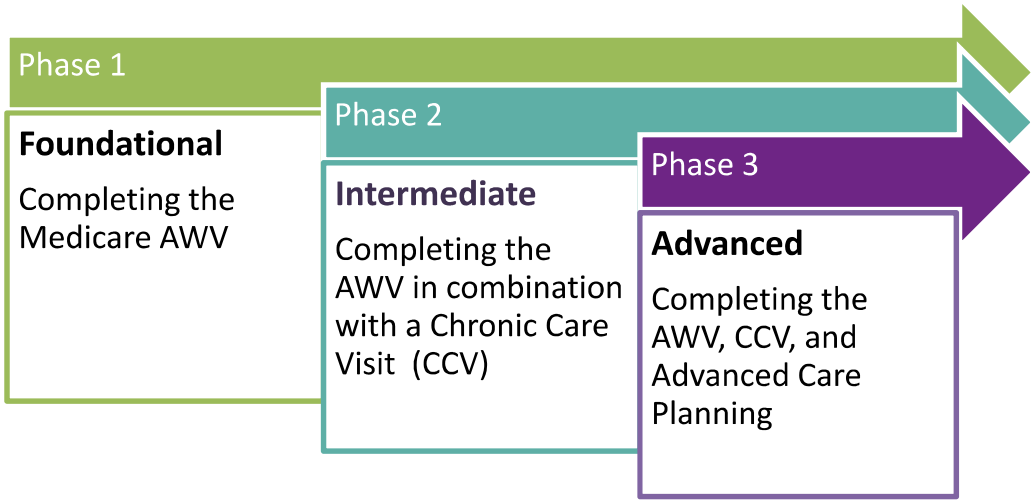
Trinity Health

Annual Wellness Visit

Quickstart Toolkit

Annual Wellness Visit "Quickstart" Toolkit

The purpose of this kit is to provide tools, training and resources to quickly begin implementing the foundational elements necessary to increase Annual Wellness Visits (AWVs) in your clinic. It is expected that these steps can be rolled out and completed within 3 months. Once these foundational elements are in place, the intermediate and advanced elements can be easily implemented.



The Annual Wellness Visit (AWV)

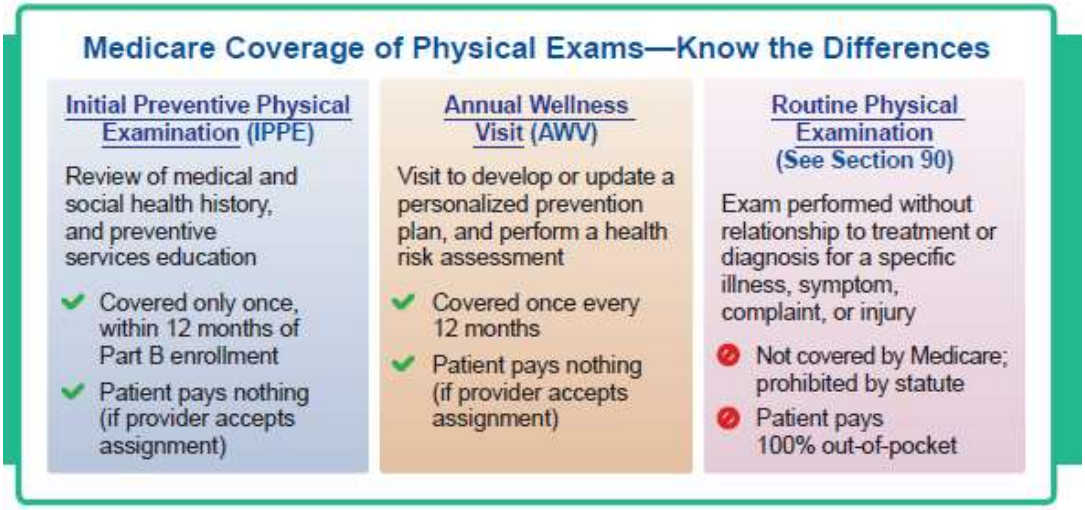
One component of the ongoing transformation of the U.S. health care system is evolution from a curative medical model to wellness and preventive care. Clinical preventive services – which include immunizations, screening tests and counseling to prevent the onset or progression of disease and disability – are important tools to maintain the health of older adults. They help prevent or delay the onset of chronic disease, reduce associated complications, lower functional limitations, and help lower the risks and costs of treating chronic disease. Older adults who obtain clinical preventive services and practice healthy behaviors are more likely to remain healthy and functionally independent. In spite of this, fewer than half of adults age 65 years or older are up-to-date with core preventive services despite regular checkups. By 2030, the numbers of U.S. adults age 65 or older will more than double to about 72 million. This rapid increase in the number of older adults will put pressure on public health and health care systems, and the aging services network, making the role of clinical preventive services even more important. Recognizing this, the Congress has expanded preventive benefits in the Medicare program over time, increasing the number of services covered and decreasing their cost to beneficiaries through elimination of co-pays and deductibles. With the passage of the Patient Protection and Affordable Care Act (ACA), the cost barrier was largely eliminated. The ACA expands Medicare coverage for preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) and removes out-of-pocket costs for most clinical preventive services provided under Medicare. Beneficiaries have access to Medicare-covered preventive services without paying a copayment or deductible. The benefit specifically includes an Annual Wellness Visit.

