# Annual Wellness Visit Pilot Program Needs Assessment

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## Background

Annual Wellness Visits (AWV)[1-3]
- Emphasizes preventative health care
- Covered by Medicare Part B at no cost to the beneficiary starting in 2011
- Includes: PMH, SH, FH, mental health, functional ability, cognition, end of life planning, list of current providers, education of health behaviors, development of personalized screening schedule for the next 5-10 years

Uptake of services remains low
- State specific reports demonstrate AWV rates between 2-14%[4-5]
- Over 60% of beneficiaries are not aware of the service[5]
- Cause of low-uptake likely multifactorial:
  - Insufficient reimbursement for time required[5]
  - Confusion regarding coding and billing[4]
  - Perception that penetrative care is addressed at other routine visits[6]

## Objective

To describe the provision of preventative care through AWV compared to usual care at an urban, academic Family Medicine Practice (UFP)

## Methods

**Retrospective chart review**
- All Medicare beneficiaries seen at UFP between 1/1/16 and 12/31/16
- Classified into two cohorts based on completion of AWV during the study year
- Chart reviews were conducted for all patients who completed an AWV and a random sample of 100 patients who received usual care.

**Data Collection**
- Vaccine history, hearing and vision exams, depression and dementia screening, dual energy x-ray absorptiometry (DEXA) scans, fall risk assessments, mammograms, colonoscopy, medication reviews
- Evaluated for appropriateness of preventative services based on United States Preventative Services Task Force (USPSTF) and Center of Disease Control (CDC) recommendations
- Considered to have received a preventative service if it was administered or if it was offered but the patient declined.
  - For depression, dementia and fall risk a validated screening tool must be employed

**Statistics**
- Due to limited population size, bootstrapping confidence intervals (CI) were used to estimate the difference in and significance of proportions
  - ~5,000 bootstrap samples were considered sufficient for convergence

## Results

7 of 1,526 eligible patients (0.46%) received an AWV
- 44% of Usual Care cohort under 65 years old. No significant differences in the proportion of preventative services received in these patients compared to those ≥65 years

**Table 1. Demographics**

| | AWV (n=7) | Usual Care (n=100) |
|---|---|---|
| Age<br>Mean, y (range) | 72 (61-74) | 64 (43-79) |
| Gender<br>Female, n (%) | 6 (86%) | 68 (68%) |
| Race<br>African American, n (%)<br>Caucasian, n (%)<br>Other, n (%) | <br>4 (57%)<br>2 (29%)<br>1 (14%) | <br>90 (90%)<br>10 (10%)<br>0 |

**Table 2. Provision of Preventative Services**

| Service | AWV (n=7) | Usual Care (n=100) | CI (95%)[a] |
|---|---|---|---|
| Immunizations | | | |
| Influenza, n (%) | 6 (85%) | 35 (35%) | 0.19-0.72 |
| Pneumonia,[b] n (%) | 5 (100%) | 36 (64%) | 0.23-0.48 |
| Shingles,[c] n (%) | 5 (71%) | 18 (28%) | 0.038-0.75 |
| Tdap, n (%) | 3 (43%) | 36 (36%) | -0.3-0.47 |
| Screenings, in-office | | | |
| Hearing, n (%) | 6 (86%) | 15 (15%) | 0.39-0.9 |
| Vision, n (%) | 3 (43%) | 3 (3%) | 0.083-0.78 |
| Depression, n (%) | 6 (86%) | 15 (15%) | 0.4-0.9 |
| Dementia, n (%) | 4 (57%) | 3 (3%) | 0.19-0.85 |
| Fall risk, n (%) | 5 (71%) | 6 (6%) | 0.33-0.96 |
| Screenings, referral | | | |
| DEXA, n (%) | 2 (29%) | 29 (29%) | -0.32-0.37 |
| Mammongram,[d] n (%) | 3 (50%) | 24 (36%) | -0.25-0.55 |
| Colonoscopy, n (%) | 4 (57%) | 33 (33%) | -0.15-0.59 |
| Medication Review, n (%) | 7 (100%) | 18 (18%) | 0.74-0.89 |

[a]Calculated using ~5,000 bootstrap values, [b]65 years and older (AWV n=5; Usual Care n=56), [c]60 years and older (AWV n=7; Usual Care n=64), [d]Women (AWV n=6; Usual Care n=68)

## Discussion

Lower uptake than reported in previous studies

Overall AWV improved provision of preventative services
- Patients receiving AWV compared to Usual Care had significantly greater rates of: vaccination opportunities (influenza, pneumonia, and shingles), hearing and vision screenings, medication reviews, depression, dementia and fall risk screenings
  - No difference in tetanus vaccination opportunities, DEXA scans, mammograms, or colonoscopies
- 50% of Medicare beneficiaries did not receive recommended preventative services (excluding vaccinations)

Limitations
- Single practice, low uptake of services, small sample size
- Greater proportion of Medicare population under 65 yo than nationally (~16%)

Continued opportunities to improve preventative services for Medicare beneficiaries. AWV can fill this gap.

## Conclusions

AWVs improve the provision of preventative services, even in a population with regular primary care and access to services. While uptake of AWV was much lower than previously reported studies, this may be more representative of unmet needs within underserved populations.

## References

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