

HEALTH PROMOTION IN OLDER ADULTS:
A LOOK AT MEDICARE ANNUAL WELLNESS VISITS

by

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As members of the DNP Project Committee, we certify that we have read the DNP Project prepared by Kathryn Anna Chappell entitled “Health Promotion in Older Adults: A Look at Medicare Annual Wellness Visits” and recommend that it be accepted as fulfilling the DNP Project requirement for the Degree of Doctor of Nursing Practice.

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DEDICATION

I would like to dedicate this project to Joe Crider, who is my biggest supporter and always makes me strive to do better. Thank you for always being there for me and encouraging me to keep going. You believed in me when I didn't believe in myself.

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ABSTRACT

The objective of this DNP project was to highlight the significant impact of health promotion in older adults. As of January 2011, Medicare covers an Annual Wellness Visit (AWV), which is a result of the Affordable Care Act. The AWV allows patients the benefit of receiving covered wellness and preventive care services. Through surveys this project explored what healthcare providers and patients know about the Medicare AWV and what barriers and/or challenges they have experienced with the AWV. The responses to the surveys revealed that providers have misconceptions about the Medicare AWV and some of the patients did not know that Medicare part B offers a covered annual wellness visit. There were several barriers identified by both patients and providers and these barriers will be discussed and explored in this paper.

INTRODUCTION

Background Knowledge

Preventive services are used to assess and screen for illness, diseases, and other health problems. Primary prevention is used to prevent the onset of disease. Examples of primary prevention include education and counseling, immunizations, and chemoprophylaxis. Secondary prevention encompasses procedures that identify and treat pre-clinical pathological changes to control disease progression (The Association of Faculties of Medicine of Canada, n.d.). Examples of secondary prevention include screenings such as mammograms, colonoscopies, blood pressure and blood glucose measurement, and lipid profile. Tertiary prevention measures are used to manage an established disease to minimize disease associated complications and include medications, lifestyle modifications, follow up exams, and treatment of diseases (The Association of Faculties of Medicine of Canada, n.d.).

The focus of this project was on preventive services for older adults because less than half of adults who are aged 65 or older are up to date on the recommended preventive services (Centers for Disease Control and Prevention [CDC], 2012). Even though certain preventive services are paid for by most insurance plans, including Medicare, the percent of patients receiving these services is still consistently low (CDC, 2012). According to the CDC et al. (2011), over 31% of adults aged 65 and older report not receiving an influenza vaccination in the past year and 33% report never receiving a pneumococcal vaccine. Furthermore, 17% of women between the ages of 65 to 74 report not receiving a mammogram in the past two years and more than 36% of adults 65 to 75 years old report not receiving colorectal cancer screening (CDC et al., 2011).

The population aged 65 and over is increasing and will continue to increase over the next several years. There will be a substantial growth in the older population between now and 2050, largely due to the baby boomers that started turning 65 in 2011 (Ortman, Velkoff & Hogan, 2014). Older adults have a higher risk for developing illnesses that can later lead to disabilities (Healthy People, 2015). There is a need to promote and provide preventive services in this population so older adults can enjoy a long and productive life and age with dignity (CDC et al., 2011).

As a result of the Affordable Care Act in January 2011, Annual Wellness Visits (AWV's) were available to Medicare patients as an added benefit (Cuenca, 2012). Many older adults are not taking advantage of the AWV and therefore are not receiving vaccinations, screenings, and other preventive services that are available and covered by Medicare (CDC et al., 2011). Although approximately 90% of Medicare beneficiaries see a physician at least once a year, many do not receive the recommended covered preventive services (CDC et al., 2011). According to the Centers for Medicare and Medicaid Services [CMS] (2014), only 14.5% of patients in the US enrolled in Medicare Part B received an AWV in 2014. Table 1 lists the preventive services that are currently covered by Medicare Part B.

TABLE 1. *Medicare Part B Preventive Services*

Alcohol Misuse Screening and Counseling	Bone Mass Measurements
Cardiovascular Disease Screening Tests	Colorectal Cancer Screening
Counseling to Prevent Tobacco Use	Depression Screening
Diabetes Screening	Diabetes Self-Management Training
Glaucoma Screening	Hepatitis C Screening
Human Immunodeficiency Virus Screening	Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration
Intensive Behavioral Therapy for Cardiovascular Disease	Intensive Behavioral Therapy for Obesity
Medical Nutrition Therapy	Prostate Cancer Screening
Screening for Sexually Transmitted Infections (STIs) and Counseling to prevent STIs	Screening Mammography

TABLE 1 – *Continued*

Screening Pap Tests	Screening Pelvic Examination
Clinical Breast Examination	Ultrasound Screening for Abdominal Aortic Aneurysm
Lung Cancer Screening	

Note. Adapted from “The ABCs of the Annual Wellness Visit” by Centers for Medicare & Medicaid Services, 2015.

Misconceptions about the purpose and coverage requirements of the AWW are common among patients and providers (Cuenca, 2012). Lack of proper documentation and billing errors were some of these misconceptions. Additional reasons older adults fail to get preventive services include not being aware of the services recommended for their age, not knowing that the cost of most services is covered by Medicare, health care providers not taking time to recommend preventive services, and physical or social barriers (AARP, 2008).

A goal for Healthy People 2020 is to increase the number of older adults who are up to date on clinical preventive services (Healthy People, 2015). One way of doing this is by increasing the number of older adults who use the Welcome to Medicare benefit as well as the AWW. This DNP project examined what providers and Medicare patients know about the Medicare AWW.

Local Problem

This project took place at St. Peter’s Medical Group, which is a hospital owned clinic located in Helena, Montana. St. Peter’s Medical Group employs fourteen family practice physicians, three family practice nurse practitioners, and four physician assistants in a primary care clinic. The internal medicine clinic has one physician and one nurse practitioner that serve as primary care providers for patients and they were also included in the study. St. Peter’s Medical group is one of the few primary care providers in Helena that accepts Medicare coverage. Persons 65 years old and older represent 15.6% of the total population in Helena,

Montana (U.S. Census Bureau, n.d.). Although this may seem like a small percentage, according to Montana's Department of Public Health and Human Services (DPHHS 2015), Montana has one of the fastest growing 65 and older populations in the nation with 1,065 people turning 65 every month. This trend is expected to continue for the next 16 years (DPHHS, 2015). According to CMS (2014), approximately 25,795 (17.4%) of patients living in Montana with Medicare Part B coverage received an AWV in 2014.

