



WHITE PAPER

Making Time for Medicare Annual Wellness Visits in Primary Care

Medicare annual wellness visits offer an important opportunity to stay current on individual patient needs and maximize revenue opportunities. Finding time for these high-value appointments requires practices to adopt a proactive approach to patient prioritization and management.

Introduction

Primary care practices act as the first line of defense against poor health for Medicare beneficiaries and other patients.

In the value-based care environment, where shared savings depend on keeping patients healthier for longer, primary care providers can use a powerful tool for delivering proactive, preventive care: the Medicare Annual Wellness Visit (AWV).

AWVs are once-a-year office visits that allow providers to address a patient's health issues and update information about the patient's health status, including their clinical, psychosocial, and behavioral health risks.

They differ from traditional "sick visits" in several ways, explained Greg Zorbas, Implementation Coordinator at Aledade.

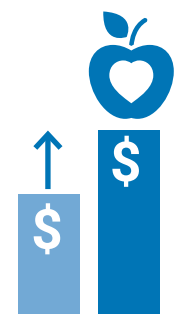
"In typical office visits, a Medicare patient will come in with a list of problems that they're having, and the provider has to react to the patient's concerns," Zorbas said. "The Medicare AWV is designed as an opportunity for the patient and provider to have a proactive discussion about the patient's 'big picture' issues."

"AWVs let providers cover a lot of valuable preventive services, such as understanding what specialists the patient is seeing, whether the patient is at risk for falls, if the patient is feeling depressed right now, and if they have had any recent changes in their health. Most of the time, these are things that the patient would not think to bring up of his or her own volition."

"It's an important opportunity to strengthen the patient-provider relationship, and it allows providers to reinforce that they really care about their patients' health and keeping them healthy."

In addition to uncovering hidden risk factors and fostering positive relationships, practices can also see a more direct financial return on conducting these visits.

While Medicare beneficiaries do not pay out-of-pocket for an AWV, Medicare uses dedicated billing codes to reimburse practices at



50%

Increased rate of reimbursement by Medicare for an AWV using dedicated billing codes compared to a typical E&M visit.

an enhanced rate compared to other visit types—often up to 50 percent more than a typical E&M visit.

Providers should be aware that Medicare AWWs are different than the traditional annual physical exam. Medicare does not offer any reimbursement for a routine physical, and patients will need to pay out-of-pocket for 100 percent of those costs.

Medicare patients who receive AWWs also spend less on annual medical care, which can boost the chances of a practice receiving shared savings. In Aledade ACOs, these patients see an average decrease in spend of \$450 per year, driven largely by fewer acute care and hospital outpatient visits, according to a recent study published in the American Journal of Managed Care (AJMC).

By identifying higher-risk patients, developing pre-visit planning strategies, and generating strong buy-in from staff, practices will be able to see the clinical and financial rewards of prioritizing AWWs for their patients.

“There’s a lot of value to the patient, and there’s also good value for the practice,” said Zorbas.

But for practices that often divide the day into fifteen-minute increments in order to keep sufficient revenue flowing, finding the time for a comprehensive review of every Medicare patient may seem like an insurmountable challenge.

With the right tools, training, and outlook on the value of AWWs, practices can successfully integrate high-value wellness visits into their patient management workflows.

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Designing and implementing effective AWW strategies

Increasing the use of AWWs for proactive patient wellness requires several workflow adjustments, which can seem daunting for practices that already feel stretched to make every minute count.

“For practices that have never done AWWs at scale before, it often feels like a leap of faith at first,” acknowledged Zorbas. “It is a fundamental shift in the way they provide care, and there’s no getting around the fact that it can take a fair amount of time to do these visits.”

“This is something new, and it does require training for the entire care team, including outreach and support staff.”

Practices can take a step-by-step approach to finding the time and developing impactful techniques for making AWWs a fundamental component of care for Medicare beneficiaries.

Generating staff buy-in for AWWs

Practices should start the process by identifying clinical staff members who are approved to conduct AWWs. According to the Center for Medicare and Medicaid Services (CMS), physicians are not the only ones who can provide AWWs.

AWWs may also be furnished by a qualified non-physician practitioner, such as a physician assistant, nurse practitioner, or certified clinical nurse specialist, or by other clinical staff, including health educators, registered dietitians, nutrition professionals, or other licensed practitioners.

The wide range of potential AWW providers offers flexibility for practices with busy physicians and creates more opportunities to put these appointments on the calendar.



Non-physician clinical staff can also join their clinical colleagues in generating buy-in across the entire practice, said Zorbas.

“Once practices start conducting AWWs and start to see the true clinical value - the cancers detected, the falls prevented, the medications adjusted—they tend to do a pretty good job of conveying that to their patients and to the people involved in the financial decision-making,” he said.

These benefits should be communicated across the organization, especially to administrative staff and care coordinators who will be responsible for patient outreach and scheduling.

“In addition to generating buy-in from your clinical staff, it’s important to ensure that your office managers, outreach coordinators, and front desk staff understand how and why you’re prioritizing patients so that they understand why they’re investing their time in making these changes” advised Zorbas.

“It also helps them have informed, meaningful conversations with patients when they’re trying to get them into the clinic.”

Prioritizing high-risk patients for appointments

Because time is such a valuable commodity for practices, organizations should prioritize higher-risk patients when filling appointment slots.

Patients with more complex health concerns often need closer management than individuals with fewer conditions, and an annual wellness visit allows providers to make any changes, adjustments, or recommendations required to help keep patients on the right track.

