

EXECUTIVE SUMMARY

Seattle CoEPCE Panel Management Curriculum

Wipf J, updated 9/14/17

Problem/Background:

Population health focuses on high risk patients and efforts to improve chronic disease and preventive health via strategies at levels of public health, legislative and health care organizations. Panel management is a process to implement population health at the level of a panel of patients, and is increasingly important with emphasis on data-driven high quality care.

We define panel management as:

“A set of tools and processes for population care that are applied systematically at the level of a primary care panel.”^(1,2)

1. Neuwirth EE et al, *Perm J*, 2007
2. Kaminetzky CP, Nelson K *JGIM* 2015

With panel management, assessment and improvement in patient clinical measures is provided on a continuous basis, not just during clinic visits. Examples of themes of sessions include tobacco use, obesity, diabetes, hypertension, emergency department utilization for low acuity needs, and chronic opioid prescription monitoring. Trainees need to learn how to access their own panel data and to optimize patient care and outcomes.



Inter-professional Panel Management Session, Seattle VA

Innovation Description:

We developed and implemented a panel management curriculum to teach interprofessional postgraduate trainees of multiple health professions to access and assess panel data and work together with each other, faculty and team members to improve care delivery. Trainees include nurse practitioner students and residents, internal medicine residents, pharmacy residents, psychology fellows and social work interns. Full panel lists and summaries for Diabetes and Hypertension are given to primary care trainees on a secure site every 3 months, so they can independently review when time permits with their teams. Half day educational sessions focused on a specific disease topic are held approximately every 2 months in a computer lab with interprofessional trainees in lieu of a usual direct patient care session. Preparation for the session includes faculty selection of a theme and preparation of mini-lecturette, and compiling patient data lists for each trainee panels in Primary Care and Women's Clinic.

There are three components to the half-day sessions:

- Large group: Background/rationale for topic (mini-lecturette), patient data metrics used for specific disease topic, review of chart biopsy tool constructed to help focus individual trainee chart review, and a brief review of how to access data.
- Individually or in pairs, trainees review panel data for several patients with clinical metrics out of target range, and conduct focused reviews utilizing the chart biopsy tool. Faculty are present to help if questions about selecting patients.
- Large group: Trainees take turns presenting 1-2 patients to the group the group soliciting supportive feedback, ideas and new strategies for patient care. During this time, pharmacy, nursing and psychology trainees and faculty provide insights into resources available.
 - During the session a Pareto chart is constructed to assess systems issues that contributed to each patient care challenges; these contribute ideas for potential QI projects.
 - Trainees work during the large group presentation to implement action plans generated from the group discussion including placing consults, coordinating care and facilitating patient scheduling.

Additional collaboration is encouraged for selected patients as needed in follow-up scheduled huddles with clinical team members, including nursing, pharmacy and psychology. Our trainees have also begun planning and conducting group visits (ie DM, HTN).

Evidence for Effectiveness:

Evaluation of our panel management curriculum has several components, providing evidence for effectiveness and value by trainees, impact on patient care and systems improvements:

- 1) Evaluation of computer lab educational sessions (qualitative and quantitative analysis of post-session surveys)
 - a. Ratings of faculty presenters
 - b. Trainee assessment of confidence in using the skills learned
 - c. Trainee assessment of likelihood to use the skills learned
 - d. Take home points, recommendations
- 2) Panel data impact
 - a. Data on diabetes and hypertension are provided on trainee panels at least quarterly, comparison with their own prior data, other trainees and faculty panels and with national targets
- 3) Source of Quality Improvement Projects
 - a. Over half of our 25 CoEPCE QI projects since 2012 have arisen from panel management sessions.
- 4) Dissemination
 - a. Based on trainee and faculty requests, there has been dissemination of this curriculum to non-CoE trainees in our clinics and to other sites in the academic training programs.
 - b. Dissemination to other academic programs, VA and non-VA
 - c. Presentations and workshops on panel management and resultant QI projects at national and regional professional organization meetings and via teleconferences.



Panel Management Session, Seattle VA

Approach to Implementation/Adoption:

Our approach to adoption by other training programs and health care organizations includes providing information and resources about the rationale, objectives and curriculum components, and evaluation strategies. This is usually done initially by teleconference with local or regional sites, supplemented with powerpoint and video-vignette examples of session components and evaluation tools. In addition, offers are extended to observe in-person a session if needed. Initial feedback has been highly positive for sites learning about the curriculum through site visits and national presentations. Sites are in various stages thus far of adopting the curriculum. Several have asked for more resources and details of each portion of the education session; thus we have filmed all the session components, with trainee commentary and now have provided additional clips to the on-line Implementation Kit.

Non-CoEPCE trainees in our clinics (ie VA clinic-based categorical internal medicine residents, pharmacy PGY2 residents) are included in selected panel management educational sessions, 1-2 x per year. An introduction to panel management data access is given in a pre-clinic conference early each academic year. Content includes suggestions for huddles with trainee team members to discuss specific patient strategies. Internal medicine residents in our University of Washington affiliated program based at other continuity clinic sites receive an introduction to panel management in immersion blocks and faculty leaders of some of those sites are implementing and adopting the curriculum components.

Initially we had planned to create a separate Implementation Kit Guide to Accessing Data. However in our experience thus far, each health care organization (including other VA sites), have unique IT methods and processes. Our data access resources can be a model for other programs as needed, and adapted based on their internal IT resources.



Video examples as part of Online Implementation Kit