

UW Medicine | Primary Care and Population Health

Empanelment & Panel Maintenance Toolkit

CLINIC CHIEFS / MEDICAL DIRECTORS
and MANAGERS

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Questions?

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1. INTRODUCTION

1.1. Purpose of This Document

This Toolkit for Empanelment and Panel Maintenance is a resource for all levels of primary care staff that interact with our patients. This document provides the what, why, how, who and when for all UW Medicine primary care staff who may influence the Primary Care Provider (PCP) panel, and the engagement of patients who use UW Medicine's primary care services.

Empanelment, panel maintenance and team based panel management are key competencies to ensure UW Medicine continues to have access to patients in value based contracts, by demonstrating excellence in improving patient satisfaction, quality, financial and performance outcomes on current value based contracts.

1.2. The Importance of Empanelment

As UW Medicine shifts from *sickness to wellness* care and from *volume to value*, the purpose of empanelment is to link patients to a General PCP as their slice of the UW Medicine population. It is the responsibility of the PCP and primary care team to manage population health for these patients, in partnership with other members of the patients' health care team. Establishing care with a single, UW Medicine PCP ensures every patients' individual, unique health care needs are actively monitored in a way that considers patterns of care, and equally as important, the patients' experiences. Empanelment is the foundation for population health management, and the key to continuity of care through health maintenance. The goal of focusing on a population of patients is to ensure that every patient receiving primary care within UW Medicine gets optimal care and evidence-based screening and prevention, whether she or he regularly comes in for visits or not.

For the *PATIENT*: Empanelment is a primary driver for care continuity and access to care. Consistent visits with the same provider has multiple, positive patient outcomes. Provider consistency leads to better patient-provider communication, better identification of medical problems, better health outcomes at a lower cost, and higher satisfaction with care. This relationship builds trust and provides consistency in treatment approaches and follow-up, improving patient experiences and clinical outcomes. Patients benefit from a long-term relationship with a provider or team of providers, so long as the patient understands how the team works together. Patients can reliably get in to see their care team when they need to, and are assured of having enough time during the visit to get their healthcare needs met. Empaneling patients enables primary care practices to go beyond problem-based interventions and address preventive, chronic and acute care needs of all patients, including those who do not come in regularly. Many of the positive aspects of the primary medical home stem from this relationship and greater continuity of care.

For the *PROVIDER*: Empanelment enables providers to develop trusting relationships with patients that are essential for good care, and to understand the concerns and preferences of their patients. In addition, empanelment methodologies bring clarity and order to the clinical workplace. Non-empaneled practices often lack as clear a daily plan, as providers see whoever is on the schedule and many patients may 'fall through the cracks' and not receive recommended care. In an empaneled practice, each provider sees her/his unique panel, creating efficiency through reduction of intensive chart review on unfamiliar patients, and controlling costs by mitigating duplicate tests, medications and service orders. Empaneled providers also report higher levels of personal satisfaction with their practice.

1.3. The Importance of Panel Maintenance

Panel maintenance is the process of ensuring accuracy of panels for PCPs that includes provider validation and approval, removal of patients who are deceased or have not been seen in the last 3 years in primary care (unless otherwise determined by PCP), and empaneling unassigned patients who choose to engage in primary care at UW Medicine. Panel maintenance is a coordinated effort to re-engage patients to connect with their PCP or clinical care team to ensure good preventive health maintenance. Patients are re-engaged through outreach by mail, eCare and phone calls to see their primary care team when needed. Panel maintenance involves driving down the un-empanelment rate and inviting patients, who are willing, to PCP and clinic medical home panels. Meanwhile, it is important to assure accuracy of PCP assignment, as well as the management of provider capacity.

The routine and regular review and updating of panel assignments ensures panel accuracy, and makes panel management activities more effective, especially when using a team based approach. Refer to [Panel management](#) definition.

1.4. Glossary of Terms

Term	Definition
Empaneled PCP	An identified, internal PCP.
PCP Trainee	Resident or Fellow training in one of the approved Primary Care clinics. They are empaneled PCPs and have their own panel with a Supervising PCP.
Active patient	Patients with at least one primary care office visit with an empaneled PCP or primary care location within UW Medicine, in the most recent 3 year period , or have an appointment with their empaneled PCP or primary care location in the next 90 days . Can also be referred to as ‘Established Patient’.
New patient	Any patient who has never been seen at UW Medicine, <i>or</i> their last visit was greater than 3 years ago by the provider’s specialty.
Established patient	<i>See definition for ‘Active patient’</i>
Empaneled patient	Patients who are linked and assigned to a UW Medicine empaneled PCP (an identified, internal PCP). These patients’ health metrics are visible on the Epic EHR Provider Panel Dashboard ‘Population Health Metrics’ for panel management activities. To identify these patients and their individual health metrics, the Epic panel maintenance report ‘Patients on My Panel’ is accessible through and embedded on the Provider Dashboard.
Un-empaneled patient	Patients who have not yet been assigned to an approved UW Medicine PCP (Gen PCP field = ‘Pcp, None’, ‘Pcp, Unknown’, or [blank]), but whose ‘Primary Location’ is an approved UW Medicine Primary Care Clinic. These patients are <u>not seen</u> on Provider Panel Dashboards. It is important to identify and empanel these patients to make sure they are receiving the preventive and chronic condition care they need. To identify these patients and their individual health metrics, the Epic report ‘Patients with No PCP’ shows patients with at least 1 visit in the last 36 months to that primary care clinic location.
General (Gen) PCP field	The Gen PCP field is a required field in Epic that needs to be reviewed with the patient at every

