

# Strategies to Help ACOs and Physician Groups Improve Annual Wellness Visit Completion Rates

According to the *American Journal of Accountable Care*, [only 24 percent of eligible beneficiaries](#) receive and complete an Annual Wellness Visit (AWV)<sup>1</sup>. **Studies have linked AWV participation to improved preventive care, cost savings, and revenue generation**, but most ACOs have been slow to adopt them as a common practice.

Reasons for this vary.

Most notably, leaders at several accountable care organizations (ACOs) have found that their provider partners [struggle with implementing and providing wellness assessments](#) in an efficient manner<sup>2</sup>. Billing for the service in an effective and reliable way can be complicated when claims are denied due to submitting the incorrect coding, or when patients are ineligible for the service to begin with.

Still, AWVs present potential for ACOs hoping to improve quality score metrics and engage patients with preventive services. For this reason, interest in the assessment has persisted throughout healthcare.

For instance, [a study published by Preventive Medicine](#) in 2018 showed that AWVs are associated with a greater likelihood for patients to participate in mammographies, Pap tests, prostate and colon cancer screenings, and obtaining flu shots<sup>3</sup>. [Another study](#) published by the same journal in 2019 found that **AWV participants significantly reduced their total healthcare spending within 2 years of completing the assessment**<sup>4</sup>.

“Practices adopting AWVs have noted increased revenue, more stable patient populations, and stronger provider-patient relationships,” according to the study’s authors, Arpit Misra and Jennifer Lloyd.

So, how can ACOs increase completion rates for AWVs? And what benefits can your organization claim by emphasizing such a goal? Below, we’ll cover why AWVs matter, as well as offer three strategies to improve their performance.

## AWVs and Quality Performance Scores

ACOs are required to support care coordination for patients, measure and improve health outcomes, and publicly report results under [Medicare’s Shared Savings Program](#)<sup>5</sup>.

In this arrangement, ACOs operate within a risk-for-reward framework, where financial incentives (or penalties) are tied to the group’s overall performance. This is tracked according to the [Merit-based Incentive Payment System \(MIPS\)](#), which outlines various quality measures that Medicare will use to grade an ACO.

AWVs can play an important part in this broader process.

**The assessment is a standardized way that physicians can collect specific patient information that can be used to help report quality metrics and ultimately close pay-for-performance gaps.** This is especially true for the documentation of Hierarchical Condition Categories (HCC), which are medical codes that represent specific diagnoses, such as acute or chronic conditions.

These codes help inform a risk-adjustment model used by Medicare to predict future healthcare spending as it relates to patients. For this reason, Medicare places much emphasis on ACOs reporting this information.

“HCC documentation is an important quality metric and also has substantial financial implications when caring for sicker patients,” [a 2022 study](#) published in the *Journal of General Internal Medicine* states<sup>6</sup>. **“The AWV is ideal for providers to complete HCC documentation.”**

Additionally, [a health risk assessment \(HRA\)](#), a vital component of an AWV, will help ACOs uncover clinical and behavioral health information that isn’t typically available in a patient’s chart. In this scenario, the AWV can go beyond being a claims-based encounter and instead link charted diagnoses to billing codes.

Lastly, AWVs present opportunities for connecting patients to preventive care services, such as Behavioral Health Integration (BHI) or Chronic Care Management (CCM). [An analysis of Medicare claims](#) from 2011-2014 showed that patients who received an AWV participated in 62% more care services than those who did not take the assessment<sup>7</sup>.

The potential expansion of preventive care to elderly populations represents an opportunity to improve overall health outcomes. [According to the American Academy of Family Physicians](#), “almost 40 percent of deaths in the U.S. could be averted through better primary prevention<sup>8</sup>.”

### 3 Strategies to Help Complete AWVs

Below, we’ll outline a few high-level ways to better emphasize AWVs at your ACO, as well as enable physicians and staff to more effectively provide them.

#### 1. Establish AWV Goals for Your Organization

To improve AWV participation rates, your ACO has to embrace providing them. Without a systemic approach to maximizing the value of this assessment, it will be difficult to achieve any gains.