What is an Annual Wellness Visit? The AWV is similar to the Welcome to Medicare Visit (WMV) that is conducted in the first 12 months of enrollment in Part B Medicare coverage. The AWV is an ongoing yearly benefit starting after 12 months of enrollment in Part B Medicare coverage. The AWV is designed to provide clinical preventive services across all three stages of disease development: 1) before disease occurs, 2) before disease is clinically evident, and 3) before established disease has made its maximal impact. The information from the AWV is used to develop or update a plan to prevent disease and disability based on the beneficiary's

current health status and risk factors. The AWV involves filling out a Health Risk Assessment as part of the visit. The AWV includes:

- A review of the patient's medical history
- Developing or updating a list of current providers and prescriptions
- Height, weight, blood pressure and other routine measurements such as body mass index
- Detection of any cognitive impairment
- Personalized health advice
- Developing a list of risk factors and treatment options
- Utilizing a screening schedule checklist for appropriate preventive services

Difference between and AWV and a Physical:

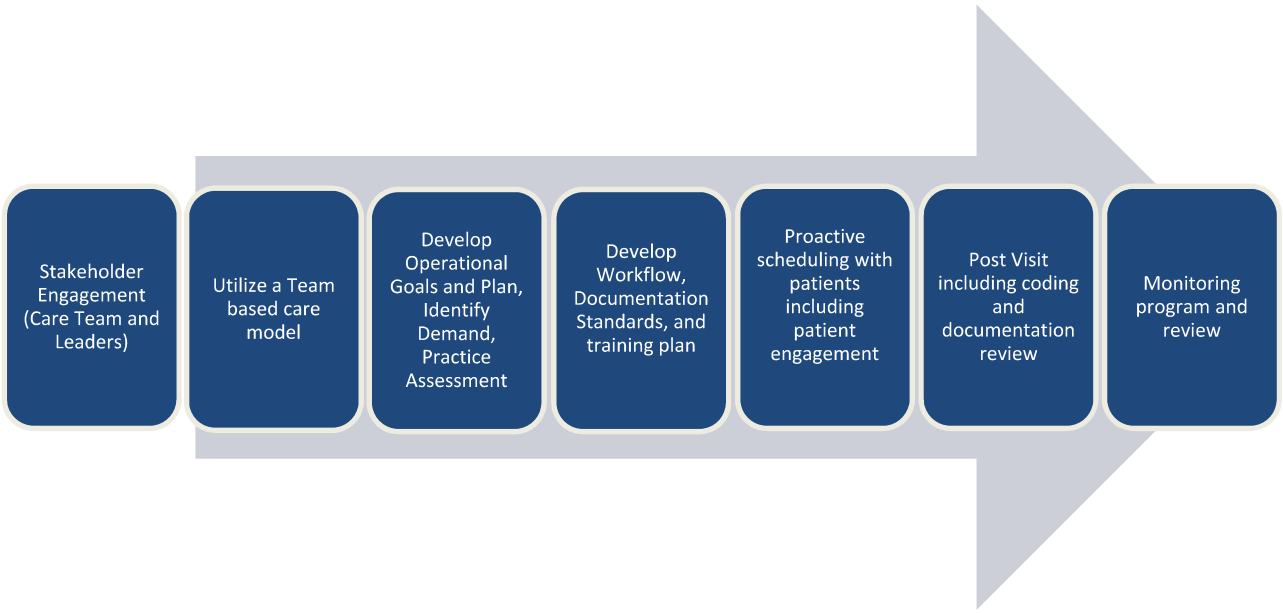


Who is Eligible? Nearly 90 percent of Medicare beneficiaries visit a physician at least once a year, making an average of six visits during the year. In spite of this, the Centers for Disease Control and Prevention has reported that only 33% of women and 40% of men aged 65 and over receive the full range of recommended age specific preventive services. The Affordable Care Act addressed this gap by expanding coverage for preventive services in seniors. On January 1, 2011, Medicare began paying for Annual Wellness Visits (AWV) designed to prevent disease and/or disability and to slow the progression of chronic disease. Following the coverage expansion, use of the AWV has been low. In 2014, CMS reported that only 14.5% of eligible Part B fee for service beneficiaries had taken advantage of the service, a proportion that had scarcely budged a year later.

Adapted from:
Annual Wellness Visit (AWV): The Big Picture
The Why, What, Who & How
PRACTICE CHANGE PACKAGE
Quality Insights, May, 2017

Getting Started

The below graphic shows the steps needed to effectively roll out Annual Wellness visits:



Stakeholder Engagement

