CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

Rhode Island Quality Institute

RIGEC Rhode Island Geriatric Education Center

The Annual Wellness Visit: Implementation in Real World Settings

A Continuing Education Activity for Health Professionals

Thursday, June 19, 2019

RIGEC *Geriatric Education Series*

Relevant Disclosures

- No person in a position to influence content of this activity report a financial interest, arrangement, or affiliation that could be perceived as a real or apparent conflict of interest.
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- There is no commercial support associated with this activity.

Accreditation/Designations

- This activity was approved by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation for 1.0 Contact Hours.
- This activity has been reviewed and approved as Continuing Education for Social Work for 1.0 contact hours by Rhode Island College, School of Social Work.

To earn contact hours or receive a "Certificate of Completion" for this activity, attendees must 1.) attend the entire session in its entirety, and 2.) complete and return the post-session evaluation form.
Follow link to access form online: https://www.surveymonkey.com/r/awm4rwseval

Today's Speaker

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The Annual Wellness Visit: Implementation in Real World Settings

Barbara Resnick, PHD,CRNP

Learning Objectives

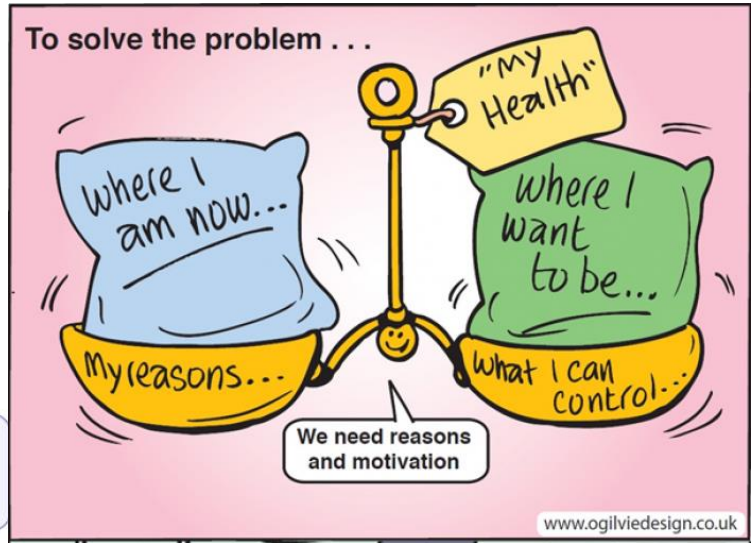
After completing this activity, learners will be able to:

- Describe Medicare's Annual Wellness Visit (AWV) benefit, including the Initial Preventive Physical Examination (IPPE), Initial AWV, and Subsequent AWV.
- Identify preventive services consistent with the IPPE or AWV to improve care quality and value.
- Understand operational barriers associated with the AWV and describe strategies to overcome these challenges.

THE ANNUAL WELLNESS VISIT

- The Medicare Annual Wellness Visit (AWV) was introduced in 2011 as part of the Medicare Part B expansion under the Affordable Care Act.

- The intent of the AWV was to encourage preventive care and mitigate health risks in aging patients through required age- appropriate and risk modifying screenings and assessments.



RIGEC

The Annual Wellness Visit IS NOT…

- A comprehensive physical exam.
- A assessment of physical problems as would traditionally be done during an acute visit (e.g., listen to heart, lungs, abdomen or do a neurological exam).

"We've found a mass. The good news is we have weapons of mass destruction."

Annual Wellness Visits Include:

Medical/family history

- List of current providers/suppliers
- Blood pressure, height, weight, and other routine measurements.
- Detection of any cognitive impairment
- Review potential (risk factors) for depression, functional ability, and level of safety.
- Establishment of:
- Written screening schedule (such as a checklist) for next 5-10 years.
- List of risk factors and conditions where interventions recommended.
- Personalized health advice and referrals for health education and preventive counseling

Subsequent Wellness Visits

- Update of medical/family history
- Update of list of current providers/suppliers
- Measurement of weight, blood pressure, and other routine measurements
    - Detection of any cognitive impairment
- Update to:
    - Written screening schedule
    - List of risk factors and conditions where interventions recommended.
- Personalized health advice and referrals for health education and prevention-the visit concludes with a tailored plan for lifestyle interventions and preventive care services.

