

# Realizing the Value of the Annual Wellness Visit

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## Disclaimer

- This presentation was current at the time it was submitted. It does not represent payment or legal advice.
- Medicare policy changes frequently, so be sure to keep current by going to [www.cms.gov](http://www.cms.gov).
- Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.



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## Objectives

- Define the Annual Wellness Visit and understand its value and importance in primary care
- Describe the key elements of the Medicare Wellness Visit
- Understand the opportunity the Annual Wellness Visit presents to address age related issues, close gaps in care, and monitor complex chronic conditions
- Discuss ways to maximize the use of the Annual Wellness Visit to achieve goals aimed at improving population health and quality reporting requirements



## Background

- Created as part of the Affordable Care Act
- Medicare beneficiaries enrolled in part B
- Intent is to remove barriers to Medicare beneficiaries receiving recommended preventive services to support a healthier life through prevention, early detection, care planning, lifestyle modification, and coordination of care
  - Monitoring of physical and cognitive abilities
  - Identification of geriatric syndromes that often display minor symptoms at earlier stages that may be missed if not specifically screened for
  - Development of plans associated with decreasing the impact of increasing frailty on everyday life for elders



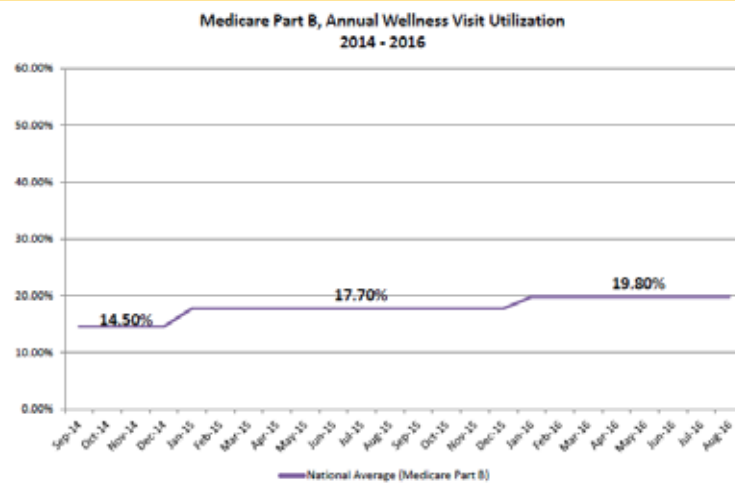
## Why is the AWW Different?

- Physical is for the **current state of health**; the AWW is a **predictor of future health**
- The AWW is not the typical “hands on” physical exam, but it is an opportunity for a provider to:
  - ❑ Focus on specific issues important to older adults
  - ❑ Consider issues that may be overlooked in a typical physical exam
  - ❑ Engage with patients on an annual basis and detect emerging health and safety risks
  - ❑ **Discuss** patients’ health status and maximize the preventive services



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## Utilization of AWW



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## AWV Challenges

### 1. Who? What? When?

Practices don't have the infrastructure in place to manage and implement a successful patient preventive service schedules



### 2. No Time & E/M Visits

AWV and IPPE templates are clunky and slow EMR modules, or exams are done on paper. Exams can take up to 90 minutes. Most exams become E/M visits midway



### 3. Limited Awareness of Screenings

There are no defined templates available for the 2nd level screenings such as depression screening and alcohol counseling. This would require adopting a whole new workflow.



## Wellness Visit Types

- Welcome to Medicare Visit
  - = Initial Preventative Physical Exam (IPPE)
- Annual Wellness Visits (AWV)
  - Initial Annual Wellness Visit
  - Subsequent Annual Wellness Visit



## Type: Welcome to Medicare Initial Preventative Physical Exam (IPPE)

- ❑ Once in a lifetime benefit for Medicare Part B enrollees within first 12 months of Medicare eligibility
- ❑ No co-pay or deductible for patient
- ❑ Difficult to track
  - New patients already using Medicare Part B services
- ❑ Solutions
  - EMR alerts for activation of Medicare Part B coverage
  - Default to Annual Wellness Visit

Service Code G0402

Diagnosis Code:

Z00.00, Encounter for adult medical examination w/o abnormal findings

Z00.01, Encounter for adult medical examination w/ abnormal findings



## Type: Initial Annual Wellness Visit

- ❑ 2<sup>nd</sup> year of Medicare eligibility
- ❑ Includes a Personalized Prevention Plan of Service (PPPS)
- ❑ No co-pay or deductible for patient
- ❑ Does not require a specific diagnosis

Service Code G0438

Diagnosis Code:

Z00.00, Encounter for adult medical examination w/o abnormal findings

Z00.01, Encounter for adult medical examination w/ abnormal findings



## Type: Subsequent Annual Wellness Visit

- Starting in 3<sup>rd</sup> year of Medicare eligibility and each additional year
- Patient has not received either an IPPE or AWW within the past 12 months
- Includes a Personalized Prevention Plan of Service (PPPS)
- No co-pay or deductible for patient
- Does not require a specific diagnosis

Service Code G0439

Diagnosis Code:

Z00.00, Encounter for adult medical examination w/o abnormal findings

Z00.01, Encounter for adult medical examination w/ abnormal findings



## Provider Models for AWW

- Providers allowed in regulations:
  - MD/DO
  - Non-physician Practitioner (NP, PA, Clin Nurse Specialist)
  - Medical professional (Pharmacist, Dietician, Health Educator) or a team of such medical professionals working under the supervision of a physician
- Evidence
  - Pharmacists: high satisfaction in patients and providers, financial viability
  - Nurse: increases in mammogram completion, no change in colonoscopies
  - Group visits: 6-12 patients together, team completes elements
    - Improvements in vaccination, DEXA scans, mammograms



## Elements of the AWW

Element	Initial AWW	Subsequent AWW
Health Risk Assessment	X	X
Past Medical, Surgical, Family Hx and Allergies	X	X
List of current providers and suppliers	X	X
List of current medications	X	X
Patient Assessment (height, weight, BMI, BP)	X	X
Screening for Cognitive Impairment	X	X
Screening for Depression	X	
Screening for Functional Ability and Safety (hearing, ADLs, fall risk, home safety)	X	
Give written screening schedule for preventative health services	X	UPDATE
Give list of risk factors and conditions for which interventions are recommended	X	X
Give personalized health education or lifestyle interventions	X	X



## Element: Health Risk Assessment

- Screening for a variety of Geriatric Syndromes and risk factors
  - Completed by patient ahead of or during visit
    - Paper form
    - Online portal
    - Waiting room
    - Office staff assist
      - Medical Assistant as part of 'rooming' protocol
- Identified problems pursued in separate office visit



## Element: Health Risk Assessment

- Demographics: age, gender, race, ethnicity
- Self-assessment: health status, frailty, physical functioning
- Psychosocial risks: depression, stress, anger, pain, fatigue, loneliness/social isolation
- Behavioral risks: smoking, physical activity, nutrition, oral health, alcohol, sexual health, seatbelts, home safety
- ADLs: dressing, feeding, toileting, grooming, bathing, ambulation
- IADLs: medication management, shopping, cooking, telephone, housekeeping, laundry, travel, finances



## Elements: Histories and Lists

- **Histories – validate from EMR**
  - Medical Hx
  - Surgical Hx
  - Family Hx
  - Allergies
- **Providers – validate from EMR**
  - Medical
  - 'Suppliers'
    - DME, pharmacy plan
- **Current medications – reconcile from EMR**
  - Attention to supplements





## Element: Patient Assessment

- Height
- Weight
- BMI
- Blood pressure
  
- May indicate need for further evaluation (osteoporosis, etc.)



## Element: Cognitive Assessment

- Rationale
  - Underdiagnosed in routine primary care
  - Connections for support
  - Planning: goals of care, etc.
- Alzheimer's' Association recommendations
  - Self report of memory loss/confusion in past 12 months or IADL changes
  - Structured assessment of cognition
    - Mini cog, MOCA, MMSE, SLUMS



## Positive Cognition Screen – next steps

- Reversible cause chase
  - TSH, B12, RPR, HIV
- ?Imaging?
  - Not recommended in all cases
  - Consider in:
    - Patients younger than 60
    - Focal findings
    - Rapid onset
    - Cancer diagnosis
- Referrals by PCP after more complete evaluation:
  - Geriatrician, neurologist, psychologist
  - Community resources such as Alzheimer's Association