	<p>primary care office visit, to make sure the PCP is correct.</p> <p>You will see the current Gen PCP information displayed on the Patient Header and the Demographics in the Interactive Face Sheet.</p>
Empanelment	The process to link patients to a General PCP as their slice of the UW Medicine population. It is the responsibility of the PCP and primary care team to manage population health for these patients.
Panel	A group of active patients that are assigned to an empaneled PCP or clinic if they do not have a PCP but have a primary location of an approved Primary Care Clinic.
Panel maintenance	A process to ensure accuracy of panels for PCPs that includes provider validation and approval, removal of patients who are deceased or have not been seen in the past 3 years, and empaneling the unassigned patients.
Panel management	<p>(Also known as population health management)</p> <p>A proactive approach to health care. “Population” refers to the panel of patients associated with a provider or a care team. Population-based care means that the care team is concerned with the health of the entire population of its patients, not just those who come into the clinical setting for visits.</p> <p>The panel (a group of patients assigned to a PCP) allows care teams to oversee and track proactively the health care needs of patients on their panels and ensure that all patients receive the services they need to optimize their health and well-being.</p> <p>Key benefits of a PHM approach to patient care: 1) better health outcomes, 2) disease management, 3) closing care gaps, 4) cost savings for providers.</p>
Care team	Care Teams within Epic help foster and strengthen the ability to provide integrated and coordinated care across the organization. Care Team providers are defined as specialty physicians who provide ongoing care to a patient. The specialty clinic is responsible for identifying and populating the Care Team field in Epic with the provider name for their patient. The specialty physician is responsible for determining the notification settings for their patient. The specialist should be listed as care team member. Any other provider or team member who has ongoing involvement in the patients care.
Panel status: <i>Open</i>	PCP is accepting new patients to her or his panel.
Panel status: <i>Closed</i>	PCP is not accepting new patients to her or his panel, but may accept family members.
Panel status: <i>Limited</i>	PCP panel is open but only sees certain/specified patient populations.

2. WORKLOWS AND RESPONSIBILITIES

2.1. Updating the Gen PCP Field in Epic

It is expected that **all** primary care clinical staff should, with each patient visit, review, verify and update the Gen PCP field with the patient, to ensure: (1) maintenance of Gen PCP field accuracy, (2) patients who use our primary care services are assigned to a PCP, and (3) maintain and improve performance on key population health metrics impacted by panel metrics.

The assigned PCP for a patient may periodically need to be updated for the following reasons:

- Patient’s personal preference
- Coordination of care requirements
- The patient transfers to a different clinic
- Managed care or insurance requirements

Criteria	Steps / detail
New patients	<ol style="list-style-type: none"> 1. At EACH primary care office visit: Review and ask patient if provider in PCP field is correct 2. <u>YES</u>, patient wishes to establish care <ol style="list-style-type: none"> a. Update Gen PCP field (see Updating the Gen PCP Field in Epic) b. Follow usual clinical workflows 3. <u>NO</u>, patient does not wish to establish care – Provide patient with ‘What is a Primary Care Provider?’ patient handout (see Patient handout) and, if time, talk to patient about the importance of establishing care with a UW Medicine PCP <ol style="list-style-type: none"> a. Update Gen PCP field with generic PCP name ‘PCP, None’ (<i>Identifies patients without a PCP or is “unassigned”</i>) b. Follow usual clinical workflows
Return/established patients	<ol style="list-style-type: none"> 1. At EACH primary care office visit: Review and ask patient if provider in PCP field is correct 2. Gen PCP field name <u>matches</u> name of PCP with whom the patient has an appointment and patient confirms 3. Gen PCP field <u>does not</u> match the name of PCP with whom the patient has an appointment <ol style="list-style-type: none"> a. Inform patient s/he is not seeing the provider who is identified (in Epic) as her/his PCP b. Ask patient if s/he would like to establish care with the PCP seeing for that day’s appointment and check that PCP’s panel is open <ol style="list-style-type: none"> i. <u>YES</u>, patient wishes to establish care <ol style="list-style-type: none"> a. Follow usual clinical workflows ii. <u>NO</u>, patient does not wish to establish care – Provide patient with ‘What is a Primary Care Provider?’ patient handout (see Patient handout) and, if time, talk to patient about the importance of establishing care with a UW Medicine PCP <ol style="list-style-type: none"> a. Follow usual clinical workflows

2.1.1. Updating the Gen PCP Field in Epic

To Change a PCP, click the PCP's name on the Interactive Face Sheet.

DEMOGRAPHICS

ZzBeliz, Jessica Joy "Jessie"

Female | 4/1/1964 (55 yrs) | xxx-xx-9874 | MRN: U9030742

Demographics 111 14th Ave
SAN JOSE, CA 95124

323-555-1212

Email: jjz80@hotmail.com

PCP: Kao, Diana Jy Jen, MD (Gene... [Additional Information](#)

Employer

✓ Accept ✗ Cancel

1.

Enter the new PCP's name and press Enter or Click Add to add the new PCP.

Care Teams

+ Patient Care Coordination Note

Patient Care Team

+ Add

Search for Team Member + Add

Team Member	Relationship
PCPs	
Kao, Diana Jy Jen, MD	PCP - General
Phone: 425-957-9000	

✓ Accept ✗ Cancel

2.

Indicate the reason for the change in the bottom section of the form.

Care Teams

+ Patient Care Coordination Note

Team Member	Relationship	Specialty	Start	End	Updated
New PCP					
Primary location:			Current risk panel:		
PCP:	CHLEBOWSKI, TARYN CHRISTINE [369]				
Address:	17638 140th Ave NE, WOODINVILLE WA 980				
PCP type:	General	Start:	4/1/2019		
Specialty:	Internal M. dicine	End:			
Notifications					
Admissions:	Yes No				
Additional results:	All Abnormal None				
Comment:					
Kao, Diana Jy Jen, MD will no longer be PCP - General as of 3/31/2019.					
Kao, Diana Jy Jen, MD's details:					
Comment:					
Change requested by:		Reason for change:			
Provider Search Provider Summary					

✓ Accept ✗ Cancel

3.