Stakeholder engagement and stakeholder management are arguably the most important ingredients for successful project delivery. Investing effort in identifying and building stakeholder engagement up front will increase confidence, minimize uncertainty and speed problem solving and decision-making. It is also important that everyone understand the scope of the initiative, their role and what is expected, as well as what success will look like. Executive and Physician leadership are key in driving improvement:

Executive Sponsor	Provider Champion
• Must be active and visible: Direct-report meetings, rounding, face-to-face interaction with colleagues • Build coalition of support: Ask directors and managers to support change, involve them early and often in creating a future state • Communicate at all levels: Pair "burning platform" message with compelling Vision • Set vision and strategy for clinical quality improvement consistent with Ministry and Trinity goals • Accountable for reaching top decile performance nationally • Ensure alignment with system wide standards and processes	• Clinically active with experience doing AWVs • Able to articulate the value of AWVs through the eyes of a provider • Identify early adopters and support them in implementing AWVs • Works with leadership to establish program goals • Endorses and leads AWV improvement efforts • Reviews AWV metrics and dashboards

The Message to Providers – why are AWV's important?

- Improves quality outcomes and patient experience
- Improves revenue capture
- Improves capture and documentation of active chronic diseases
- Allows the provider to spend extra time with patients and discuss important aspects of their care
- Decrease ER utilization and total cost of care
- Improves attribution to primary care provider and care team
- Ensures preventative services are identified and performed if necessary
- Promotes gap closure for chronic illness
- Screens for illnesses such as dementia and cancer as well as safety issues such as fall risk

Annual Wellness Visit Examples:

457,360 Medicare patients
24% receive **AWV FFS**
@*$140* per visit

$15 million

457,360 Medicare patients
50% receive **AWV FFS**
@*$140* per visit

$32 million

Team Based Care

The AWV includes all the members of the care team including front desk staff, RNs (if applicable), MAs and the provider. Below are two recommended models:

Model 1:

- The RN does the entire AWV
- The Provider then reviews the assessment and signs off
- Total Provider time – 15 minutes

Model 2:

- The MA completes the initial part of the visit with the patient
- The Provider completes the visit
- Total Provider time – 45 minutes

Specific workflows are included later in this document.

