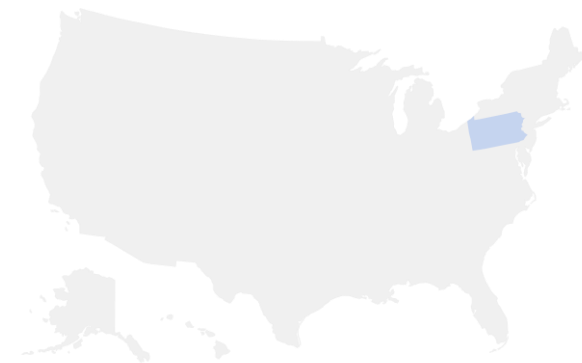


# Keystone Rural Health Consortia



**Victor Lanovych**  
*Medical Director*

## *Annual Wellness Visits*



 Emporium, PA

 Rural

 Founded 1976

 7,838  
Patients

 2 MDs,  
3 NPs, 3 PAs



# *WHY*

## Our health center started doing AWWs

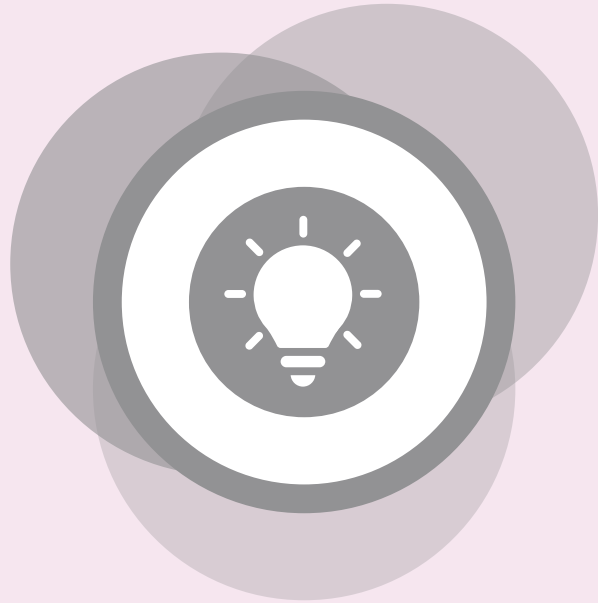
- **We joined an ACO:**
  - AWW is a core metric of clinical performance in this value-based arrangement
- **We were doing much of the work - “big ticket” preventive care**
  - Did not understand the value of the AWW
  - Did not have a standard template in our EMR to properly document the AWW



***Solution: Make the AWW part of the process***



# Annual Wellness Visits



**WHAT?**



**WHY?**



**HOW?**



## *Step 1:*

# Compile list of patients for AWW

Build on Empanelment & Risk Stratification; use Technology

- **External partners:** Leverage Accountable Care Organization/ACO's (Aledade) online "Aledade App" to run reports and view who is due for an AWW
- **Internal staff:** Care Managers create lists weekly (especially 2nd half of the year) to review for who is due AWW
  - Use I2i to track/flag preventive care protocols, including AWWs
  - AWW status is available at-a-glance on clinical huddle sheets



## *Step 2:*

# **Outreach to Schedule AWWs**

Build on Empanelment & Risk Stratification; use Technology

### **Care Managers:**

- Conduct outreach to schedule patients for AWWs
- Aggressively work the lists to capture AWW for all patients attributed to the ACO
- At time of scheduling, educate patients that AWW is separate from chronic care visit

### **Incentives:**

- \$15 gas cards provided in the past several years for an AWW



## *Step 3:*

# Managing care team schedule for AWW

- The overall work of AWWs is time consuming but much of the work can be done outside of a provider visit by other members of the care team
- **40-minute slots** are built into the provider schedule template
  - However, this is not where most of the work is planned to be done
- **Template:** RN care managers put the patients on a separate AWW schedule
  - Health Risk Assessment (HRA) questions and preventive care services are discussed
  - EMR template works like a “script”



