Interprofessional Annual Wellness Visits & Comprehensive Geriatric Assessments

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2017

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

Provide an overview of the Annual Wellness Visits (AWV)

Describe components of AWVs including required components, documentation and billing

Describe benefits/solutions through utilization of integrated healthcare team

Discuss implementation/strategies for completing AWVs in your clinic
Learning Assessment

A learning assessment is required for CE credit.
A question and answer period will be conducted at the end of this presentation.


Question #1
Are you currently conducting Medicare Annual Wellness Visits in your practice?
A. Yes
B. No
C. I do not know
Making the Case

Chronic illnesses account for ~83% of total U.S. health spending
- Many caused by modifiable risk factors that are not well managed

Despite national health expenditures totaling $2.7 trillion in 2011, many do not receive preventive services and follow up
- For adults aged 65 years and older 33% of women and 40% of men are current on all age-specific recommended preventive services

Overview of the AWV

Introduced in January 2011 as an aspect of the Affordable Care Act

Comprehensive preventative care and emphasis on WELLNESS
- Promote health and positive health habits
- Prevent onset of disease
- Early identification of disease
- Slow progression and/or reduce exacerbation
Qualifying Providers

Medicare Part B covers an AWV if performed by a:
- Physician
- Physician assistant, nurse practitioner, or clinical nurse specialists
- Medical professional OR a team of medical professionals who are directed supervised by a physician

Our team at the MMC Family Medicine Center
- Resident physician (precepts with Attending)
- Behavioral provider: Psychology or Social Work
- Pharmacist
- Nurses, medical assistants, schedulers, coders/billers
Patient Eligibility

Medicare Part B beneficiary for at least 12 months

Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months

Eligible for one time initial AWV and subsequent AWV every 12 months

Covered 100% by Medicare
AWV – What is needed to bill?

Health Risk Assessment (HRA) → Required Components → Personal Prevention Plan

The ABCs of the Annual Wellness Visit (AWV)
Health Risk Assessment (HRA)

Complete before or during the AWV
- Should take no more than 20 minutes
- Account for and tailor to the communication needs of patient

At a minimum, address the following
- Demographic data
- Self-assessment of health status
- Psychosocial risks
- Behavioral risk
- Activities of daily living (ADLs): dressing, bathing, walking, etc.
- Instrumental ADLs: Shopping, housekeeping, managing meds, finances, etc.
Example HRA

Medicare Annual Wellness Visit
Health Risk Assessment

NAME: ___________________________ DOB: ______________________

A. Social History
Do you smoke? ................. □ No □ Yes □ If Yes, packs/day? ________________
Do you drink alcohol? ....... □ No □ Yes □ If Yes, drinks/week? ________________
Do you use illicit drugs? .... □ No □ Yes □ If Yes, type? ________________
Are you sexually active? .... □ No □ Yes

B. Depression Screening
1. In the past 2 weeks, how often have you felt little interest or pleasure in doing things?
   □ Not at all □ Several days □ More than half of the days □ Nearly every day
2. In the past 2 weeks, how often have you felt down, depressed or hopeless?
   □ Not at all □ Several days □ More than half of the days □ Nearly every day
### Required Components

<table>
<thead>
<tr>
<th>Required Components – Obtain/update &amp; document</th>
<th>Initial AWV</th>
<th>Subsequent AWVs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>List of current providers</strong> that regularly provide care to beneficiary</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Medical history</strong> (PMH, surgeries, hospitalizations), family history, medications, allergies</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Vitals/measurements</strong>: Height, weight, BMI, blood pressure, other</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Depression screening</strong>: Review risks for/history of depression. If without a current diagnosis of depression, use appropriate screening instrument.</td>
<td>X</td>
<td>Not required</td>
</tr>
<tr>
<td><strong>Cognitive impairment</strong>: Assess by direct observation, with consideration of reports by beneficiary, family, caregiver, etc.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Functional ability and level of safety</strong>: Direct observation or screening questions: ADLs, fall risk, hearing impairment, home safety</td>
<td>X</td>
<td>Not required</td>
</tr>
</tbody>
</table>

**NOTE:** Much of this can be incorporated into the HRA to avoid duplicating work.
Personal Prevention Plan

- Written screening schedule for the next 5-10 years
  - Based on age-appropriate preventive services Medicare covers
  - Recommendations from the USPSTF and ACIP

