

Welcome to Making the Annual Wellness Visit Work for You. I'm Karen Ten Kate – Diabetes and Cardiac Subject Matter Expert (SME) with the Quality Innovation Network National Coordinating Center (QINCC) which supports Quality Improvement Organizations (QIO) in all states funded by CMS.

Why use the annual wellness visit? It improves the use of preventive screenings and services. It has been shown to reduce spending on acute hospital and outpatient services, and it can help you to be proactive rather than reactive with your patients.

The annual wellness visit lets you focus on patients' overall health status, detect emerging health and safety risk and review the patient's medication. It's also a chance to discuss and document advanced care planning and to capture and document hierarchical condition category codes used for calculating risk, which is tied to future payments.

Medicare's annual wellness visit is not a physical and no specific diagnosis is needed, but after a patient has had Part B for 12 months, an annual wellness visit is covered every 12 months. It can be done by a doctor, physician assistant or nurse practitioner, clinical nurse specialist or other licensed practitioner directly supervised by the physician.

Today I am with a physician who increased her use of the annual wellness visit over the last three years to where she is doing it on 81% of her Medicare patients.

That physician is Dr. Julie R. Martinez with Family Medicine Partners of Santa Fe, New Mexico, and she is with me today. She runs a private practice with her husband, who is also a family physician. Welcome, Dr. Martinez and thank you for being with us today.

Julie: Thank you for having me.

Karen: What is your practice and patient mix like?

J: Well, we have a small private practice in Santa Fe, New Mexico. Technically, Santa Fe is considered rural, but it's a prominent cultural community and it draws a diverse demographic population. In our office, we have seven staff members. We have two doctors, two medical assistants, and three front desk staff. About 50% of our patient population is comprised of Medicare beneficiaries and that includes both traditional Medicare and Medicare Advantage patients. We do remote billing through our electronic health record, and this is helpful because it gets all our minds off the day-to-day finances. We do not have an office manager. The two doctors do all of the administrative work. We're a small practice, and we really can implement change quickly. We can run through a PDSA cycle in about two weeks.

K: What led you to implement the annual wellness visit?

J: Well, I have been a family medicine physician since 2003, and wellness has always been a high priority. For the first ten years of my practice, I tried to do wellness care for Medicare patients like screening tests, discussing advanced directives, and risk assessments into a problem based visit, but as you know, there was really no clear model for reimbursement or documentation. In 2011, when primary care providers were able to use the new annual wellness visit codes, we finally had some guidelines on documentation and the possibility of being reimbursed. In 2014, my husband and I opened our own practice and as we were looking for tools to succeed in private practice, we connected with the National Rural Accountable Care consortium, which is a practice transformation network supported by CMS. We joined their transforming clinical practice initiative program in late 2015, and through this program we

learned how to apply standardized screening tools that we could easily build into our electronic health record for documentation purposes. We also learned how to work as an efficient team by delegating some tasks to the scheduling staff and to the medical assistants. This program really helped us fine tune our annual wellness visit program.

K: Is your reimbursement for the annual wellness worth it?

J: Yes, seeing a patient for a subsequent annual wellness visit like a G0439 and an E&M like a 99213 is about \$114 plus \$72 that equals a total of \$186 for the dual visit. That's more than just doing a 99213 alone or a 99214 for \$107. We also participate in quality or gap closure incentive programs for Medicare Advantage plans and these incentive programs can really be significant. We don't tend to build for the add on G codes that are time dependent because we're trying to be efficient and we're trying to do a lot of work and a total of about 45 minutes and adding codes that require 10 minutes or more of counseling really doesn't work for us.

K: Thanks for sharing that. How do you approach patients about the annual wellness visit?

J: Well, we do not have to recruit patients, we just tell them it's time for their annual wellness visit. Sometimes we look at the schedule in advance and we just changed the appointment type to an annual wellness visit. When we first started doing a lot of annual wellness visits, patients had a lot of questions and there was some complaining about why they had to do all this extra paperwork and evaluation. But generally, they all left happy to have spent so much time with their doctor and their care team. Now patients just come to expect the annual wellness visit.

K: Great. How do you work the annual wellness visit into your workload?

J: Well, I think it's important to note that you really have to have the appropriate panel size to make doing annual wellness visits for most of your Medicare patients possible. Between the two doctors in our practice, we have almost 1000 active Medicare patients, and that includes again both traditional and Medicare Advantage patients. I recognize that individual providers who are part of larger healthcare organizations may not have control over their panel size, but it's important to know that it really is a factor. We work annual wellness visits into our everyday schedule. There's no special block of time. The visit is about 45 minutes in total. The patient spends five minutes with the front desk staff, 15 minutes with the medical assistant, and about 30 minutes with the doctor. We rarely have more than four or five annual wellness visits per doctor scheduled in a day. Sometimes there's only one or two. Our staff really can't handle more than eight annual wellness visits in a day, and we have to be prepared for unexpected absences in the staff. Along with this type of visit, we also do all our regular follow ups and sick visits and other wellness care for all of our other patients throughout the day, it's just the usual variety of patient encounters and family medicine.

K: All right. So when you tell us about your actual process goes through for an annual wellness visit?

