"Annual Wellness Visits: Requirements and Best Practices?"
ACO Announcements

• Reminders:
  – ACO Notifications
  – Prospective Patient Lists-Flagging/Alerts
  – Upcoming provider meetings:
    • 4/20/2016 Physician meeting including Primary Care, Endo, Cardio, Nephrology and Pulmonology (At Millennium Hotel)
    • 9/13/2016 Primary Care Meeting
    • 11/10/2016 Primary and Surgery Sub Specialty
Agenda

• Importance of AWV for ALL Medicare FFS patients
• Overview of AWV requirements
• Best practices
• Q&A section
Why started...

• More than 40 years, Medicare concentrated on treating diseases/conditions vs emphasizing preventive care
• The **Medicare wellness visit** was initiated as health statistics were showing:
  
  Chronic illnesses were not well managed
  Significant spending increases
Chronic disease rates are rising in the Medicare population.

Rates of Chronic Conditions Among Medicare Beneficiaries, * 2000 – 2009

- Diabetes
- Rheumatoid Arthritis / Osteoarthritis
- Depression
- Chronic Kidney Disease

* Includes random 5% sample of Medicare beneficiaries.  
People with multiple chronic conditions use more health care resources.

**Average Yearly Per Capita Health Spending for Individuals with Chronic Conditions, 2006**

- Number of Chronic Conditions: 0, 1, 2, 3, 4, 5+
- Average Per Capita Health Spending: $0, $2,000, $4,000, $6,000, $8,000, $10,000

CMS Shift in payment methodology...

- CMS has changed the reimbursement strategy from pay for services (based on CPT codes) to a pay for performance (based on severity of illness).
- The severity of illness is based on ICD 10 codes that "paint a picture" for how sick a patient is and Medicare reimburses accordingly.
- Hierarchal condition categories (HCC) are used to describe severity of illness.
Medicare ED patients are getting sicker.

Average HCC Scores for Medicare FFS Beneficiaries Visiting the ED, 2006-2010*

*These data are visit-weighted so that patient severity of illness is reflected for each visit.
Why do the Annual Wellness Visit?

• Provide a full patient picture for preventive treatment throughout the year.
  • Not looking at just one/two acute conditions but looking at all conditions and how they are affecting the pt.

• Allows for CMS to truly measure the illness of the population and reimburse accordingly.
  • Accurate coding can mean higher reimbursement.
    • Leads to more $$ in the medical budget to be shared with participating providers
Based on these results, CMP-AC would have qualified for ~91% of any achieved savings. Please use these tips to help move toward achieving 100% of the eligible shared savings for 2018 reporting.

### CMP-AC 2014 GPRO Results and CMS Goals

<table>
<thead>
<tr>
<th>Care Coordination/ Patient Safety Measures</th>
<th>CMP-AC 2014 results</th>
<th>CMS Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk standardized, all conditions readmissions</td>
<td>14.04%</td>
<td>15.45%</td>
</tr>
<tr>
<td>ASC admissions: COPD or Asthma, older adults</td>
<td>0.65</td>
<td>0.27</td>
</tr>
<tr>
<td>ASC admissions: heart failure</td>
<td>1.06</td>
<td>0.38</td>
</tr>
<tr>
<td>% PCPs qualifying for EHR incentive $5</td>
<td>85.51%</td>
<td>90.91%</td>
</tr>
<tr>
<td>Medication reconciliation</td>
<td>75.13%</td>
<td>90%</td>
</tr>
<tr>
<td>Falls: screening for fall risk</td>
<td>55.79%</td>
<td>73.38%</td>
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### Preventive Health Measures

<table>
<thead>
<tr>
<th>CMP-AC 2014 results</th>
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</thead>
<tbody>
<tr>
<td>Influenza immunization</td>
<td>55.68%</td>
</tr>
<tr>
<td>Pneumococcal vaccination</td>
<td>62.32%</td>
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<tr>
<td>Adult weight screening and follow-up</td>
<td>61.98%</td>
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<tr>
<td>Tobacco use and cessation intervention</td>
<td>88.05%</td>
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<tr>
<td>Depression screening</td>
<td>49.41%</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>57.91%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>58.51%</td>
</tr>
<tr>
<td>Blood pressure: % of adults screened in past 2 years</td>
<td>42.42%</td>
</tr>
</tbody>
</table>

### Population at-risk Measures

<table>
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<th>CMP-AC 2014 results</th>
<th>CMS Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>DM4 Composite: HbA1c &lt;8 // LDL &lt;100 // BP &lt;140/90 // tobacco non-use // aspirin use</td>
<td>22.93%</td>
</tr>
<tr>
<td>DM4: % with HbA1c &gt;9</td>
<td>26.48%</td>
</tr>
<tr>
<td>HTN: % with BP &lt;140/90</td>
<td>69.43%</td>
</tr>
<tr>
<td>IVD: % with LDL control &lt;100</td>
<td>59.33%</td>
</tr>
<tr>
<td>IVD: % using aspirin or other antithrombotic</td>
<td>86.05%</td>
</tr>
<tr>
<td>HF: Beta-blocker therapy for LVSD</td>
<td>94.80%</td>
</tr>
<tr>
<td>CAD Composite: drug therapy for lowering LDL cholesterol // ACE inhibitor or ARB therapy if yes for diabetes and/or LVSD</td>
<td>73.75%</td>
</tr>
</tbody>
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### Tips to Improve

