

Panels: Where is the DATA

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Objectives

- Review the literature on panels
- Recognize the gap
- Describe UW Health panel journey
- Review UW Health Paper
- Discuss an example of a successful writing collaborative that bridges the gap between primary care clinical transformation and rigorous scientific study

Your job as you hear this talk

- Jot down one or two goals for panels at your institution.
- What are the barriers to progress in your institution? What are strengths?
- Think about connecting clinicians who transform clinical care with researchers.
- Are groups in ACLGIM interested in serving as a cohort for studying panels and addressing gaps in the literature.
- Is it you?

Panel

- Dictionary definition: “a small group of people brought together to discuss, investigate, or decide on a particular matter, especially in the context of business or government.”

Health Care Panel

- The group of patients attributed to a PCP.
- The group of patients empaneled with a PCP.
- The group or population of patients for whose primary care a specific provider is responsible.

- VA

empanel

- **im·pan·el**
- (im-păn'əl) also **em·pan·el** (ĕm-) *tr.v.* **1.** To add or include (a person's name) on a list of persons selected for jury duty.
- **2.** To select (a jury) for trial from such a list.

empanelment

- empanelment
- noun form of [impanel](#)
- VERB
- enroll (someone) on to a jury.

Empanelment

- Empanelment is the act of assigning individual patients to individual primary care providers (PCP) and care teams with sensitivity to patient and family preference.
 - Safety Net Medical Home Initiative.
- “Empanelment is a foundational building block of high-performing primary care.”
 - Bodenheimer

Literature Review

- Writing about panels started after the IOM report in 1996 entitled “Defining Primary Care: America Health in a New Era”
- Concept: primary care was to be **accessible, integrated**, physicians **accountable** large majority of person health needs, **continuous** partnership with patients and community

VA's role as early adopter

- Primary Care Implementation paper: 1998
- VHA directive in 2002-2003 to define and measure primary care panels.
 - one PCP
 - defined active panel
 - face to face and non face to face
 - staffing
 - space
 - disease complexity

Early to mid 2000's

- Little written on panels
- Papers looking at ability of PCP to provide care required in IOM report, specifically access.
- Yarnall paper: Primary Care: Is there enough time for Prevention? 7.4 hours a day for prevention. Am J Public Health. 2003;93(4):635-641
 - 7.4 hrs. a day for prevention only.

2007

- Murray Paper: How Many Patients can one doctor manage? Fam Practice manag. 2007;14(4):44-51
 - Methodology for determine panels: supply and demand
 - Early weighing system
- Kaiser Permanente moved to PCP level panel management for Pop Health.

2010-Now

- Descriptive
 - Capacity
 - Developing models
 - how to papers
- Policy papers
- Outcomes
 - Observational
 - Retrospective
 - Cross sectional

What does the literature say? Size

- Only 1/3 of PCP's can estimate panel size
 - Peterson 2015
- Panel size can be modified by who is on the PCP team.
- All over the board on size
 - VA 1,200 MD 900 APP
 - 1000-3000 with 1,800-2500 most standard
 - Murray paper 1800-2000

Two methods to determine panel size

- Work load formula (Murray 2007)(VA)
$$\frac{\# \text{ of visits per day} \times \# \text{ of days worked per year (supply)}}{\text{Average \# of visits per patient per year (demand)}}$$
- “Target” panel size
 - Size determined and then adjusted by a variety of contextual factors. (UW Health System)(VA)

What does the literature say? panel weighting

- Limited number of papers. Leaning toward answer of yes. Needs to be based on institutional context.
 - Work of the panel (UW Health)
 - Complexity of illness (VA, Palo Alto)
 - Operational issues such as staffing, rooms(VA)

What does the literature say: Outcome measurements

- Access: mixed and limited.
 - Right sizing improves access(UW Health)(Mayo)
 - Right sizing did not change access(UW Health)
 - Over paneling decreased access
 - No correlation with large panels and access(Margolius 2018)

What does the literature say: Outcome measurements

- Staffing: extremely limited data on optimal staffing models
 - Staffing model affects panel size (VA)
- Burnout: very limited
 - Helfrich, Finn 2107 over paneling...burnout
- Quality metrics: mixed tending toward minimal impact
 - VA minimal
 - Pt sat no change(mayo)
 - 8 measures minimal change(Carrier)

UW Health Panel Weighting Story



What is UW Health?

