

Empanelment in a residency program: towards the quadruple aim

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DISCLOSURE

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Dr Rowland: nothing to disclose

Dr Lara: nothing to disclose

Dr Kapil: nothing to disclose

Learning objectives

- ▶ Describe the rationale for empanelment
- ▶ Explain barriers to empanelment in a residency clinic
- ▶ Describe metrics for measuring the success of empanelment

Talk outline

Background

- Program
- Empanelment
- Project

Project

- Baseline #s
- Methods
- Preliminary outcomes
- Next steps

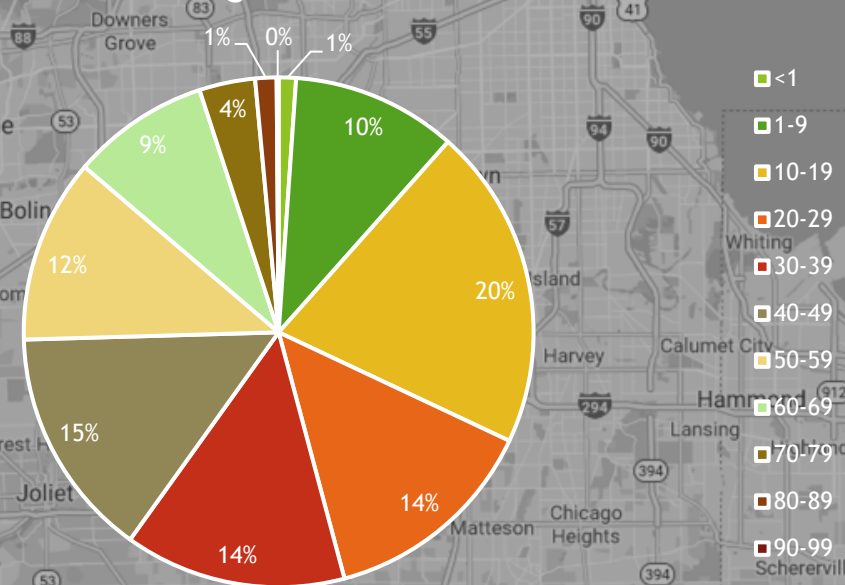
Questions
Live!

Rush Copley Family Medicine Residency

- ▶ Aurora, IL: population 190,000
- ▶ 200 bed community hospital
- ▶ 4/4/4 Unopposed program
- ▶ As of 11/14/20: 14 residents
- ▶ FMC visits

- ▶ 60% female
- ▶ 50% Medicaid primary
- ▶ 58% White
- ▶ 18% Black or African American
- ▶ 4% Asian
- ▶ 40% Latinx

