RN Wellness Visits
A Population Health Strategy

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Mercy Clinic – Four Rivers

November 2014
Four Rivers Clinic Demographics

- PCP – 49
- NP – 33
- Locations – 18
- Zip Codes – 14

What is Annual Wellness Visit?

- CMS introduced Annual Wellness visit in 2011
  - As required by ACA
- To develop a personalized prevention plan
- Specific requirements:
  - Physical Assessment (Height, Weight, BMI, Blood Pressure)
  - Health Risk Assessment Questionnaire Completed
  - Functional Assessment
  - Review & Update Current Providers (PCP, Specialists, DME)
  - Heath History Review & Update
  - Medication Reconciliation & update preferred pharmacy
3 Types Medicare Wellness Exams

- INITIAL PREVENTIVE PHYSICAL EXAM
  - Welcome to Medicare
  - New Medicare B recipient within first 12 mo eligibility
  - G0402

- INITIAL ANNUAL WELLNESS EXAM
  - Past first year of Medicare B eligibility.
  - Never received IPPE or has been > 12 mo since IPPE.
  - G0438

- SUBSEQUENT ANNUAL WELLNESS
  - Past first year of Medicare B eligibility.
  - > 12 mo since last AWV
  - G0439

Medicare Wellness exams

Medicare allowable
- $152.29 G0402 Welcome to Medicare
- $157.21 G0438 Annual Initial Wellness Visit
- $103.04 G0439 Subsequent Wellness Visit

Work RVU:
- 2.43 G0402 Welcome to Medicare
- 2.43 G0438 Initial Annual Wellness
- 1.50 G0439 Subsequent Annual Wellness
Medicare AWV Billing

- Can bill an E&M in addition
- -25 modifier must be used when billing E&M with the appropriate G code
- Health Risk Assessment must be completed every year and documented when patient seen for AWV.
- Co-pay and/or deductibles apply on the E&M portion if billed same time AWV performed.

Who Can Deliver AWV

- Must be a health professional:
  - A physician
  - A physician assistant, nurse practitioner, or clinical nurse specialist
  - A medical professional working under the direct supervision of a physician.
    - Health educator
    - Registered dietitian or nutrition professional
    - Other licensed practitioner
    - Or a team of such medical professionals
    - As long as they are licensed in the State and working within their state scope of practice.
**Supervision**

- Physician providing supervision of RN
  - Wellness RN works under their supervision
  - Physician must be present in office
- Nurse Practitioner provides supervision of RN
  - Covered for Medicare FFS patients
  - Medicare Advantage contracts may vary on whether NP can provide supervision for RN
  - NP must be in the office
  - Reimbursement from CMS is 85%

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**AWV Summary**

<table>
<thead>
<tr>
<th>Type of AWV</th>
<th>Code</th>
<th>Reimbursement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome to Medicare (IPPE)</td>
<td>G0402</td>
<td>$152.29</td>
<td>Opportunity expires after first 12 months of Medicare Part B coverage. <strong>Must be performed by physician or NP/PA.</strong></td>
</tr>
</tbody>
</table>
| Initial AWV              | G0438 | $157.21       | Medicare pays for only one first AWV per beneficiary per lifetime. **Can be performed by physician, NP/PA, or Nurse.**  
                          |       |               | >12 mo after IPPE or after 1st yr MCR                                                        |
| Subsequent AWV           | G0439 | $103.04       | Medicare pays for one subsequent AWV per year thereafter initial AWV. **Can be performed by physician, NP/PA or Nurse.**  
                          |       |               | >12 mo after last AWV                                                                          |
Advantages of Wellness Nurse

- **Assist with Prevention measures**
  - UHC COI, ACO, HEDIS compliance
  - Physician compensation for AWV
  - Oversight for coding, review problem list for completeness

- **Better patient care**
  - Patients are given time (1 hour for the visit)
  - Medication reconciliation completed (#1 reason for readmissions)
  - Advance Directive reviewed
  - Preventive programs for seniors information – Silver Sneakers
  - Follow-up with patients who have overdue testing
  - Dementia and Depression screening

Why This Approach

- Population Health Strategy - Medicare population
  - 8,000 covered lives in Shared Savings Medicare Advantage programs
  - 9,700 covered lives in Medicare ACO

- Mercy Adult Primary Care Transformation structure
  - Learned about successful AWV program in North West Arkansas region

- Provider issues
  - Scheduling/capacity issue with potential for 18,000 AWV
  - 2013 only 12% of patients received AWV
Arkansas Approach

- Started in 2010 in clinic in Bella Vista
  - Started one RN and expanded to 3 RNs
    - 1 nurse central practice and 2 travel
  - Nurse revenue and labor stays in clinic
  - 2014 hiring 4th RN

