



**Joint Learning Network for Open Dialogue & Exchange**  
**Virtual Learning Exchange: Empanelment & Population Health Management**  
**During the COVID-19 Pandemic**  
**Call for Expressions of Interest**  
**October 2020**

*Participation for this learning exchange is limited. Please respond by **October 30***

### **Background**

The **Joint Learning Network for Open Dialogue & Exchange (JLN)** brings network members together for productive and high-impact practitioner-to-practitioner exchanges on a variety of health systems topics, often related to health finance or primary health care service delivery. Recent challenges posed by the COVID-19 pandemic, and the rapid mobilization of resources across countries to counter the pandemic, have heightened interest from countries in cross-border exchanges on immediate responses to the pandemic and the rapidly evolving understanding of infection prevention and control. With facilitation by **Ariadne Labs**, a joint center for health systems innovation at Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health, and partners at **Comagine Health** and **Northwestern University**, the **Empanelment & Population Health Management Working Group** will bring together a group of frontline practitioners and country representatives to both exchange and improve their national, subnational, or facility-level strategies for empanelment and population health management through cross-country virtual engagements.

### **Empanelment & COVID-19**

Empanelment is a continuous, iterative set of processes that identify and assign populations to facilities, care teams, or providers who have a responsibility to know their assigned population and to proactively deliver coordinated primary health care towards achieving universal health coverage. During the COVID-19 pandemic, [empanelment](#) and [population health management](#) are critical components of COVID-19 response and recovery in order to maintain essential health services, address the variety of health care needs of the individuals in the community, and reduce disparities in access to high-quality care.

### **How will the Empanelment Working Group reach its goals?**

The Working Group will build on the deep work by the Person-Centered Integrated Care (PCIC) collaborative of the Joint Learning Network and utilize virtual engagements to stimulate rich discussions and exchange of transferable knowledge and existing resources that countries can adapt and adopt. All

engagements will be facilitated by experts from Ariadne Labs, Northwestern University, and Comagine Health with previous experience facilitating the PCIC collaborative, which produced a [definitional document](#) and assessment tool for empanelment.

### *Objectives of the working group*

The objectives of the working groups will be to build off of the previous work of the PCIC collaborative on empanelment in order to share existing knowledge, prioritize topics, create a set of best practices, and tailor implementation strategies to strengthen and improve each country's empanelment and population health management systems during the COVID-19 pandemic.

### *Level of effort and duration*

Over the course of two months (November to December 2020), participants will engage for 1-2 hours per week (including any live virtual meetings) and be expected to:

1. Attend and actively participate in all the virtual meetings (~3 live meetings, 1.5-2 hours each)
2. Complete small assignments such as summarizing and sharing experiences, protocols, and strategies from your institution, health system, and/or country
3. Participate online via discussion board and online polling
4. Engage with, and be responsive to, the technical facilitator(s) via email, MyJLN, Whatsapp groups or other social media platforms previously discussed with the technical facilitator
5. Contribute to the development of any summary reports

### *Expected outcomes*

Through this virtual learning exchange, participants can expect to get the following benefits:

1. Network and collaborate with a variety of implementers, leaders, practitioners, and policymakers on topics relevant to the ongoing COVID-19 pandemic
2. Opportunities to assess your current system of empanelment and plan for small tests of change to improve population health management during and after the pandemic

### *Participant profile*

All are welcome to apply, but the number of country teams will be limited to 10 with 1-3 participants per country team. Applications will be solicited from JLN Person-Centered Integrated Care Collaborative member countries and colleagues, interested participants from the [Primary Health Care Performance Initiative](#) (PHCPI) Community of Practice Empanelment discussion, and JLN Country Core Groups (CCG). All materials and discussions will be in English, so English proficiency is required.

### *How to submit an Expression of Interest*

The technical facilitation team welcomes all JLN CCGs to submit an Expression of Interest for interested participants. Countries should submit the EOI application [in this link](#) by **October 30** and include the following information:

1. What does empanelment look like at your institution or country? What has been its role or what kind of role could it have during the COVID-19 pandemic?

2. What do you expect to gain from and contribute to the working group discussions?
3. How do you hope to apply any learnings to your work?
4. How will you be able to commit your time to the learning exchange? Will you need any approval from a supervisor?

Please submit your response via the MyJLN submission form or email by **October 30**. All applications will be reviewed and decisions communicated within 1-2 weeks after the submission deadline.

In the event that you are not able to access MyJLN, please write to the JLN network manager at [jln@msh.org](mailto:jln@msh.org) for alternative arrangements to submit your EOI or any questions related to the application.