



**MONTEREY COUNTY
HEALTH DEPARTMENT**

Clinic Services Bureau

POLICIES AND PROCEDURES

Policy #: 413A-308

Department: Administration

Policy Title: Empanelment

Original Date: 10/27/16

Last Revision Date:

Approved By: Monterey County Community Health Center Board

Effective Date: 11/08/2016

Version: V1

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Purpose:

The purpose of Policy 413A-308, *Empanelment* is to:

1. Assign patients to a primary care provider who will see them regularly to get to know them and best provide them with what they need, when they need it.
2. Standardize the process of empanelment to ensure consistency and patient-centered continuity of care.
3. Support patient access, coordination of care and population management as outlined in the Patient-Centered Medical Home model.

Policy:

Monterey County Health Department Clinic Services Bureau (CSB) will maintain an empanelment process in support of patient access, coordination of care and population management as outlined in the Patient Centered Medical Home model.

The Clinic Services Bureau will assure that:

1. Every primary care patient at each CSB clinic will be assigned to a primary care provider (PCP). Patients referred by outside providers to CSB specialists or women's health providers will not be assigned to a CSB PCP. Specialist or women's health provider must note in "Care Teams" section of medical record the patient's outside PCP to facilitate care coordination.
2. Providers will have a panel if they work a minimum of 16 hours per week, according to the empanelment algorithm in this policy. Exceptions: a provider who works all shifts available at a satellite site that is open less than or equal to 16 hours/week may have a panel. Providers with existing patients who work less than 16 hours a week may have a panel, when approved by the Quality Improvement (QI) Team.
3. CSB Residents will have a panel according to the empanelment algorithm in this policy.
4. CSB will not support the sharing of panels between providers in our current care team model.
5. Patient will not be assigned to a per diem or locum tenens provider as their PCP.
6. All PCP changes must be made according to this policy.
7. Panels will be weighted by patient age; this policy will be reviewed annually and revised if a decision is made to consider other factors.

Definitions:

Empanelment: The act of assigning individual patients to individual primary care providers and care teams with sensitivity to patient and family preference. The patients assigned to a primary care provider are on a list referred to as a "panel". A patient on a panel is considered a "paneled patient" in the context of this policy.



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Patient Access: An important healthcare concept representing the patient's ability to get the right care, at the right time, in the right place.

Coordination of Care: The deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services.

Population Management: The aggregation of patient data, the analysis of that data, and the actions through which care providers can improve clinical outcomes.

Patient-Centered Medical Home model: A health care delivery philosophy that encompasses five main functions and attributes, including: comprehensive care that includes physical and mental health; care that is oriented towards each patient's unique needs, culture, values and preferences; coordination of care; accessible services; and care that demonstrates a commitment to quality and safety.

New patients: Patients who have not been seen within a CSB clinic within three years.

Active patients: One or more medical visits with a CSB provider within the last 18 months, excluding immunization-only visits.

Inactive patients: Patients who have not been seen by a CSB provider within the last 18 months.

Non-paneled patients: Patients who are assigned to a PCP outside of CSB, and have been referred by outside providers to CSB specialists or women's health providers.

Unassigned patients: Patients who are not currently assigned to an active CSB PCP. These may be patients who require assignment when their PCP leaves CSB, or may be a patient who is linked to a CSB clinic by a payer (such as Central California Alliance for Health), and has not yet been assigned a PCP.

Per diem provider: Providers who are hired on a short-term basis.

Locum tenens provider: Providers hired to fill vacancies and maintain patient care quality.

CSB resident: A physician who practices medicine in the clinic under the direct or indirect supervision of an attending physician.

Threshold panel size: The maximum number of patients who may be assigned at any given time to a primary care provider, unless exceptions outlined in this policy are met.



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Procedure:

A. EMPANELMENT ALGORITHM:

1. Threshold panel size is determined according to the following:
 - a. Pediatricians and Pediatric Clinic Providers
 - i. 1300 / FTE for Physicians (restricted, complex patients may be assigned)
 - ii. 1400 / FTE for Nurse Practitioner (NP) or Physician Assistant (PA)
 - b. Internal Medicine Physicians
 - i. 1000 / FTE for panels < 25% age 65+
 - ii. 900 / FTE for panels 25-40% age 65+
 - iii. 800 / FTE for panels > 40% age 65+
 - c. Family Practice Providers
 - i. 1400 / FTE for panels > 50% pediatrics
 - ii. 1300 / FTE for panels 25 – 50% pediatrics
 - iii. 1200 / FTE for panels < 25% pediatrics
 - d. Resident Providers
 - i. 300 for year 3 residents
 - ii. 150 for year 2 residents
 - iii. 50 for year 1 residents
2. Once a PCP's panel exceeds threshold, they will be closed to new patients for three months. Exceptions include:
 - a. Keeping families together;
 - b. If there is no other PCP who can accept patients at that site; or,
 - c. If the PCP makes an exception for an individual patient.
3. If a PCP's panel exceeds threshold by >10%, patients will be reassigned to PCPs who are not at or above threshold by staff authorized to make reassignments, as follows:
 - a. Patients may be reassigned to new providers below threshold;
 - b. Complex patients may be reassigned from NP/PA panels to MD panels.
 - c. Gender and language, as well as patient preference, may be used as criteria for reassignment;
 - d. Patients will be reassigned to clinic most preferred by patient to the greatest extent possible.
4. Panel status for each provider will be communicated using the following system:
 - a. Green is the indication that a provider panel is available for patient assignment.
 - b. Yellow is the indication that a provider panel is still available, but nearing full status.
 - c. Red is the indication that a provider panel is full and unavailable additional patient assignments for at least three months.



