



AWV Learning Lab



December 21, 2023
2:00 pm to 3:30 pm ET

Staff Facilitator



Melody Danko-Holsomback, Vice President of Education, NAACOS

Melody Danko-Holsomback, MSN, CRNP is the Vice President of Education for NAACOS. She has over 12 years of population health experience and was the CAO and Director of Keystone ACO prior to her current role. She has over 30 years of experience in nursing, including positions in outpatient and inpatient care, as a CRNP healthcare provider and as an IT analysts and performance consultant.

mdholsomback@naacos.com

Learning Lab Documents



- Agenda
- Learning Lab Note Template – used to add takeaway information for future use
- Presentations by Member ACOs
- Meeting recordings and documents found on Learning Lab under Education & Events on the NAACOS [website](#).

Housekeeping Items



- The learning lab is meant to be a classroom type of setting
- We request that participants be on camera whenever possible. This helps keep you engaged in the meeting material and place faces with names of participants.
- Questions are not only welcomed, but they are also imperative to enhance everyone's learning experience.
- We may call on you at any time for your opinion on the current topic of discussion
- Please mute your microphone when not speaking and unmute when speaking.
- Please add your First and Last Name to Zoom.

Agenda



AGENDA

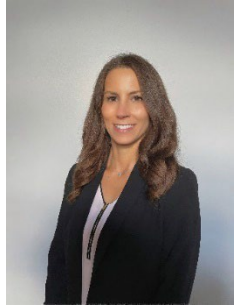
**Annual Wellness Visit (AWV)
Learning Lab Virtual Series**

**December 21, 2023
2:00 pm – 3:30 pm**

Location: Zoom Meeting **Sent to participants**

		Speakers
2:00 pm – 2:10 pm	Learning Lab Opening Introduction	Melody Danko-Holsomback, NAACOS
2:15 pm – 3:15pm	Engaging Physicians and Staff in AWVs	Brandy Smuzeski, LMSW ACO Manager
		Harmeet Bassi, MD, CPHQ, Summit Health/Village MD
3:15pm – 3:25 pm	Q and A	Attendee participation
3:25 pm - 3:30 pm	Adjourn	Melody Danko-Holsomback

Introductions



Brandy Smuzeski, ACO Manager

Brandy Smuzeski is a Clinical Manager at Medical Advantage TDC GROUP with formal training as a Licensed Master Social Worker and Certified Alcohol and Drug Counselor. She has extensive experience working with vulnerable populations in the hospital setting, as well as in the outpatient setting and has spent her career alleviating barriers and obstacles for those who are vulnerable and oppressed. Brandy assists large groups of independent practices with identifying opportunities for improving patient care, reducing hospital utilization, and enhancing preventative care. In her current role as an ACO Manager, she is involved with Quality Performance and Reporting, Care/Disease Management, Practice Transformation, Billing and Coding, Risk Adjustment, and Health Informatics/Analytics.



Harmeet Bassi, MD, CPHQ

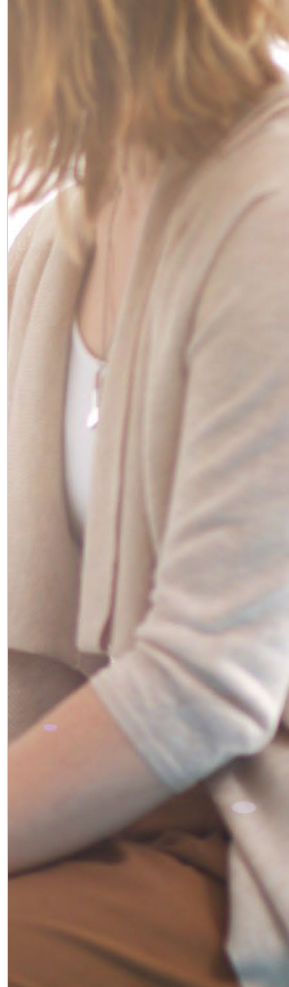
Dr. Harmeet Bassi is a Family Medicine Physician with a passion for ensuring delivery of the highest quality of care. As Medical Director of Quality at Summit Health, Harmeet uses this passion to develop strategies to bridge the gap between clinical care and value. Harmeet engages with providers to help them understand their crucial role in value-based care and quality. Utilizing internal metrics and feedback from payers, Harmeet guides Summit Health through their journey to be the best in value-based care.



