

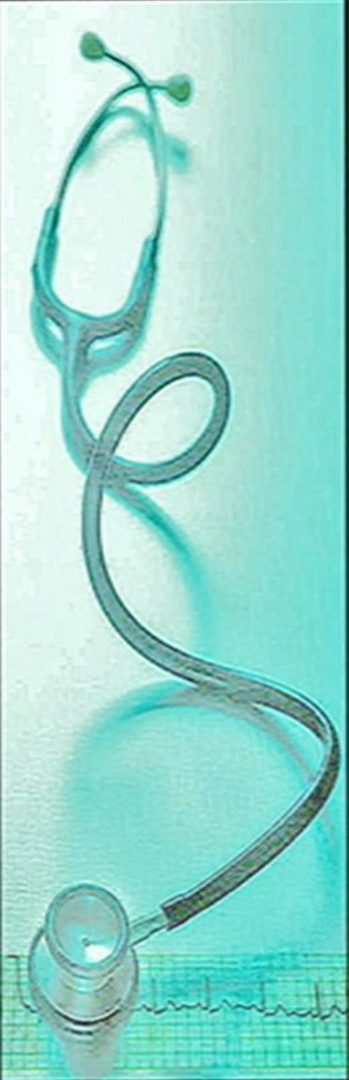
Annual Wellness Visits

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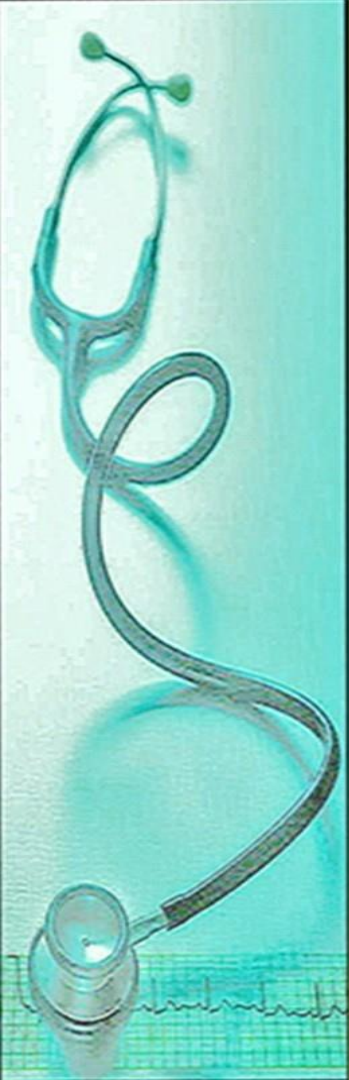
MARCH 29, 2019



AGENDA

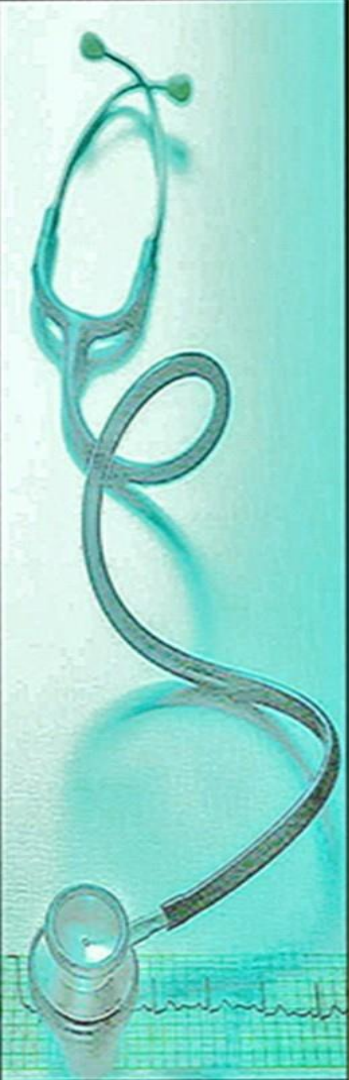
- Welcome
- What is an AWV and why do we do them?
- What are the elements of an AWV?
- AWV Testimonial
- AWV “add ons”
- Insight into the future





