Realizing the Value of Annual Wellness Visits

Kyle Moore & Dan Hager
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Speakers & Disclosure

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• Lani Alison, Director, Care Coordination & Outcomes *(former)*
• Dr. Tom Auer, CEO – BSMG in Richmond & Hampton Roads
• Michelle Berkley-Brown, Director Ambulatory – Baltimore
• Richard Green, Director, Revenue Cycle
• Akbar Khan, VP Service Line Development
• Dr. Andrea Mazzoccoli, SVP, CNO
• Kyle Moore, VP Ambulatory & Home Care
• Dr. Anselmo Nunez, CEO – BSMG in Greenville
• Dr. Liana Orsolini, Care Delivery & Advanced Practice System Consultant
• Ken Petronis, CEO, GoodHelp ACO
• Dr. Martin Portillo, Director, Population Health
• Dr. Marlon Priest, EVP, CMO
• Dr. Patty Sengstack, CNIO
• Deann Tate, Director, Coding Effectiveness
• Tyler Walters, VP Physician Services – BSMG in Kentucky
Objectives

• Upon completion of this activity, participants should be able to:
  – Understand how an integrated healthcare delivery system demonstrated the value of Annual Wellness Visits in improving preventive health screening and improve patient engagement and loyalty in the process
  – Learn how a greater than 50% completion rate for Annual Wellness Visit was achieved
  – Identify strategies and tactics for leveraging the AWV to achieve system goals and elite performance
Bon Secours Health System, Inc.
Bon Secours Health System, Inc.

**Kentucky**
1 Hospital, Home Health, 72 Provider Practice FTEs

**Greenville**
1 Hospital with 2 locations, 2 Outpatient Surgery Centers, Home Health, 294 Provider Practice FTEs

**Roper St. Francis**
3 Joint Ventured Hospitals, 150 physician partners

**St. Petersburg**
Skilled Nursing, Assisted Living, Home Health

**Charity**
Minority partnership in 3 Hospitals, 2 Skilled Nursing Facilities, Home Health, Group Practice

**New York**
Skilled Nursing, Assisted Living, Home Health

**Baltimore**
1 Hospital, 12 specialty and outreach centers, 4 Provider Practice FTEs

**Richmond**
5 Hospitals (+1 Joint Ventured), Free-standing EDs, 2 Surgery Centers, Home Health, 312 Provider Practice FTEs

**Hampton Roads**
3 Hospitals (+1 Joint Ventured), Free-standing ED, 3 Surgery Centers, Home Health, Skilled Nursing, Assisted Living, 162 Provider Practice FTEs

* Dots only represent current practices for Roper St. Francis Healthcare
Pursuing Clinical Transformation

Clinical Transformation

Core Care Capabilities
- Care Coordination
- Safety and Reliability
- Engagement and Loyalty

Targeted Population/Market Segments
- Primary Care
- Senior Services
- Emergency Services
- Behavioral Health

C-EMT

Nursing EMT
Executive Physician Leaders

Community of Practice

Care Councils
Market Segments
Quality Improvement Teams
Informatics

Integrating with Teams From All Areas:
- Performance Improvement/LEAN
- Supply Chain and Pharmacy-CVAT
- Productivity/Labor Management
Goals set on the **Strategic Quality Plan (SQP)**. Success monitored through our **Board Summary Dashboard**.

**Desired Future**
- Healthy community coalitions and structures in place and active
- Public health partnerships in place and active
- Affordable housing initiatives funded
- Improvement demonstrated in at least two social determinants
- Gallup self-reported well-being increased
- Robert Wood Johnson Foundation county health rankings improved

**AWVs completed (80% Medicare recipients, employees, and risk contracted)**

- Convenient care is available 24/7 (primary care, retail, home and virtual) decreasing time to access care
- Annual wellness visits completed (80% Medicare recipients, employees and risk contracted)
- Highest community ranking for perception of most personalized care (National Research Corporation) achieved
- Top decile achieved for ACO metrics, value-based reimbursement, mortality and hospital-acquired conditions
- Networks are preferred and affordable with our facilities ranked 4 or 5 stars (hospitalcompare.gov)