Age distribution



Background

Empanelment

The process of assigning 1 PCP and 1 care team to every patient

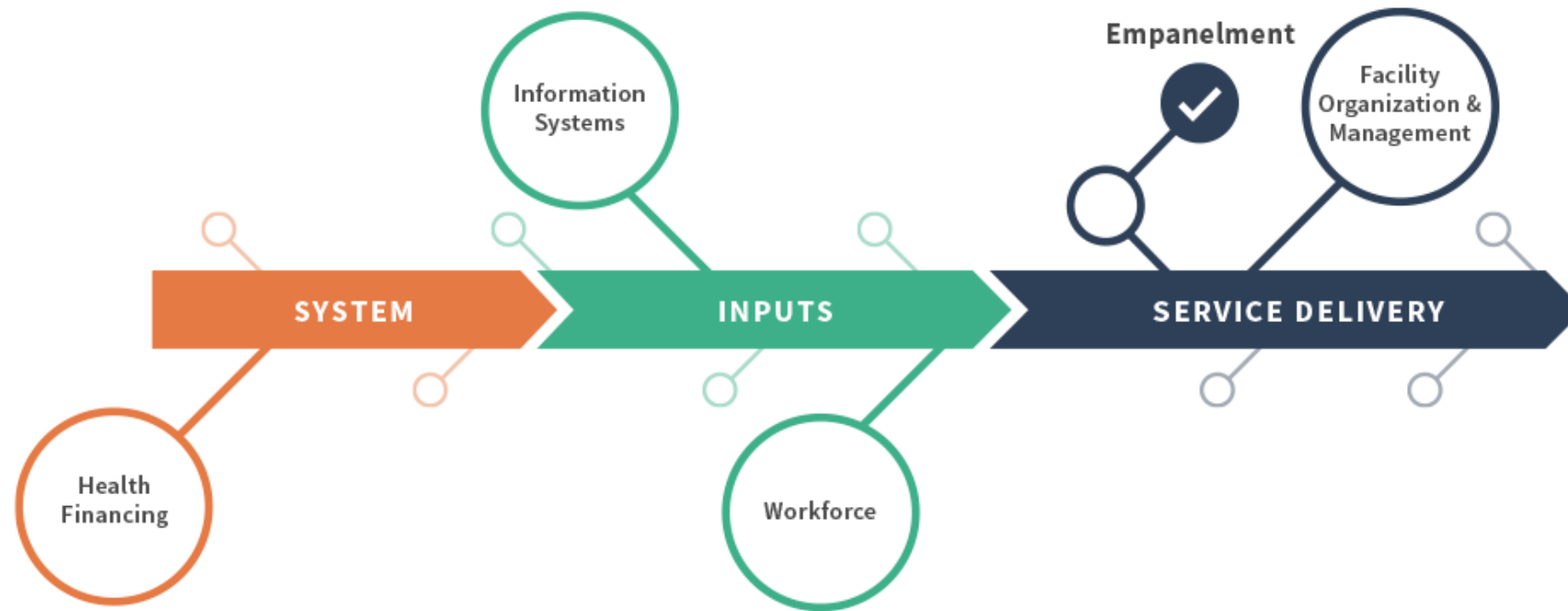
Panel

A medical word for “list”



