



# Preventive Healthcare for Older Adults in the Primary Care Setting: Opportunities and Pitfalls of the Medicare Annual Wellness Visit (AWV)

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Derjung Mimi Tarn, MD, PhD

Professor


Department of Family Medicine

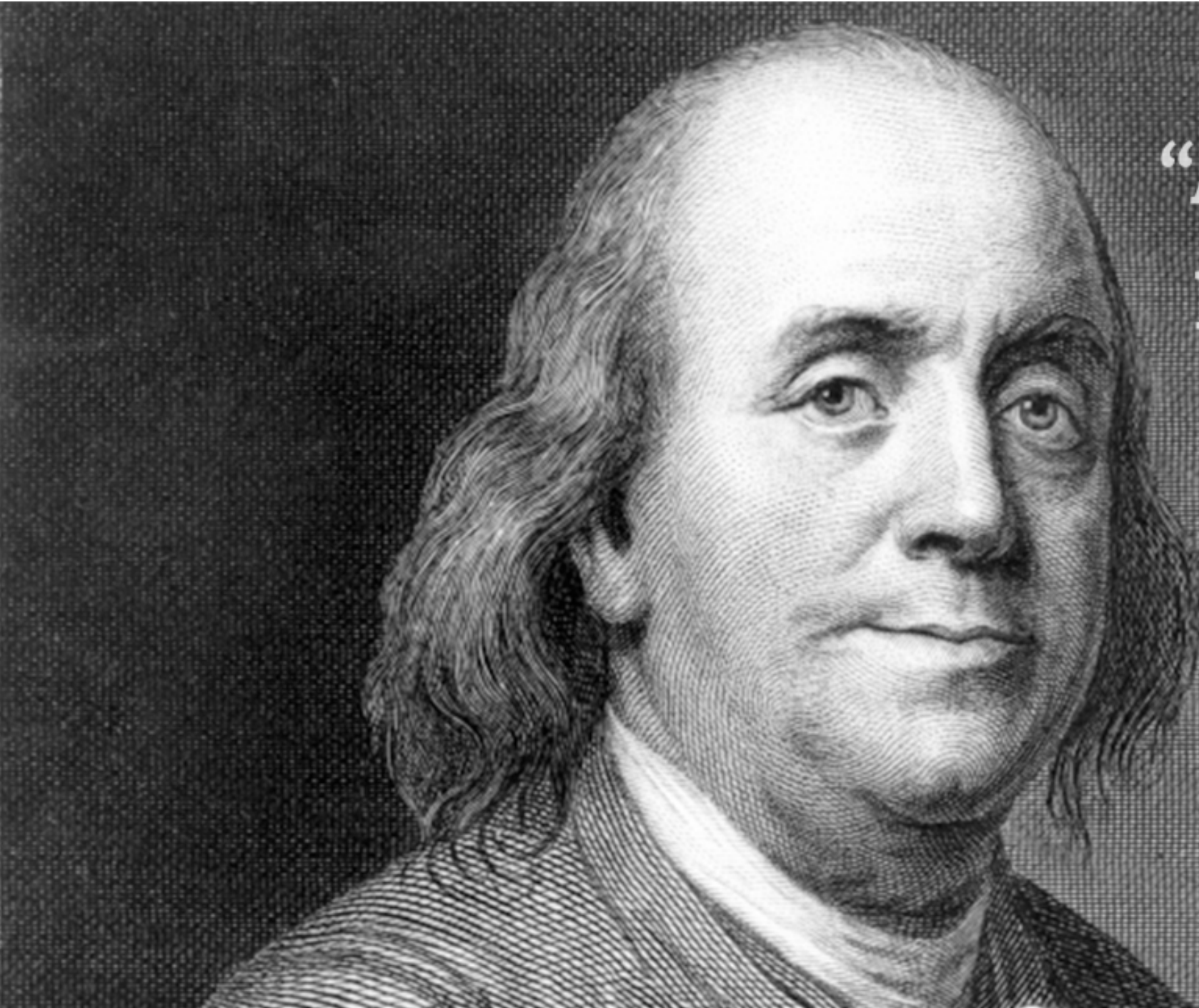
David Geffen School of Medicine at UCLA

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# Outline

- Preventive healthcare for the older adult
  - How do AWWs fit in?
    - Barriers to adoption of AWWs
  - NIH R61: Pilot study of intervention to increase AWW use
  - Current and future work
- 



**“An ounce of  
prevention  
is worth a  
pound of  
cure.”**

~ Benjamin  
Franklin



# What IS Preventive Healthcare?

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**"I believe in preventative medicine. I'll take any medicine that prevents me from having to exercise!"**

## Healthcare.gov

- Routine health care that includes screening, check-ups, and patient counseling to prevent illnesses, disease, or other health problems

## CA Department of Managed Care

- Care that helps prevent health problems or finds them before they become serious

# United States Preventive Services Task Force (USPSTF) Recommendation Grading

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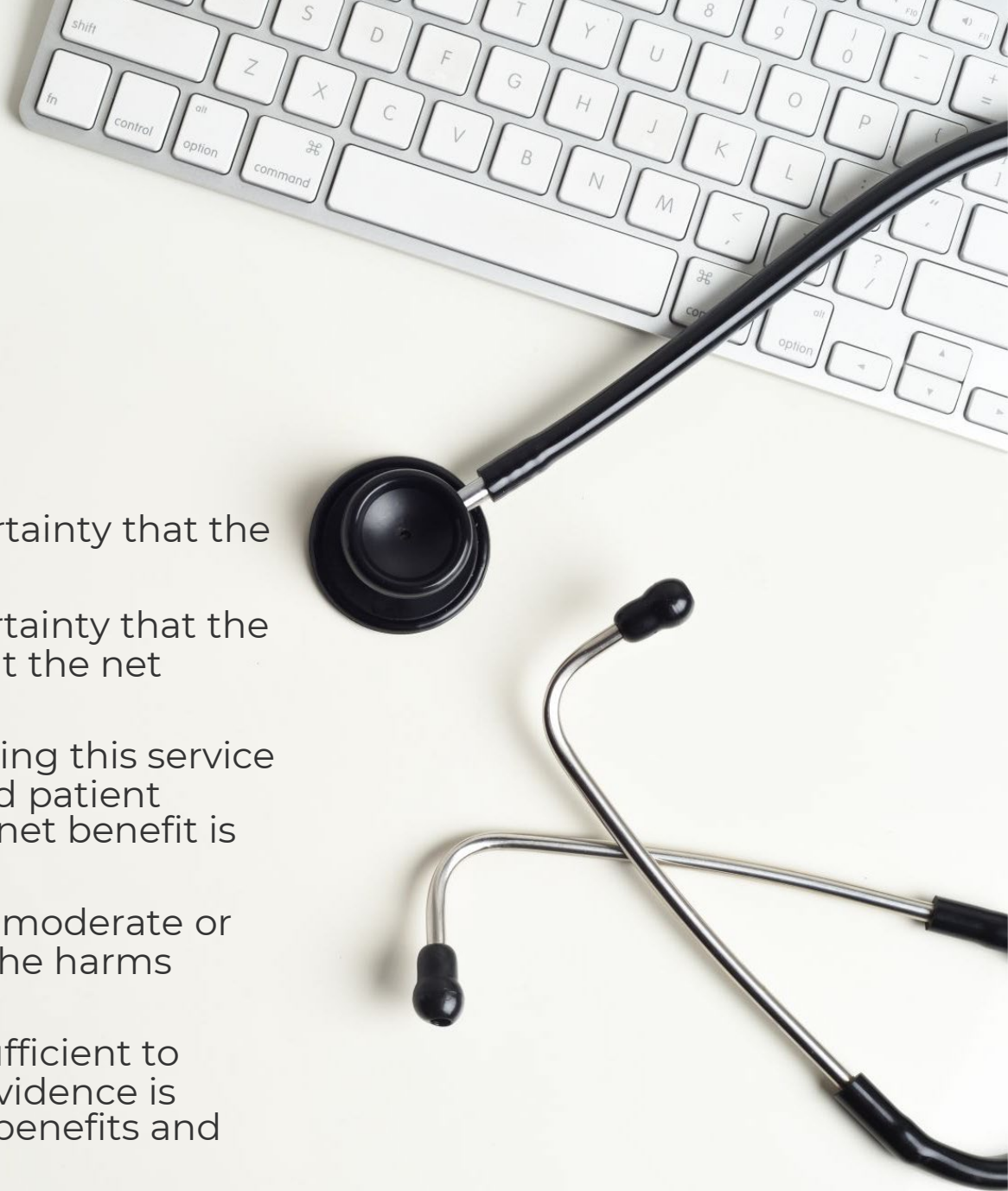
**A:** The USPSTF recommends the service. There is high certainty that the net benefit is substantial.

