Panel Management Meeting Workflow for Panel Managers

BEFORE THE MEETING

- Coordinate with Clinic Manager to ensure meeting is scheduled and a room is booked
  - May vary clinic-to-clinic who is responsible for calendar and room reservations, etc.
  - If you are asked to support with scheduling activities and don't have time to do this AND panel management clinical activities, ask if another staff can support with scheduling
  - Recommended attendees: PCP, Panel Manager
    - Optional/suggested: RD, MA, RN, SW

- Agenda-Setting
  - Do not create a Word document Agenda for the panel management meeting
    - This may be different than how you've prepared for meetings in the past
    - Clinic Chiefs will explain to providers that we are using a new meeting format; you can re-explain this if needed
  - Agenda Format
    - Use Pop Health "Due for AWV" Excel to review this patient list
    - Use Epic "PCP Diabetes Panel Report" to review this patient list

- **AWV List**
  - Pull a specific provider's patient list of Due for AWV from Population Health master list
  - Can filter the master Excel spreadsheet to show only one PCP's list, or create your own Excel sheet for each provider
  - Not required to do a chart review to check if each patient recently had AWV – it is ok to spend time reviewing this with PCP during the meeting
  - Optional (only if you have time for any chart review):
    - Check if any patients can be removed from AWV list due to recent appt
    - Check if any of these patients already have an upcoming AWV appt scheduled or appt that could be converted/extended to an AWV

- **Diabetes Panel Report**
  - Optional: ask PCP in advance how they'd like to prioritize their Diabetes Panel Report for the upcoming meeting (i.e. by A1C >9, overdue for screening, etc.)
  - Run Epic PCP Diabetes Panel Report in Epic on behalf of a specific provider
    - Run Report
    - Save as "PCP NAME Diabetes Panel Report"
   - Favorite the report so it is in your Reporting Workbench
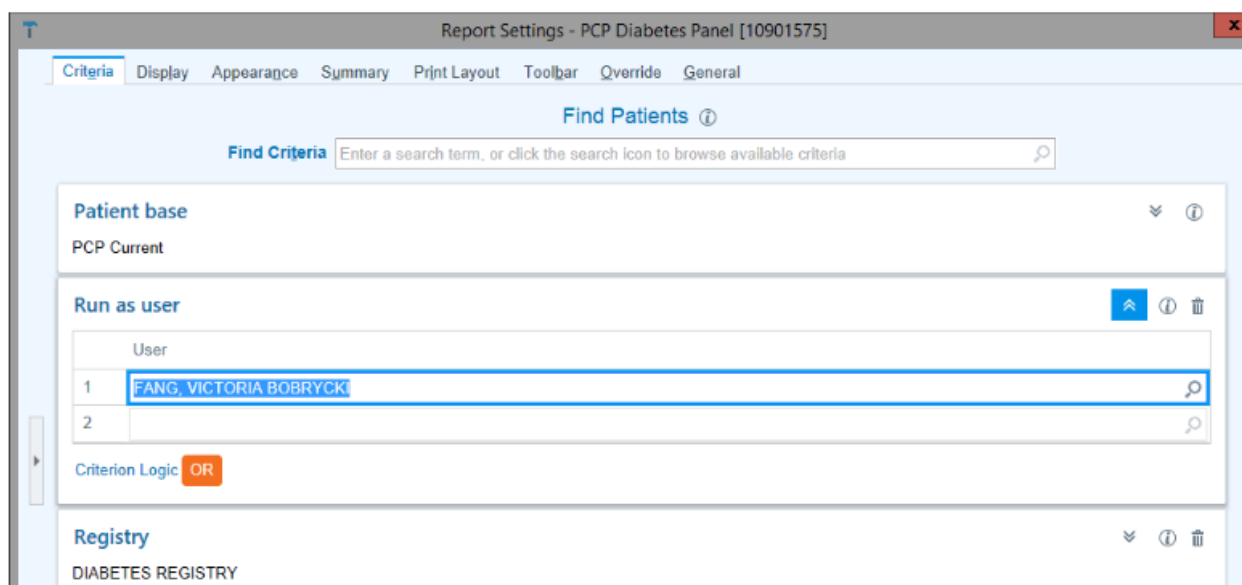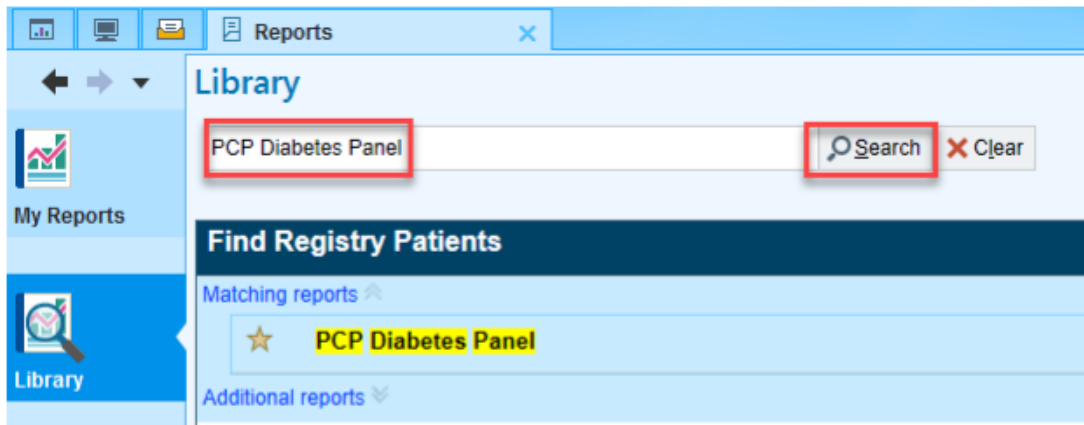
- If provider has a preferred way to review report, you can sort columns according to this in advance
  - Example: Report sorted by A1 high to low

