Deep Dive – Empanelment

Empanelment is the active and ongoing assignment of an individual or family to a primary care provider and/or care team for the provision of primary care services. It is the organizational foundation for population health management. Empanelment establishes a point of care for individuals and simultaneously holds providers and care teams accountable for actively managing care for a specific group of individuals. Empanelment also provides a population denominator so stakeholders can more easily interpret data, track performance, and effectively plan services. Empanelment is synonymous with "fostering," and "catchment" or "panel" refers to the population assigned to a care team, but not the provision or management of care for that group.
Empanelment is a component of Population Health Management
Empanelment is a component of Population Health Management

- Population Health Management
  - Local priority setting
  - Community engagement
  - Empanelment
  - Proactive population outreach

Local Priority Setting

Community Engagement

Empanelment

Proactive Population Outreach
What can you learn about Empanelment from the Improvement Strategies?

**SECTION 1**

**What is Empanelment?**

**What it is:** Learn more about the core principles and goals of Empanelment and its role in PHC improvement.

**SECTION 2**

**How do I assess my performance?**

**What it is:** Learn more about some indications that improvements might be relevant in your context and what you can achieve by focusing improvements on Empanelment.

**Vital Signs Profile:** Use the information in your Vital Signs Profile to help determine relevant areas for improvement.

**SECTION 3**

**How do I get started?**

**What others have done:** Learn from implementation approaches and challenges in other country contexts.

**How to succeed:** Consider your country context, what elements are not functioning properly, and what needs to be in place to support effective improvements.

**What to ask:** Use guiding questions to help determine how you might begin to plan and enact reforms in your country context.

*Guided by the above considerations and relevant resources, start to build out an improvement plan with your CE lead and/or focal point.*
What can my country achieve by focusing on Empanelment?

Goals & Outcomes

- Establishes a denominator, or a way of understanding who care teams and providers are responsible for
- Creates a process for knowing and understanding the needs of communities
- Supports proactive PHC service orientation
- Supports effective planning and implementation of population health management strategies, such as local priority setting and proactive population outreach
Empanelment – How do I assess my performance?

Learn more about whether you should focus on Empanelment in the Vital Signs Profile
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.
What are other indications that Empanelment might be an appropriate area of focus?

**Other Indications**

- **Population health management**
  No formal system for empanelment is in place

- **Usual source of care**
  A significant portion or specific segments of the population do not have a usual source of care

- **Care-seeking behavior**
  Patients are over-utilizing higher levels of care for needs that can be addressed in at the PHC level

- **Provider capacity**
  Providers or care teams receive too few or too many patients relative to their capacities

- **Quality and trust**
  Patients feel that care is of poor quality and do not have established longitudinal relationships with care providers who know their care history

- **Health outcomes**
  The population experiences significant morbidity and mortality from preventive causes
Empanelment - What is it?

Empanelment is the active and ongoing assignment of an individual or family to a primary care provider and/or care team for the provision of primary care services. It is the organizational foundation for population health management. Empanelment establishes a point of care for individuals and simultaneously holds providers and care teams accountable for actively managing care for a specific group of individuals. Empanelment also provides a population denominator so stakeholders can more easily interpret data, track performance, and effectively plan services. Empanelment is synonymous with “coercing,” and “coaching” or “panel” refers to the population assigned to a care team, but not the provision or management of care for that group.

Learn more about the core principles of Empanelment and what you can achieve by focusing improvements in the What it is section.
What is Empanelment?

“Empanelment, sometimes referred to as rostering, is a continuous, iterative set of processes that identify and assign populations to facilities, care teams, or providers who have a responsibility to know their assigned population to proactively deliver coordinated primary health care towards achieving universal health coverage.”

Empanelment is the foundation of effective population health management.
What is Empanelment?

“Empanelment, sometimes referred to as rostering, is a continuous, iterative set of processes that identify and assign populations to facilities, care teams, or providers who have a responsibility to know their assigned population to proactively deliver coordinated primary health care towards achieving universal health coverage.”

Empanelment is the foundation of effective population health management.

Why it’s important

Accountability
Establishes a point of care for individuals and holds providers and care teams accountable for actively managing the care of a specific group.