Medical Advantage
TDC_{GROUP}

AWV'S – Engaging Physicians and Staff

Brandy Smuzeski, LMSW
ACO Manager



Our Mission

To simplify the delivery of efficient, high-quality healthcare.



Our data-driven approach known as Practice Catalyst delivers outcomes at point-of-care.



Healthcare Expertise

- Change Management
- Practice Transformation
- Health Informatics/Analytics
- Health Information Technology
- Electronic Health Records
- Quality Performance/Reporting
- Care/Disease Management
- Contract Design/Negotiation
- Population Health/SDOH
- Risk Adjustment
- Billing/Coding



Practice Optimization



• Increase Patient Experience



• Increase Value-Based Care Revenue



• Improve Payer-Physician Relationship



• Lower Medical Spending



• Reduce Physician Burnout



• Increase Quality



• Capture Accurate Risk

ACO Background



Physician Owned and Operated



Michigan



26 Practices in 2023



Started in 2014



Preliminary Prospective Assignment with Retrospective Reconciliation



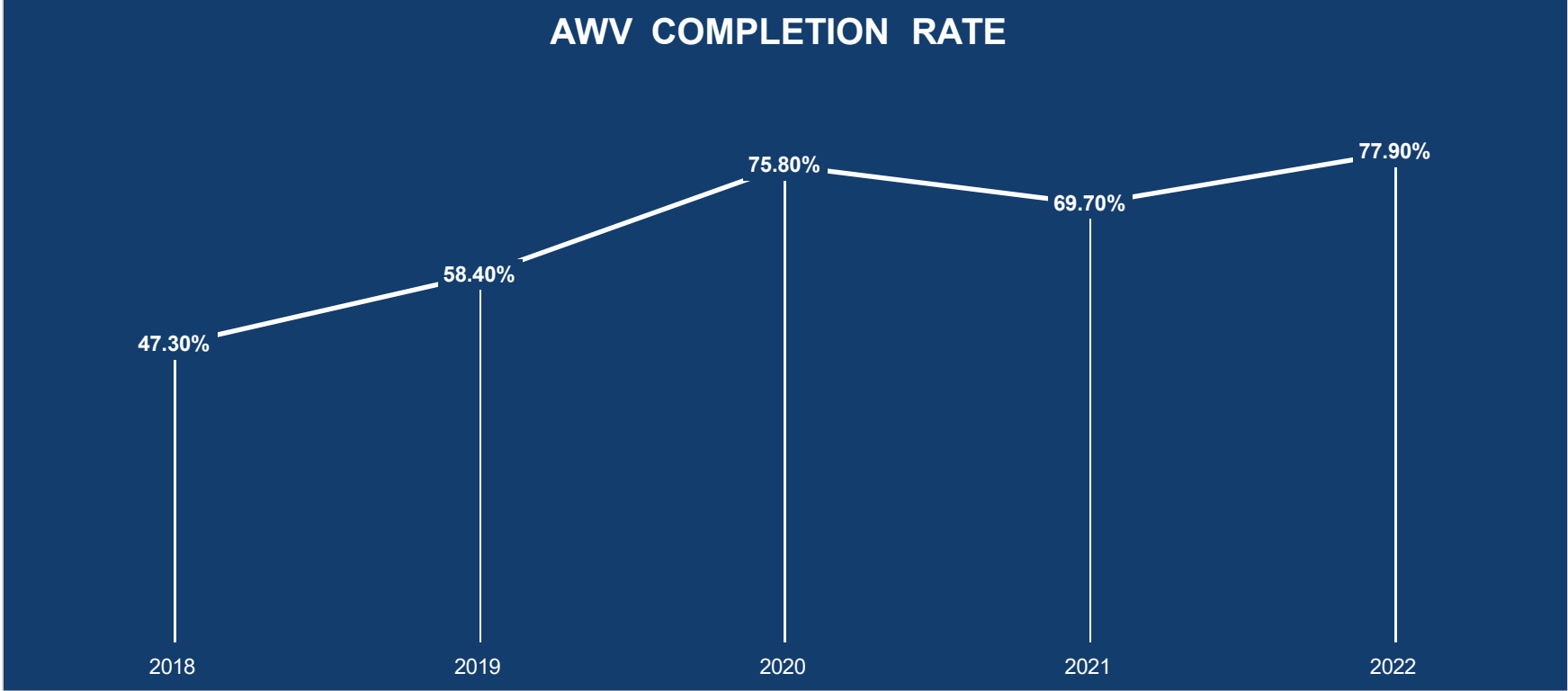
Pathways to Success BASIC Track Level E



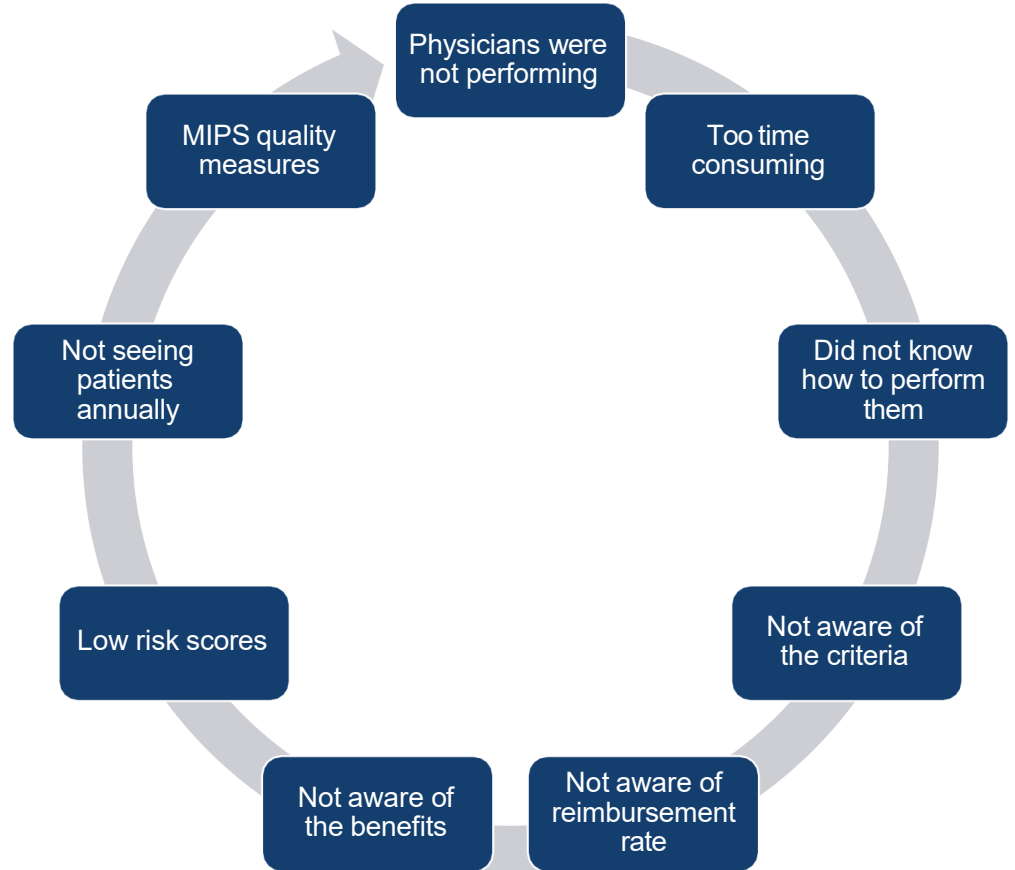
Quality Scores – 90+



Annual Wellness Visit Trend



Identified Barriers & Opportunities



Where We Started

- Process Documents
 - AWW
 - ACP
 - Scripting



Annual Wellness Visit Practice Process Document

Purpose: The Annual Wellness Visit has been demonstrated as the essential tool a practice can use that generates multiple opportunities to provide high quality of care

1. Boosts and maintains Beneficiary attribution
2. Addresses performance year MIPS Quality Measures
 - a. Controlling Blood Pressure
 - b. Completed HA1C <9%
 - c. Medication reconciliation for Statin Therapy