UW Health is the integrated health system of the University of Wisconsin-Madison serving more than 600,000 patients each year in the Upper Midwest and beyond with 1,400 physicians and 16,500 staff at six hospitals and 80 outpatient sites

UW Health is governed by the UW Hospitals and Clinics Authority and partners with UW School of Medicine and Public Health to fulfill their patient care, research, education and community service missions



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON

UW Health Madison Hospitals

- University Hospital
- American Family Children's Hospital
- UW Health at The American Center
- UW Health Rehabilitation Hospital

UW Health Regional Hospitals

- Swedish American Hospital, Rockford, IL
- Belvidere Medical Center, Belvidere, IL

UW Health Clinics

Throughout Wisconsin and Northern Illinois

UW Medical Foundation

UW faculty physician practice

UW Carbone Cancer Center

Comprehensive Cancer Center, designated by the National Cancer Institute (NCI)

Unity Health Insurance and Gundersen Health Plan

Highly rated health plans

University Health Care

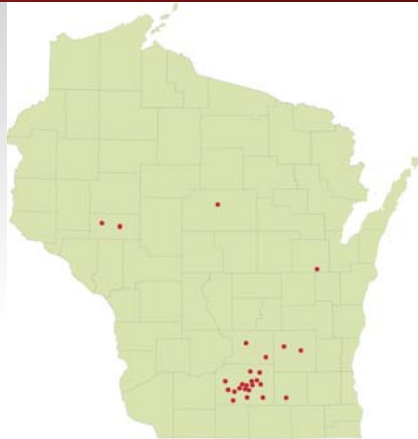
Regional relationships and contracting

Joint Ventures and Affiliations

Cancer centers, surgery centers, dialysis programs, home health, infusion and many other programs and services

UW Health Primary Care

- 43 Primary Care Clinics in 27 locations
- 306 primary care physicians of which 103 are residents
- 288,149 active patients medically homed at UW Health



UW Health Primary Care Redesign Journey

- GIM, Family Medicine, Peds Unified
- Panel weighting system
- Panel Based Compensation Plan
- Care model redesign
- Standard primary care job description
- Next Gen ACO
- Disseminate our work

AND IT ALL BEGAN WITH PANELS

UW Health Panel Weighting

GOALS

Recognize true work of a panel of pts at the clinic level

Standard for opening and closing panels

One weighting system for all primary care

Use for work force planning

Improve access

UW Health panels refinement of panel weighting

- Stage one. GIM, primitive, weighting wrong
- Stage two: Utilization(work)-based panel weighting system using sociodemographic factors to account for patient complexity. Current paper.
- Stage three: Refine definition of work from touches to RVU's including defining RVU's for non-face to face work of phone calls and patient portal(My Chart)

UW Health Panel Goal

- Weighted panel of 1,800 with an APP 2,100.
- APP are not PCP's in our system. They add 900 patients to a clinic.
- Ratio of 1 full time APP for 3 full time MD's so an APP adds 300 pts to a panel.
- May close at 105%
- Limit at 120%

Panel Weighting System

- Derived from 3 years of historical UW Health utilization data at PCP sites
 - Attributed to a PCP
 - Active
 - Age
 - Insurance Type
 - Gender
 - Number of measured touches in our EMR
- Panels reflect work done per patient
 - Weightings range from .53-2.22

Panel Weighting

Female	Weighting	Male	Weighting
Medicaid 0-3	1.44	Medicaid 0-3	1.51
Medicaid 4-14	0.78	Medicaid 4-14	0.85
Medicaid 15-39	1.20	Medicaid 15-39	0.69
Medicaid 40-59	1.45	Medicaid 40-59	1.13
Medicaid 60-74	1.57	Medicaid 60-74	1.42
Medicaid ≥ 75	1.71	Medicaid ≥ 75	1.04
Medicare 0-3	0.00	Medicare 0-3	0.00
Medicare 4-14	2.62	Medicare 4-14	0.00
Medicare 15-39	1.82	Medicare 15-39	1.15
Medicare 40-59	2.22	Medicare 40-59	1.65
Medicare 60-74	1.17	Medicare 60-74	1.52
Medicare ≥ 75	1.98	Medicare ≥ 75	1.89
Other 0-3	1.55	Other 0-3	1.65
Other 4-14	0.82	Other 4-14	0.84
Other 15-39	0.81	Other 15-39	0.53
Other 40-59	1.00	Other 40-59	0.80
Other 60-74	1.21	Other 60-74	1.12
Other ≥ 75	1.09	Other ≥ 75	1.33

Other uses for our panels

- Compensation
- Design Staffing model
- Reporting quality metrics including public reporting
- Create our chronic disease registries
- Assign chronic care nurses



Critical for Success

- Attribution. Must be able to do PCP level.
- EMR
- No touching the PCP field. Hard stop.
- Define who is the PCP
- Define your panel number
- Define active
- Clean the PCP field
- Transparency

Reports Given to PCP's

- Individual physician panel data
- Department/clinic site data
- Individual Physician Patient Add/drop list
- Percent My Chart active

Issues

- Need to limit panels
- What to do with over paneling.
- Are APPs PCP's or not

Outcomes

GOALS

Recognize true work of a panel of pts at the clinic level

Yes/no

Standard for opening and closing panels

yes

One weighting system for all primary care

yes

Use for work force planning

yes

Improve access

Yes/no

UW Health paper

- Kamnetz, al etc. A Simple Framework for weighting panels across primary care disciplines: findings from a large US. Multidisciplinary Group practice. Quality Management in Healthcare 2018;29(4)185-190
- Observational, time series, retrospective

Outcomes

- Increased number of total patients by 2%
- Improved access as measured by the patient satisfaction question, Was as appointment available with needed?
- Increased open panels in GIM, decreased open panels in DFM and peds

Panels: Where is the DATA

Why is there a gap in the literature?