Organization
Supports local priority setting and proactive population outreach by helping providers understand and enumerate the needs of communities they serve.

Balance
Helps ensure that the provider :: population ratio is appropriately sized, so care teams can manage the health of all patients without becoming overburdened.

What is Empanelment?

“Empanelment, sometimes referred to as rostering, is a continuous, iterative set of processes that identify and assign populations to facilities, care teams, or providers who have a responsibility to know their assigned population to proactively deliver coordinated primary health care towards achieving universal health coverage.”

Empanelment is the foundation of effective population health management.

**Approach**

**Target population and providers**
Individuals or families are assigned to providers or primary care teams, sometimes based on specific health needs.

**Methods**
Countries can use geographic, voluntary, or insurance based methods to empanel populations – or a combination of these methods.

**Proactive service orientation**
Empanelment establishes a “denominator” to understand who providers and/or care teams are accountable and responsible for over time so that they can effectively target their efforts and no one gets left behind.

METHODS
Countries use geographic, voluntary, or insurance-based methods to form groups of people for providers or care teams.

BALANCE
One of the most important and challenging aspects of empanelment is ensuring that the panel of any provider team is appropriately sized, so care teams can manage the health of all patients without becoming overburdened.
Deeper dive: Empanelment methods

There are three general methods of Empanelment:

- Geographic
- Voluntary
- Insurance based

To achieve 100% Empanelment of the population, countries might use a combination of Empanelment methods.
Deeper dive: Empanelment methods

Geographic

**Approach**

Patients are assigned to a provider or care team using existing geographic or municipal boundaries.

**Strengths**

- Simplest method
- Supports strong geographic access

**Challenges**

- May limit patient autonomy
- Dependent on PHC services provided by a governmental entity, and low rates of private PHC use

**How to mitigate challenges**

- Ensure that catchment areas support strong geographic access
- Ensure that patients have access to respectful and trusting care that supports patient autonomy
# Deeper dive: Empanelment methods

## Geographic

**Approach**
Patients are assigned to a provider or care team using existing geographic or municipal boundaries.

**Strengths**
- Simplest method
- Supports strong geographic access

**Challenges**
- May limit patient autonomy
- Dependent on PHC services provided by a governmental entity, and low rates of private PHC use

**How to mitigate challenges**
- Ensure that catchment areas support strong **geographic access**
- Ensure that patients have **access to respectful and trusting care** that supports patient autonomy

## Voluntary

**Approach**
Patients choose their own provider or care team.

**Strengths**
- Prioritizes patient choice
- More adaptable to mixed private-public PHC markets

**Challenges**
- Difficult to track and coordinate patient information across care sites if robust information systems are not in place

**How to mitigate challenges**
- **Strengthen information systems** with broad, fundamental capacities to track and stratify patient populations
- **Support** the use information systems for **continuous and coordinated care**
### Deeper dive: Empanelment methods

<table>
<thead>
<tr>
<th><strong>Geographic</strong></th>
<th><strong>Voluntary</strong></th>
<th><strong>Insurance based</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approach</strong></td>
<td>Patients are assigned to a provider or care team using existing geographic or municipal boundaries.</td>
<td></td>
</tr>
</tbody>
</table>
| **Strengths** | • Simplest method  
  • Supports strong geographic access |
| **Challenges** | • May limit patient autonomy  
  • Dependent on PHC services provided by a governmental entity, and low rates of private PHC use |
| **How to mitigate challenges** | • Ensure that catchment areas support strong **geographic access**  
  • Ensure that patients have **access to respectful and trusting care** that supports patient autonomy |

<table>
<thead>
<tr>
<th><strong>Voluntary</strong></th>
<th>Patients choose their own provider or care team.</th>
</tr>
</thead>
</table>
| **Strengths** | • Prioritizes patient choice  
  • More adaptable to mixed private-public PHC markets |
| **Challenges** | • Difficult to track and coordinate patient information across care sites if robust information systems are not in place |
| **How to mitigate challenges** | • **Strengthen information systems** with broad, fundamental capacities to track and stratify patient populations  
  • **Support** the use information systems for **continuous and coordinated care** |

