Access & Empanelment Frequently Asked Questions
Population Health Learning Center
Equity and Practice Transformation (EPT) Technical Assistance

Access FAQ

1. **What was covered at the October Learning Community related to Access? What should my practice work on following the Learning Community?** This session, presented by Coleman Associates, was designed to help EPT practices understand the impact of no-shows, implement strategies to reduce no-shows, and experiment with real-time schedule management to improve capacity utilization, decrease Third Next Available Appointment (TNAA), and improve patient access. EPT practices should take these actions to start improving access:
   - Reduce your no-show rate using the No-Show Playbook and the Robust Confirmations Toolkit (PopHealth+ login required)
   - Improve your capacity utilization through Jockey-ing the schedule, and
   - Check out the Access Building Block for new modules and materials (PopHealth+ login required)

2. **How can my practice understand access from the patient's perspective?** We recommend that you make a mystery shopper call to your practice to understand how easy or difficult it is to make or cancel an appointment. During this call, pretend that you are a patient looking to make an appointment (don't schedule the appointment). Look up your practice online and follow the online instructions to make an appointment. What are the results?
   - Is scheduling the appointment intuitive or difficult?
   - What is the first thing the practice says to the patient?
   - When is your next available appointment?
   - Were you on hold? For how long?
   - If you left a voicemail, how long did it take you to get a call back?

3. **What is a missed opportunity?** Anytime an appointment slot that could have been used to a see a patient is left unused—such as in the case of no-shows, unfilled cancellations, un-booked appointments, or patients who left without being seen—it represents a missed opportunity. These missed opportunities create artificially high demand for appointments, leading to unused appointments. Reducing missed opportunities will help decrease TNAA.

4. **What is capacity utilization?** Capacity utilization helps practices to understand if their current appointments are well utilized. To calculate this, divide patients seen by appointment slots available, and multiply by 100. For example, if your practice sees 8 patients out of 10 available appointment slots, your capacity utilized is 80%. Improving capacity utilization is a way to improve access without modifying hours of operation or staffing. This article explains how to calculate your no-show rate and capacity utilized.

5. **Why should my EPT practice focus on reducing no-shows?** No-shows indicate a broken relationship between patients and a practice, and reducing no-shows is the first step to improving access. Practices should aim for a no-show rate under 10%. Coleman Associates No-Show Playbook contains strategies on how to reduce no-shows, including through robust confirmations, developing scripts, and more.

6. **How can my practice use robust confirmations?** This involves actively confirming with patients whether they will attend their appointment, as well as building relationships and decreasing cycle times by shifting some tasks from the visit itself to beforehand. See Coleman Associate's Robust Confirmation Toolkit and Two Way Texting Guide for additional information (PopHealth+ login required).

7. **How can my practice jockey the schedule? Jockeying** involves dynamic schedule management based on **arrival times**. To jockey effectively, you must know in advance **when the patient plans to arrive**, so that the appointment slot can be filled if the patient is not coming or will be late. Jockeying is usually done by the front desk and requires strong communication and trust between the front and back office teams. To test jockeying, EPT practices can:
    - Get leadership's support for jockeying to protect the front desk staff from any potential issues with the back office.
    - Instead of waiting to see if patients arrive, proactively confirm their attendance—such as by calling patients 15 minutes before their appointment.
    - Start small by trying jockeying on a limited scale and assessing how it works. Once you've determined if the policy is effective, create a workflow and train your staff accordingly.

pop health LEARNING CENTER

Empanelment FAQs

1. **What was covered at the October Learning Community, Empanelment track? What should my practice work on following the Learning Community?** The Learning Community session, presented by the UCSF Center for Excellence in Primary Care (CEPC), focused on: empanelment, balancing panels, and monitoring empanelment. To build and sustain capabilities, EPT practices should:
   - Empanel patients: Develop or refine your empanelment policy, align primary care provider (PCP) assignments with visit history, and engage patients and staff in empanelment and continuity.
   - Balance panels: Calculate ideal panel size, open and close panels to manage panel size, and conduct active reassignment of patients.
   - Monitor empanelment through the EPT Key Performance Indicators (KPIs): Practices that could not submit one of more of the KPIs should begin data collection so that these measures can be reported in the May 2025 EPT deliverables submission cycle. Practices who submitted on all three measures should begin to track them monthly to identify potential improvements in empanelment and continuity.

