CREATION AND IMPLEMENTATION OF A MEDICARE ANNUAL WESTER WELLNESS VISIT SERVICE

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IRB designated as quality improvement project

DISCLOSURES

Erin Bertsch, PharmD

- Potential conflict of interest: none
- Proprietary information or results of ongoing research may be subject to different interpretations
- Speaker's presentation is educational in nature and indicates agreement to abide by the non-commercialism guidelines provided

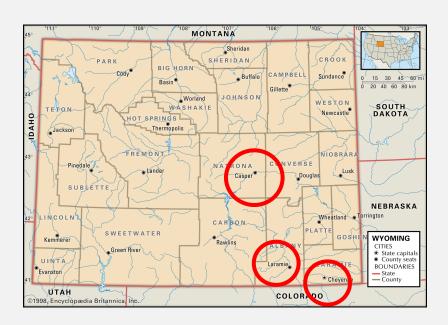
LEARNING OBJECTIVES

By the end of this presentation, participants will be able to:

- Recognize the necessary components and value of a Medicare Annual Wellness Visit (AWV)
- Describe the pharmacist's role in implementing this service

EDUCATIONAL HEALTH CENTER OF WYOMING

- Wyoming Family Practice Casper, WY
- Federally Qualified Health Center
- UW Family Medicine Residency Program







Who is eligible for an Annual Wellness Visit?

- a. Any patient 65 years old or older
- b. Patients with Medicare Advantage plans only
- c. Patients with Medicare Part B coverage for more than 6 months
- d. Anyone enrolled in Medicaid
- e. Patients with Medicare Part B coverage for more than 12 months



Which of the following is <u>not</u> a required component of the Medicare Annual Wellness Visit?

- a. Health Risk Assessment (HRA)
- b. Social Determinants of Health (SDOH) screening
- c. Depression screening
- d. Functional ability assessment



What is one of the primary ways a pharmacist can contribute to a Medicare Annual Wellness Visit (AWV)?

- a. Performing the physical examination
- b. Diagnosing new medical conditions
- c. Conducting and documenting the medication reconciliation
- d. Billing Medicare directly for the AWV

STUDY OBJECTIVE

 The objective of this project is to enhance patient health outcomes by developing the workflow for and implementing Medicare AWVs conducted by the clinical pharmacy team

STUDY OUTCOMES

• Outcomes were measured by the number of referrals to the service and the number of visits completed in a 3-month period

- The Medicare Annual Wellness Visit (AWV) was established under the Affordable Care Act (ACA) and became a covered benefit starting in 2011
- It was created as part of a broader push toward preventive,
 value-based healthcare for older adults
- The visit can be conducted by physician assistant, nurse practitioner, or other medical professional working under the direct supervision of a physician

- The initial preventive physical exam (IPPE), also known as the "Welcome to Medicare" preventive visit, promotes good health through disease prevention and detection
- Medicare pays for I IPPE per lifetime if it's provided within the first I2 months after the patient's Part B coverage starts

- Medicare Annual Wellness Visit (AWV):
 - A preventive service that allows beneficiaries to receive a comprehensive health assessment
- Who qualifies?
 - A patient who is no longer within 12 months after the effective date of his or her first Medicare Part B coverage period and who has not received either an Initial Preventive Physical Exam (IPPE) or an AWV within the past 12 months

What an AWV is NOT:

- A yearly physical
- A doctor's appointment
- A visit to diagnose or manage current conditions

Why is an AWV beneficial?

- Prevention-focused care
- Personalized health plan
- Better chronic disease management
- No cost to patient

- Opportunity to build trust
- Improved care coordination
- Helps drive population health outcomes
- Revenue opportunity

Medicare Annual Wellness Visit



Why Wellness?

Preventive care and wellness is what we do to prevent, delay, or mitigate disease or other medical problems. Preventive care proactively identifies future health risks to try and resolve them before they become a problem.



The Annual Wellness Visit

Medicare and most private insurers now cover an annual wellness visit where you will discuss your health history and schedule or perform preventive wellness services based on your individual needs. If you were given this pamphlet, we have determined that you may benefit from an annual wellness visit.



What is the cost of the visit?

Medicare, and many private insurers, pay the entire cost of your annual wellness visit without any co-pays or out-of-pocket expense.

Depending on your visit, we may recommend other services that do have co-pays or other out-of-pocket expenses. These services are considered separate from your wellness visit, and you will be able to ask questions about their cost to you prior to them being conducted.



What other preventive services may I qualify for?

If you are enrolled in Medicare, you are covered for many preventive services, many with no co-pay or other out-of-pocket expense. These include:

- · Bone Mass Measurements
- Cardiovascular Disease Screenings
- Cancer Screenings (Colorectal, Prostate, Lung, etc)
- Counseling (Tobacco, Alcohol, Obesity, etc)
- Vaccinations (Pneumonia, Influenza, etc)
- · and more...