<table>
<thead>
<tr>
<th><strong>Insurance based</strong></th>
<th>Patients are assigned to a provider or care team based on their enrollment in an insurance scheme.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
<td>• Can work in a variety of public, private, or mixed systems</td>
</tr>
<tr>
<td><strong>Challenges</strong></td>
<td>• Dependent on a formal insurance entity and broad universal health coverage by that entity or mix of entities</td>
</tr>
<tr>
<td><strong>How to mitigate challenges</strong></td>
<td>• Support inclusive payment and insurance systems that ensure strong <strong>financial access</strong>, especially among marginalized groups</td>
</tr>
</tbody>
</table>
Empanelment – How do I get started?

Derive information from what others have done, what to ask and how to succeed to help determine where and how you might begin to plan and enact forms in your country context.
Planning for improvement in your context

The guidance and recommendations described within the Empanelment module are not intended to provide a one-size-fits-all solution.

The considerations involved in planning and implementing strategies will depend on your local context.

Sample activities

- **Consider** implementation challenges and approaches in other country contexts
- **Consider how the features of your health system**, such as how decisions get made and the role of the private sector, will impact your improvement plans
- **Identify** key elements that need to be in place to support improvements
- **Use the guiding questions in the Improvement Strategies** to spur thinking about Empanelment in your country context and stimulate ideas for improvement
- **Start to develop** an improvement plan
While the **specific considerations** involved in planning and implementing strategies **will depend on your context**, you might consider...

- **What factors impact the appropriate size and mix of panels and provider teams?**
  - Training, capabilities, and availability of the health workforce
  - How the Basic Package of Essential Health Services is defined
  - Needs of the population

- **What factors that impact the appropriate method of empanelment?**
  - Geographic availability and skill mix of providers
  - Existing national or sub-national structures and any informal empanelment systems already in place
  - Availability and capacity of information systems to track patients between panels
Learn from what others have done

Health Transformation Program | Turkey
Prioritizing patient choice and access through geographic and voluntary empanelment

South Central Foundation | Alaska, USA
Achieving effective voluntary empanelment through an Empanelment Department
Turkey: At-a-glance context

Europe & Central Asia
Upper-Middle Income
Turkish-speaking country
Turkey: At-a-glance context

<table>
<thead>
<tr>
<th>GDP per capita ($PPP)</th>
<th>Human Development Index</th>
<th>Life expectancy at birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>$26.5K</td>
<td>0.79</td>
<td>76</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of population living in rural areas</th>
<th>Percentage of population living under $1.90 per day</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>--</td>
<td>80.7M</td>
</tr>
</tbody>
</table>
Learn from what others have done: Turkey

Why reforms were needed

- Fragmented public-private health system
- Poor patient and provider satisfaction with the health system
- Wide disparities in the quality of care and distribution of health professionals across geographic regions

Approach

Using a mix of geographic and voluntary empanelment, Turkey established geographically distributed medicine centers with assigned patient panels

Geographic assignment
Patients are assigned to a physician based on geographic catchment areas

Voluntary assignment
After this initial geographic empanelment, patients are free to switch provider at will
Learn from what others have done: Turkey

- **Prioritizes** patient choice
- **Establishes** a first point of contact
- **Supports** geographic and timely access to care
Learn from what others have done: Turkey

- **Balance:** Catchment areas are not determined based on population profiles and burden of disease, resulting in panels with needs that surpass other panels of equal sizes.

- **Coordination of patient information:** Patient registers are not capable of tracking when patients switch providers, compromising coordination of care.
Learn from what others have done: Turkey

- **Local priority setting** and **proactive population outreach**: Better design catchments areas to respond to the burden of disease and needs and preferences of the population.

