

# EMPANELMENT

## RESOURCE 9:

### REPORTS NECESSARY FOR ONGOING EMPANELMENT

The following reports support sustained empanelment. Core reports are critical to initial empanelment implementation. Once the core reports are being run consistently and acted upon, then advanced empanelment reports should be tackled.

**FIGURE 9.1: REPORTS AND FREQUENCY**

Priority	Report Domain	Report Description	Frequency of Report
Core Reports	Continuity (Provider Perspective)	Percent of providers' appointments that are with patients who are on their panel.	Monthly
	Continuity (Patient Perspective)	Percent of patients' appointments (all or specific type) that are with the PCP they are empaneled with.	Monthly
	Third Next Available Appointment (TNAA)	Average length of time in days between the day a patient makes a request for an appointment with their PCP and the TNAA for a new patient physical, routine exam or return visit exam.	Semi-annually for empanelment purposes (used to assess and adjust weighting system)
	Availability of Same-Day Appointments	Number of same-day appointment slots available for routine visits in a given time period (e.g., 30 days).	
	Use of Same-Day/Next-Day Appointments	Number of filled appointment slots of a specific appointment type in a given time period (e.g., 30 days).	
	List of Patients by PCP and/or PCP Teams	Total number of patients assigned to the provider.	Ad hoc
	Weighted Panel (Provider Capacity)	Sum of all weights of patients (most universally expressed as percentage of FTE and, when expressed as such, is a panel resource projection). See <a href="#">Resource 6</a> for a tool to support this).	Monthly to adjust new patient slots
	PCP Changes	Total number of patient PCP change requests per 1,000 empaneled patients by provider.	Monthly

**FIGURE 9.1: REPORTS AND FREQUENCY (continued)**

Priority	Report Domain	Report Description	Frequency of Report
Advanced Reports	Assignment Discrepancies	Patient assigned but not seen by the practice.	Ad hoc for improvement efforts with health plan
		Patient assigned but seeing a PCP not in the CHC.	
		Patient empaneled but assigned to a PCP not in the CHC.	
		Patient is assigned by the health plan to a PCP other than the empaneled provider at the CHC.	
	Retention (Newborns)	Number of children between 13 months and 15 months who had a visit within last four months.	Monthly
	Retention (Pregnant Patients, Post-Delivery)	Patients with a delivery 91 to 122 days prior with a visit in last 90 days.	Monthly
	Patients with Diabetes	Number of empaneled patients with diabetes seen 548 days (18 months) to 365 days (one year) prior also seen within last four months OR with two controlled A1cs in the last 12 months and one of those A1cs in last six months.	Monthly
	Expected High Visit Frequency Patients (High-Risk Patients)	Expected high-frequency visit patients (expected to have frequent visits, i.e., multiple expected high visit frequency patient conditions).	Monthly
	Overall Retention	Empaneled and engaged at a time in the past AND currently empaneled and engaged in a more recent time window.	Every six months
	Attribution Discrepancies	Identifies specific patient/PCP associations, which are not consistent with the attribution algorithm.	TBD
		Identifies patient/PCP associations not consistent with CHC administrative rules.	TBD

**FIGURE 9.2: SPECIFICATIONS FOR RECOMMENDED REPORT MEASURES LISTED IN FIGURE 9.1**

Domain	Report	Numerator	Denominator	Notes
Continuity (Provider Perspective)	Appointments: Percent of providers' appointments that are with patients who are on their panel	Number of appointments with patients on their panel at the time inclusive of no-shows (note: "at the time" means on the panel the day of appointment, as opposed to the day the report is run).	Number of Appointments	Fundamental report, as this measures staff processes to maintain continuity. Needed ability to generate report by patient characteristics (e.g., age range, condition, race, ethnicity, gender) and drill down to individual patient/appointment.
	Visits: Percent of providers' visits that are with patients who are on their panel	Number of visits with patients who are on their panel (rendering provider, no matter who the patient is scheduled with; does not count no-shows because no rendering provider).	Number of Visits	Can be important to reveal problems such as call-ins, over scheduling, or other routing of patients from scheduled provider.
Continuity (Patient Perspective)	Percent of patients' appointments (all or specific type) that are with the PCP they are empaneled with	Number of appointments of certain type(s) with empaneled PCPs (and separate PCP teams).	Number of Appointments of certain type(s) (and separate PCP teams)	Some PCPs may have high continuity from their own perspective, and yet their patients have a hard time getting in to see them. Important for provider communications.
Access	Third next available appointments (TNAA)	Average length of time in days between the day a patient makes a request for an appointment with their PCP and the TNAA for a new patient physical, routine exam or return visit exam.		
	Availability of same-day/next-day appointments	Number of appointment slots of specific appointment types in a time period (e.g., 30 days).	FTE of provider	
	Use of same-day/next-day appointments	Number of filled appointment slots of specific appointment types in a time period (e.g., 30 days).	Number of appointment slots of specific appointment types in a time period (e.g., 30 days)	