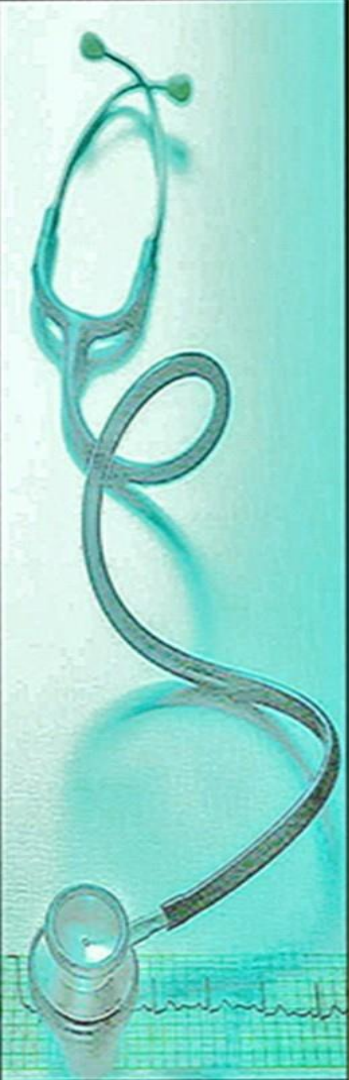
What is the Medicare Annual Wellness Visit?

The Medicare **Annual Wellness Visit** (AWV) is a yearly appointment with a primary care provider (PCP) or a designated healthcare professional. Annual wellness visits are a way for our practice to keep our patients as healthy as possible. We will develop or update a personalized prevention plan based on the patients current health and risk factors to prevent disease or disability.



AWV Facts

- AWVs were introduced in 2011 as part of the Affordable Care Act.
- AWVs are not sick visits
- If eligible, the AWV is covered 100% by Medicare
- The AWV is a preventive wellness visit and is NOT a routine physical checkup. In fact Medicare does not provide coverage for routine physical exams.



Why AWWs?

- Medicare pays for AWW because evidence shows it helps keep people healthy
- It is a “Comprehensive Medical Interview” where a patient and provider go over all aspects of a patient’s health and develop a 5-10 year health maintenance plan
- Medication Reconciliation takes place during the AWW. Medication Errors are the #1 cause of unnecessary hospital visits.
- The patient is screened and counseled/referred for potential problems (ie falls, dementia)

AWV = POPULATION HEALTH

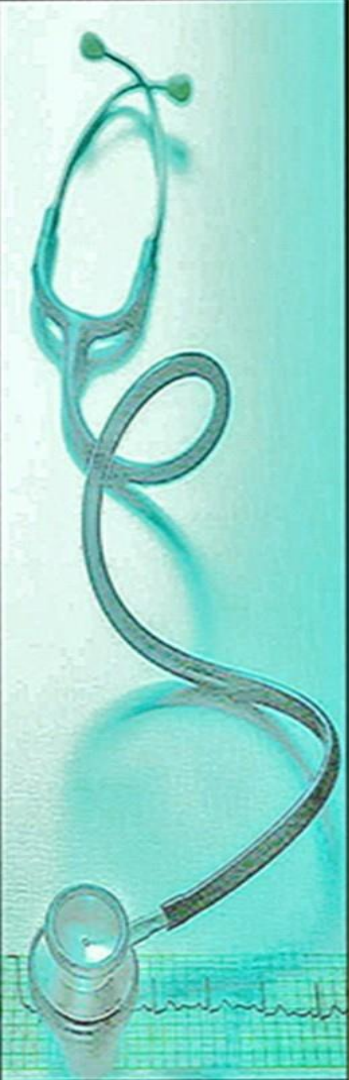
The “**Holy Grail**” of
Population Health
Management





Holy Grail Patient Topics

- Medical Risk (Hierarchical Condition Category or HCC risk scores)
- Chronic Care Management
 - Gaps in care
 - Set up follow-up
 - 25 modifier
- Health Risk Assessment (contribute to HCC)
 - Depression screening
 - Dementia screening
 - ETOH/Opioid screening
 - Social Determinants of Health (SDOH) screening



Holy Grail Patient Topics

- Quality Measures
- Safety Assessment
- 5-10 Year Road Map
- Advanced Care Planning INITIATED if not already completed
 - Shared Decision Making
 - Decrease overtreatment



