

Implementation of a Sustainable Medicare Annual Wellness Visit Workflow Into a Primary Care Setting Quality Improvement Project.

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Implementation of a Sustainable Medicare Annual Wellness Visit Workflow Into a Primary Care Setting: a Quality Improvement Project

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BACKGROUND

- In 2011, the Affordable Care Act introduced Annual Wellness Visits (AWVs).
- AWV allow for PCPs to update medical history, review preventative care recommendations, improve HCC coding, close care gaps, and Advance Care Planning (ACP) discussions.
- Little data has been available on AWV utilization.
- Recent study by Camacho et al. (2017) showed that AWV non-recipients were less likely to receive any of the 7 preventative services.
- Best practices for completion of AWVs have not been established.
- The multiple components of the visit have been seen as a barrier to implementation into a busy outpatient practice.

OBJECTIVE

- To develop a workflow design that could be implemented efficiently and effectively within an outpatient clinic setting. This workflow would allow for the visit to be completed within the allotted time for an outpatient office visit and be sustainable over time.

SETTING

- Urban, academic residency clinic
- Quality Improvement project
- Providers, CRNP, PA-C, Nursing Staff

METHODS

- Trained Family Medicine Provider Model:
 - Patients were called in advance to schedule and pre-visit planning completed.
 - Patients arrive 20 minutes prior to their appointment for completion of the health risk assessment.
 - Clinician see patient, review recommendations and complete visit.
- Site goal: 5% of eligible patients complete AWW.

PDSA CYCLE 1

TIME: 4 WEEKS PROVIDERS INVOLVED: 2

- Assessed capture rate of scheduling AWW-only visits versus adding them to pre-scheduled chronic follow-up visits (“Combined Visits”).
- Improved understanding of the required elements of an AWW.
- Reviewed coding/billing elements for Combined Visits.
- Reviewed use of smart sets within Epic EMR.

PDSA CYCLE 2

TIME: 5 WEEKS TRAINED 3 NEW PROVIDERS (TOTAL 5)

- All clinical staff trained.
- Answered additional questions regarding coding/billing.
- Created a document with detailed instructions on coding/billing Combined Visits.

PDSA CYCLE 3

TIME: 6 WEEKS TRAINED 5 NEW PROVIDERS (TOTAL 10)

