July 6, 2021

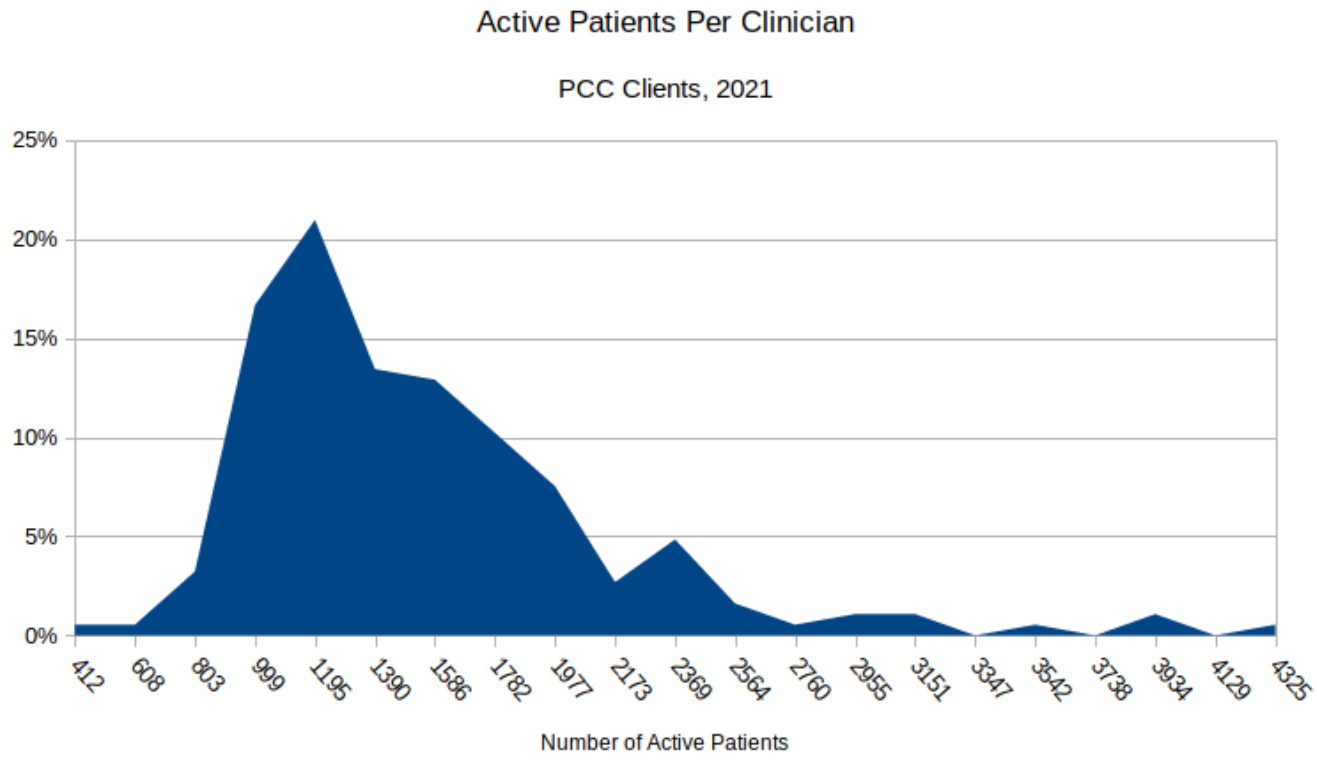
Average Pediatric Panel Size

benchmarks

I've been working on a little project relating to the impact of COVID on pediatric preventive care (a weird silver lining to the pandemic) and I realized I was holding some data in my hand that some on SOAPM have been interested in lately. So I'm sharing it.

Here's a distribution graph of the patient panel sizes for a big chunk of PCC's practices. I've removed brand new practices, retiring practices, direct care

practices, etc., whose body counts are atypical. Here's what we get:



[You can click on the picture to zoom in.]

The X-axis represents the number of patients in a given practice and the Y-axis is the %age of PCC clients in that bucket. In other words, about 21% of PCC clients have around 1200 (1195) patients. 75% of PCC's clients have between 1000 and 1800 patients, with the biggest chunk (65%) in the 1000-1500 range.

What's interesting is that there is some negative correlation between practice size and panel size - in other words, a lot of our smaller practices have larger panel sizes (especially if they are rural).

Some caveats:

- Our method of counting physicians may be different from yours. We definitely *undercount* some portion of our clients. Thus, on one hand, these numbers are perhaps a little high.
- On the other hand, what's an active patient? We're counting everyone <21 who has been into the practice in the last 36m and hasn't been marked as inactive.

Thoughts, suggestions welcomed.