 - d. Smoking assessment and cessation
 - e. Depression screen with follow-up for a positive result
 - f. Depression remission within 12 months
 - g. Breast Cancer screening
 - h. Colorectal Cancer Screening
 - i. Fall Risk Assessment
 - j. Vaccinations
 - k. Improves Patient Satisfaction reflected in the CAHPS Survey
3. Provides accurate Risk Scoring by capturing current HHC Codes

Goal: Completion of > 80% Annual Wellness Visits of the Medicare Fee for Service population

Process

Current Patients


Scheduling

1. Review the Medicare Beneficiary list each quarter to identify who is eligible for the Medicare Fee for Service Annual Wellness Visit



Tip Sheets

- Initial, Annual, and Subsequent AWW
 - Requirements
- ACP
 - Requirements
 - Billing
- Billing
 - Codes
 - Modifiers




Initial Preventive Physical Examination (IPPE)

G0402 - Welcome to Medicare Prevention Visit:



Annual Wellness Visit Billing Tips

Billing Codes:



Advance Care Planning (ACP)

Advance Care Planning (ACP) as an optional element of the AWW. ACP is the face-to-face conversation between a physician (or other qualified health care professional) and a patient to discuss the patient's wishes and preferences for medical treatment if he or she were unable to make decisions about their care.

As part of this discussion, you may talk about advance directives (ADs) with or without completing legal forms. An AD appoints an agent and/or records the person's wishes about their medical treatment based on their values and preferences.

- Medicare waives both the coinsurance and the Medicare Part B deductible for ACP when it is:



Explaining the Benefits



Revenue
AWV & ACP



Quality Metrics
Gaps closure