**Specific, long-term AWV goals can help ACOs prioritize their efforts.**

The University Hospitals of Cleveland ACO aimed to address this challenge by [increasing AWV completion to 60% among eligible patients](#) over a three-year period<sup>6</sup>. Additionally, it sought to improve HCC documentation to 80% over the same period. **To emphasize these goals, the ACO offered financial incentives to physicians and staff who achieved the desired outcomes within their practices.** The ACO specifically communicated these goals to stakeholders and made it clear what the organization’s overall objectives were.

As a result, the University Hospitals of Cleveland ACO exceeded its stated goals. It saw its AWV completion rates grow from 24.9% in 2018 to 60.7% in 2020. HCC documentation jumped to 80.2% by the end of 2020.

Other additional efforts helped make this possible for the group, as we will cover below, but focusing the organization's collective efforts around a set of goals was vital in making higher completion rates for AWWs attainable.

## 2. Establish Infrastructure for Providing AWWs

With your goals determined, the next step includes determining how your organization will facilitate AWWs for eligible patients. This can consist of **creating clinical processes, training physicians and staff, and adopting effective digital technologies** to enable the work.

The [BJC Accountable Care Organization, based in St. Louis, Missouri, implemented several measures](#) to establish an infrastructure for maximizing AWWs<sup>1</sup>. Some examples of their efforts included:

- Collaborating with healthcare IT professionals to allow the ACO's electronic health record (EHR) to track patient AWW eligibility, creating a list of patients to contact regarding the assessment;
- Creating a claims database to notify staff when patients become eligible for an AWW, ensuring accurate billing;
- Streamlining completion of a health risk assessment (HRA), an integral piece of an AWW, by allowing patients to conduct this questionnaire prior to an office visit via an online portal.

Each of these initiatives helped BJC provide AWWs to 69.7% of its patient population in 2019, a significant increase from its performance in 2018 (44.3%). **These results placed the ACO above the 90th percentile in Medicare's Shared Savings Program.**

## 3. Apply Healthcare Analytics to Improve AWW Processes and Engagement

With your infrastructure built, ensuring your system is as efficient as possible is critical. [Healthcare analytics](#), a software solution capable of visualizing and deriving insights from data, can be leveraged to fine-tune your operations.

In the University Hospitals of Cleveland ACO example referenced above, the group applied analytics to foster greater communication and transparency between key stakeholders.

For instance, with data insights, the ACO could effectively report AWW performance to leadership throughout its improvement trial. Executives could then allocate additional resources to practices not quite meeting goals and realign expectations.

At the BJC ACO, analytics were utilized in a similar manner. In its case, data was used to connect high-performers of AWW completion to those lagging behind, enabling collaboration to better all practices involved.

[Highmark Health has also explored the connection between patient data and AWW participation](#)<sup>9</sup>. In its own study, it created a reporting mechanism to identify high-risk individuals who were also eligible for an AWW, but who had not yet engaged in the assessment. Providers could use this information to prioritize which patients could most benefit from an AWW, pairing the service with a risk-management strategy.

## How ThoroughCare Can Help

Wellness visits can enable greater integrated service for your patients, and they can reliably generate revenue for your practice. High rates of AWW completion can also assist ACOs with quality metric reporting and help improve overall performance.

[ThoroughCare's comprehensive care coordination software](#) can help your practice implement, scale, and refine AWW completion rates. Our software solution can help automate administrative tasks, track billable instances, and report patient data. This can help practices maximize reimbursement opportunities and increase clinical efficiency, as well as enable seamless patient-centered care.

### With ThoroughCare's AWW solution, you can:

- Simplify health risk assessments (HRAs) for more effective care delivery
- Proactively manage patient health through automatic scoring across substance dependency, behavioral health, and more
- Analyze patient risk factors and generate clinical recommendations
- Facilitate and document end-of-life discussions with an Advance Care Planning (ACP) tool

## Bibliography

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