Medicare Annual Wellness Visits
Understanding the Patient and Physician Perspective

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Since 2011, Medicare has covered annual wellness visits (AWVs), yet few who are eligible for this benefit take advantage of it. To better understand why, we interviewed physicians and patients within our St. Louis Park-based health system. The interview questions were designed to identify physicians’ and patients’ perceptions of the value of the AWV and reasons people don’t take advantage of this Medicare benefit. This article presents the results of this qualitative study and offers strategies health care organizations can adopt to promote more effective, consistent use of AWVs. These strategies include standardizing policies regarding the AWV across the organization and incorporating them into team care.

Several types of wellness visits are available at no cost to Medicare beneficiaries. Since 2005, Medicare has covered a one-time “Welcome to Medicare” visit that includes measurement of weight, blood pressure and BMI; a review of medical and family history; education and counseling about preventive services/screenings; and end-of-life counseling. Since 2011, Medicare has covered annual wellness visits (AWVs). The purpose of these visits is to update the patient’s medical history; screen for common problems such as risk for falls, depression and cognitive impairment; and discuss prevention recommendations.

Coverage for Medicare wellness visits affords clinicians and patients an opportunity to make preventive care a priority. In the Medicare population, prevention is often overshadowed by acute concerns and chronic health problems.

Although these visits are free, they are underutilized. This is most often the case among Medicare fee-for-service enrollees. Their usage rates for the annual preventive care visits are 10 to 20 percentage points below those for patients with private coverage or who have coverage through a Medicare HMO. In a 2012 John A. Hartford Foundation survey, 68% of patients age 65 years and older had not heard of the AWV, and only 17% had received an AWV. That percentage may be high, as the Centers for Medicare and Medicaid Services 2012 Medicare Current Beneficiary Survey (MCBS) indicates that only 8.8% of Medicare patients had received an AWV.

There are several possible reasons for the underutilization. One is that many patients are simply unaware that Medicare provides coverage for preventive care. Other possible reasons are that patients lack understanding about what these visits include and don’t perceive them as being valuable, as acute problems tend to take priority over preventive care. In addition, some seniors pay extra for insurance that covers a “yearly physical,” so they may not feel they need a Medicare wellness visit.

The MCBS findings also revealed regional variation in perceptions about the value of these visits, indicating that local marketing of the AWVs may influence utilization rates.

Physicians may be partially responsible for the underutilization of these visits. Little is known about physicians’ perspective on Medicare wellness visits, but some non-peer-reviewed articles suggest they may be uncertain about what to cover in the wellness visit and how to bill for it. They may undervalue the visit because it does not address acute issues or chronic diseases. Time constraints in the office also may keep patients and clinicians from talking about scheduling these visits.

To better understand why patients are not taking advantage of the AWV benefit, we interviewed patients and physicians within a Minneapolis-based nonprofit, integrated health care system that was designated one of the 23 Pioneer Accountable Care Organizations. The interviews were conducted between August and October 2013. In 2013, the system saw 72,673 Medicare patients but billed only 1,867 visits as AWVs.

Our study aimed to answer the following questions:

- Do patients value AWVs?
- Do physicians value AWVs?
- What are the barriers to Medicare patients utilizing AWVs?
- What are the barriers to physicians encouraging the use of Medicare AWVs?
What are physicians’ thoughts on having registered nurses (RNs) perform AWVs? Our main hypothesis was that patients’ lack of awareness is the primary reason why they do not receive wellness visits for which they are eligible. We also hypothesized that physicians undervalue these visits as compared with traditional office visits.

Methodology
We used a mixed-method approach to survey patients and physicians. The study was approved by our health system’s Institutional Review Board.

Patients
We identified all patients within our system who had undergone a Medicare AWV within a seven-day period, as determined by billing codes G0438 (initial Medicare Annual Wellness Visit) and G0439 (subsequent Medicare AWV). Between August and September 2013, we identified patients who received an AWV during the preceding week. From this list, we conducted two to three telephone interviews per week, on average, for a total of 20 patient interviews. We attempted to identify patients of various physicians from multiple clinic sites within the organization. We reviewed physician documentation of the visit prior to conducting the interview. The telephone interviews lasted 10 to 15 minutes and were semi-structured with questions about their recent AWV. Verbal informed consent was obtained.

Clinicians
We identified all primary care physicians in the health system who had performed AWVs in 2012. From this list, our team identified 10 physicians based on clinic site and volume of AWVs (range eight to 209 total per physician). Physicians with higher volumes of AWVs and those with recent visits (within the last six months) were given priority consideration for participation. Physicians were invited by email to take part in a 20- to 30-minute in-person interview. They received a $50 monetary incentive for participating and were offered a small snack or meal if the interview was done during mealtime. Our team interviewed a total of eight physicians and one nurse practitioner. (Two physicians did not respond to the email request.)