2. **My practice is having trouble with provider turnover or reduction of hours, which influences how we can empanel patients and impacts our continuity. How should we address this? How should we rebalance panels?** Provider turnover or reduction of hours is a common challenge to empanelment and access. Many of these challenges are shared by residency teaching practices, which are often staffed by very part-time providers and face a turnover of a full class of residents each year. For this reason, some of the best practices for residency practices may be helpful to address these challenges. CEPC has summarized many of these practices in a series of toolkits for residency practices, such as providing other continuity figures for patients and empaneling to a small team rather than an individual.

3. **How should my EPT practice empanel patients who are assigned to us but have not yet established care?** Practices might take one of several approaches to empaneling patients who have been assigned but not yet seen (the “shadow panel”). One approach is to not assign patients to a provider until they are seen for a first visit. In this case, it is important that someone in the practice conduct outreach to seek to bring the individuals in to establish care (of interest, the EPT measure associated with assigned but unseen patients

holds the MCO responsible for outreach to the shadow panel; however, practices may have greater success with direct outreach). Please see the eModules in the PopHealth+ Empanelment Building Block for additional information on managing shadow panels.

4. **My EPT practice has a IPA or MCP that assigns patients to us. Do we need a separate empanelment policy?** Methods of empanelment such as the 4-cut method or the 1-cut method are fundamentally a mechanism to align assignment of patients in the medical record with their visit history to support patient / provider relationships. When IPA or MCP assignments match that visit history, there is no need to change the assignment. However, if a patient has been assigned to Dr. A but in practice has been seeing Dr. B, then the empanelment process seeks to reassign the patient to Dr. B in order to reinforce and build on the established relationship.

5. **My EPT practice has multiple sites. Should we practice empanelment at the organization level or the site level? What if we have care teams and/or pods of providers?** For EPT, practices should empanel at the provider or care team level. A care team may include 1-2 providers, particularly if these providers are part time and share a panel as practice partners. However, care teams with more providers lose the benefits of continuity, because patients cannot effectively develop relationships of trust with more than 1-2 people. In larger practices, it can also be helpful to group providers into pods, such that when patients need to see someone else due to urgent needs, they are more likely to have at least some repeated contact with the same "back up" providers.

6. **My EPT practice has multiple sites. When we calculate Third Next Available Appointment (TNAA), should we submit the average data for all sites or per site/provider?** For the purpose of EPT reporting, TNAA should be run by provider and then an average taken across providers for the site or organization. This avoids the pitfall of calculating only by site, wherein the site could report an artificially low TNAA resulting from one provider having TNAA while others have a high TNAA.

7. **My EPT practice has floaters that move between locations. Should we assign patients to them?** This is situation-dependent. Practices may empanel patients to providers who work at more than one location. However, if the provider is effectively "filling in," it may be difficult to anticipate their **availability** and schedule their patients with them. In this case, it might be better not to assign patients to them.

8. **Should my practice empanel to our residents? How should my practice factor in patient choice and communicate that this is a resident who may transition away?** Empanelment to residents is very important from the resident perspective, because it is a critical part of learning to begin establishing relationships with their panel. It is also inherently challenging. It is very important to build in communication about the resident transitions proactively (e.g., starting 6 months before a transfer). Pairing residents with another "anchor provider" whose presence will remain constant across transfers can be a helpful strategy to ease transitions.

9. **How should my EPT practice empanel to Advanced Practice Providers, Advanced Clinical Providers, NPs, PAs, etc.?** Practices may empanel patients to advanced practice providers (including all of the types listed above), or they might pair these providers with others as practice partners.

10. **My EPT practice cannot calculate the Access & Empanelment Key Performance Indicators using our EHR. What tools are available to help?** CEPC has developed a KPI reporting tool and how-to video to assist practices in calculating empanelment, patient-perspective continuity, and third next available appointment.

11. **What are some processes/strategies for changing PCPs?** As much as possible, CEPC recommends understanding what characteristics providers are willing to share about themselves (e.g., gender, languages spoken, areas of specialization), so that when new patients are seeking a provider or patients wish to change their provider, they can be asked about the characteristics of a provider that are important to them and matched with someone that meets those values and preferences. Running empanelment reports regularly is helpful to determine how to fill each provider's panel is and close panels for providers who are overempaneled.

