Realizing the Value of the Annual Wellness Visit

Douglas A Fronzaglia II, DO, MS
LECOM Institute for Successful Aging
Geriatric Medicine

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

7/27/2018

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.
- 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.

Objectives

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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

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
  - Early identification of geriatric syndromes
  - Development of plans-of-care to address frail elders

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Why

- First major event to drive physicians to quit
- HMOs and capitation was last event
- ACA forced 'going electronic'
- Old system worked fine (paper charts)
- Paper charts were personal
- Electronic charts are sterilized versions
- DOs are invested in the patient's lives

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

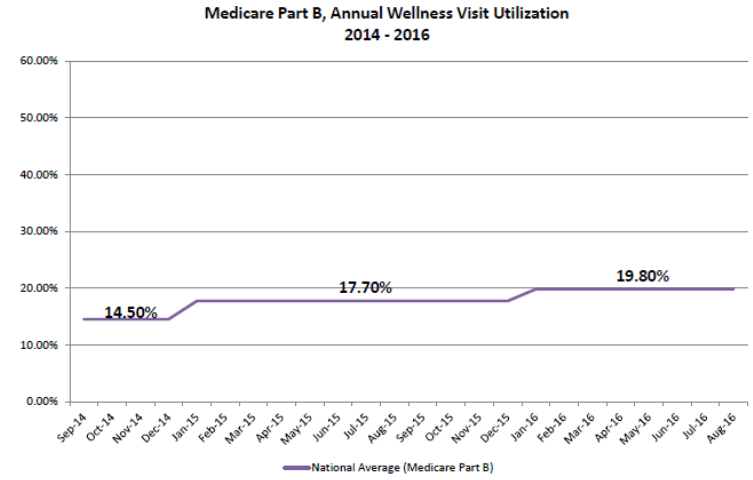
Why is the AWV Different?

- Physical is for the **current state of health**; the AWV is a **predictor of future health**
- The AWV 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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Utilization of AWV



LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

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.

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Wellness Visit Types

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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Type: Initial Annual Wellness Visit

- 2nd 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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Type: Subsequent Annual Wellness Visit

- Starting in 3rd year of Medicare eligibility and each additional year
- Patient has not received either an IPPE or AWV within the past 12 months (or cy for most MA)
- 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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Provider Models for AWV

- 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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Elements of the AWV

Element	Initial AWV	Subsequent AWV
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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Element: Health Risk Assessment

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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Health Risk Assessment Content

- 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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Element: Patient Assessment

- Height
- Weight
- BMI
- Blood pressure

- May indicate need for further evaluation (osteoporosis, etc.)

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

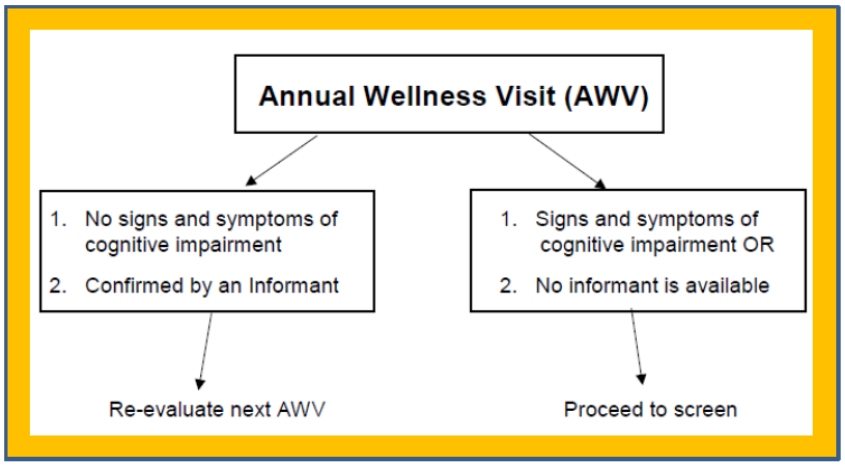
Element: Cognitive Assessment

- Rationale
  - Underdiagnosed in routine primary care
  - Connections for support
  - Planning: goals of care, etc.
- Screen
  - Self report of memory loss/confusion in past 12 months or IADL changes
  - Structured assessment of cognition

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Cognition: To Screen or Not to Screen



LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Cognitive Impairment Screening Tools

- CMS does not recommend a specific cognitive screening tool
- Alzheimer's Association (AA) Medicare Detection of Cognitive Impairment Workgroup Developed recommendations for cognitive assessment in primary care settings
- Criteria:
  - 5 minutes or less to administer
  - Validated in primary care or community setting
  - Easily administered by non-physician staff members
  - Relatively free from educational, language, and/or culture bias
  - Can be used by clinicians in a clinical setting without payment for copyrights