**B:** The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

**C:** The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.

**D:** The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.

**I:** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.



# Summary USPSTF Recommendations by Grade and Type for Adults $\geq 65+$ (n=81)

Grade	n	Screening			Behavioral Counseling (n)	Interventions (n)	Medications (n)
		Men and women (n)	Women only (n)	Men only (n)			
<b>A</b>	6	3	1	0	0	1	2
<b>B</b>	21	9	4	1	4	1	2
<b>C</b>	7	1	0	2	2	0	2
<b>D</b>	17	5	4	3	1	0	5
<b>I</b>	30	20	3	2	3	0	5

# Grade A USPSTF Recommendations for Adults $\geq 65$

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Topic	Type of Recommendation	Population	Approx # Existing Interventions
<a href="#">Colorectal Cancer</a>	Screening	Adults aged 50-75	37
<a href="#">Hypertension in Adults</a>	Screening	Adults 18 or older without known hypertension	9
<a href="#">Syphilis Infection in Nonpregnant Adolescents and Adults</a>	Screening	Asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection	24
<a href="#">Tobacco Smoking Cessation</a>	Intervention	Adults	9
<a href="#">Prevention of Acquisition of HIV: Preexposure Prophylaxis</a>	Medication (Preexposure prophylaxis)	Adolescents and adults at increased risk of HIV	9

# Grade A USPSTF Recommendations for Women $\geq 65$

Topic	Type of Recommendation	Population	Approx # Existing Interventions
Cervical Cancer	Screening	Women aged 21-65 years	50



# Grade B USPSTF Recommendations for Adults $\geq 65$

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Topic	Type of Recommendation	Population	Approx # Existing Interventions
<a href="#">Abdominal Aortic Aneurysm</a>	Screening	Men aged 65 to 75 years who have ever smoked	10
<a href="#">Depression and Suicide Risk in Adults</a>	Screening	Adults and older adults (65 years or older)	20
<a href="#">Hepatitis B Virus Infection</a>	Screening	Adolescents and adults at increased risk for infection	22
<a href="#">Hepatitis C Virus Infection in Adolescents and Adults</a>	Screening	Adults aged 18 to 79 years	27
<a href="#">Latent Tuberculosis Infection in Adults</a>	Screening	Asymptomatic adults at increased risk of latent tuberculosis infection	5
<a href="#">Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening</a>	Screening	Older or vulnerable adults	50

# Grade B USPSTF Recommendations for Adults $\geq 65$ (cont.)

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Topic	Type of Recommendation	Population	Approx # Existing Interventions
<a href="#">Lung Cancer</a>	Screening	Adults aged 50 to 80 years with 20 pack-year smoking history and currently smoke or have quit within the past 15 years	5
<a href="#">Prediabetes and Type 2 Diabetes: Screening</a>	Screening	Asymptomatic adults aged 35 to 70 years who have overweight or obesity	11
<a href="#">Unhealthy Drug Use</a>	Screening	Adults aged 18 years or older	16
<a href="#">Unhealthy Alcohol Use in Adolescents and Adults</a>	Screening	Adults 18 years or older	7

# Grade B USPSTF Recommendations for Adults $\geq 65$ (cont.)

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Topic	Type of Recommendation	Population	Approx # Existing Interventions
<a href="#">Unhealthy Alcohol Use in Adolescents and Adults</a>	Behavioral Counseling	Adults 18 years or older	7
<a href="#">Healthy Diet and Physical Activity for Cardiovascular Disease Prevention</a>	Behavioral Counseling	Adults with cardiovascular disease risk factors	7
<a href="#">Sexually Transmitted Infections</a>	Behavioral Counseling	Sexually active adolescents and adults at increased risk	9
<a href="#">Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults</a>	Behavioral Counseling	Adults	14

# Grade B USPSTF Recommendations for Adults $\geq 65$ (cont.)

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Topic	Recommendation	Population	Approx # Existing Interventions
<a href="#">Falls Prevention in Community-Dwelling Older Adults</a>	Interventions	Adults 65 years or older	7
<a href="#">Statin Use for the Primary Prevention of Cardiovascular Disease (CVD) in Adults</a>	Preventive Medication	Adults aged 40-75 who have 1 or more CV risk factors and an estimated 10-year CVD risk of 10% or greater	25

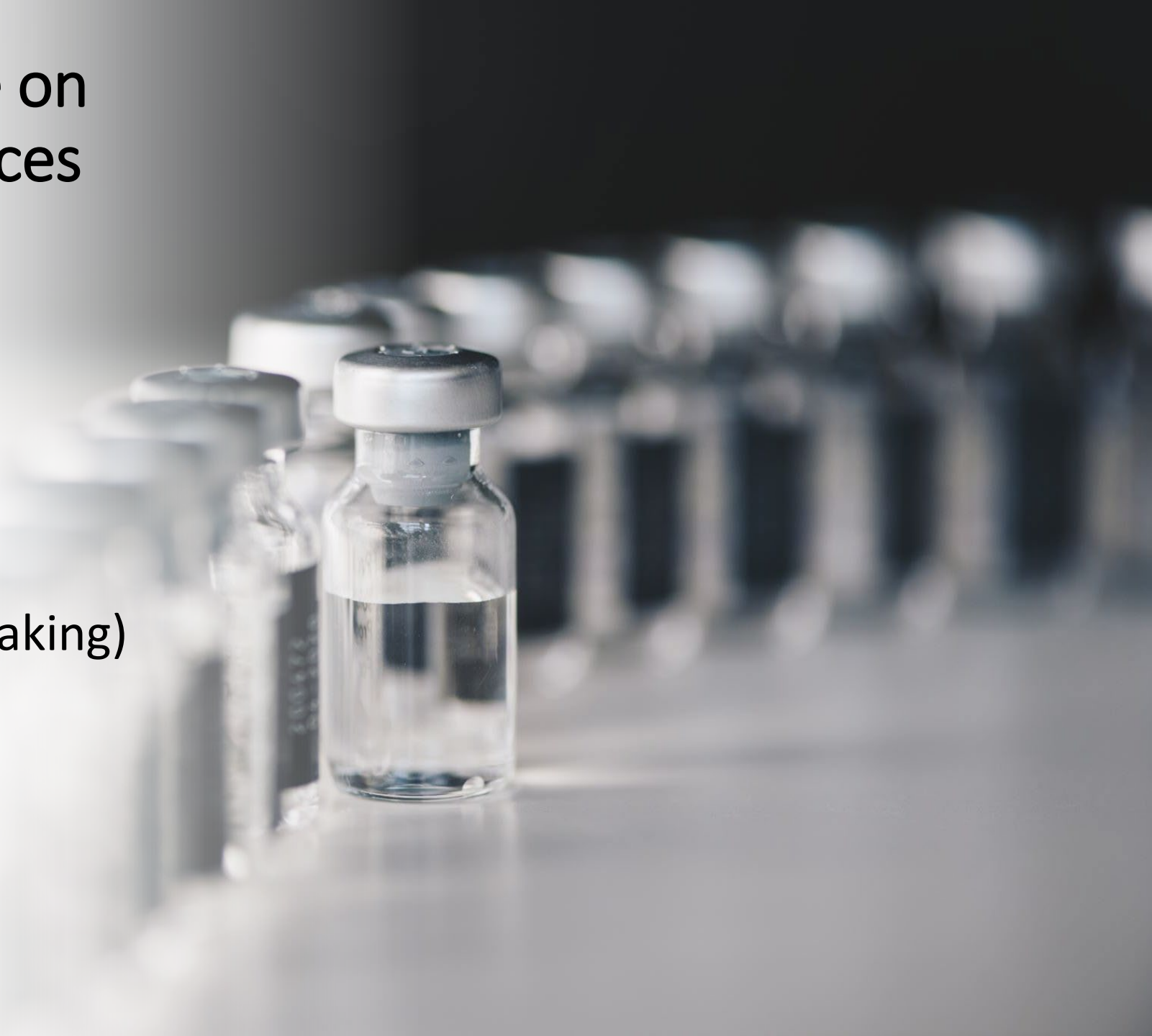
# Grade B USPSTF Recommendations for Women $\geq 65$

Topic	Recommendation	Population	Approx # Existing Interventions
<a href="#">Breast Cancer</a>	Screening	Women aged 50 to 74 years	35
<a href="#">Chlamydia and Gonorrhea</a>	Screening	Sexually active women, including pregnant persons	15
<a href="#">Osteoporosis to Prevent Fractures</a>	Screening	Postmenopausal women younger than 65 years at increased risk of osteoporosis, women 65 and older	8
<a href="#">BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing:</a>	Risk Assessment, Genetic Counseling, and Genetic Testing	Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with brca1/2 gene mutation	4
<a href="#">Breast Cancer</a>	Medication Use to Reduce Risk	Women at increased risk for breast cancer aged 35 years or older	6



# Advisory Committee on Immunization Practices (ACIP) Guidance for Adults Aged 65+

- Pneumococcal
- Zoster recombinant
- Tetanus booster
- RSV (shared decision-making)
- Influenza
- COVID-19





Small Solutions  
(Interventions) are Not  
the Answer

# Medicare Wellness Visits

[Quick Start](#)[IPPE](#)[AWV](#)[Know the Differences](#)

Early detection saves lives. Encourage patients to get their [other preventive services](#).



## Quick Start

The [Annual Wellness Visits video](#) helps you understand these exams, as well as their purpose and claim submission requirements.

# Physician Perspective on AWWs as an Intervention to Promote Preventive Healthcare

“We do a lot of specific QI projects with regard to health maintenance and preventive care. We have a lot of separate studies for mammography, for colonoscopy, for vaccines. If we were to include all of those QIs for all those individual things, and so, "Hey, we can try to start to address, not just one of these issues, but all of them during the annual Medicare Wellness visit," then that I think would benefit the practice as a whole. Essentially, that's what that visit is utilized for. All of those individual studies are basically gearing toward, "Let's get someone in to specifically talk about this." I think that's the biggest motivating thing that I can come up with instead of looking at all these individual parts.”