## ***Step 3:*** **Managing care team schedule for AWW**

- **Care Management** – *‘the glue’ that holds it all together*
  - The cornerstone of the Quality Program, including AWWs
  - Care Managers all RNs
  - Deep relationships with most complex patients
  - Coordinate and lead morning clinical huddles
- **Front desk** – *partners in the process*
  - Morning huddle – flag patients to be asked about their preventive care (and if they are a Medicare recipient, the AWW).
  - Created by front desk managers at each of our two sites





## *Step 3:* **Conduct AWW**

### **RN Care Manager** (30 mins)

- Health risk assessment questions and preventive care services
- Chronic care issues (non-urgent) are deflected to the schedule by care manager
- EMR template provides a “script” to complete requirements

### **Provider** (~5 mins)

- Briefed by Care Manager (between patients)
- Performs a brief visit with the patient

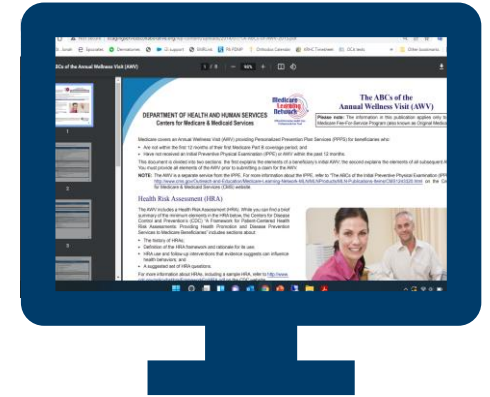




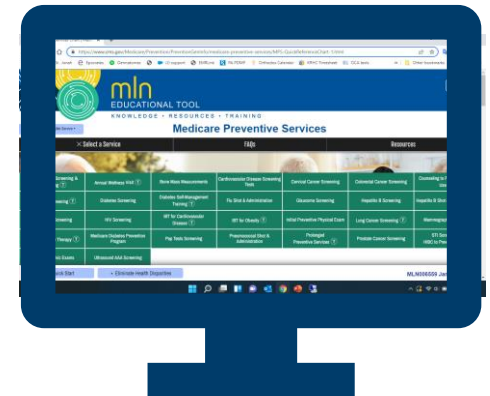
# Step 4: Documentation/Coding/Billing

Created EHR templates to properly document the AWW

- **EMR templates built in-house** (by Medical Director)
  - Our EMR: AthenaPractice
  - Our template editor: Visual Form Editor
- **Health Risk Assessment**
  - Based upon the 2014 document “The ABC’s of the Annual Wellness Visit” from the Medicare Learning Network
  - Easy because its format lends itself to EMR templating
- **Preventive Services**
  - Based upon the [CMS website](#).



Resource: *The ABCs of the Annual Wellness Visit (AWV)*



Resource: *CMS Medicare Preventative Services website*

Interactions: ⚠️

Forms Text

Forms Add...

- Medicare Ann. Well. Risk KRI
- PHQ-9 Questionnaire
- PMH-PSH-CCC
- Family History-CCC
- Risk Factors-CCC
- Care Plan Management
- Nurse Intake-test2
- PE-CCC
- Diabetic Foot Exam KRHC
- Medicare Annual Wellness A
- Medicare Ann Well Serv KRH
- Follow up - MAW KRHC
- Capturing CPT II
- MU CORE Checklist
- Process Lab Orders

Attachments Add...

Favorites Add

- Blank image
- Anticoagulation Hx KRHC
- Anticoagulation Plan KRH
- Asthma O&E-HPI-CCC

HPI Phys. Act./Nutri ADL Gen. Health/Falls Psych Cognitive

**GENERAL HEALTH**

In general, would you say your health is:
  Excellent
  Very good
  Good
  Fair
  Poor

How would you describe the condition of your mouth and teeth—including false teeth or dentures?
  Excellent
  Very good
  Good
  Fair
  Poor

How often during the past four weeks have you had the following problems?

Falling or dizzy when standing up: <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	Sexual problems: <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	Trouble eating well: <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always
Teeth or denture problems: <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	Problems using the telephone: <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	Tiredness or fatigue: <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always

How often do you have trouble taking medicines the way you have been told to take them?

How confident are you that you can control and manage most of your health problems?