Bringing in higher-risk patients first can also magnify the financial returns of conducting AWVs. All AWVs are correlated with reductions in annual costs, according to the AJMC study, but high-risk patients can bring even greater savings when they receive preventive care.

The study found that Aledade ACO patients with average or low health risks saw a 5.7 percent reduction in annual costs, or an average of \$38 per member per month (PMPM).

In contrast, patients in the highest hierarchical condition category (HCC) risk quartile saw a 6.3 percent decrease in annual spending after their first AWV, or an average of \$81 per member per month.

By focusing first on high-risk individuals, practices may be able to significantly reduce spending on expensive forms of care, such as hospitalizations and emergency department visits, while ensuring complex patients get the care they need.

Conducting pre-visit planning sessions

Pre-visit planning allows practices to create seamless care experiences for their patients - and for their staff - by ensuring continuity of care between one visit and the next.

Practices should consider implementing a daily care team meeting, often referred to as a daily huddle, to ensure all staff members know which patients are scheduled to come in and how to best address those patients' needs.

Regardless of the timing and format, pre-visit planning sessions can save time throughout the day and help make sure that nothing falls through the cracks.

"We strongly emphasize creating a time for the whole care team to review who they will be seeing that day so that they can strategize and prepare," said Zorbas.

Adding a pre-visit planning session to the practice's daily schedule may seem like it takes more time than it could save, but these group huddles are vital for ensuring every member of the care team can make the best use of their

face-to-face time with their patients.

Instead of spending valuable minutes in the exam room leafing through paperwork or clicking through the EHR to review the patient's history, staff members can focus on having meaningful conversations and taking action on the patient's health concerns.

Pre-visit planning meetings do not have to be one-size-fits all, asserted Zorbas. Practices can tailor these meetings to fit into their workflows and schedules.

"We have a lot of practices that do their pre-visit planning huddles first thing in the morning, but we also see practices that huddle in the middle of the day, or do virtual huddles because those fit into their daily schedules better," he explained.

"Our patient information is printable, which is a very popular option, but you can also copy information from the app into the EHR, or you can set up the provider's laptop or tablet with notes so they have a good idea of what to expect with their patients."

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Leveraging the EHR for complete, accurate documentation

AWVs also allow practices to stay current with their risk coding for Medicare beneficiaries. Accurate and complete risk coding is crucial for success in accountable care arrangements, since spending benchmarks and shared savings opportunities are tied to the clinical complexity of a given patient population.

The AWV is the perfect opportunity to review the patient's health status and code appropriately for their current diagnoses and conditions.

Capturing data in a structured manner with an electronic health record (EHR) template can ensure providers are getting credit for all of the work they are doing to care for their patients.

"In addition to being really valuable for the patient and practice, AWVs are a great opportunity to close any quality measure gaps. But it can be difficult to recognize that the work is really taking place unless the visit is documented and coded in a structured way," said Zorbas.

"Developing a perspective around how a practice should navigate the EHR is key in driving adoption. Focus on implementing documentation strategies that ensure practices can capture all necessary information about their patients," he suggested.



\$81

Average decrease in cost per member per month for patients after their first AWV for those in the highest hierarchical condition category risk quartile.



Building momentum to support comprehensive, proactive patient care

While practices should aim for a future in which all Medicare patients are always current on their AWVs, they do not have to completely overhaul their workflows all at once.

Instead, they should start by making small, sustainable changes that take advantage of processes that are already in place, advised Zorbas.

“You don’t have to bring every single one of your patients in for an AWV within the next month—that’s not realistic,” he said. “But you will be having patients come in every day for some reason, whether it’s a sick visit, a diabetes check, or a follow-up on a lab result.”

“Why not take advantage of that and start to integrate a few high-value screenings into those appointments, such as a depression screening or a falls risk assessment? That will enhance the relationship with the patient and the value of all your appointments, and it will start to build the evidence that it’s important to start taking a more proactive approach to wellness.”

Zorbas suggests enlisting a few key staff members, such as a physician, a medical assistant, and an office manager, to establish a process for adding more AWVs to the schedule.

“We typically start incrementally so that practices can figure out how to incorporate the factors that are important to them and their specific patient populations,” Zorbas said.

These staff members can share their experiences and suggestions with leadership and the rest of the practice before helping to train others on the best strategies for connecting with patients and completing AWVs.

While practices should aim for a future in which all Medicare patients are always current on their AWVs, they do not have to completely overhaul their workflows all at once.

“Once practices start to see the results of the preventive mindset, it really helps to cement the workflow and generate enthusiasm for making these adjustments across the entire practice,” said Zorbas.

“That’s when you can start expanding the number of AWVs you provide for high risk patients, and ramp up from there to make sure that all your patients receive this important service in a timely manner.”

Conclusion

Medicare annual wellness visits offer the opportunity for practices to take better care of their patients while potentially decreasing medical spending and bringing financial benefits to the practice.

While AWVs do require an investment in time and training, practices can adopt an incremental approach to prioritizing high-risk patients and connecting these patients with valuable clinical, behavioral, and psychosocial services.

Successfully integrating Medicare AWVs and preventive care into the primary care environment will allow practices to stay one step ahead of the expensive events that can reduce their likelihood of seeing shared savings.

With strong buy-in from staff members and the right workflow strategies to keep all members of the team actively involved in patient care, practices can use their time wisely to deliver high-quality care to their Medicare populations.

For more information about value-based care visit aledade.com.