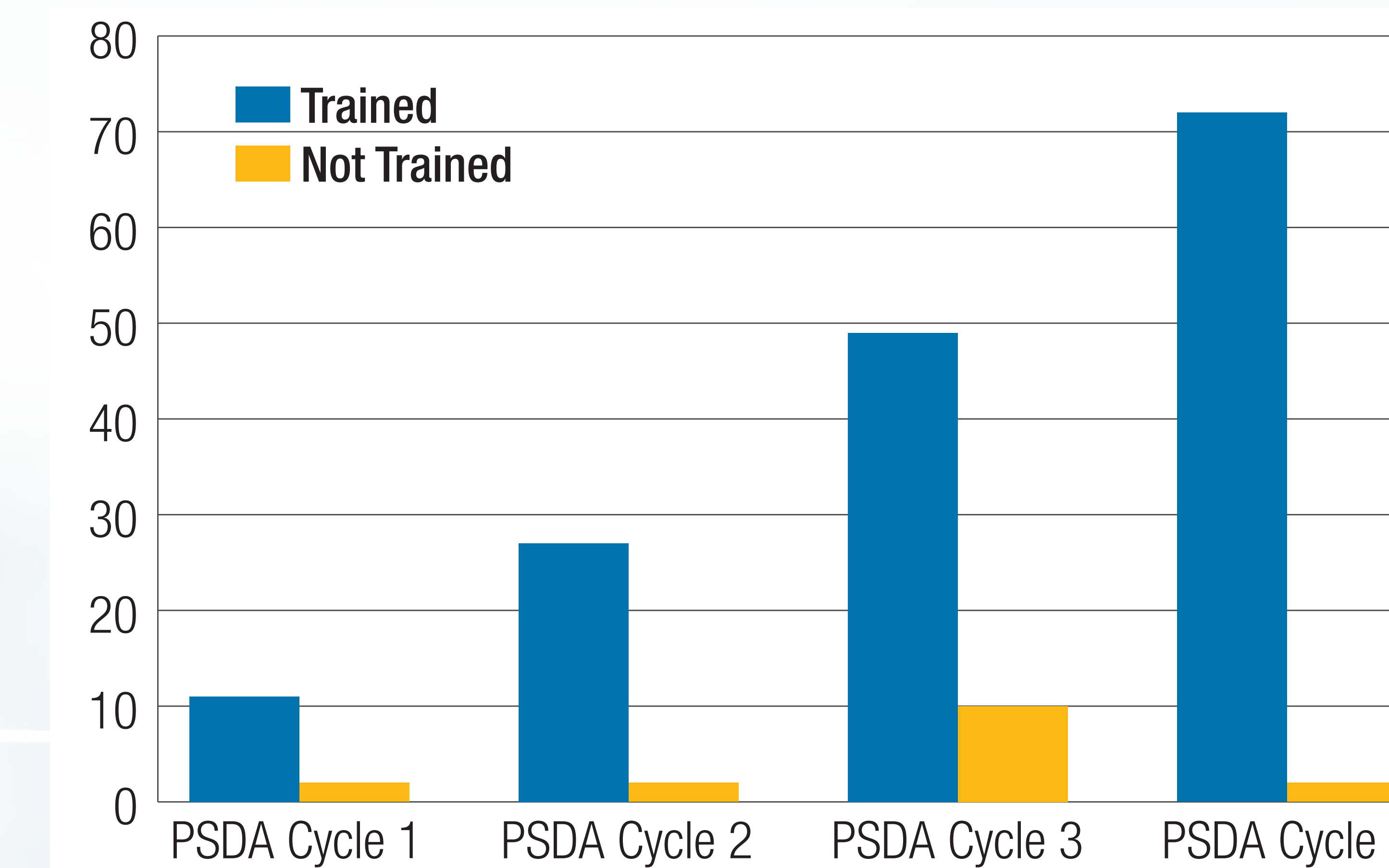
- All providers reviewed the workflow, required elements, questions answered.
- Instructional video reviewed.
- Experimented with allowing providers to individualize work flow.
 - This created inconsistencies resulting in required elements being missed.
 - Returned to a single workflow to be used by all providers and clinical staff.