- Impact of global ministries is expanded
- A leading health disparity is improved or eliminated and availability of behavioral health services is improved
- Number of uninsured in our communities is reduced by 10%
- Annual BSHSI water consumption is reduced by 10%
- Five BSM priorities show positive results
- Targeted vendors have committed to at least one BSM advocacy priority (e.g., human trafficking)

- Top decile physician and employee engagement is achieved
- Diversity/equity and inclusion are recognized nationally
- Retention of entry-level employees increases through just wage and benefit improvements
- Innovation Institute commercializes three BSHSI ideas
- Employee health and well-being indicators improve
- Net revenues exceed $4.0 billion
- A 4.0% sustainable operating margin is achieved
- We are culturally operating as One Bon Secours
## Board Summary Dashboard

Bon Secours Health System, Inc.
For The Five Months Ending January 31, 2017

### Short Term Board Approved Goals

<table>
<thead>
<tr>
<th>Indicator Description</th>
<th>Timing</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Acquired Infections - SIR</td>
<td>ML</td>
<td>Standardized Infection Ratio used by CMS for VBP</td>
</tr>
<tr>
<td>Mortality Index - Medicare VBP</td>
<td>M3L</td>
<td>Medicare Only, Diagnoses - AMI, HF, PNI, COPD</td>
</tr>
<tr>
<td>Patient Engagement - HCAHPS Overall % Top Box</td>
<td>ML</td>
<td>% of Top Box (9 or 10) on 0-10 ranking</td>
</tr>
<tr>
<td>Patient Engagement - HCAHPS Overall Percentile Ranking</td>
<td>ML</td>
<td>Percentile ranking associated with % Top Box</td>
</tr>
<tr>
<td>Pct Medicare Patients w Annual Wellness Screening</td>
<td>M</td>
<td>Based on ConnectCare practices only</td>
</tr>
<tr>
<td>Continuity of Care - % of MSSP Claims within BSHSI</td>
<td>M3L</td>
<td>% of MSSP Part A Claims Occurring at BSHSI Facilities</td>
</tr>
<tr>
<td>Readmission Index- Reform Subset, Medicare</td>
<td>M3L</td>
<td>Medicare population only</td>
</tr>
<tr>
<td>Depression Screening Rate</td>
<td>M</td>
<td>% of patients receiving PHQ-2 Screening and Follow-up</td>
</tr>
<tr>
<td>Total Cost per Case (without Physician Practices)</td>
<td>M</td>
<td>Targeting Budget; Stretch 0.5% &lt; Budget</td>
</tr>
<tr>
<td>Adjusted Operating EBIDA</td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>

### Long Term Board Approved Goals

<table>
<thead>
<tr>
<th>Indicator Description</th>
<th>Timing</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Star Ratings - % 4 or 5</td>
<td>M</td>
<td>Currently includes Acute, HIL, SNF</td>
</tr>
<tr>
<td>Operating Margin</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Gallup Employee Engagement</td>
<td>A</td>
<td>Surveying Spring 2017</td>
</tr>
<tr>
<td>Gallup Employee Engagement - Inclusion Index</td>
<td>A</td>
<td>Surveying Spring 2017</td>
</tr>
<tr>
<td>Physician Engagement - Percentile Ranking</td>
<td>A</td>
<td>Surveying Summer 2017</td>
</tr>
</tbody>
</table>

### Co-Create Healthy Communities

<table>
<thead>
<tr>
<th>Indicator Description</th>
<th>Timing</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Dollars Community Benefits</td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>

