possible?


**Identify Unique
Individuals
Receiving Care Last
18months**



CHC Panel


**To Achieve Population Management, the CHC Panel must
be divided into Provider Panels**






Each Provider is responsible for:

- The care of each of the patient within his panel
- Population management for his entire panel
- Improvement of clinical outcomes for his patients (his panel)
- The effectiveness and efficiency of his practice



The provider role and focus must change to support population management

- Each provider has an assigned panel of patients
 - Panel of patients: patients who know who their provider is and providers know who their patients are
 - The panel defines provider accountability related to quality measures and outcomes
 - The panel promotes continuity of care for patients
 - The panel supports efficient care
 - The panel enhances a provider-team partnership in providing care



Access and Redesign Drive the Panel Philosophy

- The unit of focus for access and redesign is the Provider and his panel of patients
- The Provider must lead the change within his own practice
- Patients will not have to wait for an appointment
- Patients will not have to wait at an appointment
- Patients will see their own provider
- Provider need systems that support the provider-patient appointment (consistent clinical team, protocols that support delegation of non-provider work, timely information, etc)
- The unit of productivity is panel size, not number of visits



Establishment of a CHC Panel

- CHC needs to determine the “unique patients” they have seen the past 18 months
- The panel = a list of names of patients that the CHC considers to be its patients
- This establishes the population of patients the CHC is responsible for..
- This establishes the CHC’s market share



Sounds Simple?----- It isn't!

- We are talking patients not visits! A patient might have 3 visits per year or 10 visits per year. A panel of 10,000 patients might support 30,000 or more visits
- All of the CHCs who have done this have stories to tell about how difficult determination of the CHC panel was.




Once the CHC Panel is Determined, the Provider Panels Need to be Assigned

- One goal of the provider panel is to assure that the patient knows who his provider is, and that the provider knows who his patients are! This supports continuity of care for patients.




Assignment of Provider Panels

- Evaluate each patient in the CHC panel to determine which provider panel the patient belongs in.
 - If the patient has only seen one provider – that patient is assigned to that provider. (Only Provider)
 - Determine which provider has seen the patient the most. (Predominate Provider)
 - Determine which provider did the patient's history and physical. (Provider who did the Physical)
 - Determine which provider has seen the patient most recently? (Provider who had the last visit with the patient)



Caution against doing the following when you assign panels

- Do not let the patients choose – the choice will be based on popularity and it will be difficult to achieve fair patient distribution amongst providers
- Do not let the providers choose – providers will not select the difficult patients (difficult to get fair distribution)
- Decisions based on historical clinical information much more sound



What is the fair/correct panel size for provides at the CHC?

- What is the CHC panel?
 - Let's say it is 10,000 individual patients
- How many provider FTEs does the CHC have on board?
 - Let's say 7 providers, totaling 5 FTEs
- If all is equal, you divide the number of patients by the number of FTEs $10,000/5 = 2000$ patients/FTE so each fulltime provider has a 2000 patient panel, and the $\frac{1}{2}$ time providers each have 1000 patient panel.



What is the correct panel size?

- Based on:
 - FTE status of provider
 - Number of provider appointments available per hour worked
 - Type of patient population and related visits per year

For example a provider who is part-time (1000 hours per year) and has 4 appointments/hr provides 4000 appointment slots. If the patient population requires 10 visits/yr, the panel size for the provider could not exceed 400 patients. If on the other hand the population requires 4 visits/yr, the panel size could be 1000 patients.



Data helps define the panel

- The average number of visits/yr for CHC patients = 3.7
- Pediatric patients and OB patients require more frequent visits per year (well-child checks and pregnancy check-ups); the panel will be smaller.
- A practice with lots of new admissions will support a comparative smaller panel since H & P's take about 2 appointment slots
- Use data to evaluate panel size (workload)
 - RVU data
 - Co-morbidities
- Every provider will say their practice is different – “My patients are sicker!” Use available data to evaluate and assign the panels.



Define and consistently measure provider panel size

- Use your Practice Management IS
 - HealthPro
 - Handout available
 - Buck will address this
- Measure Provider panel size on an ongoing monthly basis
- Work toward a fair distribution of patients among providers based on Provider FTE
- Maintenance of the provider panel and continuity
 - Appointment management by receptionist/team
 - Policies and procedures that support continuity



Provider panels and related continuity of care produce improved outcomes

- Continuity increases efficiency by at least 15%
- Continuity increases the quality of care
- Continuity decreases errors, promotes safety
- Continuity decreases rework
- Continuity increases patient, staff, and provider satisfaction
- Continuity enables patient-centered care and patient self-management support
- Continuity is a basic premise of population management



Now let's hear about panels from our ARMC experts

- CHC panel determination
- Provider panel determination
- Continuity of care and related outcomes
- Impact on quality measures



Next: Potential of Provider/Team Management of the Panel

- *In terms of continuity*
- *Improved Outcomes*
 - *Efficiency*
 - *Demand management*
 - *Clinical outcomes*
 - *Capacity*