Medicare Annual Wellness Visits

EHR Tactics to Identify Care Gaps and Increase Revenues

Introductions 2

Industry Leaders in EHR Optimization



Leland A Babitch, MD MBAExecutive Medical Director, Clinovations
17+ Years Experience

Expertise

- Implementation and optimization of healthcare technology
- · Clinical process redesign
- Clinical adoption strategy development

Background

- Pediatric and Informatics Board Certifications
- Former CMIO for Detroit Medical Center

©2015 The Advisory Board Company •advisory.com

Today's presenters:

- · Experts in EHR Optimization
- · Both have clinical backgrounds

A Medicare Benefit that Nobody Gets?



14.5%

Of eligible Medicare patients received an Annual Wellness Visit in 2014.

015 The Advisory Board Company +advisory.com

he Medicare Annual Wellness Visit is a yearly preventative care visit offered to all Medicare Part B beneficiaries.

- But it's a benefit that nobody really gets.
- While the AWV is recognized as an important benefit, only 14.5% of Medicare beneficiaries received an AWV last year.

- The missed opportunity of this is massive
- This visit is well reimbursed at \$145 per visit and can be conducted by any licensed health professional or a team of professionals, under the direct supervision of a physician.
- There's a strong financial imperative to close the gap on AWV visits—with millions of dollars of revenue on the table every year for average groups.

A Zero-Cost Health Benefit for Patients

AWV for the Eligible Medicare Patient

JECTIVES

- · Increase patient engagement
- · Incentivize preventive medical care
- · Reduce costly hospitalizations.
- Avoid unnecessary medical procedures
- · Decrease medication errors.

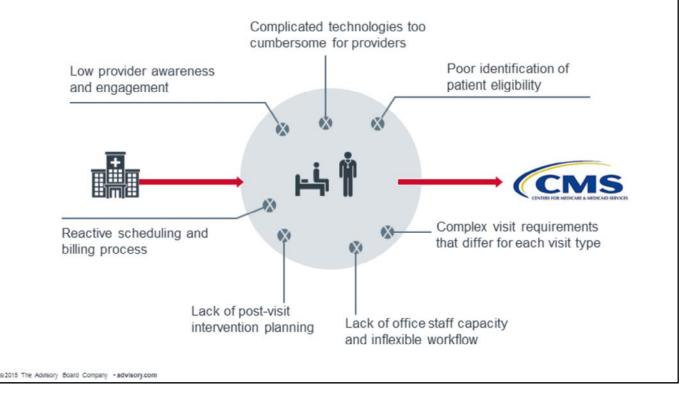
REQUIREMENTS

- Health Risk Assessment (HRA): Patient survey used to assess risks, develop plan of care
- Screening: Functional ability, cognitive function; risk of falls, depression, safety
- Biometrics: Height/Weight, Blood Pressure, other routine measures
- Prevention Services: Vaccines other age-appropriate Medicare services
- Plan of care: Personalized list of risks and conditions and associated education

©2015 The Advisory Board Company -advisory.com

Then Why Is Participation So Low?

Common Challenges in Capturing Medicare AWVs



- There are numerous reasons beyond patient awareness and engagement as to why participation is so low
- · Capturing AWVs becomes challenging when:
 - There isn't one integrated technology that supports the capture process, and there's no embedded functions to make the process smoother
 - · There's inflexible workflow and lack of office capacity
 - There's no system in place for post-visit intervention planning
 - Among others....

Best Practice Methodology to Improve Results

Three-Pronged Approach to AWV Capture

1

Enabling Your People

Education, training, and marketing content for patients, providers, and staff to increase engagement and visit capture 2

Making Processes Efficient

Workflow evaluation and optimization to leverage existing staff to the full extent of their licensure and to promote proactive patient outreach 3

Getting the Most From Technology

Optimize existing EHR and other clinical information technologies to 'automate' AWV workflows, capture relevant documentation, and reduce billing errors

2015 The Advisory Board Company • advisory.com

- After working with organizations across the country, our team at Clinovations has found that any tactical EHR optimization project including AWV capture, requires a COMPREHENSIVE solutions that takes into account these three buckets.
- They are not listed here in order of importance—each is a critical piece in the improvement process
 - · Without an educated staff and patient base, AWV capture will be a moot point
 - Without the right processes in place, workflow adjustments, and staffing—the system won't be able to handle the patient identification, added visits, and post-visit planning.
 - And of course, without optimized technology to capture relevant document, ensure accurate billing, and streamline workflows—efficiency and accuracy in AWV capture just won't happen

Case Study #1 8

Engaging Stakeholders in AWV Capture



Mid-size physician hospital organization



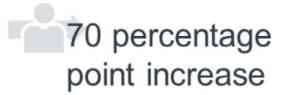
Goal: Increase baseline AWV capture rate of 7% by creating efficient processes and workflow.