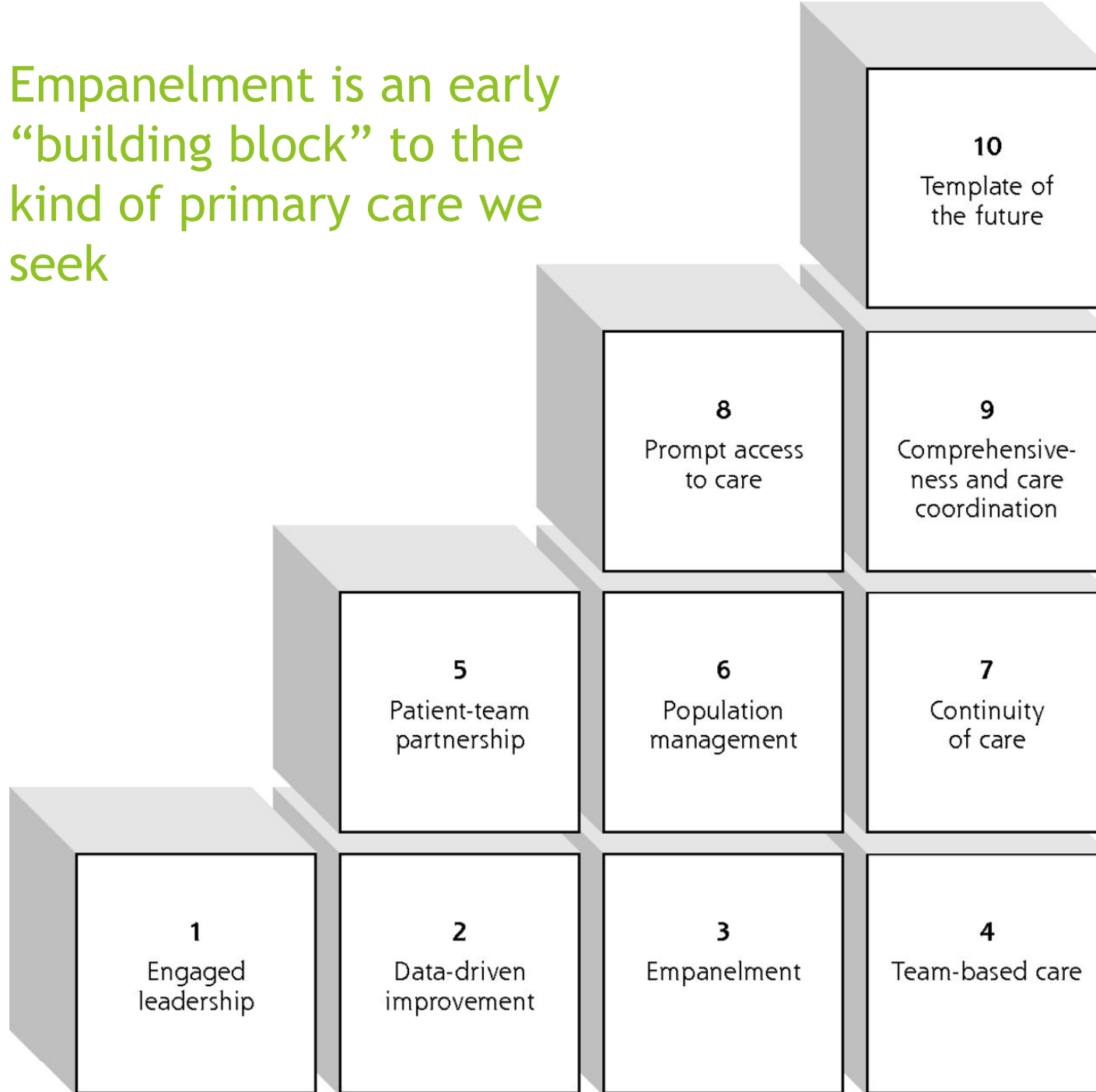
Image credit: hiteqcenter.org

Empanelment is one step in the long path to excellent primary care



<https://improvingphc.org/>

Empanelment is an early
“building block” to the
kind of primary care we
seek



Empanelment project aims

1. Every patient has a PCP
2. The role of the PCP is clearly defined and agreed upon by the clinicians
3. Every PCP is part of an effective, highly functioning care team
4. The majority of patient visits for any reason are with the PCP
 - ▶ In person or virtual
 - ▶ When not with the PCP, with the care team