A preliminary assessment by the quality manager of clinical operations at St. Peter's revealed that the primary care providers at St. Peter's Medical Group serve 5,800 patients aged 65 and older. Of these, 1,400 had a Medicare AWV in 2014. Based on this chart review an estimated 25% of patients aged 65 years and older received an AWV in 2014. This assessment supported the need to further investigate why a small percentage of Medicare patients are getting an annual wellness visit.

During my clinical rotation as a nurse practitioner (NP) student at St. Peter's Medical Group I observed many of the primary care providers not encouraging wellness visits for older patients and some of them were discouraging patients from getting a Medicare AWV by telling them not to make an appointment for a Medicare AWV. As an NP student reviewing the charts of older patients, I noticed many patients were not up to date on preventive services including immunizations, cancer screenings, and other services for older adults recommended by the US Preventative Service Task Force. This prompted me to want to explore why primary care providers and older adult patients were not utilizing the AWV and my doctorate project was an opportunity to perform a needs assessment on this topic.

Objectives

The purpose of this project was to assess patient and provider knowledge about Medicare wellness visits and the common misconceptions they might have about health promotion in older adults. Identifying the gaps of health promotion in older adults will provide information to implement strategies that will promote AWV for Medicare patients. The goal of this project was to identify why older adults are not receiving preventive exams and then suggest implementation strategies that will get older adults connected with the appropriate resources so they have access to wellness exams. The project also explored if patients would be more likely to participate in the AWV if their primary care provider encouraged the visit and would they be more likely to have an AWV if they knew what preventive services were covered under Medicare Part B. The key stakeholders involved in this project were patients 66 years old and older who receive primary care at St. Peter's Medical Group and have Medicare Part B coverage. Additional stakeholders included the staff at St. Peter's Medical Group: the primary care providers (MDs, NPs, PAs), Quality Manager of Clinical Operations, and the Corporate Compliance Committee.

Study Questions

The project was designed to answer the following questions:

1. What do Medicare patients know about Medicare Annual Wellness Visits?
2. What do providers know about Medicare Annual Wellness Visits?
3. Would Medicare patients be more likely to get a Medicare Wellness Visit if they were provided with more information and had a better understanding about the visit?
4. Would Medicare patients be more likely to participate in Medicare preventive services if they knew what services Medicare Part B covered for their age?

5. Would Medicare patients be more likely to participate in preventive services if their provider encouraged them to get the preventive services that are covered by Medicare Part B?
6. What can the medical team and patient do to meet the challenges of Medicare Annual Wellness Visits?

FRAMEWORK

Theoretical Framework

The RE-AIM framework was used to identify the strengths and weaknesses of Medicare Wellness Visits to increase the number of patients taking advantage of this visit. The RE-AIM framework was developed to improve the quality, speed, and public health impact by translating research into practice (Virginia Tech, 2015). RE-AIM is an acronym for *reach* (your intended target population), *efficacy or effectiveness* (impact of outcomes), *adoption* (by target staff, settings, or institutions), *implementation* (consistency, costs, and adaptations made during delivery), and *maintenance* (of intervention effects in individuals and settings over time) (Virginia Tech, 2015). I did not include the implementation or maintenance portion of this framework in my project due to time limitations.

TABLE 2. *Study Definitions Based on RE-AIM Framework*

STEPS (Virginia Tech, 2015)	STUDY DEFINITION	VARIABLES	MEASUREMENT
<i>Reach:</i> The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative.	The number of patients who did not have a Medicare AWV.	Proportion of eligible patients.	Chart review
<i>Efficacy/Effectiveness:</i> The impact of an intervention on important outcomes, including potential negative effects, quality of life and economic outcomes.	Self-reported attitudes among providers and patients regarding Medicare AWV.	Proportion of providers and patients.	Provider and patient survey
<i>Adoption:</i> The absolute number, proportion, and representativeness of settings and intervention agents who are willing to initiate a program.	The staff who are primary care providers at St. Peter's Medical Group.	Proportion of staff.	Staff survey

Note. Adapted from “Reach Effectiveness Adoption Implementation Maintenance” by Virginia Tech, 2015. Copyright 2015 by Virginia Polytechnic Institute and State University. “Long-Term Impact of a Real-World Coordinated Lifestyle Promotion Initiative in Primary Care: A Quasi-Experimental Cross-Sectional Study” by K. Thomas, B. Krevers, and P. Bendtsen, 2014, *BMC Family Practice*, 15. Copyright 2014 by Thomas et al.; licensee BioMed Central.

Rogers’ diffusion of innovation theory was also used for this project to help guide my thinking in developing an innovative change plan. One main component of Roger’s theory that I found relevant to my project is communication. Communication is identified by Roger as an element in which people can develop and share information so they have a common understanding of the information being discussed (Lundblad, 2003). Communication is an important area to focus on in order for change to be successful. I plan to initiate communication and conversations about Medicare AWV’s between patients and providers at St. Peter’s Medical Group.

Concepts/Definitions

Older Adults

For the purpose of this project, older adults were defined as people aged 65 years old and older. Patients age 65 and older are eligible for medical insurance through Medicare Part B and those who have had coverage for longer than 12 months are eligible for a yearly wellness visit. Annual wellness visits are covered once every 12 months.

Medicare AWV

The Medicare AWV is not a routine physical but a personalized prevention plan service (CMS, 2015). The visit is designated to start or update a health promotion plan that is intended to prevent disease and disability based on age, current health, and risk factors (CMS, n.d.). The service includes a Health Risk Assessment to provide health promotion and disease prevention services to Medicare beneficiaries (CMS, 2015). The visit includes a review of personal medical history and family medical history, updating current providers and prescriptions, height, weight, blood pressure, screening for cognitive impairment, personalized health advice, risk factors and treatment options, and a screening schedule for appropriate preventive services (CMS, n.d.).