- **Efficient information systems and information systems use**: Pair empanelment and other population health management strategies with strong information systems equipped to track and coordinate patient information.
Alaska, USA: At-a-glance context

- North America
- High Income
- Southcentral Foundation service area: ~65,000 people and 55 rural villages
Learn from what others have done: Alaska, United States

Background & why reforms were needed

- The South Central Foundation (SCF) is a tribally owned and managed system of care
- Patients, called customer-owners, have significant oversight into the functioning of their health system
- The population served by SCF is largely poor, rural, marginalized, and suffers from high rates of chronic disease

Approach

Through the support of an administrative Empanelment Department, SCF has achieved efficient voluntary empanelment

Joining a panel
Patients can join open enrollment panels or panels to which their family belongs at any time

Panel size
~1500 patients

Provider/care team
Care teams comprise a primary care physician, nurse case managers, certified medical assistants, and administrative staff
Learn from what others have done: Alaska

Strengths

- **Patient-provider respect and trust:** The Empanelment Department and SCF assess in all aspects of panel placement and management to help improve relationships between providers and the panels they serve.

- **Supports continuity of care:** Staff work to ensure continuity of information and communication between providers when patients switch panels.

- **Supports patients choice and autonomy:** Patients can enroll in open panels at any time.
Learn from what others have done: Alaska

- **Available and competent workforce**: Continuous and coordinated monitoring and support requires skilled and abundant human resources.

- **Effective information systems and information systems use**: Continuous and coordinated monitoring and support requires efficient information systems.
What elements should be in place to support effective improvements in Empanelment?
What elements should be in place to support effective improvements in Empanelment?

Supportive payment systems enable providers to allocate time and resources based on the size and health needs of their panel.
Strong information systems capacitate providers and care teams to track and stratify a given patient population.

Effective information systems use contributes to improved population health management and patient engagement in empaneled populations.
What elements should be in place to support effective improvements in Empanelment?

System

Inputs

Service Delivery

WORKFORCE

An appropriate supply and skill-mix of a competent PHC workforce is necessary to meet the needs of empaneled populations

Payment Systems

Information Systems

PROVIDER AVAILABILITY

Information Systems Use

Provider availability ensures there is an adequate number of competent providers available to serve an empaneled population
What elements should be in place to support effective improvements in Empanelment?

**Team-based care organization** helps to increase the contact individuals have with the health system and enable care teams to deliver high-quality care.

- **System**
  - Payment Systems
- **Inputs**
  - Information Systems
- **Service Delivery**
  - Information Systems Use
  - Provider Availability
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

- What types of empanelment would be most appropriate in my country context?
The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ What types of empanelment would be most appropriate in my country context?

☐ If empanelment does exist, how is the population assigned to a provider or care team and what portion of the population is empaneled?
The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ What types of empanelment would be most appropriate in my country context?

☐ If empanelment does exist, how is the population assigned to a provider or care team and what portion of the population is empaneled?

☐ What is the appropriate size and mix of patient panels in my context?
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ What types of empanelment would be most appropriate in my country context?

☐ If empanelment does exist, how is the population assigned to a provider or care team and what portion of the population is empaneled?

☐ What is the appropriate size and mix of patient panels in my context?

☐ What are the current needs of the health panel, and what mix of provider team can best meet these needs?
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ What types of empanelment would be most appropriate in my country context?

☐ If empanelment does exist, how is the population assigned to a provider or care team and what portion of the population is empaneled?

☐ What is the appropriate size and mix of patient panels in my context?

☐ What are the current needs of the health panel, and what mix of provider team can best meet these needs?

☐ How do you ensure that providers and care teams understand empanelment and how it impacts them?
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ What types of empanelment would be most appropriate in my country context?

☐ If empanelment does exist, how is the population assigned to a provider or care team and what portion of the population is empaneled?

☐ What is the appropriate size and mix of patient panels in my context?

☐ What are the current needs of the health panel, and what mix of provider team can best meet these needs?

☐ How do you ensure that providers are care teams understand empanelment and how it impacts them?

☐ What is or should be the process to ensure that providers and/or care teams know how and where to reach patients, including those who do not come into the facility?
Recap: Empanelment

METHODS
Countries use geographic, voluntary, or insurance-based methods to form groups of people for providers or care teams.

BALANCE
One of the most important and challenging aspects of empanelment is ensuring that the panel of any provider team is appropriately sized, so care teams can manage the health of all patients without becoming overburdened.