2.1.2. Patient pamphlet handout – ‘What is a Primary Care Provider?’

To download and print copies from Patient and Family Education Services, click [here](#)

Your Primary Care Team

A primary care team is a group of health professionals who work closely together to meet your healthcare needs. Your care team includes:

You, the Patient

You are at the center of your healthcare team. You will work with your PCP and other members of your care team to plan your care and treatments.

Your PCP

A PCP is one of these providers:


- An *attending physician*: a fully-trained doctor practicing primary care;
- An *advanced registered nurse practitioner (ARNP)*: a registered nurse with advanced clinical training practicing primary care;
- A *physician assistant (PA)*: a practitioner licensed by the state to practice medicine with a supervising doctor; or
- A *resident physician*: a doctor who has graduated from medical school and is completing extra training under the supervision of an attending physician. If a resident is your PCP, an attending physician will also supervise your care.

Other Staff

You may also have one or more of these staff members on your care team: a registered nurse (RN), medical assistant (MA), social worker, patient services specialist, or health navigator.

UW MEDICINE | PATIENT EDUCATION

What is a primary care provider?



This brochure explains what a primary care provider (PCP) is and why having one can help your health and well-being.

UW Medicine
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UW Medicine

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

What is a primary care provider?

Have you ever heard of a primary care provider (PCP)? A PCP is your health advocate and attends to all of your healthcare needs. Your PCP will help manage your care and make sure it meets your overall healthcare goals.

A PCP offers preventive health services, urgent care, and long-term guidance about your health. Your PCP can also help you understand your healthcare needs and the healthcare system.

Your PCP will:


- Provide routine health screenings.
- Talk with you about lifestyle changes to prevent illness, as needed. These changes may include quitting smoking, managing your weight, attending to mental health concerns, and addressing substance use.
- Diagnose and treat *acute* (short-term) and *chronic* (long-term) illnesses.

Special Concerns

You will have an ongoing, personal relationship with your PCP.

- Your PCP will work closely with you to achieve the best possible health outcomes.

- If a health condition arises that requires care from a specialist, your PCP will help you find the right one. PCPs work closely with specialists to make sure all your healthcare needs are met.
- Your PCP can also help you with any health issues related to gender identification.
- Be sure to tell your PCP if you have any concerns about your ability to pay for your healthcare needs.



Why is a PCP important?

Continuity of Care

When you work with your PCP over time, they get to know you and your healthcare goals. Your PCP will oversee your health as you move through life and any treatments or therapies you may need.

Point Person for Your Healthcare

A PCP knows your health history, helps you manage any chronic issues, and makes sure you know about medical advances. This can help you live a healthier life.

Preventing Illness

Routine screenings are a key part of preventing future illness and disease. Regular visits with your PCP can help you catch any health issues early.

The Bigger Picture

Your PCP can help assess what's going on from many angles. A PCP takes a *holistic* approach to find out what might be going on with you. This means that your PCP will take mental and social factors into account, not just your physical symptoms.

Fewer Trips to the Emergency Room (ER)

Your PCP can offer treatment or testing based on your medicines, health history, and health goals. This could mean avoiding costly trips to the ER.

2.2. Departing Providers and Shifting Patients

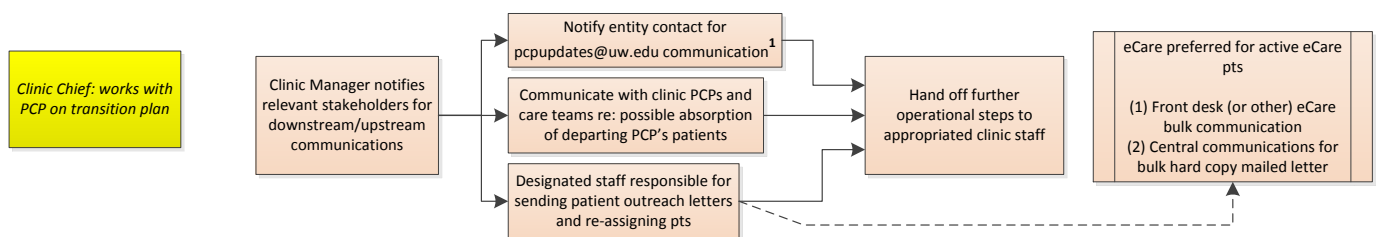
2.2.1. Chiefs/Medical Directors, Managers

Provider transitions and modification to cFTE and primary location may occur as a result of:

- A provider is no longer employed by the Clinic Network (retirement, termination, voluntary resignation, death)
- A provider transferring to another clinic with the Clinic Network
- PCP trainees’ graduation from Residency Program.
- Clinic Chief/Medical Director decision

Steps / detail

1. Clinic Chief works with departing PCP on transition plan
2. Clinic Manager notifies relevant stakeholders for downstream/upstream communications that PCP is leaving:
 - a. Appointed entity contact for pcpupdates@uw.edu communication using [standard panel communication template](#)
 - i. UWNC: Sarah Bixler
 - ii. NWH: Emelia Heck
 - iii. HMC: Kate Friedenbach
 - iv. UWMC: GIMC/WHCC/Peds Clinic Managers
 - b. Clinic PCPs and care teams regarding possible absorption of departing PCP’s panel of patients
 - c. Designated staff responsible for sending patient outreach letters
 - d. Designated staff responsible for bulk removing PCP name from Gen PCP field
 - e. Designated staff responsible for re-assigning patients
3. Hand off further operational steps to appropriated clinic staff