Preventive Services

Many preventive services are covered by Medicare Part B, including colorectal cancer screening, depression screening, diabetes screening, vaccinations, prostate cancer screening, mammography, and medical nutrition therapy, to name a few (CMS, 2015). Many of these services are underused. These covered preventive services should be viewed as valuable screenings to help maintain the quality of life and wellness in older adults (Healthy People 2020, 2015).

Synthesis of Evidence

My search for evidence was performed using the following search engines: PubMed, CINAHL, Cochrane Library, and Google Scholar. Key terms for my search included “Medicare Annual Wellness Visit,” “health promotion in older adults,” “wellness visits for older adults,” “annual wellness visit,” “AWV,” and “preventive care for older adults.”

Primary prevention is viewed as the most cost effective form of healthcare and has an estimated net savings of \$7 billion with a 90% delivery rate (Young & Olsen, 2010) as well as saving more than two million life-years annually with the use of certain preventive services (Maciosek, Coffield, Flottemesch, Edwards & Solberg, 2010). Although clinical preventive services are intended to prevent and screen for diseases and have the potential of decreasing healthcare costs, research has shown that health promotion in older adults is lacking. According to the CDC (2015), less than 50% of adults aged 65 and older are up to date on preventive services. Obesity, alcohol misuse, and depression are not routinely screened for; an estimated 28% of adults are routinely screened for tobacco use and 37% of adults are routinely immunized for influenza (Young & Olsen, 2010). According to one study performed by Choi et al. (2014), only 3.4% of patients age 50 or older had ever received a recommendation from a health professional for a colonoscopy.

Further research on providers’ lack of promoting and participating in annual wellness visits for older patients is important to finding a solution. According to a study performed by Geense et al. (2013), some barriers that general practitioners and practice nurses found towards health promoting activities included lack of patients’ motivation to make lifestyle changes, insufficient reimbursement, a lack of proven effectiveness of interventions, and a lack of health

promoting programs in their neighborhood. Another perceived barrier for general practitioners to provide health promotion in elderly was the lack of time and insufficient reimbursement for preventive and health promotion advice (Badertscher et al., 2012). When comparing family medicine and internal medicine practices, although patients of family practice providers were less likely to have received colorectal cancer screening when compared to internists, both family practice providers and internal medicine providers were below the national goal for screening (Higgins et al., 2012).

Although most preventive services are covered by Medicare, these services are not being utilized. Identifying the barriers that older adults find to receiving wellness exams is also important for the success of effective health promotion programs. According to Wright and Hyner (2011), older adults identified barriers to participating in health promotion because of physical and mental health issues, an aversion to travel, time management, inadequate information regarding health promotion programs, and lack of motivation and comfort. A study performed on adults over the age of 50 and their personal beliefs and attitudes related to preventive health services found that part of aging satisfaction was associated with participating in preventive health services (Kim, Moored, Giasson & Smith, 2014).

Even after the Affordable Care Act expanded coverage to include annual preventive care visits, the rates of preventive visits in Medicare patients remains low. According to a study comparing the trends in preventive visits and recommended preventive services, the patients with Medicare fee for service was 10-20% points lower than people who had private coverage or those with Medicare HMO (Chung et al., 2015). The cost of preventive services doesn't seem to be the only reason people are not utilizing these covered services. Per a study performed by

Cooper et al. (2015), there was an increase in mammograms after the Affordable Care Act, but a decrease in colonoscopies. Another factor that has been studied is racial disparities. When comparing the characteristics of those who had a Medicare AWV and those who did not, the rates of black beneficiaries were consistently lower in 2011, 2012, 2013, and 2014 when compared to the rates of white beneficiaries (Hu, Jensen, Nerenz & Tarraf, 2015). Other risk factors that have been shown to affect health maintenance services in Medicare patients include low education and poor health (Ng, Scholle, Kong & Pawlson, 2013).

The review of literature is evidence that we need to do better when it comes to health promotion in older adults. Educating both healthcare providers and Medicare patients on the available programs for health promotion and the benefits of participating in these programs is a good place to start. Unfortunately research specific to the Medicare Annual Visit is limited. Additional research is needed to get the opinions of primary care providers and patients regarding the Medicare AWV so interventions can be made to promote health promotion in older adults by utilizing wellness visits.

METHODS

Project Design

This project was a needs assessment to identify what primary care providers and Medicare patients at St. Peter's Medical Group know about the Medicare AWV and what they perceive as potential barriers to the Medicare AWV. The project was started by having a staff member at St. Peter's perform a chart review to identify the Medicare patients who did not have an AWV in 2014. I did not perform the chart review and did not have access to any protected health information (PHI) that was used for this project. The chart review was conducted on

patients who have a primary care provider at St. Peter's Medical Group. Additional inclusion criteria for the chart review included patients who were 66 years old and older with Medicare Part B coverage, those who were eligible for an annual wellness visit in 2014, and patients with an active patient portal account. Preventive visits were identified by using Medicare's Healthcare Common Procedure Coding System (HCPCS) codes. The HCPCS code for subsequent Medicare annual wellness visits in 2014 was G0439.

Once the patients who met the inclusion criteria were identified, numbers were generated for each patient to prevent any access to PHI. A random sample of 100 patients was generated by using an Excel spreadsheet. The patients were contacted to participate in the project through their patient portal account. Patient portal is an online website that allows patients to access their medical records and communicate with their health care providers, as well as make appointments and request medication refills. The patients were sent a disclosure form as a letter of introduction explaining the details of the project. After reading the disclosure form, if they agreed to participate they clicked on a link that took them to the survey and this implied consent for participating in the research project.

The survey was generated using Qualtrics software. Qualtrics is available to all University of Arizona students and can be used for participant response surveys to conduct online data collection and analysis (Arizona Board of Regents, 2016). The survey was a means of exploring what participating patients know about the Medicare AWWV and what, if any, barriers they find to obtaining a wellness exam.

I was also interested in exploring what primary care providers at St. Peter's Medical Group know about the Medicare AWWV and what concerns they may have about the visit. The

only inclusion criteria for providers participating in the survey was that they are employed at St. Peter's Medical Group and practice as primary care providers. I emailed a link to the survey by using St. Peter's secure email system. An email was sent to 23 primary care providers at St. Peter's Medical Group. The survey was anonymous and asked specific questions about the AWW and preventive screenings covered by Medicare part B. This helped evaluate what providers do or do not know about the Medicare AWW.