Who Gets and Who Doesn't Get AWVs

- The percentage of beneficiaries receiving an AWV increased from 7.5% in 2011 to only 15.6 by 2014.
- Those who were white, lived in urban areas, were from higher-income areas, and had one or two comorbidities were more likely to receive an AWV than others.
- Those least likely to receive an AWV were dually eligible individuals.
- Only about half of primary care practices offer annual wellness visits and less than 20 percent of eligible Medicare beneficiaries are receiving them.

Challenges to Implementation of the AWV

- Lack of knowledge among providers about how to perform, document, and bill for the AWV;
- Care philosophies that focus on management of acute medical problems versus focusing on prevention; and
- Patient focus on addressing active medical problems versus focusing on prevention
- Need to consider relevant factors for sicker patients-those with multi-morbidity and SES challenges such as assessment and intervention for health-related social needs—such as social isolation, food insecurity, poor housing quality, and cost concerns about medications.

Advantages to AWV

- Better medication management
- Better adherence to vaccinations
- More appropriate CVD and diabetes screening and early detection
- More appropriate cancer screening
  - Particularly in geriatrics an individualized approach is needed.

Stimulates Use of Additional Preventive Services

- Medicare covers, and strongly encourages, approximately 15 other preventive services for older adults that are dramatically under-utilized.
- Examples Include:
  - G0402 Welcome to Medicare Visit (IPPE) $167.56; G0438 Initial Annual Wellness Visit $172.58; G0439 Subsequent Annual Wellness Visit $117.08; G0101 Screening breast and pelvic exam $38.67; G0102 Prostate cancer screening (digital rectal exam) $19.69; G0436 Tobacco-use counseling $14.68 G0444; Depression screening $18.26;

Learning Over the Years

Needs to be a team approach

- Patient participation:
  - Update medical and family history, current medical problems and surgeries • Bring a list of current medical providers and suppliers • Bring a list of all prescribed and over-the-counter medications, vitamins and supplements with dosages • Bring HRA survey or fill out in office prior to the appointment.
- Nurse/Medical Assistant
  - Measure height, weight, BMI, BP, and other routine measurements • Fill out the Medicare Covered Preventive Screenings and Services form • Flag concerns/questions for provider
- Provider Reviews Health Risk Assessment and addresses related concerns.
  - Additional screening is addressed/completed (Review the Medicare Covered Preventive Screenings, cognitive screening, depression screening, falls screening, advanced directives); Complete a written Action Plan with the patient.

The Annual Wellness Visit: How It Can Be Done in Primary Care

The Health Promotion Opportunity: GRAB IT

- PATIENT EDUCATION…THE ANNUAL WELLNESS VISIT
  - Medicare Part B beneficiaries all can get it annually
  - There is no co-pay

"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

Getting Started: Planning and Scheduling

- By birthday month-a birthday present!
  - Let patients know it is for health promotion screening and follow up; it is focused on prevention and wellness.

Additional Health Promotion Opportunities

- Smoking: Beneficial to cut back or quit at any age.
- Falls: Raise the awareness but don't instill fear.
- Incontinence: You know how to ask.
- Depression: Endemic.
- Alcohol: A hidden secret.
- Driving: Safety and optimization is key.
- Safe sex: YES it happens.

