Measure the Impact of Panel Management

Measure the impact of panel management using the tools provided below. Each tool is designed with a quality improvement framework that will allow you to improve your operational efficiency.

To effectively measure the impact of panel management in your practice, consider (1) selecting one or two measurement tools, (2) monitoring each regularly and (3) sharing progress reports with staff during team meetings or huddles. Because most patients in your practice will need to have their first visit using the new panel management process to measure the impact, it may take over one year for your practice to realize the full benefits of implementation. Keep in mind that data collection can be completed by any member of the team who is involved in the improvement effort.

**Measurement tools:**

[Measurement tool 1: Percent of patients with up-to-date chronic and preventive care 2](#_Toc401308313)

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Measurement tool 1: Percent of patients with up-to-date chronic and preventive care

**Step 1: Track the percent of patients in your practice who have up-to-date chronic and preventive care screenings.**

*Purpose****:*** *This log will measure the percent of patients with up-to-date chronic and preventive care screenings before and after implementation of panel management protocols. Select metrics to track based on your practice’s goals and priorities.*

*Instructions: In this example, your practice has chosen diabetes care. Several examples are included in the chart below. Use your practice’s EHR, panel management software or registry to measure the number of the clinic’s patients with diabetes care at three time points: (1) at least one week before starting the new panel management process, which will serve as baseline data; (2) 12 weeks after implementation and (3) 24 weeks after implementation. Use this data to calculate the percent of patients with up-to-date diabetes care. Note that the results will increase incrementally and will take at least a year to be fully realized as patients come in for their annual visits and receive their in-reach care.*

*Note: The measures below are examples. There are many other possible measures that you can track, including: HbA1c <8, LDL <100, BP < 140/90, date of last colorectal cancer screening, date of last Meningococcal vaccination, etc. Update targets in accordance with current clinical practice guidelines.*

|  |
| --- |
| Clinician name: |
| **Chronic care measures** |
| **Measure *HbA1c*** | Numerator:Number of patients with diabetes who have had *HbA1c* testing in the past year  | Denominator:Total number of patients with diabetes in the entire practice | **Data to include in Step 2** 🡪 Numerator /denominator Percent (%) of patients with up-to-date HbA1c  |
| *Week 0* *Pre-implementation*  |  |  |  |
| *Week 12**Post-implementation* |  |  |  |
| *Week 24**Post-implementation* |  |  |  |
| **Measure *LDL*** | Numerator:Number of patients with high cholesterol who had *LDL* testing in the past year  | Denominator:Total number of patients active in the practice with high cholesterol in the entire practice | **Data to include in Step 2** 🡪 Numerator/ denominatorPercent (%) of patients with up-to date LDL  |
| *Week 0* *Pre-implementation*  |  |  |  |
| *Week 12**Post-implementation* |  |  |  |
| *Week 24**Post-implementation* |  |  |  |
| **Preventive care measures** |
| **Measure *cancer screening*** | Numerator:Number of female patients in appropriate age range with mammogram testing in the past two years  | Denominator:Total number of female patients in appropriate age range in the practice | **Data to include in Step 2** 🡪 Numerator/ denominatorPercent (%) of patients with up-to-date mammogram  |
| *Week 0* *Pre-implementation*  |  |  |  |
| *Week 12**Post-implementation* |  |  |  |
| *Week 24**Post-implementation* |  |  |  |
| **Measure *smoking cessation*** | Numerator:Number of patients age 18 and over with documented smoking status assessment in the last 12 months | Denominator:Total number of patients active in the practice who are age 18 and over | **Data to include in Step 2** 🡪 Numerator/ denominatorPercent (%) of patients with up-to-date smoking status assessment |
| *Week 0* *Pre-implementation*  |  |  |  |
| *Week 12**Post-implementation* |  |  |  |
| *Week 24**Post-implementation* |  |  |  |

**Step 2: Graph your results.**

*Instructions: Refer to your notes to determine the date that you started implementing panel management in your practice. Use your preferred software to graph the percentages for each measure before and after implementation. Your graph might look like the run chart below. Use this to discuss how you can improve the process with your team.*