Approach

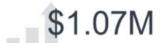
Executed patient outreach and engagement strategy, and assessed clinical documentation, workflow, and EHR configuration:

- Designed approach that incorporated an optimized technical solution with workflow redesign and provider and staff education and engagement activities
- Redesigned workflow allowing ancillary staff to work at the highest level of their licensure

Engagement Results



in AWV capture rate of eligible patients



projected year one revenue impact

92015 The Advisory Board Company •advisory.com

Metro Health

Case Study #2 9

Redesigning Process as Part of Technical Solution



Multi-market system with employed primary and specialty care providers



Goal: Mobilize primary care providers and staff to optimize capture, delivery, and billing for Medicare AWVs.

Approach

Engaged providers and staff, and facilitated improvement process that included:

- · Workflow improvements
- · Documentation enhancement
- · Technical optimization

Engagement Results



reduction in denials

15 min

average provider time saved for each AWV



increased number of AWV patients seen

© 2015 The Advisory Board Company • advisory.com

Bon Secours

Case Study #3

Leveraging the EHR to 'Automate' Capture



350 provider multi-specialty physician group



Goal: Increase low AWV capture rate of 5% by creating a strategy around the 2,500 Medicare patients in the primary care group.

Approach

Customized EHR to 'automate' and optimize for:

- · Scheduling
- · Registration
- · Provider Documentation
- · Billing Systems

Engagement Results



enabled documentation compliance rate



increase in AWVs delivered

©2015 The Advisory Board Company • advisory.com

Reliant

The Real Impact On...



People

"The patient wasn't aware of the benefits of the AWV, until seeing a flyer posted in the doctor's office on another visit"



Process

"Previously staff had avoided these appointments because they were too complex to schedule and accommodate"



Technology

"The only option for AWV capture was to use a platform outside of EHR itself which involved multiple applications"



If she had known this visit is available at no out-of-pocket costs, yet offered valuable time with her doctor, she would have taken advantage long before. The new, efficient process and workflow offered a streamlined solution, and engaged providers and staff in increasing AWV patients The solution was to integrate into Epic, in their existing workflows, which saved time and increased provider satisfaction tremendously

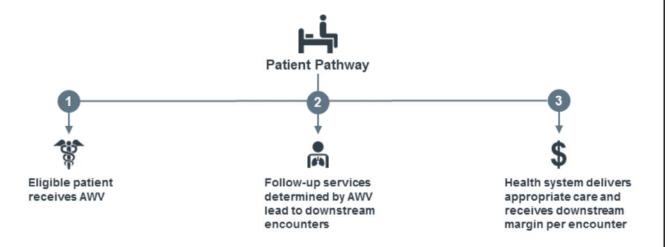
B2015 The Advisory Board Company - advisory.com

We've seen time and again the impact AWV capture has on all system levels:

- A patient who wasn't aware of the full benefits of AWV so hadn't taken advantage...
- A staff who avoided these appointments because of the complexity in workflow...
- Physicians who were weighed down by multiple technologies and platforms...

Getting it Right Leads to Downstream Value

AWV Patients Get Directed to Appropriate Follow-Up Services





The Downstream Value

\$343 Expected reimbursement less variable costs per downstream encounter

82015 The Advisory Board Company •advisory.com

- Capturing AWV's is not just a one-time benefit for the patient, or an isolated revenue opportunity for the health system
- The patient will benefit down the road with follow up visits and appropriate interventions after the AWV
- And the system can expect an increase in revenue through the delivery of appropriate downstream services
- Increasing capture of Annual Wellness Visits will increase delivery of appropriate downstream services

The CMGA Downstream Module integrates detailed hospital and ambulatory data at the patient level to construct an accurate comprehensive longitudinal analysis of provider relationship patterns and associated downstream contribution. Through this sophisticated patient relationship business logic, downstream cases are attributed to providers within your employed network. CMGA has the ability to compare medical group net operating losses at the practice level with attributed downstream contribution margin, which then gives you the capability to analyze your investment multiplier at the practice level

- And improving a system for AWV capture is actually a big step towards readiness for population health management
- The competencies needed for broader system strategies are interrelated
- So AWV capture is not just a 'tactical' project

62015 The Advisory Board Company • advisory.com

Questions...?



Leland Babitch Executive Medical Director babitchl@advisory.com

We Can Speak to Your Organization About:

- Evaluating and identifying your organizational priorities to create a framework for success
- · Aligning specialty workflow with technology
- · Leverage your EHR to drive clinical, quality, and financial enhancements
- Capturing Medicare Annual Wellness Visits
- Documenting HCC and patient complexities for improved RAF scores in risk contracting
- · Customized, at-the-elbow training for implementation and optimization

©2015 The Advisory Board Company -advisory.com

Our contact information.