### Be Person Centric

<table>
<thead>
<tr>
<th>Indicator Description</th>
<th>Timing</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality Index</td>
<td>M3L</td>
<td>All Payer, Excludes Hospice</td>
</tr>
<tr>
<td>Patient Engagement - IP HCAHPS Overall - ED</td>
<td>ML</td>
<td>% 9s or 10s in HCAHPS, IP admitted thru ED</td>
</tr>
<tr>
<td>Patient Engagement - Nursing Communication</td>
<td>ML</td>
<td>% Top Box responses for Nursing Communication</td>
</tr>
<tr>
<td>Patient Engagement - Doctor Communication</td>
<td>ML</td>
<td>% Top Box responses, Doctor Communication domain</td>
</tr>
<tr>
<td>Patient Engagement - Addressed Spiritual Needs</td>
<td>ML</td>
<td></td>
</tr>
<tr>
<td>Patient Engagement - CG-CAHPS Overall Rating</td>
<td>ML</td>
<td>% 9 or 10 on overall provider rating</td>
</tr>
<tr>
<td>Patient Engagement - CG-CAHPS: Access</td>
<td>ML</td>
<td>% Top Box, Access Domain</td>
</tr>
<tr>
<td>Serious Safety Event Rate (SSER)</td>
<td>ML</td>
<td></td>
</tr>
<tr>
<td>Days to Third Next Available Appointment</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>MyChart Activation Rate</td>
<td>M</td>
<td>Enterprise Rate, % the same for all Markets</td>
</tr>
<tr>
<td>Primary Care Provider Growth</td>
<td>M</td>
<td>Results reflect MTD FTEs within Lawson</td>
</tr>
<tr>
<td>Unique Patients within BSMG Prior 18 Months</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>ACO Quality Metrics - % of Points Available</td>
<td>ML</td>
<td>Points Earned based on ConnectCare (13 measures)</td>
</tr>
<tr>
<td>MSSP - Post Discharge Office Visits (7 Days, PCP)</td>
<td>ML</td>
<td>Patient must be seen in a BSHSI CC Hospital/Practice</td>
</tr>
<tr>
<td>MSSP SNF LOS</td>
<td>M3L</td>
<td></td>
</tr>
<tr>
<td>MSSP SNF Preferred Network Utilization</td>
<td>M3L</td>
<td></td>
</tr>
<tr>
<td>Home Health Acute Care Referral Capture Rate</td>
<td>M</td>
<td>% MSSP home health discharges to BSHSI HH</td>
</tr>
<tr>
<td>Advance Care Planning Notes Created for Target Population</td>
<td>M</td>
<td></td>
</tr>
</tbody>
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**Board Approved Goals**

- Co-Create Healthy Communities
- Be Person Centric

Short-Term Board Approved Goals are basis of annual executive and leadership incentive compensation program.
Building a High-Functioning Medical Group

The core care capabilities required for successfully managing the health of populations are dramatically different than the historically inpatient-focused paradigm under which many health system group practices were organized.

Managing the “white spaces” for triple aim success across the continuum requires a very different set of expectations for many providers.

Medical Groups function differently than the old hierarchical approach to quality many hospitals took, requiring a biologic approach to engage providers for self-directed change.
Small-Group Interaction

• What is your organization’s strategy for quality improvement and the provision of preventive services specifically?
• What is the group practice’s role in setting and executing your quality strategy?
What is a Medicare Annual Wellness Visit?
Only 42% of U.S. seniors report very good or excellent health.

Despite 94% having a dedicated provider, gaps still exist in key preventive services and measures of wellness.

Source: America’s Health Rankings by United Health Foundation
http://www.americashealthrankings.org/measures
Medicare Annual Wellness Visits

• Beginning in 2011, Medicare covered an Annual Wellness Visit to develop or update a personalized prevention plan at no-cost to the beneficiary.

• The intent of this service is to remove barriers to Medicare beneficiaries receiving recommended preventive services to support a healthier life through disease prevention, early detection, and lifestyle modification.
Medicare Wellness Visit Types

• **Welcome to Medicare Visit**
  – Previously known as an “IPPE” – Initial Preventive Physical Exam; a misleading name, as it includes only vital signs and visual acuity
  – Must be offered within 12 months of Medicare eligibility

• **Annual Wellness Visits (AWV)**
  – **Initial** Annual Wellness Visit
    • 2nd year of Medicare eligibility (13-24 months)
  – **Subsequent** Annual Wellness Visit
    • 3rd year of Medicare eligibility and each additional year 25+ months

**Important Points**
• Not a “routine physical”
• Acute E/M service may be separately reported
• Patient may request a complete physical exam but are responsible for the full cost
Little Utilized Service

Medicare Part B, Annual Wellness Visit Utilization
2014 - 2016

National Average (Medicare Part B)
“Be Person Centric” through Annual Wellness Visits

The AWV is a critical component of being “Good Help”, delivering on our commitment to Medicare, improving our quality, and delivering on our SQP.