Measurement tool 2: Clinician panel management survey

**Step 1: Survey clinicians.**

*Purpose:**The purpose of this survey is to measure clinician perception of staff panel management capability for diabetes care. Modify the survey to reflect your practice’s panel management priorities.*

*Instructions: Each clinician (e.g., MD, NP or PA) in the practice could complete this survey at three time points: (1) at least one week before starting the new panel management process, which will serve as baseline data; (2) 12 weeks after implementation and (3) 24 weeks after implementation. Complete this survey to identify opportunities to improve performance.*

*The shaded gray cells are included to guide you in transferring data through this multi-step tool.*

*Note: The example given is for a practice that is using panel management to track up-to-date HbA1c and LDL screenings for patients with diabetes. Similar surveys are available for cancer screening and immunizations. Those questions can be found here: Rogers E, Hessler D, Dube K, Willard-Grace R, Gupta R, Bodenheimer T, Grumbach K. The Panel Management Questionnaire: A Tool to Measure Panel Management Capability. Perm J. (In press).*

|  |
| --- |
| **Clinician Survey** |
| Clinician name: | Date of Survey: |
| *Rate the following statements based on how strongly you agree or disagree. Please circle your answer.* |
| 1. I am confident that the medical assistants or nurses at my clinic can identify patients with diabetes who are not up-to-date on lab tests for chronic or preventive care, such as HbA1c and LDL. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Strongly agree | 5 Agree |
| 2. I am confident that medical assistants or nurses at my clinic can answer most questions my patients have about lab tests for chronic or preventive care, such as HbA1c or LDL for patients with diabetes. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Strongly agree | 5 Agree |
| 3. I do think that a medical assistant or nurse who identifies a patient with diabetes who needs a lab test, such as HbA1c or LDL, should order the test or pend the order before I specifically order it. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Strongly agree | 5 Agree |
| *Answer the following questions only after panel management has been implemented.* |
| *What do you like most about panel management?* *How could we improve panel management?* |

**Step 2: Calculate the average survey score for each clinician.**

*Instructions: Transfer the numeric responses from the survey in Step 1 (questions 1-3) to the table below. Next, calculate the average score for each clinician. The numerator is the sum of survey response values. The denominator is the total number of questions answered on the survey.*

*Note: Open-ended questions on the survey are not included in the numeric scoring. You may wish to list all of these comments for your clinic leadership or care team to review when they look at the survey results. As the team adopts the new process, these comments could help focus the continuing quality improvement effort.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinician name:** | Week 0(Pre-implementation) | Week 12(Post-implementation | Week 24(Post-implementation) |
| Question 1 |  |  |  |
| Question 2 |  |  |  |
| Question 3 |  |  |  |
|  Survey response value total (numerator) |  |  |  |
| Total number of questions answered (denominator) |  |  |  |
|  Clinician panel management capability perception score (numerator divided by denominator) **Data to include in Step 3 🡪** |  |  |  |

**Step 3: Calculate an average survey score for all clinicians.**

*Instructions: Determine the average professional satisfaction score for all clinicians in the practice. Populate the chart below with individual clinician data calculated in Step 2. The numerator is the sum of the average scores for all submitted clinician surveys. The denominator is the total number of clinicians who completed the survey.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of participating clinicians** | Week 0(Pre-implementation) | Week 12(Post-implementation | Week 24(Post-implementation) |
| Clinician 1: |  |  |  |
| Clinician 2: |  |  |  |
| Clinician 3: |  |  |  |
| … |  |  |  |
| Clinician 10 |  |  |  |
|  Total clinician score (numerator) |  |  |  |
| Total number of participating clinicians (denominator) |  |  |  |
| Panel management capability perception score for the practice (numerator divided by denominator) **Data to include in Step 4 🡪** |  |  |  |

**Step 4: Graph your results**

*Instructions:* *Use your preferred software to graph the panel management capability assessment score for your practice before and after implementation of panel management. Your graph might look like the example below. Use this to discuss how you can improve the panel management process with your team.*

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# Measurement tool 3: Patient experience survey

**Step 1: Survey your patients.**

*Purpose:**The purpose of this survey is to measure patient satisfaction and understand the patient experience with the panel management process.*

