PHM INITIATIVE

EMPANELMENT GUIDE

Population Health Management Initiative (PHMI), a California collaboration of the Department of Health Care Services, Kaiser Permanente, and community health centers.

EMPANELMENT GUIDE EXECUTIVE SUMMARY

Why Empanelment Matters

Designating groups of patients to be cared for by individual clinicians and care teams is a cornerstone for high-performing primary care and population health management.[1] By developing clearly defined patient panels, empanelment enables:

- Population management by care teams.
- Continuity and the development of therapeutic, trusting relationships between the care team and the patient, an essential component of effective primary care.
- Clinician visit supply and demand management.
- Data-driven decision making about access, schedule templates, population health metrics and clinical redesign.
- Care team accountability for results.[2]

Creating a population health management approach in primary care requires a cultural shift towards proactive population-level monitoring and intervention, while also maintaining the quality of individual patient interactions and patient care. Empanelment is a key driver of this cultural change. Organizing patients into groups that primary care teams can take responsibility for managing is both a foundation and an ongoing goal of effective population health management.

What the Empanelment Guide Offers

This guide offers technical and relational guidance on how to implement empanelment, which involves assigning individual patients to individual primary care providers and care teams with sensitivity to patient and family preference.[3] The guide addresses key considerations for empanelment, including change management, staffing, organizational policies and procedures, and health information technology requirements, as well as concrete steps for conducting initial patient assignment and ongoing population management using panel-level data.

For organizations interested in going deeper, additional content is available on the relationship between empanelment and patient-centered access, as well as empanelment and outreach to the assigned-but-not-yet-seen population. Finally, the guide covers empanelment topics on the horizon, such as the impact of behavioral and social health integration, virtual care, and artificial intelligence tools for managing supply and demand.

> *"It's not just about the mathematics…it's a lot more than formulas and equations. It's much more about your clinics, the teams and the relationship with the patient."*
>
> **- Amit Shah, former Medical Director, Multnomah County Health Department**

Who Needs to Be Involved in the Work

Empanelment is foundational to primary care population health management, and should be adopted by any practice working to strengthen proactive and systemic health improvement for the population they serve. Like any significant practice change, implementing empanelment requires engaged, multidisciplinary leadership to succeed. Critical roles needed to lead the implementation of empanelment include:

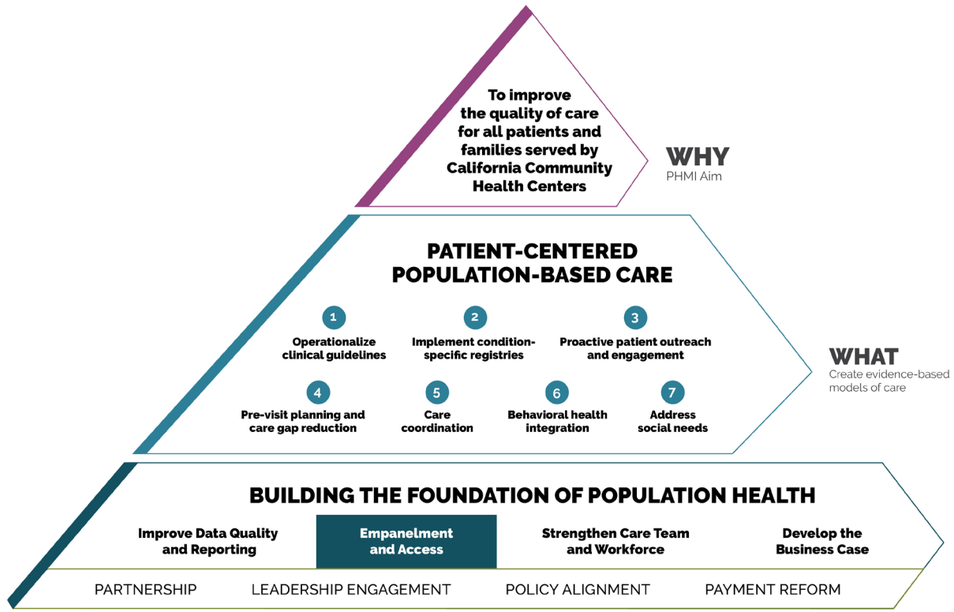
- Clinical leadership, like a chief medical officer, to design and facilitate clinician engagement in initial panel assignment and ongoing panel management activities.
- Health information technology (HIT) leadership, such as a chief technology officer or chief clinical informatics officer, to identify and support analytics staff to collaborate on developing the necessary reports and HIT infrastructure for initial empanelment and ongoing empanelment maintenance.
- Quality improvement (QI) leadership, like a QI director or manager, to partner with clinical and HIT leadership to support the cultural changes and process improvement required to implement and sustain empanelment.
- Financial leadership, like a chief financial officer, to collaborate in determining how the organization will resource the key functions of a panel manager, including whether to re-deploy existing staff or develop and hire a new staff position.