Data from completed surveys were analyzed. There were 24 patient and 13 provider respondents. Descriptive statistics including patient demographics were utilized to report the findings.

Ethical Considerations

To make sure this was an ethical and compliant research project, approval from the University of Arizona College of Nursing Departmental Review and the University Institutional Review Board (IRB) were obtained prior to beginning the DNP project. I also obtained approval from St. Peter's Corporate Compliance Committee before data collection. No protected health information (PHI) was accessed or used for this project.

Since elderly patients can be considered a vulnerable population this needed to be an ethical consideration for this project. Elderly patients are considered a vulnerable population when they are at risk because of their age, health, functional status, illness, inability to communicate, or because of certain financial situations (Agency for Health Care Policy and Research, 1998).

Injustice can result from the involvement of vulnerable subjects because they are readily available in settings where research can be conducted (National Commission for the Protection

of Human Subjects of Biomedical and Behavioral Research, 1979). This is something I considered because I utilized patients from the healthcare organization that I am employed by and easily have access to health care records of the patients involved in this project. The process of accessing medical records is another ethical consideration. Before accessing any medical records with private health information, written permission will be obtained from the owner (University of Arizona Office of Research, 2015). With the assistance of St. Peter's Quality Manager of Clinical Operations, I did not have to access any protected health information. The surveys were sent by the Quality Manager through the patient portal.

Methods of Evaluation

After data was collected from the surveys, evaluation of what the patients and providers know about Medicare AWWs and what they identify as barriers began. The surveys were open for one month. To determine why the percent of patients receiving a Medicare AWW was so low at St. Peter's Medical group, it is important to get more information from the patients and providers. The responses from the surveys provided information to make recommendations that will have the potential to increase the number of Medicare patients participating in the AWW. The information obtained from this project is an important start for determining how to make Medicare AWW's a service that is encouraged by providers and utilized by patients.

Analysis

In addition to the questions about Medicare AWW's, patient demographics including the patient's age, gender, ethnicity, level of education, and marital status were obtained from questions 1-5 for data collection and analysis. Provider demographics included the provider's age, gender, title, and years of experience and were obtained from questions 1-4. To

quantitatively analyze the responses received from the surveys, descriptive analyses were calculated using Qualtrics. Qualitative data were analyzed via content analysis.

To study the qualitative data received from the surveys a content analysis based on patient and provider characteristics and the answers about Medicare AWW's were performed. The content analysis was used to identify patterns and themes that can be categorized based on the survey responses. The majority of questions were dichotomous responses of yes/no or true/false. The questions that were not dichotomous, were multiple choice questions. Question 15a in the patient survey and question 16a in the provider survey were open ended questions to allow for any comments regarding barriers or challenges to the Medicare Annual Wellness Visit.

RESULTS AND DISCUSSION

Data Analysis and Outcomes

Surveys were sent to 23 primary care providers and 100 Medicare patients. The surveys were open for one month and there were 13 provider responses and 24 patient responses. The Response rate for providers was 57% and 24% for patients. All the provider respondents were working in a primary care practice and seven of them were MDs, one was a DO, two were NPs, and three were PAs. The years of experience practicing as a health care provider ranged from less than 1 year to 30 years. All patient respondents received their primary care at St. Peter's Medical Group and the majority of patients (n=21; 88%) reported having a medical doctor as their primary care provider.

TABLE 3. *Patient and Provider Characteristics*

Characteristics	Patient Survey (n=24)	Provider Survey (n=13)
Sex		
Female	8	9
Male	16	3
Age		
25-34		5
35-44		6
45-54		1
55-64		1
65-74	16	
75-84	7	
85-94	1	
Race/ethnicity		
White	23	
Education		
High School graduate or GED	4	
Some college credit, no degree	8	
Bachelor's degree	9	
Graduate degree	3	
Marital Status		
Married or domestic partner	15	
Widowed	5	
Divorced	3	

All patient respondents believed preventive health care is an important part of their medical care and all provider respondents believed preventive health care is an important part of providing medical care for patients 65 years and older. Among the provider respondents, 92% (n=12) recommended Medicare AWWs for their patients, however 54% (n=13) of the patient respondents reported their primary care provider never recommended a Medicare AWW. The majority of patients (74%) reported having had a Medicare AWW. Among the patient

respondents, 21% reported not knowing that Medicare part B offers a covered annual wellness visit and 37% reported not knowing what type of preventive services are covered under Medicare. Furthermore, 96% of patients reported they would be more likely to participate in the Medicare AWW if their provider encouraged them to have one.

Of the provider respondents 16% (n=2) did not know the Medicare AWW includes a health risk assessment or an assessment of the patient's cognitive function. The majority of provider respondents falsely believe that clinical laboratory tests are part of the Medicare AWW. One provider inaccurately believes deductible or coinsurance/copayment apply for the Medicare AWW and two providers did not know there is a difference between the Welcome to Medicare Visit and the AWW.

Provider Barriers

The majority of provider respondents reported barriers or challenges to the Medicare AWW (Figure 1). One of the most common barriers listed was not having enough time. One MD stated, "Not enough time to provide the service. I try to provide assessment of the same areas during other periodic office visits." A MD stated, "Not enough time to complete and patients think it is a yearly physical." Another common barrier was not enough training or lack of understanding of the Medicare AWW. A DO stated, "Not enough training as a resident to know exactly what needs done and how to document it." A PA stated, "I am new to primary care and figuring out exactly what is covered and how to incorporate the physical that they all want and expect and renew meds is confusing."