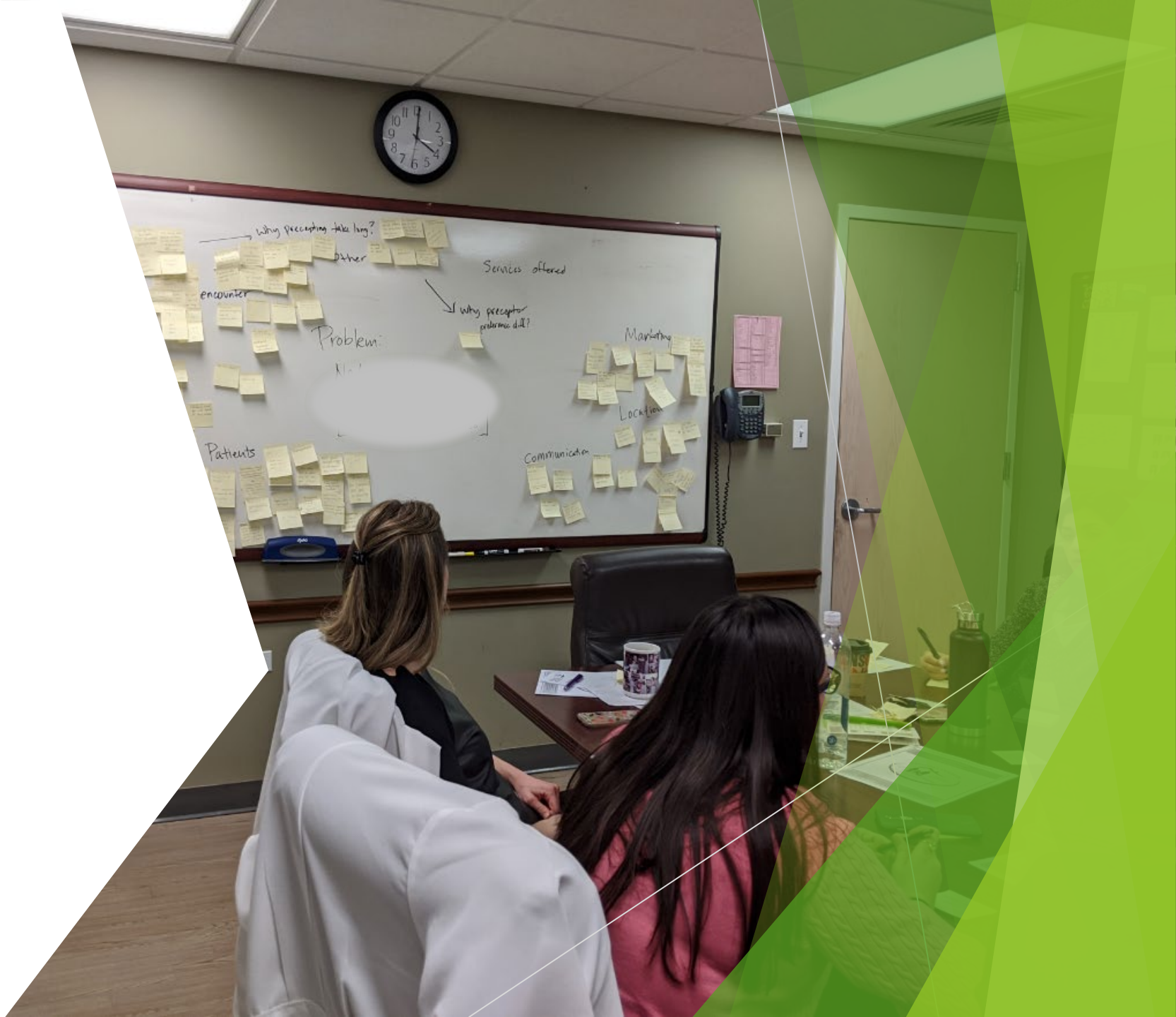
Prior to empanelment process

- ▶ 2029 unique patients assigned to residents
- ▶ 31% had no current PCP
 - ▶ Blank (19.5%)
 - ▶ Former resident (11.6%)
- ▶ Most common resident PCP listed was Blank (19.5%)
- ▶ Continuity rate: 59%
 - ▶ Individual range: 48%-77%
 - ▶ PGY1 average: 64%
 - ▶ PGY2 average: 54.7%
 - ▶ PGY3 average: 64.5%

$$\text{Continuity rate} = \frac{\text{Assigned patients seen}}{\text{All patients seen}}$$

Defining the role of the PCP

- ▶ Iterative, resident-driven, patient-centered process
- ▶ Identified the “job description” as including 7 domains
 - ▶ Medical care
 - ▶ Continuity/availability
 - ▶ Communication
 - ▶ Coordination
 - ▶ Collaboration
 - ▶ Empathy
 - ▶ Education
- ▶ Each with multiple sub-domains



Creating the panels

- ▶ Spreadsheet of 28 months of visits
 - ▶ Jan 2018-April 2020
- ▶ MRN, Name, DOB, date of last visit, visit reason, last resident seen, resident PCP assigned
- ▶ Assigned PCPs were retained
- ▶ Unassigned PCPs or assigned to a PCP who graduated:
 - ▶ Last visit carried forward
 - ▶ Families kept together
 - ▶ Medical record searched to ID PCP
 - ▶ Assigned at random
- ▶ Change forms available for both patient and clinicians for errors
- ▶ Rolled out 7/1/20

874		01/03/2019	RASH ON LOWER BODY	CUOZZO, ROSALIA	CUOZZO, ROSALIA
875		03/02/2020	Dm fu	CUOZZO, ROSALIA	CUOZZO, ROSALIA
876		06/10/2019	Knee pain	CUOZZO, ROSALIA	CUOZZO, ROSALIA
877		03/19/2019	ER follow up	NOORLANDER, STEPHEN RICH	CUOZZO, ROSALIA
878		03/13/2020	t19 Rash came back on arm pi	UPADHYAY, UNNATI	CUOZZO, ROSALIA
879		03/19/2020	H&P for surgery	AQUINO, FRANCIS HAMLET	CUOZZO, ROSALIA
880		01/28/2020	T19-6 month well child RC no	KWARCIK, DYMAN C	CUOZZO, ROSALIA
881		02/13/2020	lump on pelvic area	SMITH, NATHAN	CUOZZO, ROSALIA
882		12/03/2019	T19-4 year well child	CUOZZO, ROSALIA	CUOZZO, ROSALIA
883		03/11/2020	t19 med fu	CUOZZO, ROSALIA	CUOZZO, ROSALIA
884		12/09/2019	Cold symptoms - - - - -	SINGH, ISHMINDER - - - - -	CUOZZO, ROSALIA - - - - -
885		12/20/2019	t19 dizziness for 2 weeks	CUOZZO, ROSALIA	CUOZZO, ROSALIA
886		10/25/2019	yearly check up	CUOZZO, ROSALIA	CUOZZO, ROSALIA
887		09/30/2019	Fu Bp	CUOZZO, ROSALIA	CUOZZO, ROSALIA
888		06/19/2018	RE-ESTABLISH CARE - GENERA	CUOZZO, ROSALIA	CUOZZO, ROSALIA
889		10/24/2019	Check up/meds	CUOZZO, ROSALIA	CUOZZO, ROSALIA
890		02/11/2020	follow up	CUOZZO, ROSALIA	CUOZZO, ROSALIA
891		03/02/2020	Back pain	CUOZZO, ROSALIA	CUOZZO, ROSALIA
892		12/26/2018	follow up	AHMED, NATASHA	CUOZZO, ROSALIA
893		12/04/2019	Fell hurt right side	CUOZZO, ROSALIA	CUOZZO, ROSALIA
894		10/04/2019	t21 well child	CUOZZO, ROSALIA	CUOZZO, ROSALIA
895		02/10/2020	pap	CUOZZO, ROSALIA	CUOZZO, ROSALIA
896		04/22/2019	4 week fu headaches	CUOZZO, ROSALIA	CUOZZO, ROSALIA
897		07/23/2019	vaginal bleeding	AHMED, NATASHA	CUOZZO, ROSALIA
898		12/10/2019	Dm fu	CUOZZO, ROSALIA	CUOZZO, ROSALIA
899		08/06/2019	title19-school physical	CUOZZO, ROSALIA	CUOZZO, ROSALIA
900		02/25/2020	follow up stomach issues	SINGH, ISHMINDER	CUOZZO, ROSALIA
901		12/06/2018	ANNUAL EXAM / left a vm ne	CUOZZO, ROSALIA	CUOZZO, ROSALIA

