

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 (AWV) which includes a health risk assessment (HRA) to identify and address potential problems that may affect health, ability, or safety.
- Up to 60% of Medicare beneficiaries appear to date on their risk assessment (HRA), despite regular HRA cups (Holtzworth-Lunz, 2014).

Metrics for the AWV

- Healthy People 2020: increase the proportion of older adults who use the Medicare Annual Wellness Visit.
- CMS Medicare Shared Savings Programs (MSSPs) and other value-based care arrangements: increase preventive care utilization and improve patient health outcomes.

Methods

- 80 PCPs who provide health care services to Medicare beneficiaries were surveyed via an online self-administered survey to assess their attitudes.
- 40 of these participants also administered a HRA to patients and completed a survey to assess their attitudes toward the HRA.

- Demographic Data
- Practitioner Characteristics
- Work Environment
- Organizational Strategy



Health Risk Assessment: HRA Patient Domains



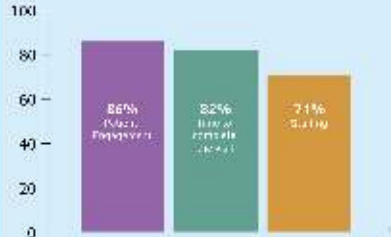
Participants

- Practitioner Characteristics (N=80): 72.5% APRN (72.5%), 27.5% MD (27.5%), 100% Primary Care (100%), 100% General (100%), 0% Specialty (0%), 0% Other (0%).
- Work Environment (N=80): 13.8% Free (13.8%), 76.2% Other (76.2%), 100% Full Time (100%), 0% Part Time (0%), 0% Other (0%).



Results: Organizational Strategy

- PCPs who conduct AWVs in their work environment are more likely to provide the AWV to patients and have a higher quality score for the visit than those who do not.
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Results: Work Environment

- PCPs who work in a PCQA (PCNP) site were more likely to provide the AWV to patients and have a higher quality score for the visit than those who do not.



- For those who conduct the AWV, the personal prevention plan discussion and a CMS resource score are also high. The 86% who work in a PCQA (PCNP) site are more likely to provide the AWV to patients and have a higher quality score for the visit than those who do not.

Tips for a Value Based AWV Visit

- Staff education (purpose, roles) Everyone has a role- front office-awareness of visit/forms/scheduling
- Build AWV into pre-visit planning
- Develop goals within the Personal Prevention Plan regarding disease prevention efforts
- Leave schedules open for 1 year ahead to schedule subsequent AWV
- Transition when necessary to chronic care management
- Maximize standing orders (immunizations) which can be completed by team members according to their scope of licensure
- Develop standardized AWV template and network of referral base
- 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

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