Increasing **Annual Wellness Visits** (AWVs) in Primary Care Services

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*Special thanks to:*
- Primary Care Services: Administrative Directors, Practice Managers & Staff  
  - Clinical Documentation Integrity (CDI) Team  
    - APeX Healthy Planet Team  
- Office of Population Health Analytics
Overview
- Annual Wellness Visits (AWVs) are a preventive care visit that all Medicare patients are eligible for once a year.
- The purpose is to develop or update a Personalized Prevention Plan (PPP), to help prevent disease and disability.

Why do Annual Wellness Visits?
- **Financial Strength** pillar:
  - High RVU opportunity for PCPs
  - Opportunity to capture diagnosis codes to improve risk adjusted payment
- **Quality & Safety** pillar:
  - Improved preventive care, such as fall risk screening & tobacco screening/cessation
  - Associated with reduced healthcare spending on acute care and outpatient services

Baseline:
- Only 498 (~3%) of Medicare patients empaneled to UCSF Primary Care had an AWV in 2018

Problem Statement:
- Increasing the number of Annual Wellness Visits in Primary Care Services, by addressing barriers for patients, providers, and staff
## Project Goals

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<td>Total number of AWVs performed</td>
<td>498 AWVs* (~3%)</td>
<td>1,800 AWVs (~10%)</td>
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**Gap to target:**

~1,300 AWVs per year

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**# AWVs in Primary Care**

<table>
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<tr>
<th>Year</th>
<th>Benchmark</th>
<th>Target</th>
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<tr>
<td>2018</td>
<td>498</td>
<td>1800</td>
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<tr>
<td>2021</td>
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Only 3% of Medicare Primary Care patients with AWV in 2018
Project Plan & Interventions

Implemented interventions were either high impact, easy/efficient, or both (ideal).

High Impact
- Centralized HRA Tracking & Support
- Build AWV Documentation Tools
- Video AWV APeX tools & training
- Proactive outreach for AWV scheduling

Low Impact
- Standardizing the UCSF HRA
- Patient education during scheduling
- Clinician group education sessions

Efficient
- Build and standardize use of AWV visit types
- Create online AWV Resources
- AWV decision support scheduling tool in APeX

Ideal Intervention
- Enable MyChart HRA sent automatically
- Monthly AWV Clinician “Office Hours”
- Build AWV Documentation Tools
- Build AWV APeX tools & training
- Proactive outreach for AWV scheduling

UCSF Health Improvement Symposium 2021
Project Evaluation & Impact

Since the benchmark year (2018)...

• **193% increase in the number of billed Annual Wellness Visit codes** in primary care clinics, from 2018 - 2020
  - Despite many preventive visits postponed due to COVID-19

Process outcomes:

• **99% of HRAs completed in advance**
• Adoption of standardized HRA
• Created & shared **AWV training video** for clinicians
• **AWV visit types created & implemented** now standard work across all Primary Care clinics
• **AWV note template as standard work** for clinician documentation
• **Positive qualitative feedback:** “[We felt supported by OPH team] in HRA monitoring & completion assistance, willingness to improve scheduling & eligibility processes…” ~Practice Manager, UCSF Primary Care

Completed Annual Wellness Visits (AWVs) in UCSF Primary Care

- 2018 (Benchmark): 498 (3%)
- 2019: 1161
- 2020: 1462 (10%)
- 2021 (Target): 1800
Next Steps & Lessons Learned

Next Steps:

• Annual outreach to all Medicare patients in UCSF Primary Care
• Build comprehensive analytics tools for AWVs and clinical outcomes, for example:
  • What AWVs are done as standalone, vs combined with a problem-based visit?
  • What referrals are commonly made during an AWV?
  • What are the most common positive screens during the Health Risk Assessment?
• Strengthen clinical aspect & risk capture (HCC) review
• Expand scheduling decision support tools to all Primary Care clinics

Lessons Learned:

• Clinicians willing to do AWVs when requested by patients; direct patient outreach often most effective strategy
• AWV note template needs to be nimble to change
• Staff training on AWV best practices should be ongoing (i.e., eligibility verification and setting expectations)
• Some clinics have unique populations; allow for workflows to have some level of customization
• AWVs can be done effectively via video visit; in fact, video visits preferred by many clinicians