2.2.2. Departing Providers

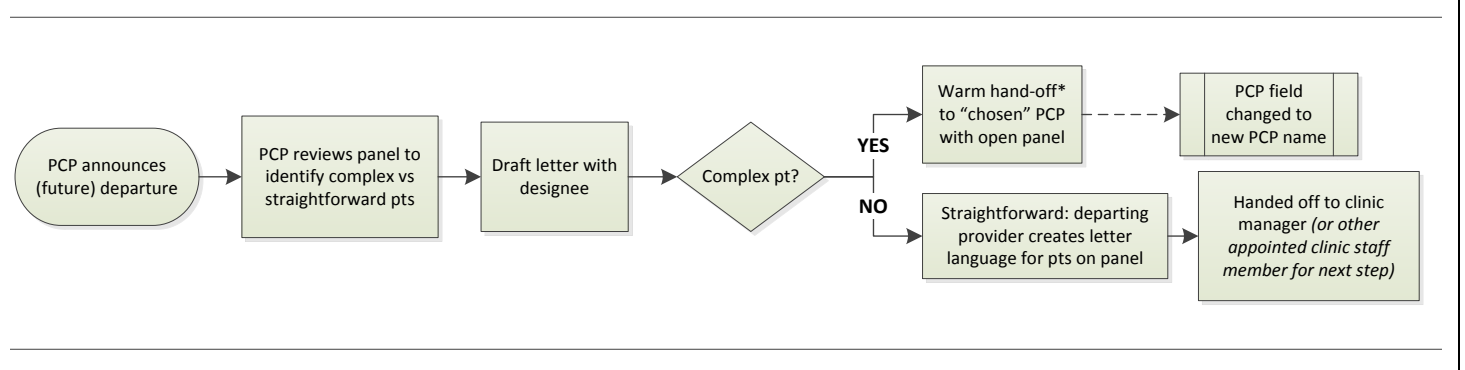
Steps / detail

1. PCP announces (future) departure
2. PCP reviews her or his panel to identify complex versus straightforward patients, to determine which patients will require a warm hand off
3. PCPs will warm hand-off complex patients to ‘chosen’ PCP with an open panel
 - a. The Gen PCP field will be updated with new PCP name

4. PCPs will create letter language/communication for straightforward patients on her or his panel (unless a standard letter template is used at that clinic location)
 - a. The letter is handed to the Clinic Manager for further workflow to bulk communicate to patients on departing PCP’s panel (or other appointed clinic staff member for next step)

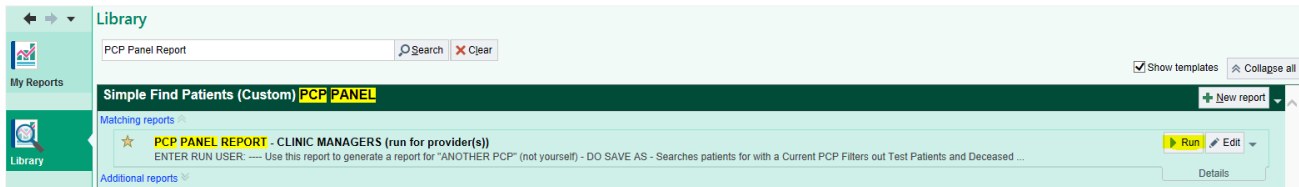
*RESIDENT warm hand-off tactics used by some of our UW Medicine primary care residency clinics:

- Resident “sign out night” for complex patients
- Complex patients handed off to designated R1/R2
- Straightforward patients on resident list are handed off to clinic manager

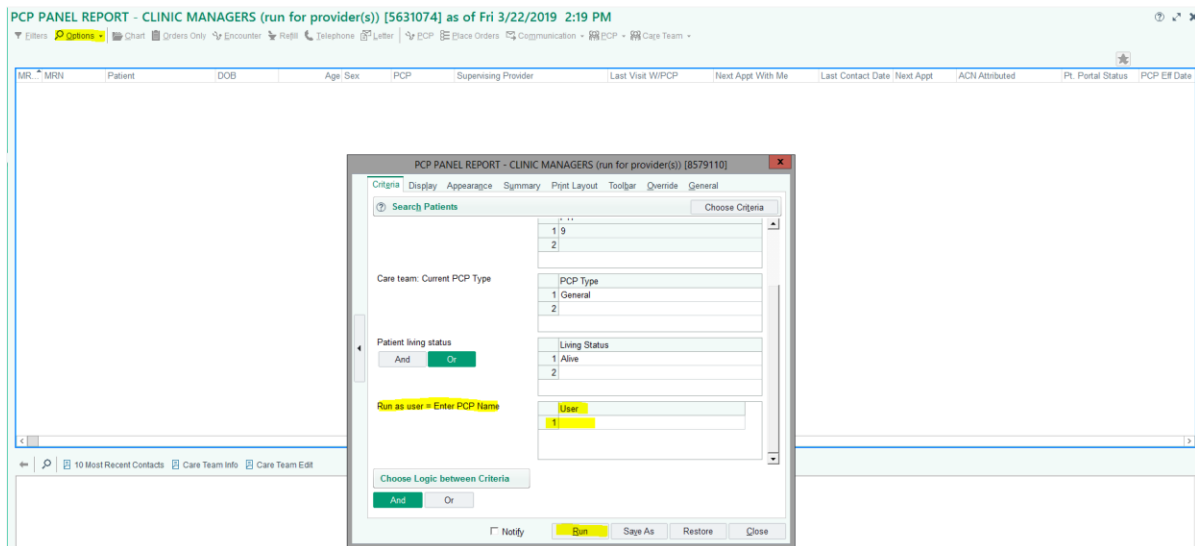


2.2.3. How to update Epic prelude PCP/care teams for provider/resident transition

1. Go to Epic → Reports → My Reports
2. From My Reports screen click on Library
3. Search for “PCP Panel Report”
4. Select Run