- List of risk factors and conditions for which interventions are recommended or underway

- Personalized health advice and appropriate referrals to health education or preventive counseling services or programs
  - Fall prevention
  - Nutrition
  - Physical activity
  - Tobacco-use cessation
  - Weight loss
### AWV – Billing Codes and Payment

<table>
<thead>
<tr>
<th>Billing Code</th>
<th>Type of Visit</th>
<th>Estimated Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0438</td>
<td>AWV Initial</td>
<td>$173</td>
</tr>
<tr>
<td>G0439</td>
<td>AWV Subsequent</td>
<td>$117</td>
</tr>
<tr>
<td>99497</td>
<td>Advanced care planning (first 30 minutes)</td>
<td>$86</td>
</tr>
<tr>
<td>99498</td>
<td>Advanced care planning (each additional 30 min)</td>
<td>$75</td>
</tr>
</tbody>
</table>

- ICD 10: Encounter for Medicare Annual Wellness Exam (Z00.00)
- Build template in EMR to include required components

Group Discussion #1

If your practice is currently conducting Medicare AWV:
- What is your workflow?
- Who are your team members?
- What challenges have you encountered?

If your practice is NOT currently conducting Medicare AWV:
- What steps do you need to make to begin conducting AWV?
- What team members would you want to incorporate?
- What challenges do you anticipate?
AWV at the MMC Family Medicine Center
Southern New Mexico Family Medicine Residency Program
Purpose – Why we started AWV

Provide quality, cost-effective patient care

Physician resident education
  ◦ Incorporated into Care of Older Adult rotation
  ◦ Gain experience conducting components of the AWV

Education of other learners in an interprofessional team environment
Vision of Geriatric Care

Expanded Annual Wellness Visits

Change in work flow– Lifepoint mandates new implementation of AWVs across agencies (change in protocol)

Tiered process- AWVs as referral source to Comprehensive Geriatric Assessments
## Our Workflow from January 2017 – June 2017

<table>
<thead>
<tr>
<th>Preparation</th>
<th>During Visit</th>
<th>Summary/Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Referral from providers based on personal assessment of patients needs</td>
<td>• Introduction of team and purpose</td>
<td>• Resident precepts with attending physician</td>
</tr>
<tr>
<td>• Patients contacted by front staff and scheduled</td>
<td>• Physician and Behavioral Provider</td>
<td>• Team finalizes care plan and puts together packet for patient</td>
</tr>
<tr>
<td>• Team works up patient and discuss key needs</td>
<td>o Geriatric biopsychosocial assessment</td>
<td>o Letter summarizing recommendations</td>
</tr>
<tr>
<td>• MA/Nurse obtain vitals, Medicare-HRA</td>
<td>o Health risk assessment</td>
<td>o Resources</td>
</tr>
<tr>
<td></td>
<td>o Cognitive screen – MOCA</td>
<td>• Follow up plan communicated to providers</td>
</tr>
<tr>
<td></td>
<td>o Depression screen – GDS</td>
<td>• Progress note (1) completed by team</td>
</tr>
<tr>
<td></td>
<td>• Physician and Pharmacist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Medical history</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Focused physical exam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o ROS, vital signs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Comprehensive medication review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Preventive wellness care plan</td>
<td></td>
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</tbody>
</table>
An Interprofessional Approach

Interprofessional collaboration
◦ Improved patient care and satisfaction
◦ Communication
  ◦ Team brief prior to visit
  ◦ Hand-off between components
  ◦ Development of final care plan
  ◦ Follow up plan with PCP and other regular care providers

Resident and student education
◦ Tools for our family medicine residents to take into their practice settings
◦ All practitioners gain experience working in teams
66 year old Mexican American female, identifies as a lesbian, widow, and matriarch of her family. She is under the care of her adult children and grandchildren.

Medical History: Lupus, chronic pain, epigastric hernia, anemia, sleep apnea, and urine and stool incontinence.