- Office schedules patients for annual wellness visit with RN using scripting

Arkansas Approach

- Phase 1
  - Annual wellness completed by RN
    - Charge incident to physician
    - Visit performed – Nurse spends ~ 1 hour with patient
    - Nurse orders appropriate preventative screening and chronic condition testing based on protocols established by providers
    - No charge to patient
- Phase 2
  - Scheduled for follow-up chronic care visit with provider in 5-7 days
    - Test results available to provider
    - Patients would have co-pay
    - Nurses leave physicians a message in their inbox if there is concerns with the patient.
Our Approach

• Use Arkansas strategy in our community
• Start with pilot program with select practices
  • Both large & small clinic settings
• Start with 2 RN’s
• Developed financial proforma
• Estimated pilot program would add $90,000 in additional revenue

Proforma

• Labor Costs
  • RN average salary ($25/hr + benefits @ 25%) $65,000
• Potential Visit Volume
  • Nurse sees average 6 patients/ 245 working days
  • Total visits/year potential 1470
• Estimated Medicare FFS Volume at selected clinics
  • MMB-South Clinic 1059
  • Marthasville Clinic 321
  • Warrenton Clinic 392
Estimated Reimbursement potential
• Average reimbursement per visit $137.51
Proforma Nurse 1: 50% of Medicare FFS patients have Nurse Performed AWV

Reimbursement for:
- MMB-South Clinic (530 visits) $ 72,880
- Marthasville Clinic (161 visits) $ 22,139
- Warrenton Clinic (196 visits) $ 26,952
- Net income potential (886*) $ 121,834

* Nurse has capacity to see additional 584 patients; could provide Annual Wellness Visits for Medicare Advantage patients

Wellness Nurse Program- Plan

- Hire
- Location(s), choose clinics
- Establish expectations
- Developed training
- Developed promotional materials & community engagement
- Developed measurements
- Determine financial arrangements
- Developed scheduling
- Developed documentation templates
- Not limit physician or NP
Wellness Nurse Program- Training Nurses

- Shadowed Wellness Nurses in NW Arkansas
- Protocols per physician
  - Preventative measures
  - Refills of medications
- ICD-9 and ICD-10 (basic understanding)
- Cadence for scheduling patients
- EMR
- Care management services available
- Orientation to each office – every office and physician functions differently

Developed Tools to Assist all Providers With AWV
AWV Tools

• Documentation tools:
  • Templates
    • CVmedicarewelcome
    • Cvmedicareinitial/subsequentannual
    • EPIC Smartset
    • MMSE
      • Template and h.o. to scan/copy
    • USPTF screening men and women over 55
      • Template and handout
      • Must be given to patient at end of visit
  • Medicare record review tools
    • H.O. in packet
  • Health Risk Assessment
    • In packet

Patient Engagement

Physician Recommendation
“This is a benefit from Medicare and Liz our wellness nurse will be glad to Perform your wellness visit.”
Patient Engagement

Some physicians send Letters

Dear [Name],

We are pleased to tell you about a new preventative service covered by Medicare. This visit is designed to promote health, detect disease and help begin screening and preventive services. If you would like to go over health concerns this would be a follow-up visit with your primary care provider. This visit can improve your quality of life through prevention. We thought it might be helpful for you to know what to expect during your visit. The Annual Wellness Visit (AWV) is not a visit to address health concerns. The AWV is a visit to review medications (please bring in any medications you are currently taking) and perform an overall health assessment. The AWV consists of two sessions: an initial visit with a Wellness Nurse (RN) and a follow-up visit with your Primary Care Physician later. This can make your visit with your provider more productive and allow you more time.

Here is a brief overview of each visit:

Initial Visit with your Wellness Nurse will include:

- A thorough review of your medical records to ensure accuracy of information.
- An assessment of weight and blood pressure.
- A thorough review of recommended preventative care measures such as Cancer screenings, immunizations, Osteoporosis screening, etc.
- Documentation of your current Specialty Providers to ensure good communication between your healthcare team members.
- Testing and screening for mood, memory, and balance problems.
- A discussion of the current status regarding your living will.
- The ordering of any applicable tests so the results will be available for

Flyers in waiting rooms

Measure it-
It’s an evolution
# Large Visual Rolling Board for ACO Committee

**Beginning Tracking per Physician**

**Current Tracking Per Physician**

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## Components of Tracking Sheet