Patient Attribution



Cost Reduction



HCC Coding Opportunity



Preventing Disease Progression



Improves Quality of Care Provided

Training



In-Practice
Training



Provide
Process
Documents



AWV Tip
Sheets



ACP Tip
Sheets



AWV
Packet



Work with
EMR's



Reviewing
Beneficiary
Lists

Identifying when the
patient is eligible

Identifying which
AWV the patient
is eligible for

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Confide
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Process - Scheduling

- Review beneficiary list, wpsgha.com, and EMR
- Call patient to schedule / if being seen and due – perform
- HRA Questionnaire, Depression Screening, Fall Risk Screening & Advance Directives
- HRA Questionnaire includes list of current providers, suppliers, medical/family history, risk factors for depression and other mood disorders, current medications (including opioid prescriptions), and screening for substance use disorders
- Reminder call day prior



Process – Day of Appointment

- At appointment – in waiting room
- Rooming patient
- In examination room
 - Review
 - Discuss and document
 - Review current medications, medical diagnosis, and SDOH
 - Tobacco screening and cessation education
 - Substance Abuse Disorder Screening
 - Depression screening
 - Fall risk assessment
 - Cognitive assessment



Process – Wrapping Up

- Provide education, referrals, and resources as needed
- Discuss advance care planning – if receptive
- Review 5-10-year preventative plan (including vaccinations) and provide a copy to the patient
- Provider (MD, DO, NP, PA or CNS) to come in last 5-10 minutes
- Order appropriate screenings, vaccinations, and tests as appropriate



