

# Implementing the Nurse Run Medicare Annual Wellness Visit

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## Introduction

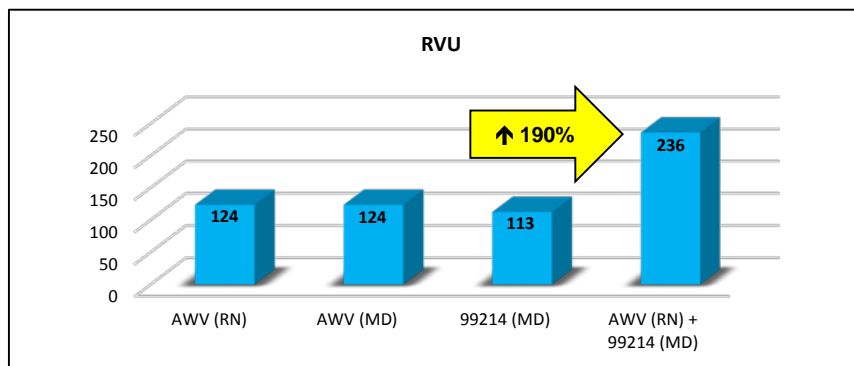
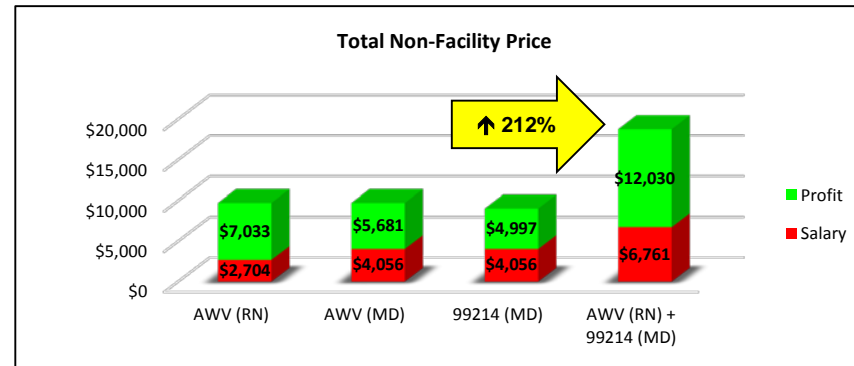
- The Medicare Annual Wellness Visit (AWV) is a free service offered to Medicare Part B beneficiaries annually to promote preventive care and reduce unnecessary utilization of health care services. [1]
- One of the most common barriers to Medicare AWVs listed by Primary Care Providers (PCPs) was the lack of time during the office visit. [2] It can be challenging and frustrating for PCPs to provide and document the extensive list of required elements in a 20 or 30 minute visit. Centers for Medicare and Medicaid Services (CMS) has made it even easier for practices to offer the service by expanding the types of professionals who can offer the AWV to include a nurse working under supervision of a physician or other licensed practitioner. [3]
- Through the Northern New England Geriatric Workforce Enhancement Program (GWEP), a cooperative agreement funded by the Health Resources and Services Administration (HRSA), we engaged six Dartmouth-Hitchcock practices and six non-Dartmouth-Hitchcock practices to implement the AWV as a nurse run visit. By implementing the nurse run AWV, a practice could increase utilization of AWV, increase employee and patient satisfaction, and increase revenue.

## Materials and Methods

- The AWV includes:
  - A Health Risk Assessment
  - The establishment of, or update to, the individual's medical and family history and list of current providers
  - Measurement of height, weight, body-mass index (BMI), and blood pressure (BP)
  - Detection of any cognitive impairment
  - Review the individual's potential (risk factors) for depression and functional ability and level of safety
  - Establishment of a written screening schedule and list of risk factors
  - Furnishing of personalized health advice and referral, as appropriate, to health education or preventive counseling services or programs
- The goal of the AWV is health promotion and disease detection, fostering the coordination of the screening and preventive services that may already be covered and paid for under Medicare Part B. [1] The AWV is not a head-to-toe physical examination.
- AWV is well reimbursed and provides high Relative Value Units (RVU). The 2017 Medicare Non-Facility Price for Current Procedural Terminology (CPT) codes G0438 (initial AWV) and G0439 (subsequent AWV) in New Hampshire are \$177.71 (2.43 RVUs) and \$120.71 (1.5 RVUs), respectively. By comparison, the rate for CPT code 99214 (level 4, established-patient office visit) is \$120.71 (1.5 RVUs). [4] Since the nurse is working under the supervision of a physician, the reimbursement is the same.
- The Northern New England GWEP's goal was to engage nursing in the primary care of older adults allowing them to work at the top of their license.
- Our training program offered boot camps, in-person elbow-to-elbow and web-based learning collaborative sessions, and a GWEP-developed implementation guide with tool kit containing training tools, templated visit notes and patient letters, during visit assessment tools, videos, references, resources. Two cohorts engaged, one after the other, in the 12-month long training program. [5] [6]

## Results

- By moving the AWV to a nurse run visit we were able to:
  - Provide the patient a free visit focused on prevention
  - Complete a comprehensive update of the Electronic Medical Record (EMR)
  - Increase the number of nurse run AWVs in all practices
  - Increase the PCP's availability for acute and chronic care of their patients
  - Increase team cohesiveness
  - Anecdotally increase nurse and PCP's satisfaction by allowing them to work at the top of their license
  - Anecdotally increase patient satisfaction by allowing the shifting of PCP visit time and focus away from prevention to pressing concerns of higher priority to the patient
  - Increase profit margins



## Results (cont.)

- One site did 75 RN AWV visits in 3 months, of which 12 were Initial and 63 were Subsequent.
- Using mid-career salary of \$225,000 for a MD and \$75,000 for a RN.
- Calculating MD time for AWV and office visit (99214) at 30 minutes per visit and RN time for AWV at 60 minutes per visit.
- You would increase profit by 212% (\$6,348) and RVUs by 190% (112) by having the MD see 75 office visits (99214) and the nurse seeing 75 AWV (with the ratio of Initial and Subsequent list above) over having the MD doing the AWVs alone.

## Conclusion / Discussion

- At the completion of the first cohort, we were able to identify positive benefits of the nurse run AWV to the patient, nurse, PCP and practice by transforming the culture of practices to focus more on a team approach.
- We were able to create a training program offering boot camps, elbow-to-elbow support and learning collaborative and a tool kit with multiple resources and training materials for practices to utilize and customize to fit their needs.
- As we move into cohort 2, we have identified barriers around workforce challenges, data collection and continued difficulties around educating the patient about the difference between the AWV and their yearly visit with PCP for management of their chronic medical conditions.

## References

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- [5] Dartmouth Centers for Health and Aging, "The Annual Wellness Visit Toolkit," 2016. [Online]. Available: <http://nnegec.org/annual-wellness-visit-toolkit/>.
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