- Physician in Ohio

# Differentiating the Preventive Visits: Terminology

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Comprehensive physical exam / Physical  
Preventive visit

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Annual preventive wellness visit

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Annual physical (exam)

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Annual / yearly check up

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Well woman exam

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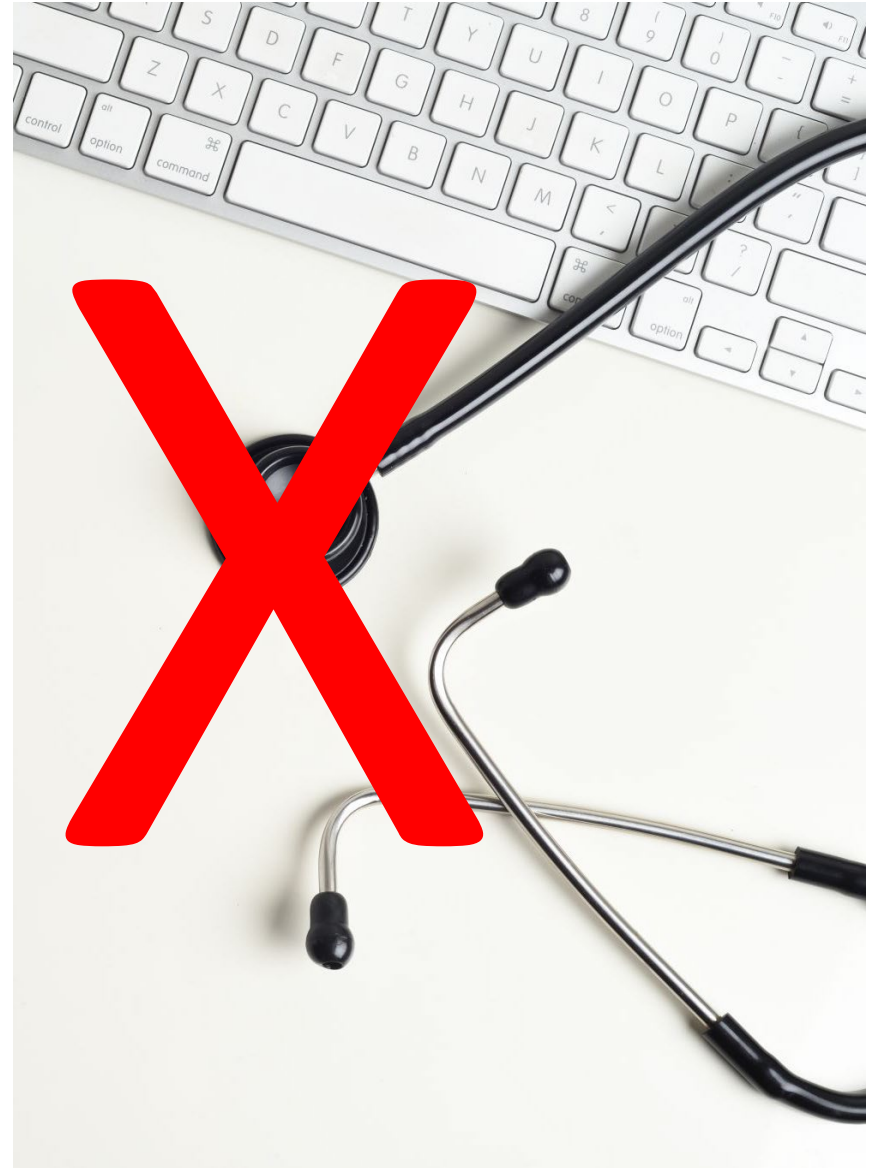
Annual Wellness Visit (AWV)

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Medicare Wellness Visit (MWV)



Before 2011,  
Medicare did not  
cover any yearly  
primary care office  
visits for fee-for-  
service Medicare  
patients



# History of Annual Wellness Visits



**January 1, 2005**

**“Welcome to Medicare” visit**

New Medicare beneficiaries within 6 months of beginning Part B coverage



**January 1, 2008**

**Welcome to Medicare visit expanded**

- 1 visit within first 12 months of Part B coverage
- Part B deductible waived; copay applies



**January 1, 2011**

**Patient Protection and Affordable Care Act of 2010**

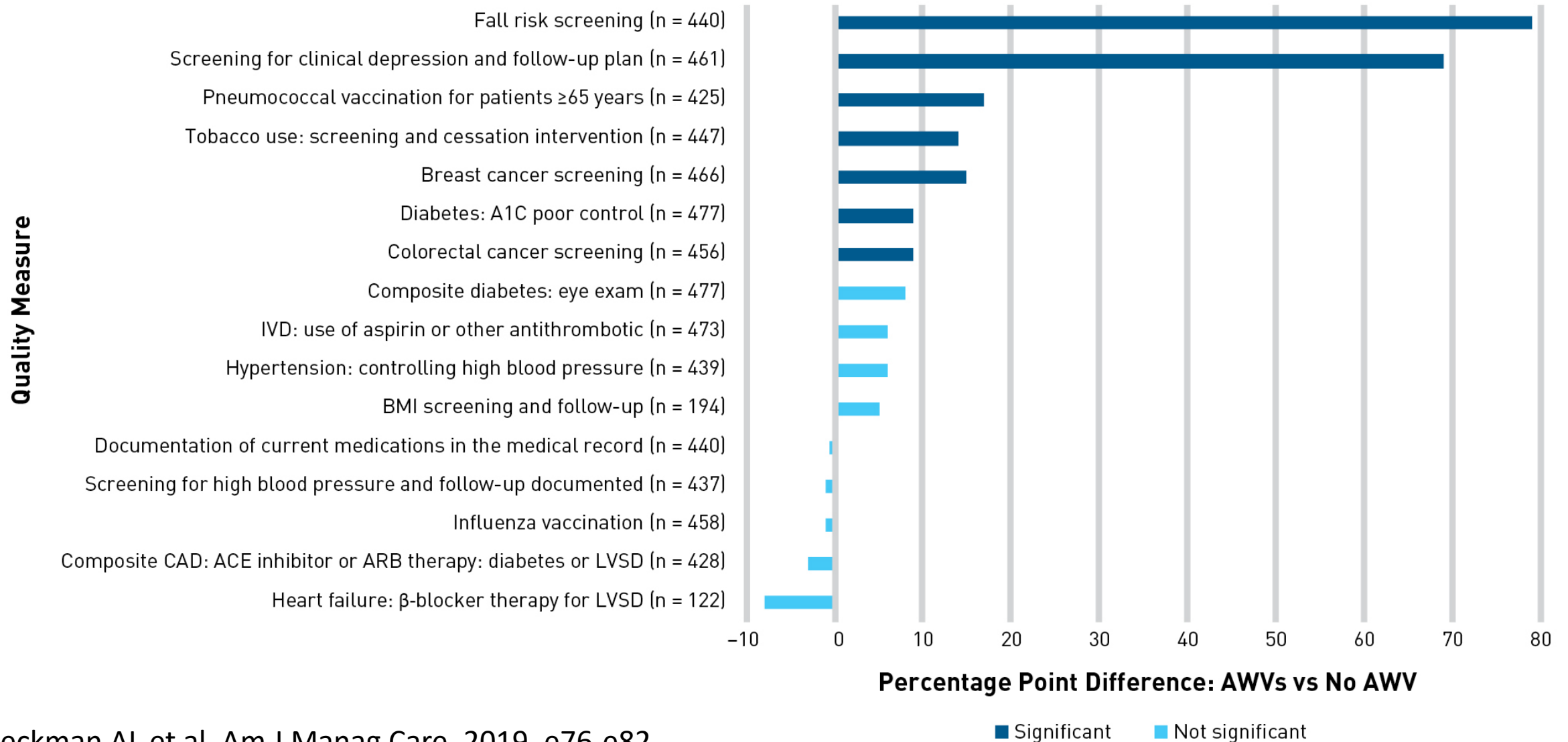
- New yearly wellness visit
- Copays eliminated for almost all preventive services



Why are AWWs  
Important?

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# AWVs Increase Use of Preventive Health Services



# Patients with AWWs had Greater Use of Preventive Services, n=1,762,413

Preventive Service	AWV N = 443,674	No AWW N = 1,318,739	Relative Risk (95% CI)	p-Value
Pneumonia vaccine	38.6%	19.2%	2.01 (2.00, 2.02)	<0.05
Influenza vaccine	44.4%	33.0%	1.35 (1.34, 1.35)	<0.05
Shingles vaccine	0.8%	0.6%	1.31 (1.25, 1.36)	<0.05
Medication inventory	5.8%	2.4%	2.39 (2.35, 2.43)	<0.05
Depression screening	7.1%	1.6%	4.59 (4.51, 4.66)	<0.05
Electrocardiogram (ECG)	42.2%	35.6%	1.19 (1.18, 1.19)	<0.05
Lipid panel	84.6%	61.6%	1.37 (1.37, 1.38)	<0.05
Colorectal cancer screening	19.1%	11.4%	1.68 (1.67, 1.69)	<0.05
<b>WOMEN ONLY</b> N = 263,996 N = 763,439				
Mammogram	54.7%	35.0%	1.56 (1.52, 1.59)	<0.05
Pap test	8.3%	5.7%	1.45 (1.39, 1.51)	<0.05
<b>MEN ONLY</b> N = 179,678 N = 555,300				
Prostate-specific antigen (PSA) test	61.7%	39.5%	1.56 (1.51, 1.61)	<0.05

Source: OptumLabs Data Warehouse.

