



Practice Support Program

# Panel Management

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Practice Support Program (PSP)

Doctors of BC

# Objectives

## Part one:

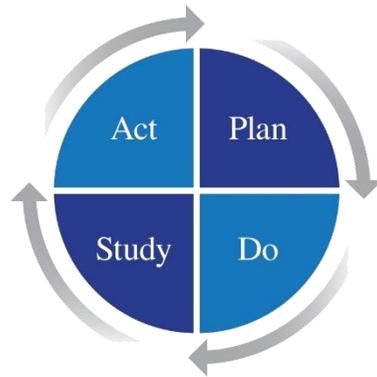
- Understand Panel Management and why is it important in primary care
- Review findings from PSPs Understanding your Patient Panel pilot
- Understand PSPs Phases of Panel Management
- Review incentives for Phases of Panel Management

## Part two:

- Showcase the Oscar BC-PSP Panel Dashboard

# What is PSP?

The Practice Support Program (PSP) is a quality improvement-focused initiative that provides a suite of evidence-based educational services and in-practice supports to improve patient care and doctor experience. As an initiative of the General Practice Services Committee (GPSC), PSP supports doctors to work towards an integrated system of care via the patient medical home and primary care home model.



General Practice Services Committee



Practice Support Program

# What is Panel Management?

## Panel Management is about providing pro-active population based care

1. Identifying patients for which a GP is primarily responsible for
2. Cleaning up that list of patients so its accurate and up to date
3. Understanding the prevalence of diseases across those patients by creating disease registries
4. Acting upon identified gaps in care found within those registries.

*“Panel Management is a set of tools and processes for population based care that are applied systematically at a level of a primary care panel, with GPs directing proactive care for their empaneled patients.”*

*-Ester Neuwirth et al., 2007*

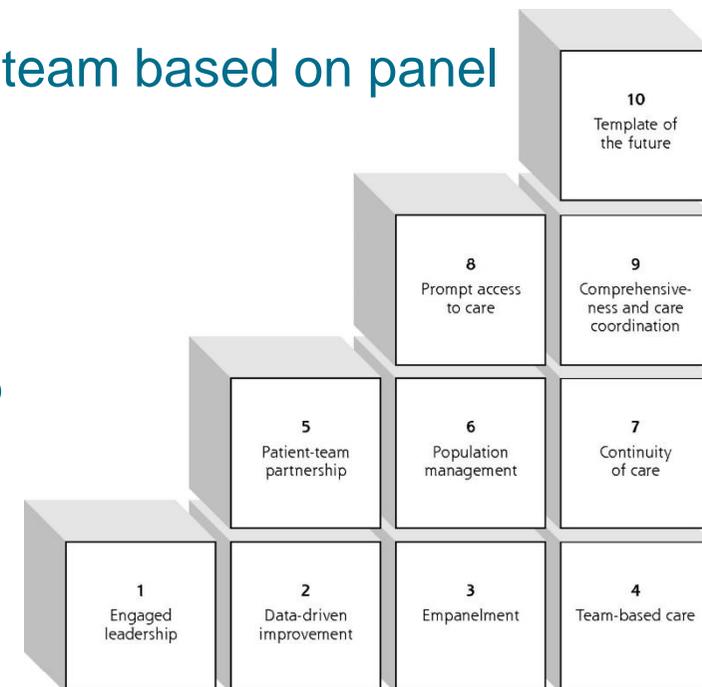


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# Why is understanding patient panels important?

According to the 10 building blocks of primary care, panel management is foundation in four key areas:

- **Proactive panel-based care**
  - planning service delivery based on needs on a panel population
- **Achieving and improving access**
  - Balancing capacity within the team to ensure patient needs are met
- **Team based care**
  - Planning the distribution of work across the team based on panel size and characteristics
- **Continuity of care**
  - Improve clinical outcomes
  - Allows for reliable follow-up
  - Strengthens patient – physician relationship



# PSP's Pilot Program

- 1. To build simplified and intuitive reporting tools within EMRs**
- 2. To train and deploy regional PSP coordinators to support physicians in using the tools and cleaning up their patient panels**

