

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

Background

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

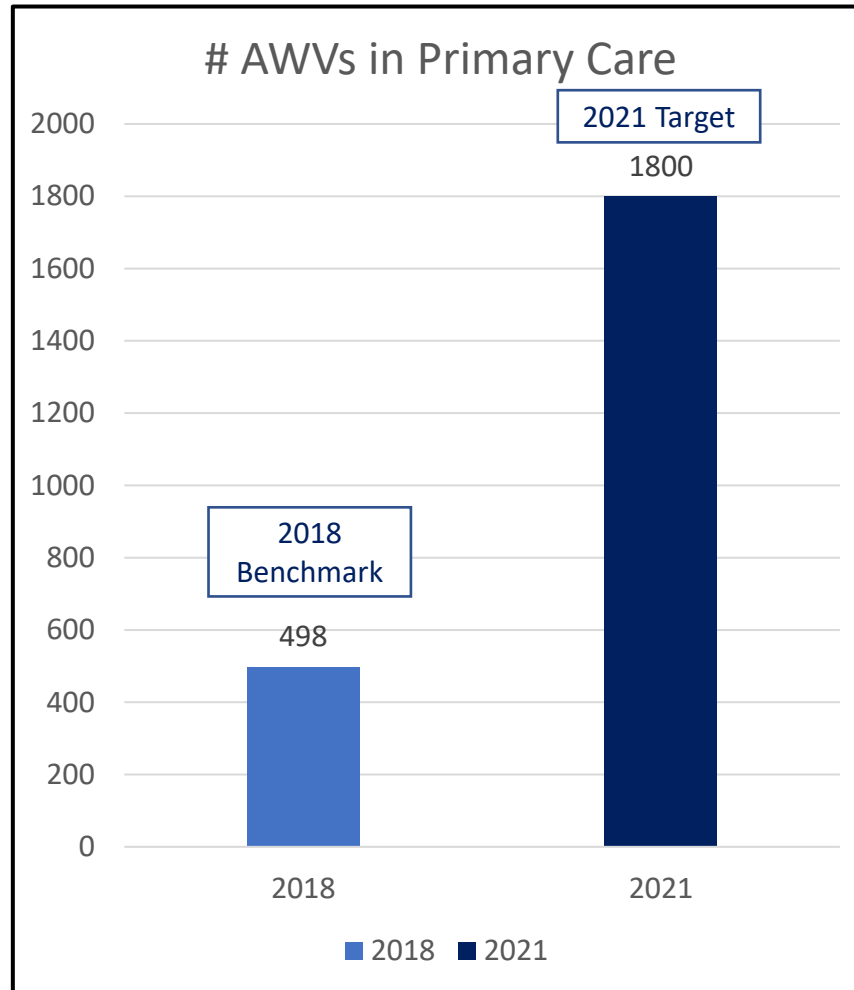
Problem Statement:

- Increasing the number of Annual Wellness Visits in Primary Care Services, by addressing barriers for patients, providers, and staff