5. Under Options → Edit Report Settings → Criteria → Enter PCP Name → Select Run



6. Select those patients you want to change PCP assignment

For example:

- If R3 patient panel is transitioning to one incoming R1, then select all patients
- If R3 patient panel is larger and transitioning to two incoming R1's, ie: patient with last names starting with A-K to one R1 and patients L-Z to another R1, then sort by patient last name and select those you want to change

7. Select PCP → Add/Change PCP → Fill in required fields → Select Accept

The screenshot shows a 'Temporary report setting [5631078] as of Fri 3/22/2019 2:23 PM'. The main window displays a table of patients with columns for MRN, Patient, DOB, Age Sex, PCP, Supervising Provider, Last Visit W/PCP, Next Appt With Me, Last Contact Date, Next Appt, ACN Attributed, Pt. Portal Status, and PCP Eff Dtg. A dialog box titled 'Bulk Add/Change PCP' is open, allowing for the selection of a new PCP, setting a start date (3/22/2019), and providing a reason for change. The dialog also includes a 'Reason for change' dropdown, a comment field, and an 'Accept' button.

8. If an update/change to Supervising Physician is needed, select Care Team → Change Team Member → Fill in required fields → Select Accept

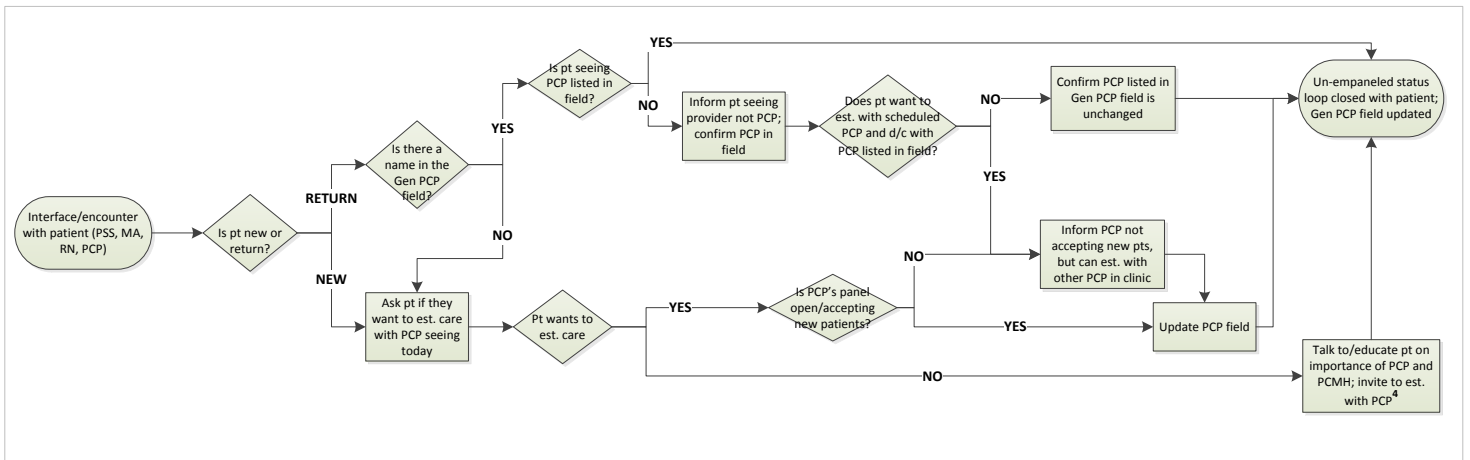
The screenshot shows the same patient list as above. A dialog box titled 'Bulk Change Patient Care Team Member' is open, allowing for the selection of a new provider and setting a relationship. The dialog includes fields for 'End provider', 'Relationship', 'Start date' (3/22/2019), 'End date', and 'Specialty'. It also has a 'Reason for change' dropdown, a comment field, and an 'Accept' button. A note at the bottom states: 'Information in this report will not be refreshed automatically, because you selected more than 100 patients. Manually refresh rows as necessary.'

2.3. Engaging and inviting our un-empaneled patients

Criteria	Steps / detail
How can I see which patients are using my clinic, but are not assigned to an empanelable PCP?	<p>There are reports available in Epic that show patient level details for those patients who are actively using that primary care clinic location, but do not have a name in the Gen PCP field.</p> <p>The Population Health Management team is reaching out to these patients to invite them to establish care with a UW Medicine PCP.</p>

At every primary care office visit, each member of the clinic team (PSS, MA, RN, PCP) should:

1. Check the Gen PCP field for name
2. Verify the name in Gen PCP field is the patient’s current PCP
3. Update/populate the Gen PCP field *before* the patient leaves the office



2.4. Updating the Primary Location Field in Epic

Steps / detail

1. The Primary Location for a patient may periodically need to be updated for the following reasons:
 - a. Patient transfers to a different UW Medicine Primary Care clinic location
 - i. Re-assignment of empaneled UW Medicine PCP at a different Primary Location than previously assigned PCP
 1. New empaneled UW Medicine PCP does not match previous Primary Location
 - b. **New/updated Gen PCP is outside UW Medicine Primary Care**
 - i. **None, Unknown, Known**

Why is it important to change the **Primary Location**, *in addition to the Gen PCP?*