*Instructions: Distribute this survey to patients at three time points: (1) at least one week before starting the new panel management process, which will serve as baseline data; (2) 12 weeks after implementation and (3) 24 weeks after implementation. Administer the survey to all patients on the same day of the week each time (e.g., sample all patients with Tuesday appointments at each time point). Ask a member of the team to provide the survey to every patient* ***after*** *their visit with the provider and identify a place for patients to anonymously submit their completed survey. To obtain meaningful results, aim to collect 30 survey responses per time point. Use survey results to identify opportunities to improve performance.*

*The shaded gray cells have been included to guide you in transferring data through this multi-step tool.*

|  |
| --- |
| **Patient Survey** |
| Survey number (to be filled out by clinic staff): | Date of Survey: |
| *How much do you agree or disagree with the following statements? Please circle your answer.* |
| 1. I feel good about my visit. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly agree |
| 2. I felt that my provider (physician, NP, or PA) was prepared for my visit. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly agree |
| 3. I felt that I received comprehensive care – that is, the care team covered all of my health-related needs. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly agree |
| 4. My care team spoke with me about preventive and chronic care needs today, such as immunizations, cancer screenings and testing to monitor a condition that I may have or have been diagnosed with. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly agree |
| 5. I was able to address all of my concerns with my provider during my visit. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly agree |

**Step 2: Calculate a satisfaction score for each patient.**

*Instructions: Transfer the numeric responses from the survey in Step 1 (questions 1-5) to the table below then calculate the average survey score for each patient. The numerator is the sum of survey response values. The denominator is the total number of questions answered on the survey.*

|  |  |  |  |
| --- | --- | --- | --- |
| Survey number: | Week 0(Pre-implementation) | Week 12(Post-implementation | Week 24(Post-implementation) |
| Response to Question 1 |  |  |  |
| Response to Question 2 |  |  |  |
| Response to Question 3 |  |  |  |
| Response to Question 4 |  |  |  |
| Response to Question 5 |  |  |  |
|  Total of survey response values (numerator) |  |  |  |
| Total number of questions answered (denominator) |  |  |  |
|  Patient satisfaction score (numerator divided by denominator) **Data to include in Step 3 🡪** |  |  |  |

**Step 3: Calculate the overall patient satisfaction score for the practice.**

*Instructions: Determine the average satisfaction score for all patients in the practice. Populate the chart below with individual patient data from Step 2. The numerator is the sum of the average scores for all submitted patient surveys at each time point. The denominator is the total number of patients to complete the survey at each time point.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Participating patients** | Week 0(Pre-implementation) | Week 12(Post-implementation | Week 24(Post-implementation) |
| Patient satisfaction score from Survey 1 |  |  |  |
| Patient satisfaction score from Survey 2 |  |  |  |
| Patient satisfaction score from Survey 3 |  |  |  |
| … |  |  |  |
| Patient satisfaction score from Survey 30 |  |  |  |
|  Patient satisfaction scores total (numerator) |  |  |  |
| Total number of patients surveyed (denominator) |  |  |  |
|  Overall patient satisfaction scores for the practice (numerator divided by denominator) **Data to include in Step 4 🡪** |  |  |  |

**Step 4: Graph your results.**

*Instructions:* *Use your preferred software to graph the patient satisfaction score for your practice before and after implementation of the panel management process. Your graph might look like the example below. Use this to discuss how you can improve the panel management process with your team.*

Start of panel

management

# Measurement tool 4: Staff experience survey

**Step 1: Survey your staff.**

*Purpose:**The purpose of this survey is to measure staff perception of their capability to adopt panel management. Use indicators that reflect your practice’s priorities.*

*Instructions: Each staff member in the practice who rooms and takes patient vital signs should complete this survey at three time points: (1) at least one week before starting the new panel management process, which will serve as baseline data; (2) 12 weeks after implementation and (3) 24 weeks after implementation. The results of this survey will help identify opportunities to improve performance.*

*The shaded gray cells have been included to guide you in transferring data through this multi-step tool.*

