

#### INTRODUCTION

Chronic illnesses account for 83% of total US health spending and 99% of Medicare's expenditures are for beneficiaries with at lease one chronic condition<sup>1</sup>. These chronic diseases can largely be prevented with effective primary prevention to avoid disease, early illness detection to promote intervention, and better management of acute and chronic conditions<sup>2</sup>. Because of this, disease prevention practices and effective health promotion promised to reduce unnecessary healthcare utilization, increase the value in US health spending, and improve the health and quality of life of Americans<sup>2,3</sup>.

Preventative care services (PCS) include care to prevent illness or disease which is thought to improve quality of life and decrease long-term health care costs. In 2011, Medicare introduced the Annual Wellness Visit (AWV) which includes a health risk assessment and customized wellness or personal prevention plan<sup>1</sup>. Medicare covers one initial AWV per beneficiary and subsequent visits on an annual basis<sup>4</sup>. Because the completion rate of the subsequent annual wellness visit has become a quality metric to many accountable care organizations (ACOs), time and energy is often devoted in attempting to get patients scheduled for their annual subsequent AWV. The value of the initial AWV has been studied, but there have been no studies to date looking at the utility of subsequent visits<sup>5,6</sup>.

## **OBJECTIVES**

**Primary Objective** 

Evaluate the utility of subsequent Medicare AWVs by comparing total number of preventive health recommendations at the initial AWV to the first subsequent visit.

Secondary Objective

Compare differences in number of individual preventative health recommendations between the initial and subsequent AWV.

### **METHODS**

Table 1. Study Design		
Inclusion Criteria	<ul> <li>AWVs from January 1, 2011 to December 31, 2018</li> <li>Clinical encounters with billing codes</li> <li>G0438 (initial AWV)</li> <li>G0439 (subsequent AWV)</li> </ul>	
Exclusion Criteria	<ul> <li>Patients having not received both initial and subsequent AWV</li> <li>Non-Medicare beneficiaries</li> <li>Patients who are wards of the state or prisoners</li> <li>Pregnant patients</li> <li>Patients &lt; 18 years of age</li> </ul>	
Preventative Heath Recommendation Collected	<ul> <li>CVD*, Diabetes, CRC, Breast Cancer<sup>+</sup>, Cervical Cancer<sup>+</sup>, Lung Cancer, Osteoporosis, AAA<sup>Φ</sup>, Glaucoma, Influenza, Pneumoccoccal, Hepatitis B, Tetanus, Zoster (Shingrix/Zostavax), HIV, Hep C, MNT referral, Diabetic education</li> </ul>	
* CVD: cardiovascular disease screening, CRC: colorectal cancer screening, AAA: abdominal aortic aneurysm screening, MNT: medical nutrition therapy		

• Only temales were included in this analysis. • Only males were included in this analysis.

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#### RESULTS

Table 2. Baseline Characteristics			
Characteristic	Initial AWV	Subsequent AWV	
Total subjects, n (%) Male Female	115 40 (34.8) 75 (65.2)	 	
Race, n (%) White African America Hispanic	100 (87) 10 (8.7) 5 (4.3)	 	
Height (in)	64.5 <u>+</u> 7.4		
Weight (kg)	82.5 <u>+</u> 23	82.6 <u>+</u> 21.9	
BMI	30.8 <u>+</u> 14.5	29.1 <u>+</u> 6.9	
Age	67 <u>+</u> 11.1	70±11.5	











1st Subsequent AWV CVD: cardiovascular disease, CRC: colorectal cancer, AAA: abdominal aortic aneurysm <sup>+</sup>Only females were included in this analysis. <sup>Φ</sup> Only males were included in this analysis.

Figure 4. Preventive Health Recommendations by Visit Type



Initial AWV 1st Subsequent AWV

\*Zoster vaccine recombinant adjuvanted, initial= 2 (1.7%) vs subsequent= 26 (22.6%), p=<0.0001 Zoster vaccine live, initial=48 (41.7%) vs subsequent=24 (20.8%), p<0.001 MNT: Medical nutrition therapy





#### CONCLUSIONS

- There were no significant differences found in the total or average preventative health recommendations made per type of visit.
- No significant differences found per type of visit is likely confounded by the gap in time between initial and subsequent visits. Subsequent annual wellness visits can be completed annually, but based on the average age at the time of each visit, data suggestions they were being completed approximately every three years.
- Significant differences between the initial and subsequent AWVs were found for preventative health recommendations regarding CVD screening, influenza vaccination, zoster vaccine recombinant, adjuvanted and zoster live vaccine.
- Findings of the study indicate there is utility in completing AWVs as valuable subsequent preventative health recommendations are being made. However, further studies are needed to determine the appropriate duration of time between subsequent AWVs.

#### LIMITATIONS

- Single center retrospective chart review
- Data evaluating cessation of recommendations due to advanced age not considered and adherence rates to preventive care orders not available.
- The frequency of other clinic visits between AWVs was not collected
- Patient perceived value of the subsequent AWV was not assessed.
- Variable documentation based on which type of practitioner completed the AWV

### **FUTURE DIRECTIONS**

- Increasing completion rate for multiple subsequent AWVs as our findings illustrated 21% of our study population completed more than one subsequent AWV.
- Tracking medication interventions, counseling for smoking cessation and advanced directives as these are additional valuable components of AWVs.

#### FOR FURTHER INFORMATION

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