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UCSF Department of Family & Community Medicine
Center for Excellence in Primary Care

EPT Key Performance Indicator Learning Lab

Understanding and reporting administrative KPIs

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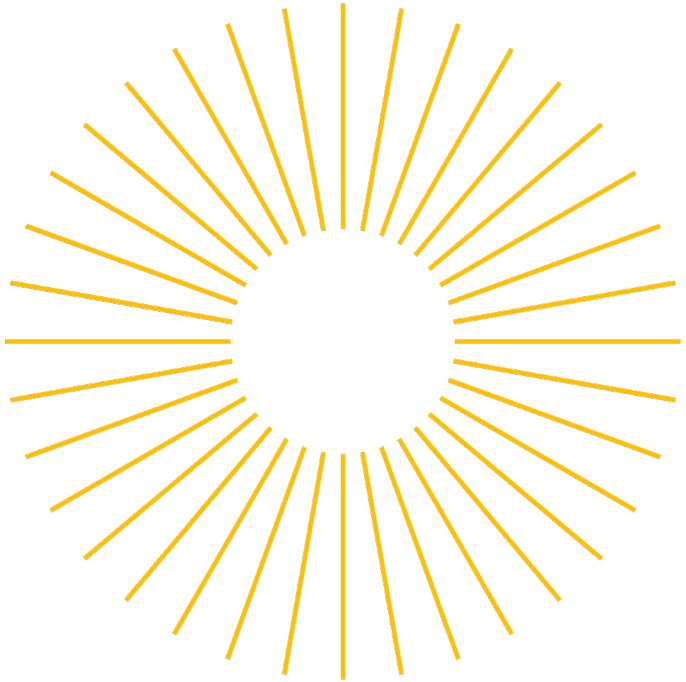
Director, UCSF Center for Excellence in Primary Care

September 2024

Please introduce yourself in the chat

In the chat, please share:

- Your name
- Your practice & city



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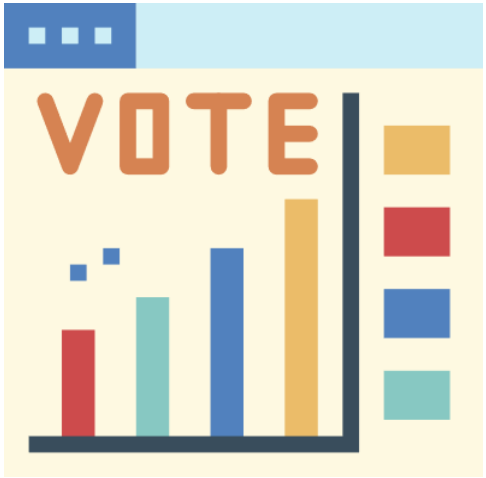
Poll

What are you hoping to talk about during this session?

A) How to calculate KPIs
B) How to use Empanelment and Access KPI reporting tool
C) I have specific questions



Please share your questions in the chat!

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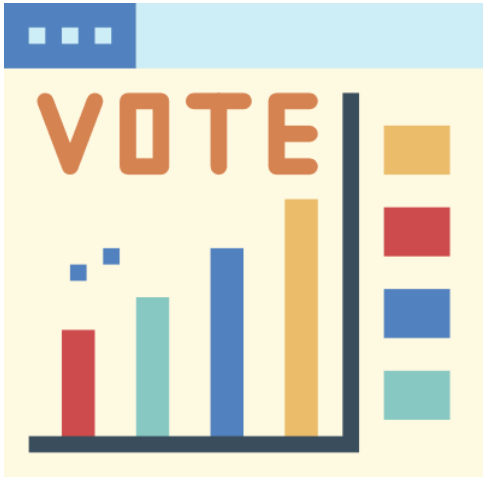
Poll

Have you watched the webinar about using the Empanelment and Access KPI reporting tool?

A) Yes
B) No



How to calculate KPIs

Administrative KPIs

As part of your milestones for the EPT program, you will be required to submit the following administrative KPIs:

1. **Percent empaneled**: Percentage of active patients who are assigned to a provider or care team.

2. **Patient-perspective continuity**: Percentage of primary care patient visits with empaneled provider and/or care team.

3. **Third next available appointment (TNAA)**: Number of days until third open appointment.

Empanelment and Access KPIs are due twice yearly, with the first deadline on November 1st, 2024.

Recipe for administrative KPIs

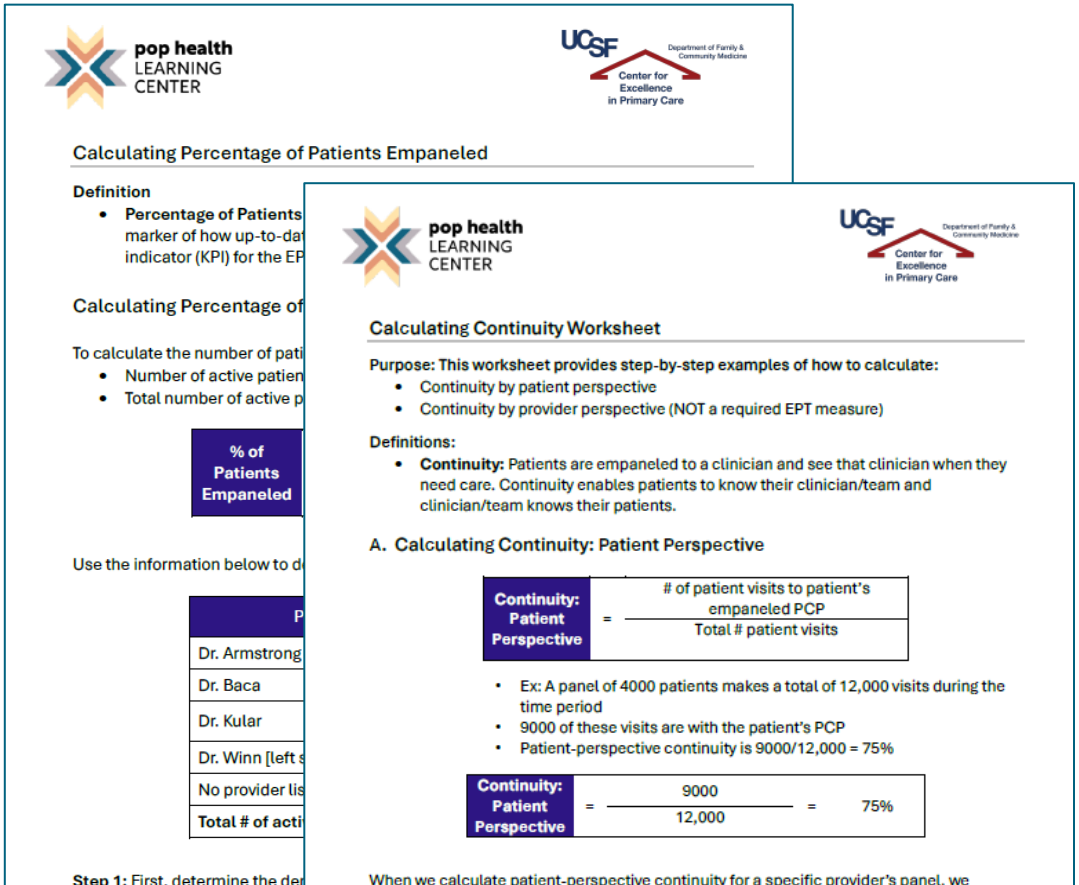
For each metric, we will tell you:

- What numbers to gather in advance (ingredients)
- Answers to frequently asked questions about how to calculate
- How to calculate (cooking instructions)

Wait! How do I get those numbers from my EHR?

Never fear! Recast Health will be putting together resources on how to pull the numbers you need!

Administrative KPI reporting cheat sheets



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Calculating Percentage of Patients Empaneled

Definition

- **Percentage of Patients**
  marker of how up-to-da
  indicator (KPI) for the EP

Calculating Percentage of

To calculate the number of pati

- Number of active patien
- Total number of active p

% of Patients Empaneled

Use the information below to d

P
Dr. Armstrong
Dr. Baca
Dr. Kular
Dr. Winn [left s
No provider lis
Total # of acti

Step 1: First, determine the de

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Calculating Continuity Worksheet

Purpose: This worksheet provides step-by-step examples of how to calculate:

- Continuity by patient perspective
- Continuity by provider perspective (NOT a required EPT measure)

Definitions:

- **Continuity:** Patients are empaneled to a clinician and see that clinician when they need care. Continuity enables patients to know their clinician/team and clinician/team knows their patients.