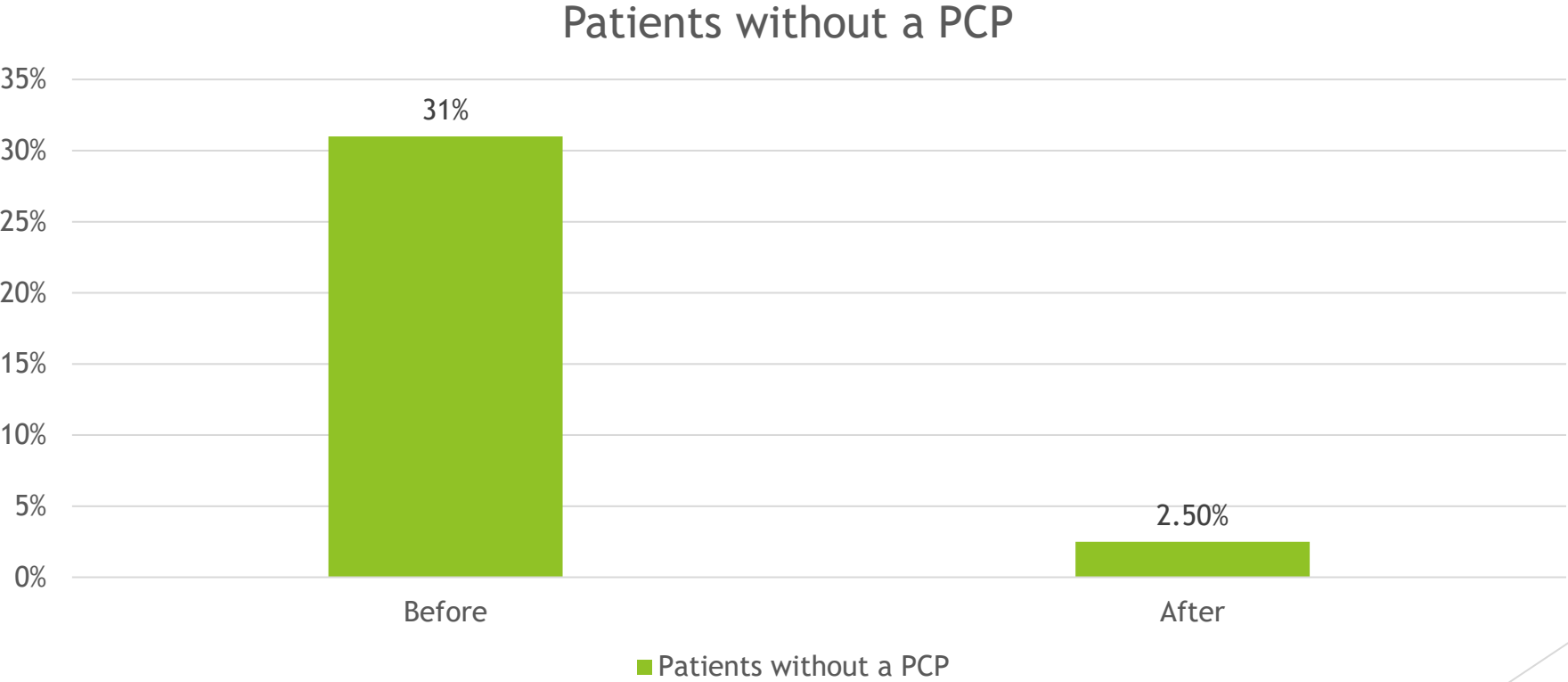
- ▶ PGY1 average: 50 patients
- ▶ PGY2 average: 150 patients +/- 10
- ▶ PGY3 average: 190 patients +/- 20



