

Annual Wellness Visits Led by Integrated Healthcare Team

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Learning Objectives

- Provide an overview of the Annual Wellness Visits (AWV)
- Describe components of AWV and workflow at a family medicine clinic
- Present challenges of time-spent vs reimbursement
- Describe solutions through utilization of integrated healthcare team
- Discuss implementation/strategies for completing AWVs in your clinic

Question #1

Are you currently conducting Medicare Annual Wellness Visits in your practice?

- A. Yes
- B. No
- C. I do not know

Making the Case

- Chronic illnesses account for ~83% of total U.S. health spending
 - Many caused by modifiable risk factors that are not well managed
- Despite national health expenditures totaling \$2.7 trillion in 2011, many do not receive preventive services and follow up
 - For adults aged 65 years and older 33% of women and 40% of men are current on all age-specific recommended preventive services

Overview of the AWW

- Introduced in January 2011 as an aspect of the Affordable Care Act
- Comprehensive preventative care and emphasis on WELLNESS
 - Promote health and positive health habits
 - Prevent onset of disease
 - Early identification of disease
 - Slow progression and/or reduce exacerbation

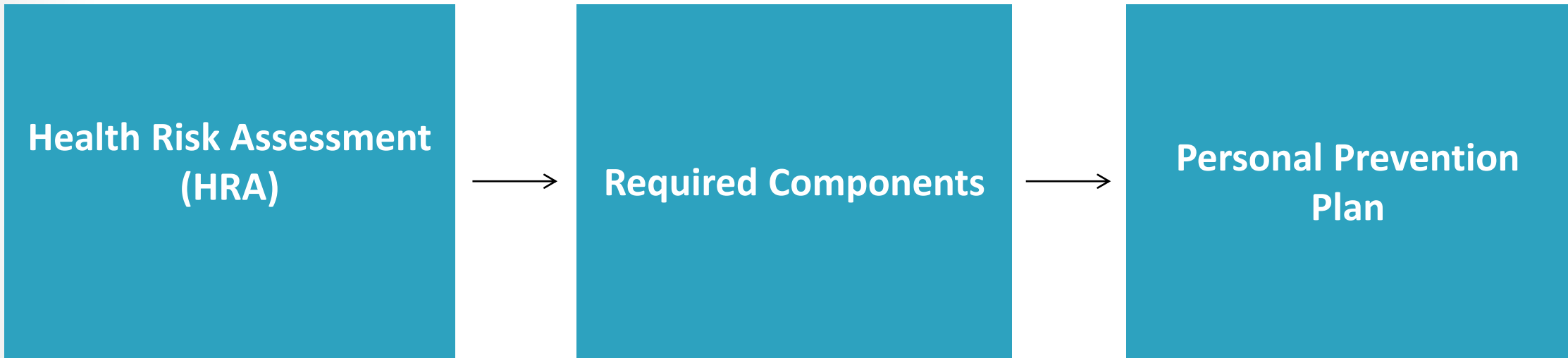
Qualifying Providers

- Medicare Part B covers an AWW if performed by a:
 - Physician
 - Physician assistant, nurse practitioner, or clinical nurse specialists
 - Medical professional OR a team of medical professionals who are directed supervised by a physician
- Our team at the MMC Family Medicine Center
 - Resident physician (precepts with Attending)
 - Behavioral provider: Psychology or Social Work
 - Pharmacist
 - Nurses, medical assistants, schedulers, coders/billers

Patient Eligibility

- Medicare Part B beneficiary for at least 12 months
- Have not received an Initial Preventive Physical Examination (IPPE) or AWW within the past 12 months
- Eligible for one time initial AWW and subsequent AWW every 12 months
- Covered 100% by Medicare

AWV – What is needed to bill?



The ABCs of the Annual Wellness Visit (AWV)

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf

Health Risk Assessment (HRA)

- Complete before or during the AWW
 - Should take no more than 20 minutes
 - Account for and tailor to the communication needs of patient
- At a minimum, address the following
 - Demographic data
 - Self-assessment of health status
 - Psychosocial risks
 - Behavioral risk
 - Activities of daily living (ADLs): dressing, bathing, walking, etc.
 - Instrumental ADLs: Shopping, housekeeping, managing meds, finances, etc.