Utilizing Staff for AWW's – MA & Receptionist

- G0402 – Physician (MD/DO), physician assistant, nurse practitioner, or certified clinical nurse specialist
- **Medical professional (including health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of medical professionals who are directly supervised by a physician.**
- Medical Assistant or Receptionist
 - Identify which AWW the patient is eligible for
 - Schedule the patient
 - Call the patient the day prior



Utilizing Staff for AWW's – RN & RD

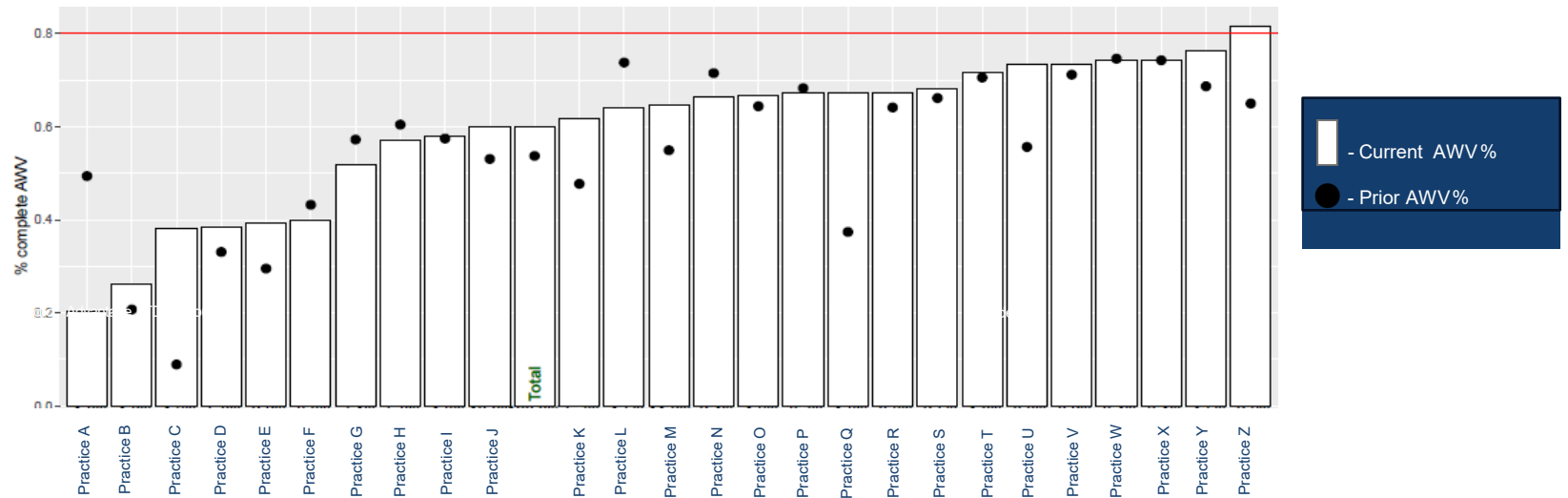
- RN or RD
 - Obtain blood pressure, weight, and height
 - Review HRA, Fall Risk, and Depression Screening results
 - Assess cognitive functioning
 - Advance Care Planning Discussion – at patient's discretion
 - 5–10-year prevention plan
 - Provide personalized health advice, appropriate referrals, follow-up appointment as needed
- Inform provider of concerns, referrals, or orders needed
 - Provider to meet with patient as needed
 - 5-10 minutes



Comparison

- Physician Meetings
- Staff Meetings
- Practice Comparison Reports

Each Practice's
AWV Completion



Recognition

- Linked to distribution methodology
- Meetings



Confidential

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Thank you!