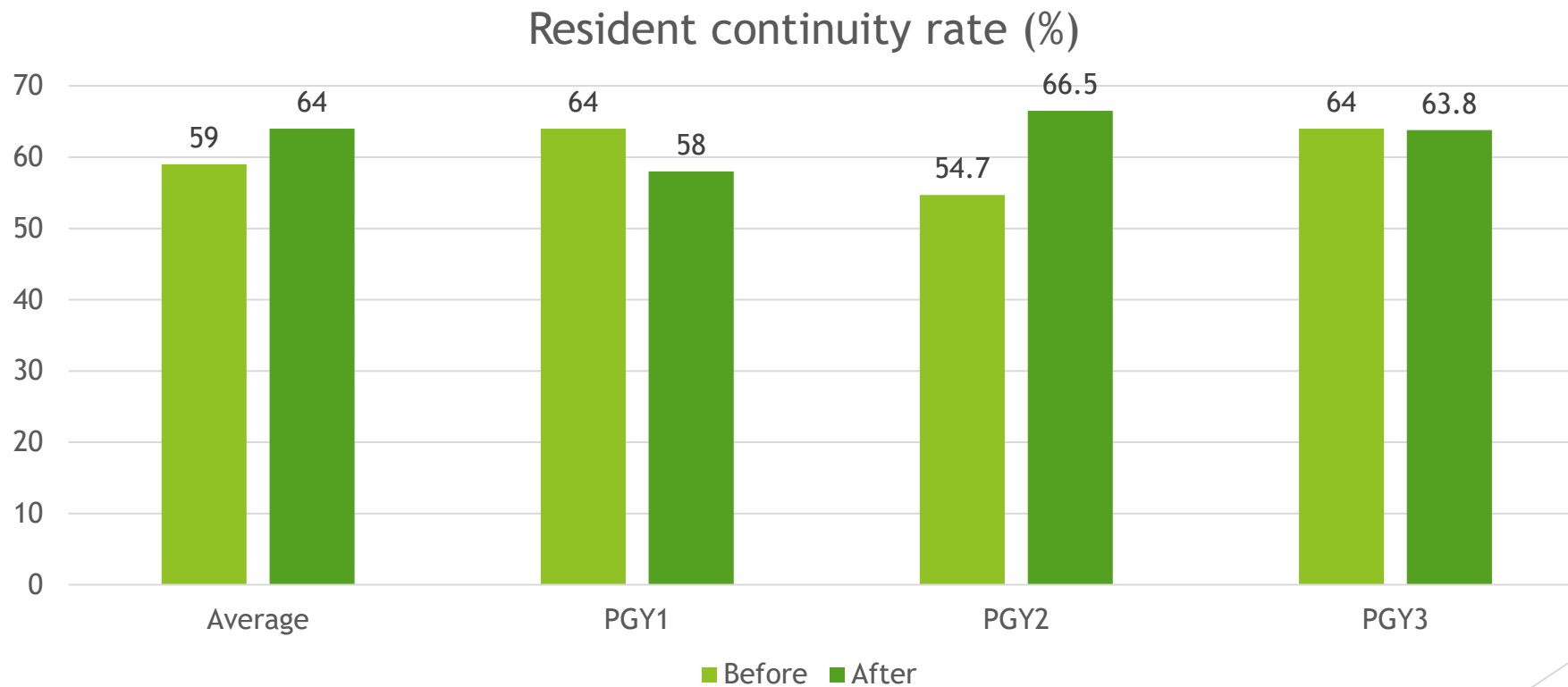
Creating care teams

- ▶ 4 teams:
 - ▶ 1 resident from each class (3 total)
 - ▶ 1 faculty
 - ▶ 1 MA
 - ▶ PSRs split (2 teams each)

Results: Oct 1, 2020 (90 days)



Results: through Sept 1, 2020 (60 days)



Other measures pending

- ▶ AHRQ TeamSTEPPS measures of team attitudes and team perceptions
 - ▶ Measured at baseline
 - ▶ Plan to remeasure at approximately 6 and 12 months
- ▶ Staff and resident physician satisfaction with the empanelment process
- ▶ Patient satisfaction scores

Thank you!

- ▶ Kathleen_Rowland@rush.edu
- ▶ Hopefully appearing live in person to answer questions