Age	Sex	Next PCP Visit	Last A1C Date	Last A1C	Last BP Date	Last BP	Diabetes Retinal Exam?	Last Microalbumin Dt	Last Microalb
67 year old	Female	08/03/2020	02/10/2020	13.3	05/04/2020	111/54	Not Met		
72 year old	Female		12/02/2019	12.9	12/02/2019	141/78	Met	04/05/2018	3.89
50 year old	Female		08/26/2019	12.7	02/15/2020	130/84	Met	08/26/2019	<0.70
48 year old	Female		01/22/2020	12.6	03/16/2020	120/79	Met	02/07/2019	3.40
46 year old	Female		12/09/2019	11.7	12/12/2019	137/87	Met	12/09/2019	1.75
64 year old	Female		03/12/2020	11.5	03/12/2020	145/89	Met	03/12/2020	11.56
51 year old	Female		11/20/2019	11.4	01/20/2020	139/89	Met	03/29/2019	3.91
80 year old	Female		03/05/2020	10.7	03/05/2020	129/82		03/10/2020	3.05

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DURING THE MEETING

- **1) Review provider's Due for AWV list**
  - Review patient charts in Epic during meeting on shared screen (if possible) to:
    - Check if patient recently had a visit and/or if there is an upcoming visit scheduled
    - Check for other Health Maintenance items due soon
    - Get provider's input on if/when to schedule patient for AWV and any other needed gap closure
  - Documentation
    - If there is no individual clinical discussion/review and the only identified action is "Schedule for AWV" - you don't need to open .PANELMANAGEMENTMTG TE
      - Could instead open a TE with brief note for MA/PSR to schedule AWV and route it to them for follow-up
    - If there is individual clinical discussion about the patient's needs and a plan:
      - Option 1) Open TE for each patient discussed during meeting with brief notes in .PANELMANAGEMENTMTG
      - Option 2) Make note in a column on the Excel of what was decided; document in Epic post-meeting using .PANELMANAGEMENTMTG
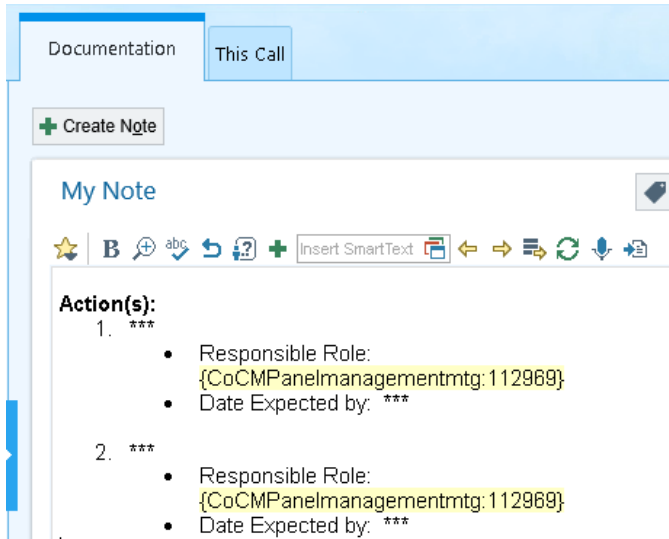