J: Sure. So about three weeks before the visit, the medical assistant reviews the chart and sends the patient a letter about the upcoming appointment. This letter describes why we need to do the annual wellness visit and what it's all about. The medical assistant also attaches a pre-visit annual wellness visit questionnaire which a patient can complete at home prior to the visit. The questionnaire includes information about the care team, a health risk assessment, questions about activities of daily living, and instrumental activities of daily living. It also includes a PHQ-2 and a single question alcohol screen.

There's also a consent to discuss advanced directives. It's helpful to recognize that CMS provides guidance and what may be included in the health risk assessment, but it doesn't dictate that you have to address all potential risk factors. In our practice, we focus on what we think is important and it's just a two page form that a patient can complete in about 20 minutes. Two weeks before the scheduled annual wellness visit appointment, the patient receives an automated call from our office reminding them about the appointment and also reminding them to bring the completed paperwork. On the day of the visit, the patient arrives, brings the paperwork, and checks in with the front desk. The front desk staff reviews the paperwork for completeness and builds the care team in the electronic health record. Next a medical assistant brings a patient back for a TUG test and vital signs, and then they go to the exam room where the medical assistant reviews the patient's answers from the previous annual wellness visit questionnaire and transcribes them from paper into the electronic health record. The results are linked with appropriate coding, so that the data goes directly onto our quality dashboard. The medical assistant also administers a mini Cog and documents the result. Our medical assistants are trained to obtain further evaluation if the screen is positive. So if a PHQ-2 is positive, they administer a PHQ-9. If the single question alcohol screen is positive, then they do a full AUDIT. The medical assistants know to give special attention to people with diabetes. For example, so they would do a foot exam or see when the last annual dilated eye exam was performed. After reviewing the medication and allergy list and obtaining a full review system, then the patient is ready for the doctor. When I go in to see the patient, I review standard age and gender specific screening recommendations, order appropriate screening tests, I review immunizations and update those. I also review the health risk assessment, needs at home, and results from the depression, alcohol use, and cognitive screenings. Together the patient and I make a plan to address significant risk factors. We also discuss advanced directives, if the patient is willing to have this conversation. Finally, I'll review the medical history and address ongoing medical conditions with a special attention to trying to capture hierarchical condition category codes. I also always include a hands on exam, which generally supports the E&M part of the dual visit. By the time we finish the visit most of the patient's questions have already been answered and they leave with their written screening scheduled checklist. This is our offices checklist and it's modeled after a simpler version that I found in a patient directed CMS handbook. It contains Medicare covered screening services, and I have added details about when and who is due for the services. We use this checklist as a tool to ensure that we're providing appropriate and complete care. Generally, the medical assistants pre-populate the checklist the day before the visit, so that the doctors know when the patients last had these tests or services. The patient keeps the checklist to remind them of what they're due for in the future. And it also serves as evidence to them that we covered a large volume of health topics at the annual wellness visit. They're usually very satisfied when they see it all in writing. I think it's important to know that you can create a checklist that's tailored to your practice's annual wellness visit workflow.

K: Yeah, thanks. Thank you for sharing your process in your tools with us today. So lastly, what would you tell another physician wanting to implement or improve their annual wellness visit?

J: Well, primarily learn to use your electronic health record efficiently and creatively. Usually there are tools to help with documentation and you should use them. Use your existing team and delegate data entry and simple documentation to the medical assistants and the front staff. Also, make it manageable - use the annual wellness visit documentation guidelines, but focus on what's meaningful for your Medicare population. Know that an annual wellness visit is an appropriate visit for the primary care provider to lead - a primary care physician assistant or nurse practitioner. This is the perfect time for

primary care provider to get to know and invest in their patients. For me after doing this type of care for several years, the annual wellness visit gets easier and easier. I know the patients and I can anticipate many of the issues that come up. Many practices are trying to develop complex workflows that involves several other types of personnel and multiple steps to do an annual wellness visit and, in my opinion, bringing a stranger into the mix generally doesn't make it any easier. Lastly, I'd love to let PCPs know that while this type of care is a lot of work, it really is quite rewarding, and it highlights what preventive medicine is supposed to be about.

K: Great, thanks so much Dr. Martinez for working with us on this bite-sized learning and taking time out of your practice to share this process with other practitioners.

J: Sure. Sure, I'm happy to help. Thank you, Karen.

K: So as I mentioned earlier, Dr. Martinez' patient letter, her pre-visit questionnaire, and her checklist, as well as her protocol are available for you next to this recording link. She also welcomes you to adapt them and adopt into your practice if you wish. We've also provided two toolkits based on Medicare's annual wellness visit from the atom Alliance, which is the QIN QIO for Indiana, Kentucky, Tennessee Alabama, and Mississippi. The toolkits go into more detail about planning, workflow, billing, and a sample patient letter as well, and how coding and quality go hand in hand. There's also a link from HealthInsight. The QIN QIO for Nevada, New Mexico, Oregon, and Utah, which has a library of tools for the Medicare annual wellness visit. And here are some updated annual wellness visit resources straight from CMS which you might find useful for you and your patient.

Thanks for listening today. And if you have further questions, you can contact your state's Medicare QIN QIO at [HTTPS colon slash slash QIO program dot ORG slash locate hyphen your hyphen QIO](https://qio.program.gov/locate-hyphen-your-hyphen-qio).