

Steps to Empanelment

1. Review patient visit history.

Generate a report of active patients from the practice management system showing visit history for patients seen at least twice in the past 18 months. Two years is a better timeframe for safety net practices. The report should contain the following information:

- Column headers: MRN, Patient Name, DOB, Visit date, Assigned PCP, and Provider Seen.
- Do not include visits to specialty providers (e.g., OB, podiatry, behavioral health, dental).
- Do not include “nurse only” visits.
- The first report will be sorted by patient. If panels are not yet assigned, begin to do this based on visit history.

2. Review initial panel assignments.

- a. Sort the above report by assigned PCP (if assignments have already been made) to identify initial panel sizes and identify patients not yet assigned.
 - Use this report to determine continuity of care. Apply a random selection methodology to obtain 30 records or 5% of the total “panel” and determine the percentage of time that the patient sees his/her assigned PCP.
 - A panel list may emerge for providers who are no longer with the organization. These patients must be reviewed and re-assigned to active providers once panel assignments are complete and capacity for growth is determined.
- b. For pediatric practices, sort the report by age.
 - Identify patients 17 years and older, and develop a plan to transition these patients to adult care.
 - Identify the numbers of patients in various age groups to determine their appointment utilization. See [Table 2: Average Visits per Patient under Pre-Work Steps](#) to compare your patient’s utilization to national averages.

3. **Apply the Four-Cut methodology^{8,9,10}** to assign patients not already assigned to a PCP, as below:

Table 3: The Four-Cut Methodology

Cut	Report Description	PCP Assignment
1st cut	Patients who have seen only one provider in the past year.	Assigned to that sole provider.
2nd cut	Patients who have seen multiple providers, but one provider the majority of the time in the past year.	Assigned to majority provider.
3rd cut	Patients who have seen two or more providers equally in the past year (no majority provider can be determined).	Assigned to the provider who performed the last physical exam.
4th cut	Patients who have seen multiple providers.	Assigned to last provider seen.

Source: Murray M, Davies M, Boushon B. Panel size: How many patients can one doctor manage? *Fam Practice Mgmt.* 2007;14(4):44-51.

4. **Providers review their individual preliminary panel reports, amend as necessary, and adopt the final panel.** Compare the total number of patients on the preliminary panel reports to each provider’s calculated “right” size. Are the numbers close? Is the provider over-paneled or under-paneled?