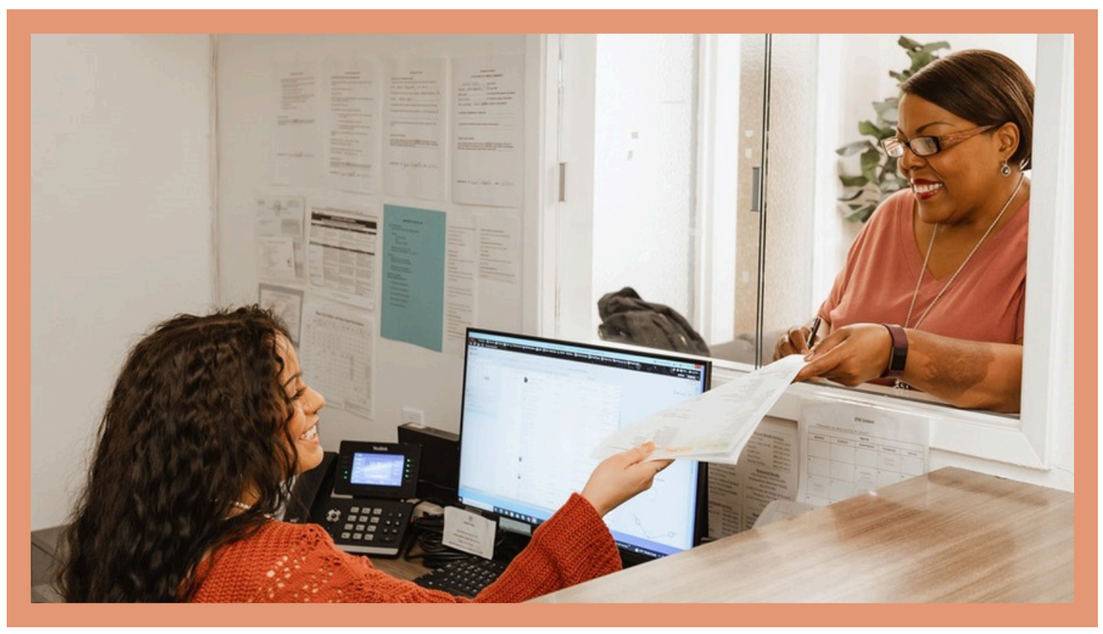
CASE STUDY

EMPANELMENT IN A SMALL, INDEPENDENT PRACTICE

Empanelment: From Theory to Practice

Capitol Family Medical Associates is an independent family medicine practice in Sacramento, California serving people of all ages, including about 3,000 covered by Medi-Cal. Jessica manages day-to-day operations and her husband, James Delgadillo, MD, is the medical director. Since they acquired Capitol Family in 2022, they've wondered how well aligned their patient population is with the size of their clinical team – did they have too many or too few clinicians?



Prior to EPT, charts listed an assigned primary care provider (PCP), most often Dr.Delgadillo, even though he only saw patients once a week. Patients were schedule based on provider availability, not assignment.

EPT offered Jessica a roadmap to implement empanelment and determine ideal panel size. Jessica worked her way through the EPT empanelment curriculum, leveraging EPT technical assistance at key junctures:

VIRTUAL LEARNING

Brief, on-demand modules gave Jessica a firm foundation on the principles of empanelment, how it works, and the value to patients and providers.

EPT OFFICE HOURS

Live sessions with subject matter experts from the UCSF Center for Excellence in Primary Care helped Jessica work through sticky questions and scenarios.

TOOLS & TEMPLATES

Adaptable templates, like a draft Policy & Procedure and anIdeal Panel Size worksheet, gave Jessica a concrete place to start.

The Big Picture

Empanelment, or connecting patients to a specific provider or care team, helps practices manage visit supply and patient demand. Empanelment also supports healthier patient-provider relationships, improves care continuity and supports the goals of population health management. Small independent practices often face challenges implementing empanelment.