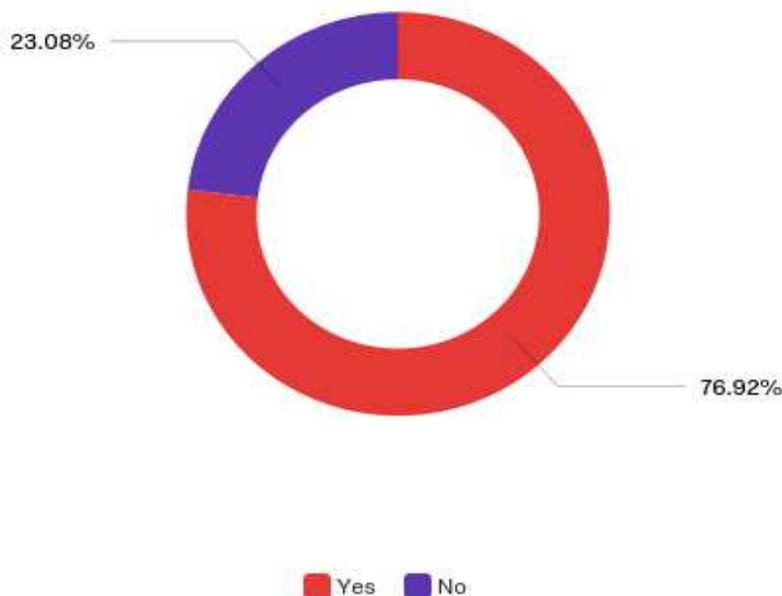


FIGURE 1. Provider Response to Barriers or Challenges to the Medicare AWW

Patient Barriers

The majority of the patient respondents did not find barriers or challenges to receiving a Medicare AWW (Figure 2). The patients who did find barriers to the AWW reported that it was because their primary care provider does not do them. One patient stated, “My current doctor does not administer them and referred me to a NP.” Another patient had a similar response, “My primary care doctor does not do these and referred me to a PA.”

Another barrier was chronic problems being discussed at the AWW so it was not covered by Medicare. One patient stated “I went to the Dr. for one a few years ago and it didn’t actually end up being a wellness visit because he treated me for a chronic problem that wasn’t covered by the Medicare Annual Visit.” Another patient had a similar experience and stated “When having a

wellness check I discussed a condition not covered and it was noted. Since it was outside the scope of the wellness check the visit became not covered and I had to pay for it.”

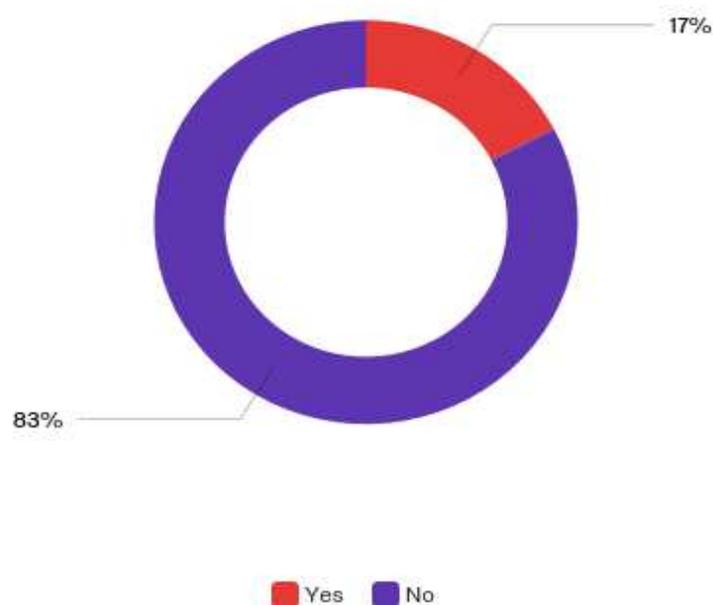


FIGURE 2. Patient Response to Barriers or Challenges to Receiving a Medicare AWW

TABLE 4. Frequency of Barriers

Provider Barriers	Patient Barriers
Lack of time (n = 4)	Provider doesn't offer Medicare AWW (n = 2)
Difficult to explain to patient (n = 4)	Chronic/acute problems can't be addressed (n = 2)
Patient frustration (n = 2)	
Provider confusion (n = 2)	

Relationship of Results to Framework and Evidence

The RE-AIM Framework was used to reach the target population which included primary care providers and Medicare patients. It was also used to determine the effectiveness of the Medicare AWW by utilizing surveys as measurement tools. One aspect of the framework is adopting intervention agents who are willing to initiate a program that will promote preventive

health care for older adults. The results of the surveys will be used to aid the discussion of adopting programs that will get more patients scheduled for a Medicare AWV. The RE-AIM Framework was useful for my project because it helped determine the impact Medicare AWVs have on patients and providers. This is crucial information for successful interventions that aim to encourage patients and providers to take advantage of the Medicare AWV.

Review of literature has shown that health care providers are failing to do a good job of providing preventive care for older adults. Less than half of adults who are 65 years old and older are up to date on the recommended preventive services (CDC, 2012). The Medicare AWV is one way to get patients up to date on their preventive services. Of the 23 patients who responded to the survey 17 of them reported having a Medicare AWV, but only 11 patients reported that their primary care provider recommended a Medicare AWV. It is important that primary care providers are encouraging their patients to get a Medicare AWV every year so their prevention plan is up to date.

One of the most common barriers to Medicare AWVs listed by providers was the lack of time during the office visit. According to Yarnall et al. (2003), to fully satisfy the USPSTF recommendations, 7.4 hours per working day is needed to meet all of the preventive services. Additional barriers identified by providers in other studies include lack of patient motivation, insufficient reimbursement, and lack of proven effectiveness of interventions (Geense et al., 2013). Providers could benefit from education about the proven effectiveness of preventive care. Preventive services save more than two million life-years annually (Maciosek et al., 2010). There need to be more opportunities to educate providers on how to appropriately code Medicare AWVs so they can get the maximum reimbursement. Insufficient reimbursement should not be

considered a barrier if the provider knows how to correctly bill and code a Medicare AWW (Table 5).

TABLE 5. *Billing and Coding Information for Medicare Wellness Visits*

HCPCS Code	Description	Total RVUs	Allowable charge
G0402	Welcome to Medicare visit	4.58	\$155.89
G0438	Initial annual wellness visit	4.89	\$166.44
G0439	Subsequent annual wellness visit	3.26	\$110.96
G0101	Screening breast and pelvic exam	1.1	\$37.44
G0436	Tobacco-use counseling	0.4	\$13.62
G0444	Depression screening	0.51	\$17.36
G0403	Screening ECG	0.56	\$19.06

Note. Adapted from “Making Medicare Wellness Visits Work in Practice” by A. Cuenca, 2012.