A. Calculating Continuity: Patient Perspective

$$\text{Continuity: Patient Perspective} = \frac{\text{\# of patient visits to patient's empaneled PCP}}{\text{Total \# patient visits}}$$

- Ex: A panel of 4000 patients makes a total of 12,000 visits during the time period
- 9000 of these visits are with the patient's PCP
- Patient-perspective continuity is 9000/12,000 = 75%

$$\text{Continuity: Patient Perspective} = \frac{9000}{12{,}000} = 75\%$$

When we calculate patient-perspective continuity for a specific provider's panel, we

Available on Pop Health+ (login required)

- Empanelment
- Continuity

Also will be posted on Population Health Learning Center website

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Metric 1: Percent empaneled

Definition: Percentage of active patients who are assigned to a provider or care team.

Ingredients:

- Number of active patients at the practice
- Number of active patients assigned a Primary Care Provider or Team in the EHR

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Metric 1: Percent empaneled (calculation)

% of Patients Empaneled = $\frac{\text{\# of active patients assigned to a current provider}}{\text{4,250}}$

Provider	Current Panel Size
Dr. Armstrong	1,346
Dr. Baca	1,228
Dr. Kular	1060
Dr. Winn [left six months ago]	428
No provider listed	188
Total # of active patients	4,250

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Metric 1: Percent empaneled (calculation)

% of Patients Empaneled = $\frac{3{,}634}{4{,}250}$

Provider	Current Panel Size
Dr. Armstrong	1,346
Dr. Baca	1,228
Dr. Kular	1060
Dr. Winn [left six months ago]	428
No provider listed	188
Total # of active patients	4,250

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Metric 1: Percent empaneled (calculation)

% of Patients Empaneled = **86%**

Provider	Current Panel Size
Dr. Armstrong	1,346
Dr. Baca	1,228
Dr. Kular	1060
Dr. Winn [left six months ago]	428
No provider listed	188
Total # of active patients	4,250

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Metric 1: Percent empaneled (FAQs)

Who are ACTIVE patients?

- Patients are seen for in-person or virtual visits within a certain period of time
- We recommend 18 or 24 months

Why active versus "assigned" patients?

- In this stage, we are prioritizing **empanelment and continuity** for patients who have an established relationship with a provider.
- Reaching out to patients who are assigned but have not been seen is also important! We will focus on this in a another KPI.

Metric 1: Percent empaneled (FAQs)

Who is included as an empaneled provider?

- Primary care providers, including part-time providers
- In most cases, exclude providers who exclusively provided behavioral health, dental health, nutrition services, and urgent care

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Metric 1: Patient-perspective continuity

Definition: Percentage of primary care patient visits with empaneled provider and/or care team.

Ingredients:

- Total number of patient visits during time period
- Number of visits to the patient's assigned provider or care team

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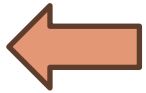
Metric 2: Patient-perspective continuity (calculation)

Patient-perspective continuity = $\frac{\text{\# of those patient visits to patient's empaneled provider}}{\text{Total \# of patient visits for patients in that panel}}$



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Metric 2: Patient-perspective continuity (calculation)

Patient-perspective continuity = $\frac{\text{\# of those patient visits to patient's empaneled provider}}{\text{Total \# of patient visits for patients in that panel}}$

Dr. Armstrong's panel (1,000 patients)

- Make 3,000 visits during period
- 2,000 of those visits are with Dr. Armstrong

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Metric 2: Patient-perspective continuity (calculation)

Patient-perspective continuity = $\frac{\text{\# of those patient visits to patient's empaneled provider}}{\textbf{3,000}}$

Dr. Armstrong's panel (1,000 patients)

- Make 3,000 visits during period
- 2,000 of those visits are with Dr. Armstrong

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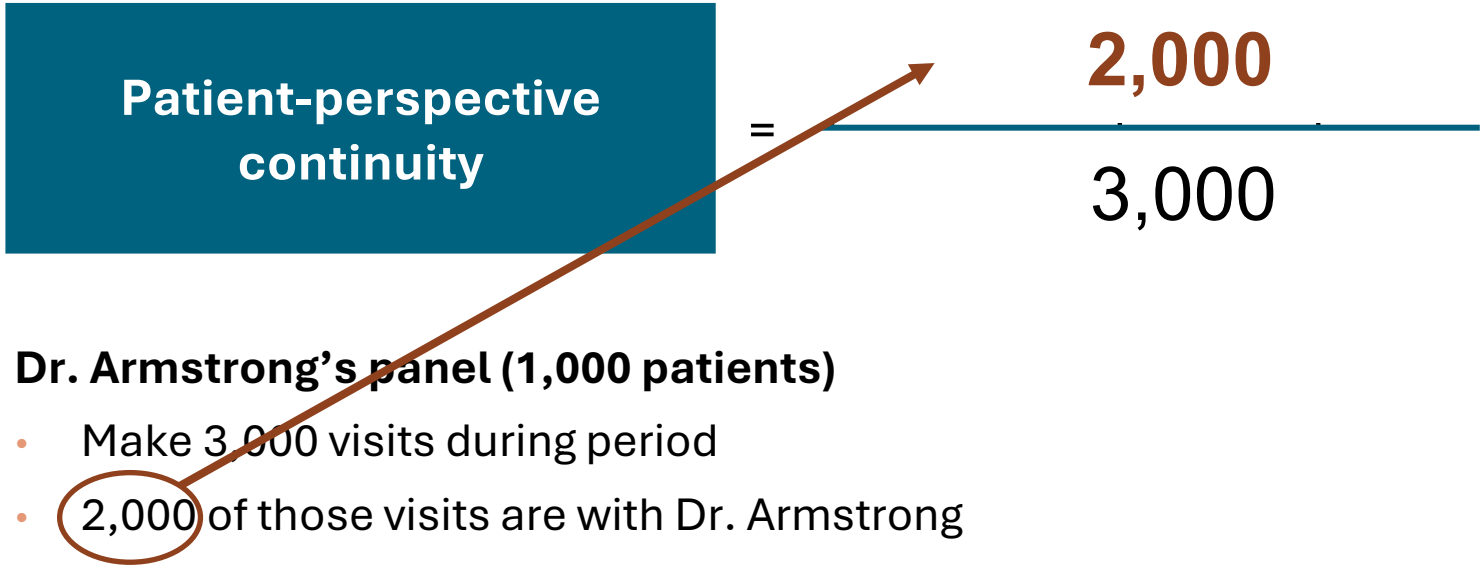
Metric 2: Patient-perspective continuity (calculation)



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Metric 2: Patient-perspective continuity (calculation)

Patient-perspective continuity = **67%**

Dr. Armstrong's panel (1,000 patients)

- Make 3,000 visits during period
- 2,000 of those visits are with Dr. Armstrong

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Metric 2: Patient-perspective continuity (FAQs)

What types of visits should be included?

- Includes all primary care visits for all visit types except MA/RN specific visits (e.g., immunizations, labs, diabetes education)

Should I include urgent care visits?

- Yes, include urgent care visits if they were provided within the health center. From patient and provider perspectives, it is still desirable to have continuity for urgent care visits.

Metric 3: TNAA

Definition: Number of days until third open appointment.

Ingredients:

- Third next available appointment (TNAA) for each provider

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Metric 3: TNAA

Day of the Week	Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thurs
Open/Scheduled Appointments	X	X	X	X	X	X	X	X	3
	1	X	X	X	X	X	X	X	
	X	X	X	X	X	X	X	X	
	X	X	X	X	X	X	X	2	
3rd Next Available Measure	0	1	2	3	4	5	6	7	8

Date of measure/request is Day 0

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Metric 3: TNAA (FAQs)

Do I include urgent care slots?

- If these are offered as slots that that can be used for ANY kind of visit (not a specific visit type) and that ANYONE in the clinic can schedule into (not a requiring special permissions), they may be counted.

Should I use business or calendar days?

- For the EPT program, use business days

Metric 3: TNAA (FAQs)

Do I use new patient or routine follow up visits?

- Keeping in mind the Coleman definition (“an open slot is one that can be scheduled by ANYONE in the organization for ANY reason), new patient slots are excluded for the primary TNAA calculation.

Should RN or medical assistant visits be counted?

- Generally RN and medical assistant visits are excluded because they do not meet the requirement that the visit may be scheduled for any reason.

