Empanelment

Matching patients to primary care providers (PCPs) and care teams to improve relationships and continuity of care.

Key Changes

- **Assign** all patients to a provider and team panel.

- **Confirm** assignments with providers and patients.

- **Review** and update panel assignments on a regular basis.

- **Assess** practice supply and demand, and balance patient load accordingly.

- **Use** panel data and registries to proactively **contact**, **educate**, and **track** patients by care gaps, disease status, risk status, self-management status, and community and family need.

Examples

- Choose appropriate look back period of 12 to 18 months to determine active population.
- Assign providers to a team.
- If patients have never been on panels, assign patients by the 4-cut method to a team and a PCP.
- Define goal panel size for the practice.
- Create fields in EHR to assign patient to PCP and team. Consider fields for extended care team such as pharmacist, specialist, dentist, etc.
- Assign staff to teams (each team includes providers, nurses, front of home staff, MAs, etc.)
- Develop policy for assigning panels to part-time providers.
- Assign every new patient to your practice to a PCP. Develop process for staff to assign new patients to appropriate panels.
- Adjust panels transparently to create fairness and build trust.

- Use access measures, utilization data and continuity measures to adjust panels over time.
- Assign staff and develop workflow for monthly to quarterly clean-up and balancing of panels.
- Use chronic disease registries to create balanced panels.
- Consider risk-adjusting panels (age and sex vs acuity).
- Develop procedure for provider turnover to reassign patients, keeping them on the same team whenever possible.
- Develop a procedure for patient requests to change providers/team.
- Develop scripts for staff to inform patients of PCP/teams at every contact.
- Understand the variation in panels/continuity/access in your practice.

Search ImprovingPrimaryCare.org for more resources

Primary Care Team Guide Assessment-Related Questions

Empanelment

	Components	Level D	Level C	Level B	Level A
1	Patients…	are not assigned to specific practice panels.	are assigned to specific practice panels but panel assignments are not routinely used by the practice for administrative or other purposes.	are assigned to specific practice panels and panel assignments are routinely used by the practice mainly for scheduling purposes.	are assigned to specific practice panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.
		1☐ 2☐ 3☐	4☐ 5☐ 6☐	7☐ 8☐ 9☐	10☐ 11☐ 12☐

Enhancing Access

	Components	Level D	Level C	Level B	Level A
13	Patients are encouraged to see their paneled provider and practice team …	only at the patient's request.	by the practice team, but is not a priority in appointment scheduling..	by the practice team and is a priority in appointment scheduling, but patients commonly see other providers because of limited availability or other issues.	by the practice team, is a priority in appointment scheduling, and patients usually see their own provider or practice team.
		1☐ 2☐ 3☐	4☐ 5☐ 6☐	7☐ 8☐ 9☐	10☐ 11☐ 12☐

How Primary Care Teams Achieve the Quadruple Aim

Before Visit

Population Management

Communication Management

During Visit

Planned Care

Medication Management

Self-Management Support

Behavioral Health Integration

Oral Health Management

Between Visit

Referral Management

Clinic-Community Connections

Care Management

Comprehensive Services

The Quadruple Aim

1. Lower costs
2. Better care
3. Healthier patients
4. Happier staff

Informed, Activated Patients

Capacity for Quality Care

- Engaged Leadership
- QI Strategy
- Teamwork
- Empanelment/Continuity
- Enhanced Access