Holy Grail Physician Topics

- RVU Capture
- Fee for Service (FFS) reimbursement
 - Both important now
 - No Margin no Mission
 - More visits for Gaps of Care
- Future Reimbursement (Shared Savings)
 - Attribution
 - HCC
 - Quality Measures
 - Advanced Care Planning
 - Prevent Hospital Touches (decrease total cost of care)



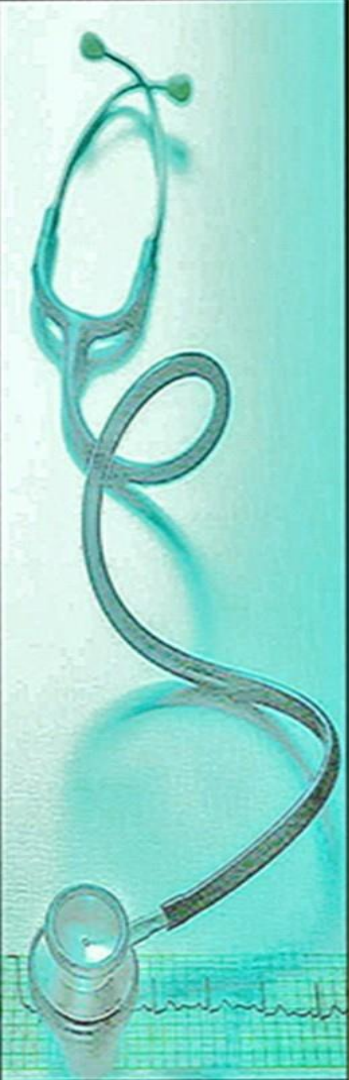
Medicare Annual Wellness Visit Association With Healthcare Quality and Cost

- American Journal of Managed Care, March 2019
- 2 Primary Care Physician led ACOs
- Retrospective Study
- 8912 total patients
- 4789 patients had AWWs
- 4128 patients did not have an AWW
- Age and risk scores very similar



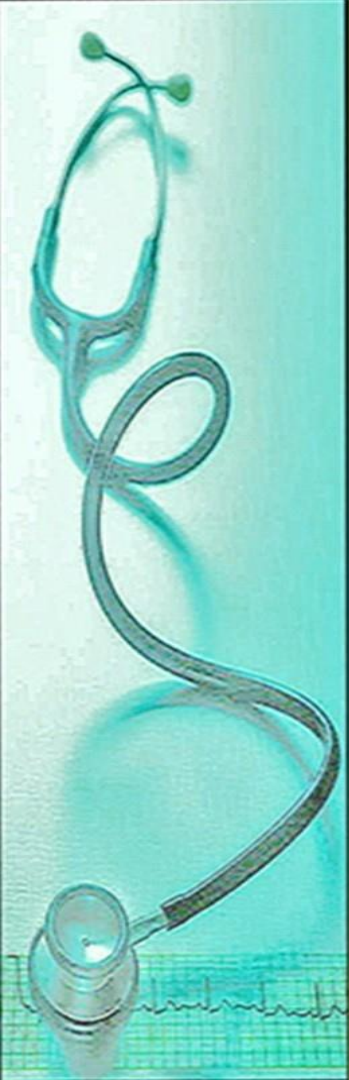
Results From Study

- First time AWW was associated with a 5.7% reduction in total cost of healthcare compared to those patients not having an AWW
 - Average \$38 PMPM or \$418 PMPY savings
 - The higher the patient's HCC risk score, the higher the savings
- Quality improved in 7 measures in adjusted analysis (all $P < 0.01$)
 - Fall Risk Screening (94% vs 15%)
 - Pneumococcal Vaccine (86% vs 69%)
 - Tobacco Screening and Cessation (91% vs 77%)
 - Depression Screening and Follow-up (87% vs 18%)
 - Colorectal Cancer Screening (69% vs 60%)
 - Breast Cancer Screening (81% vs 66%)
 - Controlled Glycated Hemoglobin (A1C) (77% vs 65%)