Primary care providers can play an important role of encouraging patients to participate in wellness exams. The majority of patient respondents said they would be more likely to participate in the Medicare AWW if their primary care provider recommended them. This finding has been reported in other studies as well. According to Choi et al. (2014), a health professional’s recommendation can be a driving force for the decision of undergoing cancer screening in older adults. It is important to get primary care providers on board with the Medicare AWW so they start encouraging their patients to participate.

Impact of Results on Practice

This project was intended to explore what primary care providers and Medicare patients know about the Medicare AWW. It also explored the attitudes towards health promotion in older adults and the Medicare AWW. There is some indication that we need to do a better job of educating both patients and providers on Medicare AWWs. Based on the survey responses, there are misconceptions about the Medicare AWW. Several of the providers made comments that they

were confused about what needs to be done during the visit and did not know how to correctly document an AWV. Some of the patient respondents did not even know Medicare covered an annual wellness exam and some did not know what preventive services are covered under Medicare. Only 25% of patients aged 65 years and older receiving care at St. Peter's Medical Group had a Medicare AWV in 2014. This statistic implies that St. Peter's Medical Group needs to focus efforts on getting patients to participate in Medicare wellness visits. Medicare wellness visits are an attempt to increase preventive services and health care providers need to a better job of recommending this service to their patients. A goal for Healthy People 2020 is to increase the number of older adults who are up to date on their clinical preventive services (Healthy People, 2015), therefore disease prevention and health promotion in older adults should be a priority for all health care practices.

Strengths and Limitations

This project was valuable because it gave some insight to what providers and patients know about the Medicare AWV. The project also identified what providers and patients find as barriers to the visit. Having an open ended question in the survey allowed the respondents to freely state the barriers and challenges they have experienced with the Medicare AWV. This project was also important to examine the belief patients and primary care providers have regarding health promotion in older adults. I was pleasantly surprised to see the majority of provider respondents reported recommending Medicare AWVs for their patients.

There are limitations to this project that should be mentioned. The low response rate from patients limits the generalizability of the data. This could partly be due to the surveys only being accessible online and only patients with an active patient portal account were included in the

project. The response rate could have also been limited by the short amount of time the surveys were open. The majority of the provider respondents were MDs and the majority of patient respondents had a MD as their primary care provider. This limits the generalizability of data to other primary care providers who are not MDs. The patients and providers were limited to only one health care facility.

Dissemination and Future Implications for Practice

I plan to disseminate the findings of this project with the primary care providers at St. Peter's Medical Group at one of the monthly family practice meetings. I'm hoping this will start discussions on how we can work on overcoming barriers and start working on implementing a program that will get more Medicare patients to come in for an AWW. There is a gap in providing preventive services for older adults and there is an opportunity for primary care providers to improve the delivery of health promotion and disease prevention in the older adult population. This project is especially relevant to practice in Helena because over 1,000 people turn 65 every month in Montana (DPHHS, 2015). We need to find a way to address the challenges of Medicare Wellness Visits to make it work for both the patient and provider. Nurse practitioners can have a major influence on the delivery of preventive care. Most primary care doctors at St. Peter's Medical Group work closely with a nurse practitioner or physician assistant for better patient access. One suggestion would be to designate all of the Medicare AWWs to the NP or PA working with primary care doctors. Since most NPs and PAs have longer appointments with patients, it would also allow adequate time for the Medicare AWW. This project highlighted some of the barriers and misconceptions related to Medicare AWWs and there are implications for quality improvement programs to promote preventive services for older

adults. It is important to have future studies that will implement and maintain interventions and programs into clinical practice that will work to provide preventive services for the aging population.

APPENDIX A:
PATIENT DISCLOSURE FORM

Patient Disclosure Form

Dear Medicare Patient,

My name is Katie Chappell and I am a graduate student at the University of Arizona working on my Doctorate in Nursing Practice. You are receiving this letter because you were chosen to participate in a needs assessment project. I am conducting this project as part of the requirements for my doctorate degree. The purpose of the project is to assess what Medicare patients and primary care providers know about the Medicare Annual Wellness Visit. The Medicare Annual Wellness Visit is an important and valuable benefit to Medicare patients for the purpose of providing preventive care.

Please consider participating in this project to help determine what Medicare patients know about the Medicare Annual Wellness Visit so we can get more patients to take advantage of this critical part of health care. If you choose to take part in the project, please click on the link below and that will take you directly to the survey. The survey has 15 multiple choice questions and takes approximately 5 minutes to complete. You are not required to participate; it is completely voluntary and you may choose not to participate at any time. The survey is anonymous and no identifying information will be linked to the results of your survey. There is no compensation for participating in this project and there are no foreseeable risks associated with the project. Thank you for your time and I look forward to your responses.

To take the survey, click on the link below or copy and paste the link into your internet browser.

https://uarizona.co1.qualtrics.com/SE/?SID=SV_7QgTzO1nvpWlUep

APPENDIX B:
PROVIDER DISCLOSURE FORM

Provider Disclosure Form

Dear Health Care Provider,

You are receiving this letter because you were chosen to participate in a needs assessment project. I am a student at the University of Arizona's Doctorate of Nursing Practice Program and I am conducting this project as part of the requirements for my doctorate degree. The purpose of this project is to assess what Medicare patients and primary care providers know about the Medicare Annual Wellness Visit. The Medicare Annual Wellness Visit is an important and valuable benefit to Medicare patients for the purpose of providing preventive care.

Please consider participating in this project to help determine what primary care providers at St. Peter's know about the Medicare Annual Wellness Visit so we can get more patients and providers to take advantage of this important service. If you choose to take part in the project, please click on the link below and that will take you directly to the survey. The survey has 15 multiple choice questions and takes approximately 5 minutes to complete. You are not required to participate; it is completely voluntary and you may choose not to participate at any time. The survey is anonymous and no identifying information will be linked to the results of your survey. There is no compensation for participating in this project and there are no foreseeable risks associated with the project. Thank you for your time and I look forward to your responses.