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

AA Recommended Screening Tools

- Patient
  - General Practitioner Assessment of Cognition (GPCOG) www.gpcog.com.au/
  - Mini-Cog (3 item recall + clock drawing + recall) https://www.alz.org/documents_custom/minicog.pdf
  - Memory Impairment Screen (MIS) https://www.alz.org/documents_custom/mis.pdf
- Informant
  - General Practitioner Assessment of Cognition (GPCOG)
  - AD8 http://alzheimer.wustl.edu/About_Us/PDFs/AD8form2005.pdf
  - Short Informant Questionnaire on Cognitive Decline in the Elderly (Short IQCODE) http://www.alz.org/documents_custom/shortiqcode_english.pdf

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Positive Cognition Screen – next steps

- Reversible cause chase
  - CBC, CMP, TSH, B12, RPR, U/A
- Brain imaging?
  - Not recommended in all cases
  - Consider in:
    - Patients younger than 60
    - Focal findings
    - Rapid onset
    - Cancer diagnosis

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Positive Cognition Screen – next steps

- Referrals by PCP after more complete evaluation:
  - Geriatrician, neurologist
  - Neuropsychological testing
    - When patients have subjective cognitive impairment, but pass screening exam
    - When you want to gather more data in arriving at more definitive diagnosis [ex. Cortical (AD) vs. subcortical (VaD), depression]
- Community resources such as Alzheimer's Association
- Driving Evaluation
- Advanced Directives

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Element: Depression Screen

- Rationale
  - Geriatric depression is common
  - Associated with poor health outcomes, impaired functioning
- Screen
  - Geriatric Depression Scale
  - PHQ-9
  - PHQ-2

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Positive Depression Screen – next steps

- Controversies:
  - Identification without resources
    - Practices must be prepared with their response to a positive screen
  - "Over-diagnosis" and over-medication
    - In some patients, improved social services or counseling may be more effective than medication

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Mild Depressive Symptoms

- Inquire further about stressors in patient's life and duration of Symptoms
  - If patient is feeling overwhelmed or demoralized by specific stressor, refer for therapy or counseling
- Best treated with psychosocial interventions
  - Self-help books, especially cognitive behavioral therapy books and workbooks
  - Exercise
  - Psychotherapy and counseling to improve problem-solving and skills to cope with stressors

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Moderate Depressive Symptoms

- Positive screen triggers additional questions that impact diagnosis & management
  - **Suicidal thoughts**: intent, plan, method, access
  - **Psychotic symptoms** (hallucinations and/or delusions)
  - **Impairment in cognitive function** (especially executive dysfunction) and ability to manage everyday tasks at home
  - **Prior history of major depression treatment** and prior history of hypomania or mania (bipolar disorder)

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Suicide assessment: Suggested clinical interview

- Normal thoughts of mortality → No suicidal ideation → Periodic screening
- Thoughts that life not worth living but no thoughts of self-harm → Passive death wishes → inquire further
- Thoughts of self-harm but no specific plan → Active suicide ideation → inquire further

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Interventions for suicidal ideation

- **Passive ideation**: Follow up within a week and assess suicidal ideation at each visit, especially if starting antidepressant medication
- **Active ideation**: Immediate evaluation needed, mental health referral, close and frequent visits for follow up. Speak with family to remove guns, knives etc.
- **Specific plan**: Immediate psychiatric evaluation at emergency room

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Element: Functional Assessment

- Self report of ADL/IADL
- Home safety
- Hearing
- Fall Risk - next slides

- Detailed questioning about limitations
  - Mobility, coordination, cognition

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Abnormal Functional Assessment – next steps

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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Subset: Falls

- Rationale
  - Among older adults falls are the leading cause of both fatal and non-fatal injuries
- Screen
  - Questionnaires
    - Number of falls in the past year?
    - Injuries from falls?
    - Balance or walking problems?
    - Fear of falling?

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Positive Fall Risk – next steps

- Subsequent evaluation by PCP to identify contributing factors
  - Gait, strength, balance assessment
  - Orthostatic BP determination/postural dizziness
  - Medication review
  - Feet and footwear check
  - Use of mobility aids
  - Visual acuity check

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

High Fall Risk Interventions

- Manage identified contributing factors
- Educate patient/caregivers
- Physical Therapy referral
- Vitamin D
- Life alert
- Optimize home safety
- Exercise
- Community resource referral
  - Matter of Balance
  - Healthy Steps for Older Adults

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Element: Care Planning and Coordination

- List of risk factors and conditions for which interventions are recommended
  - Include the following:
    - Mental health conditions
    - Risk factors or conditions identified
    - Treatment options and their associated risks and benefits
- Health Education materials and referrals
- Lifestyle interventions

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

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

Give written screening schedule for preventative health services

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Other Medicare Part B Preventive Services

- Alcohol Misuse Screening and Counseling
- Bone Mass Measurements
- Cardiovascular Disease Screening Test
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Screening
- Diabetes Self-Management Training (DSMT)
- Glaucoma Screening
- Hepatitis C Virus (HCV) Screening
- Human Immunodeficiency Virus (HIV) Screening
- Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD), also known as a CVD risk reduction visit
- IBT for Obesity
- Medical Nutrition Therapy (MNT)
- Prostate Cancer Screening
- Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests
- Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)
- Screening for Hepatitis B Virus (HBV) Infection
- Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs
- Screening Mammography
- Screening Pap Tests
- Screening Pelvic Examination (includes a clinical breast examination)
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Opportunity: Advance Care Plan