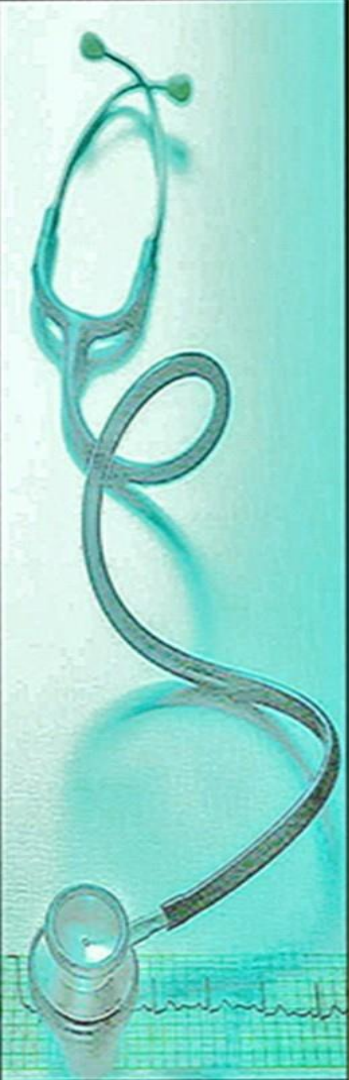
Medicare Wellness Visits: Reassessing Their Value to Your Patients and Your Practice

- Family Medicine Management, March/April 2019
- Excellent Overview
- Closing Quality Measure Gaps
- Billing Insights on Fee for Service/RVUs
- Case Studies



Elements of an AWW

*We know the 'why' of the AWW,
now what about the 'how'?*



<u>IPPE</u>	<u>AWV</u>
<ul style="list-style-type: none">Initial Preventive Physical Examination (<i>Welcome to MCR</i>)	<ul style="list-style-type: none">Initial AWVSubsequent AWV
<ul style="list-style-type: none">Covered only once, within 12 months of Part B enrollment	<ul style="list-style-type: none">Covered once every 12 months
<ul style="list-style-type: none">Free to beneficiary	<ul style="list-style-type: none">Free to beneficiary
<ul style="list-style-type: none">Performed by MD, DO, PA, APRN, or certified clinical nurse specialist	<ul style="list-style-type: none">Performed by MD, DO, PA, APRN, or certified clinical nurse specialistMedical professional (i.e. RD, licensed practitioner, health educator)
<ul style="list-style-type: none">G0402 - IPPEG0405 - screening 12 lead EKG with interpretation	<ul style="list-style-type: none">G0438- AWV, initial visit (\$172.58)G0439- AWV, subsequent visit (\$117.08)
<ul style="list-style-type: none">An E/M can also be billed with the G code by submitting CPT code with modifier -25	<ul style="list-style-type: none">An E/M can also be billed with the G code by submitting CPT code with modifier -25



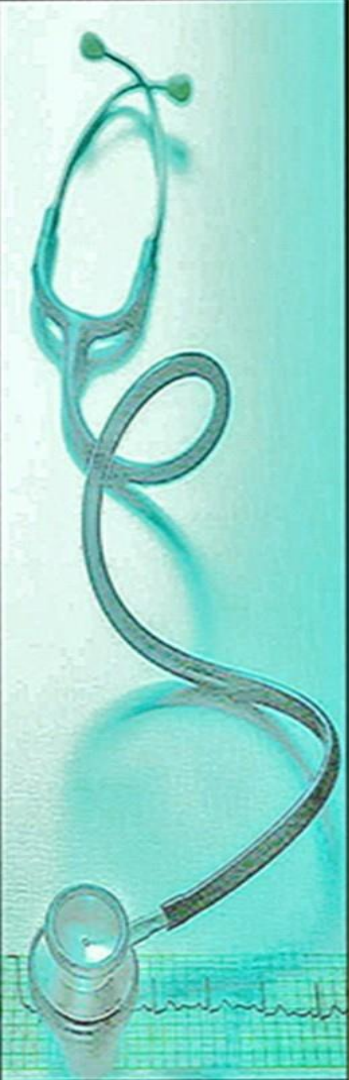
IPPE

1. Review history (PMH, PSxH, FH, SH, Meds/Allergies)
1. Screen for depression and other mood disorders (PHQ2 or PHQ9)
1. Functional and safety screen (ADLs, fall risk, hearing, home safety)
1. Exam (HT, WT, BMI, BP, VISUAL ACUITY)
1. End of life planning (provide verbal or written information)
 - Not eligible for Advanced Care Planning
1. Initiate referrals as necessary for risks identified in #1-5
1. Review, educate, counsel, and refer for preventive services (must provide written plan)
 - EKG (only done at IPPE as screening as appropriate)
 - Review preventive services covered by Medicare