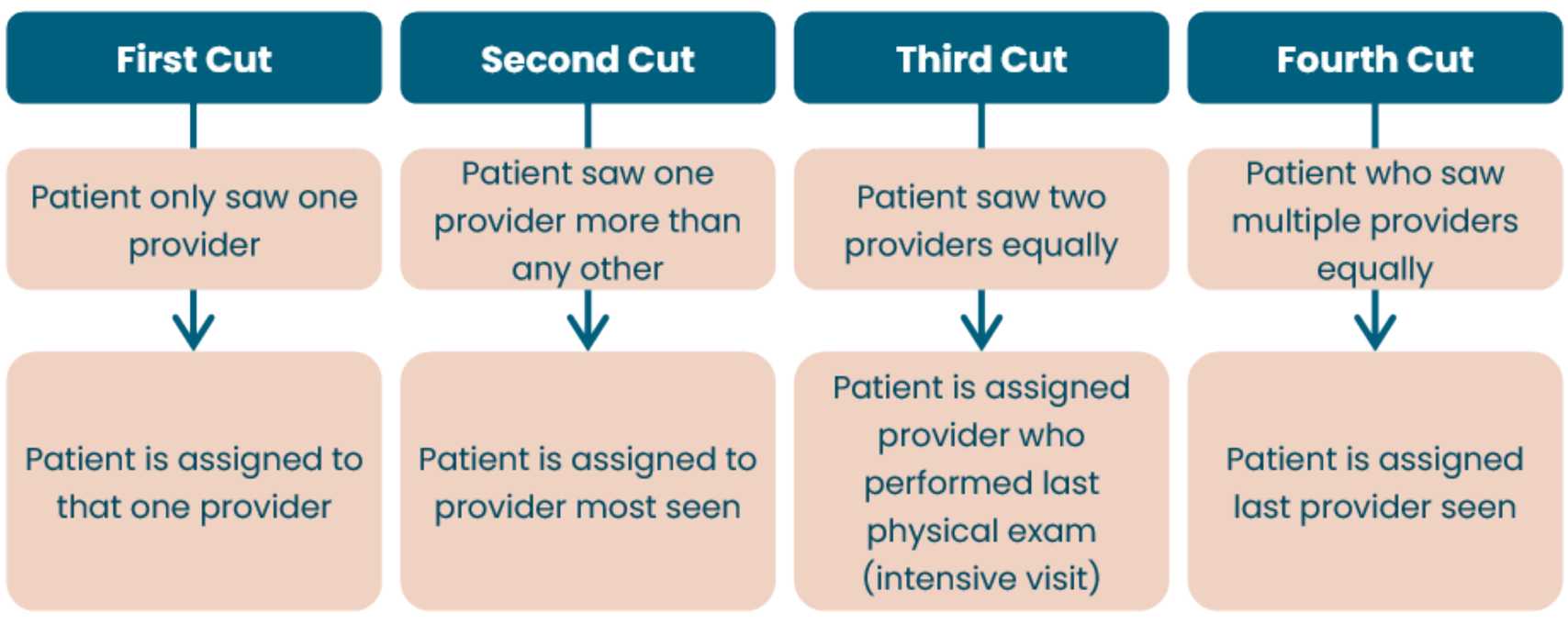
Through participation in California's Equity and Practice Transformation (EPT) initiative, Capitol Family Medical Associates successfully implemented empanelment, optimizing processes that improve continuity, patient experience,
scheduling, staffing and billing.

The Learning Center interviewed Jessica Delgadillo, Director of Capitol Family Medical Associates, in February 2025.

The Four-Cut Method: An Adult Version of Sorting

After Jessica learned the basics of empanelment, she had to figure out how to create balanced patient panels given their two part-time providers. CEPC experts shared options and one approach resonated with Jessica. She created two panels to assign active patients: one with both their .25 FTE physician and .6 FTE NP and the other with their full-time physician.

Once she had two panels with about the same capacity, Jessica used the four-cut method to assign patients to a panel. This method uses office visit data for a practice's active patient population and goes through four different "cuts" to assign patients to a care team.



