

Attachment and Panel Identification in Primary Health Care

Do you know your panel?

- The total number of patients, and how many are actively seeking care?
- The age and gender demographics of your patients?
- The annual demand for a care? Does your supply of appointments match this demand?
- Which patients have specific health conditions?
- Which patients are meeting screening, testing or management targets?
- What else would you want to know about your panel?

The Primary Health Care and Chronic Disease Management Network is launching a new quality initiative to support primary health care teams to better understand their patient panels.

Attachment and Panel Identification in Primary Health Care is a new initiative to support Primary Health Care Nurse Practitioners and teams to identify, monitor and maintain patient panels and support quality improvement. This will enable better, more efficient care for patients and increase provider satisfaction and work life balance.

The approach has been *co-designed* and tested with Nova Scotia Nurse Practitioners and will continue to use a Plan-Do-Study-Act framework to learn from the process and make adjustments as required.

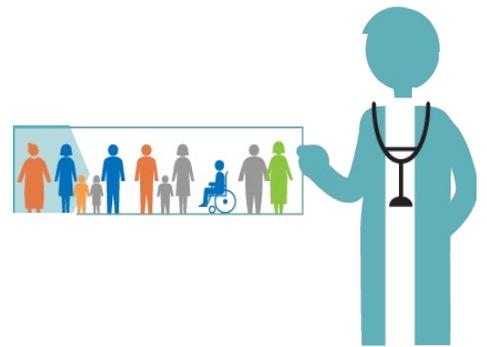


Image adapted from <https://improvingphc.org/empanelment>

Why is this important? Panel identification is a foundational element of high performing PHC teams working in a health home model. It allows providers and teams to better understand their patient panel(s) and take steps to proactively manage and support a defined population of patients, using EMR data to identify and respond to patients’ chronic and preventative care needs.

What’s in it for me? The initiative will support you to:

- Maintain an accurate list of all active patients on your panel;
- Understand panel demand and how that compares to availability (i.e. supply of appointments);
- Have informed conversations about panel size and supports;
- Engage in proactive panel management.

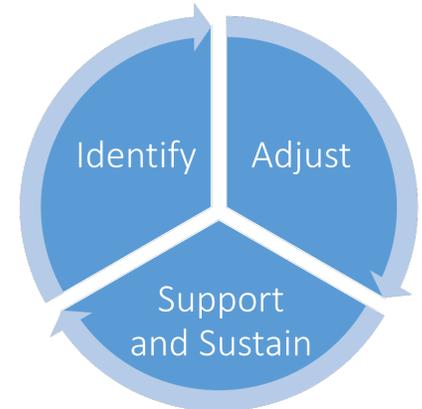
“The initiative has helped me understand the demographic profile of my patient panel and the care needs of the more complex patients. This will ultimately help me support them and provide continuity of care through wholistic care planning.”

- Nova Scotia Nurse Practitioner

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What is involved? The approach consists of three phases, and can be expected to take 1-3 months:

- *Phase 1: Identify* includes steps to identify an accurate, up-to-date list of active patients on a provider's panel in the EMR.
- *Phase 2: Adjust* provides guidance on determining whether supply and demand are in balance and informs conversations about adjustments and supports.
- *Phase 3: Support and Sustain* establishes mechanisms for ongoing maintenance of the panel to sustain improvements.



Phases of Attachment and Panel Identification

"I am excited to be involved in this project. As I plan for my retirement, I view this as an excellent recruitment tool to tidy up my roster for the next provider who will take over my patients' care needs."

– Nova Scotia Family Physician

Who is this initiative for? Our approach is focused on Primary Health Care Nurse Practitioners who are the most responsible provider (MRP) for a defined panel of patients as a first step; however, any primary care provider who uses an EMR can benefit from the tools and resources. If your whole team is interested, including family physicians, we can support that too. This is a great opportunity for teams to undertake together as a quality improvement initiative.

What do I have to do? Your Health Services Manager or Health Services Lead will work closely with you and your team to determine the best way to implement this initiative in your practice, including who is leading and supporting each step of this work.

How can I learn more? To learn more about the initiative and the support resources available, visit PHCQuality.ca and speak to your Health Services Manager or Health Services Lead to discuss the right time to implement in your practice.