- To ensure patients do not remain on a clinic's panel
- To ensure and maintain integrity of patients who *are truly un-empaneled* to a PCP, but *do belong* to a UW Medicine Primary Care location (*Reports BO0337*)

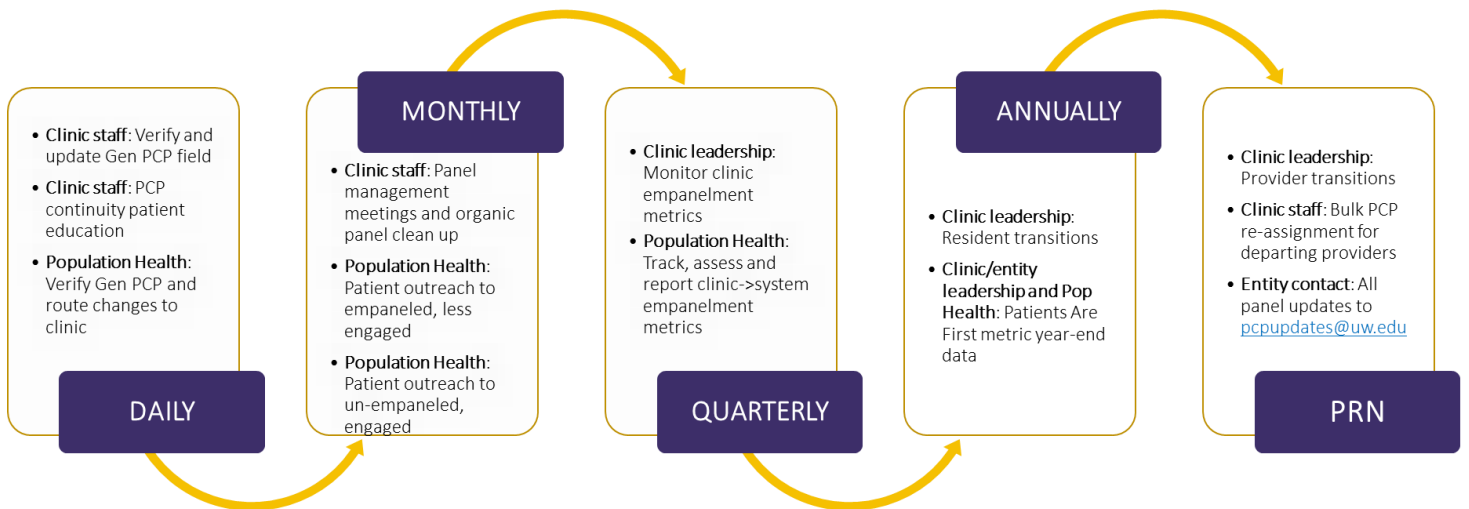
The screenshot shows two steps in the Epic interface. Step 1 shows a patient header for 'Zztest, Pinky' with 'Primary Loc: Uw Medical Center' highlighted in a red box. Step 2 shows the 'Location/PCP' screen with a 'Location Change' dialog box open. The dialog box has 'Current location: UW MEDICAL CENTER' and a 'New location' field with a dropdown arrow. A red box highlights the 'New location' field and the 'Change Location' button. A red arrow points from the 'Change Location' button to the 'New location' field.

Click on Primary Location in patient header to activate Location Update Activity

- If known: Select specific, known location
- If unknown: Select 'Outside Location' option

3. STANDARD PANEL MAINTENANCE CYCLE

Frequency	Panel Maintenance Activity
DAILY	<ol style="list-style-type: none"> All clinic staff: Verify and update the Gen PCP field All clinic staff: PCP continuity – patient education Population Health: Verify Gen PCP and route changes to clinic
MONTHLY	<ol style="list-style-type: none"> All clinic staff: Panel management meetings and organic panel clean up Population Health: Patient outreach to the empaneled, less engaged with Primary Care Population Health: Patient outreach to the un-empaneled, engaged with Primary Care
QUARTERLY	<ol style="list-style-type: none"> Clinic leadership: Monitor clinic empanelment metrics Population Health: Track, assess and report clinic->system empanelment metrics
ANNUALLY	<ol style="list-style-type: none"> Clinic leadership: Monitor clinic empanelment metrics Clinic/entity leadership and Population Health: Patients Are First (PAF) metrics year-end data
PRN	<ol style="list-style-type: none"> Clinic leadership: Provider transitions Clinic staff: Bulk PCP re-assignment for departing providers Entity contact: All panel updates to pcpupdates@uw.edu (see panel maintenance communication form for standard communication template)



4. APPENDICES

4.1. Appendix 1: Patient letter template: Panel maintenance outreach letters

The Population Health Management team sends letters on a monthly cadence to patients who are empaneled to a UW Medicine PCP, but are less active and less engaged in Primary Care, based on the patient’s most recent visit with a UW Medicine primary care clinic. Outreach letters are sent to patients who have not had a visit with a UW Medicine primary care clinic location in the last 24 months, 30 months and 34 months, and do not have a future appointment scheduled with the PCP or primary location. Patients are removed from the PCP panel once they have reached 36 months without a visit to a UW Medicine primary care clinic location, and do not have a future appointment scheduled with PCP or primary location.

4.1.1. Panel Maintenance patient outreach letter – 24 months

[date]

[name]

[address]

[address]

Dear [name],

At UW Medicine, we want to help you stay healthy and reach your health goals. It’s been a while since your last visit with your UW Medicine primary care provider (PCP). [PCP name] would like to see you and make sure we are doing all we can to keep you healthy.

Here is what to do next:

If you have already set up a visit with [PCP name], that is great. Please tell us if there is anything else you need at this time.