Operational Goals and Practice Assessment

Annual Wellness Visit (AWV) –Data Processing

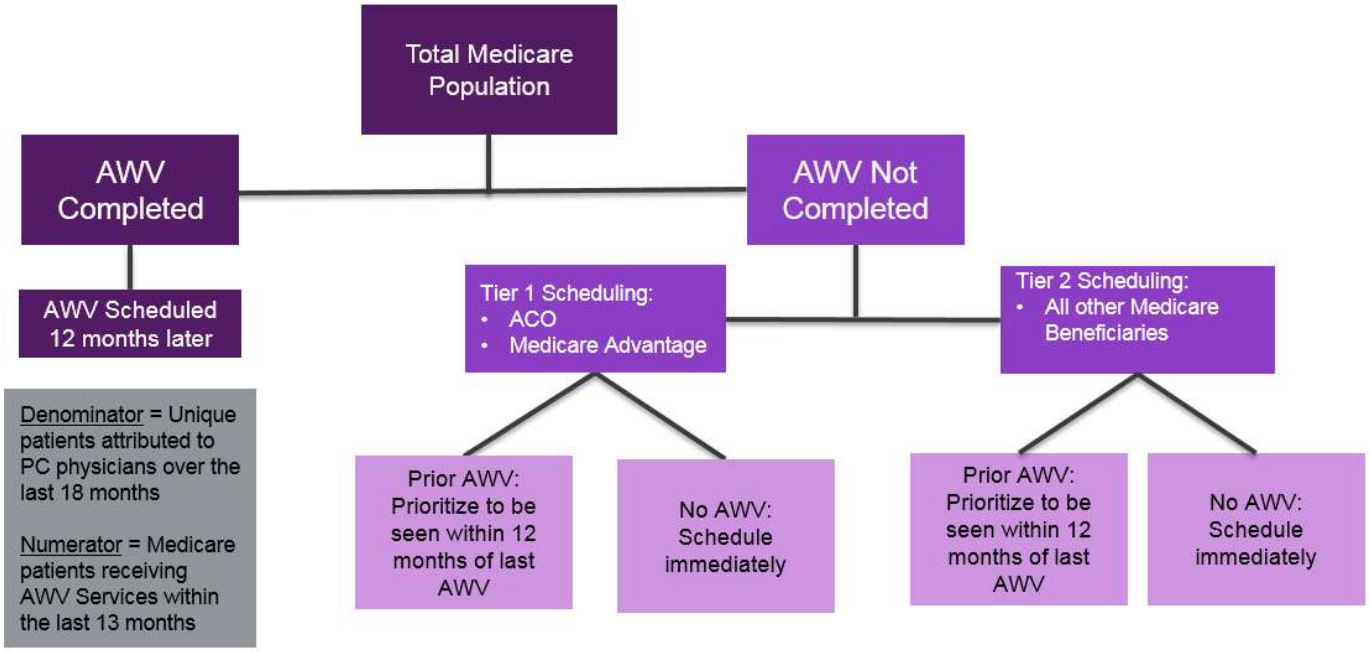
1. Leaders in each MGPS ministry will identify the source of truth for their Annual Wellness Visit data (EMR, Registry, Practice Management system)
2. Identify your source of truth for your Medicare Annual Wellness Visits. For many sites it is your EMR, for some you are using your practice management system or your registry.
3. Identify Denominator:
    a. The objective is to measure all Medicare FFS and Medicare Advantage patients who will be candidates for AWV or preventive service exams.
    b. Begin by identifying all providers who will be accountable to providing AWV's and preventive service exams to their patients. This includes all adult primary care providers (FM, IM, IM-PEDs, Geriatrics).
    c. Next, identify all unique Medicare FFS and MA patients seen by these providers over past 18. This is your total population for your Medicare AWV and Preventive service exams.
    d. Example:
        i. Total Medicare Population = All unique Medicare FFS and Medicare Advantage patients seen by adult primary care providers in your medical group over the past 18 months.
4. Identify Numerator:
    a. Using your source of truth, review for all AWV codes and Preventive service exam codes obtained over the past month.
    b. Here is the list of the three AWV codes.
        i. G0402. during the first year patients are enrolled with Medicare, they are eligible for the Welcome to Medicare visit or Initial Preventative Physical Exam (IPPE)
        ii. G0438 Annual wellness visit, includes a personalized prevention plan, initial visit
        iii. G0439 Annual wellness visit, includes a personalized prevention plan, subsequent
    c. Here is the list of the Preventive Service Exam Codes by age:
        i. Preventive Medicine Service (New Patients)
            1. 99387 65 years and older
        ii. Preventive Medicine Service (Established Patients)
            1. 99397 – 65 years and older