<table>
<thead>
<tr>
<th>Details of Spread Sheet</th>
<th>The spreadsheet is color coded</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient ID</td>
<td>• <strong>Green color</strong> – Completed</td>
</tr>
<tr>
<td>• Patient Name</td>
<td>• <strong>Orange color</strong> – Needs to be seen within this year</td>
</tr>
<tr>
<td>• PCP Name</td>
<td>• <strong>White color</strong> – Never has been seen</td>
</tr>
<tr>
<td>• Birth Date</td>
<td>• Wellness Visit Date</td>
</tr>
<tr>
<td>• Sex</td>
<td>• Financial Class (FFS or Managed Medicare)</td>
</tr>
<tr>
<td>• Next Appointment Provider Name</td>
<td>• Benefit Plan Name</td>
</tr>
<tr>
<td>• Next Appointment (Date and Time)</td>
<td>• Last PCP visit</td>
</tr>
<tr>
<td>• Patient Age</td>
<td>• AWV last 12 months</td>
</tr>
<tr>
<td>• Next PCP Appointment (Date and Time)</td>
<td>• Chronic Conditions (Diabetes, CAD, CHF)</td>
</tr>
</tbody>
</table>

**Rolling Calendar Year**
Monthly Tracking Report for Each Provider

Dr. Smith - Wellness Visits

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total FFS/Risk Patients</td>
<td>769</td>
</tr>
<tr>
<td>Wellness visits in last year (10/21/2013 - 10/20/2014)</td>
<td>258</td>
</tr>
<tr>
<td>Wellness visits in 2014</td>
<td>258</td>
</tr>
<tr>
<td>Wellness visits in FY2015</td>
<td>58</td>
</tr>
<tr>
<td>Total QSS Eligible Patients</td>
<td>211</td>
</tr>
<tr>
<td>Wellness visits in last year (10/21/2013 - 10/20/2014)</td>
<td>58</td>
</tr>
<tr>
<td>Wellness visits in FY2015</td>
<td>31</td>
</tr>
<tr>
<td>FFS Patients</td>
<td>435</td>
</tr>
<tr>
<td>Risk Patients</td>
<td>334</td>
</tr>
</tbody>
</table>

Tracking AWV

Beginning of Program April 2014

Percentage of Wellness Visits 19%

Four Rivers Annual Wellness Visits
4/21/2013 - 4/20/2014
**Tracking AWV**

**Current Percentage AWV 35%**

Wellness Nurse Visits

- **Performance from May – September 2014**
  - FFS Medicare = 228 visits
  - Medicare Advantage = 300 visits
  - Average 88 visits/month

- **October Performance for 2 RNs**
  - 143 visits
    - Average 6 visits/per day/ per nurse
    - Larger clinics with more resources (personnel and lab on-site)
      - Can perform 8 visits per day
    - Smaller clinics with less resources – Max 6 visits per day. The RN draws blood, vaccinations, and schedules patients for procedures.

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### Patient Satisfaction Survey

*Given to Patient at end of Visit (Drop–off in Box prior to leaving clinic)*

**Please complete our short survey!**

<table>
<thead>
<tr>
<th>Question</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, how would you describe your annual wellness nurse visit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the wellness nurse seem knowledgeable when performing her duties?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How well did the wellness nurse review and answer any questions regarding your medications?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How well did the annual wellness visit make you aware of your health needs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the likelihood you would recommend a wellness visit to another Medicare patient?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

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### Patient Satisfaction

- **Patient Surveys – total 261 surveys**
- Results – Mostly “Excellent” & very few “Very Good”
- Patients’ Written Comments:
  - I learned a lot and I really like the nurse doing the visit she was so patient.
  - I loved the wellness visit and I will tell my friends
  - What a great idea and she gave me time for my exam.
  - The nurse listened and she helped me to understand my health better.
  - That electronic chart is so inaccurate. Glad fixed surgeries.
  - My wellness nurse is personable and thorough. She is also following up w my Dr. regarding 3 questions I have.
Outcome

- Successful pilot – ready to expand to other clinic locations
  - Patients & physician perspective
- Ready to hire 3rd RN in Four Rivers
- Expanding to St. Louis region
- Pilot is at break even after 5 months
  - Based on FFS Medicare revenue only
  - Labor cost 1 RN = $24,524
  - Revenue for AWV = $25,604
- RNs in October seeing 6 patients/day

Lessons Learned

- Physicians initially skeptical
- Needed to minimize travel between offices as that decreases nurses time to see patients
- One nurse traveling to all off-site locations was issue
  - had to balance schedule between 2 nurses
- As program successful more physicians want a Wellness Nurse
- At first patients were confused now patients are onboard and enjoy the visit.
OUR MERCY Strategy: Dimensions of Excellence

Our journey to become a high-performing health ministry will focus on achieving excellence in the five following areas:

- **Clinical Excellence**: Evidence-based practice, System-wide
- **Service Excellence**: Patient experience, Customer orientation
- **High-Performing Health Ministry**: Trust, commitment, excellence
- **Cultural Excellence**: Led by Deaconess, Engagement, Diversity
- **Community Excellence**: Demonstrates commitment to community service
- **Stewardship Excellence**: Growth in excess of need, Clinical financial stewardship, Improves/Maximizes margin

For More Information:

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MEDICARE WELLNESS VISIT

is a 83 y.o. female here today for her had no chief complaint listed for this encounter.