# EMR Reporting Tools

- For the Pilot phase PSP contracted with Telus Med-access, Telus Wolf, and Intrahealth Profile EMRs to build functionality that would simplify the process of identifying and understanding patient panels.
- Tools were design to query patient data on Active Patient Status, Polypharmacy, and 14 additional Chronic Disease Indicators

# In-Practice Support

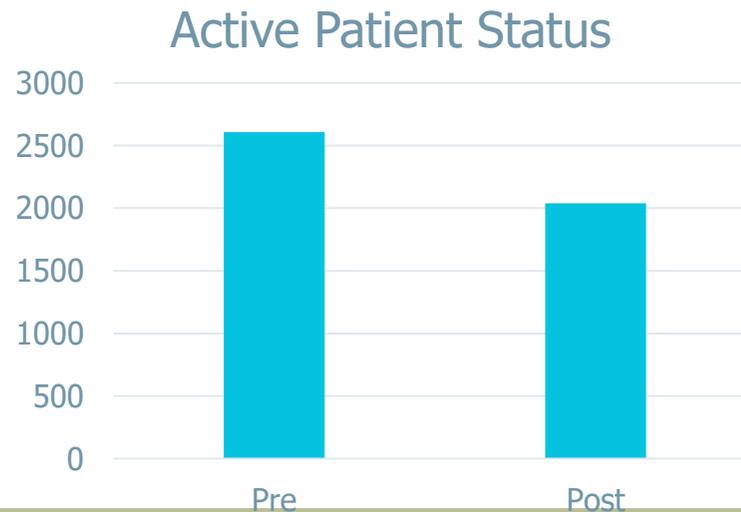
## Coaching Support for Understanding your Patient Panel:

- PSP offers in-practice coaching to support physicians in using these tools to better understand their patient panels and improve their data coding standards
- Coaching support includes:
  - Orientation to the reporting tools
  - Initial panel assessment (pre clean-up baseline)
  - Goal setting and action planning
  - EMR support
  - Ongoing follow ups and support
  - Post clean-up assessment (show improvement)

# Results

Currently **650** physicians have begun or completed this work across the province. Based on 90 of those physicians who reported their pre/post clean-up scores we found:

- Active patient status: the average number patients with active patient status went down by 567, showing a 22% decrease
- Polypharmacy also showed a substantial change, with an average decrease of 219 (54%) for 5+ medications and 45 (52%) for 10+ medications
- All disease prevalence's increased, by an average of 29%



# Qualitative Feedback

- Focus groups were conducted with RSTs after the completion of the pilot phase of the project.
- In addition, we interviewed 4 GPs who has taken part in the project.
- Questions were designed to assess barriers and facilitators to engagement and success of panel clean-up

# Influencing Factors

## Perceived Benefits (attitude)

- New practices wanting to know their patients
- Retiring physicians wanting to pass along their practice
- Clinical needs of patients
- Billing incentive- finding complex patients
- Bigger picture- understanding of value of PMH models of care

## Subjective Norms

- Division support/ community initiatives
- Peer support
- Peer comparison
- RST recommendation and trust

## Perceived Behavioural Control

- EMR Skill level:
  - -Physician, RST, MOA
- Availability and usability of tools
- Roles and Resources available
- Time



# Testimonial

***“This program was very crucial in starting the process of accurately using diagnostic codes and disease registries, to be more conscious of disease pairing and identify more to do”***



# Testimonial

*“For me, the panel assessment cleanup process was a really good opportunity to spend some time in these electronic patient charts. This provided me with the time to not only clean up their medical profiles, but also go through their screening tests and medication lists, leading to better preventative care.”*



