

Medicare Annual Wellness Visits and Care Teams Discussion Guide

Audience: All staff members within each practice (min. 75% staff participation).

Focus: Medicare Annual Wellness Visits

Objective: Following this session, I will understand:

1. What are Medicare Annual Wellness Visits?
2. Why are Medicare Annual Wellness Visits important in value-based care models?
3. What role do I play in helping patients receive a Medicare Annual Wellness Visit?

SECTION I: Annual Wellness Visits (AWVs)

An Annual Wellness Visit is a routine wellness assessment that focuses on preventing disease and monitoring overall health.

Key Takeaways:

- What are some of the patient benefits of attending their yearly Medicare Annual Wellness Visit?
- How do Medicare Annual Wellness Visits reduce health care costs?

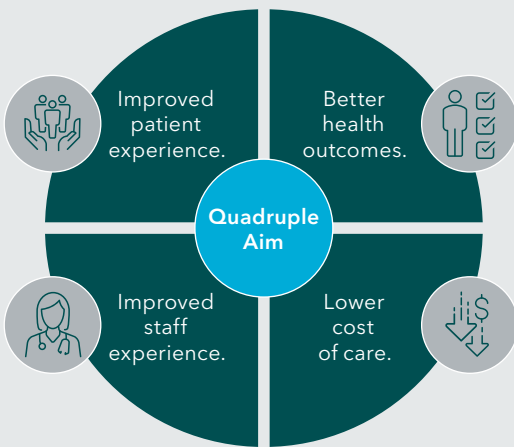
Talking Points:

What is a Medicare Annual Wellness Visit?

1. What are AWVs?
 - A routine wellness assessment that focuses on preventing disease.
 - Medicare Annual Wellness Visits include:
 - Typically start at age 65 but can start sooner for those patients with end-stage renal disease (ESRD) or with a disability.
 - Discussion-based appointment that does not include a physical exam.
 - Health history update and review.
 - Health risk assessment.
 - Screenings for early detection of chronic conditions.
 - Immunizations.
 - Lifestyle discussions and education.
 - Advance care planning.
 - Development of a personal prevention plan.

Why focus on appropriate Annual Wellness Visits?

1. Why? (Quadruple Aim):
 - Improving population health:
 - Appropriate Annual Wellness Visit focuses on catching potential health issues.
 - Focus on wellness and lifestyle.
 - Opportunity to receive age-appropriate screenings, vaccinations and other testing.
 - Preventing diseases or decreasing complications improves quality of life.
 - Chance for patient, caregiver and primary care provider to discuss any health concerns.
 - Reducing unnecessary costs to patient and health care system:
 - Preventative care helps lower costs by preventing and treating diseases before they require emergency care.
 - Managing chronic conditions minimizes costly complications and procedures.
 - Reducing unnecessary medications and medication costs saves money and reduces patient harm.
 - Preventing avoidable emergency visits.
 - Preventing patients from returning to the emergency department.
 - Reducing avoidable hospitalizations.
 - Preventing avoidable hospital readmissions.



Value-based care is a payment structure and care delivery model that supports the four elements of the Quadruple Aim.

- Improve the patient experience:
 - A patient-centered care approach involves the patient, caregiver and family in their treatment plan.
 - Screenings and interventions focus on caring for the “whole” individual (for example, a depression screening).
 - Creates strong, trustworthy relationships between the patient and the care team.
- Provider and care team satisfaction:
 - Utilizing the expertise of the care team (team-based care) expands care roles.

Why should I care?

1. Prevention and wellness are key focuses in primary care.
2. Your practice is accountable for reporting metrics that show patients are receiving quality care.
3. Quality preventative health care saves lives, reduces disease burden and keeps people doing the things they like to do.
4. You might be asked to do something new or different.

Pause for discussion. Questions 1-2.

Discussion Guide Questions:

1. In what ways are we already engaged in and highlighting Medicare Annual Wellness Visits?
2. Think of an example of a patient that was positively impacted by receiving a Medicare Annual Wellness Visit.

SECTION II: Medicare Annual Wellness Visits and Value-based Care

Value-based health care models focus on patient outcomes. High-quality primary care is the first line of defense in preventing illness and avoiding or delaying onset of symptoms. They create a space for a clinician and patient to review medical history and current health patterns and screen for emerging health risks.

Key Takeaways:

- How does the concept of patient care in a value-based care model differ from traditional “fee-for-service” models?
- What are the impacts to our clinic or to me as a result of focusing on the Medicare Annual Wellness Visit?