**FALLS**

Have you fallen two or more times in the past year?  Yes  No

Are you afraid of falling?  Yes  No

**TIMED UP AND GO**

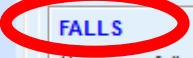
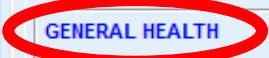
Directions: Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

Instructions to the patient: When I say "Go," I want you to: 1. Stand up from the chair 2. Walk to the line on the floor at your normal pace 3. Turn 4. Walk back to the chair at your normal pace 5. Sit down again

On the word "Go" begin timing. Stop timing after patient has sat back down and record.

Was the patient's Timed Up & Go test unsteady or longer than 12 seconds?  Yes  No An older adult who takes >12 seconds to complete the TUG is at high risk for falling.

Total time for Timed Up and Go Test (in seconds):



Interactions: ⚠️

Forms Text

Forms Add...

- Medicare Ann. Well. Risk KRI
- PHQ-9 Questionnaire
- PMH-PSH-CCC
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Attachments Add...

Favorites Add

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- Asthma O&E-HPI-CCC

Vaccines Screen More Screen Mas Screen Services More Serv

Preventive services checklist given to patient.

VACCINES GIVEN	INDICATION	VACCINE ORDERS
<input type="checkbox"/> Pneumovax given. <input type="checkbox"/> Pevnar given. <input type="checkbox"/> Pneumonia vaccination up to date. <input type="checkbox"/> Not needed pneumonia vaccination. <input type="checkbox"/> Declined pneumonia vaccine. <p>Click if giving.</p>	<p>If never immunized, give Pevnar today and Pneumovax in 1 year.</p> <p>If had Pneumovax after age 65 and &gt; 1 year has passed, administer Pevnar 1</p> <p>If had Pneumovax as an adult prior to age 65, administer Pevnar today and Pneumovax in 1 year.</p> <p>If had Pevnar as an adult prior to age 65, administer Pneumovax today, no further vaccination needed.</p>	<p>Pevnar 13:</p> <p>CCHC FXT RMC MNT</p> <p>Pneumovax 23:</p> <p>CCHC FXT RMC MNT</p>
<input type="checkbox"/> Influenza vaccine given. <input type="checkbox"/> Influenza vaccine up to date. <input type="checkbox"/> Influenza vaccine not indicated. <input type="checkbox"/> Influenza vaccine declined. <p>Click if giving.</p>	<p>All Medicare beneficiaries, once per influenza season.</p>	<p>Flulaval:</p> <p>CCHC FXT RMC MNT</p> <p>Fluvirin:</p> <p>CCHC FXT RMC MNT</p> <p>Fluzone:</p> <p>CCHC FXT RMC MNT</p>
<input type="checkbox"/> HBV vaccine given. <input type="checkbox"/> HBV vaccine up to date. <input type="checkbox"/> HBV vaccine not indicated. <input type="checkbox"/> HBV vaccine declined. <p>Click if giving.</p>	<p>Give if medium/high risk: end-stage renal disease, hemophiliacs who received Factor VIII or IX concentrates, clients of institutions for the mentally retarded, persons who live in the same house as a HBV carrier, homosexual men, IV drug users.</p>	<p>Hepatitis B, Engerix-B Priv</p> <p>Hepatitis B Private (MNT)</p>

POTENTIAL RECOMMENDATIONS NOT COVERED AS MEDICARE PART B PREVENTIVE SERVICES

These vaccines could be ordered: Varicella, Tdap or Td (every 10 years), Herpes Zoster, MMR, Meningococcal, Hep A.

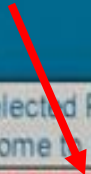
(Patients should contact their Part D plan for information on preventive vaccines benefits.)

Order Vaccines

Recommendations can also be made, if appropriate, for: aspirin therapy, calcium supplementation, social services, and dietary counseling.