If you want to set up a visit with [PCP name]:

- To send a message through your eCare account, log into your account at <https://eCare.uwmedicine.org>.
- Or, if you rather talk with someone:
 - Most UW Medicine patients may call **206.520.5000**, Monday through Saturday, 7 a.m. to 7 p.m.
 - Hall Health patients may call **206.685.1011**.
 - Northwest Hospital Sports Medicine Clinic patients may call **206.668.6100**.

If you are receiving care from another PCP, please call and tell us. We will update our records.

Sincerely,

Your Clinical Care Team

4.1.2. Panel Maintenance patient outreach letter – 30 months

[date]

[name]

[address]

[address]

Dear [name],

At UW Medicine, we want to help you stay healthy and reach your health goals. It's been a while since your last visit with your UW Medicine primary care provider (PCP). [PCP name] would like to see you and make sure we are doing all we can to keep you healthy.

Here is what to do next:

If you have already set up a visit with [PCP name], that is great. Please tell us if there is anything else you need at this time.

If you want to set up a visit with [PCP name]:

- To send a message through your eCare account, log into your account at <https://eCare.uwmedicine.org>.
- Or, if you rather talk with someone:
 - Most UW Medicine patients may call **206.520.5000**, Monday through Saturday, 7 a.m. to 7 p.m.
 - Hall Health patients may call **206.685.1011**.
 - Northwest Hospital Sports Medicine Clinic patients may call **206.668.6100**.

UW Medicine PCPs update their patient list every 3 years. Any patients that have not been seen in the last 3 years are removed from the active patient list. If you are removed from your PCP's patient list, you can still schedule a visit with a UW Medicine provider, but you might need to see a different PCP.

If you have already set up a visit with [PCP name], that is great. Please tell us if there is anything else you need at this time.

If you are receiving care from another PCP, please call and tell us. We will update our records.

Sincerely,

Your Clinical Care Team

4.1.3. Panel Maintenance patient outreach letter – 34 months

[date]

[name]

[address]

[address]

Dear [name],

At UW Medicine, we want to help you stay healthy and reach your health goals. It's been a while since your last visit with your UW Medicine primary care provider (PCP). [PCP name] would like to see you and make sure we are doing all we can to keep you healthy.

Here is what to do next:

If you want to set up a visit with [PCP name]:

- To send a message through your eCare account, log into your account at <https://eCare.uwmedicine.org>.
- Or, if you rather talk with someone:
 - Most UW Medicine patients may call **206.520.5000**, Monday through Saturday, 7 a.m. to 7 p.m.
 - Hall Health patients may call **206.685.1011**.
 - Northwest Hospital Sports Medicine Clinic patients may call **206.668.6100**.

UW Medicine PCPs update their patient list every 3 years. Any patients that have not been seen in the last 3 years are removed from the active patient list. If you are removed from your PCP's patient list, you can still schedule a visit with a UW Medicine provider, but you might need to see a different PCP.

If we do not hear from you within 1 month, we will update our records to note that you are no longer seeing [PCP name] as your PCP. You can still schedule a visit at UW Medicine, but [PCP name] may not be accepting new patients in the future. This means you might need to see a different provider.

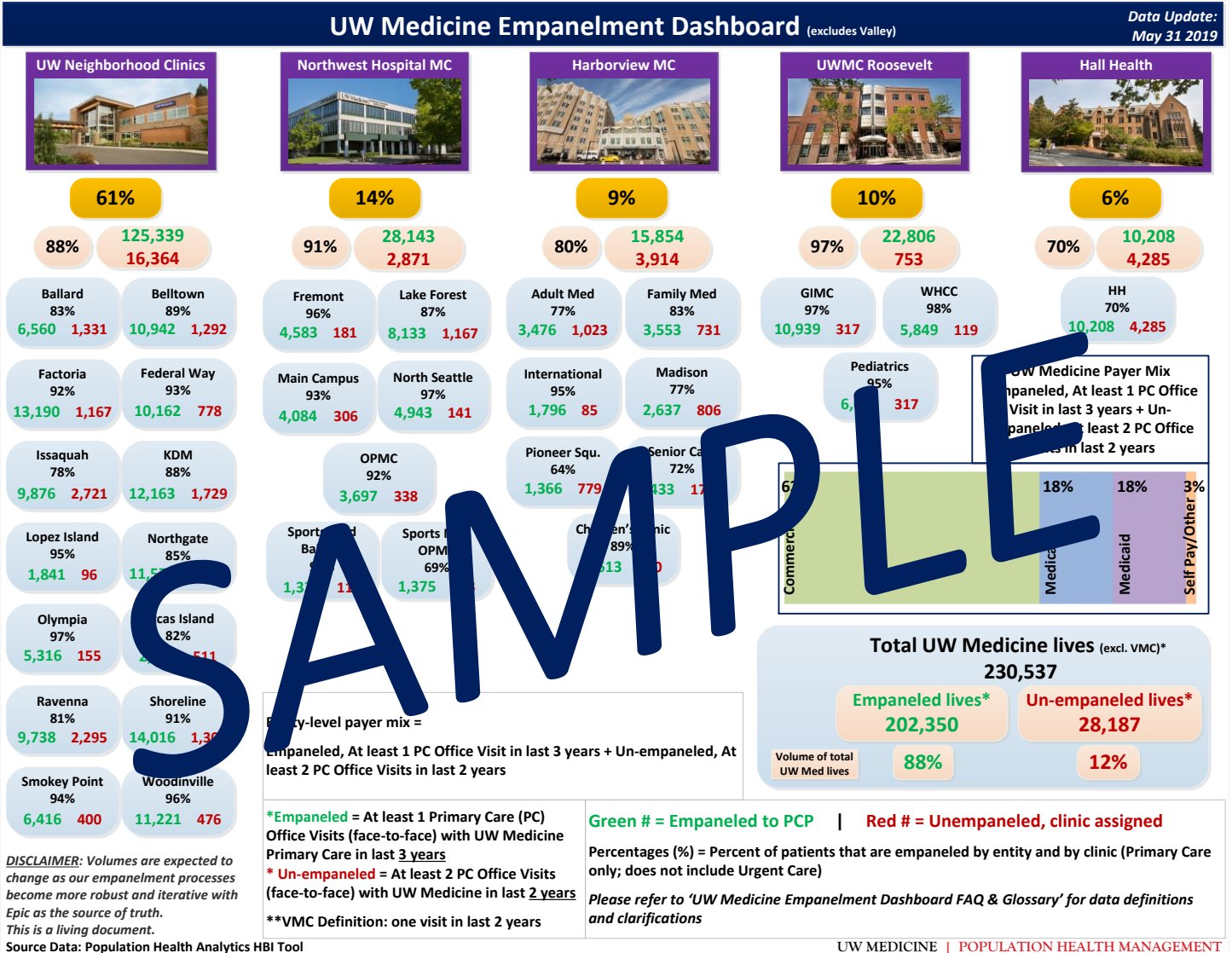
If you have already set up a visit with [PCP name], that is great. Please tell us if there is anything else you need at this time.