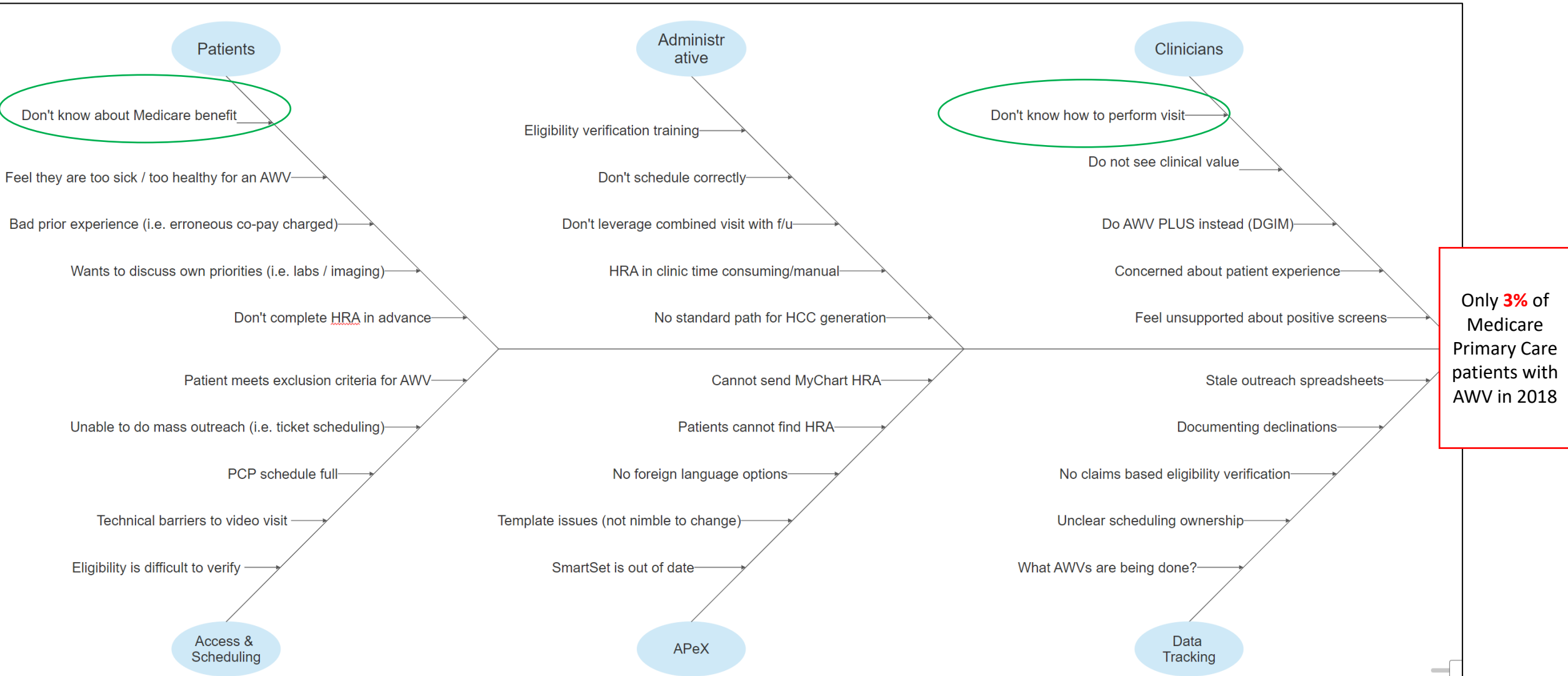


Project Goals

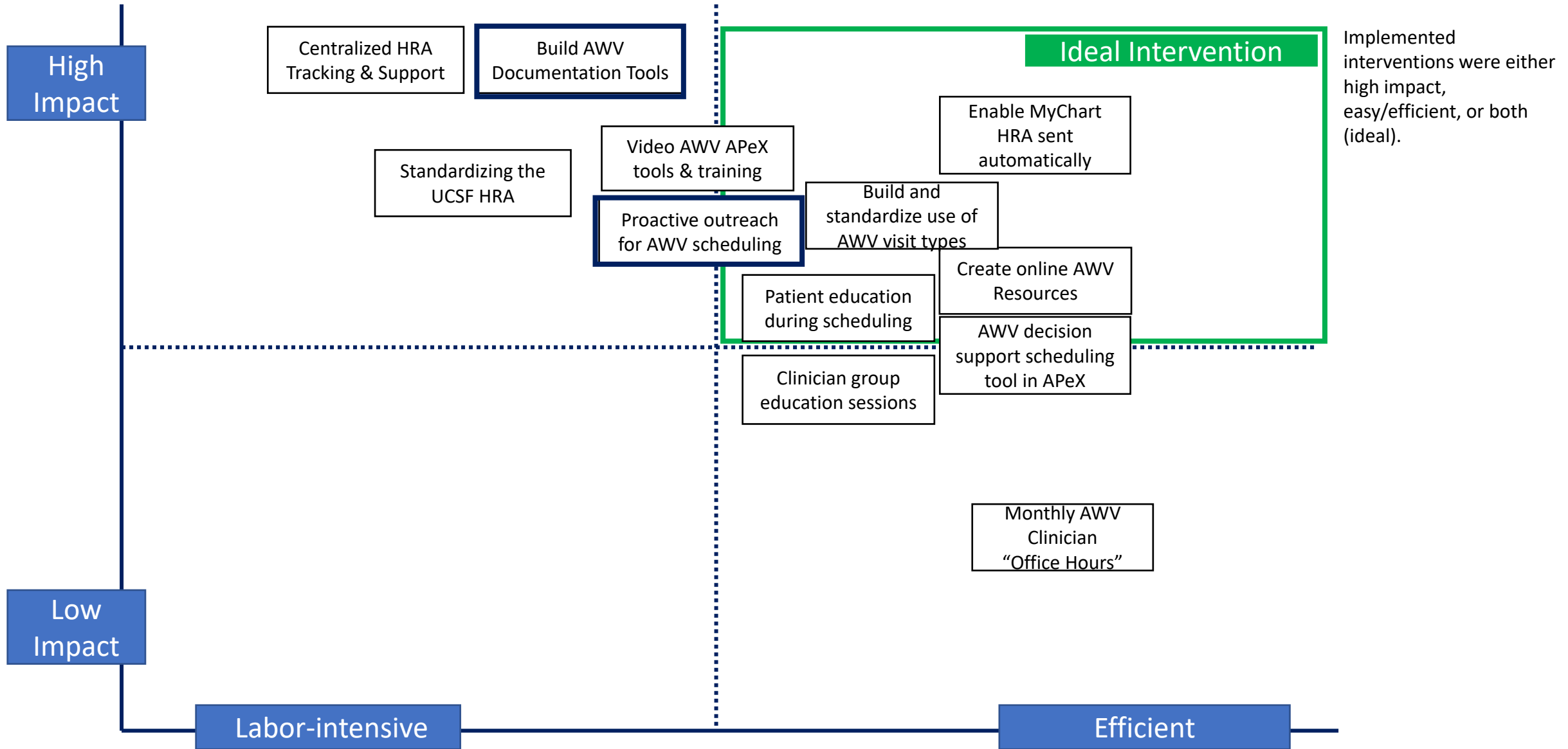
Goal	Benchmark (2018)	Target (2021)
Total number of AWVs performed	498 AWVs* (~3%)	1,800 AWVs (~10%)