# Current State

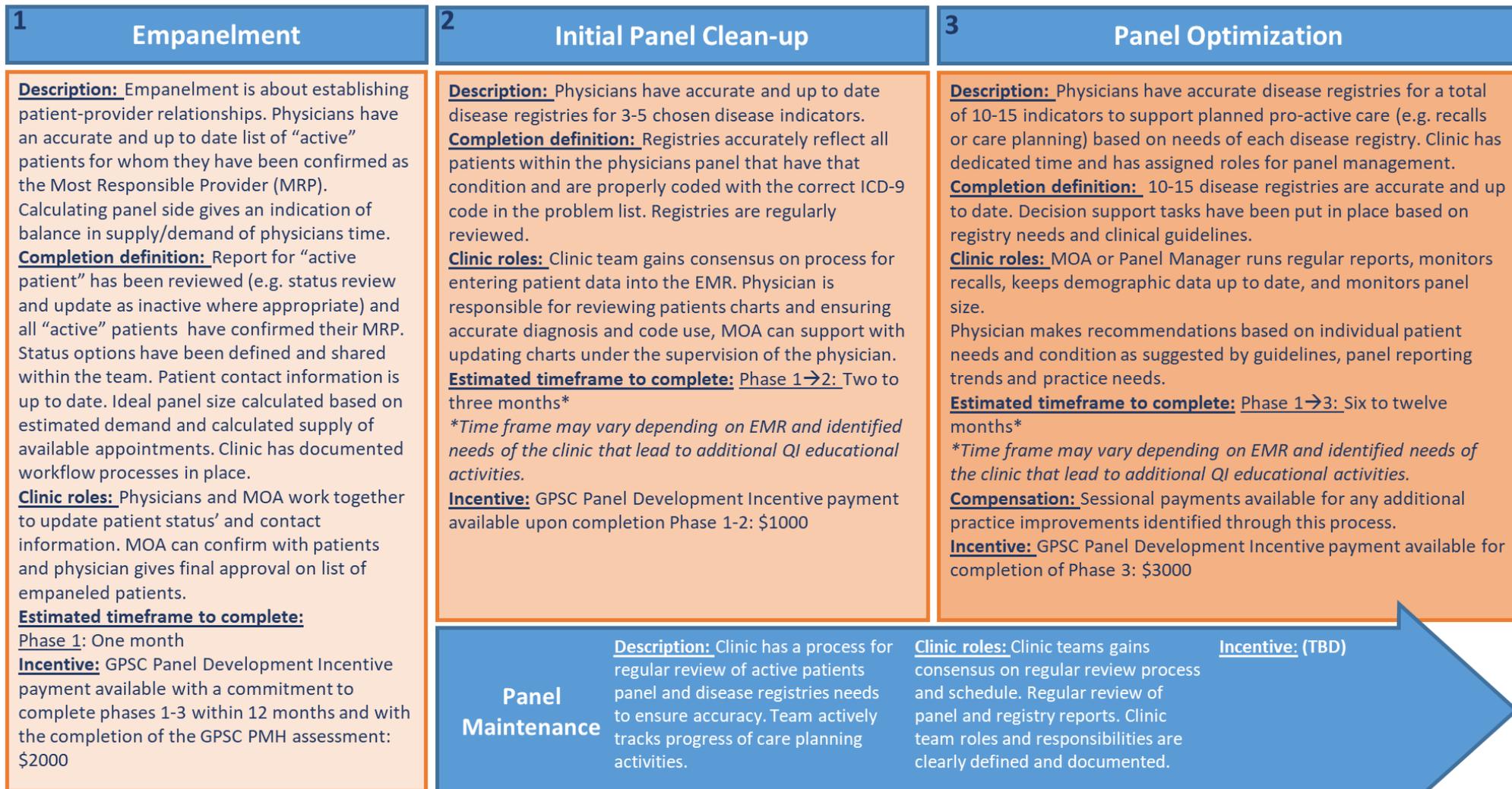
- Over 650 family physicians have signed up to use the tools, plus an additional 100 have done this process manually.
- Approximately 250 have “completed” the clean-up phase
- Management and maintenance of panel is currently unknown
- With the addition of the dashboard in Oscar we now have tools available in approximately  $\frac{3}{4}$  of the EMR market