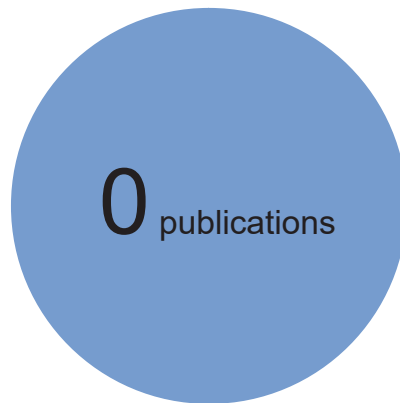
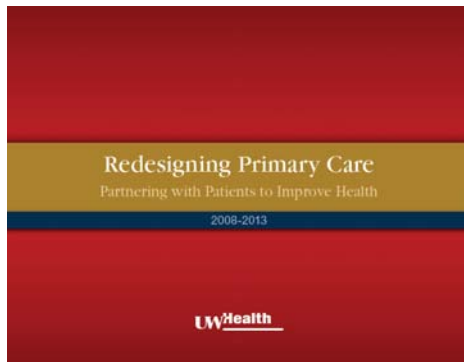
- Its not because national clinical systems are stagnant. They are transforming including innovative panel work.
- Its not because there are no Health service researchers interested in clinical transformation.
- There is a gap between clinicians transforming at the front line and health service researchers

Our gap between clinicians and researchers

- Our transformation work started in 2008 with clinicians, operations and quality improvement leaders at the front line.
- Five years into our redesign efforts our CEO asked us to disseminate our work. We didn't have the skills
- A group on campus HIP did.
- www.hip.wisc.edu



Primary care redesign and scholarship before HIP alignment



Becoming a Learning Health system

- We partnered with a tenure assistant professor in the Health Innovations Program (HIP) to form a writing collaborative. She had the skills. We had the programs. We had a common goal.
- PATH (Primary Care Academics Transforming Health care) was born.
- This article is a result.

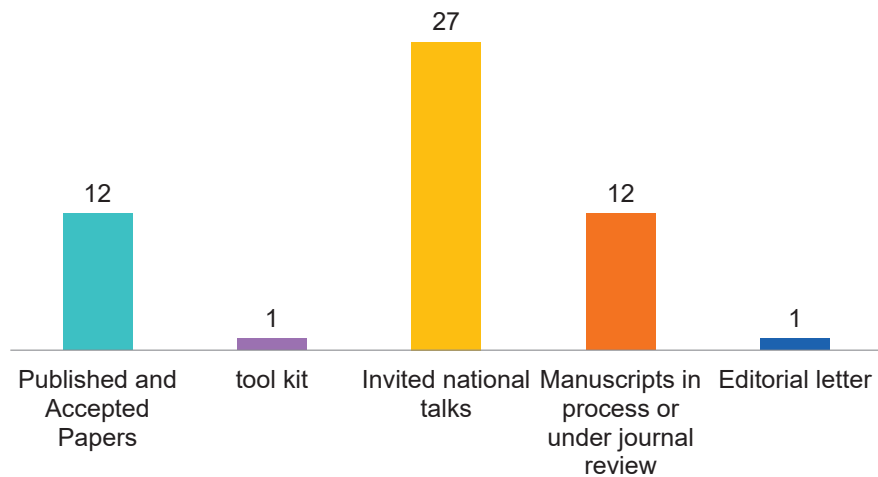
The logo for PATH, featuring the word 'PATH' in a bold, serif font with a red graphic element on the left side.



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Accomplishments since 2013



Resources for free sharing

- HIP shares resources through tool kits
- Wisconsin Primary Care Compensation Toolkit. WIPCOT. Early 2019
- UW Heath Panel weighting formula and comp formulas will be in the tool kit.



- www.hipxchange.org www.hip.wisc.edu/PATH

Call to action

- Is there a group in ACLGIM interested in collaborating to study panels and address the gaps in the literature.
- Could we make an ACLGIM tool kit?

In summary

- There is literature on panels.
- It is limited.
- There is a need for more study.
- UW Health has been all in with panels since before 2008. We continue to refine.
- There may be a gap between researchers and clinicians in clinical transformation that contributes to literature gaps. There was at UW Health.

Thank You!

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Questions