Gap Analysis



Project Plan & Interventions



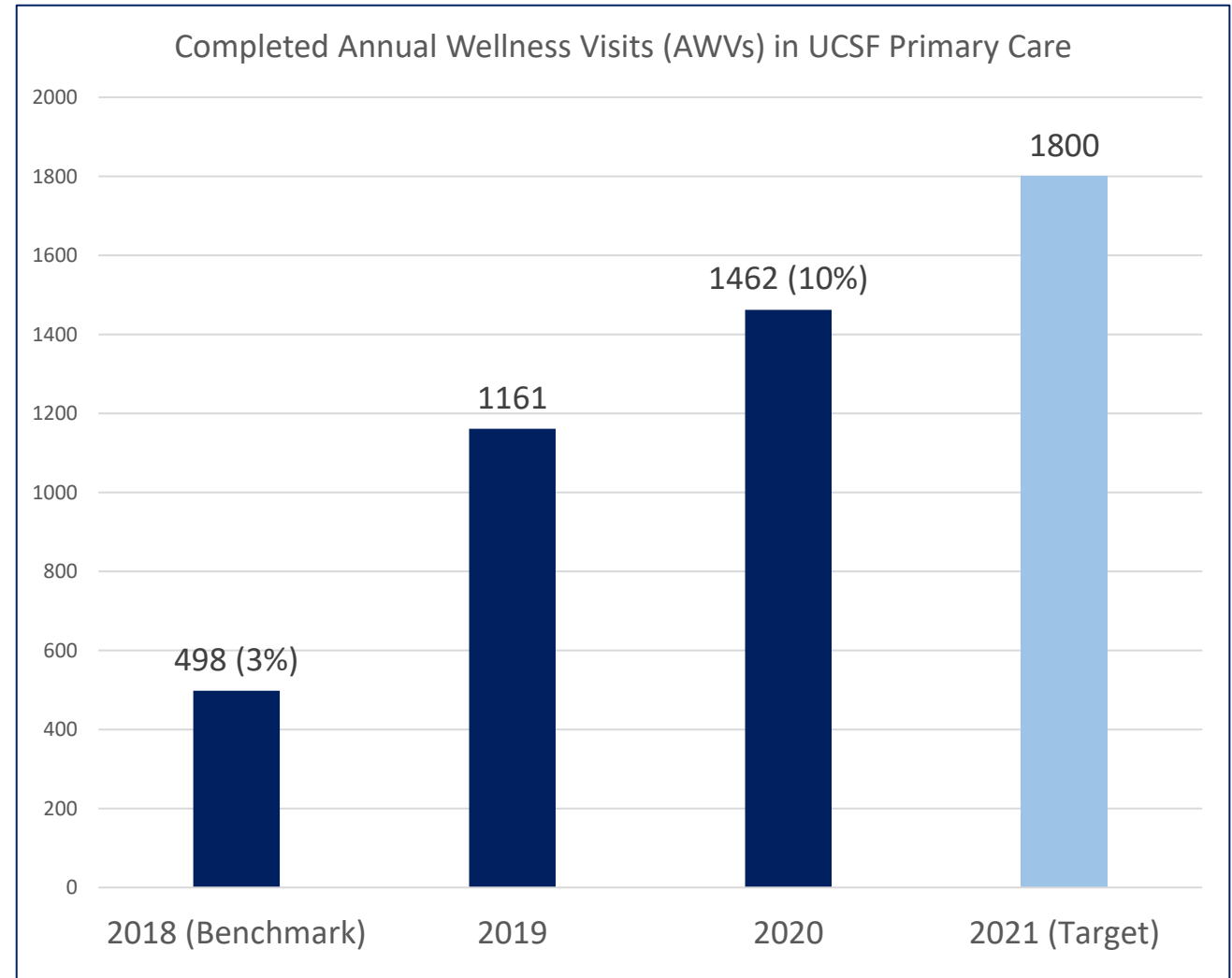
Project Evaluation & Impact

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



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