- **2) Pull up PCP's Diabetes Panel Report in Epic, on shared screen**
  - If you haven't done already - ask PCP for their preferred way to view the list (by which column they would like to see it sorted)
    - This is a clinical decision that the PCP should take ownership of
  - Once list is sorted this way, go through patients one at a time
    - Open patient's chart

- Open TE for the patient with .PANELMANAGEMENTMTG
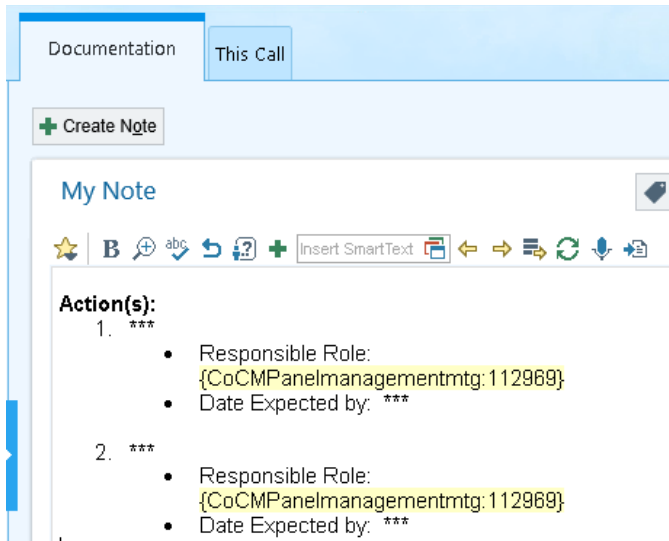
- Identify what patient is due for (whatever is listed in PCP Diabetes Report and can look at other Health Maintenance while chart is open)
- Get PCP and other team members' feedback on how to proceed with closing care gaps
- Make brief note in TE (while in meeting) of what is discussed and decided
  - If you find it too difficult to make notes in the TE during the meeting, you might take handwritten notes and document in Epic later.
   - However, this will take more of your time post-meeting and may lead to a backlog of notes.
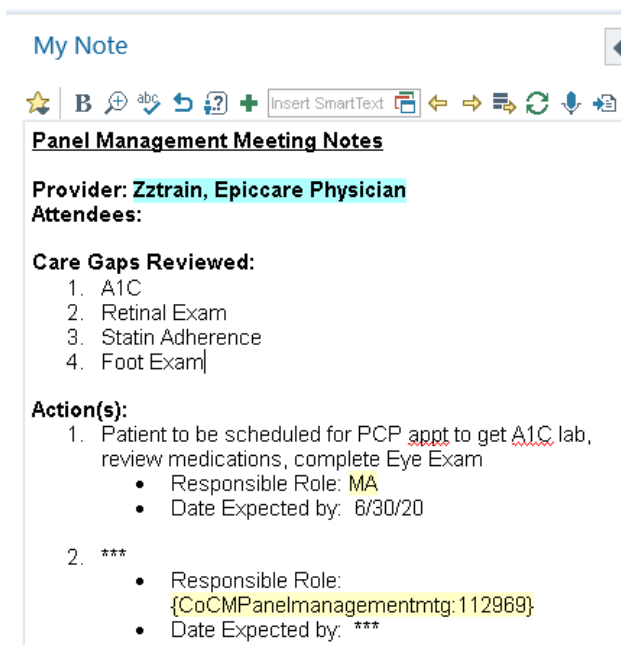
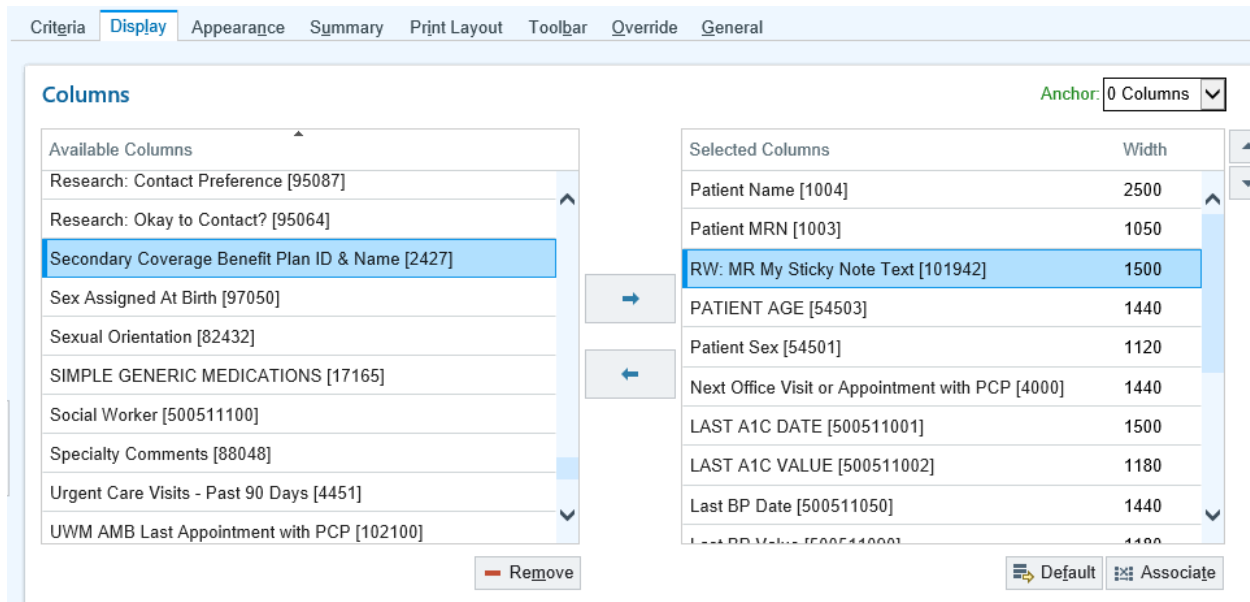
- You can finish and route the TE after the meeting