Using the Empanelment and Access Administrative KPI reporting tool

Requirements of EPT v. Quality improvement

Equity Practice Transformation Program

- Only required each 6 months
- Only at practice level

Within KPT reporting tool: Look for the red box beside the FAQ for your KPI combined numbers.

Quality improvement

- More frequent measurements help to track change
- Ability to drill down by provider/care team is helpful

Within the KP reporting too: Look under the “Run chart tab”

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Metric 1: Percent empaneled (reporting tool)

Percent of patients empaneled

Definition: Percentage of active patients who are assigned to a provider or care team.

Calculating:
Numerator: Number of active patients with an empaneled provider or care team
Denominator: Total number of active patients assigned to the practice.

Definition of active patients:
Example: Patients with at least one in-person or telehealth visit with a provider within the last 18 months (i.e., not a lab or RN visit).

Timeframe: For the purpose of EPT reporting, this KPI is due twice yearly.
For the purpose of quality improvement, we recommend calculating quarterly.

Example

Reporting period	# pts assigne	# active pts	% empaneled	
January 1st	3485	4285	**81.3%**	
April 1st	4248	4307	**98.6%**	*
July 1st	4244	4324	**98.1%**	
October 1st	4237	4344	**97.5%**	*

** If calculating at the beginning of each quarter, these measures can serve for EPT reporting.*

Do not write in blue cells (they are formulas)

Worksheet *(please adapt for your practice)*

Timepoint	# pts assigned PCP	# active pts	% empaneled
01-Oct-24			
01-Jan-25			
01-Apr-25			
01-Jul-25			
01-Oct-25			
01-Jan-26			
01-Apr-26			
01-Jul-26			
01-Oct-26			

Worksheet *(please adapt for your practice)*

Timepoint	# pts assigned PCP	# active pts	% empaneled
01-Oct-24			
01-Jan-25			
01-Apr-25			
01-Jul-25			
01-Oct-25			
01-Jan-26			
01-Apr-26			
01-Jul-26			
01-Oct-26			

Metric 1: Percent empaneled (reporting tool)

Worksheet *(please adapt for your practice)*

Timepoint	# pts assigned PCP	# active pts	% empaneled
01-Oct-24	4795	6893	69.6%
01-Jan-25			
01-Apr-25			
01-Jul-25			
01-Oct-25			
01-Jan-26			
01-Apr-26			
01-Jul-26			
01-Oct-26			

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Metric 1: Percent empaneled (reporting tool)

Worksheet *(please adapt for your practice)*

Timepoint	# pts assigned PCP	# active pts	% empaneled
01-Oct-24	4795	6893	69.6%
01-Jan-25	5623	6497	86.5%
01-Apr-25			
01-Jul-25			
01-Oct-25			
01-Jan-26			
01-Apr-26			
01-Jul-26			
01-Oct-26			

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Metric 1: Percent empaneled (reporting tool)

Percent of patients empaneled

Instructions: On each of the dates below (the beginning of each quarter), fill in the corresponding cells in light orange with the # patients assigned (numerator; cells C34-C42) and the # of active patients (denominator; cells D34-D42). The percent of patients empaneled will automatically calculate in the corresponding blue cells (D34-D42). Do not write in the blue cell, they are formulas. Only add data to the **orange-shaded** cells.

Definition: Percentage of active patients who are assigned to a provider or care team as of the reporting date (point-in-time measure).

Calculating:
Numerator: Number of active patients assigned to an empaneled provider or care team
Denominator: Total number of active patients assigned to the practice.

Practice definition of active patients:
Example: Patients with at least one in-person or telehealth visit with a provider within the last 18 months (i.e., not a lab or RN visit).

Timeframe: For the purpose of EPT reporting, this Administrative Measure is due twice yearly. For the purpose of quality improvement, we recommend calculating quarterly.

Example (for reference only)

Reporting period	# pts assigned PCP	# active pts	% empaneled

Frequently asked questions

How do I define active patients?
The definition of active patients may vary by practice. Generally, it includes patients who have had a visit to the practice in the last 18-24 months.

Who are included as empaneled providers?
Empaneled providers are providers who are responsible for a primary care panel. This generally includes part time providers but excludes behavioral health, dental health, and urgent care, for example.

Why active patients versus assigned patients?
In an empanelment process, we are seeking to prioritize continuity for patients who have an established relationship with a provider. We want to ensure that they continue to see a provider who knows them. Reaching out to assigned but unseen patients is also important and is captured in another measure

EPT Reporting Calculator

If you accurately complete the worksheet (Cells B33-D43), this box will automatically populate with the number you need to report for your Administrative KPIs each six months.

Reporting date	Numerator	Denominator	Rate
11/01/24	4795	6893	69.6%
05/01/25	0	0	
11/01/25	0	0	
05/01/26	0	0	
11/01/26	0	0	

Values for the reporting KPIs appear in the red box

Metric 2: Patient-perspective continuity (reporting tool)

Patient-perspective continuity

Instructions: For each of the quarters below, fill in the orange-shaded cells for each provider. Blue-shaded cells will calculate the patient-perspective continuity for each provider and for the practice as a whole. For each provider, consider only visits for patients in their panel. In the example below, patients in Dr. Armstrong's panel made 310 visits (denominator), of which 250 were with Dr. Armstrong (numerator).

Definition: Percentage of primary care patient visits with empaneled provider and/or care team.

Calculating:
Numerator: Number of patient visits with this provider/care team for patients in their panel.
Denominator: Total number of patient visits for patients empaneled to this provider.

Timeframe: For the purpose of EPT reporting, this Administrative Measure is due twice yearly for a 6-month look back period. Q4 & Q1 (October - March) for reporting in May; Q2 & Q3 (April - September) for reporting for November 1. For the purpose of quality improvement, we recommend calculating continuity quarterly.

Frequently asked questions

What types of visits should be included?
Includes all primary care visits for all visit types except for MA/RN-specific visits (e.g., immunizations, labs, diabetes education).

Should I include urgent care visits?
Yes, include urgent care visits, unless these are provided through a separate urgent care clinic outside of the practice. From a patient and clinician experience perspective, you still want to have continuity for urgent care visits.

Who counts as an empaneled provider?
Physicians, Nurse Practitioners, and Physician Assistants who are assigned patients.

Do not write in blue cells (they are formulas)
Fill in data in these cells on each of the correspond

Example

	Patient-perspective continuity					
	Quarter 1			Quarter 2		
Primary care provider	# visits with PCP	Total visits	**% continuity**	# visits with PCP	Total visits	**% continuity**
Overall	943	1231	**76.6%**	871	1147	**75.9%**
Dr. Armstrong	250	310	**80.6%**	245	294	**83.3%**
Dr. Baca	217	274	**79.2%**	194	304	**63.8%**
Dr. Kular	228	364	**62.6%**	238	324	**73.5%**
Dr. Dale	248	283	**87.6%**	194	225	**86.2%**

Worksheet *(please adapt for your practice)*

	Qtr 2 (Apr - June 2024)			Qtr 3 (July - Sept 2024)			Qtr 4 (Oct - Dec 2024)			Qtr 1 (Jan - Mar 2025)			Pati
Primary care provider	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# wit
Overall average	0	0		0	0		0	0		0	0		
Provider 1 name													
Provider 2 name													
Provider 3 name													
Provider 4 name													

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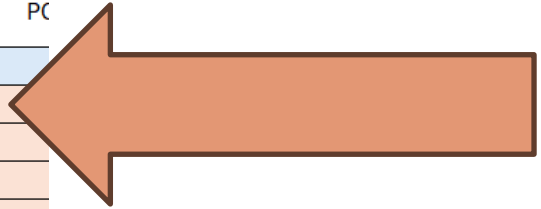
Metric 2: Patient-perspective continuity (reporting tool)

Worksheet *(please adapt for your practice)*

Primary care provider	Qtr 2 (Apr - June 2024)			Qtr 3 (July - Sept 2024)			
	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# visit PC
Overall average	0	0		0	0		
Provider 1 name							
Provider 2 name							
Provider 3 name							
Provider 4 name							
Provider 5 name							
Provider 6 name							
Provider 7 name							
Provider 8 name							
Provider 9 name							
Provider 10 name							
Provider 11 name							
Provider 12 name							
Provider 13 name							
Provider 14 name							
Provider 15 name							

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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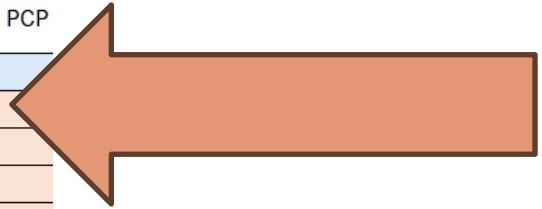
Metric 2: Patient-perspective continuity (reporting tool)