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Summit Health  CityMD

 Village Medical™

Engaging Providers for AWWs

Harmeet Bassi, MD, CPHQ

NAACOS AWW Learning Lab

December 21, 2023

VillageMD[®] Milestones



Founded

2013

New Hampshire and Chicago locations launch

2016



First Village Medical[™] clinic opens, bringing a new model of care
Begin offering at-home services
Partnership with Walgreens
Select MA contacts shift to full risk

2019

Millions of patients in 22 markets
200 Village Medical[™] at Walgreens locations open
355 clinics, 263 are Village Medical[™]
Largest participating sponsor of CMS' DCE program

2022

2015

VillageMD[®] Primaria launch

2018

docOS[™] launched to support value-based primary care model



2020

Named Best Startup Employer by *Forbes* and Best Place to Work in Healthcare by *Modern Healthcare*

2023

Acquisition of Summit Health + CityMD and Starling Physicians
20,000+ employees, 680 locations in 26 markets





Summit Health  CityMD

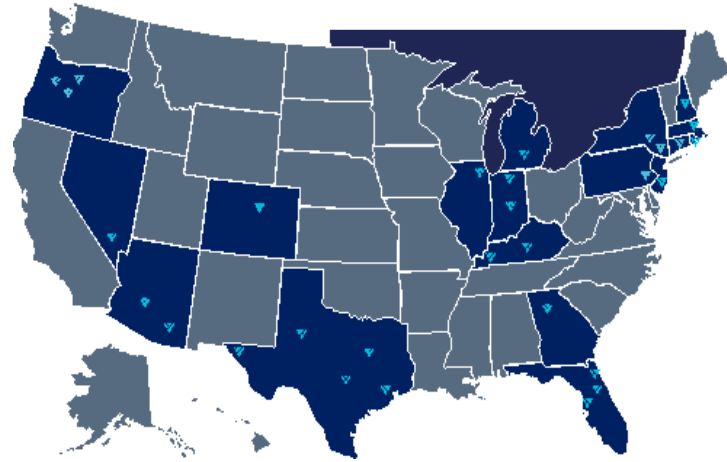
 Village Medical™

OVER
26+
Active Markets

OVER
680
Locations

3B
Medical spend Under Management

80.2%
Composite MLR Performance on MA
Contracts



Opportunities for Provider Engagement

New Provider Orientation

- Review basics of Value-Based Care (VBC)
- Discuss why Value-Based Care is important
- Provide understanding of how VBC impacts our organization

Value-Based Care Bootcamp

- 7-week training (1 hour per week)
- Educate providers on:
 - how to provide and prove excellent quality care
 - how to better capture the full disease burden
 - how to better engage patients
 - how to better assess and address social determinants of health
 - how to facilitate efficient, cost-effective, patient-centered care with improved health outcomes

Monthly Regional Department Meetings

- Meetings with smaller groups of providers to share information and answer questions
- Review most important topics, including:
 - AWVs
 - TCMs
 - Quality Measures

How We Engage Providers

Discuss the Importance of AWWs

- Clinically
 - Ensure understanding of medications
 - Identify any barriers/issues with care (ADLs, SDOH...)
 - Address all preventative service recommendations
 - Advanced Care Planning
 - Create a 5-Year Plan to prepare for the future
- Financially
 - Greater assigned RVUs
 - Part of many value-based contracts

How We Support Providers

Support Teams

- Utilize outreach lists to identify patients with open gaps and schedule appointments
- Close gaps that do not need provider intervention
 - Obtain completed screening documents to upload in EHR
 - Schedule lab tests for specific open gaps
- Follow-up with patients to ensure gap closure
- Help navigate patients through complex healthcare system and answer questions before they get to provider

AWV Template

- Template created and added to Annual Wellness Visits
- Contains all sections of AWV that must be completed by provider
- Complies with CMS requirements for AWV
- Partially completed by patient through pre-visit questionnaire