Example HRA

Medicare Annual Wellness Visit Health Risk Assessment

NAME: _____ DOB: _____

A. Social History

Do you smoke?..... No Yes If Yes, packs/day? _____

Do you drink alcohol?..... No Yes If Yes, drinks/week? _____

Do you use illicit drugs?..... No Yes If Yes, type? _____

Are you sexually active?.... No Yes

B. Depression Screening

1. In the past 2 weeks, how often have you felt little interest or pleasure in doing things?
 Not at all Several days More than half of the days Nearly every day
2. In the past 2 weeks, how often have you felt down, depressed or hopeless?
 Not at all Several days More than half of the days Nearly every day

Required Components

Required Components – Obtain/update and document	Initial AWV	Subsequent AWVs
List of current providers that regularly provide care to beneficiary	X	X
Medical history (PMH, surgeries, hospitalizations), family history, medications, allergies	X	X
Vitals/measurements: Height, weight, BMI, blood pressure, other	X	X
Depression screening: Review risks for/history of depression. If without a current diagnosis of depression, use appropriate screening instrument.	X	Not required
Cognitive impairment: Assess by direct observation, with consideration of reports by beneficiary, family, caregiver, etc.	X	X
Functional ability and level of safety: Direct observation or screening questions: ADLs, fall risk, hearing impairment, home safety	X	Not required

- NOTE: Much of this can be incorporated into the HRA to avoid duplicating work.

Personal Prevention Plan

- Written screening schedule for the next 5-10 years
 - Based on age-appropriate preventive services Medicare covers
 - Recommendations from the USPSTF and ACIP
- List of risk factors and conditions for which interventions are recommended or underway
- Personalized health advice and appropriate referrals to health education or preventive counseling services or programs
 - Fall prevention
 - Nutrition
 - Physical activity
 - Tobacco-use cessation
 - Weight loss

AWV – Billing Codes and Payment

Billing Code	Type of Visit	Estimated Reimbursement
G0438	AWV Initial	~\$173
G0439	AWV Subsequent	~\$117
99497	Advanced care planning (first 30 minutes)	~\$86
99498	Advanced care planning (each additional 30 min)	\$75

- ICD 10 Code: Encounter for Medicare Annual Wellness Exam (Z00.00)
- Build template in EMR to include required components

Group Discussion #1

- If your practice is currently conducting Medicare AWW:
 - What is your workflow?
 - Who are your team members?
- If your practice is NOT currently conducting Medicare AWW:
 - What steps do you need to make to begin conducting AWW?
 - What team members would you want to incorporate?

AWV at the MMC Family Medicine Center

Purpose – Why we started AWW

- Provide quality, cost-effective patient care
- Physician resident education
 - Incorporated into Care of Older Adult rotation
 - Gain experience conducting components of the AWW
- Education of other learners in an interprofessional team environment

Our Workflow

from January 2017 – June 2017

Preparation

- Referral from providers based on personal assessment of patients needs
- Patients contacted by front staff and scheduled
- Team works up patient and discuss key needs
- MA/Nurse obtain vitals, Medicare-HRA

During Visit

- Introduction of team and purpose
- Physician and Behavioral Provider
 - Geriatric biopsychosocial assessment
 - Health risk assessment
 - Cognitive screen – MOCA
 - Depression screen – GDS
- Physician and Pharmacist
 - Medical history
 - Focused physical exam
 - ROS, vital signs
 - Comprehensive medication review
 - Preventive wellness care plan

Summary/Follow-up

- Resident precepts with attending physician
- Team finalizes care plan and puts together packet for patient
 - Letter summarizing recommendations
 - Resources
- Follow up plan communicated to providers
- Progress note (1) completed by team

An Interprofessional Approach

- Interprofessional collaboration
 - Improved patient care and satisfaction
 - Communication
 - Team brief prior to visit
 - Hand-off between components
 - Development of final care plan
 - Follow up plan with PCP and other regular care providers
- Resident and student education
 - Tools for our family medicine residents to take into their practice settings
 - All practitioners gain experience working in teams

AWV Case Example

- 66 year old Mexican American female, identifies as a lesbian, widow, and matriarch of her family. She is under the care of her adult children and grandchildren.
- Medical History: Lupus, chronic pain, epigastric hernia, anemia, sleep apnea, and urine and stool incontinence.
- *Primary concerns: chronic diarrhea & pain, limited social time.*

AWV Case Example

Team Member Perspectives

- Behavioral Health
 - Under care of daughter and extended family
 - Low motivation to get out of bed, difficulty managing chronic pain and depression
 - Social stressors & difficulty communicating needs with family members
 - Digestive Health- issue with caregiver cooking very spicy foods, trouble with incontinence
 - Isolating at home, not able to leave the house to visit with others
 - Cognitive Assessment (MoCA) scored 9/30. 7th grade education
 - Followed-up with brief Behavioral therapy with family member, reduced depression, increased communication strategies, and was able to have caregiver change her diet, incontinence issue resolved.