Worksheet *(please adapt for your practice)*

	Qtr 2 (Apr - June 2024)			Qtr 3 (July - Sept 2024)			
Primary care provider	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# visits w PCP
Overall average	0	0		0	0		
Dr. Armstrong							
Provider 2 name							
Provider 3 name							
Provider 4 name							
Provider 5 name							
Provider 6 name							
Provider 7 name							
Provider 8 name							
Provider 9 name							
Provider 10 name							
Provider 11 name							
Provider 12 name							
Provider 13 name							
Provider 14 name							
Provider 15 name							

… (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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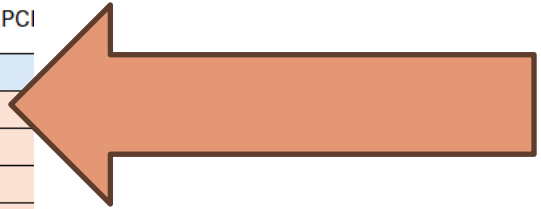
Metric 2: Patient-perspective continuity (reporting tool)

Worksheet *(please adapt for your practice)*

	Qtr 2 (Apr - June 2024)			Qtr 3 (July - Sept 2024)			
Primary care provider	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# visits PCI
Overall average	250	0		0	0		
Dr. Armstrong	250						
Provider 2 name							
Provider 3 name							
Provider 4 name							
Provider 5 name							
Provider 6 name							
Provider 7 name							
Provider 8 name							
Provider 9 name							
Provider 10 name							
Provider 11 name							
Provider 12 name							
Provider 13 name							
Provider 14 name							
Provider 15 name							

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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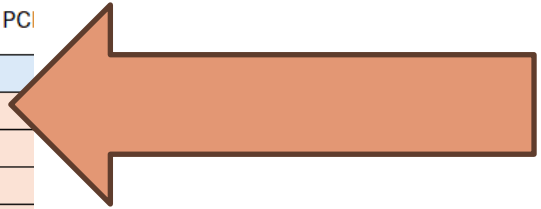
Metric 2: Patient-perspective continuity (reporting tool)

Worksheet *(please adapt for your practice)*

	Qtr 2 (Apr - June 2024)			Qtr 3 (July - Sept 2024)			
Primary care provider	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# visits PC
Overall average	250	310	**80.6%**	0	0		
Dr. Armstrong	250	310	**80.6%**				
Provider 2 name							
Provider 3 name							
Provider 4 name							
Provider 5 name							
Provider 6 name							
Provider 7 name							
Provider 8 name							
Provider 9 name							
Provider 10 name							
Provider 11 name							
Provider 12 name							
Provider 13 name							
Provider 14 name							
Provider 15 name							

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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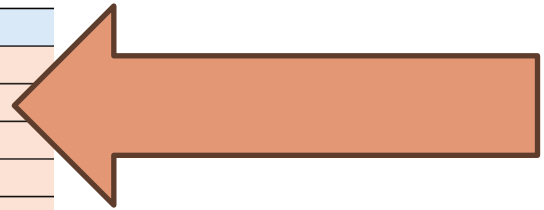
Metric 2: Patient-perspective continuity (reporting tool)

Worksheet *(please adapt for your practice)*

	Qtr 2 (Apr - June 2024)			Qtr 3 (July - Sept 2024)			
Primary care provider	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# visits PCI
Overall average	250	310	**80.6%**	0	0		
Dr. Armstrong	250	310	**80.6%**				
Dr. Baca							
Provider 3 name							
Provider 4 name							
Provider 5 name							
Provider 6 name							
Provider 7 name							
Provider 8 name							
Provider 9 name							
Provider 10 name							
Provider 11 name							
Provider 12 name							
Provider 13 name							
Provider 14 name							
Provider 15 name							

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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Metric 2: Patient-perspective continuity (reporting tool)

Worksheet *(please adapt for your practice)*

	Qtr 2 (Apr - June 2024)			Qtr 3 (July - Sept 2024)			
Primary care provider	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# visits PC
Overall average	467	310	**150.6%**	0	0		
Dr. Armstrong	250	310	**80.6%**				
Dr. Baca	217						
Provider 3 name							
Provider 4 name							
Provider 5 name							
Provider 6 name							
Provider 7 name							
Provider 8 name							
Provider 9 name							
Provider 10 name							
Provider 11 name							
Provider 12 name							
Provider 13 name							
Provider 14 name							
Provider 15 name							

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)

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Metric 2: Patient-perspective continuity (reporting tool)

Worksheet *(please adapt for your practice)*

	Qtr 2 (Apr - June 2024)			Qtr 3 (July - Sept 2024)			
Primary care provider	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# visits v PCP
Overall average	467	584	**80.0%**	0	0		
Dr. Armstrong	250	310	**80.6%**				
Dr. Baca	217	274	**79.2%**				
Provider 3 name							
Provider 4 name							
Provider 5 name							
Provider 6 name							
Provider 7 name							
Provider 8 name							
Provider 9 name							
Provider 10 name							
Provider 11 name							
Provider 12 name							
Provider 13 name							
Provider 14 name							
Provider 15 name							

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)

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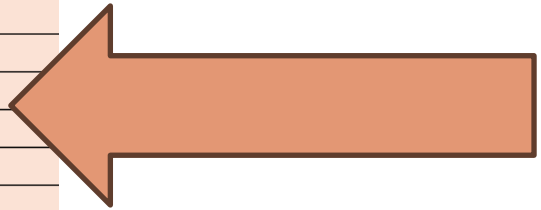
Metric 2: Patient-perspective continuity (reporting tool)

Worksheet *(please adapt for your practice)*

	Qtr 2 (Apr - June 2024)			Qtr 3 (July - Sept 2024)			
Primary care provider	# visits with PCP	Total visits	% continuity	# visits with PCP	Total visits	% continuity	# visits PCP
Overall average	943	1231	**76.6%**	0	0		
Dr. Armstrong	250	310	**80.6%**				
Dr. Baca	217	274	**79.2%**				
Dr. Kular	228	364	**62.6%**				
Dr. Dale	248	283	**87.6%**				
Provider 5 name							
Provider 6 name							
Provider 7 name							
Provider 8 name							
Provider 9 name							
Provider 10 name							
Provider 11 name							
Provider 12 name							
Provider 13 name							
Provider 14 name							
Provider 15 name							

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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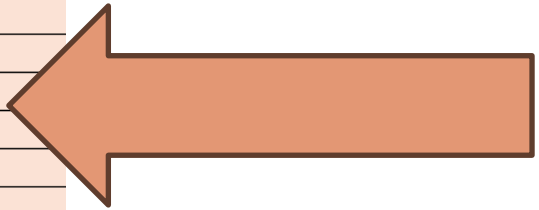
Metric 2: Patient-perspective continuity (reporting tool)

Worksheet *(please adapt for your practice)*

Primary care provider	Qtr 2 (Apr - June 2024) # visits with PCP	Qtr 2 (Apr - June 2024) Total visits	Qtr 2 (Apr - June 2024) % continuity	Qtr 3 (July - Sept 2024) # visits with PCP	Qtr 3 (July - Sept 2024) Total visits	Qtr 3 (July - Sept 2024) % continuity	# visits PC
Overall average	943	1231	**76.6%**	871	1147	**75.9%**	
Dr. Armstrong	250	310	**80.6%**	245	294	**83.3%**	
Dr. Baca	217	274	**79.2%**	194	304	**63.8%**	
Dr. Kular	228	364	**62.6%**	238	324	**73.5%**	
Dr. Dale	248	283	**87.6%**	194	225	**86.2%**	
Provider 5 name							
Provider 6 name							
Provider 7 name							
Provider 8 name							
Provider 9 name							
Provider 10 name							
Provider 11 name							
Provider 12 name							
Provider 13 name							
Provider 14 name							
Provider 15 name							

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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Metric 2: Patient-perspective continuity (reporting tool)

Patient-perspective continuity

Instructions: For each of the quarters below, fill in the **orange-shaded** cells for each provider. **Blue-shaded** cells will calculate the patient-perspective continuity for each provider and for the practice as a whole.
For each provider, consider only visits for patients in their panel. In the example below, patients in Dr. Armstrong's panel made 310 visits (denominator), of which 250 were with Dr. Armstrong (numerator).