HEALTH RISK ASSESSMENT

She has completed her Health Risk Assessment. I have reviewed this with the patient. See scanned copy in chart. Areas of self-identified risk are addressed below. In general, the patient feels they are in EXCELLENT/GOOD/FAIR/POOR:

MEDICAL RECORD UPDATE

I have reviewed the patient's medical, surgical, family, and social history and updated the electronic patient record. Current medications and allergies were reviewed and updated in computerized patient record. Data Unavailable.

Care Providers:

Patient Care Team: Sgf Amb, Amb/Ip Physician as PCP - General (Family Practice)

No Patient Care Coordination Note on file.

CEREBRAL SCREENING

(Personal, family members:120002: "patient") [ACTION: DOE/DO/NOT:20248] report consents regarding cognitive or behavioral issues. Cognitive ability was also observed and assessed throughout the exam and a MMSE (ACTIONS: WAS/WAS NOT:20375) felt to be indicated.

Mini-Mental Status Exam

DEPRESSION SCREENING (QM)

PHQ2: Positive. PHQ-2 score > 2 or PHQ-9 score > 9

EXAMINATION

Blood Pressure POC

BP Readings from Last 3 Encounters: 07/01/13 125/88 12/22/11 130/80 08/31/11 142/75

BMI POC

There is no weight on file to calculate BMI. Normal BMI ranges:

18.5 to 25: 65 yrs and older: 23 to 30

Visual Acuity

(Exam: eye visual acuity:10310003)

Hearing screen

(Hearing loss:10310002: "normal")

FUNCTIONAL ABILITY AND SAFETY

Fall Assessment

(Fall Risk Assessment:1032430)

Abuse screen

(home safety evaluation:10308230: "None")

Fall Risk (QM)

(Fall Risk Assess:10308213)

Social Support/Independence

Patient resides with (Caregiver:18314: "spouse") in (living arrangement:10329071):

Activities of Daily Living (ADL:18316: "Self-care")

Requires assistance with (ADLs:17999: "no ADLs")

Adult Nutritional Screen

(adult nutrition screen:10310001: "No nutritional concerns")

Tobacco Use (QM)

reports that she has never smoked. She does not have any smokeless tobacco history on file.

{Tobacco cessation intervention:10308211}
Patient's End of life planning was discussed and questions answered. (advanced directive: 12455) Current documents reviewed / provided as applicable. I have no objection to the patient's stated End of Life planning.

Preventative Care Guidelines

<table>
<thead>
<tr>
<th>Health Maintenance</th>
<th>Topic</th>
<th>Date Due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cervical Cancer Screening</td>
<td>10/06/2011</td>
</tr>
<tr>
<td></td>
<td>Influenza Vaccine</td>
<td>09/01/2014</td>
</tr>
</tbody>
</table>

Written Screening Schedule for the next 5-10 years developed and provided to patient.

<table>
<thead>
<tr>
<th>Preventive Care Recommendations for AVERAGE Risk Adult Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>Annual Exam / Wellness</td>
</tr>
<tr>
<td>Mammography</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
</tr>
<tr>
<td>Osteoporosis Screening</td>
</tr>
<tr>
<td>Lipid Screening</td>
</tr>
<tr>
<td>Colon Cancer Screening</td>
</tr>
</tbody>
</table>

Immunizations

- Influenza yearly
- Pneumococcal once after 65 years
- Zostavax once after 60 years

Diabetic screening

Screening recommended for adults with BP 135/80
Frequently is indeterminate

Blood Pressure screening

Yearly

Orders / Referrals / Counseling and follow-up

Based upon these findings and review of any previous MWVisit recommendations the following treatment plan was recommended and discussed with the {PERSONS; FAMILY MEMBERS:20564} and includes ***

No orders of the defined types were placed in this encounter.

Education and counseling provided:

{Education List (choose as appropriate):10326654}

She voiced understanding and agreement with the treatment plan. She understands the importance of taking her medications and keeping follow-up appointments. All questions were answered. After-Visit-Summary will be provided to patient upon check-out.
Health Risk Assessment (HRA)

Either Mailed to patient or Given to Patient at time of visit
Scanned into EMR at end of visit

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