AWV (Initial, Subsequent)

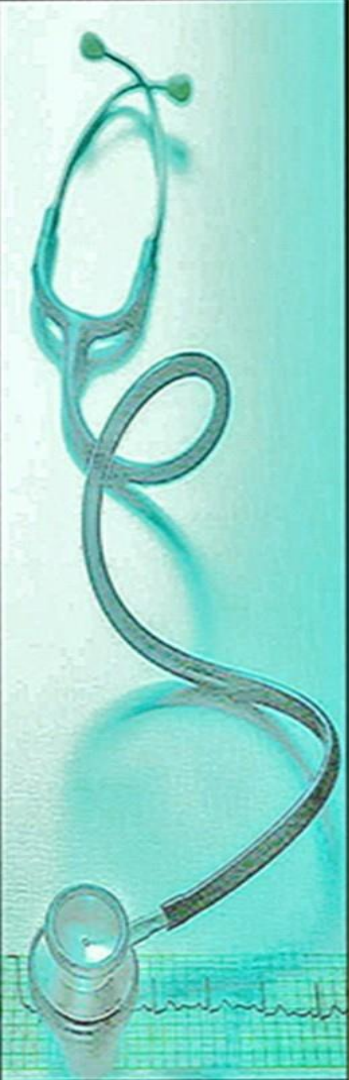
1. Perform HRA
2. Review history (PMH, PSxH, FH, SH, Meds/Allergies)
3. Update Care Team
4. Exam (HT, WT, BMI, BP)
5. Dementia Screen
6. Depression/mood disorder screen (PHQ2, PHQ9)
7. Safety/functional abilities screening
8. Review preventive services and provide beneficiary with referrals and written plan
9. Review risk factors and treatment plan (written plan)
10. Initiate appropriate referrals
11. \pm Advanced Care Planning





Keeping it Simple...

1. Perform HRA
2. Review history (PMH, PSxH, FH, SH, Meds/Allergies)
3. Update Care Team
4. Exam (HT, WT, BMI, BP, vision, hearing)
5. Dementia Screen
6. Depression/mood disorder screen (PHQ2, PHQ9)
7. Safety/functional abilities screening
8. Review preventive services and provide beneficiary with referrals and written plan
9. Review risk factors and treatment plan (written plan)
10. Initiate appropriate referrals
11. End of life care (IPPE- info/discussion only) (AWV -Advanced Care Planning)
12. \pm EKG (only for IPPE)



Medicare Preventive Services

- AAA screening with US
- Advanced Care Planning
- Alcohol Screening/Counseling
- AWV
- Bone Mass Measurements
- CV Disease screening
- Colorectal cancer screening
- Depression Screening
- Diabetes Screening
- Diabetes Education
- Glaucoma Screening
- Hepatitis B Screening
- Hepatitis C Screening
- HIV screening
- IBT for CVD risk reduction
- Medical Nutrition Therapy
- Prostate Cancer Screening
- Screening Mammography
- Screening for Cervical Cancer with Pap/HPV
- Screening for Lung Cancer with LDCT
- Screening Pelvic and Breast Exam
- STI Screening
- Vaccinations: Pneumococcal, Hep B