Investing in change management is critical for success, and proactively collaborating with clinicians and care teams throughout the empanelment process is important for sustainable team-level accountability and engagement in panel-based population

health. Leaders may use this guide to gain actionable insights and ideas to address the technical, cultural and human elements of this transformational approach to managing a primary care population.

When to Use the Empanelment Guide

Empanelment is a critical foundation for patient-centered population-based care. This guide is the second in the "Building the Foundation" series of implementation guides, following the **Data Quality and Reporting Guide**. Empanelment is an important early step in the development of population health management infrastructure. By organizing the primary care population into distinct subgroups, practices are able to build clear processes and accountability for population management by care teams.



Advancing Equity through Empanelment

Health equity, the principle that each person has a fair and just opportunity to be as healthy as possible, is enhanced by improving access to the conditions and resources that strongly influence health.[4] The process of empanelment can help shape the resources and conditions that improve health equity, including promoting continuity and care team access, the availability of granular population data, and language and racial concordance between patients and providers.[5,6] When exploring how to advance health equity through empanelment, practices may consider:

- Using panel assignment to increase racial and linguistic concordance.
- Conducting demographic analyses of disparities by race, ethnicity and language status.
- Analyzing panel-level appointment data to design improvements to continuity and access.
- Acting on panel data to design care teams that respond to the whole-person needs of that patient population, including consideration of their cultural and sociopolitical experiences and barriers to care.

Summary of Key Activities

The key activities covered in this guide include:

1. Invest in role clarity, leadership engagement and staff participation.
2. Develop data and reporting capabilities to implement and manage empanelment and panel data.
3. Conduct initial patient assignment and balance supply and demand.
4. Develop ongoing strategies for managing empanelment and population health.

After working through the key activities above, you will be able to:

- Identify a panel manager.
- Conduct initial patient assignment and balance supply and demand.
- Implement ongoing panel management by regularly monitoring empanelment reports and making panel adjustments.

Additional content is available for practices interested in going deeper and exploring what's on the horizon.

Tools and Resources

These tools were developed for PHMI and can also be used by a wide range of primary care practices. They are open-source. We encourage you to take these tools and adapt them to best meet the needs of your organization and the community you serve.