*Primary concerns: chronic diarrhea & pain, limited social time.*
Behavioral Health
- Under care of daughter and extended family
- Low motivation to get out of bed, difficulty managing chronic pain and depression
- Social stressors & difficulty communicating needs with family members
  - Digestive Health- issue with caregiver cooking very spicy foods, trouble with incontinence
  - Isolating at home, not able to leave the house to visit with others
- Cognitive Assessment (MoCA) scored 9/30. 7th grade education
- Followed-up with brief Behavioral therapy with family member, reduced depression, increased communication strategies, and was able to have caregiver change her diet, incontinence issue resolved.
Pharmacist

- Has routine for remembering to take medications, assistance from daughter
- Medication therapy problems (MTPs) identified and addressed
  - Hydroxychloroquine: adherence, ran out about 2 months ago → refilled
  - Oxybutynin: PIM in older adults due to anticholinergic AE, also had received minimal improvement in symptoms → discontinued
  - Mirtazapine: more effective medications available for her depression → changed to SSRI (Sertraline)
Physician

- Preventive services needed
  - Bone density scan (DEXA)
  - Mammogram
- Review and complete “Five Wishes” Advanced Directive
- Immunizations currently up-to-date
Challenges

Patient identification
- Effective identification and referral process

Developing an effective and efficient process
- Understood by all team members (e.g. resident on-boarding)
- Includes necessary components
- Meets documentation requirements

Communication
- Clearly explaining purpose to patients
- Between all team members, including billing and coding

Resource limitations
- Availability of team members
- Time spent vs. reimbursement: 3 practitioners, 2 hour visits
Potential Solution
AWV: Time Spent vs. Reimbursement

1. Restructuring of AWV
2. Then referral for comprehensive geriatric assessment
Potential Solution
AWV: Time Spent vs. Reimbursement

*Front desk staff* identifies patients who are eligible for AWV
- Calls patient to schedule visit
- OR, asks patients already scheduled with their provider if they would also like AWV

Visit is completed by physician

**HRA**
- Completed by patient while waiting to start visit
- MA/LPN documents HRA responses in template in progress note
- PCP reviews during visit

**Required Components**
- Most are completed by MA/LPN upon intake
  - Depression screen PHQ2
- PCP assesses for cognitive impairment and functional ability based on direct observation

**Personal Prevention Plan**
- PCP orders necessary screening tests, referrals, and immunizations
- PCP selects Pt Education for health risks abnormal in HRA
- Summary of visit is printed for patient
Potential Solution
AWV: Time Spent vs. Reimbursement

Referral for comprehensive geriatric assessment

- Performed by interprofessional team
- Include appropriate billing codes for services provided

Examples of patients who may benefit

- Observations/reports of cognitive impairment
- Health risks require further education or resources
- Unmet social or behavioral needs are impacting health and wellbeing
- Need for a comprehensive medication review
Results of Our AWV Implementation

First 28 patients from each model...

<table>
<thead>
<tr>
<th>CGA Interventions</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations Received</td>
<td>14</td>
</tr>
<tr>
<td>Advanced Care Planning</td>
<td>17</td>
</tr>
<tr>
<td>Screenings Recommended</td>
<td>18</td>
</tr>
<tr>
<td>Resources for Social Needs</td>
<td>52</td>
</tr>
<tr>
<td>Referral for Behavioral Health</td>
<td>10</td>
</tr>
<tr>
<td>Medication Therapy Problems Addressed</td>
<td>63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brief AWV Interventions</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations Received</td>
<td>6</td>
</tr>
<tr>
<td>Advanced Care Planning</td>
<td>7</td>
</tr>
<tr>
<td>Screenings Recommended</td>
<td>15</td>
</tr>
<tr>
<td>Resources for Social Needs</td>
<td>17</td>
</tr>
<tr>
<td>Referral for Behavioral Health</td>
<td>0</td>
</tr>
<tr>
<td>Medication Therapy Problems Addressed</td>
<td>6</td>
</tr>
</tbody>
</table>
Summary

AWVs focus on preventive services and is covered 100% by Medicare Part B

Components include HRA, list of current providers, medical history, vitals, depression screening, observation for cognitive impairment, assessment of functional ability and level of safety, and personal prevention plan

Utilizing an interprofessional team either for the AWV or a comprehensive geriatric assessment following an AWV improves patient care and resident/student education

It is crucial to develop system that is

- Easily understood and utilized by all team members
- Allows for efficient documentation of required components
- Incorporates appropriate coding/billing
- **Supports team in providing quality, cost-effective, comprehensive preventive care**
Questions
CE Learning Assessment

See handout
Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!