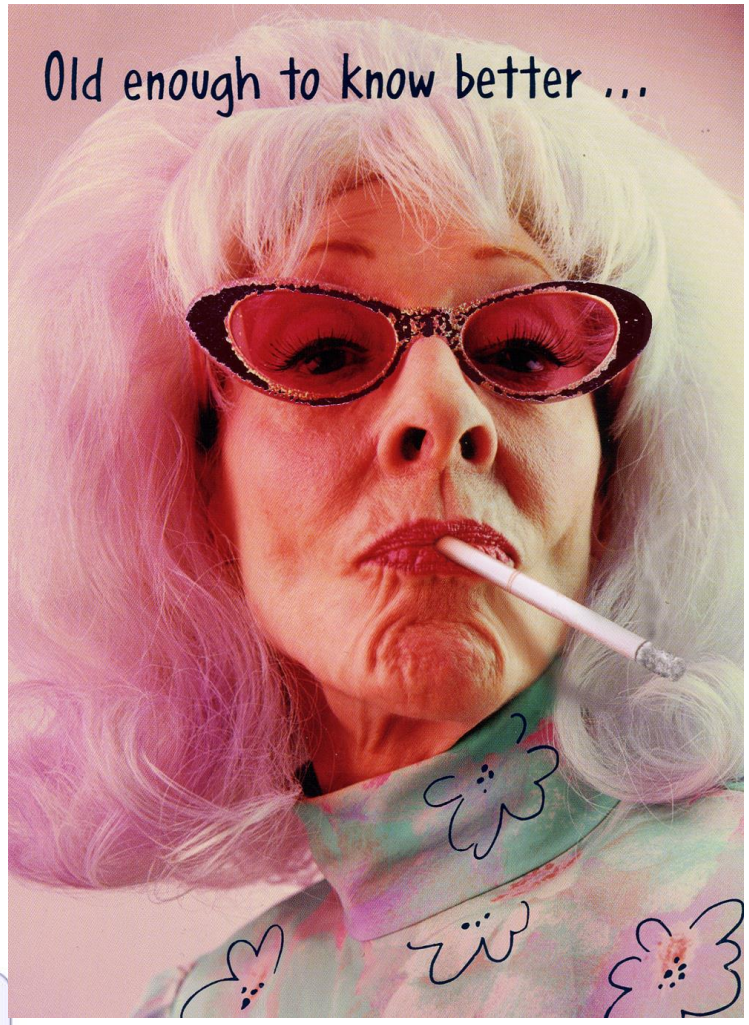
Smoking

Prochaska's transtheoretical model of change: precontemplation, contemplation, preparation, action, and maintenance.

The Agency for Healthcare Research and Quality recommends the use of the "4 A's": ask, advise, assist, and arrange followup.

What works with older adults?

-counseling interventions,
-health care provider advice,
-buddy support programs,
-age-tailored self-help materials,
-telephone counseling, and
-nicotine patches



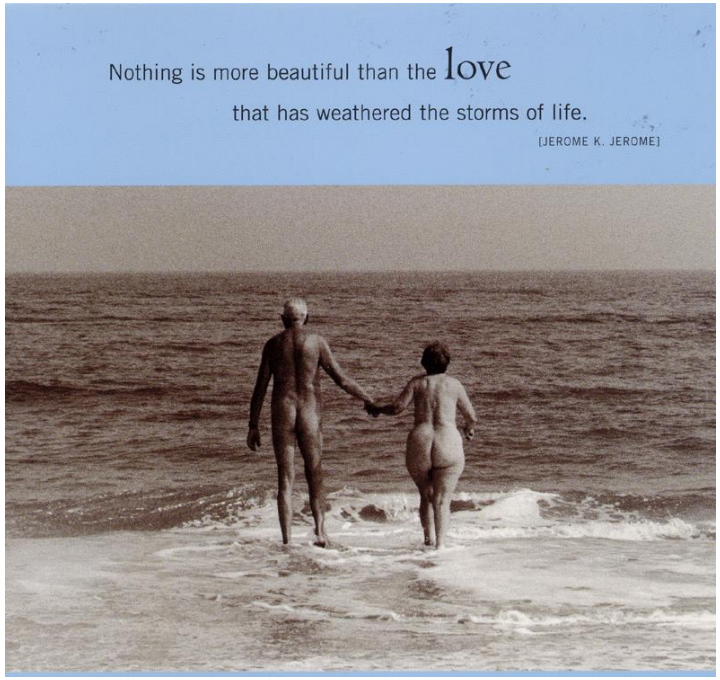
Billing for smoking cessation/health behavior change?

- There is Medicare coverage to implement these interventions for up to 8 visits per year
- No copay to participants year.

