



WHITE PAPER

Using Medicare Annual Wellness Visits to Deliver Proactive Primary Care

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. AWVs are an important opportunity to strengthen the patient-provider relationship and set the tone for better health all year long.

Practices can begin to deliver more AWVs to their high-priority patients by making small, sustainable changes to processes that are already in place.

Step 1: Taking a team-based approach to AWV delivery

According to the Center for Medicare and Medicaid Services (CMS), physicians are not the only ones who can provide AWVs.

AWVs 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.

Administrative staff and care coordinators will also need to be involved in the process. Proactive patient outreach, especially to patients with multiple conditions or risk factors, is critical for ensuring that individuals receive their AWVs each year. For example, practices may wish to instruct outreach staff to ask about scheduling an AWV during other routine communications with patients.

Step 2: Prioritizing high-risk patients for appointments

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.



\$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.

By focusing first on high-risk individuals, practices may be able to significantly reduce hospitalizations and emergency department visits, ensuring complex patients get the care they need while avoiding high cost utilization

According to a recent study published in the *American Journal of Managed Care*¹, led by Aledade, 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). 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 PMPM. Focusing on high-priority patients first can help to maximize the positive financial and clinical impacts of patient care.

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.

Step 3: Conducting pre-visit planning session

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.

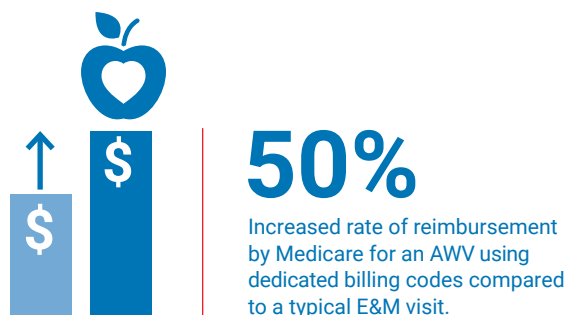
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Practices can tailor these meetings to fit into their workflows and schedules. They can even conduct virtual meetups to include off-site members of the care team.

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 patients.

Step 4: 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. Practices should focus on implementing documentation strategies that ensure they are capturing all necessary information about their patients, including services related to quality measurement goals.

Conclusion

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 www.aledade.com.

¹<https://www.ajmc.com/journals/issue/2019/2019-vol25-n3/medicare-annual-wellness-visit-association-with-healthcare-quality-and-costs>