

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

Lisa L. Wright, RN, MA, APRN-C, CPHQ; Kristie S. Zimba, PhD, RN, A Certified Educator, DPN, FNP-BC, Clinical Instructor; Cindy Marz, DNP, FNP-BC, RNC, Jefferson College of Health Sciences

Introduction

- In 2015, Medicare beneficiaries were eligible for their first Annual Wellness Visits (AWVs) which includes a health risk assessment (HRA) to identify risk factors and a plan of action to reduce risk factors for individual adults.
- Up to 80% of CMS Medical Annual Wellness Visits through 2015 is 24% (Centers for Medicare and Medicaid Services [CMS], 2016).
- Less than 50% of Medicare beneficiaries are in plans that incorporate AWVs into the clinical process (Health Resources and Services Administration, 2015).

Metrics for the AWV

- Health People 2020 outlines AWV increases the proportion of older adults who use the Welcome to Medicare visit.
- CMS Medicaid Shared Savings Quality, one measure uses AWVs and chronic care visits as measures of improving consumer health (CMS).

Methods

- All HCWs providing healthcare services to Medicare beneficiaries were surveyed via an online self-administered 37 question survey distributed electronically.

- Key differences in characteristics between patients and providers and the barriers faced by providers between HCWs who performed AWVs those who did not perform the AWV?

Demographic Data

- Provider Characteristics
- Work Environment
- Organizational Strategy



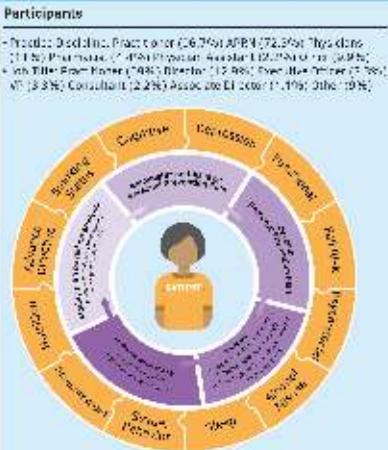
Health Risk Assessment: PRF Practice Domains



Participants

- Primary Care Clinician, Practitioner (26.7%), APRN (22.3%), Physician (11.8%), Physician's Assistant (12.7%), Other (9.9%), Other Title (9.9%), Other (4.8%), Other (4.8%), Other (3.8%), Other (3.8%), Consultant (2.2%), Associate (1.6%), Other (0.9%), Other (0.9%).

- Less than 50% of Medicare beneficiaries are in plans that incorporate AWVs into the clinical process (Health Resources and Services Administration, 2015).



Results: Organizational Strategy

- HCWs who conduct AWVs believe several organizational tools to measure patient outcomes for depression, falls, falls risks, and more than one medication at once are useful and the measurement of tools of organization, time, and physical preparation, clinical instruction, communication, advance directives, smoking rates, etc.

- Hospital administrators, 24.9%, clinic managers, 28.8%, and office managers, 20.9%, believe the AWV is a valuable tool to measure the quality of care, service, and value, and can be used to identify and reward the highest performers within their organization.



Results: Work Environment

- HCWs who report 11-15 HRA (PRF) questions more likely to practice PRF in clinical domains. The mean number of the last 12 months is 15.4.



- For those who conduct the AWV, the second year plan of care includes more CPGs (evidence, culture, and less), 48.8% do administer the medication review, 67.6% review the diet with patients 35.3% focus on physical prevention plan, and 34.8% provide dietary plan for patients.

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 licensure
7. Develop standardized AWV template and network of referral base
8. Track performance measures around visit; CAHPS, Quality Measures, and Patient Outcomes



Conclusions

- 1. A comprehensive assessment of an older adult requires a multidisciplinary approach.

Staff involvement is critical to the success of this visit.

References

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