To take the survey, click on the link below or copy and paste the link into your internet browser.

https://uarizona.co1.qualtrics.com/SE/?SID=SV_bfRU7QqwXvAaW33

APPENDIX C:
PATIENT SURVEY

Patient Survey

What is your age?

- 65-74 years old
- 75-84 years old
- 85-94 years old
- 95 years or older

What is your gender?

- Male
- Female
- Other

What is your ethnicity origin (or Race)?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other

What is the highest degree or level of school you have completed?

- 8th grade
- Some high school, no diploma
- High school graduate, diploma or equivalent (GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate's degree
- Bachelor's degree
- Graduate degree

What is your marital status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

Do you receive your primary care at St. Peter's Medical Group?

- Yes
- No

What type of primary care provider do you see?

- Medical Doctor (MD)
- Doctor of Osteopathic Medicine (DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- I don't know

How long have you been seeing your primary care provider?

- <1 year
- 1-5 years
- >5 years

Do you believe preventive health care is an important part of your medical care?

- Yes
- No

Have you ever had a Medicare Annual Wellness Visit?

- Yes
- No
- I don't know

Has your primary care provider recommended a Medicare Annual Wellness Visit for you?

- Yes
- No

Did you know Medicare part B offers a covered annual wellness visit?

- Yes
- No

Do you know what type of preventive services are covered under Medicare?

- Yes
- No

Would you be more likely to participate in Medicare Annual Wellness Visits if your provider encouraged them?

- Yes
- No

Have you found barriers or challenges to receiving a Medicare Annual Visit?

- Yes
- No

If you answered yes to the previous question, what are the barriers or challenges?

APPENDIX D:
PROVIDER SURVEY

Provider Survey

What is your age?

- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older

What is your gender?

- Male
- Female
- Other

What type of provider are you?

- MD
- DO
- NP
- PA

How long have you been practicing as a health care provider?

- <1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- 26-30 years
- >31 years

The purpose of a Medicare Annual Wellness Visit (AWV) is to provide personalized prevention plans for patients.

- True
- False

Is the Medicare AWV the same as a yearly physical?

- Yes
- No

The Medicare AWV includes a Health Risk Assessment.

- True
- False

The Medicare AWW reviews the patient's functional ability and level of safety.

- True
- False

The Medicare AWW includes an assessment of the patient's cognitive function.

- True
- False

Are clinical laboratory tests part of the Medicare AWW?

- Yes
- No

Do deductible or coinsurance/copayment apply for the Medicare AWW?

- Yes
- No

Is there a difference between the Welcome to Medicare Visit (also known as Initial Preventive Physical Exam) and the Annual Wellness Visit?

- Yes
- No

Do you think preventive health care is an important part of providing medical care for patients 65 years and older?

- Yes
- No

Do you recommend Medicare AWWs for your patients?

- Yes
- No

Have you found barriers or challenges to the Medicare AWW?

- Yes
- No

If you answered yes to the previous question, what are the barriers or challenges?

APPENDIX E:
PATIENT RESULTS

Q1 - What is your age?

#	Answer	%	Count
1	65-74 years old	66.67%	16
2	75-84 years old	29.17%	7
3	85-94 years old	4.17%	1
4	95 years or older	0.00%	0
	Total	100%	24

Q2 - What is your gender?

#	Question	65-74 years old	75-84 years old	85-94 years old	95 years or older	Total
1	Male	68.75% 11	31.25% 5	0.00% 0	0.00% 0	16
2	Female	62.50% 5	25.00% 2	12.50% 1	0.00% 0	8
3	Other	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0

Q3 - What is your ethnicity origin (or Race)?

#	Question	65-74 years old	75-84 years old	85-94 years old	95 years or older	Total
1	White	65.22% 15	30.43% 7	4.35% 1	0.00% 0	23
2	Black or African American	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
3	American Indian or Alaska Native	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
4	Asian	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
5	Native Hawaiian or Pacific Islander	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
6	Other	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0

Q4 - What is the highest degree or level of school you have completed?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	8th grade	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0
2	Some high school, no diploma	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0
3	High school graduate, diploma or equivalent (GED)	75.00%	3	0.00%	0	25.00%	1	0.00%	0	4
4	Some college credit, no degree	37.50%	3	62.50%	5	0.00%	0	0.00%	0	8
5	Trade/technical/vocational training	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0
6	Associate's degree	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0
7	Bachelor's degree	100.00%	9	0.00%	0	0.00%	0	0.00%	0	9
8	Graduate degree	33.33%	1	66.67%	2	0.00%	0	0.00%	0	3

Q5 - What is your marital status?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	Single, never married	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0
2	Married or domestic partnership	80.00%	12	20.00%	3	0.00%	0	0.00%	0	15
3	Widowed	0.00%	0	80.00%	4	20.00%	1	0.00%	0	5
4	Divorced	100.00%	3	0.00%	0	0.00%	0	0.00%	0	3
5	Separated	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0

Q6 - Do you receive your primary care at St. Peter's Medical Group?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	Yes	66.67%	16	29.17%	7	4.17%	1	0.00%	0	24
2	No	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0

Q7 - What type of primary care provider do you see?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	Medical Doctor (MD)	66.67%	14	28.57%	6	4.76%	1	0.00%	0	21
2	Doctor of Osteopathic Medicine (DO)	100.00%	1	0.00%	0	0.00%	0	0.00%	0	1
3	Nurse Practitioner (NP)	0.00%	0	100.00%	1	0.00%	0	0.00%	0	1
4	Physician Assistant (PA)	100.00%	1	0.00%	0	0.00%	0	0.00%	0	1

Q8 - How long have you been seeing your primary care provider?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	<1 year	75.00%	3	25.00%	1	0.00%	0	0.00%	0	4
2	1-5 years	76.92%	10	15.38%	2	7.69%	1	0.00%	0	13
3	>5 years	42.86%	3	57.14%	4	0.00%	0	0.00%	0	7

Q9 - Do you believe preventive health care is an important part of your medical care?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	Yes	66.67%	16	29.17%	7	4.17%	1	0.00%	0	24
2	No	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0

Q10 - Have you ever had a Medicare Annual Wellness Visit?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	Yes	58.82%	10	35.29%	6	5.88%	1	0.00%	0	17
2	No	83.33%	5	16.67%	1	0.00%	0	0.00%	0	6