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14 Comments

Jim Olson 7/6/2021, 4:08:52 PM

Interesting information. I suspect there is also a "years in practice" component to these calculations. As we follow kids as they (and we) age, we tend to accumulate a larger portion of older patients who are less frequent utilizers. My theory, hence, is that older pediatricians have larger panel sizes because their panel's utilization is lower. Would be interesting to see panel size by age of doctor.

Reply to Jim Olson

Chip Hart 7/7/2021, 7:32:04 AM

First, I had a similar thought as I looked through the individual practice results. I could see the older practices with larger panels for, I presume, the reasons you speculate.

However, I could also see older practices with much SMALLER panels as well. Particularly true for practices who are slowly retiring (especially solos) who stopped taking new patients years ago. Further, the larger practices end up VERY mixed with older doctors being at both the high and low ends of the distribution very often.

I have the data for when someone joined PCC (there are a bunch who have been with us over 30y!) but that doesn't tell me the age of the practice. One of our practices is over 100 years old! On a whim, I looked for correlations based on how long a practice has been with PCC and there really aren't any.

Thanks!

Reply to Chip Hart

David Allen 7/6/2021, 4:43:20 PM

How are you dividing the panels of practices that have multiple mid-levels? Or are you just dividing by doctors?

Reply to David Allen

Chip Hart 7/7/2021, 7:36:08 AM

We are counting NPIs of anyone, mid-level or otherwise, who see about 1300 patients a year. The overwhelming majority of the mid-levels our clients use show up on our radar. Is it perfectly accurate, no - but I do think we're looking at a good approximation of the patient loads in these offices.

Reply to Chip Hart

Marc Habert 7/6/2021, 5:19:28 PM

Hi Chip, Interesting data. It does make me wonder if you accounted for FTEs? As a simple example, 2 practices each with 3000 patients and 2 providers. One practice has both providers full time and the other one has 1 full time and the other half time. The first practice would have 1500pts/FTE and the second would have 2000pts/FTE. Very different. I guess the real question is what is the ideal number of patients per FTE? And to delve into this even more, the age distribution of the patients also makes a difference. Take the same practices with 3000 patients. One has 33% under 2, 50% 2-16 and 17% over 16. The second has 1% under 2, 24% 2-16 and 75% over 16. Again, very different.

Reply to Marc Habert

Chip Hart 7/7/2021, 7:48:50 AM

We accounted for FTEs as well as we could in this very quick-and-dirty analysis. PCC has invested a lot in the search for "what is a pediatric FTE" because the answer, as you can imagine, varies widely depending on whom you ask. At some point, we'll release what we've learned, it's still cooking.

That said, we're counting every clinician who sees roughly more than 1300 visits a year (a little more than 100/month). Sure, we have a few practices with a dozen seriously PTEs, but not nearly enough to move any needles. And we don't have many "single doc billing for 5 NPs" because a) we still see the NPs in our data and b) those practices eventually stop billing that way.

Unfortunately, there isn't any standard by which to say a pediatrician is "half time." Your half-time is full time in some practices, quarter-time in others.

Further...we're presuming in all cases that the engagement with said panels is equal when it is most decidedly not. Just because 2K patients have been to see you in the last 3y doesn't mean you've got a 95% well visit coverage rate. In fact, there is a significant negative correlation between the size of the patient panel and preventive care performance,

which could be an entirely new topic.

So when you ask, "What is the ideal number of patients..." we have to not only stipulate the visit volume, we have to set a standard of care.

Reply to Chip Hart

Frank Combs 7/16/2021, 1:13:32 PM

This is exactly why we love you Chip. There are soooo many considerations...and this data gives us a lot to think about. For instance, I would have assumed on the surface that 75% of PCC client patient panels would have been higher than 1,000 to 1,800 patients. My guess would have been 1,500 to 2,000. Is it possible that the last several years of focus on well visits (and the drop in acute visits e.g. rotavirus, etc.) is the main reason these panels sizes have dropped this much. In other words, I would have assumed a drop in the last 5 - 10 years but not by that much. Thanks again for sharing the data.

Reply to Frank Combs

Chip Hart 7/16/2021, 1:56:34 PM

I think the drop is related to a series of things:

- high deductibles, minute clinics, and, frankly, common sense have

eliminated many runny nose visits;

- practices have begun to learn the value and importance of preventive care;

- VACCINES WORK

Reply to Chip Hart

Carey Chronis 7/18/2021, 10:46:44 PM

Curious why you chose 36 months as the cutoff for active patients. We do a yearly count (every April) and only include patients seen within the past 15 months as being active. We do call and follow up with anyone not seen within the past 15 months, but we still don't count them as active because they did not generate revenue for the office.

