Realizing the Value of Annual Wellness Visits

National Adult and Influenza Immunization Summit
May, 2016

Bon Secours Health System, Inc.

1 Hospital, Home Health, 28 Practice Locations

1 Hospital with 2 locations, 2 Outpatient Surgery Centers, Home Health, 65 practice locations

3 Joint Ventured Hospitals, 150 physician partners in *117 practice locations

Partner in 3 Hospitals, 2 Skilled Nursing Facilities, Home Health, 24 Practice Locations

Skilled Nursing, Assisted Living, Home Health

1 Hospital, 12 specialty and outreach centers

5 Hospitals (+1 Joint Ventured), Free-standing ED, 2 Surgery Centers, Home Health, 75 Practice Locations

3 Hospitals (+1 Joint Ventured), Free-standing ED, 3 Surgery Centers, Home Health, Skilled Nursing, Assisted Living Facility, 41 Practice Locations

Skilled Nursing, Assisted Living, Home Health

* Dots only represent current practices for Roper St. Francis Healthcare
Objectives

- Achieve 50% completion rate of AWV for all Medicare beneficiaries
- Demonstrate value of the Annual Wellness Visit (AWV) in driving high quality preventive care within BSHSI
- Identify strategies and tactics for leveraging the AWV to achieve system goals and elite performance
- Propose next steps for using the AWV to further drive strategic goals

Annual Wellness Visits: Critical to Be Person Centric

The AWV is a critical component of being “Good Help”, delivering on our commitment to Medicare, improving our quality, and delivering on our SQP.

ACO Quality Metric
- Falls Screening
- Influenza Immunization
- Pneumococcal Vaccination
- BMI Screening/Follow-Up
- Tobacco Use/Cessation
- Depression Screen
- Colorectal Cancer Screen
- Mammography Screen
- Blood Pressure Screen
- Hypertension, BP Control
- VD- Aspirin Use
- HF- Beta Blocker for LVSD
- ACE/ARB for CAD and Diabetes and/or LVSD

Desired Future

Annual wellness visits completed (80% Medicare recipients, employees and risk contracted)
Top decile achieved for ACO metrics, value-based reimbursement, mortality, and hospital-acquired conditions
Annual Wellness Visits: An Important Tool for Clinical Transformation

With its impact on care coordination, safety and reliability, and engagement and loyalty, the Annual Wellness Visit (AWV) is well situated to help facilitate Clinical Transformation.

...But what’s been the value to our patients, communities, and payer?

More than a numerator/denominator exercise, how have we demonstrably improved care through the plan of care established at the AWV, measured by impact on:

- Colorectal cancer screening?
- Breast cancer screening?
- Influenza vaccination?
- Pneumococcal vaccination?
Population Health Trajectories

Focus of care coordination activities in LPOCs post AWV:

- Complex and End of Life Care
- Chronic Disease Management
- Prevention and Wellness

Initial key measures: COL, BCS, Fluvax, Pneumovax

LPOC creation post AWV based on patient risk:

- **Low risk**
  - Preventive care based on HM due
  - Schedule tests and preventive services
  - Preventive AVS provided to patient
  - Schedule next visit 6-12 months

- **Rising risk or moderate risk**
  - Close care gaps; schedule preventive and active diagnostic tests
  - Referrals if any; such as to diabetic educators, care manager, behavioral health specialist
  - Schedule next visits 1-3 months

- **High risk/complex**
  - Close care gaps; schedule diagnostic tests
  - Refer to care manager
  - Schedule appropriate referrals
  - Schedule next visits: 1-2 weeks where appropriate
While the causal relationship is unclear, there is a significant difference in quality measures performance between those without and those with an AWV.

*Influenza immunization rate includes patient declinations. Actual number immunized pending.