Definition: Percentage of primary care patient visits for a defined group of patients with their empaneled provider and/or care team.

Calculating: First, define the group of patients (e.g., all in the practice, or those assigned to a specific provider).
Numerator: Number of visits that THIS group of patients had with their assigned provider/care team.
Denominator: Total number of visits that this group of patients had with ANY provider or care team.

Timeframe: For the purpose of EPT reporting, this Administrative Measure is due twice yearly for a 6-month look back period. Q4 & Q1 (October - March) for reporting in May; Q2 & Q3 (April - September) for reporting for November 1. For the purpose of quality improvement, we recommend calculating continuity quarterly.

Example

	Patient-perspective continuity					
	Quarter 1			Quarter 2		
Primary care provider	# visits with PCP	Total visits	**% continuity**	# visits with PCP	Total visits	**% continuity**
Overall	943	1231	**76.6%**	871	1147	**75.9%**
Dr. Armstrong	250	310	**80.6%**	245	294	**83.3%**
Dr. Baca	217	274	**79.2%**	194	304	**63.8%**
Dr. Kular	228	364	**62.6%**	238	324	**73.5%**
Dr. Dale	248	283	**87.6%**	194	225	**86.2%**

Worksheet *(please adapt for your practice)*

Frequently asked questions

What types of visits should be included?
Includes all primary care visits for all visit types except for MA/RN-specific visits (e.g., immunizations, labs, diabetes education).

Should I include urgent care visits?
Yes, include urgent care visits, unless these are provided through a separate urgent care clinic outside of the practice. From a patient and clinician experience perspective, you still want to have continuity for urgent care visits.

Who counts as an empaneled provider?
Physicians, Nurse Practitioners, and Physician Assistants who are assigned patients.

Resources
Worksheet on Pop Health+ (log in to access)

Do not write in blue cells (they are formulas)
Fill in data in these cells on each of the corresponding dates.

EPT Reporting Calculator

If you accurately complete the worksheet (Cells B28-AF47), this box will automatically populate with the number you need to report for your Administrative KPIs each six months.

Reporting date	Numerator	Denominator	Rate
11/1/2024	1814	2378	76.3%
5/1/2025	0	0	
11/1/2025	0	0	
5/1/2026	0	0	
11/1/2026	0	0	

Values for the reporting KPIs appear in the red box

Metric 3: TNAA (reporting tool)

Third next available appointment (TNAA)

Instructions: For each of the quarters below, fill in the orange-shaded cells for each provider with their TNAA.
Blue-shaded cells are formulas that will calculate the average TNAA for the practice as a whole.
If you don't know how to calculate the TNAA, see the Resources link in the blue-shaded FAQ box.

Definition: Number of days until third open appointment.

Calculating: TNAA is usually assessed for each provider by looking at the schedule and counting available appointment slots, with zero being the date of the assessment.
TNAA is the number of days until the third appointment that is open on the schedule.

Timeframe: For quality improvement purposes, measure TNAA on the first Monday of each month.
It can be helpful to set a calendar reminder.
For the purpose of EPT, report twice yearly as a point in time measurement (see red box on right).

Example

	Third Next Available Appointment			
Primary care provider	January	February	March	April
Overall average	**11.75**	**10.75**	**10.5**	**9.25**
Dr. Armstrong	8	10	11	9
Dr. Baca	15	12	11	12
Dr. Kular	17	14	12	9
Dr. Dale	7	7	8	7

Do not write in blue cells (they are formulas)
Fill in data in these cells on each of the corresponding dates.

Frequently asked questions

Do I include urgent care/same day access?
If these are offered as slots that can be scheduled by ANYONE in the practice and are for ANY kind of visit (i.e., not a specific visit type or requiring special permissions to schedule), then they may be included.

Should I use business days or calendar days?
For the EPT program, use business days.

Do I use new patient or routine follow up visits?
Keeping in mind the definition (that an "open slot" is one that can be scheduled by ANYONE in the organization for ANY reason), slots designated for new patients are generally excluded for the primary TNAA calculation.

Should RN or medical assistant visits be counted?
Generally RN and medical assistant visits are excluded from this metric because they do not meet the requirement that ANY type of visit can be scheduled.

Should I count "frozen" appointments?
"Frozen" appointments are spots on the template that are not open for scheduling until close to the time of the appointment. This kind of appointment may only be counted if it has "thawed" by the time of the measure: meaning that ANY person in the practice can schedule someone into it for ANY reason.

Resources

EPT Reporting Calculator
If you accurately complete the worksheet (Cells B30-AA48), this box will automatically populate with the number you need to report for your Administrative Measures each six months.

Reporting date	TNAA
11/1/2024	
5/1/2025	
11/1/2025	
5/1/2026	
11/1/2026	

Worksheet *(please adapt for your practice)*

	Third Next Available Appointment																
Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb
Overall average																	
Provider 1 name																	
Provider 2 name																	
Provider 3 name																	
Provider 4 name																	
Provider 5 name																	

Metric 3: TNAA (reporting tool)

Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Overall average									
Provider 1 name									
Provider 2 name									
Provider 3 name									
Provider 4 name									
Provider 5 name									
Provider 6 name									
Provider 7 name									
Provider 8 name									
Provider 9 name									
Provider 10 name									
Provider 11 name									
Provider 12 name									
Provider 13 name									
Provider 14 name									
Provider 15 name									

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)

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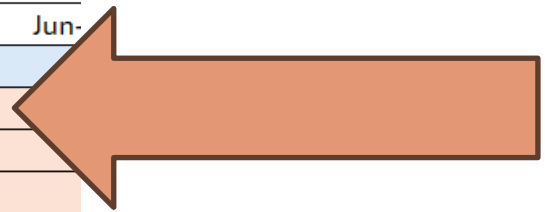
Metric 3: TNAA (reporting tool)

Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-
Overall average									
Dr. Armstrong									
Provider 2 name									
Provider 3 name									
Provider 4 name									
Provider 5 name									
Provider 6 name									
Provider 7 name									
Provider 8 name									
Provider 9 name									
Provider 10 name									
Provider 11 name									
Provider 12 name									
Provider 13 name									
Provider 14 name									
Provider 15 name									

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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Metric 3: TNAA (reporting tool)

Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-2
Overall average	**8**								
Dr. Armstrong	8								
Provider 2 name									
Provider 3 name									
Provider 4 name									
Provider 5 name									
Provider 6 name									
Provider 7 name									
Provider 8 name									
Provider 9 name									
Provider 10 name									
Provider 11 name									
Provider 12 name									
Provider 13 name									
Provider 14 name									
Provider 15 name									

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)

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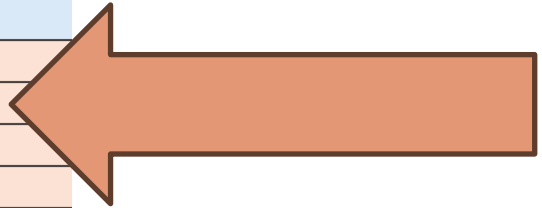
Metric 3: TNAA (reporting tool)

Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun
Overall average	**11.5**								
Dr. Armstrong	8								
Dr. Baca	15								
Provider 3 name									
Provider 4 name									
Provider 5 name									
Provider 6 name									
Provider 7 name									
Provider 8 name									
Provider 9 name									
Provider 10 name									
Provider 11 name									
Provider 12 name									
Provider 13 name									
Provider 14 name									
Provider 15 name									

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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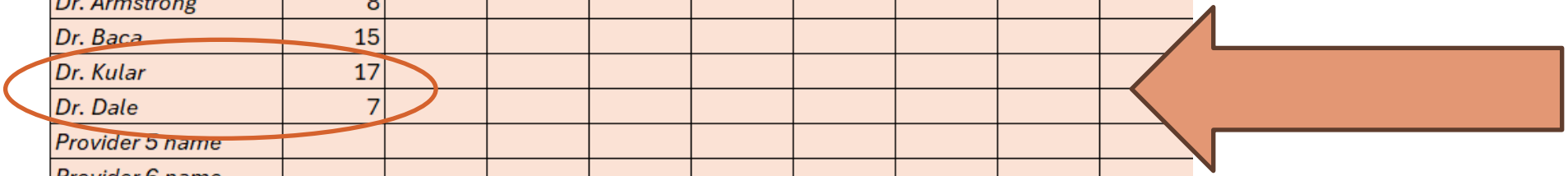
Metric 3: TNAA (reporting tool)

Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-
Overall average	**11.75**								
Dr. Armstrong	8								
Dr. Baca	15								
Dr. Kular	17								
Dr. Dale	7								
Provider 5 name									
Provider 6 name									
Provider 7 name									
Provider 8 name									
Provider 9 name									
Provider 10 name									
Provider 11 name									
Provider 12 name									
Provider 13 name									
Provider 14 name									
Provider 15 name									

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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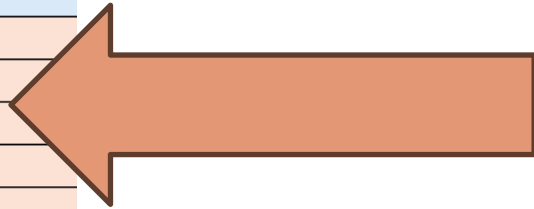
Metric 3: TNAA (reporting tool)

Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-
Overall average	**11.75**	**10.75**	**10.5**	**9.25**					
Dr. Armstrong	8	10	11	9					
Dr. Baca	15	12	11	12					
Dr. Kular	17	14	12	9					
Dr. Dale	7	7	8	7					
Provider 5 name									
Provider 6 name									
Provider 7 name									
Provider 8 name									
Provider 9 name									
Provider 10 name									
Provider 11 name									
Provider 12 name									
Provider 13 name									
Provider 14 name									
Provider 15 name									

... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)



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Metric 3: TNAA (reporting tool)

Third next available appointment (TNAA)

Instructions: For each of the quarters below, fill in the **orange-shaded** cells for each provider with their TNAA.
Blue-shaded cells are formulas that will calculate the average TNAA for the practice as a whole.
If you don't know how to calculate the TNAA, see the Resources link in the blue-shaded FAQ box.

Definition: Number of days until third open appointment.

Calculating: TNAA is usually assessed for each provider by looking at the schedule and counting available appointment slots, with zero being the date of the assessment.
TNAA is the number of days until the third appointment that is open on the schedule.

Timeframe: For quality improvement purposes, measure TNAA on the first Monday of each month. It can be helpful to set a calendar reminder.
For the purpose of EPT, report twice yearly as a point in time measurement (see red box on right).

Example

	Third Next Available Appointment			
Primary care provider	January	February	March	April
Overall average	**11.75**	**10.75**	**10.5**	**9.25**
Dr. Armstrong	8	10	11	9
Dr. Baca	15	12	11	12
Dr. Kular	17	14	12	9
Dr. Dale	7	7	8	7

Frequently asked questions

Do I include urgent care/same day access?
If these are offered as slots that can be scheduled by ANYONE in the practice and are for ANY kind of visit (i.e., not a specific visit type or requiring special permissions to schedule), then they may be included.

Should I use business days or calendar days?
For the EPT program, use business days.

Do I use new patient or routine follow up visits?
Keeping in mind the definition (that an "open slot" is one that can be scheduled by ANYONE in the organization for ANY reason), slots designated for new patients are generally excluded for the primary TNAA calculation.

Should RN or medical assistant visits be counted?
Generally RN and medical assistant visits are excluded from this metric because they do not meet the requirement that ANY type of visit can be scheduled.

Should I count "frozen" appointments?
"Frozen" appointments are spots on the template that are not open for scheduling until close to the time of the appointment. This kind of appointment may only be

EPT Reporting Calculator

If you accurately complete the worksheet (Cells B30-AA48), this box will automatically populate with the number you need to report for your Administrative Measures each six months.

Reporting date	TNAA
11/1/2024	11.75
5/1/2025	
11/1/2025	
5/1/2026	
11/1/2026	

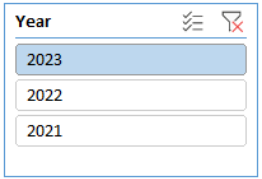
Values for the reporting KPIs appear in the red box

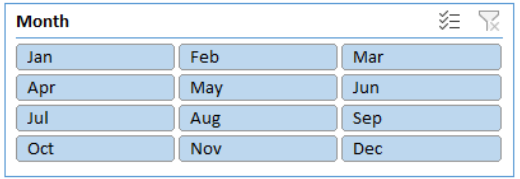
Questions

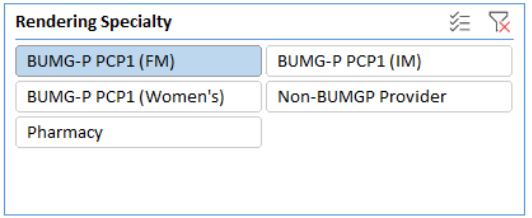
What if my EHR produces reports on KPI admin measures?

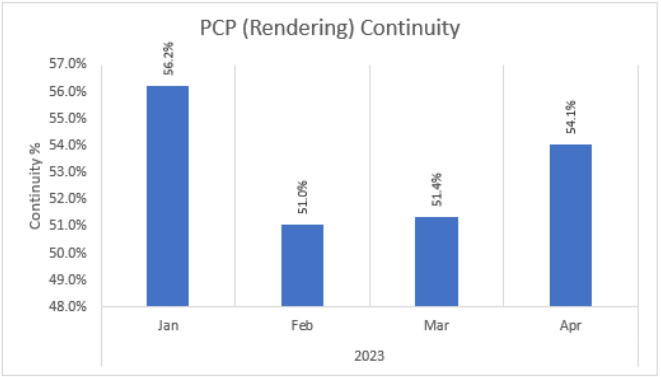
My EHR already produces empanelment, continuity, and access measures.

Do I need to use the Empanelment & Access KPI reporting tool?









What about single provider practices?

What if our practice has only one provider? How does that influence the KPIs? And how do we use the KPI reporting tool?

Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-2
Overall average	**15**	**13**	**12**	**14**	**9**	
Dr. Jones	15	13	12	14	9	
Provider 2 name						
Provider 3 name						
Provider 4 name						
Provider 5 name						
Provider 6 name						

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Calculating KPIs in single provider offices

Empanelment

- Easy to assign active patients
- Just need to be sure that all active patients are assigned.

Continuity

- Easy to achieve great continuity!

Access

- Quick to calculate for one provider
- Challenge: cannot shift patients to improve access.

What if I have more than 15 providers in my practice?

How can I use the KPI reporting tool if I have more than 15 providers in my practice?

Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	
Overall average	**18.1**	**16.1**	**15.6**	**14.5**	**12.3**				
Dr. Alexander	15	13	12	14	9				
Dr. Vargas	14	13	15	14	12				
Dr. Cates	8	9	10	9	8				
Dr. Green	7	8	7	8	6				
Dr. Elliott	26	24	19	18	15				
Dr. Rivera	16	16	15	14	13				
Dr. Adebayo	14	15	14	12	13				
Dr. Patel	13	12	14	12	11				
Dr. Lee	6	4	8	9	6				
Dr. Smith	11	13	14	12	10				
Dr. Ruiz	23	20	18	16	15				
Dr. Huang	16	14	14	13	12				
Dr. Greenberg	25	21	24	18	16				
Dr. Aziz	54	42	35	32	24				
Dr. Schmidt	23	18	15	16	14				
... (If you add providers, change the formulas on the "Overall Average" row to include counts for new providers)									

1. Add more lines to the bottom of the table

What if I have more than 15 providers in my practice?

How can I use the KPI reporting tool if I have more than 15 providers in my practice?

Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	
Overall average	**18.1**	**16.1**	**15.6**	**14.5**	**12.3**				
Dr. Alexander	15	13	12	14	9				
Dr. Vargas	14	13	15	14	12				
Dr. Cates	8	9	10	9	8				
Dr. Green	7	8	7	8	6				
Dr. Elliott	26	24	19	18	15				
Dr. Rivera	16	16	15	14	13				
Dr. Adebayo	14	15	14	12	13				
Dr. Patel	13	12	14	12	11				
Dr. Lee	6	4	8	9	6				
Dr. Smith	11	13	14	12	10				
Dr. Ruiz	23	20	18	16	15				
Dr. Huang	16	14	14	13	12				
Dr. Greenberg	25	21	24	18	16				
Dr. Aziz	54	42	35	32	24				
Dr. Schmidt	23	18	15	16	14				
Dr. Mensah	7	8	9	8	8				

1. Add more lines to the bottom of the table

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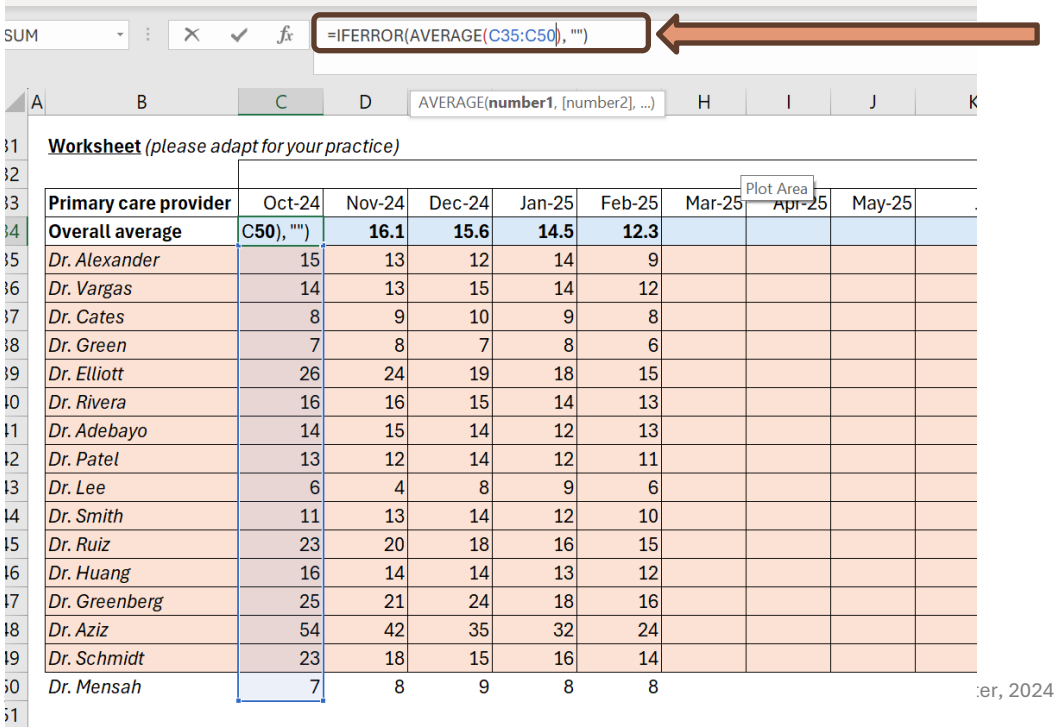
What if I have more than 15 providers in my practice?

How can I use the KPI reporting tool if I have more than 15 providers in my practice?



Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Overall average	C50), "")	**16.1**	**15.6**	**14.5**	**12.3**			
Dr. Alexander	15	13	12	14	9			
Dr. Vargas	14	13	15	14	12			
Dr. Cates	8	9	10	9	8			
Dr. Green	7	8	7	8	6			
Dr. Elliott	26	24	19	18	15			
Dr. Rivera	16	16	15	14	13			
Dr. Adebayo	14	15	14	12	13			
Dr. Patel	13	12	14	12	11			
Dr. Lee	6	4	8	9	6			
Dr. Smith	11	13	14	12	10			
Dr. Ruiz	23	20	18	16	15			
Dr. Huang	16	14	14	13	12			
Dr. Greenberg	25	21	24	18	16			
Dr. Aziz	54	42	35	32	24			
Dr. Schmidt	23	18	15	16	14			
Dr. Mensah	7	8	9	8	8			

1. Add more lines to the bottom of the table
2. Change the formulas to include those new rows

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What if I have more than 15 providers in my practice?

How can I use the KPI reporting tool if I have more than 15 providers in my practice?

Worksheet *(please adapt for your practice)*

Primary care provider	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	
Overall average	**17.4**	**15.6**	**15.2**	**14.1**	**12.0**				
Dr. Alexander	15	13	12	14	9				
Dr. Vargas	14	13	15	14	12				
Dr. Cates	8	9	10	9	8				
Dr. Green	7	8	7	8	6				
Dr. Elliott	26	24	19	18	15				
Dr. Rivera	16	16	15	14	13				
Dr. Adebayo	14	15	14	12	13				
Dr. Patel	13	12	14	12	11				
Dr. Lee	6	4	8	9	6				
Dr. Smith	11	13	14	12	10				
Dr. Ruiz	23	20	18	16	15				
Dr. Huang	16	14	14	13	12				
Dr. Greenberg	25	21	24	18	16				
Dr. Aziz	54	42	35	32	24				
Dr. Schmidt	23	18	15	16	14				
Dr. Mensah	7	8	9	8	8				

Plot Area

1. Add more lines to the bottom of the table
2. Change the formulas to include those new rows
3. Copy new formula across the top row

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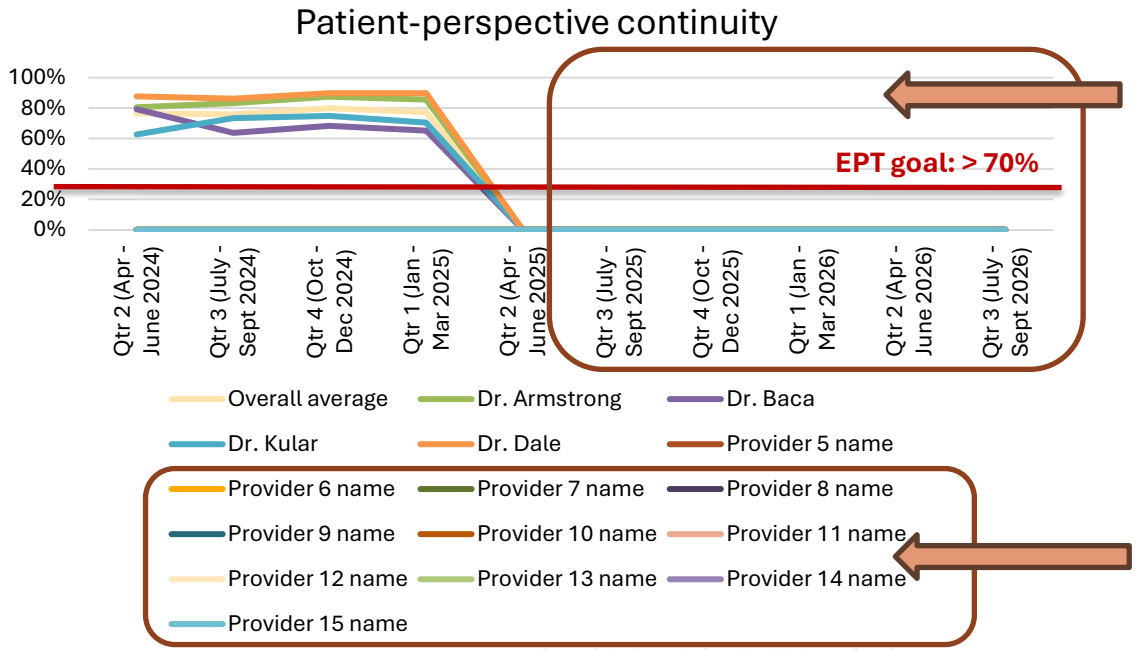
Can you help me clean up the run charts?

The run chart shows additional providers and timepoints. How can I restrict it to just the providers and timepoints of interest?



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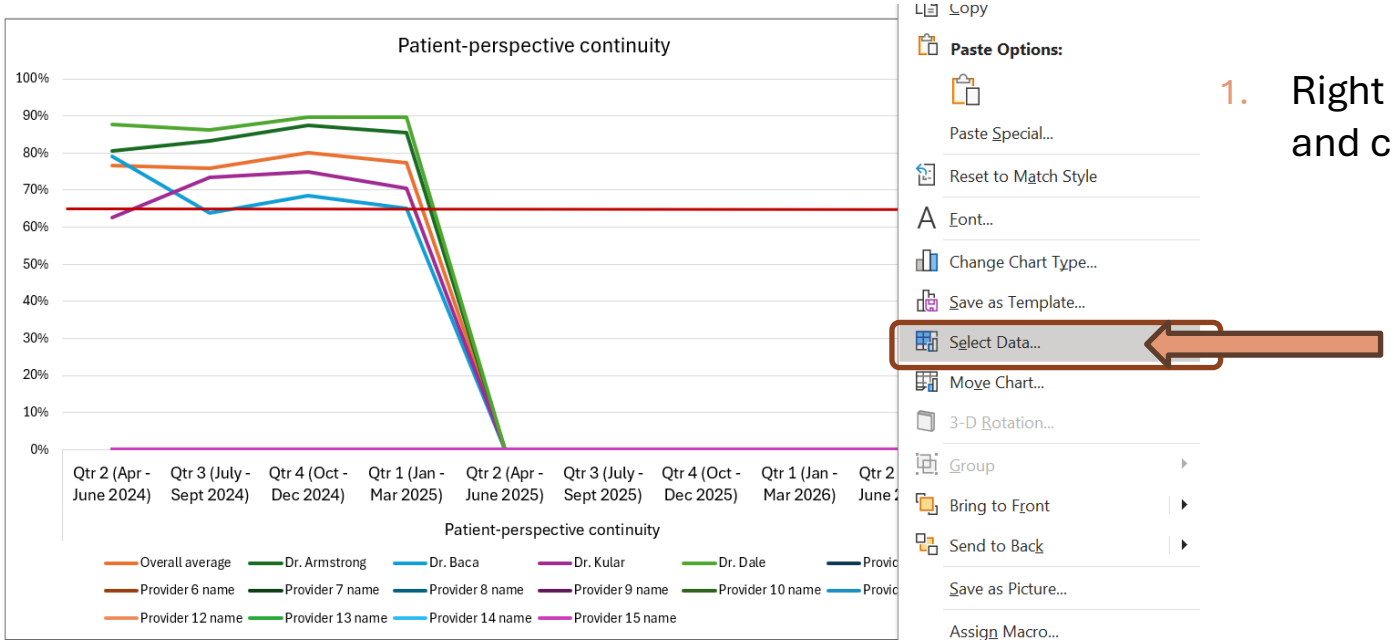
Can you help me clean up the run charts?