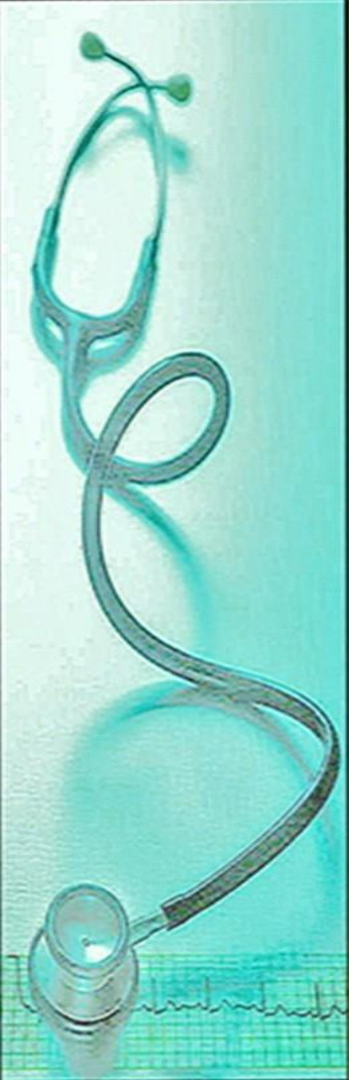


Health Risk Assessment

- Collection of beneficiary's self reported information
- Should take no more than 20 minutes
- At minimum must address the following topics:
 - Demographics
 - Self-assessment of health status
 - Psychosocial risks
 - Behavioral risks
 - ADLs, including but not limited to: dressing, bathing, and walking
 - Instrumental ADLs, including but not limited to: shopping, housekeeping, managing own medications, and handling finance

Can labs be done at AWW?

- “Yes and no”
- Most often the answer is no as labs are not a routine part of the AWW unless they are covered as a preventive service



How to Implement AWWs

(or going from zero to 688 in a year)

- Create a workflow that is practical
- Educate providers, staff, and patients
- Reach out to patients by phone or at office visits and offer to schedule an AWW
- Create a recall process





Reaching out, educating, and scheduling our patients with “The telemarketer’s script”

Annual Wellness Visit

This is Marie/Jennifer calling from Dr. _____ office at Columbus Family Practice. I’m just giving you a quick call because I see that you are scheduled for your yearly physical on _____; and your lab work on _____. I wanted to let you know about Medicare offering a NO COST annual wellness visit in addition to your yearly physical.

This NO COST benefit is different than your yearly exam, in that, your doctor or one of our Nurse Practitioners will talk to you about your: medical history, risk factors, and help you to develop a personal prevention plan to help keep you healthy. This visit is not a hands on exam and no further testing is done, nor does it discuss medical problems, conditions, or medications. Those issues will still be discussed with your primary care physician during your yearly checkup.

We were wondering if you would like to do this wellness visit when you are here on _____, for your lab work? This appointment would take approximately ½ hour. In the meantime, I will send you a letter to explain this in detail. It also has a questionnaire for you to fill out, and bring with you to the appointment. This will allow us to streamline the appointment and help the provider to develop your individualized prevention plan to aide in keeping you healthy.



Milton C. Zadina MD FAAFP
Daniel J. Rosenquist MD FAAFP
Kipton L. Anderson MD FAAFP
Dale A. Zaruba MD
Joseph L. Citta III MD
Megan M. Faltys MD
Mary E. Sueper APRN
Kendra D. Dvorak APRN
Lindsey M. Bates APRN

To: Our Medicare Patients:

Subject: Medicare Annual Wellness and Other Preventive Visits

Beginning January 1, 2011, Medicare covers an "Annual Wellness Visit" in addition to the one-time "Welcome to Medicare" exam. The "Welcome to Medicare" exam occurs only once during your first twelve months as a Medicare patient. You may receive your Annual Wellness Visit after you have been with Medicare for more than one year, or it has been at least one year since your "Welcome to Medicare" exam.

Initial Preventive Physical Exam (IPPE)	"Welcome to Medicare" is only for <i>new</i> Medicare patients. This must be done in the 1 st year as a Medicare patient.
Annual Wellness Visit, Initial	At least 1 yr after the "Welcome to Medicare" exam.
Annual Wellness Visit, Subsequent	Once a year (more than 1 yr + 1 day after the last Wellness Visit).

The Annual Wellness Visit is not the same thing as what many people often refer to as their yearly physical exam. Medicare is very specific about what the "Annual Wellness Visit" includes and excludes.

At the Annual Wellness Visit, your doctor will talk to you about your medical history, review your risk factors, and make a personalized prevention plan to keep you healthy. The visit does *not* include a hands-on exam or any testing that your doctor may recommend, nor does it include any discussion about any new or current medical problems, conditions, or medications. You may schedule another visit to address those issues *or* your doctor may charge the usual Medicare fees for such services that are beyond the scope of the Annual Wellness Visit.

