



Empanelment Training Pre-Work

Assessing Your Practice's Progress on Empanelment Key Changes

Introduction

Empanelment, one of the early steps required for practice transformation, is the act of assigning individual patients to a specific primary care provider and care team. By matching patient demand to each provider's scheduled available clinical time for seeing patients, a practice can create panels that are "right-sized" to enable patients to have continuity and reliable access to their primary care provider and team, which is associated with improved patient experience and outcomes. This process is also an important driver in creating the conditions for joy in practice for providers and care teams.

Empanelment is one of the early steps in practice transformation. For the Empanelment Training, you will begin your preparation by assessing where your practice is in the process of implementing the four Key Changes for Empanelment.

The Process for Completing the Assessment of Empanelment Key Changes

The assessment items for Empanelment describe the characteristics of a practice's operational and clinical processes at four levels along a developmental continuum, from just starting to almost finished.

To make this assessment useful, it is important to be as accurate as possible. That will help you know where you are and what the next steps are for continuing your work. Remember, the results are a description of where your practice is in the territory of change and are not used to judge your practice in any way.

The assessment items for Empanelment are on page 3 of this document.

Use the guidelines below to help you assess your practice for each of the four Empanelment Key Change items.

- Starting with the first item, #8 Patients, first **look at the descriptions for each item by Level from Level D to Level A**. You will notice that for each item, Level D describes a practice that is just beginning the processes related to the implementation of Empanelment, Level C describes a practice with some changes made, Level B a practice with even more changes implemented, and Level A describes a practice that has implemented most of the changes.
- For each item, **decide which Level best describes the current status in your practice**. Try not to overthink any specific item. There are no wrong answers, so 'trust your gut' is a good approach for the initial scoring of the items.

- **Now that you have determined the Level, look at the three numeric scores within that level.** Each describes the progress within the level from just beginning (the lowest number within the level), making progress (the middle number within the level), and almost ready to move to the next level (the highest number within the level).
- **Chose the numeric score within the level you have identified as best describing your practice's progress. Mark that number on the space provided for that item and move to the next item and repeat the process until you have reviewed each of the 4 items** that relate to the Empanelment Change Concept.
- The assessment level (Level D through Level A) and numeric score (from 1 to 12) is likely to vary from one item to another even within the same Change Concept, so **it's important to read and evaluate each item individually.**
- **Each individual from your practice who will attend the training should complete an assessment.**
- Once you have assessed each of the four items for the Empanelment Change Concept, **complete the information below and then copy and paste it into an email and send it to me.** This will help me to understand where each individual practice is in the work of Empanelment as I finalize the design of the training. I will not share your practice name with anyone. It is for my work only.
- If you have questions as you complete the Empanelment assessment, please feel free to contact me at the email address below.
- Please **bring your assessment to the training** so the team from your practice can refer to these to identify and plan next steps for Empanelment in your practice during the work time that will be provided at the training.

COPY AND PASTE THIS TABLE AND EMAIL IT TO ME AT RNeal@qualishealth.org

Empanelment Change Concept: Assessment of Current Status of Implementation			
Practice Name:		Completed by:	
Item	Level (D, C, B or A)	Numeric Score (1-12)	Comments
Item # 8			
Item # 9			
Item # 10			
Item # 11			

Please email this table with the data entered (copy and paste) to:
 Regina Neal
 Email: RNeal@qualishealth.org
 Please send this to me by Sept 25, 2016
 Also feel free to contact me with any questions as you complete this work.

PART 3: EMPANELMENT

- 3a. Assign all patients to a provider panel and confirm assignments with providers and patients; review and update panel assignments on a regular basis.
- 3b. Assess practice supply and demand, and balance patient load accordingly.
- 3c. Use panel data and registries to proactively contact, educate, and track patients by disease status, risk status, self-management status, community and family need.

Items	Level D	Level C	Level B	Level A
9. Patients	<p>...are not assigned to specific practice panels.</p> <p>1 2 3</p>	<p>...are assigned to specific practice panels but panel assignments are not routinely used by the practice for administrative or other purposes.</p> <p>4 5 6</p>	<p>...are assigned to specific practice panels and panel assignments are routinely used by the practice mainly for scheduling purposes.</p> <p>7 8 9</p>	<p>...are assigned to specific practice panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.</p> <p>10 11 12</p>
10. Registry or panel-level data	<p>...are not available to assess or manage care for practice populations.</p> <p>1 2 3</p>	<p>...are available to assess and manage care for practice populations, but only on an ad hoc basis.</p> <p>4 5 6</p>	<p>...are regularly available to assess and manage care for practice populations, but only for a limited number of diseases and risk states.</p> <p>7 8 9</p>	<p>...are regularly available to assess and manage care for practice populations, across a comprehensive set of diseases and risk states.</p> <p>10 11 12</p>
11. Registries on individual patients	<p>...are not available to practice teams for pre-visit planning or patient outreach.</p> <p>1 2 3</p>	<p>...are available to practice teams but are not routinely used for pre-visit planning or patient outreach.</p> <p>4 5 6</p>	<p>...are available to practice teams and routinely used for pre-visit planning or patient outreach, but only for a limited number of diseases and risk states.</p> <p>7 8 9</p>	<p>...are available to practice teams and routinely used for pre-visit planning and patient outreach, across a comprehensive set of diseases and risk states.</p> <p>10 11 12</p>
12. Reports on care processes or outcomes of care	<p>...are not routinely available to practice teams.</p> <p>1 2 3</p>	<p>...are routinely provided as feedback to practice teams but not reported externally.</p> <p>4 5 6</p>	<p>...are routinely provided as feedback to practice teams, and reported externally (e.g., to patients, other teams or external agencies) but with team identities masked.</p> <p>7 8 9</p>	<p>...are routinely provided as feedback to practice teams, and transparently reported externally to patients, other teams and external agencies.</p> <p>10 11 12</p>