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)

Time	Provider	Resource	Type	Patient	Nickname	DOB	Age	Sex	Language	Race	
10:40 AM	Lahnovych MD, Victor	Lahnovych MD, Victor	Established Patients Over 50	[REDACTED]	[REDACTED]	[REDACTED]	66 Yrs	F	English	White	
Lahnovych MD, Victor											
<b>H L</b>	Reason: [* Selected Program: 6 - Medical *] History (12 Mo.): No Shows: 0 Canceled: 3 Visits: 10 ER: 0 Admits: 0 Last Visit DR: Lahnovych MD, Victor Month Follow Up HTN NB 1/20/22 <i>⊖ autoimmune arthritis</i>										
Outstanding Referrals: 8 <i>Joint plan - labs - Ref to pneumatology - Rheumatoid arthritis ⊖, neck pain ⊖ inflammation ⊖</i>											
Last BMI: 22.41 (1/20/22) Weight Change (6 Mo.): -1.37 lbs Last BP: 138/76 (1/27/22) Last PHQ-9: 0 (1/20/22) Last PHQ-2: Last Weight: 143.13 (1/20/22)											
Last Mammo: 11/1/2021 <i>⊖</i> Colon Cancer Screening: 4/1/2017 Colonoscopy <i>⊖</i> Smoker: No Framingham Risk Factor: 5.91%											
Last 3 BP: 138/76 (1/27/22) 167/90 (1/20/22) 130/71 (1/13/22) Last 2 LDL: 186 (11/2/21) 153 (6/25/19) <i>ePT - RISTART Unsuppl - 1127 BP ✓ OK</i>											
Due: Procedure / Referral: Depression Follow up Plan											
Protocols: Depression Screening, Fall Risk, PCMH Data, Tetanus <i>(MAY DUE JULY)</i>											
11:00 AM	Lahnovych MD, Victor	Lahnovych MD, Victor	Medicare Welcome to Medicare IPPE (1st 12 months)	[REDACTED]	[REDACTED]	[REDACTED]	65 Yrs	F	English	White	
Lahnovych MD, Victor											
11:00 AM	Lahnovych MD, Victor	Lahnovych MD, Victor	Medicare Welcome to Medicare IPPE (1st 12 months)	[REDACTED]	[REDACTED]	[REDACTED]	65 Yrs	F	English	White	
Lahnovych MD, Victor											
<b>D H C L</b>	Reason: [* Selected Program: 6 - Medical *] History (12 Mo.): No Shows: 0 Canceled: 1 Visits: 9 ER: 0 Admits: 0 Last Visit DR: Lahnovych MD, Victor Outstanding Referrals: 4 welcome to medicare 2/22 nm <i>12/28 DM controlled <del>DM</del> - BP controlled</i>										
Last BMI: 30.38 (12/28/21) Weight Change (6 Mo.): 1 lbs Last BP: 110/70 (12/28/21) Last PHQ-9: 0 (12/28/21) Last PHQ-2: Last Weight: 188.25 (12/28/21)											
Last Mammo: 10/18/2021 <i>⊖</i> Colon Cancer Screening: 6/27/2019 FIT <i>⊖</i> Smoker: No Last 3 A1c: 6.6 (12/14/21) 6.8 (9/22/21) 6.4 (6/22/21)											
Last 3 BP: 110/70 (12/28/21) 130/78 (9/28/21) 134/72 (6/28/21) Last 2 LDL: 68 (9/22/21) 78 (3/24/21)											
Due: Procedure / Referral: Depression Follow up Plan, Procedure / Referral: Fall Risk Assessment											
Protocols: Depression Screening, Diab Foot Exam, Fall Risk, HIV screening, Microalbumin, PCMH Data, Urinary Incontinence Assessment, <b>CRCS</b>											