- Not on required list of essential elements, but included in most site templates
- Process of planning for future medical care where:
  - Patients values and goals are explored
  - Surrogate decision maker defined
  - Conversation is documented
- Communication process, not a legal process
- Process of creating "Advance Directives"
- Coding and billing: 99497 first 30 min
  99498 each additional 30 min

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Opportunity: Financial Abuse Risk

- Not specified element, 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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Benefits of the Annual Wellness Visit

Patient Benefits

- No co-pay
- Annual comprehensive preventive evaluation
- Reduce late-effects of chronic disease
- Improve/maintain quality of life
- Prevent accidents at home
- Reduce hospitalizations
- Delay long term care

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Revenue Opportunities

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

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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Additional Coding and Billing

CPT Code	Description	Frequency	Average Fee
G0403	Welcome to Medicare EKG	1 per lifetime	$21.23
99406/7	Symptomatic Tobacco users 3min/10min		$30.34
G0436/7	Asymptomatic Tobacco users 3min/10min		$15.64
G0444	Annual depression screen with G0439	Annually	$40.81
G0442	15min Annual alcohol misuse screen	Annually	$22.78
G0443	Brief counseling for alcohol misuse	4x/year	$29.67
G0446	Behavioral therapy for CVD	2x/year	$29.67
G0447	Behavioral counseling for obesity		$29.67
99497/8	Advanced care planning		$85.99/$74.88

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Quality Payment Program

The AWV 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 AWV including:

Quality Measures

- Care Plan
- Use of High-Risk Medications in the Elderly
- 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

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Quality Payment Program

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

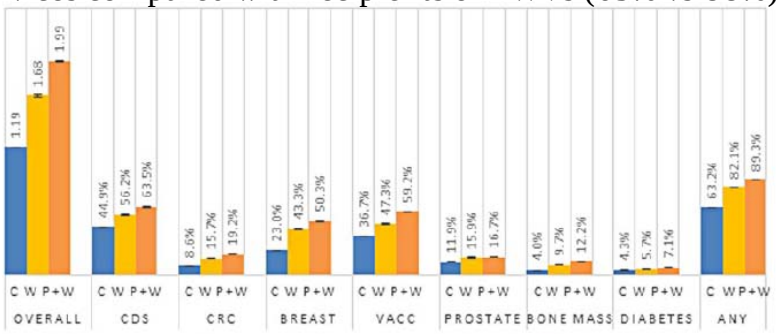
- Depression screening
- Diabetes screening
- Implementation of fall screening and assessment programs
- Implementation of medication reconciliation practice improvements
- Tobacco screening
- Screening for alcohol misuse

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Evidence: Effectiveness of Medicare Wellness Visits in Accessing Preventive Screening

Results: Non-recipients less likely to receive any of the 7 services compared with recipients of AWVs (63% vs 88%)



Note: 95% confidence intervals shown. Breast cancer rates were calculated in female subpopulation and prostate cancer rates were calculated over the male subpopulation.

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

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?

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

Keys to success

- Scheduling protocol
  - Schedule 1 year in advance
  - Call list
  - Transform routine or sick visit to AWV
- EHR template and checklists
- Prepare patient for visit
  - Letter
  - Phone script
- Understand value and engage team

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH

References

- *atomalliance.org/wp-content/.../AWV-Presentation_2017-Regional-Meetings.pptx*
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf accessed 2/21/18
- https://www.qualityinsights-qin.org/getattachment/Initiatives/Special-Innovation-Projects/SIP2-Annual-Wellness-Visit/SIP2-Annual-Wellness-Visit-Change-Package/AWV-Change-Package-for-Web.pdf.aspx
- Bluestein, D., Diduk-Smith, R., Jordan, L., Persaud, K., & Hughes, T. (2017). Medicare Annual Wellness Visits: How to Get Patients and Physicians on Board. *Family Practice Management*, *24*(2), 12
- Camacho, F., Yao, N., & Anderson, R. (2017). The Effectiveness of Medicare Wellness Visits in Accessing Preventive Screening. *Journal of Primary Care & Community Health*
- Cordell, et al. Alzheimer's Association recommendations for operationalizing the detection of cognitive impairment during the Medicare Annual Wellness Visit in a primary care setting. Alzheimer's & Dementia 9: 141–150. 2013
- Colburn JL, Nothelle S. The Medicare Annual Wellness Visit. Clin Geriatr Med 34:1-40. 2017
- Cuenca, A. Making Medicare Wellness Visits Work in Practice. Fam Pract Manag 19(5):11-16. 2012
- Lee et al Development and Validation of a Prognostic Index for 4-year Mortality. JAMA 295:801-808. 2006
- Park I, Sutherland S, Ray L, Wilson CG. Financial Implications of Pharmacist-led Medicare Annual Wellness Visits. J Am Pharm Assoc 54:435-440. 2014.

LIGHT LAKE ERIE INTEGRATED GERIATRIC HEALTH TEAM

LECOM HEALTH