**Safety & Reliability: AWVs & Quality Performance**

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total Eligible</td>
<td>Measure Met</td>
<td>Measure Not Met</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>33035</td>
<td>15317</td>
<td>9965</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>122793</td>
<td>31376</td>
<td>64158</td>
</tr>
<tr>
<td>Pneumonia Vaccination</td>
<td>215999</td>
<td>90713</td>
<td>78614</td>
</tr>
<tr>
<td>Influenza Immunization</td>
<td>97652</td>
<td>64492</td>
<td>5621</td>
</tr>
</tbody>
</table>

*Influenza immunization rate includes patient declinations. Actual number immunized pending.

**Safety & Reliability: Closing the Gap**

<table>
<thead>
<tr>
<th></th>
<th>No AWV - % Met</th>
<th>AWV - % Met</th>
<th>CMS ACO Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>60.6%</td>
<td>88.7%</td>
<td>90%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>32.8%</td>
<td>67.2%</td>
<td>90%</td>
</tr>
<tr>
<td>Pneumonia Vaccination</td>
<td>53.6%</td>
<td>84.5%</td>
<td>90%</td>
</tr>
<tr>
<td>Influenza Immunization</td>
<td>92.0%*</td>
<td>96.9%*</td>
<td>90%</td>
</tr>
</tbody>
</table>

*Influenza immunization rate includes patient declinations. Actual number immunized pending.

**Two-Fold Opportunity:**

Improve rates of AWVs completed

Achieve elite performance through post-AWV LPOC

*Influenza immunization rate includes patient declinations. Actual number immunized pending.

**Time Frame: Calendar Year 2015; Data Source: Meaningful Use Quality Measures - ConnectCare**
Engagement & Loyalty: Widening “The Funnel” with AWVs

AWVs present a unique opportunity to drive engagement and loyalty, as we build relationships with our patients and communities.

Lessons Learned from MSSP AWVs

- Stable distribution of age groups receiving AWVs even as claims grew
- Beneficiaries age 66-75 account for 51% of AWVs
- 60.5% of AWV claims were for female beneficiaries; 39.5% for male beneficiaries.
### Meaningful Use Quality Measures: Data Definitions

#### AWV Quality Analytics

**Time frame:** Calendar Year 2015

**Data source:** Meaningful Use quality measures

<table>
<thead>
<tr>
<th>AWV Population: Subset of patients who had an Annual Wellness Visit during the measurement period</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSSP Population: Subset of population who are enrolled in ACO</td>
</tr>
<tr>
<td>Whole population: Any patient who qualifies for inclusion in Meaningful Use Quality Measures datamart (details below)</td>
</tr>
</tbody>
</table>

#### Meaningful Use Quality Measures: Data Definitions

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast Cancer Screening</strong></td>
<td>Women with one or more mammograms during the measurement period or the year prior to the measurement period</td>
<td>Women age 41-69 with a visit during the measurement period</td>
</tr>
<tr>
<td>NQF 0031</td>
<td></td>
<td>Bilateral mastectomy</td>
</tr>
<tr>
<td><strong>Colorectal Cancer Screening</strong></td>
<td>Current colorectal cancer screening documented (any approved method)</td>
<td>Adults age 50-75 years with a visit during the measurement period</td>
</tr>
<tr>
<td>NQF 0034</td>
<td></td>
<td>History of colectomy or colorectal cancer</td>
</tr>
<tr>
<td><strong>Pneumococcal vaccine</strong></td>
<td>Patients with at least one documented pneumococcal vaccine</td>
<td>Patients age at or above 65 years</td>
</tr>
<tr>
<td>NQF 0043</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td><strong>Influenza vaccine</strong></td>
<td>Patients who have received an influenza vaccine within the applicable season (and within 153 days before or 89 days after)</td>
<td>Patients 6 months and older who have an encounter between October 1 and March 31</td>
</tr>
<tr>
<td>NQF 0041</td>
<td></td>
<td>Special rules apply to dialysis patients</td>
</tr>
</tbody>
</table>
Thank you!

**Lani Alison, BSN, MS-HCQ PCMH CCE**
Director, Care Coordination and Outcomes
Lani_Alison@BSHSI.org

**Liana Orsolini, PhD, RN, ANEF, FAAN**
Care Delivery and Advanced Practice Systems Consultant
Liana_Orsolini@BSHSI.org