If you would like to schedule an annual physical, including any lab work or other diagnostic testing, medication management, vaccinations, and other services, please understand that these services will be charged and covered according to Medicare's usual coverage guidelines. However, you may still develop a care plan based on the Annual Wellness Visit criteria.

We appreciate the trust you put in us to take care of your health care needs and hope that you will take advantage of this new benefit to work with your physician in creating your personalized prevention plan.

See the reverse side for a list to bring with you to your appointment.

4214 38th Street • P.O. Box 1394 • Columbus, NE 68602-1394 • Ph: 402-564-1338 • Fax: 402-564-8902

COMMITTED TO THE HEALTH CARE OF YOUR FAMILY

Added
AWV to
Medicare
Patient's
HCM tab

Creating a recall process

Practice Partner

File View Show Task Reports Window Help

Exit Print Dash Chart Close Sched Patient Acct Chk In Timing Msg Review Letter Note Rx Orders Pat Ed Pt Info

Health Maintenance Summary:

	Recommend For	Due (seq.#)	10/18/2018	09/15/2018	09/05/2018	05/23/2018	03/01/2018
AAA Ultrasound	TOBACCO ABUSE						
Aspirin	ASPIRIN						
Aspirin Therapy	Multiple	05/23/2018					
AWV	65-74 YEAR OLD MA	11/29/2018					
BP	Multiple	04/20/2019	X		X	X	X
Cholesterol	Multiple	11/28/2018					
COLOGUARD	65-74 YEAR OLD MA	07/29/2013					
Colonoscopy	65-74 YEAR OLD MA	12/08/2027					
Creatinine	Multiple	05/31/2018					
Depression Screen	65-74 YEAR OLD MA	03/05/2019			X		
Diet Counseling	Multiple	03/08/2019			X		
DM Ed Counseling	DIABETES MELLITU	03/08/2019			X		
Exercise Counsel	Multiple	03/08/2019			X		
Eye exam	DIABETES MELLITU	03/23/2018					
F.B.B.	65-74 YEAR OLD MA	07/29/2013					
Fall Risk Screen	65-74 YEAR OLD MA	03/08/2019			X		
Foot Exam	DIABETES MELLITU	09/06/2019			X		X
Foot Exam, Pulse	DIABETES MELLITU						
Foot Exam, Sensory	DIABETES MELLITU						
Foot Exam, Visual	DIABETES MELLITU						
Glucose Fasting	Multiple	11/28/2018					
HDL Cholesterol	Multiple	11/28/2018					
Height	65-74 YEAR OLD MA	09/04/2020			X		
Hemoglobin A1C	DIABETES MELLITU	03/04/2019			X		X
Influenza	Multiple	09/15/2019		E *	P		
Influenza HD	65-74 YEAR OLD MA	07/29/2013					
LDCT	TOBACCO ABUSE						
LDL Cholesterol	Multiple	11/28/2018					
Microalbumin, Ur	DIABETES MELLITU	11/30/2018					

Close New Edit Delete Newer Older Template Historical Print Immun ☒ Detail

Summary Chart Proq Notes Rx / Meds Recent Lab Lab Tables Vitals Hlth Maint Prob List Flow Chart



It's time again...
for your **Annual Wellness Visit!**

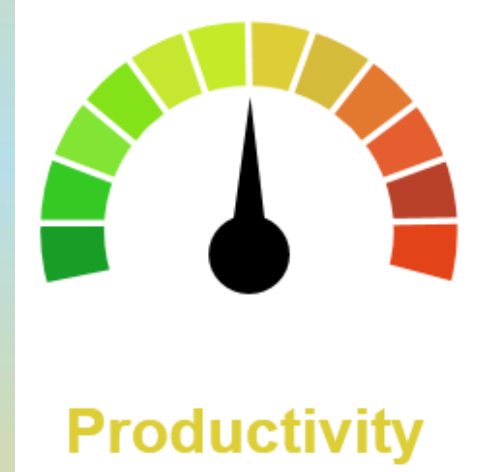
Please call us today and we will arrange an appointment for you at your convenience.