Before your Annual Wellness Visit

What to expect:

- During your annual wellness visit, we will gather information about your unique health situation. We will discuss what medical problems you have, which you may need to watch for, and how we can prevent them together.
- You may be given some preventive care, such as a review of your medical history and counseling, but you will not be given a physical exam unless we have informed you otherwise.
- When we are finished with your visit, you
 will be given an individualized plan to take
 home that outlines recommendations for
 further preventive services and lifestyle
 changes that may be beneficial for you.

What to bring:

- Any medical records or immunization records you have.
- Any family health history you may have, especially including family within two generations of you.
- A complete list of medications you take, including supplements.
- A list of other healthcare providers that are currently involved in your care.
- Any questionnaires given to you or other information requested by your doctor.

October 2024: Project identified

November 2024: Workflow developed

December 2024: Workflow approved by clinical leadership

January 2025: Consultation with HealthTech for visit training

January 28th, 2025: First visits conducted

- This project was identified by our geriatric team as an opportunity to expand age-friendly services
- The clinical pharmacists worked in collaboration with the physicians and a physician assistant to identify outcomes and necessary components of the visit

- A workflow was developed by the PharmD resident and presented to the clinical leadership
- After approval by the clinical leadership, HealthTech, a healthcare consulting company, helped with the training and billing requirements
- Feedback was provided by HealthTech and the workflow was updated accordingly

- Visits were conducted during a 60-minute appointment with a pharmacist every Tuesday
- Referrals for the visit could be from a provider or a selfreferral by the patient
- Front desk staff checked patient eligibility and scheduled the appointments

Required Elements	
Health Risk Assessment (HRA)	Measurements and vitals
Establish patient's medical and family history	Establish a current providers and supplies list
Review current medications	Detect any cognitive impairment
Review the patient's potential depression risk factors	Screen for potential SUDs
Establish the patient's list of risk factors and conditions	Provide advanced care planning (ACP) services at the patient's discretion
Establish an appropriate patient screening schedule	Provide personalized patient health advice and appropriate referrals
Social Determinants of Health (SDOH) risk assessment*	*optional

- Health Risk Assessment Components:
 - General health and health literacy
 - Physical activity
 - Tobacco, alcohol, and recreational drug use
 - Nutrition
 - Sleep

- Health Risk Assessment Components:
 - Social and emotional support
 - Depression/anxiety
 - Activities of daily living/cognitive function
 - Fall risk and safety
 - Advanced directives

- The first visits were conducted on January 28th, 2025
- After 3 months of visits, data was collected and analyzed

RESULTS





Since January 28th, 2025, 12 visits have been completed

14 referrals total

RESULTS

- 100% of the visits have been completed with female patients
- Age range: 66-88 years old
- Average age: 73.4 years
- II referrals were from PCP
- I self-referral

RESULTS



VACCINES GIVEN: 4



CANCER SCREENINGS RECOMMENDED: 24



DEXA SCANS RECOMMENDED: 8



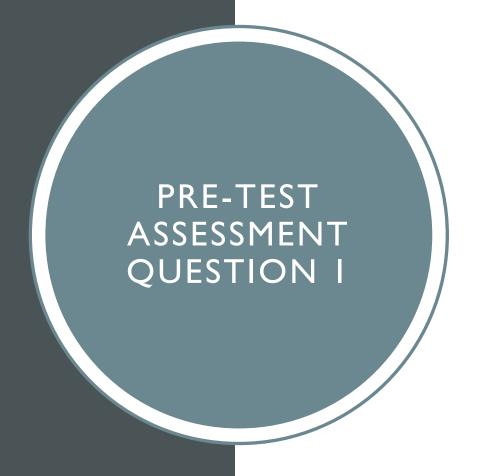
MINI-COG EXAMS PERFORMED: 5

DISCUSSION

- The limitations currently include patient buy-in and referrals for the service
- The service is conducted by the pharmacy resident and clinical pharmacist but has the potential to be expanded to other healthcare staff
- Pharmacists routinely stay up to date on immunization schedules and preventive care guidelines
- There is potential for practice revenue generation when integrated efficiently

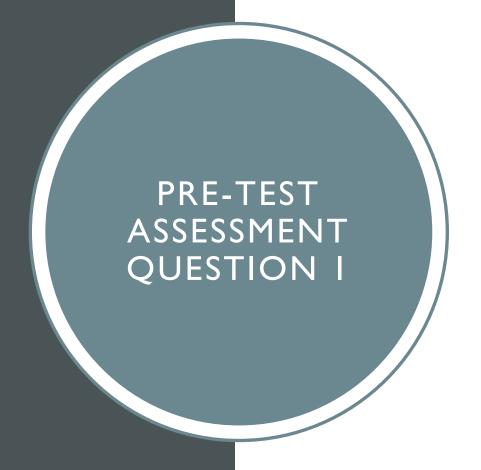
CONCLUSION

- Annual Wellness Visits have increased awareness and preventative services and screenings for the older patient population
- This service expands the clinical pharmacist's role and capitalizes on their medication and preventive care expertise



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THANK YOU!



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