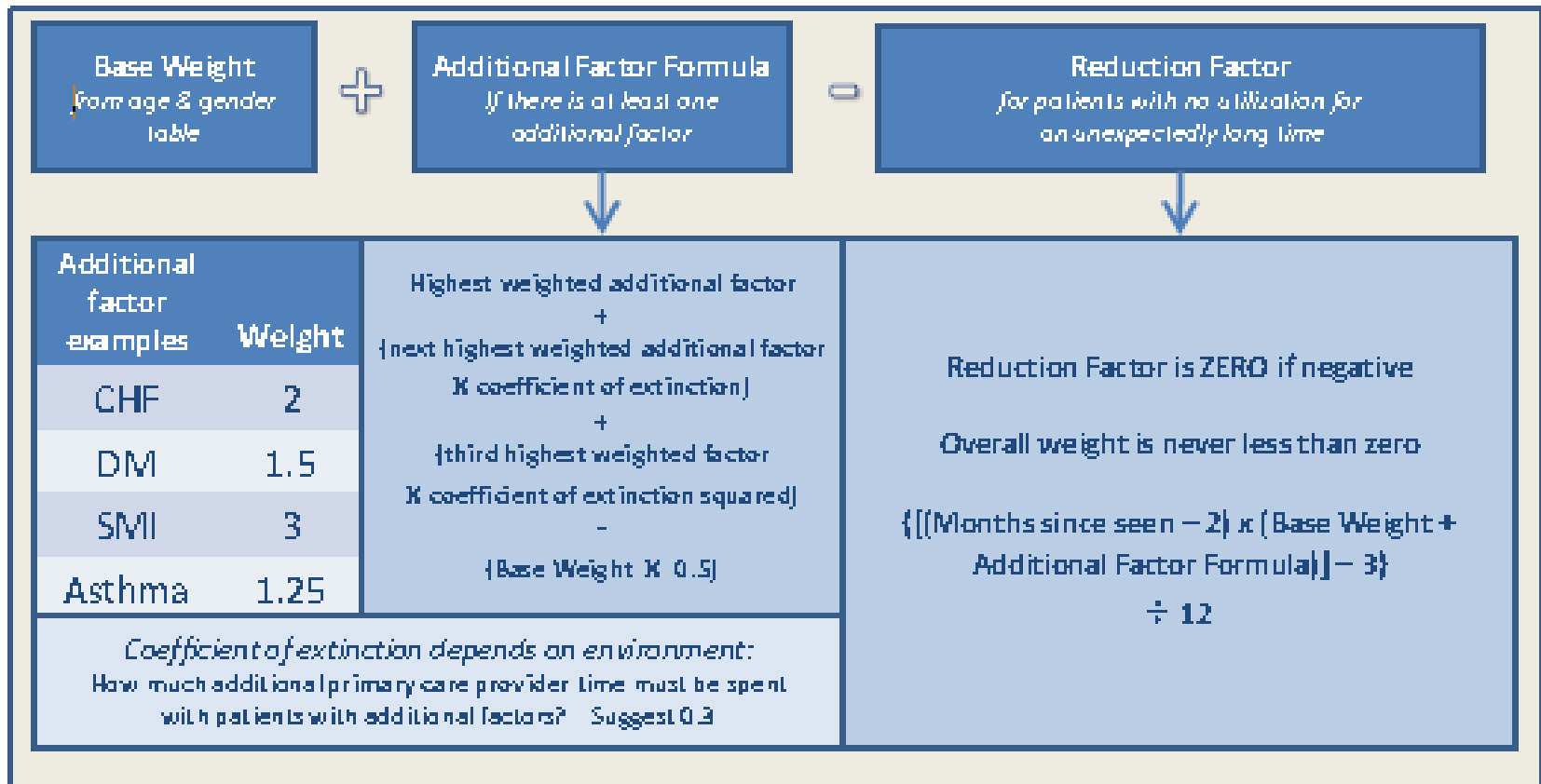


# Weighting Patients



# Determine Base Weight

Age	Murray et al Relative Weight		CDC 2007 Ambulatory Medical Care Utilization Visits	Suggested weight for Patient Equivalent system Base Weight	
	Male	Female	All	Male	Female
< 1 year	5.02	4.66	6.82	3.00	
1	3.28	2.99	3.06	1.50	
2	2.05	1.97			
3	1.72	1.62			
4	1.47	1.46			
5 – 9	0.98	1.00	1.55	1.00	
10 – 14	0.74	0.79	1.35	0.25	0.75
15 – 19	0.54	0.72			
20 – 24	0.47	0.70			
25 – 29	0.60	0.82			
30 – 34	0.63	0.84	1.61	0.25	0.75
35 – 39	0.66	0.86			
40 – 44	0.69	0.89			
45 – 49	0.76	0.98			
50 – 54	0.87	1.10	1.84	0.75	1.0
55 – 59	1.00	1.20			
60 – 64	1.17	1.31			
65 – 69	1.36	1.46			
70 – 74	1.55	1.60	2.85	1.5	
75 – 79	1.68	1.70	3.15		
80 – 84	1.70	1.66			
85 +	1.57	1.39			

# Add Additional Factors

- Determine what accounts for the additional primary care time associated with management of chronic diseases and other related factors. (This only includes provider's time.)

Additional factor examples	Weight	
CHF	2	Highest weighted additional factor + {next highest weighted additional factor X coefficient of extinction} + {third highest weighted factor X coefficient of extinction squared} - {Base Weight X 0.5}
DM	1.5	
SMI	3	
Asthma	1.25	
<i>Coefficient of extinction depends on environment:            How much additional primary care provider time must be spent            with patients with additional factors? Suggest 0.3</i>		

# Determine the Coefficient of Extinguishment

- Each additional condition will not require the full amount of time as it would when have if addressed alone.
- To determine the weight of each additional condition (factor), the weight of the factor should be divided in  $\frac{1}{2}$ .

# Account for Inactive Patients

- Reduction Factors need to be applied if for example a patient with a condition that requires follow-up visits every 2 months and has not been seen for over 4 months.

