

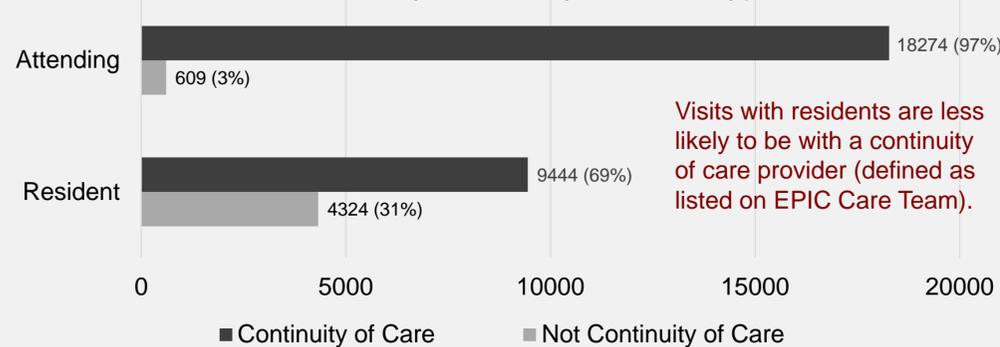
# Improving Patient Empanelment and Continuity as a Foundation for Quality Improvement Initiatives in Resident Primary Care Clinic

Seth Scheetz, MD, Samuel Trump, MD, Ankur Srivastava, MD, Alejandro Plana, MD, Mary Acosta, MD, Elizabeth Murphy, MD

## Problem

- Empanelment is the process of assigning a patient to an individual primary care physician (PCP) or care team. Efficient empanelment can improve quality of care and accountability.
- PCPs face the challenge of large patient panels. Although this burden is recognized by PCPs and may contribute to decreased provider satisfaction, **there is a lack of evidence to guide optimal absolute patient panel sizes**, particularly in resident clinics, and only low evidence regarding the impact of panel size on outcomes.
- There is a greater focus on continuity from a patient and provider perspective, because evidence shows that higher continuity improves patient satisfaction, educational experience, and clinical outcomes, and decreases ED utilization and hospitalizations.
- **Resident clinics have lower rates of continuity than non-teaching sites**, in part due to competing training requirements.
- Residents often care for a larger proportion of outpatients from underserved backgrounds with higher levels of psychosocial vulnerability. Resident patients are less likely to achieve chronic disease and preventive screening outcome measures and have higher rates of ER visits and hospitalizations.

Continuity of Care by Provider Type



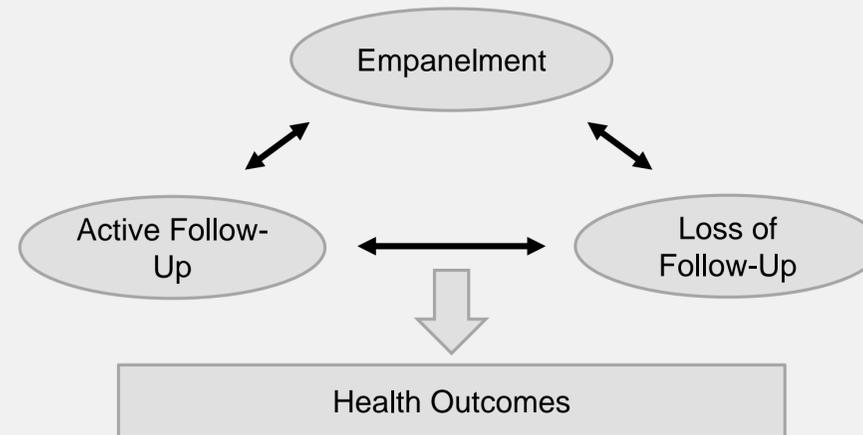
Data from George Weyer, MD

## Goal

- The goal for this initiative was to create a framework for targeted quality improvement initiatives in resident primary care clinic.
- **The primary goal is to improve empanelment (absolute size and complexity) and continuity from a patient and resident perspective.**
- The secondary goal is to improve outcomes including patient satisfaction, resident satisfaction, and equity in health outcomes (preventive health maintenance, ER visits, hospitalizations).