Talking Points:

Medicare Annual Wellness Visits and value-based care:

1. How does the approach to Medicare AWVs in a value-based care model differ from those in a traditional care model?
 - Traditional model:
 - Wait for the patient to self-identify that they need a Medicare Annual Wellness Visit.
 - Value-based care model:
 - Proactively outreach patients who are due for a Medicare Annual Wellness Visit.
 - Close preventative care gaps when patient is seen in clinic.



SECTION III: Appropriate Annual Wellness Visits and Teams

The Medicare Annual Wellness Visit offers an excellent opportunity to streamline workflows and engage members of the care team. Leveraging the unique skill set and perspective that each member brings to the team enables us to meet patients' needs. Each member of the care team brings valuable skills to the care experience. Practice transformation is an ongoing commitment to improving processes and plays an important role in optimizing roles.

2. Why is the Medicare Annual Wellness Visit a focus for value-based care models?

- Promotes patient-provider and patient-care team relationships through annual engagement and communication.
- Empowers the patient to take an active role in their health.
- Gives the opportunity to discuss and order age-appropriate screenings and vaccines.
- Provides a time to discuss important topics that might negatively impact a person's health (e.g., social determinants of health (SDOH), depression).
- Identifies those individuals that would benefit from supportive services like community resources and care management.
- Focus on prevention, which can reduce overall health care costs.

Why should I care?

Your practice has voluntarily joined an Accountable Care Organization (ACO) that participates in alternative care models called value-based agreements.

1. The Medicare Annual Wellness Visit is the dedicated time to discuss wellness and prevention with a primary care provider or a member of their care team.
2. Older adults who do not have a yearly wellness visit may miss receiving important preventative care.
3. You might be asked to do something new or different.

Pause for discussion. Questions 3-4.

Discussion Guide Questions:

3. How can transforming our routines improve patient care?
4. What barriers might prevent us from engaging patients in Medicare Annual Wellness Visits?

Key Takeaways:

- How can working as a care team impact Medicare Annual Wellness Visits in my clinic?
- How can my role help to support Medicare Annual Wellness Visits?

Talking Points:

Medicare Annual Wellness Visits and teams:

When the health care team works together, they improve patient care. Each role is an expert in what they do and vital to the care of the patient.

Effective teams:

1. Trust is established by working together consistently and correctly:
 - Commitment to achieving the same goal.
 - Practicing within their scope.
 - Escalate concerns.
 - Accomplish work assigned to them.
2. Effective communication encourages collaboration, fosters teamwork and helps prevent errors:
 - Standard methods of communication.
 - Preferred methods of communication.
 - Criteria for escalating communication.
 - Bi-direction communication for clarification and feedback.
 - Proactive communication (e.g., huddles to plan patient care).



3. Standardized process enables efficient team-based care and ensures that the care experience is effective:

- Standardized education:
 - What are the objectives?
 - What are the different types?
 - What are the required components?
- Standardized workflows and tools (e.g., patient check-in, rooming process):
 - Why should we do it this way?
 - How should it be done?
 - What is the expected outcome?
 - Guidelines and minimums are more helpful than a strict list of dos and don'ts.
 - In what circumstances do I deviate from the norm?
- Standing orders (e.g., immunizations):
 - Allows for patient care to be shared across the team.
 - Cultivates ownership of a process.
 - Streamlines processes.
 - Increases efficiency.
 - Improves quality of care.

How can the skill of the care team be used?

1. Front desk—See role discussion.
2. MA/RN—See role discussion.
3. Provider—See role discussion.

Pause for discussion. Questions 5-7.

Discussion Guide Questions:

5. Where are the advantages of working as a care team?
6. How can our Accountable Care Organization support us as we continue to change our model of health care delivery?
7. Identify areas of change or improvement that will help us work more efficiently.

Discussion Guide Questions:

1. In what ways are we already engaged in and highlighting Medicare Annual Wellness Visits?
2. Think of an example of a patient that was positively impacted by receiving a Medicare Annual Wellness Visit.
3. How can transforming our routines improve patient care?
4. What barriers might prevent us from engaging patients in Medicare Annual Wellness Visits?
5. Where are the advantages of working as a care team?
6. How can our Accountable Care Organization support us as we continue to change our model of health care delivery?
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How can the skill of the care team be used?

Front desk

Medical assistant
and clinic nurse

Provider

SECTION IV: How Can the Skills of the Care Team Be Leveraged?

Front desk:

The front office staff are experts in scheduling and often the first and last person to interact with the patient.