    d. Example:
        i. Total Numerator Population = All Medicare Population patients who have received one of the 3 AWV codes or one of the Preventive Service Exam Codes over the past month.
5. Reporting
    a. After Identifying your Total Medicare Population we want you to identify the target population that you will commit to providing AWVs. The national standards for best practice are in the 75% range. Meaning that 75% of all Medicare patients are getting an AWV or preventive service exam each year. This is our target for all of our medical groups.
    b. To expedite the reporting process, please take the Total Medicare Population and multiply by 0.75. This becomes your target population or the total number of AWVs and preventive service exams that you will commit to for the next year.
    c. Take the target total and divide by 12. This becomes your Monthly Target.
    d. Example: Target Population = Total Medicare Population x 0.75
    e. Example: Monthly Target = Target Population / 12
6. Submitting your AWV data for Monthly Performance Reviews
    a. For our MPRs we will be reviewing your monthly AWV rates by looking at the Total Numerator Population divided by the Monthly Target.
    b. Example: Monthly AWV rate = Total Numerator Population / Monthly Target
    c. We are asking you to submit your Monthly AWV rates into the Data Management Reporting Tool. For those who not on Athena sites, this is similar to the process you are currently following for all of the quality measure reporting.
        i. Report Total Numerator Population (numerator) and Monthly Target (denominator) in the Data Management Tool between the 1st to 5th workday of each month.
        ii. Example:
            1. Submit the numerator: Total Numerator Population = All Medicare Population patients who have received one of the 3 AWV codes or one of the Preventive Service Exam Codes over the past month
            2. Submit the denominator: Monthly Target = The total number of patients who you have committed to providing AWV's and preventive service exams during this past month
    d. Submitting to the DMT
        i. If this is the first time you have submitted data into the DMT, we will reach out to you to assist you in setting up your access to the DMT.
            1. We will ask you to participate in a webex to review how to submit to the DMT
        ii. Going forward, if you have any issues with DMT submission contact Cassey Nangle Cassandra.nangle@trinity-health.org
        iii. If you do not submit AWV data into the DMT by the 5th of each month, the MPR reports will default to n-Thrive data as the source of truth for your AWV reports.

How to Prioritize Patients that need to be seen:

Once your patient list is compiled, scheduling should be prioritized in the following manner:

- Tier 1 Scheduling – *ACO and Medicare Advantage patients*
    - If no AWV has occurred, schedule immediately
    - If an AWV has been completed, schedule these patients to be seen within 12 months of their last AWV (ex: birthday month)
- Tier 2 Scheduling – *All other Medicare Beneficiaries*
    - Same process as above



Measures of Success:

- Outcome measure
  - Percent to Target
- Process measure
  - Gaps to target (Number)
- RHM review data on a weekly basis to track progress
  - Number of visits completed
  - Number of visits scheduled
  - Number of patients targeted for outreach
- Practices will review data on a daily basis to monitor progress
  - Number of visits completed
  - Number of visits scheduled
  - Number of patients targeted for outreach

Workflow, Documentation and Training

AWV Requirements

History *Must include:*	✓ Past Medical History: surgery, medication list, major problems ✓ Social History: alcohol/tobacco, diet, work history, and physical/social activities ✓ Functional Assessment: ADLs, hearing, fall risk, home safety

