Current and Ideal Panel Size

Current Panel Size

To derive the current panel size:

- Determine the unique, unduplicated patients seen **within the practice** over the last 12 months.
- Using the 4-cut method, look back over the last 18 months to determine the "assignment" of each of the practices' unique, unduplicated patients to a particular physician, as follows:
    1. If a patient has only seen one physician in the practice, assign the patient to that physician.
    2. If a patient has seen more than one physician in the practice, assign the patient to the physician seen most frequently.
    3. If a patient has seen more than one physician in the practice the same number of times, assign the patient to the physician who did the patient's last physical.
    4. If a patient has not had a physical, assign him/her to the physician seen most recently.

    NOTE: If patients are already identified and continuously monitored, and all patients are accounted for, then continue to use that accounting to identify individual provider panel size.

- Determine the individual clinical FTE and the sum aggregate clinical FTE for the practice. The clinical FTE is the amount of work time that the providers devote specifically and solely to care of patients in the office.
- Divide the sum clinical FTE into the total practice panel of unique, unduplicated individuals. This gives the "share" that each individual provider would be responsible for. In this way, all patients are accounted for and all providers share that accountability according to how much time in the office. This is what the current panel is. This determination is the same as demand divided by supply.
- Using the Excel spreadsheet, determine which of the providers are over-allocated and which are under-allocated by comparing the current share of work with the current amount of work-panel.
- Adjust panels accordingly.

Ideal Panel Size

- To derive the ideal panel size, use the formula:

  Panel Size X Expected Visits Per Patient Per Year = Expected Provider Visits Per Day X Days Worked Per Year

  This formula is another way of saying demand must equal supply. Keep in mind that each of the four variables in this equation can be heavily influenced. The ideal panel can be raised or lowered according to occurrences, behaviors or expectations within the other three variables. The number of expected patient visits per year can be influenced (reduced) by improved continuity, extending visit intervals, use of group visits, technology, telephone care, the development of a consistent care team, doing more with every visit, and the development of an atmosphere that promotes self-care and self-management. The number of provider visits per day can be influenced (increased) by more examination rooms, more support staff, more support staff taking work away from the providers, elimination of interruptions, and the development of a consistent care team. The number of days per year can be influenced (increased) by making sure that work in all other venues is as efficient as possible.

- Once a standard, ideal panel size has been determined and all variables in the equation have been investigated and optimally influenced, use the Excel spreadsheet to compare the current panel to the ideal (which takes into account the proportionate amount of time in the office/clinical FTE) and determine the individual providers' over or under against the ideal. Keep in mind that the over/under calculation for the practice in the current panel is zero - the number of "overs" has to equal the number of "unders." In the ideal panel, the aggregate practice panel may show more overs than unders, or the reverse.

- Adjust panels accordingly; and adjust the practice accordingly. For example, if the practice has room to grow, as determined by an under in the ideal panel size, then the practice needs to make efforts to do so. Or, if the practice is over-paneled, then this is the data needed to support decisions about hiring or other strategies.