All interviews were conducted by two members of the research staff. Each interview was taped and transcribed. The researchers identified and reached consensus on themes in the transcripts.

Results
Our survey yielded the following findings, with regard to the study’s primary aims.

Do patients value Medicare AWVs?
Patients’ perceptions about the value of the AWV varied widely. Most said they had an agenda for the visit that was broader than reviewing and discussing preventive care. They often requested medication refills and wanted to review chronic problems or discuss new concerns during these visits. Patients found the visit less valuable if their agenda was not incorporated into it. We repeatedly heard that patients valued having time to discuss their health with their doctor. However, they perceived their health agenda/concerns as being of greater importance than discussions about routine prevention.

Here are some of the questions we asked and the patients’ responses:

Did you schedule this visit as a regular physical or was it scheduled as an Annual Wellness Visit?

When I called to schedule this visit I asked for a yearly check-up. I needed to go over my medications because I needed new prescriptions. [The scheduler] asked me if it was the Medicare wellness visit. I guess I must have said no because she then said I would have to pay for this visit. I kind of looked at her blankly and then she said, Did I want the Medicare wellness visit and then I said, yes.

What was your understanding of what this visit would include?

... the way it was explained to me was that it was more of a talking-type visit. For the more extensive “head-to-toe” physical I would need to check with insurance, which I did. She [the phone call agent] also mentioned that I could check once I got there [at the appointment] and change my mind then if I wanted to. I was still confused as to what was the point, what is the difference. I almost cancelled, because I thought, what is the point in going? What I wanted to find out is if I am diabetic... Then I have some other problems too, blood pressure, and I thought it was time for a check.

The schedule person said it would just be a conversation with the doctor—not hands on. I didn’t have to get undressed.

I don’t know. When I checked in, the receptionist asked again what kind of visit [I was having]. I still didn’t know. I asked the nurse and the doctor—they said they thought it should be an Annual Wellness Visit.

I received information in the mail of what they would do at the visit and a copy of the appointment time. I understood that it would include everything it said on the paperwork that I received—“a good physical.” I thought it would be comparable to what I had in the past for yearly physicals.

Can you think of one or two things that would have made this visit more helpful or valuable to you?

What this visit includes should be made more clear. Medicare should let people know it’s a screening visit. The scheduler should say it could be combined with another visit.

It is ridiculous that Medicare doesn’t cover a physical! But it’s better than nothing.

Would you schedule this type of visit again next year?
No. I felt it was wasting his [the physician’s] time or taking advantage of his time. I knew that I wasn’t supposed to ask about problems I was having, but I needed to ask about the pain in my feet.

Do physicians value Medicare AWVs? Physicians said they saw value in discussing prevention with patients; however, they often felt pressure because of competing expectations for the visit—specifically, their own and those of the patient and Medicare. The boundaries between these blurred, and physicians usually ended up “doing it all” during the AWV: addressing new patient concerns, reviewing chronic problems, completing the AWV questionnaire and check list, and conducting a full physical exam. Physicians felt overwhelmed by the number of items to be covered at a visit and felt they needed to accommodate their patients’ expectations for “the free Medicare visit.”

Here’s what some of the physicians said when asked: What are your thoughts regarding these [Medicare Annual Wellness] visits?

The AWV doesn’t typically cover what they are used to having. The visits are muddy to me. Patients usually say they want what they had in the past. If they want the AWV, I sometimes cover other problems. Or we may switch to a different visit type.

If there are many problems I’d like to have them come back so that we have more time. I struggle with this conversation.

Medicare said we should focus on depression, dementia, falls, diet, exercise—things you would do anyway…ADLs, smoking. I didn’t get a sense there was a huge difference from the usual preventive exam…The biggest controversy is what do patients think? What do they understand? What is it they want? The patient says they want the AWV, but then they say I want the whole physical examination.

What are the barriers to Medicare patients’ utilizing AWVs?

Many patients were unaware of the Medicare AWV, even after having had such a visit. A number of patients had heard about the visit from an organizational mailing that encouraged them to schedule one. Others had called the phone center to schedule their “yearly physical” and were asked whether they instead wanted to schedule an AWV. This was often the first time patients had heard of these visits, and they seemed confused about whether to schedule one or not. Patients expressed confusion regarding which visit was most appropriate for them and implied that having some direction/guidance from their physician would be helpful.

Here’s what one patient said:

The process could be less confusing. I didn’t know how to ask the right questions. If a senior citizen calls for this appointment, and then just has a review of the questionnaire, does the person have to wait a whole year for another appointment? What is the process for follow-up if there is an item that needs to be looked at?

What are the barriers to physicians’ encouraging use of Medicare AWVs?

Most physicians interviewed did not feel that AWVs provided additional benefit outside of what they were covering at yearly visits. The majority indicated that it was a positive step that Medicare is allocating money for preventive care for seniors, yet they found the visits confusing and often unhelpful. They expressed confusion regarding the parameters of the visit and how to incorporate additional patient expectations into the limited time allotted.