	✓ Depression Risk Screening
Examination *Must Include:*	✓ Height, weight, blood pressure, BMI ✓ Visual assessment (Welcome to Medicare Physical only) ✓ Exam to cover "what is appropriate" ✓ EKG is optional, and if ordered, is NOT co-pay/deductible free
Screening	✓ Depression Screen (PHQ-2) ✓ Functional ability/Level of Safety ✓ Cognitive Screen (Mini-Cog)
Other	✓ Health Risk Assessment ✓ Update care team ✓ Provide written checklist of recommended screenings for next 5-10 years ✓ End of life planning
Typically does not Include	✓ Complete head to toe physical exam ✓ Breast of pelvic exam ✓ EKG, unless medically indicated ✓ Chronic disease management ✓ New illnesses ✓ Laboratory tests

Sample Practice Workflows:

Generic Practice Workflow
athena Workflow

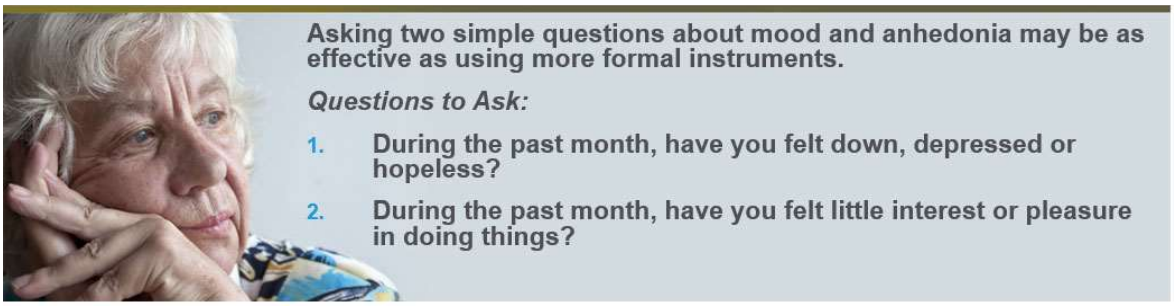
It is important to remember to schedule next years' AWV before the patient leaves the office

Depression Screening:

Many formal screening tools are available, including instruments designed specifically for older adults. Physicians should choose the method most consistent with their personal preference. However, it is important to remember that if the PHQ 2 is positive, a PHQ 9 must be completed and subsequent depression assessments must include the PHQ 9.

For Meaningful Use, PQRS and ACO Measure 33, the PHQ-2/PHQ-9, Depression Screening is required. It is beneficial to align the AWV/IPPE requirements with quality metrics requirements.

Access the PHQ 2 & 9 Screening tool here:
http://www.psnpaloalto.com/wp/wpcontent/uploads/2010/12/PHQ-2-to-9-for-adults-Self-Scoring.pdf



Evaluating Functional Ability/Level of Safety

Timed Up & Go (TUG) Assessment:

- Watch patient stand up from chair
- Ambulate 10 feet
- Turn around and walk back to chair, sit
- Do all within 30 seconds and with relative steadiness
- Positive test is if they fail above; further evaluation is needed and merits more education about falls risk

Access the full assessment here: https://www.cdc.gov/steadi/pdf/STEADI-Assessment-TUG-508.pdf

Sample Fall Prevention Patient Referral form: https://www.cdc.gov/steadi/pdf/STEADI-Form-PatientReferral-508.pdf

Cognitive Screening (The Mini-Cog)

- Three minute instrument to screen for cognitive impairment in older adults within the primary care setting
- Three-item recall test for memory and a simply scored clock drawing test (CDT)
- Less affected by ethnicity, language, and education, and can detect a variety of different dementias
- Patients who screen positive during the Mini-cog require further evaluation for cognitive impairment (SLUMS tool for cognitive assessment, link found below).

Access the Mini-Cog assessment here: http://mini-cog.com/wp-content/uploads/2018/03/Standardized-English-Mini-Cog-1-19-16-EN_v1-low-1.pdf

Access the SLUMS tool for cognitive assessment here: https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/assessment-tools/mental-status-exam.php

ADL/IADL

Using a person's functioning level as it relates to Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) can help with determining the level of care assistance that person needs.