When: After
 Labs needed at appt: Yes No
 Fasting required: Yes No

Columbus Family Practice
 4214 38th Street
 Columbus, NE 68601
 (402) 561-1338
www.columbusfamilypractice.com

Building Productivity - “Show me the numbers...”

- Previous to AWW Implementation in 2015: 0 AWWs completed
- 2015 (Implementation began mid-February): 688 AWWs completed
- 2016: 1234 AWWs completed
- 2017: 1334 AWWs completed
- 2018: 1586 AWWs completed





AWV “Add-ons”

- Advanced Care Planning
- ACP is the “face-to-face conversation between a physician (or other qualified health care professional) and a beneficiary to discuss the beneficiary’s wishes and preferences for medical treatment if they are unable to speak or make decisions in the future. You can provide the ACP at the time of the AWV, at the beneficiary’s discretion.”

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AWV “Add-ons”

99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

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Why bill ACP with AWW?

- Billing Medicare waives both the coinsurance and the Medicare Part B deductible for ACP when it is:
 - Provided on the same day as the covered AWW
 - Furnished by the same provider as the covered AWW
 - Billed with modifier –33 (Preventive Service)
 - Billed on the same claim as the AWW Medicare waives the deductible and coinsurance for ACP once per year when billed with the AWW.

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Why bill ACP with AWW?

NOTE: If the AWW billed with ACP is denied for exceeding the once per year limit, Medicare will apply the ACP deductible and coinsurance.

NOTE: The deductible and coinsurance apply when ACP is provided outside the covered AWW.

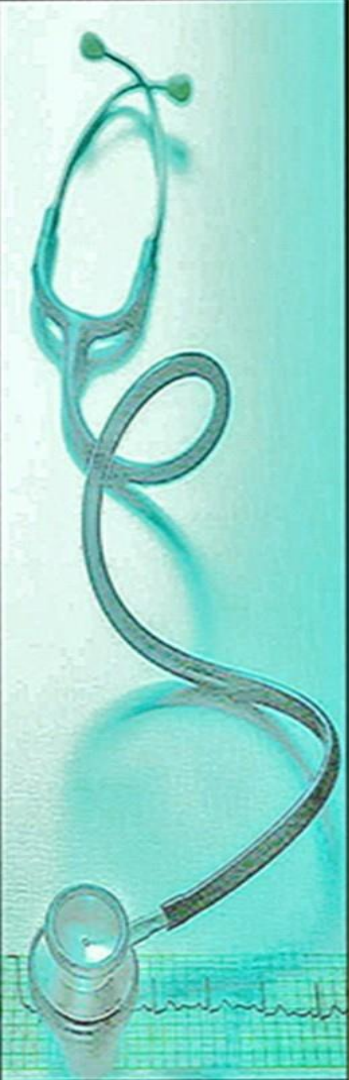
NOTE: There are no limits on the number of times you can report ACP for a given beneficiary in a given time period. Likewise, CMS established no frequency limits. When you bill the service multiple times for a given beneficiary, document the beneficiary's changed health status and wishes regarding their end-of-life care.

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Resurgence of Primary Care

- Patient Centered Medical Home (PCMH) (2004)
- Comprehensive Primary Care Initiative (CPCI) (2012-2016)
- Comprehensive Primary Care Plus (CPC+) (2017-2022)
- CMS drives the bus and CMS knows the only way to improve healthcare is to increase Primary Care
- Sophisticated Ambulatory Primary Care (Comprehensivist of the Population)



If the Future of Health Care is to Improve...

- Must increase Family Physicians (Primary Care)
- If we increase sophisticated Primary Care the total cost of care will go down and quality will improve
- Primary Care must share in the savings
- Fee for Service (FFS) alone will never attract more Primary Care Physicians
- FFS plus sharing in the savings will increase compensation and attract more Primary Care Physicians

QUESTIONS?

prevention
personalized
focused
care
wellness
supportive
dedicated
yearly
history
healthy
patient-centered
annual
detailed
comprehensive
patients
services
evidence-based
benefits
empower
friendly
strategies
compassionate
communication
preventive
lifestyle
team-based
screenings
value
vaccinations
recommendations
informative
help



AWVs...jump right in!