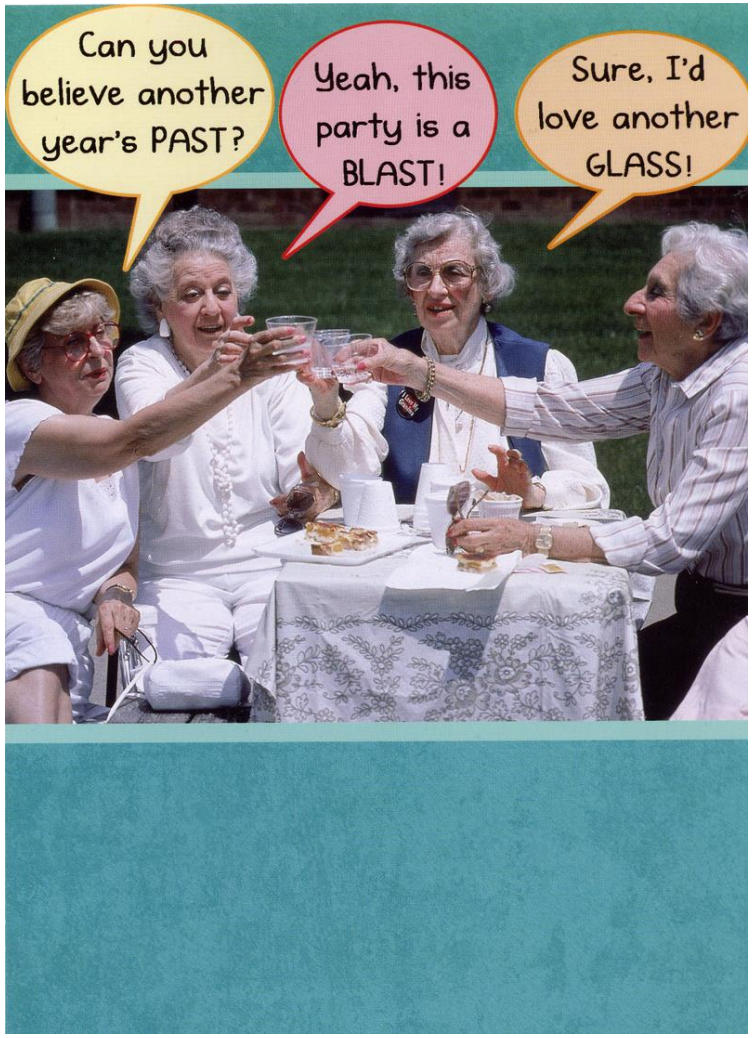
- http://www.cms.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf.

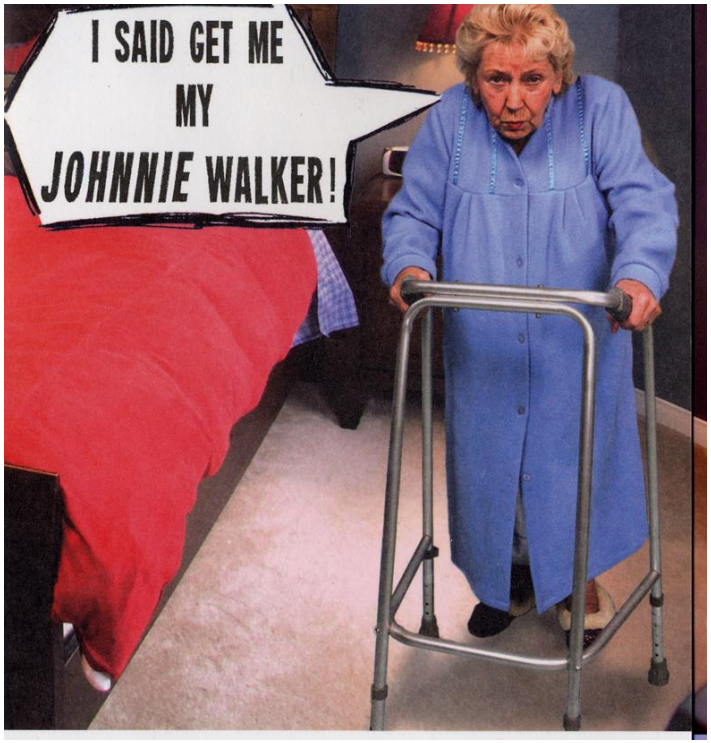
Medicare Coverage

- For those who are sexually active and at risk?
  - YOU DECIDE
  - You know how to ask, explore
  - Particularly high in group settings



Alcohol: AGS recommends annual ask: Medicare pays





Alcohol and Illicit Drug Use

- Pocket screening guide for alcohol intake for health care providers: http://kap.samhsa.gov/products/brochures/pdfs/Pocket_2.pdf
- Current use: one drink in the past 30 days.
- Binge use is five or more drinks on the same occasion on at least 1 day in the past 30 days.
- Heavy use: five or more drinks on the same occasion on each of 5 or more days in the past 30 days
- Goal: 1/day for women; 2/day for men

Cognition and Mood

- Cognitive: Clinical judgment should guide this…no consensus on screening tool!
- Depression: Go for it but be prepared to deal with the consequences! Short PHQ-2 is increasingly used; or single item question.