**FIGURE 9.2: SPECIFICATIONS FOR RECOMMENDED REPORT MEASURES LISTED IN FIGURE 9.1 (continued)**

Domain	Report	Numerator	Denominator	Notes
Panel size	Count/List of Patients by PCP and/or PCP Teams			Drill down to individual patients.
	Weighted Panel Size	Sum of all weights of patients (most universally expressed as percentage of FTE and, when expressed as such, is a panel resource projection).		Drill down to individual patients to see contribution to weight in panel. Weighting by various factors: age, weight, conditions, time since last activity versus expected, language congruence, etc.
Panel Resource Projections Retention	FTEs of Given Resource Needed for Panel	Sum of all time needed for defined programs based on empaneled patients' attributes.		Drill down to individual patients.
	Newborns	Number of children in denominator who had a visit within last four months with CHC.	Number of children between 13 months and 15 months of age who had a visit with CHC within 30 days of birth.	Produce run chart to assess rate change over time and/or return an average value over time periods (e.g., monthly).
	Pregnant Patients, post delivery	Patients with a delivery 91 to 122 days prior with a visit in last 90 days.	Patients with a delivery 91 to 122 days prior.	
	Patients with Diabetes	Number of empaneled patients with diabetes seen 548 days (18 months) to 365 days (one year) prior also seen within the last four months (OR with two controlled A1cs in the last 12 months and one of those A1cs in last six months).	Number of empaneled patients with diabetes seen 548 days (18 months) to 365 days (one year) prior.	
	Expected High-Frequency Visit Patients (Expected to Have Frequent Visits, e.g., Multiple Chronic Conditions)	Number of empaneled patients with expected high-frequency visits seen 548 days (18 months) to 365 days (one year) prior and also seen within last four months.	Number of empaneled patients with expected high-frequency visits seen 548 days (18 months) to 365 days (one year) prior.	CHC can define "expected high-frequency visit" such that the patients in the population would be expected to have a visit within four months.

**FIGURE 9.2: SPECIFICATIONS FOR RECOMMENDED REPORT MEASURES LISTED IN FIGURE 9.1 (continued)**

Domain	Report	Numerator	Denominator	Notes
Panel Resource Projections Retention	Overall Retention	Empaneled & engaged.	Empaneled and engaged at a time in the past.	Establish a time period in which a patient must be actively using care in order to meet the definition of engaged and empaneled (e.g., 24 months prior).
Discrepancy	Assignment Discrepancies	Assigned but not yet seen.		Filterable by future appointment, past no-show for an appointment, and contact status (unable to locate, UTL or has been contacted but does not have an appointment).
		Assigned but seeing PCP not in CHC.		
		Empaneled but assigned to PCP not in CHC.		
		Health plan assignment is to a PCP at CHC other than the empaneled PCP.		Assigned PCP does not match empaneled PCP (not useful short-term).
	Attribution Discrepancies	Identifies specific patient/PCP associations, which are not consistent with the attribution algorithm.		
	Administrative Rules Discrepancies	Identifies patient/PCP associations not consistent with CHC administrative rules.		Main example: Patients are often disempaneled after a period of time, meaning the same PCP might no longer be a choice, if they return after disempanelment.
Care Experience Evidenced by Panel Data	PCP Change Requests	Change requests per FTE per year.		Rates at health center, groups, and individual PCPs.