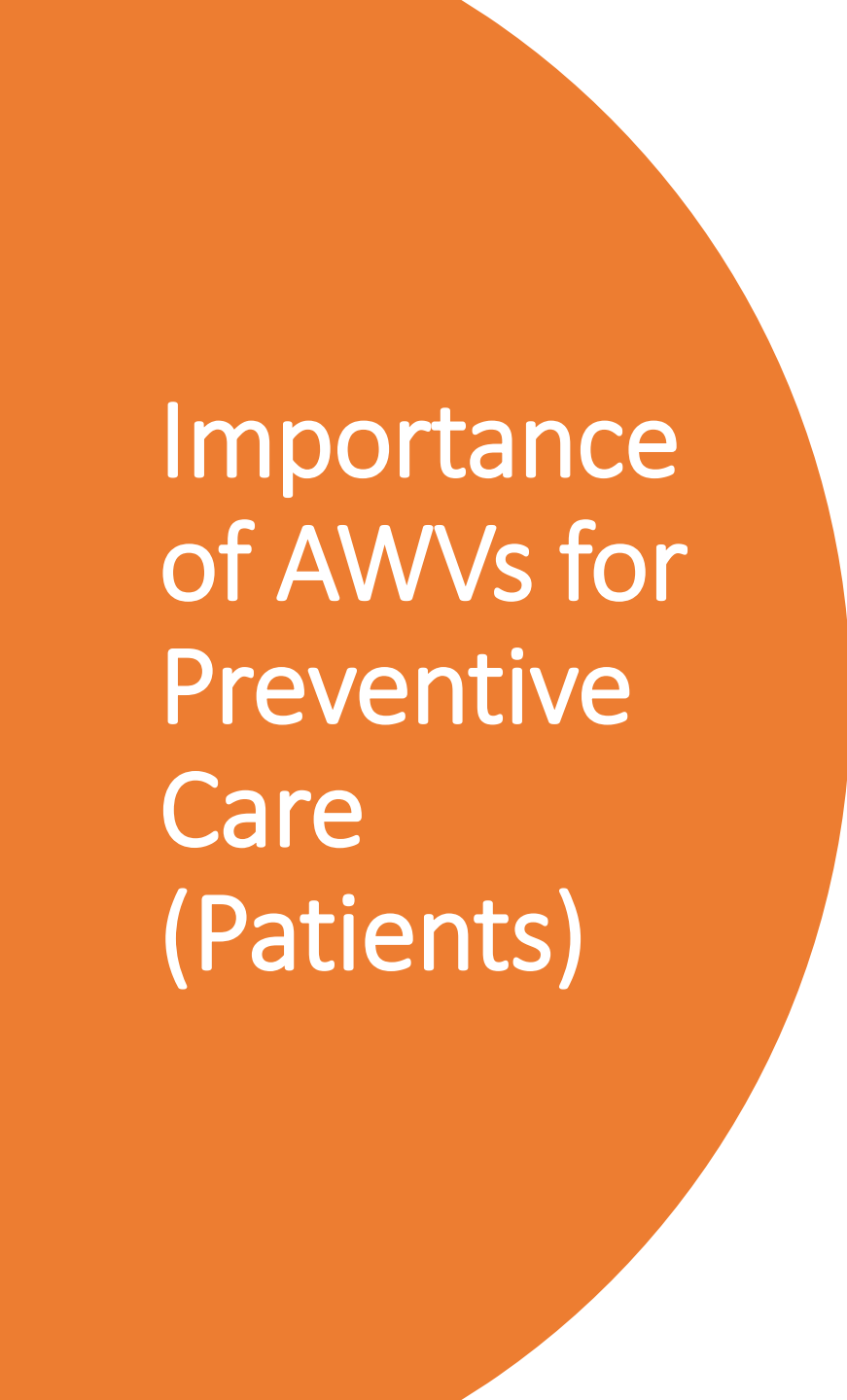


# Importance of AWWs for Preventive Care (Providers)

“...you get so busy taking care of someone's train wreck, just whack-a-mole problems where...it's like, "Have we just stopped for a minute and talked about preventive healthcare because I've seen you 20 times this year." None of it was preventive stuff because you've just had so much going on. It's that nice cue to be like, “...Let's zoom out for a minute and look at the big picture and have a visit dedicated to that.”” (physician in Oregon)

“I feel like many of my appointments with my patients are so focused on their trying to manage their A1C and their cholesterol and their hypertension, because we have so much lifestyle education that needs to take place that I don't always, until we do an AWW, I don't always have time to go over their all of their other stuff.” (NP in Ohio)

“[AWVs have] also been helpful in terms of - I like some of Medicare's little quirks...I send a lot more people to audiology because I ask about hearing a lot more than I did before I reviewed the recommendations for Medicare.” (physician in Massachusetts)

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## Importance of AWWs for Preventive Care (Patients)

“It’s important because it's going to help you to have better health, because you're trying to catch things before they actually happen to you or get worse.” (patient of solo practice in CA)

“I'm looking forward to [my next AWW] because I want to make sure I'm doing what I need to do to be healthy.” (patient of community-based practice in MA)

“Early detection of certain illnesses can keep you [be] here longer on this earth.” (patient of Federally Qualified Health Center in NY)

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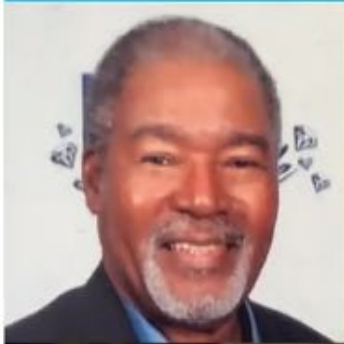
# AWVs Build Stronger Provider- Patient Relationships

## **Physicians (Hamer et al, Med Care Res Rev, 2023)**

- “The magic of the wellness visit is development of the relationship with the patient, and having the patient understand that you as a practice care about them, and care about their overall health and wellness.”
- “...it’s cherished time to connect with the patients on a different level, where they’re not in pain, or sick, or in fear.”

## **Patients (from practices in CO)**

- “getting to a personal level with the doctor”
- “...wellness - it's such a brilliant idea...most older people like to sit and chat about themselves. If you give them an opportunity, most of them, I think - will be honest and reveal things that they wouldn't if it was just a rushed little thing...”



IS SOMEONE IMPORTANT TO  
YOU OVER 65 YEARS OLD?

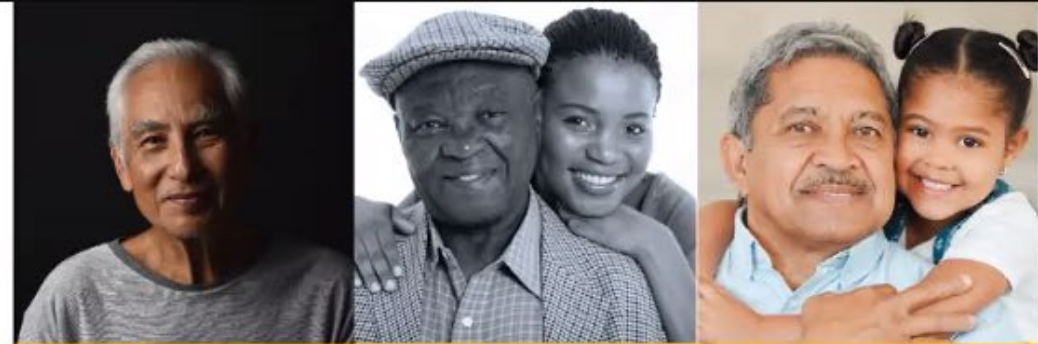


**YOU** can  
help  
them  
**GET** and  
**STAY**  
healthy.



Practice

Make sure they know about their  
Annual Wellness Visit benefit



IS SOMEONE **IMPORTANT** TO YOU  
OVER 65 YEARS OLD?



**YOU** can  
help them  
**GET** and  
**STAY**  
healthy.



Make sure they know about their  
**Annual Wellness Visit**  
benefit from Medicare!



Practice  
logo

Practice  
info





**If you could prevent  
a health problem,  
would you?**



**Schedule your  
Annual Wellness visit.**

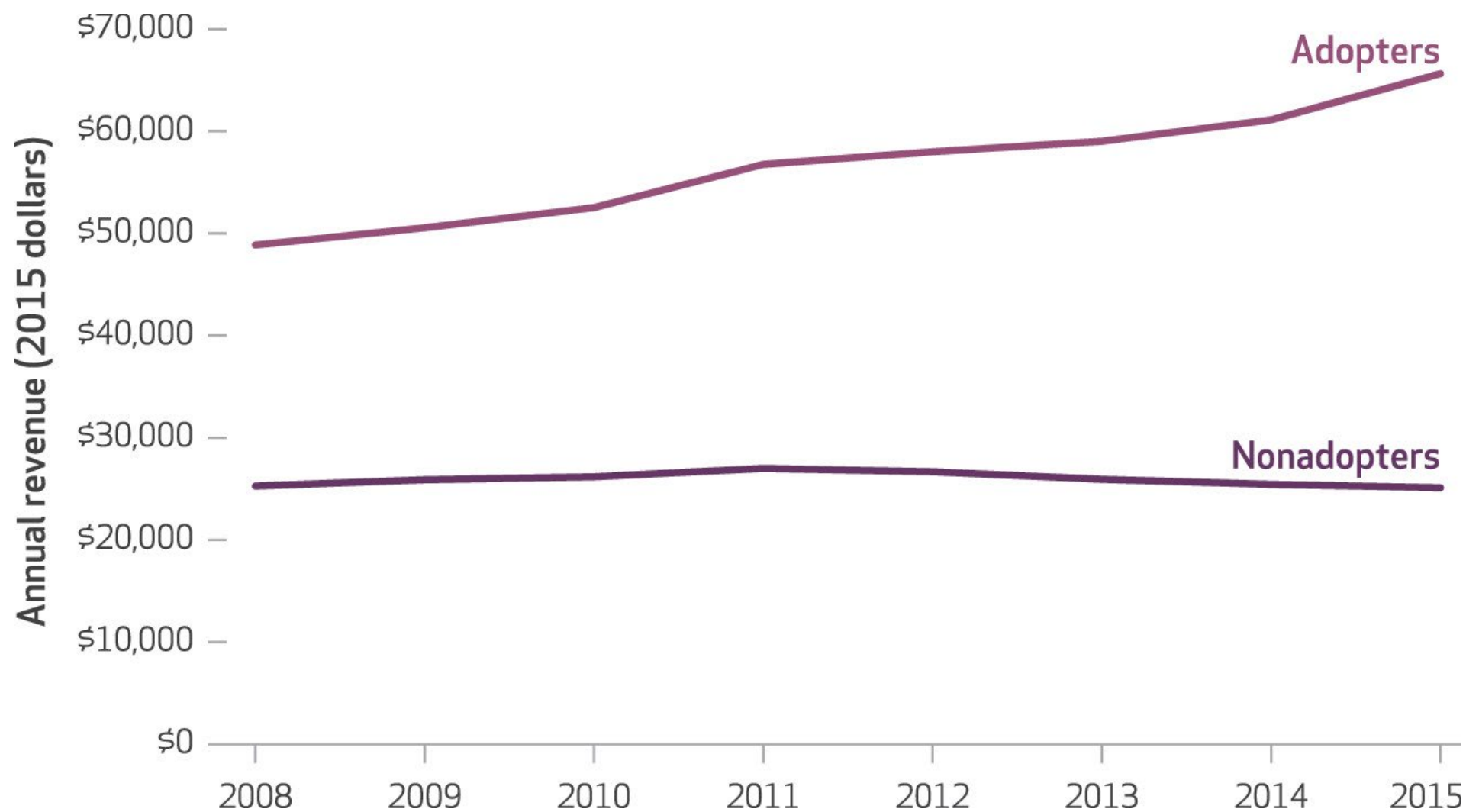
**Practice  
logo**

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**Tell your primary care team that  
you want your Medicare Annual  
Wellness Visit.**