Q11 - Has your primary care provider recommended a Medicare Annual Wellness Visit for you?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	Yes	45.45%	5	45.45%	5	9.09%	1	0.00%	0	11
2	No	84.62%	11	15.38%	2	0.00%	0	0.00%	0	13

Q12 - Did you know Medicare part B offers a covered annual wellness visit?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	Yes	63.16%	12	31.58%	6	5.26%	1	0.00%	0	19
2	No	80.00%	4	20.00%	1	0.00%	0	0.00%	0	5

Q13 - Do you know what type of preventive services are covered under Medicare?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	Yes	66.67%	10	26.67%	4	6.67%	1	0.00%	0	15
2	No	66.67%	6	33.33%	3	0.00%	0	0.00%	0	9

Q14 - Would you be more likely to participate in Medicare Annual Wellness Visits if your provider encouraged them?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	Yes	65.22%	15	30.43%	7	4.35%	1	0.00%	0	23
2	No	100.00%	1	0.00%	0	0.00%	0	0.00%	0	1

Q15 - Have you found barriers or challenges to receiving a Medicare Annual Visit?

#	Question	65-74 years old		75-84 years old		85-94 years old		95 years or older		Total
1	Yes	50.00%	2	50.00%	2	0.00%	0	0.00%	0	4
2	No	68.42%	13	26.32%	5	5.26%	1	0.00%	0	19

Q16 - If you answered yes to the previous question, what are the barriers or challenges?

65-74 years old

I went to the Dr for one a few years ago and it didn't actually end up being a wellness visit because he treated me for a chronic problem that wasn't covered by the "Medicare Annual Visit". I think that the "annual Wellness" visit is a farce

when having a wellness check I discussed a condition not covered. and it was noted. Since it was outside the scope of the wellness check the visit became not covered and i had to pay for it. If the wellness visit is to check on wellness of a patient, should not all aspects of wellness be considered and covered?

75-84 years old

My current doctor does not administer them and referred me to a NP, whom I saw and was very satisfied.

My primary care doctor does not do these and referred me to a PA.

APPENDIX F:
PROVIDER RESULTS

Q1 - What is your age?

#	Answer	%	Count
1	25-34 years old	38.46%	5
2	35-44 years old	46.15%	6
3	45-54 years old	7.69%	1
4	55-64 years old	7.69%	1
5	65-74 years old	0.00%	0
6	75 years or older	0.00%	0
	Total	100%	13

Q2 - What is your gender?

#	Answer	%	Count
1	Male	25.00%	3
2	Female	75.00%	9
3	Other	0.00%	0
	Total	100%	12

Q3 - What type of provider are you?

#	Answer	%	Count
1	MD	53.85%	7
2	DO	7.69%	1
3	NP	15.38%	2
4	PA	23.08%	3
	Total	100%	13

Q4 - How long have you been practicing as a health care provider?

#	Answer	%	Count
1	<1 year	7.69%	1
2	1-5 years	23.08%	3
3	6-10 years	23.08%	3
4	11-15 years	23.08%	3
5	16-20 years	15.38%	2
6	21-25 years	0.00%	0
7	26-30 years	7.69%	1
8	>31 years	0.00%	0
	Total	100%	13

Q5 - The purpose of a Medicare Annual Wellness Visit (AWV) is to provide personalized prevention plans for patients.

#	Answer	%	Count
1	True	100.00%	13
2	False	0.00%	0
	Total	100%	13

Q6 - Is the Medicare AWV the same as a yearly physical?

#	Answer	%	Count
1	Yes	0.00%	0
2	No	100.00%	13
	Total	100%	13

Q7 - The Medicare AWW includes a Health Risk Assessment.

#	Answer	%	Count
1	True	84.62%	11
2	False	15.38%	2
	Total	100%	13

Q8 - The Medicare AWW reviews the patient's functional ability and level of safety.

#	Answer	%	Count
1	True	100.00%	13
2	False	0.00%	0
	Total	100%	13

Q9 - The Medicare AWW includes an assessment of the patient's cognitive function.

#	Answer	%	Count
1	True	84.62%	11
2	False	15.38%	2
	Total	100%	13

Q10 - Are clinical laboratory tests part of the Medicare AWW?

#	Answer	%	Count
1	Yes	84.62%	11
2	No	15.38%	2
	Total	100%	13

Q11 - Do deductible or coinsurance/copayment apply for the Medicare AWW?

#	Answer	%	Count
1	Yes	7.69%	1
2	No	92.31%	12
	Total	100%	13

Q12 - Is there a difference between the Welcome to Medicare Visit (also known as Initial Preventive Physical Exam) and the Annual Wellness Visit?

#	Answer	%	Count
1	Yes	84.62%	11
2	No	15.38%	2
	Total	100%	13

Q13 - Do you think preventive health care is an important part of providing medical care for patients 65 years and older?

#	Answer	%	Count
1	Yes	100.00%	13
2	No	0.00%	0
	Total	100%	13

Q14 - Do you recommend Medicare AWWs for your patients?

#	Answer	%	Count
1	Yes	92.31%	12
2	No	7.69%	1
	Total	100%	13

Q15 - Have you found barriers or challenges to the Medicare AWW?

#	Answer	%	Count
1	Yes	76.92%	10
2	No	23.08%	3
	Total	100%	13

Q16 - If you answered yes to the previous question, what are the barriers or challenges?

Not enough time to provide the service. I try to provide assessment of the same areas during other periodic office visits.

Time, patient frustration

convincing patients that there is a reason to do this separately from what most patients consider the yearly physical and yearly review of all their health problems. Usually I just try to do it all in one to please the patient but that is difficult.

BARRIER #1: TIME BARRIER #2: PT WANTS ALL CHRONIC AND MAYBE ACUTE NEEDS ADDRESSED AT THE AWW.

Not enough training as a resident to know exactly what needs done and how to document it.

Explaining it- especially that it doesn't include refilling meds and a physical exam.

Hard to not review other problems, meds/labs while they are in. They want to come in once.

I am new to primary care and figuring out exactly what is covered and how to incorporate the physical that they all want and expect and renewing meds is confusing.

Not enough time to complete and patients think it is a yearly physical

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