Reply to Carey Chronis

Chip Hart 7/19/2021, 7:35:22 AM

The reason is simple, if perhaps too broad: 36 months is how CMS identifies "established" patients. If you've seen a patient in the past 36m, absent some formal understanding that they are no longer active, they are considered your patients.

Our clients are encouraged to consistently flag patients who are no

longer active (regardless of the date of last visit) - those patients wouldn't be counted in these results.

Reply to Chip Hart

Daniel Berg 2/2/2023, 10:07:47 PM

I was wondering how many practices you sampled for this and whether this is published anywhere. I am an associate medical director at an FQHC in Missouri and I'm working to figure out proper panel sizes for our pediatricians. Also, is there any analysis looking at FQHCs (where there are a lot of non-English speaking families) versus private practice?

Reply to Daniel Berg

Chip Hart 2/8/2023, 12:55:03 PM

This is a sample of just under 300 independent pediatric practices distributed around the country. There are a couple RHCs in here, but not FQHCs. A fair number of our clients have significant ESL populations, but obviously not everyone.

I'm not aware of any FQHC data on this matter. The most important trend I'd consider is that panel sizes have shrunk over time as the focus on preventive care (and chronic disease management) increases.

Reply to Chip Hart

Pradeep Kalmat 2/14/2023, 3:22:11 PM

Chip, great insights. Thank you.
In your opinion, what is the ideal average age for a pediatric practice? What is the best way to help administrators/Practice Managers plan for patients aging out of a practice? Meaning, how does one keep the average age between 6 and 8 for example if there are over a 100 kids who are 17 or older and might be aging out?
Thanks

Reply to Pradeep Kalmat

Chip Hart 2/15/2023, 7:53:44 AM

Interesting question.

I guess I'd point out that your average is a fraction - and to adjust that fraction, you either need to adjust the numerator or denominator.

In this instance, if you want to lower the age of the practice, you need to add more younger children - which can be easier for some practices than others. Attracting newborns is an important job in every pediatric practice.

Reply to Chip Hart

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CHIP'S NEXT APPEARANCE

11/10/23

Pediatric CEO Intensive

Do you own your practice or does your practice own you?
You own and run a super busy pediatric practice but you know you haven't reached your maximum potential. You know you need to invest in yourself so you can continue to grow your practice and as a professional. You own a multimillion dollar business, after all.

Enter Pediatric CEO Intensive.

We've done the work for you to bring all the best business minds together at this first-of-its-kind event to help you level up your frame of mind. Instead of spending tens of thousands of dollars and countless hours chasing down the solutions, we've assembled exactly what you need in one perfect weekend...

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05/10/23

Children's Community Physicians Association Annual Meeting

Off to Chicago to have a blast with Heidi from PedsOne and that goofball I used to do a podcast with, Brandon Betancourt.

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05/23/23

AL AAP 2023 Spring Meeting & Fall Pediatric Update

Alabama Chapter-AAP members and other pediatric healthcare providers, join the Chapter for its signature event, the Spring Meeting & Pediatric Update! I**n 2023, we are delighted to host pediatricians from throughout the state and region once again at The Lodge at Gulf State Park in Gulf Shores, AL, this time on Memorial Day weekend!**

REGISTER HERE

04/17/23

FCAAP Forum Series

The 2023 series will offer four focus areas over the course of the year: Practice Culture, Immunizations, Professional Development, and Advocacy. Speakers for the series include Dr. Brandon Chatani, Dr. Sandy Chung, Dr. Nola Ernest, Dr. Shannon Fox-Levine, Mr. Chip Hart, Dr. Akshata Hopkins, Dr. Joanna Perdomo, Dr. Toni Richards-Rowley, Mr. Tim Rushford, Dr. Katie Schafer, Dr. Robin Warner, Dr. Melinda Williams-Willingham, and Dr. Mariam Zeini.

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09/01/23

The Future of Pediatric Practice 2023

The Future of Pediatric Practice (FPP) is the annual conference of the Florida Chapter of American Academy of Pediatrics. Hosted over Labor Day weekend each year, the conference attracts pediatric health care professionals from around the state of Florida and across the country. This will be my 10th year presenting!

REGISTER HERE

10/20/23

AAP National Conference

Mark your calendars for the 2023 AAP National Conference & Exhibition, October 20-24, in Washington, DC. Don’t miss out on this opportunity to connect with colleagues, engage in thought-provoking education sessions, and visit the world’s largest pediatric exhibit hall.

I'll have 2 or 3 presentations, including what should be another fascinating Section H lineup about insurance negotiation.

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The Independent Pediatrician

Sharing with you the deep dedication of pediatric care, as told by independent pediatricians living and practicing in a variety of different locations and with different perspectives.

PCC created this publication to start telling the stories of friends we've made in our 30 years of working with independent pediatric practices.