# AWVs Increase Revenue



# Other Benefits



**Only dedicated visit to discuss preventive care with Fee-for-Service Medicare patients**



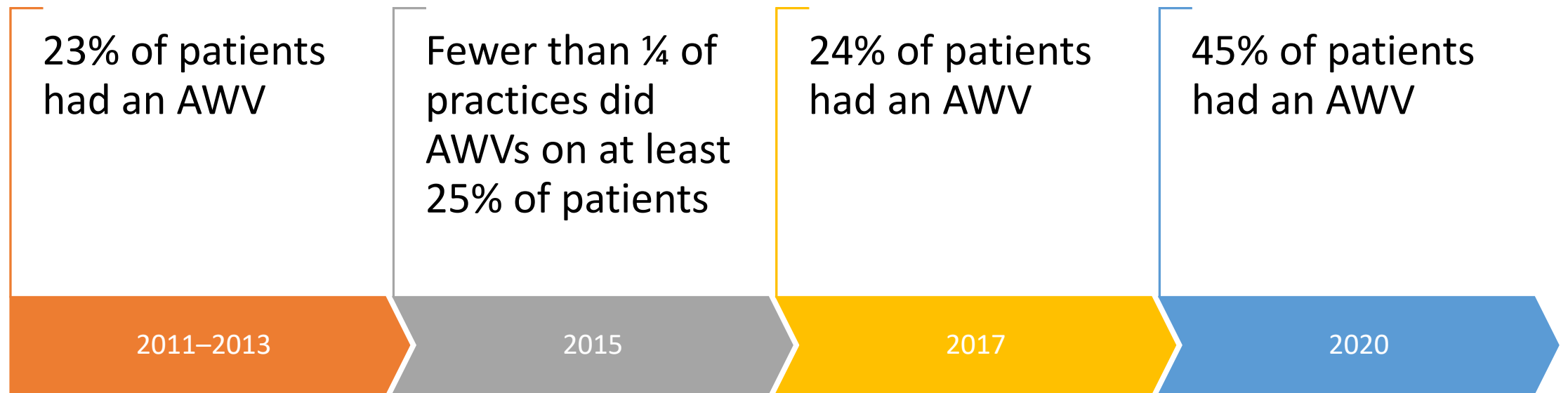
**Allow providers to capture Hierarchical Condition Coding (HCC) codes**



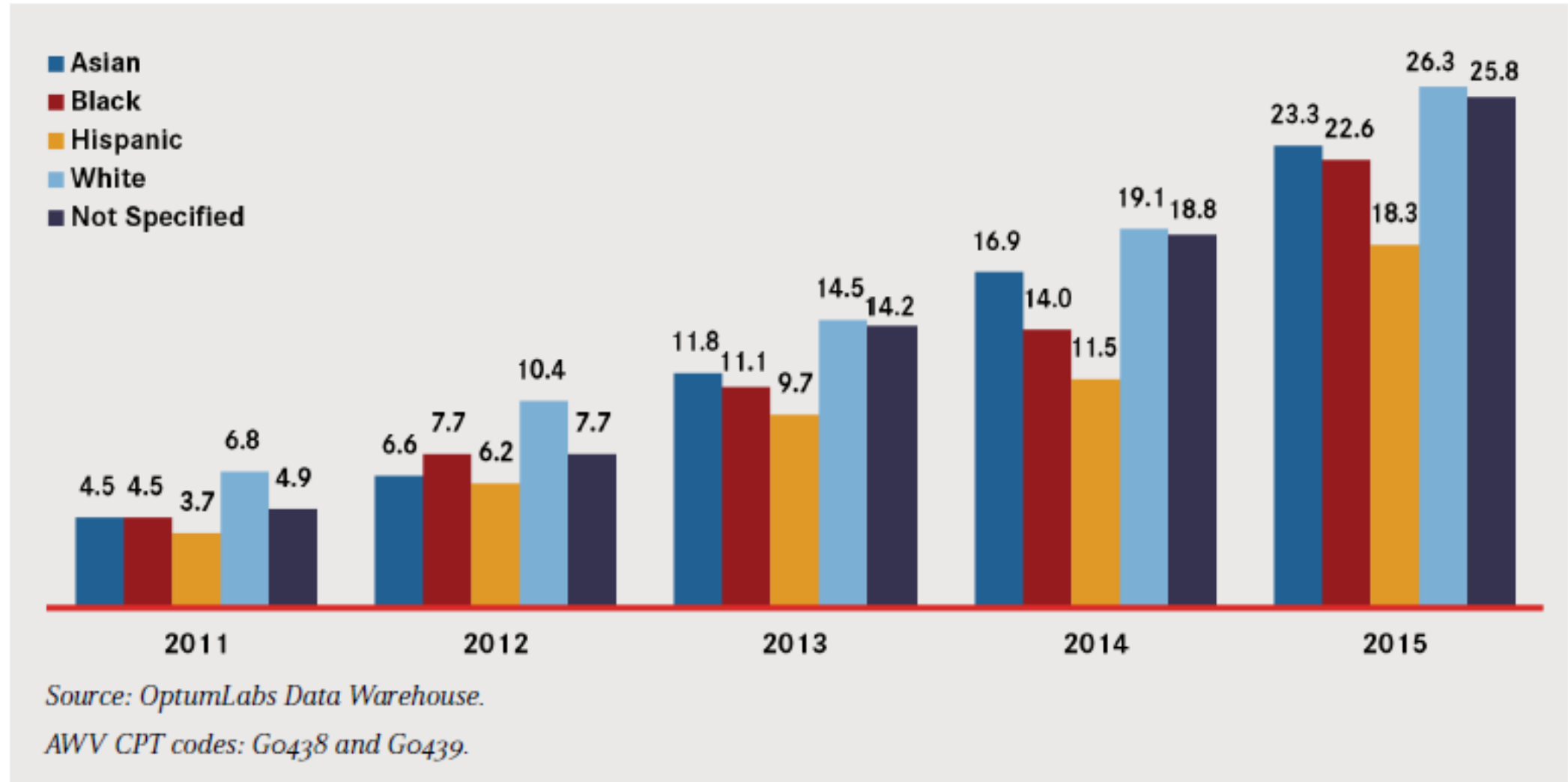
**Chance to establish relationships with those without acute complaints**

# Problem: AWWs are Underutilized

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## Asian, Black, and Hispanic Patients Receive Fewer AWWs than White Patients (2011-2015)





# What is an AWWV?

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# Definitions



Initial Preventive Physical Exam (IPPE)	Initial AWV	Subsequent AWV
G0402	G0438	G0439
Within first 12 months of Medicare Plan B enrollment  Only time Medicare pays for a “physical”	<ul style="list-style-type: none"><li>• No longer within initial 12 months of Plan B enrollment</li></ul> AND <ul style="list-style-type: none"><li>• Have not had IPPE in past 12 months</li></ul>	<ul style="list-style-type: none"><li>• Patient has not received an AWV in the past 12 months</li></ul>
One per lifetime	One per lifetime	Annually

# Time since previous AWW

IPPE	Initial AWW	Subsequent AWW
Not applicable (first visit)	At least 11 full months after IPPE (Can be billed in same calendar month as previous year's visit)	At least 11 full months after last initial or subsequent AWW (Can be billed in same calendar month as previous year's visit)



# Who can perform an AWW?

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- Physician (MD or DO)
- Nurse practitioner
- Physician assistant
- Clinical nurse specialist
- Medical professional
  - Health educator
  - Registered dietitian
  - Nutrition professional
  - Other licensed practitioner (e.g., pharmacist)



# The AWWV Does Not Require a Physical Examination

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# AWV Components (Summary)

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Health Risk Assessment

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graph TD; A[Health Risk Assessment] --> B[Team Tasks]; B --> C[Provider documentation template]; C --> D[Personalized prevention plan (PPP)];
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Team Tasks

Provider documentation template

Personalized prevention plan (PPP)

# AWV Components

## Health risk assessment (HRA) (AWVs)

- Self-assessment of health status, frailty, physical functioning
- Psychosocial risks (loneliness / social isolation, pain, fatigue)
- Behavioral risks (e.g., physical activity, nutrition and oral health, sexual health, seatbelt use)
- Activities of daily living (ADLs) / Independent ADLs (IADLs)
- Fall risk
- Home safety



# AWV Components

## Team tasks

- Vision test (IPPE), EKG (optional during IPPE)
- Care teams / Durable Medical Equipment (DME) suppliers
- Cognitive impairment screening (not required for IPPE)
- Depression, alcohol misuse, tobacco use screening



# AWV Components

## Provider documentation template

- Past medical / surgical / family history
- Medications / supplements
- h/o alcohol, tobacco, illicit drug use (IPPE only)
- Risk factors for depression
- Review of current opioid prescriptions
- Advance care planning (optional)

## Personalized prevention plan (PPP)

- Screening schedule
- Personalized health advice







What are barriers  
to AWW  
adoption?

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# Organizational / Practice Barriers

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- No workflows for administering HRA
  - No way to send forms via patient portal: “We're working on trying to have in the future, forms digitally... instead of having to...put [the HRA] in manually, which is what happens now.” (clinician, AZ)
  - Limited ability of patients to complete forms online
    - Patient language limitations
- Staffing shortages
  - “Honestly, at this point in time, we're short-staffed.” (MA, OH)
- Poor staff / medical assistant (MA) training on AWWs

# Provider Barriers

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- Poor knowledge about AWV components
  - Fear of being noncompliant with documentation requirements
  - Difficulty identifying which type of AWV patient needs
- AWV is “overwhelming”
- Belief that AWVs are not important
  - Do not believe in “well” visits
  - Fulfilling metrics during other visits
- Access issues

# Patient Barriers

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- Lack knowledge
- Priorities differ from what Medicare covers; may be unhappy if incur copayment

“[Patients are] taken aback when they find out that they go in there for a wellness visit, and it's not really a physical exam.”