Depression Screening Tools

1. Centers for Epidemiological Studies Depression Scale (http://patienteducation.stanford.edu/research/cesd.pdf)
2. Geriatric Depression Scale (http://www.stanford.edu/~yesavage/GDS.html)
3. Beck Depression Scale (http://www.fpnotebook.com/Psych/Exam/BckDprsnInvntry.htm)
4. Cornell Scale for Depression in Dementia (http://www.thedoctorwillseeyounow.com/articles/behavior/depressn_12/)
5. The Patient Health Questionnaire-9 or 2 (PHQ-9; or PHQ-2) http://www.cqaimh.org/pdf/tool_phq2.pdf
6. Hospital anxiety and depression scale (HADS) http://www.scireproject.com/outcome-measures/hospital-anxiety-and-depression-scale-hads
7. Montgomery and Asberg depression rating scale (MADRS) http://farmacologiaclinica.info/scales/MADRS/

Depression Treatment

- Drug
- Exercise/meaningful activities
- Counseling
- All of the above

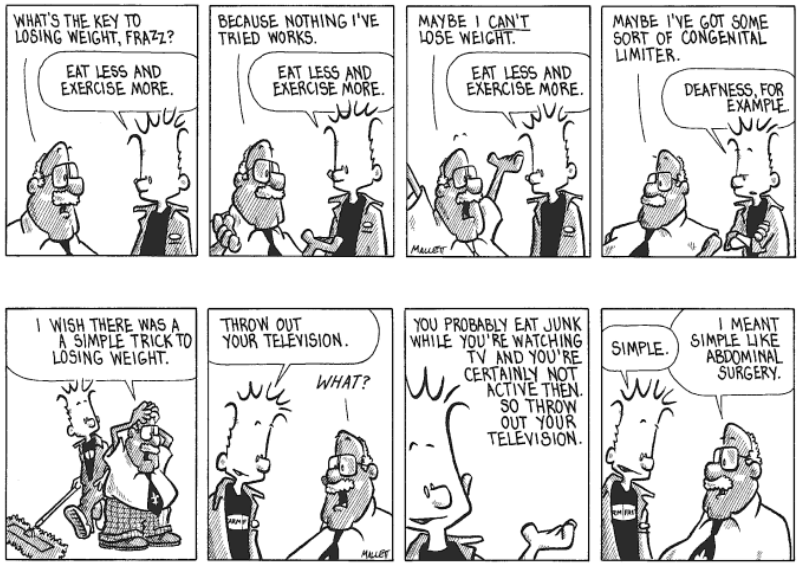
Cardiovascular Screening and Heart Healthy Behavior Counseling

- Cardiovascular screening: For those without signs and sx of CVD: lipids, cholesterol, lipoprotein, triglycerides- every 5 yrs with no copay to beneficiary.
- Diabetes screening: For those with risk factors: two per year if "pre-diabetic" or one per year if never tested.
- No copay to beneficiaries.

"My bones are getting softer, but my arteries are getting harder, so it balances out!"

Behavioral therapy for CVD

- Annual Coverage with no copay
  - Men 45-79; women 55-79 for aspirin use; blood pressure screening; hyperlipidemia and diet counseling toward healthy diet.
  - Adults with hyperlipidemia; HTN; older or other risk factors for CVD diet counseling.
  - DOES not specifically incorporate physical activity but would certainly be reasonable to include.



Chemoprophylaxis

- Aspirin: Current guidelines vary based on age and history of heart disease-the intervention may be removing daily aspirin use if not appropriate.

The decision to initiate low-dose aspirin use for the primary prevention of CVD and CRC in adults aged 60 to 69 years who have a 10% or greater 10-year CVD risk should be an individual one. Persons who are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years are more likely to benefit. Persons who place a higher value on the potential benefits than the potential harms may choose to initiate low-dose aspirin. (C level recommendation)

For those over 70 there is no evidence to support aspirin use. The current evidence is insufficient to assess the balance of benefits and harms of initiating aspirin use for the primary prevention of CVD and CRC in adults aged 70 years or older.

Statins

- The Adult Treatment Panel III (ATPIII) of the National Cholesterol Education Program (NCEP) established current recommendations based on a review of five randomized, controlled clinical trials.
- Overall, the statins seem to be most helpful in patients who have underlying cardiovascular disease…or of course dyslipidemia.
- ???? Benefits at end of life certainly..at what age does that begin?

Physical Activity

- Physical activity allows older individuals to increase the likelihood that they will extend years of active independent life, reduce disability, and improve their quality of life in mid-life and beyond.

Physical Activity

- Combining recommendations from the American College of Sports Medicine, the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH) health care providers should recommend that older adults engage in 30 minutes of physical activity most days of the week, and this activity should incorporate aerobic activity (walking, dancing, swimming, biking), resistance training and flexibility.