Highlights:

- Often the person that outreaches the patient for scheduling.
- Sets the tone for the patient's experience.
- Plays a crucial role in pre-visit planning.

Tips for the front desk:

1. The Medicare Annual wellness visit is not a typical physical exam.
 - The Medicare AWW is an opportunity for patients to have a focused conversation with their provider about health, wellness, and planning for the future.
2. Pre-visit planning and scheduling:
 - Verify that the patient is due for the AWW:
 - Original Medicare: The AWW is covered once every 366 days.
 - Medicare MA: The AWW is covered once a calendar year.
 - Know what type of visit the patient is due for:
 - Initial Preventative Physical Examination (IPPE) (G0402):
 - Can only be completed during the first 12 months of Medicare coverage.
 - Once per lifetime benefit—use it or lose it.
 - Initial Annual Wellness Visit (G0438):
 - Completed during the second year of Medicare coverage (if patient had the IPPE).
 - Must be billed prior to the first subsequent visit.
 - Subsequent Annual Wellness Visit (G0439):
 - Applies to all AWWs after the initial Annual Wellness Visit is completed.

- Utilize a preferred script to outreach the patient:
 - Introduce the visit.
 - Set the patient's expectations:
 - What the visit does and does not include.
 - Length of appointment.
 - Clearly explain what Medicare covers.
 - Can send out the Health Risk Assessment or paperwork to the patient ahead of time.
 - Know what is included in the Medicare Annual Wellness visit:
 - During the visit, the care team and/or provider will:
 - Set wellness goals.
 - Screen for cognition, depression, alcohol misuse, hearing, functional status and fall risk.
 - Order preventative screenings.
 - Counsel and connect to resources.
 - Discuss end of life planning.
 - Develop or update a personalized prevention plan.
3. The visit:
 - Confirm the visit: "Today I have you scheduled for a Medicare Annual Wellness Visit."
 - Utilize a preferred script:
 - Introduce the visit.
 - Set the patient's expectations (what it does and doesn't include).
 - Clearly explain what Medicare covers.
 - Provide any visit paperwork.
 4. After visit:
 - Schedule any follow-up care.

How can the skill of the care team be used?

Front desk

Medical assistant
and clinic nurse

Provider

Medical assistant and clinic nurse:

The medical assistants and nurses can play an integral role in setting up the provider and patient for a beneficial conversation around wellness and prevention. When nurses and MAs are involved in visits, they become more knowledgeable about the treatment plan, can more effectively coordinate care between visits and also develop closer, independent relationships with patients and their families.

Pharmacists, registered dietitians and other health professionals can also help with Annual Wellness Visits. Some roles can complete the visits independently or with provider supervision.

Highlights:

- Orients the patient to the components of the AWW.
- Main source for ordering screenings and tests.
- Conduit between patient and provider.
- Backbone for a successful visit.

Tips for the MA/RN:

1. Pre-visit planning by MA/RN:

- Look for time-saving efficiencies:
 - Review the chart and note any gaps in care.
 - Reconcile any outside medication and/or diagnoses.
 - Consider creating workflows where the patient can complete screenings or update health history prior to the visit.

2. Visit:

- MA/RN:
 - Prep the visit for the provider conversation by providing care per protocol, verifying the screening questions are complete and reconciling that information into the health record, updating the patient's chart and pending orders:
 - Provide immunizations per standing orders or provider direction.
 - Update health history and complete core screenings.

- Place orders for health maintenance screenings or request outside records.
- Document upcoming health maintenance screenings and lab work.
- Provide advance care planning documents.

• RN:

- Use their clinic skills to offer deeper support:

- Update the problem list by reviewing past visit and hospital notes.
- Reconcile medications.
- Highlight HCC codes that are due for recapture.
- Review assessments and flag issues for the provider.
- Work with the patient to create patient-centered goals.
- Counsel around advance care planning.

3. End of visit:

• MA/RN:

- Help wrap up the visit by:

- Emphasizing the personal prevention plan with the patient.
- Provide and review written education.
- Coordinate additional care.

• RN:

- Identify opportunities to continue ongoing support to the patient:

- Create a follow-up plan to work on goals.
- Enroll patient in care management.

How can the skill of the care team be used?

Front desk

Medical assistant
and clinic nurse

Provider

Provider:

The Medicare Annual Wellness Visit offers a protected time for the provider and patient to discuss meaningful topics around health and wellness.

Highlights:

- Listens to the patient with the goal of understanding health goals.
- Influences patient behavior to help promote patient's ideal health.
- Annual Wellness Visit champion for patients and practice.