“I've always been used to at my annual physical, I bring up every little thing. I'm going, 'Okay, look at this little spot here. I've had this problem with this, you know, wrist.' And I've un-- I've come to understand in the past that those kinds of questions aren't necessarily covered under insurance coding for your physical. So I've had to learn to make a separate appointment if I need for those kinds of things, that I know those questions, um, really aren't covered anymore under a standard physical.”
- Believe forms are cumbersome

“This is ridiculous, but just the paperwork, I'm just doing the paperwork and filling everything out. Again, I'm healthy so I don't have the issues. Just run through every checklist...and it's always just no, no, no, no, no, no, no.”



# NIH R61 Overall Goal

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- To help practices increase rates of AWWs, as a means to improve patient use of preventive health services
  - vaccinations
  - cancer screenings
  - advance care planning
  - depression and alcohol misuse screening


# Participating Sites

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- 3 community-based practices
  - Located in Colorado
  - Belong to the same organization
  - 2-5 clinicians each
  - At least 1 NP at each site



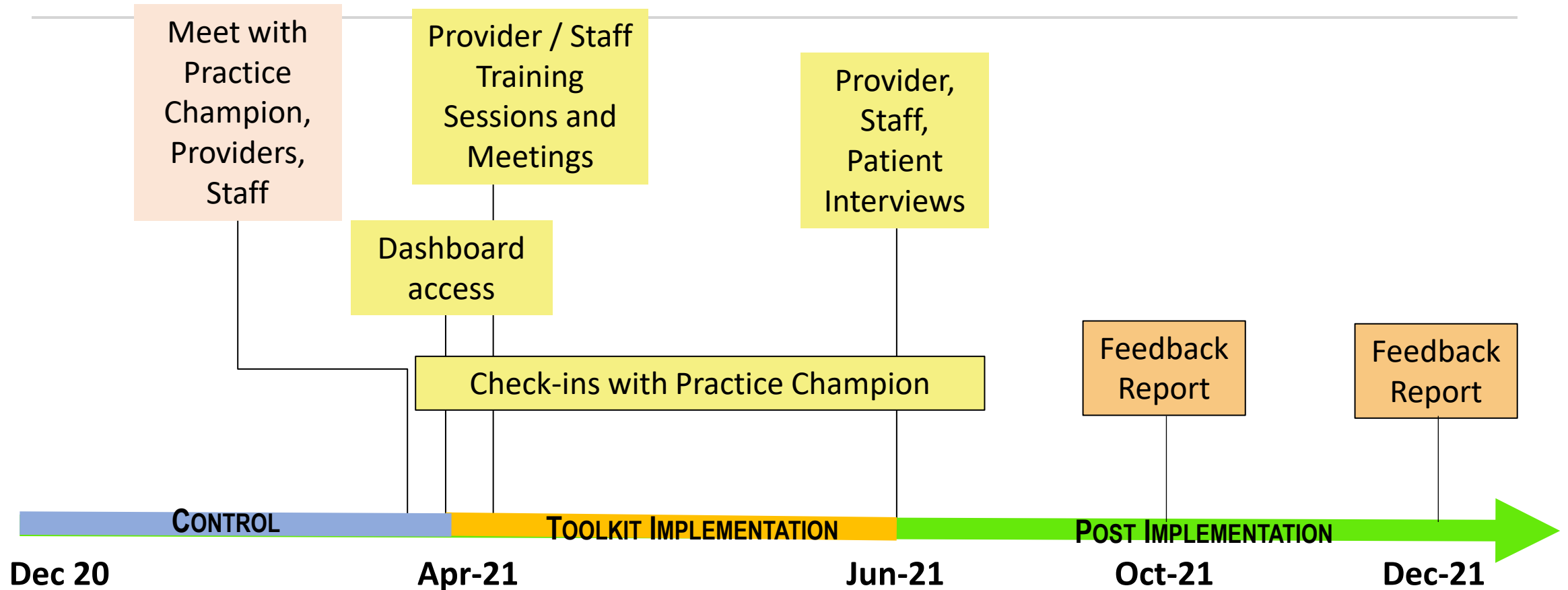




## Intervention (Tailored based on practice preferences)

- AWW workflows
- Clinician/staff training
- Templates
  - Health risk assessment
  - Documentation
  - Personalized prevention plan
- EHR-based tools
  - Dashboard (AWV registry)
  - Reports on AWW / metric fulfillment
- Feedback reports

# Sample Study Flow



# Qualitative Findings – Patient Interviews

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- Patients grateful that the practices implemented initiatives to improve patient wellness
  - “Adds to the humanity of the visit”
- Several patients were unaware that they received an AWW until Medicare sent them information about their completed visit \*
- Some patients who had an ‘impromptu’ AWW appreciated the practice’s efforts to save them a trip back to the office
- Patients appreciated talking about advance care planning

\* Tarn et al, Ann Intern Med, 2022

# Results

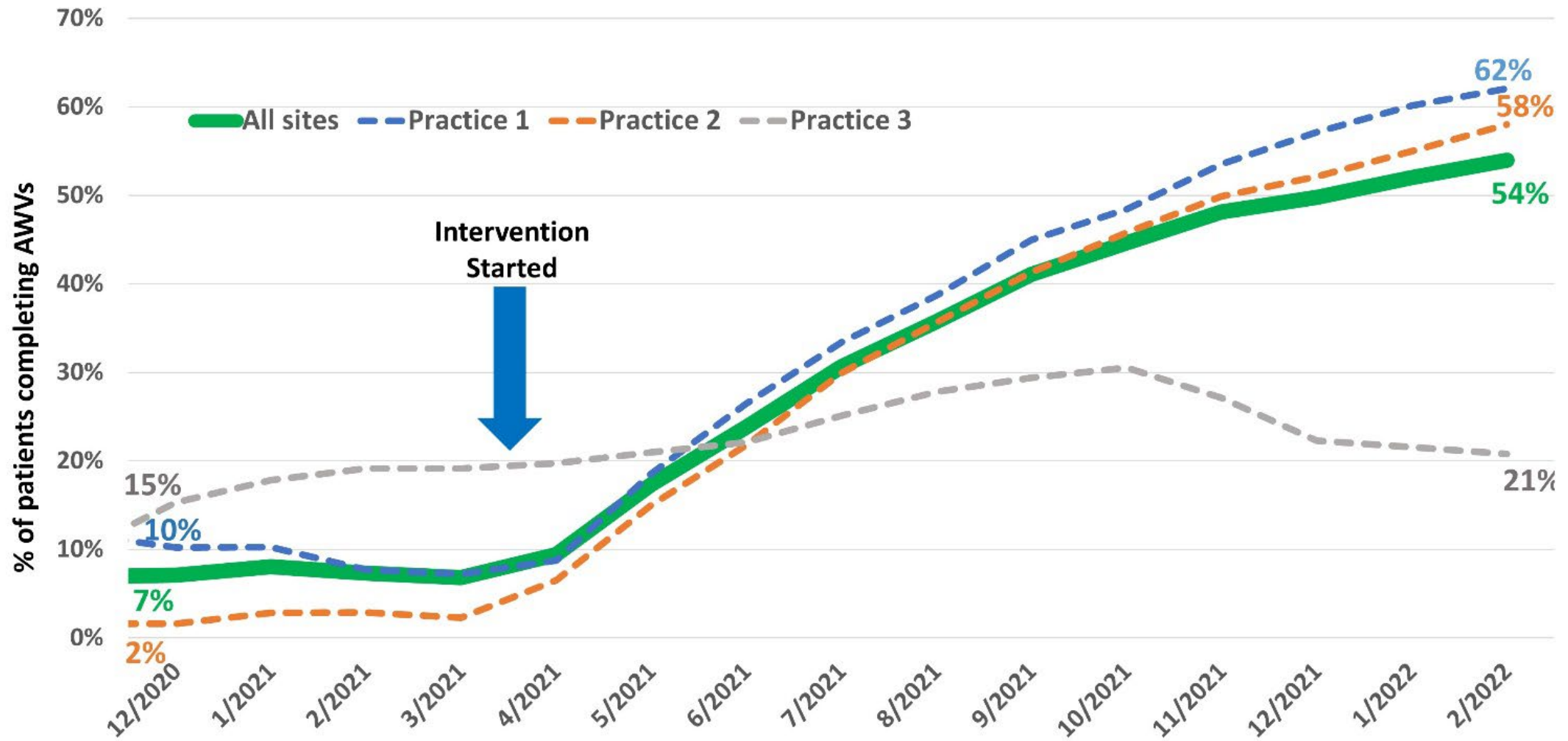
## Intervention associated with:

- Increased rates of AWWs
- Increased rates of vaccinations and preventive health screenings (particularly screenings that are clinician-driven)

## AWVs associated with:

- Increased rates of vaccinations and preventive health screenings

## Effect of Intervention on Rates of AWWs, Overall and by Practice Site \*



\* Tarn et al, J Am Board Fam Med, 2023

# Effect of Intervention on Vaccinations

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Vaccination	Baseline		8 months post-implementation		p-value for difference in % fulfillment
	Eligible cohort, n	Fulfilled, n (%)	Eligible cohort, n	Fulfilled, n (%)	
Influenza	1512	840 (56.3)	1166	693 (59.6)	0.032
Herpes zoster	1431	622 (43.5)	1119	530 (47.4)	< 0.001
Pneumococcal	1149	831 (72.3)	1000	744 (74.4)	< 0.001
Tetanus	1512	862 (57.0)	1166	662 (56.8)	< 0.001