    Depending on their policy & procedure, some practices have front office staff fill out a "PCP Change request" form with the patient and have a central person process those requests. This can lead to greater consistency, but also create bottlenecks if that person is busy. Alternatively, empowering front office staff to have those conversations with staff can be an option; this requires some training and support.

12. **How do should my EPT practice educate patients on care teams and continuity?** This should be done repeatedly and in many small ways. For example, the scripts of people answering phones might say, "It looks like your primary care provider is Dr. Dale, and his

first available appointment is Wednesday…" Your appointment cards might have the care team's photos and names on them. You might share a "Why continuity matters" flyer with new patients. For patients who have been bouncing between providers, a short talk with a provider might help – "I see that you've been seeing a lot of different people. How would you feel about coming back to see me as your main provider? That way, I know your history and what we talked about today, so you don't have to keep telling new people about what has been going on."

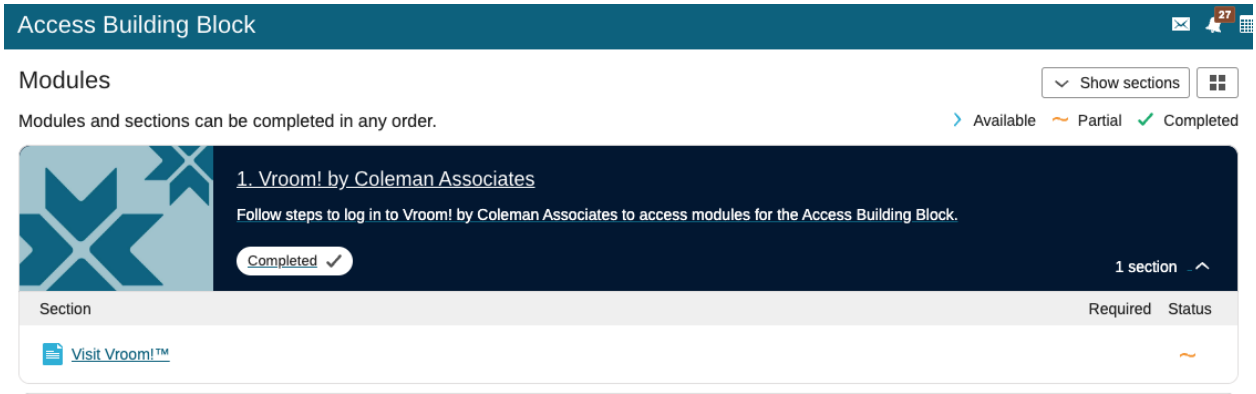
13. **In what scenarios should a PCP not have a panel?** When providers are short term or available on an unpredictable schedule, it is ideal not to empanel patients to them. They might augment access for urgent needs across a practice, or they could be paired with another provider to improve access for that provider.

14. **How should my EPT practice balance access and continuity? Some practices are using a team approach to appointment scheduling and some patients prefer the soonest available appointment with/without their PCP.** There is often some interplay between continuity and access. Best practice is to have the front desk use scripts to remind patients of their assigned provider/care team and first offer an appointment with that provider/care team. (In larger practices, providers can also be broken into pods, and a secondary strategy can be to offer an appointment with another provider in the pod if they do not want to wait to see their own provider). If a patient feels that they need an appointment sooner, their preference should be honored and they should be given an appointment with another provider/care team.

EPT Resources

Access Resources

The Access Building Block in PopHealth+ includes new articles on Access and a link to Vroom!, Coleman Associates' eLearning platform. There are three modules available on Vroom! – Jockeying the schedule, Making Robust Confirmations, and Reducing No-Shows.



Empanelment Resources

In addition to the resources mentioned above, the Empanelment Building Block in PopHealth+ contains:

- Interactive modules on Foundations of Empanelment, Part 1 and 2, which explain the fundamentals of empanelment.
- Cheat sheets for calculating ideal panel size and ideal panel size by FTE, articles about panel size management, and more!

General Programmatic Resources

- Sign up for events on the Learning Center's Events Calendar.
- The Learning Center's Milestones and Deliverables page has resources that include a deliverable submission FAQ, EPT deliverables portal instructions, Empanelment, Access and Data to Enable PHM Milestones and KPIs documents, EPT practice payments, and the full list of EPT milestones.
- PopHealth+ serves as the virtual home for EPT participants and features interactive elearning modules. Need help? See the PopHealth+ Get Started Guide.