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B. EMPANELMENT RESPONSIBILITIES:

1. Medical Director: Direct panel decisions for: over-empaneled PCPs, PCPs leaving CSB, balancing provider and/or patient needs, resident providers, and requests falling outside of empanelment algorithm and policy.
2. QI Team: Continuity of care and empanelment reports, maintenance of panels and routine maintenance of patient assignment. Provide panel status updates on a regular basis. Review of empanelment requests that fall outside of algorithm and policy; forward to Medical Director, as appropriate.
3. Front Office Staff: Initial PCP assignment by referring to panel status updates from QI Team (Green, Yellow, Red designation). Communicate to QI team any requests that fall outside empanelment algorithm and policy.
4. Providers: Review panel lists, when provided, and communicate requested changes to care team staff.
5. Patients: Communicate to care team staff any assignment requests.
6. Care team staff: Communicate open/closed status of provider panels to patients, when requested. Reassignment of PCP for patients who request changes which fall within the empanelment algorithm and policy.

C. PATIENT CHOICE AND INITIAL PCP ASSIGNMENT

1. At the patient's first visit, they are asked if they want to establish care with CSB, or if they would only like to receive specialty care. If they would like to establish with CSB for primary care, they are asked who they would like to have as their PCP.
2. Established patients may request a reassignment / transfer to another PCP.
3. Patients may make their PCP requests verbally.
4. Patient PCP requests for initial assignment or reassignment / transfer will be honored unless:
 - a. The requested PCP's panel is closed.
 - b. The requested PCP is not appropriate based on the patient's age or medical condition.
 - c. The requested PCP has a family or personal relationship with the patient that the PCP feels may compromise the PCP/patient relationship.
 - d. The patient was previously dismissed from the requested PCP.
 - e. Patient is on a controlled substance.



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D. UNASSIGNED PATIENTS

1. Each quarter, unassigned patient lists will be reviewed by the QI Team for panel assignment.
2. Providers with closed panels will not be assigned additional patients during this process.
3. Patients with 1 or more visits in the past 18 months will be assigned using the empanelment algorithm and the following considerations:
 - a. Provider seen most recently
 - b. Patient chronic condition
 - c. Patient age, gender, and/or preferred language
 - d. Patient preference

E. TRANSITIONING PEDIATRIC PATIENTS

Each quarter, pediatric-only PCPs will review a list of patients who are 17 years old for potential transfer to a family practice PCP when the patient turns 18. The patient choice process will be initiated for patients ready to transfer to a family practice or internist PCP.

F. EMPANELMENT FOR NEW PRIMARY CARE PROVIDERS

When a new PCP begins employment at CSB, the Medical Director will initiate a process for transferring patients from over-paneled providers and will monitor the new PCP panel as it grows.

G. PATIENT REASSIGNMENT WHEN PRIMARY CARE PROVIDER LEAVES CSB

When a PCP terminates employment with CSB, the Medical Director will review the PCPs panel and utilize this policy to transfer patients to other PCPs at the clinic. If all PCPs at the clinic already have full panels, the patients of the outgoing PCP may be noted as “unassigned” until a replacement PCP joins the clinic. In that case, the Medical Director will develop a plan with other PCPs at the clinic to ensure continuity of care for the patients of the terminating PCP. When possible, the patient’s preference of PCP reassignment will be honored, as outlined above.

H. DECEASED PATIENTS

PCP assignment is not changed for patients who are deceased. Policy 413C-404 *Documenting a Patient is Deceased* will be followed. The reports run by the QI Team will remove deceased patients from empanelment numbers for size calculations.



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I. MONITORING OF EMPANELMENT

Quarterly reports built according to the empanelment algorithm will be used to assess and adjust provider empanelment at each site. When a PCP's panel size is 10% more or less than their threshold panel size, efforts will be made to adjust the PCP's panel.

The QI Team and Medical Director will annually review the empanelment algorithm for any needed adjustments. Proposed changes to the empanelment algorithm will be communicated to the providers with opportunities for further adjustment before implementation.

REVISION HISTORY

Date Revised	Reason	Approved By	Date Approved
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