# Effect of Intervention on Cancer Screenings

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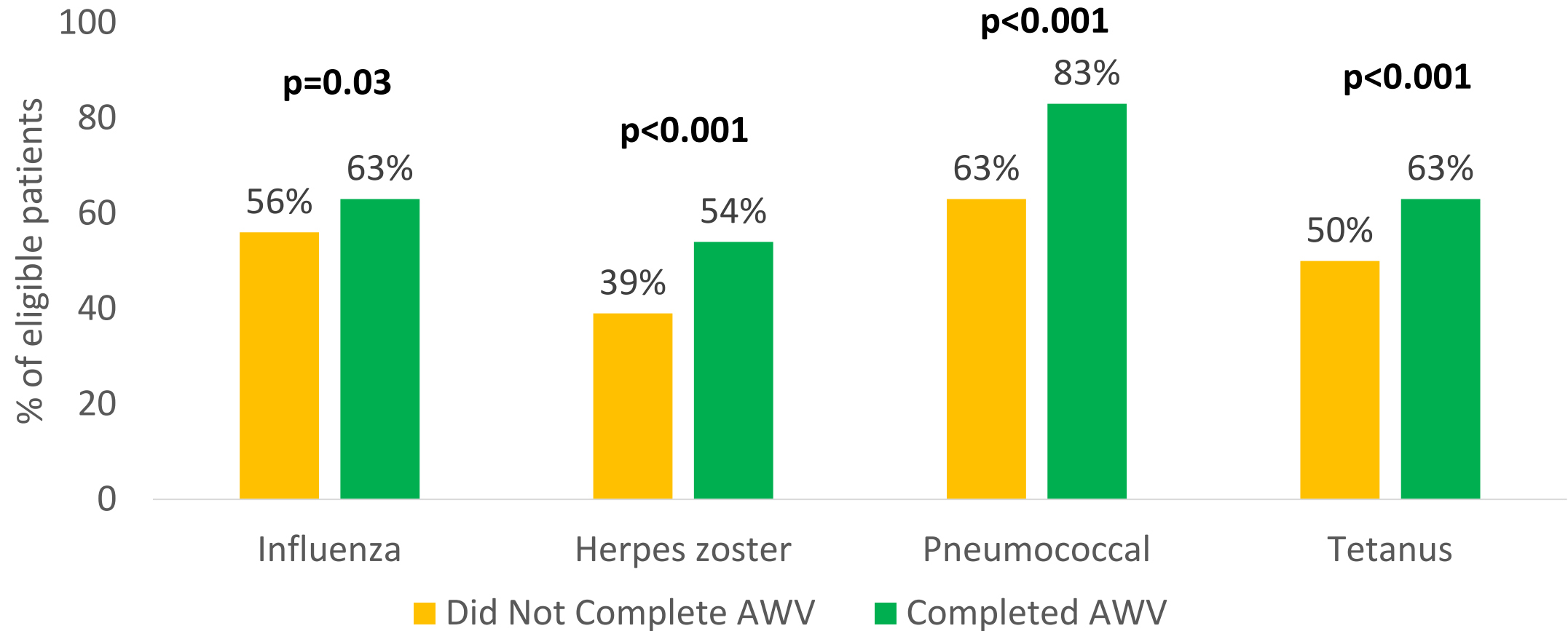
Cancer Screening	Baseline		8 months post-implementation		p-value for difference in % fulfillment
	Eligible cohort, n	Fulfilled, n (%)	Eligible cohort, n	Fulfilled, n (%)	
Colorectal cancer	945	324 (34.3)	675	222 (32.9)	0.026
Breast cancer	517	215 (41.6)	340	153 (45.0)	0.777
Cervical cancer	116	64 (55.2)	75	46 (61.3)	0.357

# Effect of Intervention on Other Screenings & Advance Care Planning

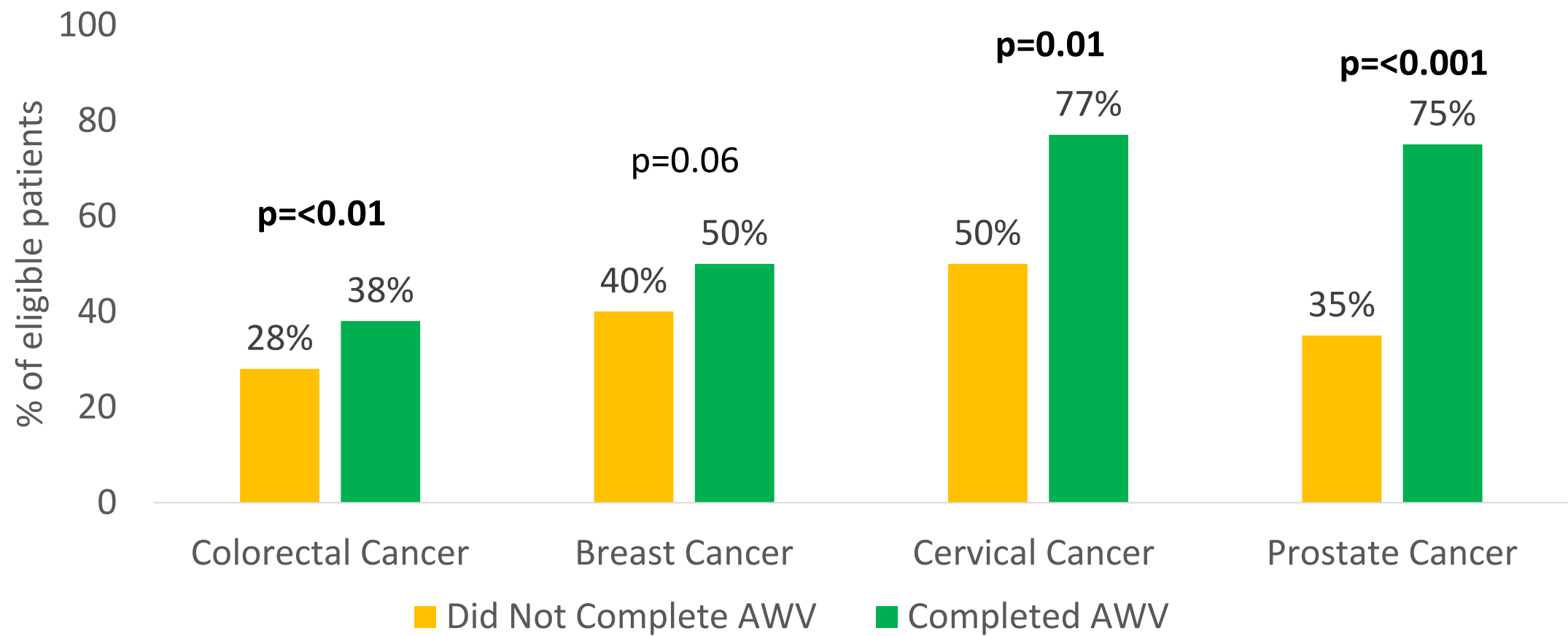
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Screening / Discussion	Baseline		8 months post-implementation		p-value for difference in % fulfillment
	Eligible cohort, n	Fulfilled, n (%)	Eligible cohort, n	Fulfilled, n (%)	
Osteoporosis	317	120 (37.9)	231	103 (44.6)	< 0.001
Hepatitis C	1179	275 (23.3)	861	249 (28.9)	< 0.001
Alcohol misuse	1492	635 (42.6)	1161	696 (59.9)	< 0.001
Depression	1279	661 (51.7)	954	649 (68.0)	< 0.001
Tobacco use	1498	1266 (84.5)	1161	926 (79.8)	< 0.001
Advance care planning	1234	97 (7.9)	1026	191 (18.6)	< 0.001

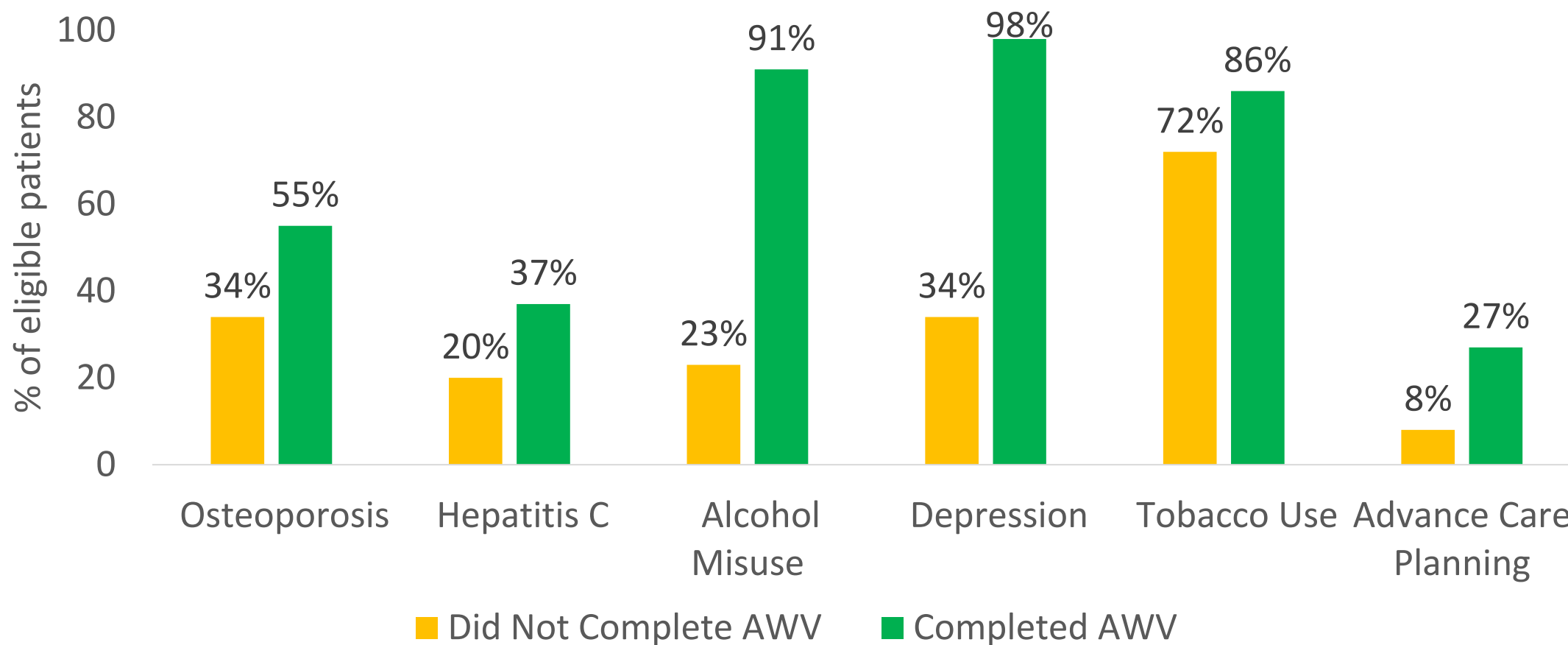
# Vaccinations are Higher with AWW Completion