Patient Goals

Patient Instructions

ANNUAL WELLNESS VISIT ASSESSMENT AND PERSONALIZED WELLNESS PLAN To promote good health please follow these recommendations:

Diet, Physical Activity and Healthy Weight:

- Eat a diet rich in fruits and vegetables, minimizing simple carbohydrates, salt, and saturated fats.
- Engage in regular physical activity and weight bearing exercise, as tolerated

Tobacco, Alcohol and Substance Use:

- Don't smoke or use other nicotine products
- Avoid excessive alcohol intake
- Avoid misuse of any substances in a manner that is not in accordance with appropriate use

Fall Prevention:

- Remove loose rugs and use handrails on steps and in bath

Cognition:

- Being intellectually engaged may benefit the brain. Lots of activities can keep your mind active. For example, read books and magazines. Play games. Take or teach a class. Learn a new skill or hobby. Work or volunteer.

Please remember to schedule any preventive health measures that we talked about today. You also have access to education on fall prevention and community-based lifestyle interventions to help reduce health risks and promote healthy living in your Annual Wellness folder or in the portal.

Screening Recommendations:

Breast Cancer Screening (Mammogram):

MM/DD/YYYY

Colorectal Cancer Screening:

MM/DD/YYYY

Osteoporosis Screening (Bone Density Sc

- Next due
- Shared Decision Made to Defer
- Declined
- Completed
- Not Needed

Immunizations:

Pneumococcal Vaccine(s):

MM/DD/YYYY

Influenza (Flu) Vaccine:

Advance Care Plan/Directives:

If you have any questions with regards to your care plan, or need to schedule an appointment, please contact our office.

*Recommended services are based on (a) services covered by Medicare, (b) U.S. Preventive Services Task Force & Advisory Committee on Immunization Practices guidelines, and (3) individual health status and risks.

Additional education provided in AWW folder at time of visit and electronically via portal

Patient Instructions

Immunizations:

Pneumococcal Vaccine(s): MM/DD/YYYY

Influenza (Flu) Vaccine:

Advance Care Plan/Directives:

Advance Care Plan/Directives discussion declined by patient.

Advance Care Plan/Directives already in place and/or updated.

Advance Care Plan/Directives not in place, **discussed today**.

Advance Care Plan/Directives not discussed due to ____.

Advance Care Plan/Directives discussion declined by patient.

an appointment, please

S. Preventive Services
(3) individual health

status and risks.

Discussion Notes

Add note

TOPIC OF DISCUSSION

Follow Up RETURN TO OFFICE

Primary Care Provider Incentive Program (PPIP)

Quality	Disease Burden Accuracy	Panel Management
Preventative Care Measures Condition Management (CV, DM...)	Accurate Documentation of Chronic Conditions	AWV Completion Rate

Upcoming Events



NAACOS Winter Boot Camps

- February 8-9, 2024
- Marriott Orlando Airport Lakeside, Orlando, FL
- 2 Concurrent Boot Camps
 - Clinical Operations in Care Transformation Boot Camp
 - Data and Analytics for Care Excellence Boot Camp

[Register now!](#)

Upcoming Events



NAACOS Spring Conference 2024

April 10–12

Hilton Baltimore Inner Harbor

[Registration Now Open!](#)



Thank you!



Contact Information



- **Melody Danko-Holsomback**, VP of Education, NAACOS, mdholsomback@naacos.com
- **Harmeetinder Bassi, MD**, Medical Director, Summit Health hbassi@summithealth.com
- **Brandy Smuzeski, LMSW, CADC**, Clinical Manager, Medical Advantage bsmuzeski@medicaladvantage.com

Appendix



Group Discussion



Note Template Questions:

1. What problem does the topic address?
2. What population of patients could benefit from this?
3. What didn't I know or haven't thought about trying in my ACO?
4. Could any of this presentation work in your ACO or CIN?
5. If yes, how? If no, why not?

You may use this template to document notes from the presentation that you feel would be helpful in your practice.