Activities of Daily Living (ADLs) are activities in which people engage on a day-to-day basis. These are everyday *personal care* activities that are fundamental to caring for oneself and maintaining independence.

Instrumental Activities of Daily Living (IADLs) are activities related to *independent living* and are valuable for evaluating persons with early-stage disease, both to assess the level of disease and to determine the person's ability to care for himself or herself.

Access the ADL/IADLs checklist here: https://mytrinityhealth.sharepoint.com/:b:/r/sites/Non-AcuteServicesTHO365/Ambulatory%20Quality/Documents%20Embedded%20in%20Site%20Pages/Annual%20Wellness%20Visits%20(AWVs)/ADL-IADL-Checklist.pdf?csf=1&web=1&e=WboVmN

Additional Requirements:

- Education, counseling, and referral for other preventive services
- Checklist of health maintenance items to be addressed
  - Vaccinations, mammography, DEXA, glaucoma screening, colorectal cancer screening, medical nutrition therapy, AAA screening
  - End of life planning (upon individual's consent)
    - Verbal or Written Information
    - Ability to prepare advance directives
    - Identify that the physician is willing to follow advance directive

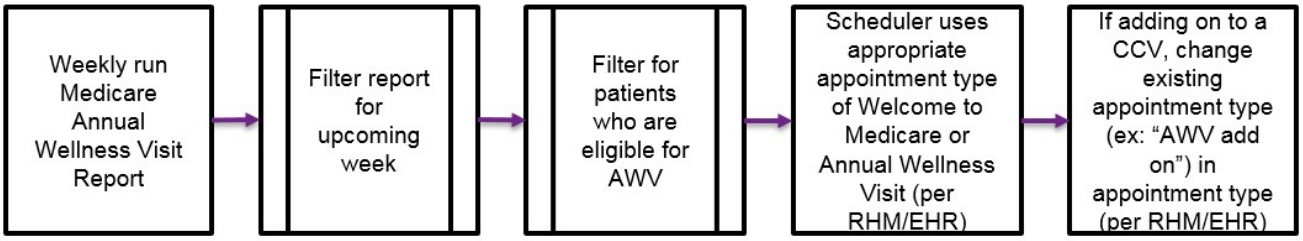
The **Plan of Care Document** should consist of:

- Problem list, expected outcome and prognosis, measureable treatment goals, and symptom management
- Planned interventions
- Medication management
- Community/social services ordered and how services of agencies and specialists are directed and coordinated
- Identification of individuals responsible for each intervention
- Periodic review and revision

Scheduling and Patient Engagement

To get started, the visit is scheduled in advance as an AWV only.

Best practice: Add on to chronic condition visit if possible
Advanced: Schedule as part of a "Super Visit"



Tips for scheduling:

- Train clerical team to know difference between preventive visit "99" codes and AWV G-Codes and be able to clarify difference to patients
- Involve clerical team in checking eligibility for AWV
- Add AWV to Chronic Care Visit if possible and inform patient to arrive early to complete paperwork
- Again, it is important to remember to schedule the patient's next AWV before they leave the office

Additional Scripting:

Caregiver Media Group: "The Annual Wellness Visit is NOT a physical. Rather, it is conversation between you and your doctor to discuss your health history and any concerns you may have regarding your health, and to review your medications and immunizations. It also is a time when you and your doctor review your existing health problems; determine what health issues may become a concern in the future and how to prevent them. The goals of an Annual Wellness Visit are to create a complete personal and family health history and to help prevent future health problems."

A WORD TO OUR PATIENTS ABOUT MEDICARE AND WELLNESS CARE

Dear Patient,

We want you to receive wellness care – health care that may lower your risk of illness or injury. Medicare pays for some wellness care, but it does not pay for all the wellness care you might need. We want you to know about your Medicare benefits and how we can help you get the most from them.