If you are receiving care from another PCP, please call and tell us. We will update our records.

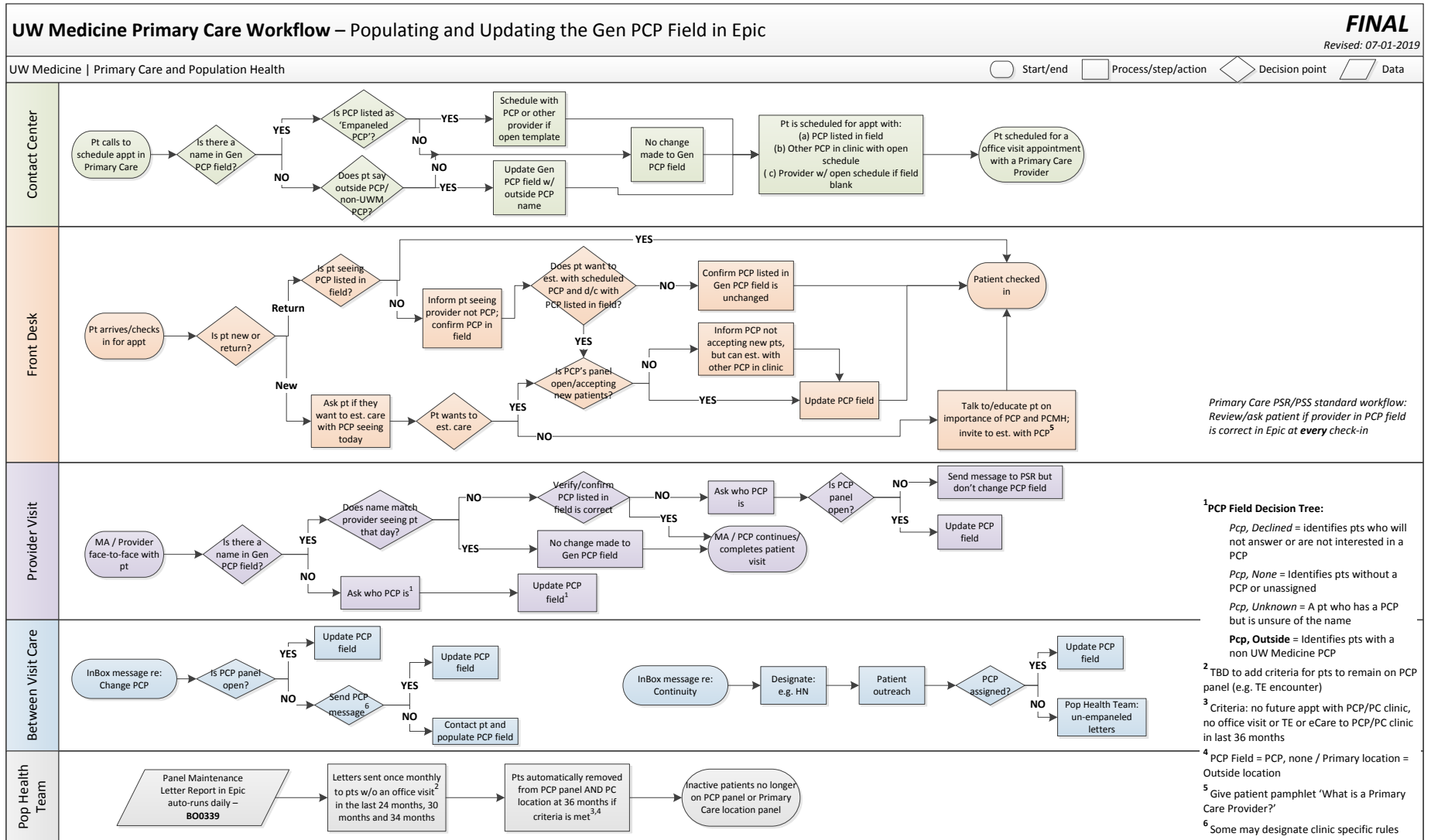
Sincerely,

Your Clinical Care Team

4.3. Appendix 3: UW Medicine Empanelment Dashboard – sample view



4.4. Appendix 4: Comprehensive Workflow – Populating and Updating the Gen PCP Field



4.5. Appendix 4: Comprehensive Workflow – Engaging and Inviting Our Un-Empaneled Patients