# Cancer Screenings are Higher with AWWV Completion

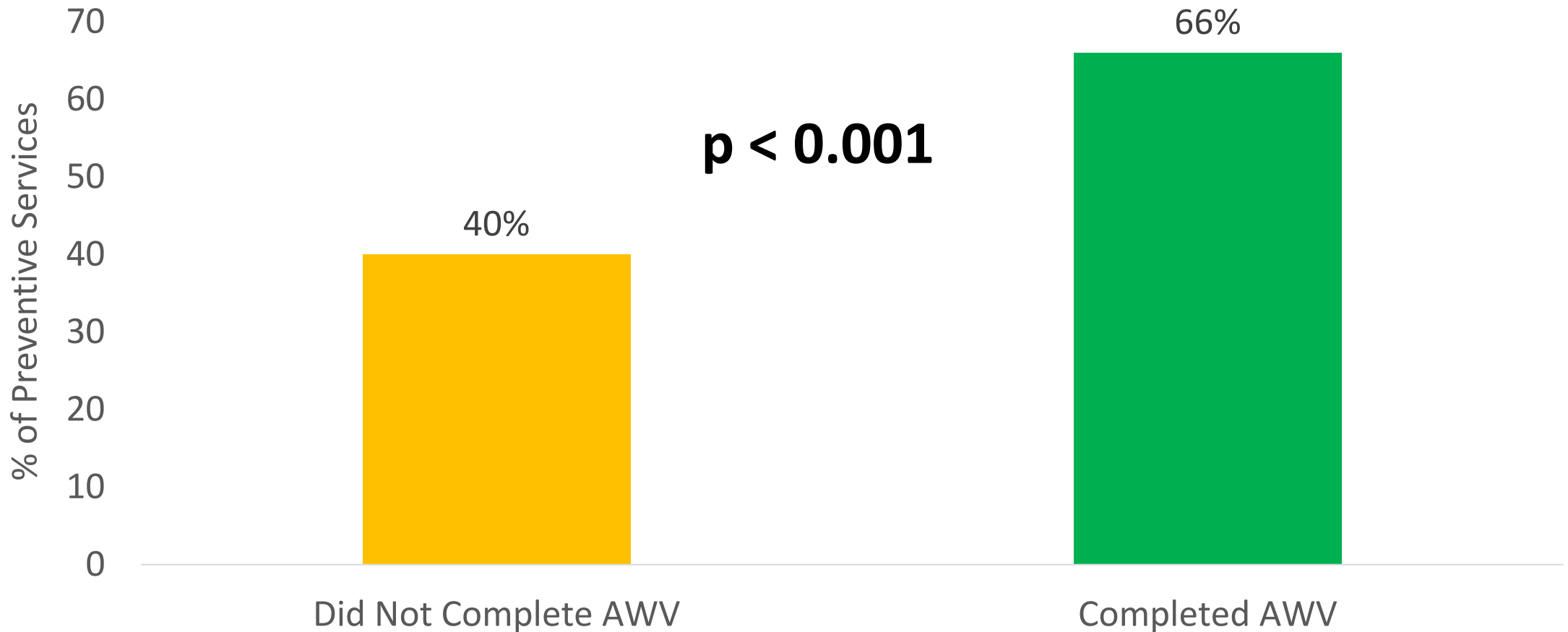


# Other Screenings & Advance Care Planning are Higher with AWW Completion\*



**\* All  $p \leq 0.001$**

# % Fulfillment of All Assessed Preventive Health Services With and Without AWW Completion (8-Months Post- Implementation)



# Results

## Intervention associated with:

- Increased rates of AWWs
- Increased rates of vaccinations and preventive health screenings (particularly screenings that are clinician-driven)

## AWVs associated with:

- Increased rates of vaccinations and preventive health screenings





# Current Research

NIH R33 (May 2023 – Sept 2025)

Stepped Wedge Randomized Trial

- 8 community-based practices across the country
- 4 months per wedge

Replication Trial

- Conducted simultaneously
- 8 Federally Qualified Health Center (FQHC) practices



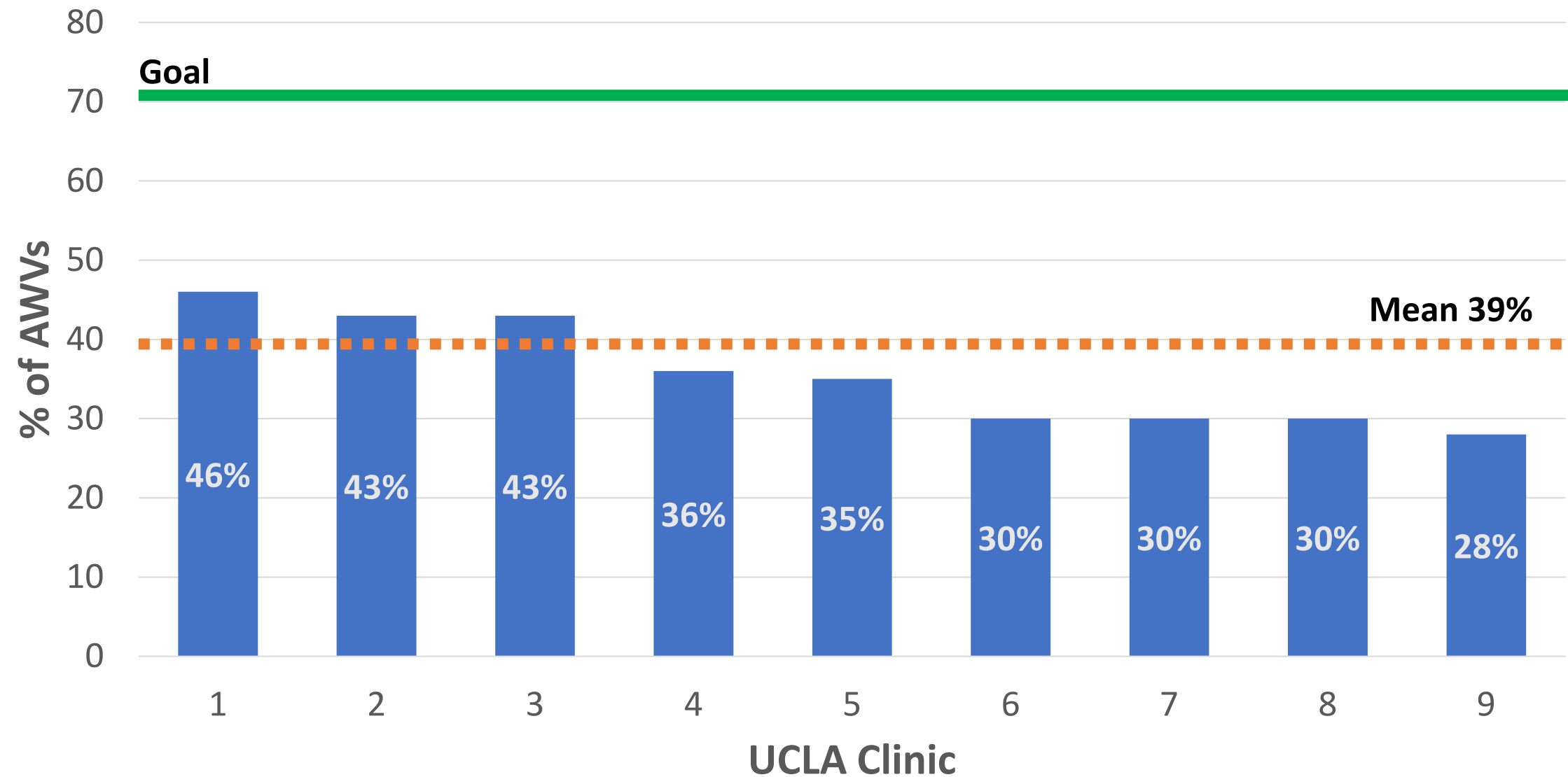
# Current Research (cont.)

NIH R01 (2023 – 2028)

Stepped Wedge Randomized Trial

- 24 practices
  - Banner Health System (AZ, CO)
  - MetroHealth System (OH)
  - UCLA
- 6 months per wedge
- Assess sustainability over 24 months; determine impact on reducing racial/ethnic disparities in AWWs

# % AWWs Completed for Eligible Patients, 2023



# Lessons learned

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Each practice (even within a single organization) has different obstacles to performing AWWs

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Patient priorities for AWWs are often at odds with Medicare stipulations for the visit

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Prevention is often a hard sell



*What can I  
do to feel a  
little better?*

**WHAT DO I  
WANT TO DO  
THIS YEAR?**

**HOW AM I  
DOING?**

Do I need a little  
more time to talk  
with my doctor?



Your Annual Wellness Visit can promote your physical,  
mental, and emotional well-being.

Practice  
logo

Practice  
info

- If you have Medicare, your Annual Wellness Visit is easy, thorough, and important.
- Tell your doctor that you want your Annual Wellness Visit!

*How are you doing?*

**I CARE ABOUT YOU!**



**Your Medicare benefits include an Annual Wellness Visit.**

Practice  
logo

Practice  
info

Please schedule your Annual  
Wellness Visit today.

**Make sure your primary care team  
knows what's on your mind.**

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## Summary

AWVs provide a unique opportunity to address multiple preventive health metrics and screenings in a single visit

Efforts to increase AWVs require multi-level interventions that are tailored for practices



# Collaborators

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Wilson Pace, MD (DARTNet Institute)

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Kurt Stange, MD, PhD (Case Western)

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Chi-hong Tseng, PhD (UCLA)

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Neil Wenger, MD, MPH (UCLA)

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Jack Westfall, MD, MPH (DARTNet Institute)





[dtarn@mednet.ucla.edu](mailto:dtarn@mednet.ucla.edu)