System-Level Strategies for an Interprofessional Value Based CMS Medicare Annual Wellness Visit

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Introduction
- In 2011, Medicare beneficiaries were eligible for Annual Wellness Visits (AWVs) which includes a health risk assessment and a customized wellness or personal prevention plan (not subject to a deductible or copay).
- Update of CMS Medical Annual Wellness Visit through 2015 is 24%
- Center for Medicare and Medicaid Services (CMS), 2016
- More than 50% of Medicare beneficiaries are up to date on their care preventive services, despite regular checkups (Healthy People, n.d.)

Metrics for the AWV
- Healthy People 2020 outlines: DA1–increase the proportion of older adults who use the Medicare wrap
- CMS Medicare Shared Savings: CAHPS, functional status, falls risk and future screenings, preventive screening (pneumococcal and flu) etc.

Methods
90 HCPs who provide health care services to Medicare beneficiaries were surveyed via an online self-administered 37 question survey which addressed:
1. Are there differences in the characteristics (work environment and organizational strategy) or evidence-based behaviors between HCPs who perform vs. those who do not perform the AWV?

Demographic Data
Practitioner Characteristics
Work Environment
Organizational Strategy

Participants
- Practice Director: Practitioner (96.7%) APRN (72.3%) Physicians (11%); Physician Assistant (4.4%); Physical Assistant (2.2%) Other (0.0%)
- Job Title: Practitioner (39%) Director (12.9%), Executive Officer (3.3%) VP (3.1%) Consultant (2.2%) Associate Director (1.1%) Other (9%)

Results: Organizational Strategy
- HCPs who conduct AWVs, those who do not were more likely to measure patient outcomes for depression, fall risk, sleep, and nutrition and reported higher comfort levels with the assessment domains of cognitive screening, functional, psychological, alcohol misuse, nutrition, immunizations, advance directives, smoking status
- For those who conduct the AWVs, Patient Engagement (85%) was complete the visit (84%), and staffing (71%) were identified as their medium to highest barriers within their organization.

Results: Work Environment
- HCPs who work within NCQA (PCMH) sites were more likely to provide the AWV to patients, while the overall guidance of this visit from their organization.
- For those who conduct the AWVs, the personal prevention plan processes are a CMS required component: less than 50% are administering the health risk survey. 64% review the plan with patients, 55.1% develop a personal prevention plan, and 54% provide this personal prevention plan to the patient.

Tips for a Value Based AWV Visit
1. Staff education (purpose, roles) Everyone has a role—front office awareness of visit/forms/scheduling
2. Build AWV into pre-visit planning
3. Develop goals within the Personal Prevention Plan regarding disease prevention efforts
4. Leave schedules open for 1 year ahead to schedule subsequent AWV
5. Transition when necessary to chronic care management
6. Maximize standing orders (immunizations) which can be completed by team members according to their scope of license
7. Develop standardized AWV template and network of referral base
8. Track performance measures around visit: CAHPS, Quality Measures, and Patient Outcomes

Conclusions
A comprehensive assessment of an older adult requires a multifaceted approach
- Staff involvement is critical to the success of this visit

References

Health Risk Assessment: EBP Practice Domains
- Sleep
- Nutrition
- Immune
- Mental Health
- Physical Health
- Social Health

Sleep
- Pulmonary/Neurology / Sleep Medicine
- Neuropsychology

Immunizations
- Antibiotics
- Primary Immunizations
- Influenza

Nutrition
- VD / CD - Community Resources/ Meals on Wheels