Due to our evolving healthcare system and rapidly aging population, Medicare is reforming their coding and payment schemes in order to direct the care provided by physicians. The Annual Wellness Visit sprung out of this movement and is a key component to providing consistent, regular, preventative healthcare to Medicare-eligible patients. However, many small, private practices are struggling to keep up and adapt with national reforms. This project describes the journey of a family medicine practice in rural Louisiana as they revamp their approach to Annual Wellness visits to improve their efficiency and consistency in providing, documenting, and billing these checkups.

**Context**

<table>
<thead>
<tr>
<th>Medicare Eligible Patients</th>
<th>May-Aug. 2015</th>
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<tbody>
<tr>
<td>Medicare Patients Seen</td>
<td>1200</td>
</tr>
<tr>
<td>AWVs Scheduled</td>
<td>224</td>
</tr>
<tr>
<td>% Properly Documented</td>
<td>0</td>
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</table>

**Aim**

- Increase the number of Annual Wellness Visits provided by the clinic.
- Improve the quality of preventative care provided to Medicare eligible patients.
- Improve the efficiency and consistency of these appointments.
- Improve quality of documentation in order to maximize Medicare reimbursement rates.

**Intervention**

- The initial step involved researching Medicare’s requirements for AWVs, including the necessary components of a complete visit and adequate documentation.
- Next, we held discussions with all members of the practice to identify areas of strength, weakness, and potential improvement in relation to the AWV requirements.
- Then, we collected data to discover what was currently happening and how this compared to our goals and expectations. Our findings can be seen in Figure 1.
- Next, we researched strategies employed by other practices to improve their AWVs.
- After collecting data and gathering information, we compiled a series of steps necessary to achieve our aims: (1) develop a procedure to identify and schedule eligible patients, (2) find or generate a health risk assessment form (HRA), (3) design a checklist to maximize efficiency of AWVs and ensure appointment and documentation requirements are met.
- We modified an HRA developed by Dartmouth to better serve our patient population by making it more succinct and simple.
- Working with the office manager and the front-desk nurse, we developed a procedure to systemically identify and schedule Medicare patients for appointments using the pre-existing HER system.
- By discussing the process and location of each requirement with the nurses, we designed a checklist to maximize and simplify flow. The checklist was given to each employee and posted at the nurses station and in each exam room. The checklist can be seen in Figure 2.

**Conclusions & Next Steps**

(1) The scheduling system instituted effectively increased the number of appointments but will need to be modified as patients become due for second and third appointments. In its current form, it only works for first time appointments.

(2) The HRA we employed received positive reviews from patients, so it will continue to be employed.

(3) Initially, the checklist protocol developed with our intervention greatly increased the percentage of visits that were adequately documented. However, anecdotal evidence from intraoffice discussions revealed that the AWVs were taking upwards of an hour, which is 20+ minutes longer than the scheduled time. A key next step is more accurately measuring and then improving the efficiency of appointments. In time, the office should become more efficient as everyone becomes more familiar with the process. However, it may be necessary to reevaluate, redesign, and reinforce our intervention.

(4) Finally, a couple of questions should be addressed: Is the AWV an effective method of providing preventative care to patients? And, does providing preventative care via Medicare AWVs make financial sense for the practice?