Tips for the provider:

1. Original Medicare vs. Medicare MA:
 - Different time frames (365 days vs. calendar year).
2. Be familiar with the difference between the Initial Preventative Physical Exam (IPPE), initial AWV and subsequent AWV:
 - Different eligibility requirements.
 - Different documentation requirements.
 - IPPE has additional billing components.
3. Utilize your care team to the top of their scope. They can help:
 - Prep the visit (e.g., review chart for health maintenance gaps).
 - Update the health record.
 - Review or reconciliation of medications.
 - Give referrals to community programs or resources.
 - Provide care per standing orders (e.g., immunizations).
 - Give advance care planning documents or upload patient documents into the chart.
 - Review education items and personal prevention plan.
 - Schedule next primary care, Annual Wellness Visit or specialty appointments.
4. Designate the Medicare Annual Wellness Visit as a time to review and update the problem list. The problem list is an important communication tool for everyone who works with the patient:
 - Review and update the problem list.
 - Choose diagnoses that offer the most specific description of the patient's conditions.
 - Terminate any diagnoses that are no longer active by changing the diagnosis to "history of xx."
 - Consider adding DME and oxygen to the diagnosis list.
5. HCC coding describes the complexity of the patient's condition to the payer and payers provide care dollars based on HCC coding:
 - Review and recapture HCC codes that are still relevant to the patient's condition.
6. Focus on areas of concern:
 - Utilize the time to talk about concerns, wellness and prevention.
 - Consider asking the patient to make another appointment to address chronic disease and acute issues.
7. Advance care plan (ACP) conversations:
 - Regular conversations around ACP reassures patients that ACP is a standard part of care and helps reduce anxiety.

Myth Buster Quiz

Myth Busters—Questions & Answers



1. Annual Wellness Visits (AVWs) only truly benefit patients not physicians or their practices:

- (T/F) **False:** There are many benefits to patients, providers and practices in completing an AWW.

2. Who is eligible for an Annual Wellness Visit?

- Anyone over 65.
- Medicare patients, 70 and over.
- Parents and children under 12.
- **Anyone over the age of 65 and enrolled in Medicare.**

3. Which is the best way to conduct an AVW visit?

- Physician led—in person.
- Care Team led—in office. Nurse or pharmacist performs stand-alone visit followed by a provider.
- **Your network engagement team can help your practice understand which model may work best for your team.**
- Co-visit—in office. Nurse or pharmacist sees patient at the beginning of a provider visit. AWW completed by nurse/pharmacist and provider during one in-person office visit. Patient is seen by nurse/provider to complete the bulk of the AWW prior to meeting with the provider.
- Care team led—virtual. Nurse or pharmacist performs visit followed by a provider on a separate day.
- All of the above.

4. When an AWW is combined with an Evaluation and Management (E/M) visit that is already scheduled, it requires a separate office visit note:

- (T/F) **False:** One note will suffice as long as there is clear delineation within the note itself.

5. The Annual Wellness Visit is the same as the beneficiary's annual physical:

- (T/F) **False:** An AWW is a preventative wellness visit and not a routine physical checkup that some seniors may receive every year or two. An AWW is a great way for physicians and practices to help their patients have knowledge of their health and risk factors for certain potential illnesses or diseases. With the move toward value-based care, AWW helps providers to expand their care services and quality of care. The Personalized Prevention Plan service (PPP) conducted during an AWW promotes prevention rather than intervention, contributing to better health outcomes and improving patient engagement.

6. Is there a relationship between an AWW and quality reporting?

- (Y/N) **Yes:** The AWW gives providers the opportunity to collect reporting data for 10 quality measures including:
 - Screening for fall risk
 - Breast cancer screening
 - Colorectal cancer screening
 - Influenza immunization
 - Tobacco use—screening and cessation intervention
 - Depression screening and follow-up plan
 - Statin therapy for prevention and treatment of cardiovascular disease
 - Diabetes (HbA1c) poor control
 - Hypertension control

7. When providing an Initial Preventive Physical Examination (IPPE), which of these statements is NOT TRUE:

- Commonly known as the “Welcome to Medicare” visit, this benefit is only payable once during a beneficiary's lifetime, in the first 12 months of Medicare eligibility.
- During an IPPE, the patient is also eligible for an EKG screening and aortic aneurism ultrasound if they meet the guidelines for these services.
- **This visit can be performed any time in the patient's life but can only be performed once.**
- If the patient does not have an IPPE within the first year of Medicare enrollment, it can never be recovered.