## Intervention Design

We developed a process map for patient points of contact with resident primary care clinic in order to identify areas for improvement.



### A) Initial Empanelment

- A resident assigns/reassigns a patient to their own panel in clinic
- The scheduling team assigns/reassigns a patient to a resident PCP
- An inpatient team schedules a patient for follow-up with a resident
- An outgoing PGY3's panel is transferred to a rising PGY2
  - **Opportunity to optimize panel size/complexity**
  - **Discuss immediate responsibilities for PCP and care team at time of empanelment**
  - **Optimize panel handoff between outgoing PGY3 and rising PGY2**

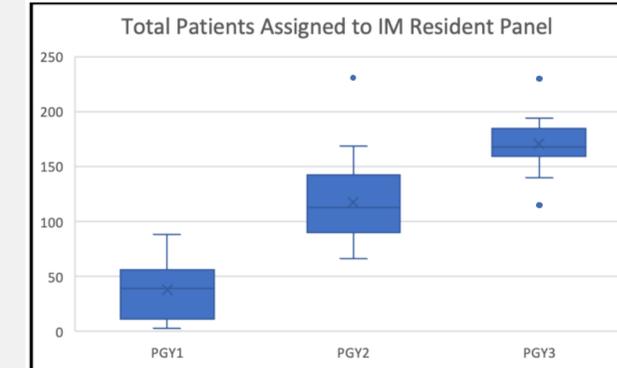
### B) Active Follow-Up

- A resident requests scheduling a follow-up appointment (can go to PCP, trio (3-resident team), alternative resident, or urgent care)
- An inpatient team requests a hospital follow-up appointment
- A patient contacts the clinic and is scheduled for an appointment
  - **Meet with outpatient and inpatient scheduling teams to discuss prioritizing continuity with PCP and trio partners**

### C) Loss of Follow-Up (>18 months without appointment)

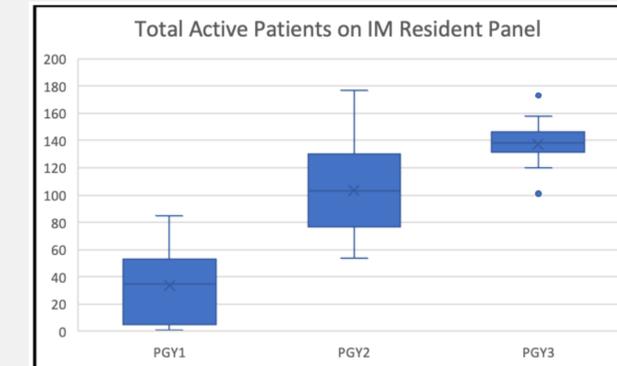
- A healthy patient may not seek medical care for >18 months
- An active patient may miss an appointment and not have a new appointment scheduled
- A patient may move to a new hospital without notifying the clinic
  - **Determine who identifies loss of follow-up and contacts patient to re-connect with system and update empanelment**

## Initial Intervention: Re-Empanelment



Median total patients assigned to IM resident panel by year, Sep 2022

PGY1: 40  
PGY2: 113  
PGY3: 168



Medial total "active" patients on IM resident panel by year, Sep 2022

PGY1: 34  
PGY2: 103  
PGY3: 138

- Average panel size increases yearly, but **there is wide variability of total and active patients among resident panels within each year.**
- The goal number of active patients per panel is ~120. A majority of PGY3 panels and some PGY2 panels are above this threshold.
- An initial intervention for this academic year focused on **transitioning low complexity patients from PGY3 panels to PGY1s instead of PGY2s** and removing patients who were lost to follow up.

## Next Steps

- Outreach to residents and attendings about the importance of empanelment and continuity will help with buy-in for interventions.
- Further cycles of re-empanelment will be needed to address panel size and variability and to identify patients lost to follow-up.
- Additional interventions within the active follow-up scheduling process can be identified to further improve continuity.
- We will ultimately track health outcomes in relation to these efforts.

## Acknowledgements

- Special thanks to primary care group leadership including Dr. Vinci, Dr. Weyer, and Dr. Oyler for their support on this project.