**Desired Future**

Annual wellness visits completed (80% Medicare recipients, employees and risk contracted)

Top decile achieved for ACO metrics, value-based reimbursement, mortality, and hospital-acquired conditions
With its impact on care coordination, safety and reliability, and engagement and loyalty, the Annual Wellness Visit (AWV) is well situated to help facilitate BSHSI’s Clinical Transformation strategy.
Improving Annual Wellness Visit Rates
Improving Medicare Annual Wellness Visit Rates

People
• Measured Medicare Annual Wellness Visit rate for Board reporting
• Included goal of 80% by 2018 in SQP
• Set goal for Short-Term Executive Incentive program and local provider compensation programs
  • FY16: 50%
  • FY17: 65%
• Heavily emphasized in annual coding effectiveness training
• Include in staff annual performance goals

Process
• Designed and implemented extensive communication activities
  • Employee communications
  • Practice staff scripting for in office and outreach
  • Marketing materials
• Utilized system-wide forums to identify and disseminate local best practices
• Established practice “daily huddles”
• Included in PCMH and ACO activities

Technology
• Created “SmartSet” in ConnectCare (Epic EMR) addressing all statutory requirements of AWV and included in training
• AWV flags within EMR
Established reporting at the system and local market level...

...followed by the practice and provider level.

Source: COCOA (ConnectCare)
Developed and deployed print and electronic communication pieces across BSHSI practices, websites, and patient portal (MyChart)
Developed workflow and scripting for outreach to patients in and out of the office.
Medicare Annual Wellness Visits: BSHSI Performance

Bon Secours Health System, Inc.
Annual Wellness Visit Performance - FY2015 & FY2016

BSHSI: Pts with IPPE/AWS / Medicare Pts Seen

BSHSI FY16 Target

National Average (Medicare Part B)
Small-Group Interaction

• Do your primary care providers regularly provide Annual Wellness Visits?
  – If so, why did your group practice focus on them and how did you implement?
  – If not, why not? What are the major barriers you have experienced?
Improving Engagement, Loyalty, & Quality through the Annual Wellness Visit
Engagement & Loyalty: Widening “The Funnel” with AWVs

AWVs present a unique opportunity to drive engagement and loyalty, as we build relationships with our patients and communities.

Accountable Care Organization (ACO)
Medicare Shared Savings Program (MSSP)

Improved Quality
- 2013 MSSP Quality
  - Quality Score 76%
- 2014 MSSP Quality
  - Quality Score 91%
  *Highest score for ACO >400 Members
- 2015 MSSP Quality
  - Quality Score 93%

Population Growth
- 2013 57,000 Patients
- 2014 65,000 Patients
- 2015 70,000 Patients

Annual Wellness Visits Contributed to Growth in MSSP

Trends
- 2012 CMS National Expense Baseline +4%
  - 2013 Good Help ACO + 1%
  - 2014 Good Help ACO + 1%
  - 2015 Good Help ACO (Trending) – 2.3%
  
Reduction in MSSP Spend for MSSP
AWVs & Quality Performance

How have we impacted the preventive care of our patients through completion of AWVs?

Of the eligible patients for each measure in our Meaningful Use Quality Measures, how many were seniors who also had an AWV?

<table>
<thead>
<tr>
<th>Title</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>57.95%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>33.81%</td>
</tr>
<tr>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>54.89%</td>
</tr>
<tr>
<td>Preventive Care and Screening: Influenza Immunization</td>
<td>57.86%</td>
</tr>
</tbody>
</table>

*Time Frame: Calendar Year 2015
Data Source: Meaningful Use Quality Measures - ConnectCare*
AWVs & Quality Performance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Eligible</td>
<td>Measure Met</td>
<td>Measure Not Met</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>33035</td>
<td>15317</td>
<td>9965</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>122793</td>
<td>31376</td>
<td>64158</td>
</tr>
<tr>
<td>Pneumonia Vaccination</td>
<td>215999</td>
<td>90713</td>
<td>78614</td>
</tr>
<tr>
<td>Influenza Immunization</td>
<td>97652</td>
<td>64492</td>
<td>5621</td>
</tr>
</tbody>
</table>

While the causal relationship is unclear, there is a significant difference in quality measures performance between those without and those with an AWV.