PDSA CYCLE 4

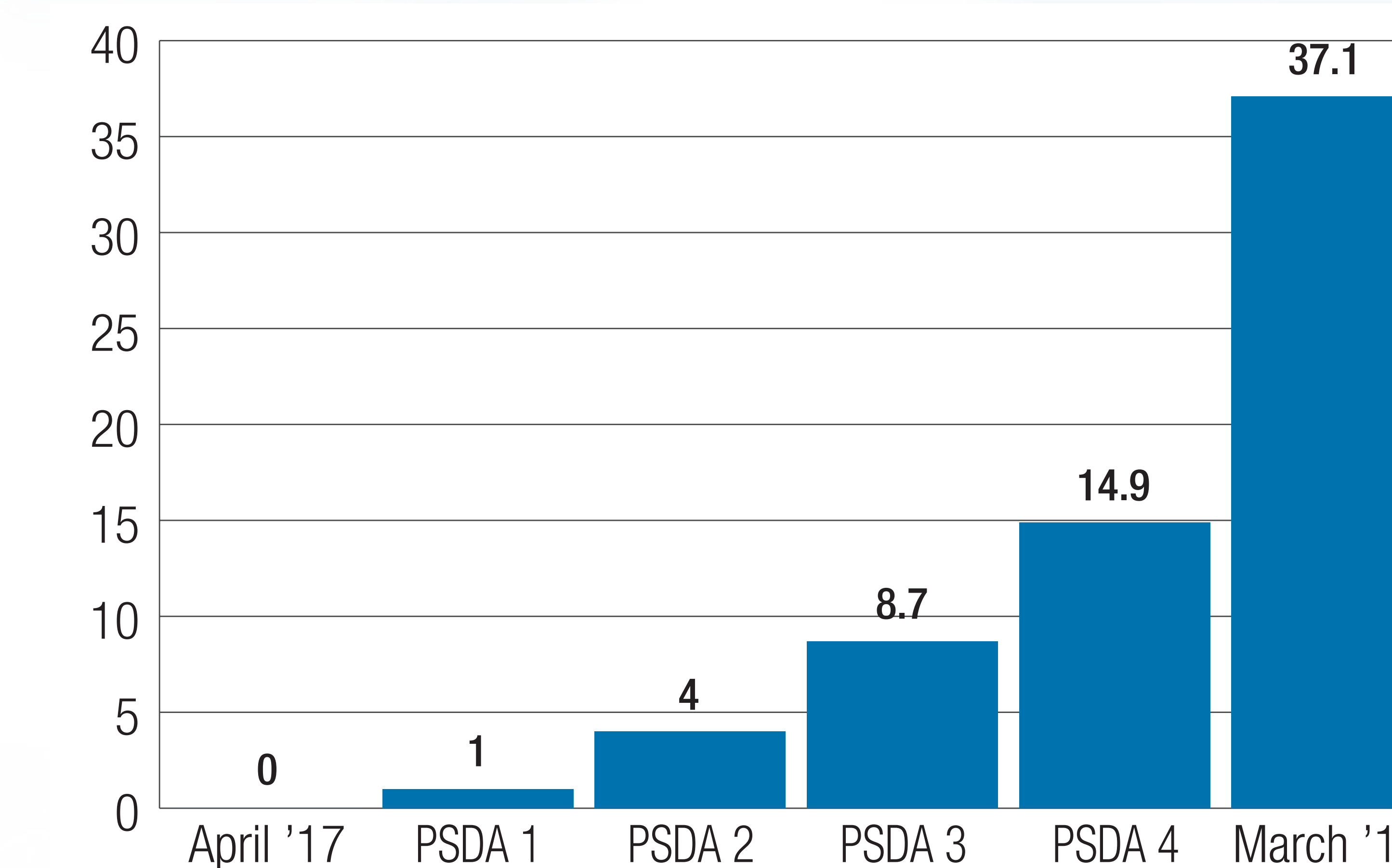
TIME: 7 WEEKS TRAINED 5 NEW PROVIDERS (TOTAL 15)

- Single uniform workflow
- 3 weeks of assistance by nurse-led model sponsored by the ACO and LVPG, billing provided by clinician
- Reviewed workflow with members of other clinical sites at GWEP small networking meeting, sponsored by The Hartford Foundation.

NUMBER OF VISITS COMPLETED BY PROVIDERS PER PDSA CYCLE



AWV RATES RELATED TO PDSA CYCLES



CONCLUSIONS

- AWVs have the potential to be incorporated within the allotted time frame in a busy outpatient primary care practice.
- Completion of AWVs increased significantly over 5 months in our practice.
- Scheduling AWVs along with pre-scheduled visits had an increased capture rate.
- Post implementation analysis also noted that, with minimal change to the workflow, the number of completed visits more than doubled over 5 months.

FUTURE PROJECTS

- Accurate identification of eligible patients and completion of pre-visit planning
- Education of patients on benefit of AWVs to improve capture rates
- Finalization and standard training on nursing workflow within the EMR
- Determine if AWW improve completion of preventative services in a residency clinic patient population
- Assessment of completed visits utilizing the resident/attending model compared to the nurse-led model

REFERENCE

Camacho, F., Yao, N., & Anderson, R. (2017). The Effectiveness of Medicare Wellness Visits in Accessing Preventive Screening. *Journal of Primary Care & Community Health*, 2150131917736613.

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