# From Understanding to Management

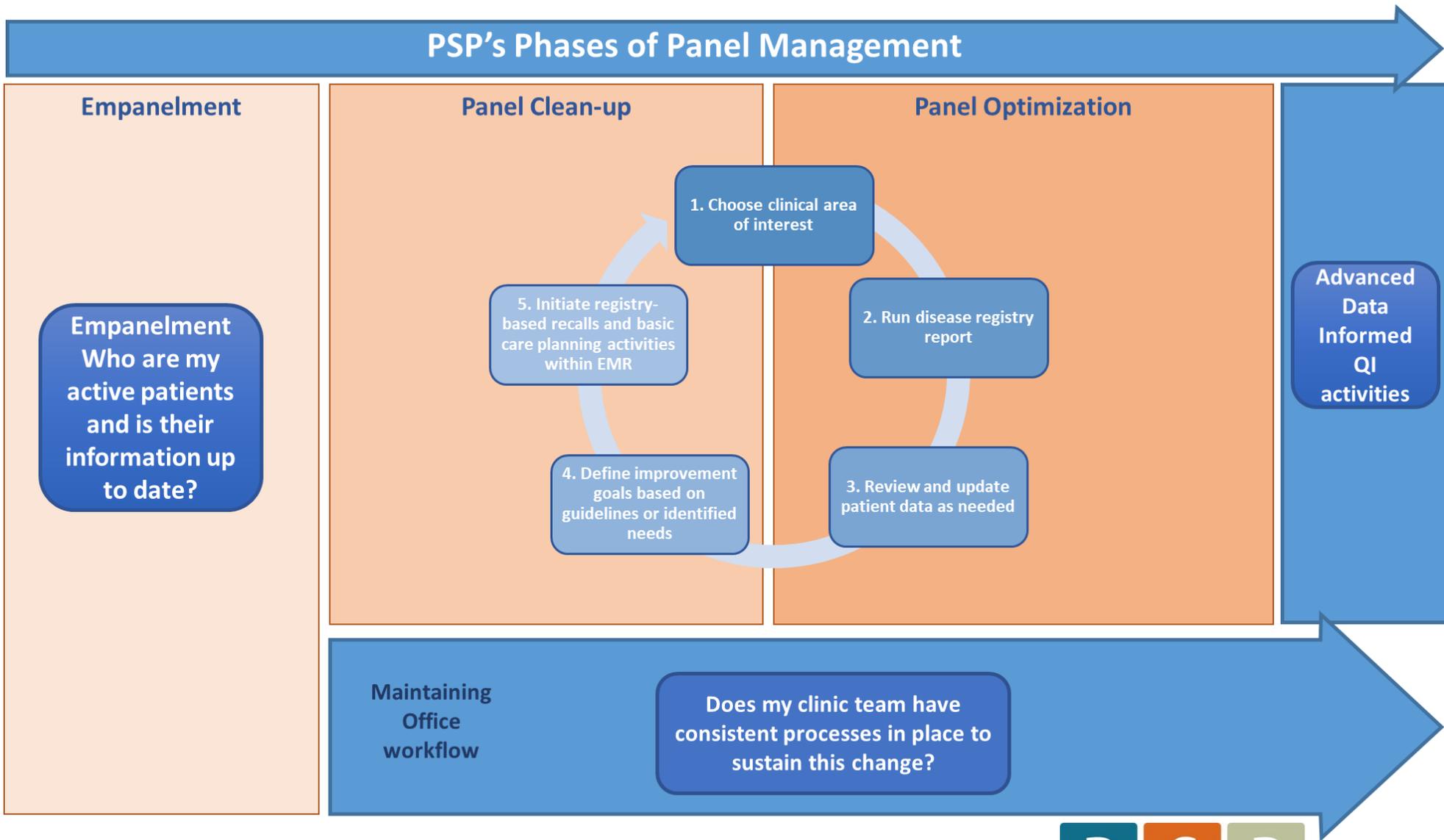
**Our learnings from the Understanding your Patient Panel pilot informed some key changes:**

1. Development of the Phases of Panel Management
  - Increase focus of processes for sustainment
  - Improved ability to follow progress of the province
2. Development of Panel Development Incentive

# The Phases of Panel Management



# The Phases of Panel Management



# Defining Completion

- Each phase will have a checklist for completion
- The checklist will consist of things such as:
  - Patient status options are defined and shared with all clinic EMR users
  - Clinic has process for regular review of “active” patients and disease registries
  - Documented process for identifying moved or deceased patients
  - Clinic has documented standardized data entry procedures for 3-5 chosen indicators
  - Recalls and care planning activities are set-up in the EMR and documented where applicable

# Panel Development Incentive

- **Commitment: \$2000**
  - > Commit to completed phases 1-3 in 12 months
  - > Completed PMH Assessment in last 12 months
  
- **Completion of Phase 1 & 2: \$1000**
  - > Complete tasks of checklist for phases 1 & 2
  
- **Completion of Phase 3: \$2000**
  - > Complete tasks in checklist for phase 3

# Questions?