Panel Conflict Management

The 2nd day of the month, Panel Administrator downloads and sorts report
(by patient last name, age; or by conflicting provider, etc. – clinic to decide)

Team reviews report (physician, PA, other clinicans)

Option: CDM nurse review list starting with the oldest and determine if they are due for any type of care.

Mark patients due for any type of care and make it a priority to contact them
Most critical to follow up with; eg:
- Complex patients
- Patients who haven't had a clinic visit in a while
- Patients who provider is genuinely surprised to see in the list

Patient has an existing appointment or presents frequently at the clinic for care?

No

Yes

OUTREACH
1. Front staff **calls patient** to offer care (older patients first, and patients with confirmation dates closer together)
2. At the same time, **confirm** if the patient chooses to receive their preventive care and disease management at their clinic or with another primary provider they have been paneled to.
3. If the patient identifies your clinic and a provider at your clinic as their primary provider, take advantage of the contact to **book appointments** or arrange for diagnostics that will bring their proactive care up to date.
4. **Document** patient's choice. Optional: on a "Panel Change Notification Form" and fax to the other conflicting CPAR provider.
(By combining the panel work with their clinical outreach we help assure that these patients are receiving their proactive care in a single medical home)

Create a SCRIPT to ensure that the conversation is patient-centred and to avoid misunderstandings. Post script at each caller station.

RECORD DISCUSSION
- Have agreement within the team on the proper place to record that the conversation was had.
- Record the outcome clearly
- Identify who spoke with the patient
- Date stamp

OPPORTUNISTIC
1. Create a **reminder** in the patient chart to confirm information at the next patient's visit to the clinic.
2. In a **conversation**, assist patient to understand the value of receiving all their care from a single care provider and the team they work with so they can make an informed decision.
3. **Confirm** who the patient considers to be their primary provider (preventive screening, disease management or care planning)
4. **Document** patient's choice. Optional: on a "Panel Change Notification Form" and fax to the other conflicting CPAR provider.

PrimaryCare Network
MOSAIC