## Element: Depression Screen

- Geriatric Depression Scale
- PHQ-9
- PHQ-2



## Positive Depression Screen – next steps

- Controversies:
  - Identification without resources (USPSTF concerns)
  - “overdiagnosis” and overmedication
    - In some patients, improved social services or counseling may be more effective than medication
  - Practices must be prepared with their response to a positive screen



## Element: Functional Assessment

- Self report of ADL/IADL
- Detailed questioning about limitations
  - Mobility, coordination, cognition



## Abnormal Functional Assessment – next steps

- Referrals
  - Social work
  - Area Agency on Aging (county)
  - Home health agencies



## Subset: Falls

- Fall risk assessment:
  - Acove question screen
    - Have you fallen 2 or more times in the past year?  
Have you fallen and hurt yourself since your last doctor visit?
    - Are you afraid you might fall because of balance or walking problems?



## Positive Fall Risk – next steps

- Subsequent evaluations by PCP to identify contributing factors
  - Orthostatic BP determination
  - Medication review
  - Gait assessment
- Physical Therapy referral
- Life alert



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## Opportunity: Financial Abuse Risk

- Not specified, but increasingly recognized as important
- Suggested questions, asked in private interview
  - Are there problems with your family you would like to discuss?
  - Does anyone help you with your money?
- Warning signs:
  - Misuse of patient's assets
  - New inability to pay for required elements of care
  - Loss of pension or social security checks
  - Reports of excessive demands for money in exchange for care



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## Element: Care Planning and Coordination

- Health Education materials and referrals
- Review of Advance Care Plan wishes and documentation
  - Not on required list of essential elements, but included in most site templates
  - Existing aids:
    - The Conversation Project
    - PA state guide
    - POLST



## Element: Preventative Services

- Life Expectancy Predictors
  - Functional status based
  - Disease based
- > 10 yr life expectancy
  - Mammograms, colonoscopy
- > 5 yrs life expectancy
  - Vaccination
    - Pneumonia, influenza, herpes zoster, tetanus
  - Disease treatment targets



## Benefits of the Annual Wellness Visit

### Patient Benefits

- No co-pay
- Annual comprehensive preventive evaluation
- Reduce risk of chronic disease
- Add years to the patient's lifespan
- Prevent accidents at home
- Keep patients out of the hospital
- Delay long term care



## Benefits of the Annual Wellness Visit

### Provider Benefits

- Opportunity to build a complete medical history for chronically ill patients
- Strengthen the partnership between the provider and patient
- Increase patient engagement through outreach and education
- Provide proactive care to patients
- Close gaps in care
- Increase quality metrics



## Revenue Opportunities

Type of AWW	CPT Code	Fee Schedule
Welcome to Medicare Visit	G0402	\$164.29
AWV (1 <sup>st</sup> visit)	G0438	\$169.38
AWV (subsequent visit)	G0439	\$114.80

<https://www.cms.gov/apps/physician-fee-schedule/search>. accessed 2/21/18



## Quality Payment Program

The AWW can help your practice harness the potential for successful reporting in Medicare's Quality Payment Program (QPP). Several quality measures directly correlate to elements of the AWW including:

### Quality Measures

- Care Plan
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
- Pneumococcal Vaccination Status for Older Adults
- Preventive Care and Screening: Influenza Immunization
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Preventive Care and Screening: Screening for High Blood Pressure & Follow-Up Documented
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
- Use of High-Risk Medications in the Elderly





## Quality Payment Program

The AWV also assists provider fulfill the requirements for the Improvement Activity category including:

- Depression screening
- Diabetes screening
- Implementation of fall screening and assessment programs
- Implementation of medication reconciliation practice improvements
- Participation in Million Hearts Campaign
- Tobacco screening
- Screening for alcohol misuse



## Ongoing Controversies

- Inclusions of Goals of Care discussions
- Evidence of Benefit
  - Do any clinical outcomes change?
  - What clinical tests or procedures increase?
  - Are there any changes in medication?
    - ? Reduction in Beer's list drugs?
  - Are any individual elements of the AWV more effective in outcomes than others?
    - Eg, is universal depression screening ultimately a benefit?



## References

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