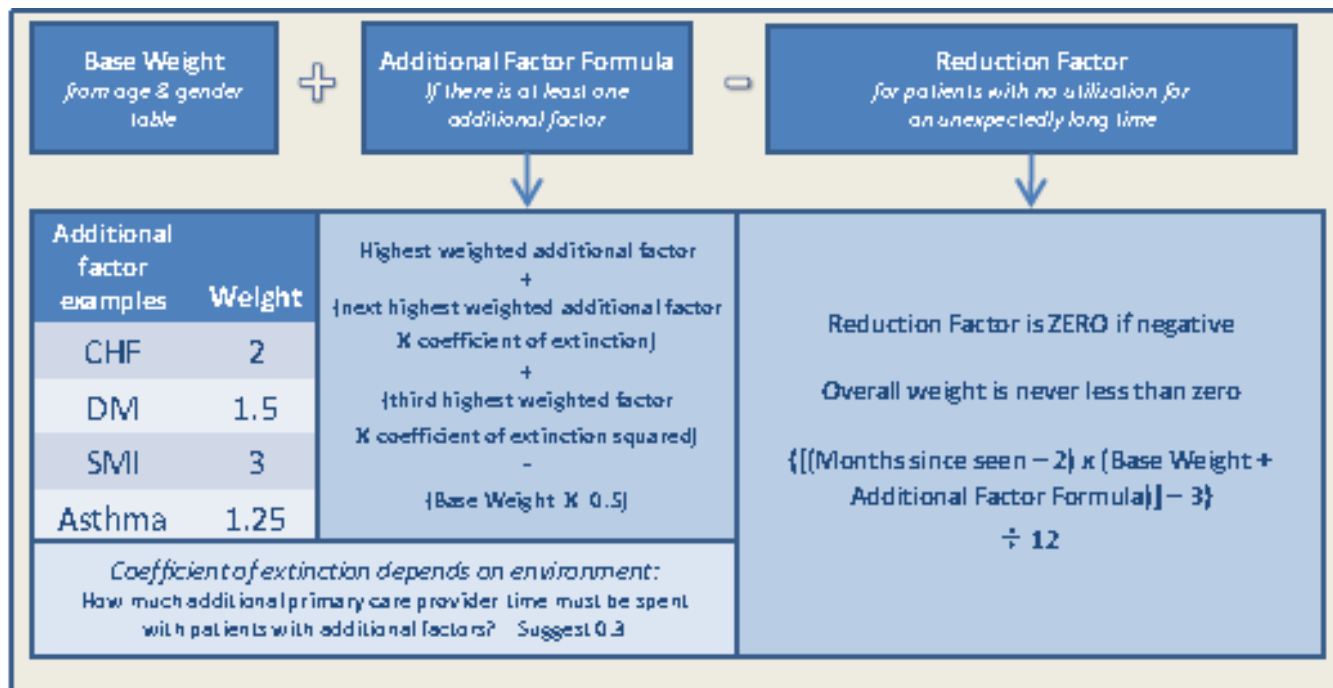
Reduction Factor is ZERO if negative

Overall weight is never less than zero

$$\{[(\text{Months since seen} - 2) \times (\text{Base Weight} + \text{Additional Factor Formula})] - 3\} \\ \div 12$$

# Account for Inactive Patients

- Add the individual patient weights together for all patients empaneled. This gives the total weight of the panel.

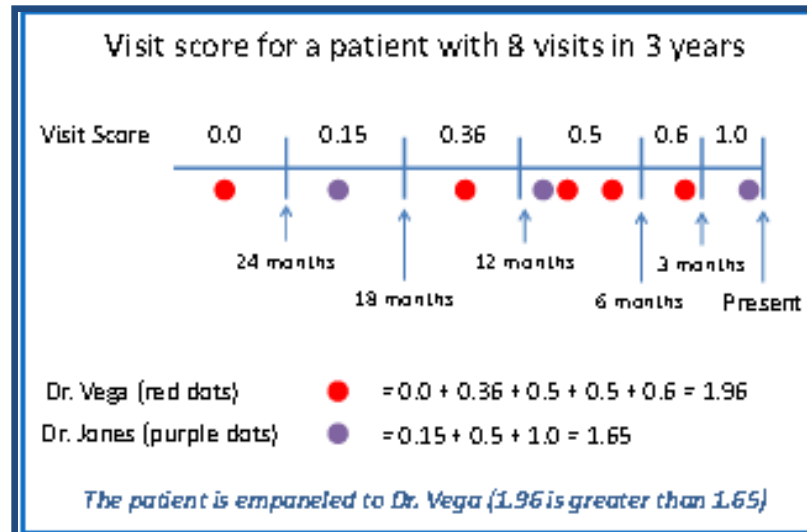


# Assessment of Outcome

- Needs to be done on a periodic basis.
- Will determine if provider's panel should be open or closed.
- The experience of the patients, providers, and their teams should be assessed in comparison to the weighted panels.
- Look for teams that are experiencing stress vs. teams that are humming along with good patient experience, well coordinated care, adequate access, and low staff burnout.

# Single Cut Method

- Assign a score to each visit that a patient has had in the prior 24 months.
- Color codes will be used to distinguish which provider saw the patient.
- The score differing by the timeframe in which the visit occurred.
  - The score amount will decrease with each earlier visit.