To start, Jessica needed a report with all patient office visits in the last nine months. She submitted a support ticket to Epic but it was a phone call with Epic's support team that got her a report with all the data she needed. Going through the report brought back memories for Jessica:

> "I used to teach sorting as a kindergarten teacher. The four- cut method felt like an adult-version of sorting."

Making Progress: From Ideal Panel Size to Patient Assignment

EPT's empanelment modules helped her identify all active patients along with their shadow panel, and although it was time-intensive, Jessica completed the empanelment process in a few days. In that process, she determined that their full-time provider's panel was almost at capacity, so she started assigning new patients to the other care team. Capitol Family also adjusted patient assignment to prioritize patient preference, ensuring that Spanish-speaking patients were empaneled to their Spanish-speaking provider.

> “Getting guidance on ideal panel size was the reason I was most excited about empanelment. I had been wondering if we needed another provider.”

One of the most impactful changes Capitol Family made was to differentiate a patient’s empaneled PCP from the PCP assigned by their MCP. MCP assignment did not consider patient preference, visit history or whether a provider’s panel was full. Jessica configured their EHR to include fields to track both the patient’s PCP (e.g., who Capitol Family empaneled the patient to) and the Referring Provider (e.g., the provider assigned by the MCP) so they had a complete data set.

Integrating Empanelment into Practice Operations

Jessica started work to integrate empanelment into various process flows. When patients come in, Capitol Family’s Billing Team determines whether the patient has been empaneled. If not, Billing uses the four-cut method to assign them. Billing also confirms that upcoming visits are scheduled with the right provider and that charts appropriately capture billable services, like annual wellness visits. When Billing notices a patient is scheduled with someone other than their empaneled provider, they check if the patient requested a different provider. If so, they’re re-empaneled.

> “The Billing Team is expert at making sure insurance information is correct to avoid denied claims or claims being sent to the wrong place.”

The new empanelment workflow takes advantage of that expertise to further strengthen continuity and patient satisfaction.

After testing empanelment, Jessica developed Capitol Family’s official empanelment policy. Using the EPT template, she documented processes to assign patients, open and close provider panels and re-assign patients should a provider left the practice. She also established several metrics to monitor empanelment and access, including checking Third Next Available Appointment on a monthly basis to determine if access to care is changing and tracking shadow patients in case they become active again.

Training the office manager on empanelment helped new policies take root in the front office. Jessica plans to train the medical assistants so they can update a patient’s chart with the empaneled provider’s name before it goes to Billing. For now, medical assistants understand the difference between the PCP and Referring Provider.

> “It’s not perfect. A chart may look like a patient saw a provider multiple times when it turns out those appointments were canceled. But everyone gets the intention behind it. Patients prefer to see the same provider instead of a new one every time and empanelment helps us do that.”