The term "physical" is often used to describe wellness care. But Medicare does not pay for a traditional, head-to-toe physical. Medicare *does* pay for a wellness visit once a year to identify health risks and help you to reduce them. At your wellness visit, our health care team will take a complete health history and provide several other services:

- Screenings to detect depression, risk for falling and other problems,
- A limited physical exam to check your blood pressure, weight, vision and other things depending on your age, gender and level of activity,
- Recommendations for other wellness services and healthy lifestyle changes.
- Before your appointment, our staff will ask you some questions about your health and may ask you to fill out a form.

A wellness visit does not deal with new or existing health problems. That would be a separate service and requires a longer appointment. Please let our scheduling staff know if you need the doctor's help with a health problem, a medication refill or something else. We may need to schedule a separate appointment. *A separate charge applies to these services, whether provided on the same date or a different date than the wellness visit.*

We hope to help you get the most from your Medicare wellness benefits. Please contact us with any questions.

Reference-AAFP

Post-Visit

Coding and Documentation

Medicare Wellness Codes Quick Facts	
G0402 IPPE **Welcome to Medicare Visit**	✓ Can only be done once per lifetime and within 12 months of becoming Medicare eligible ✓ EKG is covered when warranted ○ HCPCS code G0403 ✓ Medically necessary E/M (99201 – 99215) ○ Append modifier -25 to E/M

G0438 Annual Wellness Visit (AWV)	✓ Eligible after the Welcome to Medicare Visit ✓ Establishes a patient's personalized prevention plan ✓ Can only occur once in a lifetime ✓ no physical exam
G0439 Subsequent Annual Wellness Visit	✓ Occurs annually after initial AWV performed, no physical exam
Problem focused visit can occur on same day as AWV	✓ Reported with modifier 25 ✓ May require copay

***Non-covered: Screening clinical laboratory tests**

Sample Marketing Brochure:

Investing in your health today is an important step in ensuring quality of your years to come. We at Mercy Health System embrace your pursuit of wellness through an Original Medicare approved service known as the **Annual Wellness Visit.**

Did you know that age is the single biggest risk factor for developing cancer?

Risk increases significantly after age 50, and half of all cancers occur at age 66 and above. For generally healthy adults, national guideline recommendations support the following routine cancer screenings as we age:

- **Mammogram:** Yearly for women over 40 and older (American Cancer Society); or every 2 years for women ages 50 – 74 (US Preventive Services Task Force)
- **Colonoscopy:** Every 10 years for adults beginning at age 50 and ending at age 75 years. Or more often as recommended by your physician.
- **Low Dose CT Scan for Lung Cancer Screening:** Yearly for adults aged 55 to 77 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years and would be willing and able to undergo treatment.

*US Preventive Services Task Force Guidelines and Recommendations

These screening tests may not be appropriate for all patients. The Annual Wellness Visit is your opportunity to talk with your doctor and develop your own personal plan of care together.

We look forward to seeing you soon!

Call us with any questions

If you have questions or concerns about the enclosed information, you can contact Trinity Health Integrated Care at 844.287.2517. You can also call 1.800.MEDICARE and tell the representative you want to learn more about ACOs, or visit Medicare.gov/acos.html.

Mercy Health System
A Member of Trinity Health

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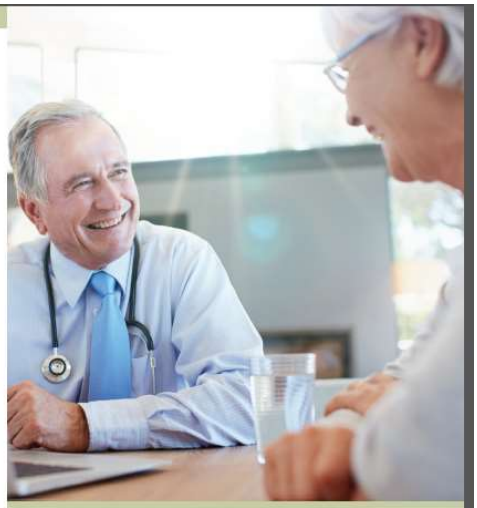

Annual Wellness Visit

Get the most out of your Original Medicare Plan

Mercy Health System
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