Behavioral Counseling for Obesity

- Obese beneficiaries
  - One visit per week for first month; every other week for months 2-6; one visit per months 7-12.
  - Heart healthy diet

"We found a bunch of these clogging your arteries. They're cholesterol pills."

Assessment of Needs

- Evaluation of the individual to establish the need/desire to participate in a given health promotion/disease prevention activity:

  *Physical Examination components (e.g., BP) including health history….focus on their risks and impact of bad behavior.

  *Prior screening results – the facts

  *Evaluation of the barriers to engaging in the behavior (fear, no access, too old, etc)

  *FOCUS on CURRENT benefits

Interventions…..

- Set realistic and simple goals with the individual and let them know exactly what behavior to engage in.
- Elimination of barriers
- Verbal encouragement
- Use of role models

Ongoing Verbal Reinforcement and Rewards

- Continue to address health promotion behaviors and provide the patient with positive reinforcement as well as other rewards of interest to the patient.
  - The annual visit/check will help…set up systems with health promotion on F/U notes.
- Help patient recognize health related rewards: improvement in BP, wt etc
- Use yourself as a reward: a hug, a visit.

Documentation that is required for the AWV:

- Medical and family history
- List of current providers / suppliers
- Height, weight, BMI, BP
- Detection of cognitive impairment (direct observation) and depression (risk factors)
- Functional ability / level of safety

Continued requirements

- Establishment of list of risk factors for which recommendations are underway or recommended:
  - Hypertension
  - Hyperlipidemia
  - Diabetes / Pre-diabetes
  - Lung disease
  - Heart Disease
  - Hearing / Visual loss

Continued Requirements

A Personalized Health Plan:

- Health Advice / Referrals to health education
- Specific recommendations to reduce identified risk factors
- Promote self-management and wellness
- Weight loss, physical activity, smoking cessation, fall prevention, and nutrition

Billing

- Can YOU bill another E&M code during the AWV?
  - Yes, if it is truly medically necessary – documentation must stand on its own to support E&M code.
- What is reimbursement?
  - $172 / visit – almost $70 more than average OV

Billing for Annual Wellness Visits

- **G0438: Annual wellness visit, including Personalized Prevention Plan Service, first visit), and**
- **G0439: Annual wellness visit, including Personalized Prevention Plan Service, subsequent visit.**

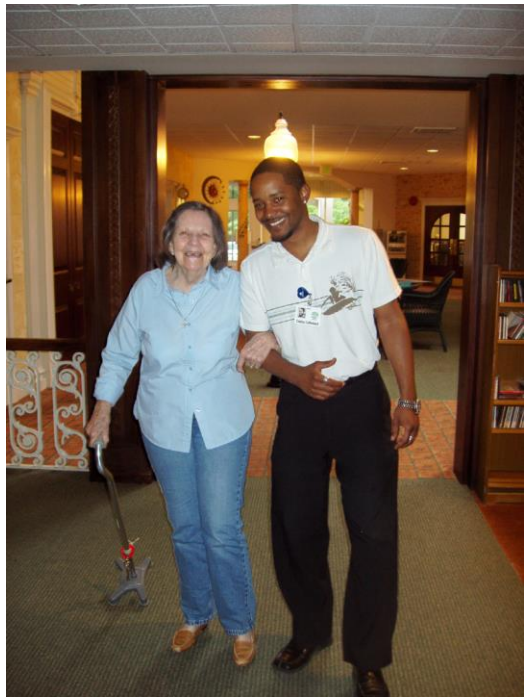
Additional information for FQHC
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-PPS-Specific-Payment-Codes.pdf

Findings

- Office staff set up the monthly birthday list of AWV
- The majority of patients are happy to have this. No one has refused. Some are confused about what and why it is.
- We have 100% adherence with immunizations and advanced directives and update these annually.
- Have good baseline cognitive status on patients; have more accurate information about social behaviors such as drinking and smoking and driving.
  - Increased ETOH abuse interventions; increased driving evaluations; increased adherence to immunizations beyond flu and pneumovax.

Go Forth and Multiple

- Help to achieve our goal of a healthy America



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- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-(individual, organization, or educational institution - book, article, website) MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf

Reminders

- Submission of a post program survey is required to obtain CE credit or receive certificate of attendance.
- CE and attendance certificates will be emailed within 1 business day of program completion.

Link to Program Evaluation:

https://www.surveymonkey.com/r/awm4rwseval

Please contact RIGEC with questions:
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