*Note: The example given is for a practice that is using panel management to track up-to-date HBA1c and LDL screenings for patients with diabetes. Similar surveys are available for cancer screening and immunizations. They can be found here: Rogers E, Hessler D, Dube K, Willard-Grace R, Gupta R, Bodenheimer T, Grumbach K. The Panel Management Questionnaire: A Tool to Measure Panel Management Capability. Perm J. (In press).*

|  |
| --- |
| **Staff Survey** |
| Staff name and role (optional): | Date of Survey: |
| *How much do you agree or disagree with the following statements? Please circle your answer.* |
| 1. I am responsible for working with the patient’s provider to make sure that patients with diabetes are up-to-date on their HbA1c and LDL lab tests. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly agree |
| 2. I am confident that I can answer most questions my patients have about HbA1c and LDL lab tests for diabetes care. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly agree |
| 3. During patient intake, I know how to identify patients with diabetes who are not up-to-date on their HbA1c and LDL lab tests. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly agree |
| 4. If I determine that a patient with diabetes is due for an HbA1c or LDL lab test, I can order or pend orders for these tests without checking in with the provider. | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly agree |
| *Answer the following only after panel management has been implemented.* |
| What do you like most about panel management?How could we improve panel management? |

**Step 2: Calculate the panel management adoption perception score for each staff member in the practice.**

*Instructions: Transfer the numeric responses from the survey in Step 1 (questions 1-4) to the table below then calculate the average survey score for each staff member. The numerator is the sum of survey response values. The denominator is the total number of survey questions answered.*

*Note: Open-ended questions on the survey are not included in the numeric scoring. You may wish to list all of these comments for your clinic leadership or care team to review when they look at the survey results. As the team adopts the new process these comments could help focus the continuing quality improvement effort.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff name (if provided):** | Week 0(Pre-implementation) | Week 12(Post-implementation | Week 24(Post-implementation) |
| Response to Question 1 |  |  |  |
| Response to Question 2 |  |  |  |
| Response to Question 3 |  |  |  |
| Response to Question 4 |  |  |  |
|  Survey response values total (numerator) |  |  |  |
| Total number of questions answered (denominator) |  |  |  |
|  Staff member panel management adoption perception score (numerator divided by denominator) **Data to include in Step 3 🡪** |  |  |  |

**Step 3: Calculate the average overall panel management adoption perception score for all staff in the practice.**

*Instructions: Determine the average overall comfort level with panel management adoption for all staff members in the practice. Populate the chart below with individual staff data calculated in Step 2. The numerator is the sum of the average scores for all staff professional satisfaction surveys submitted at each time point. The denominator is the total number of staff to complete the survey at each time point.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Participating staff** | Week 0(Pre-implementation) | Week 12(Post-implementation | Week 24(Post-implementation) |
| Staff member 1: |  |  |  |
| Staff member 2: |  |  |  |
| Staff member 3: |  |  |  |
| … |  |  |  |
| Staff member 10: |  |  |  |
|  Staff panel management adoption perception scores total (numerator) |  |  |  |
| Total number of participating staff members(denominator) |  |  |  |
|  Staff panel management adoption perception score (numerator divided by denominator) **Data to include in Step 4 🡪** |  |  |  |

**Step 4: Graph your results.**

*Instructions:* *Use your preferred software to graph the panel management adoption perception score for your staff before and after implementation. Your graph might look like the example below. Use your results to discuss how you can improve the panel management process with your team.*

# Additional Information

**What else should you measure?**

Panel management can take various forms in different practices. Using your EHR, panel management software or registry to run reports can be used to provide regular feedback to the team about improvements in closing care gaps that the team is making. Ultimately, the team should see an increase in the overall health of their patients. Measure what is most meaningful to you, and continue to spread efforts across different indicators.k

For additional information on how to implement quality improvement strategies in your practice, contact the AMA at StepsForward@ama-assn.org.

**References**

Rogers E, Hessler D, Dube K, Willard-Grace R, Gupta R, Bodenheimer T, Grumbach K. The Panel Management Questionnaire: A Tool to Measure Panel Management Capability. Perm J. (In press).

Reuben DB, Knudsen J, Senelick W, Glazier E, Koretz BK. The effect of a physician partner program on physician efficiency and patient satisfaction. *JAMA Intern Med*. 2014;174(7):1190-1193.

*Source: AMA. Practice transformation series: panel management. 2015.*