The run chart shows lines for additional providers. How can I restrict it to just the number of providers we have?



1. Right click on the graph and choose “Select data”

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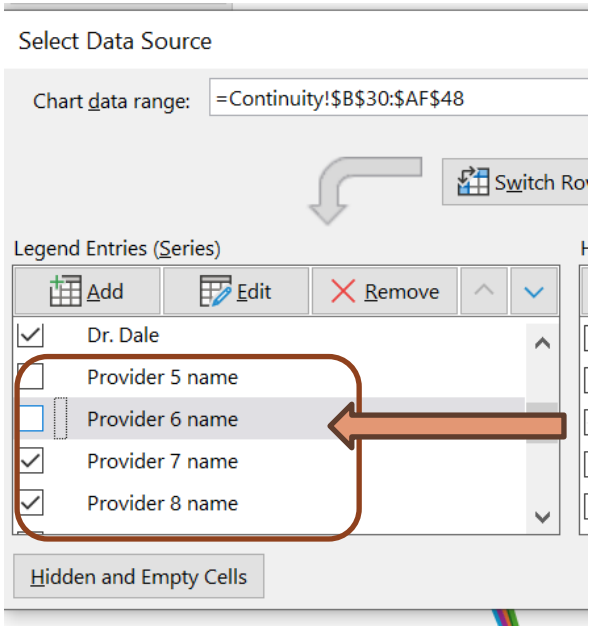
Can you help me clean up the run charts?

The run chart shows additional providers and timepoints. How can I restrict it to just the providers that we have (with no additional spaces)?



1. Right click on the graph and choose “Select data”
2. Within the dialogue box, deselect “extra” provider spaces”

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Milestones and Deliverables

KPI Milestones

4 Milestones Tied to Administrative Measures

Due twice a year.* Submission of the KPI report is a requirement of participation in the program. Submission of the KPI report in and of itself is not payable; reaching milestones related to KPI performance is payable.

Empanelment Achievement	Continuity Achievement	TNAA Achievement	Assigned & Seen Improvement
Achieve target for the percent of patients who are assigned to a care team at the practice	Achieve target for patient-side continuity	Achieve target for average number of days to third next available routine appointment (TNAA)	**FUTURE KPI:** Achieve improvement in assigned patients who had at least one primary care visit within a 12-month period

**Including the 14 practices who are ineligible for the empanelment & access milestones.*

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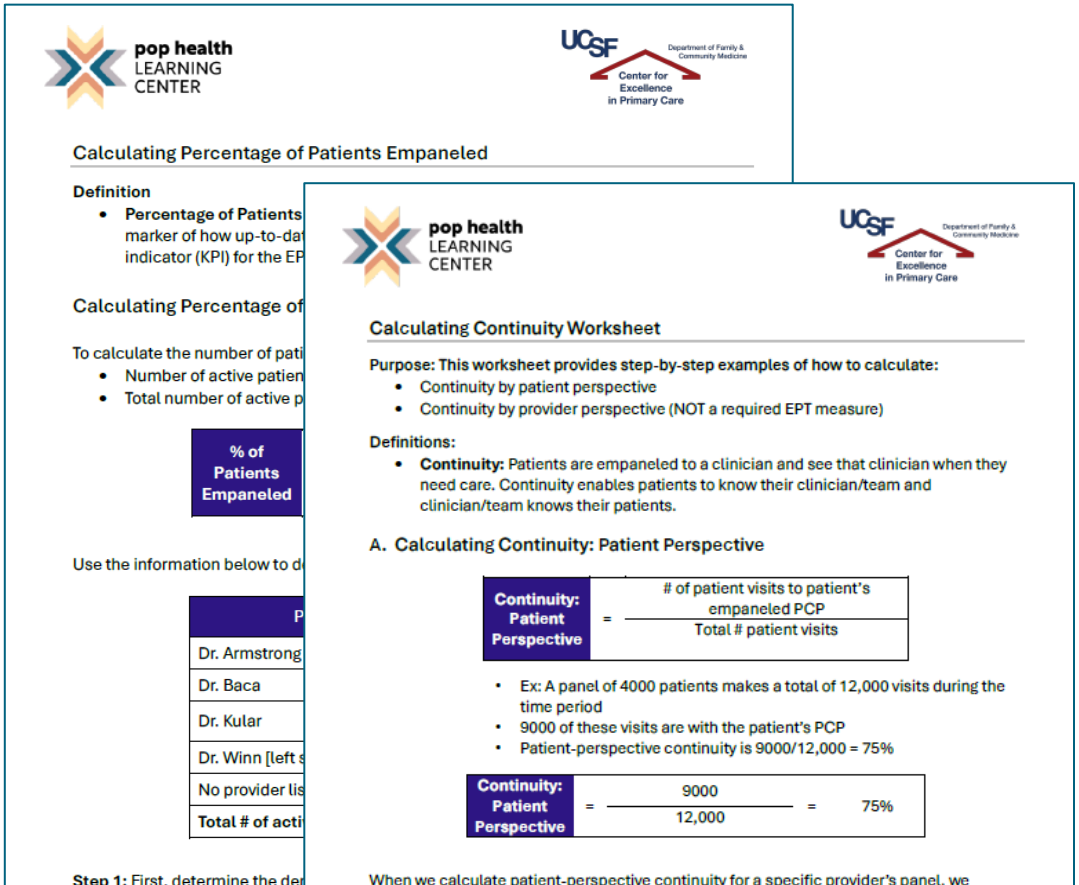
Empanelment and Access Administrative Measures

https://pophealthlearningcenter.org/milestones-and-deliverables/

Administrative KPI reporting cheat sheets



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Center for Excellence in Primary Care

Calculating Percentage of Patients Empaneled

Definition

- **Percentage of Patients**
  marker of how up-to-da
  indicator (KPI) for the EP

Calculating Percentage of

To calculate the number of pati

- Number of active patien
- Total number of active p

% of Patients Empaneled

Use the information below to d

P
Dr. Armstrong
Dr. Baca
Dr. Kular
Dr. Winn [left s
No provider lis
Total # of acti

Step 1: First, determine the de

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Calculating Continuity Worksheet

Purpose: This worksheet provides step-by-step examples of how to calculate:

- Continuity by patient perspective
- Continuity by provider perspective (NOT a required EPT measure)

Definitions:

- **Continuity:** Patients are empaneled to a clinician and see that clinician when they need care. Continuity enables patients to know their clinician/team and clinician/team knows their patients.

A. Calculating Continuity: Patient Perspective

$$\text{Continuity: Patient Perspective} = \frac{\text{\# of patient visits to patient's empaneled PCP}}{\text{Total \# patient visits}}$$

- Ex: A panel of 4000 patients makes a total of 12,000 visits during the time period
- 9000 of these visits are with the patient's PCP
- Patient-perspective continuity is 9000/12,000 = 75%

$$\text{Continuity: Patient Perspective} = \frac{9000}{12{,}000} = 75\%$$

When we calculate patient-perspective continuity for a specific provider's panel, we

Available on Pop Health+ (login required)

- Empanelment
- Continuity

Also will be posted on Population Health Learning Center website

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