*Influenza immunization rate includes patient declinations.

Time Frame: Calendar Year 2015
Data Source: Meaningful Use Quality Measures - ConnectCare

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# Closing the Gap

<table>
<thead>
<tr>
<th></th>
<th>No AWV - % Met</th>
<th>AWV - % Met</th>
<th>CMS ACO Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>60.6%</td>
<td>88.7%</td>
<td>90%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>32.8%</td>
<td>67.2%</td>
<td>90%</td>
</tr>
<tr>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>53.6%</td>
<td>84.5%</td>
<td>90%</td>
</tr>
<tr>
<td>Influenza Immunization</td>
<td>92.0%*</td>
<td>96.9%*</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Two-Fold Opportunity:**

Improve rates of AWVs completed

Achieve elite performance through post-A WV LPOC

*Influenza immunization rate includes patient declinations.*

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*Time Frame: Calendar Year 2015  
Data Source: Meaningful Use Quality Measures - ConnectCare*
Longitudinal Plan of Care (LPOC)

LPOC Criteria
- Health Risk assessment
- List of current providers and prescriptions
- Advanced Care Planning
- Review of medical/family history
- Height, weight, blood pressure, etc.
- Cognitive impairment
- Personalized health advice
- Risk factors and treatment options
- Preventive services schedule
- Goal setting, tracking, and mediation
- Self management/personal prevention plan
- Referral initiation, communication, and tracking
- Discharge summary
- Laboratory/test tracking
- Care coordination documentation

Pulls patient care management information across care settings into Snapshot and Summary report activities in the EMR to support improved care coordination. Extends the “prevention plan of care” from the AWV across the continuum.
Achieving Clinical Excellence

Safety & Reliability

Clinical Excellence as One Bon Secours Medical Group

AWV

Care Coordination

The AWV is core to our strategies for achieving clinical excellence in the BSMG.

Obtain appropriate reimbursement for TCM and ACP

Improve transitional care management and advance care planning

Improve ACO Quality Measures Performance

Obtain appropriate reimbursement for tobacco cessation and depression screening

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Small-Group Interaction

• What focus, if any, does your organization have on delivery of preventive services?
  – What approaches have you found successful?
  – What barriers have you encountered?
  – What has been the benefit to your patients and to your organization?

• What other strategies and tactics have you utilized to improve engagement, loyalty, and quality in your group practice?
Next Steps & Tying It All Together
Next Steps: Outreach & Access

• How can we leverage technological and other solutions to drive protocol-based outreach to patients for completing their Annual Wellness Visits (e.g. text message, patient portal)?

• As we increase our goals for Medicare Annual Wellness Visits rates, how do we manage overall access to our primary care network?

• How can we align the infrastructure driving this initiative to reach other populations as clinically appropriate?
Next Steps: Comprehensively Engaging Our Providers & Patients

Launch of Provider Dashboard, including performance rate and 2-click drilldown to list of patients missing an Annual Wellness Visit

Holistically asking ourselves, “How are we...
• Growing primary care
• Driving preventive services for all populations
• Using MyChart
• Promoting Continuity of Care
...to drive patient engagement and earn patient loyalty?”
Tying It All Together

Bon Secours’ strategic focus on Annual Wellness Visits has resulted in numerous benefits.

For our patients & communities
- Improved quality of care
- Access to full range of offerings to manage health (e.g. MyChart, ACO resources)
- Full value of preventive services available to them

For our providers
- Improved quality of care
- Personal satisfaction
- Performance enhancing tools
- Financial benefit

For our payor (CMS)
- Improved preventive services delivery and associated benefits
- Higher utilization of a strategically prioritized service

For our health system
- Improved quality of care
- Patient and revenue growth
- Acceleration to culturally operating as “One Bon Secours”
Full Group Interaction

• What is one thing you will take back to your organization after today’s session?