AWV Case Example

Team Member Perspectives

- Pharmacist
 - Has routine for remembering to take medications, assistance from daughter
 - Medication therapy problems (MTPs) identified and addressed
 - Hydroxychloroquine: adherence, ran out about 2 months ago → refilled
 - Oxybutynin: PIM in older adults due to anticholinergic AE, also had received minimal improvement in symptoms → discontinued
 - Mirtazapine: more effective medications available for her depression → changed to SSRI (Sertraline)

AWV Case Example

Team Member Perspectives

- Physician
 - Preventive services needed
 - Bone density scan (DEXA)
 - Mammogram
 - Review and complete “Five Wishes” Advanced Directive
 - Immunizations currently up-to-date

Results of Our AWW Implementation

- 7 physician residents trained on AWWs
- 28 patients received service so far
- Interventions made:

Intervention	Number
Immunizations Received	14
Advanced Care Planning	17
Screenings Recommended	18
Resources for Social Needs	52
Referral for Behavioral Health	10
Medication Therapy Problems Addressed	63

Group Discussion #2

- If your practice is currently conducting Medicare AWW:
 - What challenges have you encountered?
 - How did you overcome them?
- If your practice is NOT currently conducting Medicare AWW:
 - What challenges do you anticipate?

Challenges

- Patient identification
 - Effective identification and referral process
- Developing an effective and efficient process
 - Understood by all team members (e.g. resident on-boarding)
 - Includes necessary components
 - Meets documentation requirements
- Communication
 - Clearly explaining purpose to patients
 - Between all team members, including billing and coding
- Resource limitations
 - Availability of team members
 - Time spent vs. reimbursement: 3 practitioners, 2 hour visits

Potential Solution

AWV: Time Spent vs. Reimbursement

1. Restructuring of AWV
2. Then referral for comprehensive geriatric assessment

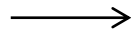
Potential Solution

AWV: Time Spent vs. Reimbursement

- *Front desk staff* identifies patients who are eligible for AWV
 - Calls patient to schedule visit
 - OR, asks patients already scheduled with their provider if they would also like AWV
- Visit is completed by physician

HRA

- Completed by patient while waiting to start visit
- MA/LPN documents HRA responses in template in progress note
- PCP reviews during visit



Required Components

- Most are completed by MA/LPN upon intake
 - Depression screen PHQ2
- PCP assesses for cognitive impairment and functional ability based on direct observation



Personal Prevention Plan

- PCP orders necessary screening tests, referrals, and immunizations
- PCP selects Pt Education for health risks abnormal in HRA
- Summary of visit is printed for patient



Potential Solution

AWV: Time Spent vs. Reimbursement

 Referral for comprehensive geriatric assessment

- Performed by interprofessional team
- Include appropriate billing codes for services provided
- Examples of patients who may benefit
 - Observations/reports of cognitive impairment
 - Health risks require further education or resources
 - Unmet social or behavioral needs are impacting health and wellbeing
 - Need for a comprehensive medication review

Summary

- AWVs focus on preventive services and is covered 100% by Medicare Part B
- Components include HRA, list of current providers, medical history, vitals, depression screening, observation for cognitive impairment, assessment of functional ability and level of safety, and personal prevention plan
- Utilizing an interprofessional team either for the AWV or a comprehensive geriatric assessment following an AWV improves patient care and resident/student education
- It is crucial to develop system that is
 - Easily understood and utilized by all team members
 - Allows for efficient documentation of required components
 - Incorporates appropriate coding/billing
 - **Supports team in providing quality, cost-effective, comprehensive preventive care**

Questions



Resources & Recommended Readings

- The ABCs of the Annual Wellness Visit (AWV), Department of Health and Human Services, Centers for Medicare & Medicaid Services. Last updated Apr 2017. Available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf
- Medicare Annual Wellness Visits:
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- Medicare Annual Wellness Visits Made Easier, Cynthia Hughes, CPC, Fam Pract Manag., 2011 Jul-Aug 18(4): 10-14.
<http://www.aafp.org/fpm/2011/0700/p10.html>
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- Bluestein D, Diduk-Smith R, Jordan L, et al. Medicare annual wellness visits: How to get patients and physicians on board. Fam Pract Manag. 2017 Mar-Apr;24(2):12-16.