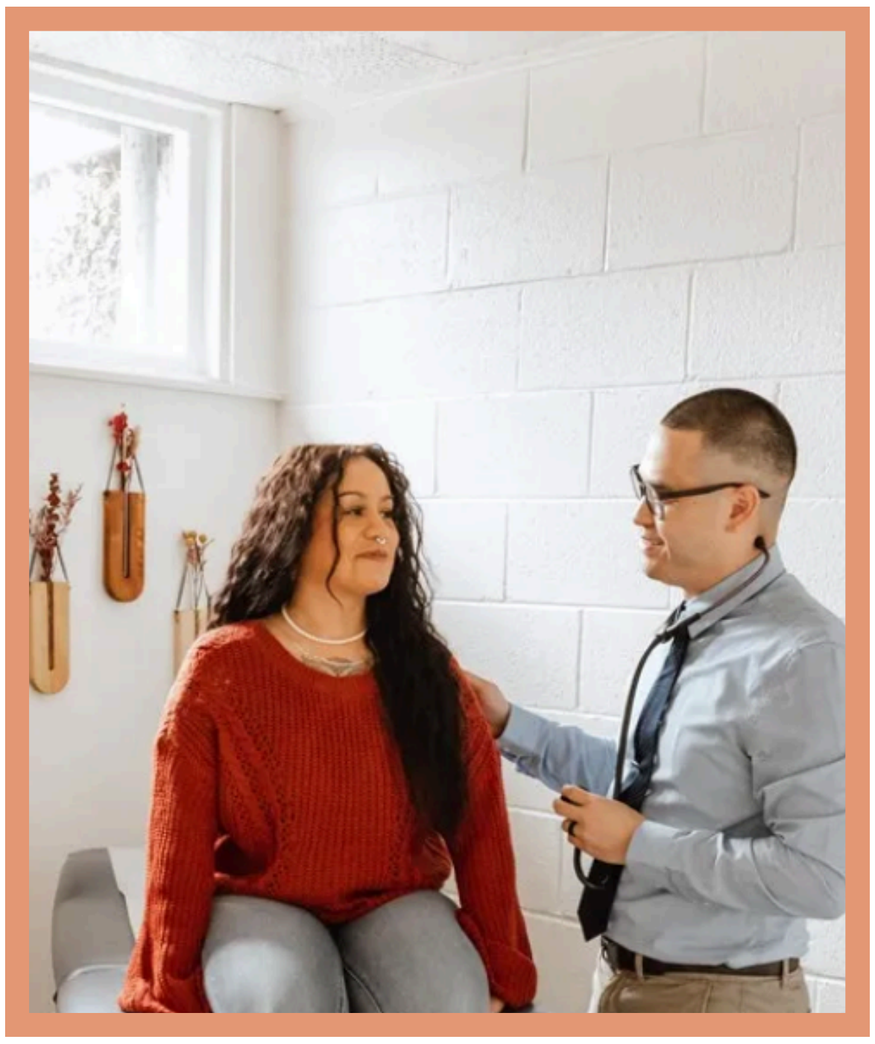
The Rewards of Empanelment

“I was thankful we implemented empanelment when we did,” Jessica said. “We were able to adjust our processes and more confidently build our NP’s panel. Assigning patients helped her establish relationships right away.”

Empanelment also lightened the mental load for care teams, since, as Jessica explained, “If providers are more familiar with the patients coming in, even if they haven’t seen that patient in a while, it’s easier to review their own notes instead of trying to catch up on another provider’s notes and retracing their steps.”

The biggest benefit has been a better understanding of the health of the practice. If she could go back in time, she’d tell herself:

> “You keep worrying if you need a new provider because you have too many patients. Empanelment will help you figure this out.”



Reflections and Advice

For practices new to empanelment, Jessica recommends digging in to understand the basics of empanelment right away. “I was nervous when I first started; I thought we had already failed at empanelment because all our patients were assigned [by the MCP] to a provider who only sees patients one day a week.” By reframing health plan data as assigning patients to the practice and not a particular provider, she felt empowered to empanel patients in a way that works best for the practice.

Jessica now feels confident that they have the right number of clinicians to serve their patients. “The medical business is hard. We got into it to serve our community but there’s a tension between having enough patients to pay the bills but not so many that we can’t serve our patients well.”

Key Terms

Active patients:

Patients who have had a visit within a specific period of time, usually 12, 18, or 24 months.

Continuity:

The percentage of primary care patient visits that are with the patient's empaneled provider or care team. Continuity is an EPT Key Performance Indicator with a benchmark of 70% or higher.

Empanelment:

The percentage of active patients who are assigned to a provider or care team. Empanelment is an EPT Key Performance Indicator with a benchmark of 90% or higher.

Four-cut method:

An approach to empanelment that uses a practice's active patient population to assign patients to a care team. The different "cuts" assign patients who have: (1) only seen one provider; (2) seen one provider more than any other; (3) seen two providers equally; and, (4) seen multiple providers equally.

Ideal panel size:

A calculation that reflects the total visits available in a year (based on a provider's days in clinic and visits per day) and the total visits that patients create (based on average patient visits per year and panel size).

Third Next Available Appointment (TNAA):

The number of business days until a third open appointment where any patient can be scheduled. TNAA is an EPT Key Performance Indicator with a benchmark of 10 days or fewer.

Shadow panel:

Patients assigned by the health plan who have never been seen by the practice.