

Annual Wellness Visits and Impact on Hospital Utilization & Cost

[Medicare-Learning-Network-MLN/Medicare-Wellness-Visits](#)

Overview

This case study examines a large Clinically Integrated Network (CIN) with over 300 providers across 80+ locations, managing around 50,000 patients within value-based care programs in both commercial and Medicare insurance markets. The study aimed to enhance the awareness, implementation, and operationalization of Annual Wellness Visits (AWVs) across these practices.

Initial Assessment

The project began with a comprehensive gap assessment conducted by the practice transformation team. This assessment revealed a significant need for basic education on AWVs, including their importance, operationalization, and the roles involved, and workflow changes. Key opportunities identified included the necessity for education, training, tools, templates, resources, and workflow optimization.

Implementation Strategy

An implementation plan was developed based on the gap analysis. Key stakeholders from the practices and CIN, including medical directors, clinical staff, operations leads, IT team, compliance officers, and the practice transformation team, were engaged in the execution phase.

Operational Solutions

1. **AWV Toolkit and Tipsheet:** A comprehensive toolkit was developed, detailing the purpose, process map, and components of AWVs according to CMS guidelines. It included billing and coding guidelines, and patient education materials. A tipsheet was created for documenting the Health Risk Assessment (HRA), Note and After Visit Summary in the Electronic Medical Record (EMR).
2. **Education and Training:** The team hosted webinars and in-person meetings to educate and address questions from stakeholders. These sessions emphasized the importance of AWVs and provided a platform for interactive learning.
3. **Collaborative Efforts:** Continuous collaboration with the data and quality team ensured alignment of AWVs with preventative plans and gaps in care for patients. Workflow changes and EMR enhancements were identified and implemented to facilitate AWVs.

Study Design and Results

The study analyzed hospital cost and utilization data for Accountable Care Organization (ACO) Medicare patients over three years to assess the impact of AWVs. Patients were categorized based on their last AWV:

- Tier 1: AWV within the last 12 months
- Tier 2: AWV between 13-24 months
- Tier 3: AWV more than 24 months ago
- Tier 4: No AWV

Findings

- Patients with an AWV within the last 12 months had the lowest hospital visits and costs.
- The average hospital cost for patients with an AWV between 13-24 months was approximately 40% higher (\$1,009) than those with an AWV within 12 months.
- Patients with an AWV more than 24 months ago had higher average hospital costs (\$1,069), similar to those without any AWV.
- Overall, patients receiving annual AWVs had the lowest costs and utilization rates.

Conclusion

The operational changes and technological innovations significantly improved patient care and outcomes, with AWV completion rates increasing from 12% for the baseline period to 50-60% in the post-implementation period. The study underscores the importance of AWVs in reducing hospital costs and utilization, demonstrating the value of continuous performance improvement in healthcare delivery. The practices remain committed to ongoing education and enhancement of AWV implementation, embodying the Kaizen philosophy of continuous, incremental improvement.