- May add Personal Sticky Note – "Reviewed in PM Meeting 5/10/20"
  - If you add "My Personal Sticky Note" as a column on each PCP's Diabetes Panel Report, you can see this in the future and know which patients were recently reviewed

STICKY NOTE DURING MEETING
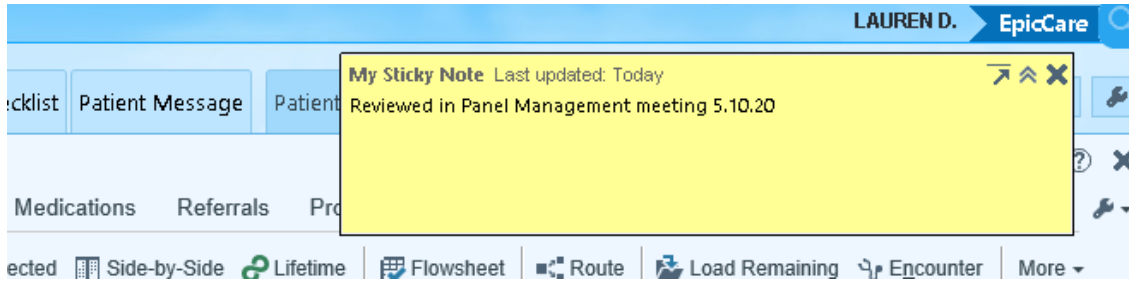
HOW TO ADD STICKY NOTE TO PCP PANEL REPORT

HOW YOUR STICKY NOTE WILL LOOK WITHIN THE REPORT

MRN	My Sticky Note	Age	Sex	Next PCP Visit	Last A1C Date	Last A1C	Las
U2422065	Reviewed in Panel Management meeting 5.10.20	67 year old	Female	08/03/2020	02/10/2020	13.3	05/

- o If you discover errors in the chart, make a note within the TE and/or add a Personal Sticky Note (to address after meeting):
    - If patient should be removed from PCP's Panel
    - If Primary Location is incorrect
    - If it is discovered that patient had labs done outside of UW and this needs to be updated (post-meeting, by MA or you)
  - o Move on to next patient on the list; repeat process

  - o **At end of meeting** – ask PCP how they'd like the list sorted for the next month's meeting
    - Could be the same way as today's meeting, until list is completely reviewed with action items taken (i.e. until all patients with A1C over 9 have been discussed), or could look at it a different way the next month
  - o May also ask PCP a general question – "would you like all patients who are due for Retinal Exam to be scheduled?" and then make a batch decision on this.
    - PCP's MA could support with this outreach after the meeting, in addition to determining which other gaps patient is due for at the time of next visit scheduled

AFTER THE MEETING

- Documentation
  - o Complete notes from meeting in each open TE
  - o Route TE to the person responsible for patient follow up
- Chart Updates
  - o Update outside lab values (or make request of MA/other staff to do this)
- Panel Clean-Up
  - o Update GenPCP and/or Primary Location field for patients determined to need updates