GSA Webinar Series

Discussion on the Medicare Annual Wellness Visit for the Older Adult: Challenges and Opportunities

SUPPORTED BY THE GSA INNOVATION FUND: THE GENERATIVITY EFFECT

Webinar Panel

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Webinar Agenda

National Academy on an Aging Society:
non-partisan public policy institute of
The Gerontological Society of America

Panel Discussion

Q&A

Purpose

The purpose of the AWV was to encourage preventive care and mitigate health risks in aging patients through required age-appropriate and risk modifying screenings and assessments.
The Medicare Annual Wellness Visit

- Health status
- Psychosocial risks
- Behavioral risks
- Cognitive functioning
- Physical functioning
- Biometric health indicators

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Disparities in Healthy Aging

Age- and sex-adjusted prevalence rate of older adults who are healthy, 2000-2014

Availability of the AWV

- Offered at half of primary care practices
- Less likely to be offered in practices that serve underserved populations
- Practices that offer AWVs have generated more revenue than those that do not
  - Reimbursement from Medicare greater for AWVs than for most traditional medical visits
- Potential to widen resource gaps

Trends in Adoption of the AWV

- More likely to get AWV
  - White, urban-dwelling, high-income, received previous visit
- Less likely to get AWV
  - Non-white, medically complex, dually enrolled in Medicare and Medicaid


Ganguli, Souza, McWilliams, & Mehrotra (2017);
Health Promotion Opportunities

- Smoking: Beneficial to cut back or quit at any age.
- Falls: Raise the awareness but don’t instill fear.
- Incontinence: You know how to ask.
- Cardiovascular Screening: Heart Healthy Behavior.
- Depression: Endemic.
- Alcohol: A hidden secret.
- Driving: Safety and optimization is key.
- Safe sex: YES it happens.
- Cognition
- Physical Activity
- Immunizations

Ongoing Verbal Reinforcement and Rewards

- Continue to address health promotion behaviors and provide the patient with positive reinforcement as well as other rewards of interest to the patient.
- The annual visit/check will help...set up systems with health promotion on F/U notes.
- Help patient recognize health related rewards: improvement in BP, wt etc
- Use yourself as a reward: a hug, a visit.
Personalized Health Plan

A Personalized Health Plan:
- Health Advice / Referrals to health education
- Specific recommendations to reduce identified risk factors
- Promote self-management and wellness
- Weight loss, physical activity, smoking cessation, fall prevention, and nutrition

Figure 1. Medicare part B beneficiary use of preventive services, 2011–2016. a Incomplete data

* Incomplete data
Moving From Sickness Care to Promoting Health

- Documentation
- Prioritize time
- Belief in the benefit of service

Implementation

To enhance AWV implementation, NPs and other health care staff must have open discussions about prevention to increase understanding of how the AWV can be used to support preventive efforts. Effective utilization of reimbursed time for the provider, patient, and health care team to gather relevant information and collaboratively identify goals related to preventive screening, risk reduction and lifestyle behavior change can help patients and providers embrace prevention.
Team Member Roles

Primary care provider
- Review AWV findings and create care plan

Medical assistant/nurse
- Administer SDOH screening tool, document in EHR

Social worker/mental health professional
- Conduct behavioral health screenings

Community health worker
- Connect patient to health and social services

Tools

Evidence-based tools are necessary to systematically assess the processes and outcomes of the AWV so that the findings are robust and may be applies across the population.
- Electronic or paper-based screen of 13 health behaviors and psychosocial issues
- Provides follow-up questions for positive screens
- Assesses patient readiness for change
- Identification the patient’s most important topic
- Automates patient and clinician feedback
- SMART goal setting and action planning materials
- www.MyOwnHealthReport.org

Basic patient and clinician goal advice (electronic) and goal setting (paper)
MOHR Study Overview

Cluster-randomized pragmatic trial in 9 diverse pairs of primary care practices to test whether they could implement My Own Health Report (MOHR). Outcomes included:

- Whether practices would *adopt* and *implement* MOHR
- How practices would *implement* MOHR
- Practice *reach* of the MOHR assessment
- *Effectiveness* of the MOHR assessment

MOHR Findings
Did anyone help you set a goal...

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<td>Drug Use</td>
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<td>Stress Level</td>
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<td>Anxiety/Depression</td>
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<tr>
<td>Sleep</td>
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<td>0.003</td>
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Have you made any positive changes...

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<td>Control: 49.9 %</td>
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<td>Control: 48.2 %</td>
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<td>Control: 14 %</td>
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<td>Drug Use</td>
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<td>Anxiety/Depression</td>
<td>Intervention: 29.2 %</td>
<td>Control: 24.6 %</td>
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<tr>
<td>Sleep</td>
<td>Intervention: 30.2 %</td>
<td>Control: 24.4 %</td>
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The MOHR as an AWV Assessment Tool

- Patients have unrecognized preventive, chronic care, health behavior, and mental health needs
- Fielding an Health Risk Assessment—like MOHR—takes planning, time, staff, resources, and commitment
- Tailoring implementation to meet local needs and workflow is key to success
- Patients and practices can benefit from using evidence-based tools like MOHR
GSA Toolkits

Social Determinants of Health Screening: A New Approach

**PRAPARE**

- Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences, National Association of Community Health Centers
- Core measures
- Optional measures
- Electronic health record compatible

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**ACCOUNTABLE HEALTH COMMUNITIES**

- Center for Medicare and Medicaid Innovation
- Links health care systems with community services through “bridge organizations” to coordinate care
- Tool measures domains that could negatively impact health and health care utilization
- Five core domains
- Eight supplemental domains
In an Enhanced AWV, Medicare beneficiaries would engage with primary care teams to develop a tailored plan that moves beyond basic lifestyle counseling to identify and address social risk factors that contribute to health disparities. In this way the Enhanced AWV of the future may help to reduce disparities in health aging and longevity for the most vulnerable older adults.
Policy Recommendations

- Medicare AWV should be revamped to identify and address social determinants of health
- Enhanced AWV would engage patients with primary care teams to develop tailored care plan that addresses social risk factors
- Enhanced AWV may help reduce disparities in healthy aging and longevity among older adults

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Panelists’ Key Messages
Clarifying Questions?

- We will not be using the “raise hand” feature today
- Please use the “questions” feature accessible on the right side of your screen
- If we do not get to all of the questions today, we will email responses after the webinar

Thank you for joining us today!

Archived recording at www.geron.org/webinar

Webinar Evaluation

In an effort for continual improvement, we would like to hear your thoughts. Please provide feedback by clicking the survey link at the end of the webinar.

Thank you again and we hope you enjoyed the program!
Thank You

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Next issues:
- Older American Act and the Aging Network
- Use of Medical Cannabis Among Older Persons

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