**CRCS**

*HCC*

### KRHC Patient Registration Morning Huddle

Location: CCHCC

Date: 3-7-22

Patient	New or Established	Appt Confirmed	Paper Work Current within 1 yr	Active Patient Portal	Eligible Insurance and/or Sliding Fee within date	Outstanding Patient Balance	Payment Plan	Date of Last Preventive Exam	Comments
LAUREN	Est.	LUM	✓	✓	(NGS) ✓	—	\$15	Unknown	
	Est.	✓	✓	✓	(NGS) ✓	—	—	10/20/21	
	Est.	✓	✓	✓	✓	—	—	Unknown	
	Est.	✓	no	✓	✓	—	\$35	8/28/15	needs Paperwork
	Est.	✓	no	✓	✓	—	—	Unknown	needs paperwork
	Est.	✓	no	✓	✓	—	—	11/3/21	needs paperwork
	Est.	✓	no	no	✓	—	—	Unknown	needs paperwork
	Est.	✓	✓	✓	✓	—	—	10/5/21	
	Est.	no Answer	✓	✓	✓	—	—	Unknown	
	Est.	LUM	no	✓	need new Insurance info	—	?	Unknown	needs paperwork
	New	LUM	no	no	need Insurance	—	?	Unknown	needs paperwork
	Est.	✓	no	✓	✓	\$70.00	\$35	Unknown	needs paperwork

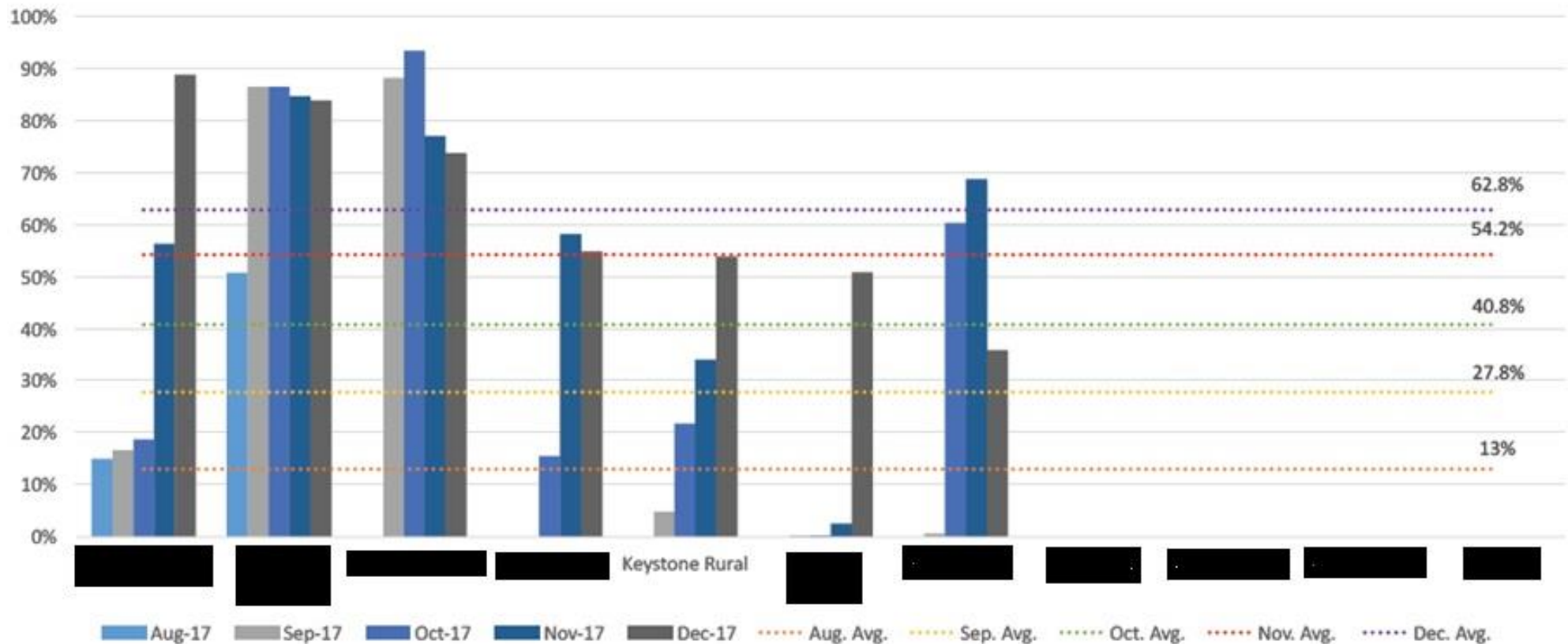
PATY

# Annual Wellness Visits: Now (2021) and Then (2017)

Key Performance Indicator



AWV Worklist Completion %



KRHC AWVs  
80% (!!!!!) as of  
12/31/2021