Here’s what physicians said about barriers to encouraging AWVs:

Part of the problem is the mechanics and the confusion. Our front-line schedulers … knowing the difference regarding these visits. I never have confidence that if it shows up on my schedule as an Annual Wellness Visit that that is really what the patient wants. So I spend time trying to confirm that is what they really want.

Here’s what they said when asked: Do you typically include an exam with this type of visit?

Yes, I do a physical exam on everyone. I found it took me 10 minutes to explain why a physical wasn’t included in this visit and only five minutes to do the physical. If I don’t touch someone, they feel gypped; they feel that I didn’t do anything.

Well, I did the whole exam; he didn’t have many medical problems. I billed as the AWV because the patient would be upset if I billed it as a preventive visits, and his insurance company wouldn’t cover it. Patients are not understanding what’s necessary. The concept of people getting preventive exams is pretty worthless anyway, and I have concerns about what this AWV requires of me.

Opinions on having a registered nurse do the AWV

Physicians expressed mixed feelings about having an RN perform the AWV. Some suggested promoting RN visits, but others questioned whether that idea would be well-received by patients.

Two patients had had an AWV with an RN. One patient, an older widow, found it helpful to review diet, exercise and other wellness activities. And since she knew that she was meeting with a registered nurse, she did not expect an exam, medication refills or medical problems to be addressed. The visit met her expectations.

The other was a healthy 66-year-old male. He did not find the visit helpful or a good use of his time. He said he was already doing most of the recommended lifestyle suggestions. He also informed us that his friend had had the same visit, and it had been done by his doctor. The patient was confused as to why he saw a nurse instead of a doctor.

Here’s what physicians said when asked about having RNs do these visits:

[Having an RN perform the visit] seems like a no-brainer. We should take advantage of what the government wants to pay us. Encourage it, promote it, pull them in. The clinic could set up a [non-physician]
employee to go through the questions and preventive services. It's cookbook medicine; click the button.

I wouldn't have a problem with that, but I think my patients would ... maybe it would be OK if it was done by my nurse whom they know. I'm not sure I see the value in having an RN do this.

We're moving to a more holistic style of medicine; I don't want to give up my interaction and preventive part of my practice with my patients. I think if we fragment patient care more, we will lose something.

I don't have a problem giving up the preventive piece. I have no lock on telling people to give up smoking or to exercise. I would like to think I would have the power to change people's behavior by suggestion, but I'm not sure I do. I don't know if I have more power of suggestion over a nurse or not.

Discussion
The Medicare AWV was rolled out more than three years ago. Yet the physicians and patients who participated in this study remain confused about its purpose. We did not analyze specifically how their confusion affected overall health outcomes. Previous research, however, has demonstrated that lack of familiarity with the components of Medicare is associated with adverse outcomes—including inability to access care effectively, delaying or avoiding care, increased reports of decline in health, multiple emergency care visits and lack of prescription medication use.11

In addition to the lack of understanding of the purpose of AWVs, there is confusion about what the AWV does and does not include. Patients were often unclear about what services they could expect at the visit, particularly regarding their acute or chronic medical problems. Physicians were well-informed about Medicare's criteria for the visits but seemed to struggle with whether to include chronic disease management or address acute concerns. Most physicians interviewed were going far beyond the Medicare criteria for the visit, and this appears to be a reason why they avoid recommending the AWV to eligible patients.

Because Medicare allows nonphysicians to perform the AWV, one way to better ensure their utilization is to have back-to-back paired visits, sometimes called shared medical appointments,12 in which the RN reviews and recommends routine preventive services and the physician addresses acute and chronic medical problems. This would help clarify the boundaries of the AWV for both patients and doctors. Most of the physicians felt positive about RNs performing these visits, particularly if they were paired with a physician visit about acute and chronic medical concerns.

Our study was limited by the small number of patients who receive Medicare wellness visits as compared with the total number of Medicare patients seen throughout our organization each year. Our small sample size and qualitative study design did not allow us to generalize our results to a broader population, but our study does provide helpful insight into patients’ and clinicians’ thoughts regarding these visits.

Conclusion
More than ever, physicians are pressed for time during patient appointments. They often find themselves addressing multiple chronic conditions, acute concerns and psychosocial issues in one visit. This leaves little time for prevention and wellness discussions. Yet improving health, particularly the health of the aging population, is necessary if we are to ensure the sustainability of our health care system. Prevention is critical to making that happen.

We need to be creative in our efforts to work as teams and integrate prevention and wellness into patient visits. Specifically, we would like to see health care systems consider incorporating AWVs more consistently into routine care and standardizing their delivery. Having non-physicians conduct the AWV may be one way to do this, as it would enable physicians to focus their efforts on chronic disease management and acute medical concerns. MM

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REFERENCES


