INNOVATIONS IN PRIMARY CARE

An Empanelment Toolkit for the Safety-Net Clinic Setting

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THE INNOVATION

Empanelment is the act of assigning patients to a primary care provider (PCP) in order to promote continuity of care and improve patient health outcomes.[1] Empanelment was implemented as part of the Centers for Medicare & Medicaid Services (CMS)-funded Transforming Clinical Practice Initiative through the Los Angeles Practice Transformation Network (LAPTN), a project of LA Care Health Plan. It was initiated and facilitated by the quality improvement coaches assigned to safety-net clinics in Los Angeles County.

Our LAPTN quality improvement coaches discovered that many clinics neither used empanelment nor possessed sufficient resources and institutional knowledge to initiate empanelment. Most clinics were unaware of the positive impact of empanelment on clinical workload, clinician satisfaction, and efficiency, as well as patient care,[2] and were not familiar with the process necessary to calculate clinician panels by leveraging preexisting clinic-level data, assigning patients to clinicians, and effectively managing and monitoring panels. Lastly, there was a surprising dearth of resources and tools available to help guide the implementation of empanelment in the safety-net setting.

We designed and created a toolkit consisting of a panel size calculation template, an implementation guide, and monitoring tools to guide a comprehensive, sustainable empanelment process.

WHO & WHERE

Of the 23 LAPTN clinics, we initiated empanelment with 11 clinics that had the capacity and assisted 8 clinics with recalculating their clinician panels and implementing monitoring processes. We worked closely with clinic leadership to establish buy-in; with finance and human resources to retrieve clinician

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information; with the quality improvement department to manage the project; and with the panel manager and front desk staff to implement and monitor clinician panels.

In total, we empaneled more than 250 clinicians. Today, 19 clinics are actively running empanelment calculations, adopting best practice policies and procedures for empanelment, and have uploaded clinician assignments into the electronic health record.

HOW

Our toolkit included a panel size calculation template, an implementation guide, and monitoring tools to guide a comprehensive, sustainable empanelment process. We developed the panel size template to calculate individual clinician appointment supply and patient demand in order to determine ideal panel size. We also developed an Access database (Microsoft Corp) that conducts the 4-cut method analysis, which determines functional panel size, estimates capacity before empanelment, and assigns patients according to continuity of care.

Next, we developed patient-PCP assignment processes to meet the varied needs of our clinic population. This step included developing a panel assignment database to enable the ongoing assignment of patients to their assigned PCPs, and coordinating the development of a structured query language script to upload patient-PCP assignments en masse into the electronic health record. Lastly, we created a panel-monitoring workbook to document and track access to care and generate summaries of panel size, continuity of care, and attrition rate.

LEARNING

Our empanelment toolkit provides safety-net clinics the opportunity to promote continuity of care and to improve patient outcomes and service delivery. We learned several lessons in the process of implementing empanelment, including the imperative of gaining leadership buy-in in the early stages, the importance of managing panels on an ongoing basis, and the need to reconcile and adjust to systemic barriers within the clinics. We are currently monitoring the outcomes of our work at several clinics, working with all clinics to sustain empanelment efforts after LAPTN, and plan to explore our discoveries through a study to be published in a peer-reviewed journal in mid-2019. We are confident that our toolkit can assist all clinics, including safety-net clinics, in implementing and sustaining empanelment.