- Schedule Annual Wellness visit to ensure:
  - Preventive screenings are up-to-date
  - Chronic condition follow-up is complete
  - Falls risk assessment and depression tools completed
  - Tobacco screening and cessation counseling documented
  - Patient severity of illness documented for complete Diagnosis coding on claims

- Engage patients to help you keep their records updated with:
  - Flu/pneumococcal vaccinations received elsewhere
  - Self referrals and results ordered/results

- Utilize EMR to document within areas that can be used for reporting (e.g. structured data fields):
  - Contact Clinical Transformation Team for assistance
Mедicare Initial Preventive Physical Exam/Annual Wellness Visit
Background for visits

Initial Preventive Physical Exam (IPPE)

- Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA)
- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
- One-time visit – “Welcome to Medicare” Visit (G0402)
- Covered within the first 12 months of Medicare Part B enrollment

Annual Wellness Visit (AWV)

- AWV-Effective January 1, 2011
- Beneficiary has had Part B for longer than 12 months.
  - NOTE: If the beneficiary received an IPPE – eligible for AWV 12 months following the IPPE.
- First (Initial) Annual Wellness Visit-(G0438) once a lifetime
- Subsequent Annual Wellness Visit (G0439)- After 11 full months have passed since the last AWV.
Who can perform the visit?

**IPPE**
- Physician (doctor of medicine or osteopathy)
- Qualified non-physician practitioner, which includes a:
  - Physician assistant
  - Nurse practitioner
  - Clinical nurse specialist

**AWV Initial/Subsequent**
- A “health professional” meaning a:
  - Physician
  - Physician assistant
  - Nurse practitioner
  - Clinical nurse specialist
- Medical professional (including a health educator, a registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals, working under the direct supervision of a physician
What’s included in the IPPE...

- Review of medical and social history
- Review of potential (risk factors) for depression
- Review of functional ability and level of safety
- Measurement of height, weight, body mass index, blood pressure, visual acuity screen, and other factors deemed appropriate
- Discussion of end-of-life planning, upon agreement of the individual
- Education, counseling and referrals based on results of review and evaluation services performed during the visit, including a brief written plan such as a checklist, and if appropriate, education counseling and referral for obtaining an electrocardiogram (a.k.a. EKG, ECG)
What’s included in the Annual Wellness Visit

First Annual Wellness Visit

• Health risk assessment
• 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 the 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 Annual Wellness Visit

• Updated health risk assessment
• Update of medical/family history
• Update of list of current providers/suppliers
• Blood pressure, weight, and other routine measurements
• Update to:
  – Written screening schedule
  – List of risk factors and conditions where interventions are recommended
  – Personalized health advice and referrals for health education and preventive counseling
Health Risk Assessment (HRA)

• Collects self-reported information known to the beneficiary
• Can be administered by beneficiary or health professional before, or as part of, the annual wellness visit
• Addresses the following topics:
  – Demographic data
  – Self assessment of health status
  – Psychosocial risks
  – Behavioral risks
  – Activities of daily living and instrumental activities of daily living
IPPE/AWV are Preventive Visits...Not Physical Exams

• The IPPE/AWV are dedicated preventive visits where a beneficiary and their health care provider may discuss a beneficiary’s health status and maximize the preventive services that are available to Medicare beneficiaries

• The IPPE/AWV are not a head to toe physical examinations
Help Patients Prepare for AWVs

• Medicare beneficiaries should be encouraged to come prepared with the following information:
  – Medical records, including immunization records
  – Family health history, in as much detail as possible
  – A full list of medications and supplements, including calcium and vitamins, how often and how much of each is taken
  – A full list of current providers and suppliers involved in providing care
Help Patients Prepare for AWV

• In advance of the visit, the Health Risk Assessment (HRA) can be completed.
  • The form can be mailed to the member in advance
  • An online version of the HRA can be developed for your web portal (you must ensure that the website complies with HIPAA requirements)
  • The member can complete the form in the office before the visit, either on paper or using a computer kiosk
Office Prepare for AWVs suggestions

• Ensure that the physician has adequate time blocked for the visit.
• Office staff complete any tasks that can be delegated, for example:
  – Vitals, including weight
  – Depression screening
  – Safety screening
  – Dementia screening
  – Health Risk Assessment
• Health Care Professional can review chart to ensure that the provider is aware of any preventive/screening needs or other conditions that should be addressed at the visit
  – e.g Pre-order labs/x-rays/EKGs in advance of the visit, based on this review.
Office prepare for AWV suggestions

• After the Visit:
  – Be sure that the member is provided with a copy of the recommended preventive services for the next 5 years.
  – Provide the member with instructions on any orders for screening or preventive services ordered as a result of the annual wellness visit.

• Delegated staff member review the physician’s documentation after the visit.
  – This person can ensure that the physician has documented that they reviewed the HRA as required for the AWV, and notify the physician within 48 hours if any amendment is needed.
Conclusion

• If patients take full advantage of wellness visits, coupled with preventive care, it may mean the difference between sickness and health, and in some cases, between life and death.

• Key to helping the ACO achieve its goal: Reduction of overall cost while providing high quality care and improving the patient experience.
QUESTION/ANSWER
Announcements

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