# PCP Identification Logic

	A	B	C	D	E	F	G	H	I	J	K
	Encounter	Date of encounter	Patient Last Name	First Name	DOB	Billing Provider	Visit score	Dr. Frank visit score	Dr. Smith visit score	PCPP	Assigned provider
1	11223344	12/12/2010	Jones	James	10/1/1975	Smith	0.15	0	0.15		
2	11338899	1/14/2011	Jones	James	10/1/1975	Smith	0.15	0	0.15		
3	11456789	5/18/2011	Jones	James	10/1/1975	Frank	0.36	0.36	0		
4	19557723	3/10/2012	Jones	James	10/1/1975	Smith	0.5	0	0.5		
5	20500134	7/10/2012	Jones	James	10/1/1975	Smith	0.6	0	0.6		
6	23348890	10/2/2012	Jones	James	10/1/1975	Frank	1	1	0		
7			Jones	James			2.76	1.36	1.4	YES	Smith
8	11330334	9/12/2010	Torne	Janelle	4/7/1962	Frank	0	0	0		
9	11830099	1/14/2011	Torne	Janelle	4/7/1962	Frank	0.15	0.15	0		
10	19505559	1/18/2011	Torne	Janelle	4/7/1962	Smith	0.15	0	0.15		
11	21144566	4/18/2011	Torne	Janelle	4/7/1962	Smith	0.15	0	0.15		
12	23558809	11/8/2011	Torne	Janelle	4/7/1962	Smith	0.5	0	0.5		
13	24663323	5/10/2012	Torne	Janelle	4/7/1962	Smith	0.6	0	0.6		
14	26899890	10/2/2012	Torne	Janelle	4/7/1962	Frank	1	1	0		
15			Torne	Janelle			2.55	1.15	1.4	YES	Smith
16	11558809	9/12/2010	Reyes	Joseph	7/30/1992	Smith	0	0	0		
17	15663323	12/12/2010	Reyes	Joseph	7/30/1992	Smith	0.15	0	0.15		
18	19899890	9/10/2011	Reyes	Joseph	7/30/1992	Frank	0.36	0.36	0		
19			Reyes	Joseph			0.51	0.36	0.15	NO	Null
20	22456907	10/11/2012	Burton	Jay	4/5/1955	Frank	1	1	0		
21			Burton	Jay			1	1	0	YES	Frank

=IF((TODAY()-B3)>730,0,  
 ||IF((TODAY()-B3)>(730\*0.75),0.15,  
 ||IF((TODAY()-B3)>(730\*0.5),0.36,  
 ||IF((TODAY()-B3)>(730\*0.25),0.5,  
 ||IF((TODAY()-B3)>(730\*0.125),0.6,1))))))

=IF(G16>=0.6,'YES','NO')

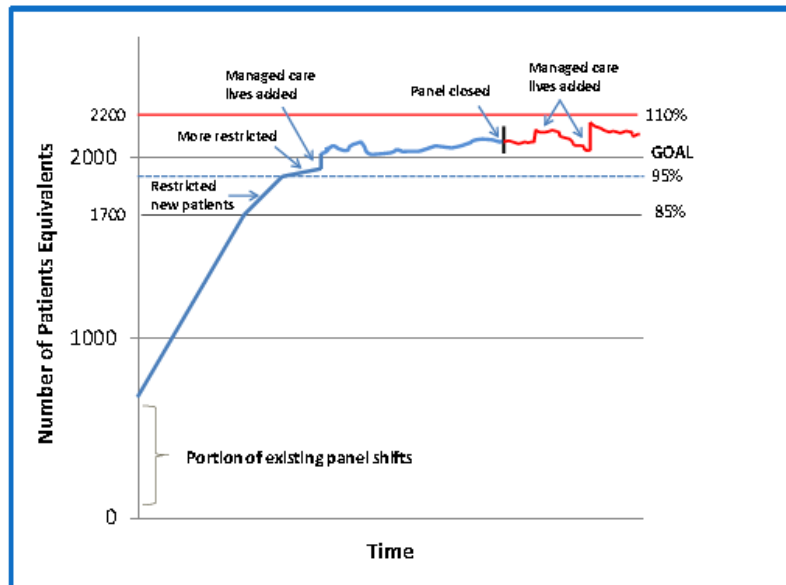
=IF(H16>I16,'Frank','Smith')

# Refining Panels

- Within the 6 months of initial empanelment many empaneled as well as new patients will have had some interaction with the practice, e.g. a visit or phone call. Based on data and information from the interactions, a practice can adjust the panels.
- Because this is a dynamic process, developing the initial panels might need changes and adjustments.

# Opening & Closing Panels

- It is critical to continuously review panel data to determine when a provider's panel should be closed to additional patients.
- Partially closed panels may work for particular types of patients. An example would be paneling patients that have been seen by the provider in the hospital.



# Where to Start

- Phase 0 – Pre-empanelment work:
  - Weighting the patients
- Phase 1 – Developing initial panels
  - Single Cut method
- Phase 2 – Refining panels
- Phase 3 – On going empanelment