Resource	Description
Empanelment Resource 1: Panel Manager Job Description	This sample panel manager job description can be used to develop a new panel manager role or to add panel management duties to an existing position.
Empanelment Resource 2: Sample Organizational Chart	This sample organizational chart offers a dotted line reporting model for an organizational panel manager, a role that requires a great deal of interdisciplinary collaboration and leadership.
Empanelment Resource 3: Suggested Empanelment Trainings for Staff	This resource describes suggested empanelment trainings for a range of staff roles, as well as a list of existing online training resources on empanelment.
Empanelment Resource 4: Sample Empanelment Policy and Procedure	This set of sample empanelment policies and procedures addresses key operational issues relating to empanelment, including initial empanelment, changes to provider staffing, and scripts for care team members to reinforce and communicate established procedures.
Empanelment Resource 5: Approach to Adding New Patients to Panels	This resource offers guidance on estimating attrition when determining panel size and fullness, if another weighting method is not being used.
Empanelment Resource 6: Single-Cut Initial Empanelment Methodology	This resource describes visit weights for conducting empanelment using a single-cut approach.
Empanelment Resource 7: Example PCP Change Form	This sample PCP change form can be used as a template for CHCs to develop their own form for patient-initiated PCP changes.
Empanelment Resource 8: Welcome Letter to the Patient	This sample provider welcome letter to the patient can be used as a template for developing a form letter to send to newly empaneled patients.
Empanelment Resource 9: Reports Necessary for Ongoing Empanelment	This resource lists key reports for launching and maintaining empanelment.

Contacts for Support

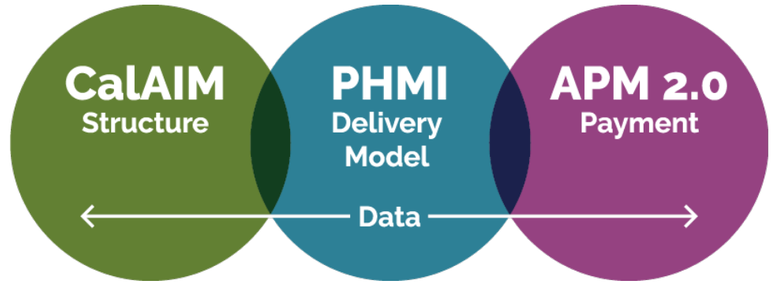
If you are part of PHMI, contact your coach. If you are part of Equity and Practice Transformation (EPT), visit the EPT website or contact your managed care plan. Otherwise, reach out to us at phm_initiative@kp.org

About PHMI

Community health centers, Regional Associations of California (RAC), California Primary Care Association (CPCA), Department of Health Care Services (DHCS), and Kaiser Permanente are partnering to transform care for Medi-Cal beneficiaries. Together, we are working to advance population health management capabilities in order to eliminate health disparities and improve the health of people and communities.

Through co-design with community health centers and the support of Kaiser Permanente, PHMI is aligning with CalAIM and APM 2.0 to:

- Focus on shared priority measures and populations, including children, pregnant people, people with behavioral health conditions, and adults living with chronic conditions and preventive care needs.
- Engage resources and expertise to create population health management solutions that work.
- Invest in technology solutions to improve data capabilities.



ENDNOTES

1 Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. The 10 building blocks of high-performing primary care. Ann Fam Med. 2014;12(2):166-71.

2 Shah A. Knowledge Building Session: Empanelment Seattle: Safety Net Medical Home Initiative; 2009 [cited 2023 July 13]. Available from: https://www.safetynetmedicalhome.org/sites/default/files/Webinar-Empanelment.pdf.

3 Brownlee B, Van Borkulo N. Empanelment: Establishing Patient-Provider Relationships. Seattle: Safety Net Medical Home Initiative; 2013 [cited 2023 July 13]. Available from: https://www.safetynetmedicalhome.org/sites/default/files/Implementation-Guide-Empanelment.pdf.

4 Advancing Health Equity. Defining Health Equity. Chicago: Advancing Health Equity; [cited 2023 July 13]. Available from: https://advancinghealthequity.org/roadmap-to-ahe/.

5 Schwarz D, Hirschhorn LR, Kim JH, Ratcliffe HL, Bitton A. Continuity in primary care: a critical but neglected component for achieving high-quality universal health coverage. BMJ Glob Health. 2019;4(3):e001435.

6 Jetty A, Jabbarpour Y, Pollack J, Huerto R, Woo S, Petterson S. Patient-Physician Racial Concordance Associated with Improved Healthcare Use and Lower Healthcare Expenditures in Minority Populations. J Racial Ethn Health Disparities. 2022;9(1):68-81.