Coffee and Prevention with Dr. Pinson: Medicare's Annual Wellness Visit

QIN-QIO Regional Support and Sharing Call

January 18, 2023

Quality Insights | QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Disclosures

- To obtain contact hours, participants must:
  - Watch the 60-minute webinar (live or recorded)
  - Complete evaluation with reflective questions
- Continuing education
  - In support of improving patient care, this activity has been planned and implemented by Quality Insights and CAMC Institute for Academic Medicine. CAMC Institute for Academic Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
    - Physicians: The CAMC Institute for Academic Medicine designates this live activity for a maximum of **1 hour for** AMA PRA Category I Credit(s)™ . Physicians should only claim credit commensurate with the extent of their participation in the activity.
    - Nurses: The CAMC Institute for Academic Medicine is an approved provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This offering has been approved for **1 contact hour.**
- Cynthia Pinson, MD and other planners for this educational activity have NO relevant financial relationships with illegible companies to disclose.
- The expiration for this enduring material is 01/18/2025.

Learning Outcomes

- After this course, the learner will:
  - Identify Annual Wellness Visit (AWV) components
  - State who can conduct an AWV
  - Describe AWV assessments for nursing home residents

Expert Presenter

- Cindy Pinson M.D. C.M.D. FAAFP
  - Medical Director, CHH Home Care Medicine
  - Assistant Professor, Marshall University Department of Family and Community Health

ANNUAL WELLNESS VISIT

Do or do not…there is no choice

Cindy Pinson M.D. C.M.D. FAAFP

Medical Director, CHH Home Care Medicine

Assistant Professor, Marshall University Department of Family and Community Health

Objectives

- Eligible providers and patients - WHO
- Assessments and items to include - WHAT
- Timing of AWV - WHEN
- AWV for Different settings - WHERE
- Benefits of AWV - WHY
- Methods to get it done – HOW
- COST and Reimbursement

WHO

PATIENTS

- Medicare
- Managed care

PHYSICIAN AND OTHER PROVIDERS

- YOU
- Physician
- ARNP
- PA
- Dietitian
- Health Educator
- Team of medical professionals working under direct supervision of physician

WHAT

- Health Risk Assessment
- 1. Establish patient's medical and family history
- 2. Establish current providers and suppliers list
- 3. Measure
- 4. Detect any cognitive impairment patients may have
- 5. Review patient's potential depression risk factors, including current or past experiences with depression or other mood disorders
- 6. Review patient's functional ability and level of safety

7. Establish an appropriate patient written screening schedule, like a checklist for the next 5–10 years

- 8. Establish patient's list of risk factors and conditions where you recommend primary, secondary, or tertiary interventions or report whether they're underway
- 9. Provide personalized patient health advice and appropriate referrals to health education or preventive counseling services or programs
- 10. Provide Advance Care Planning (ACP) services at patient's discretion
- 11. Review current opioid prescriptions
- 12. Screen for potential substance use disorders (SUDs)

MEDICARE WELLNESS VISITS: REQUIRED COMPONENTS

For more information, see https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html.

G0402: Initial Preventive Physical Examination (Welcome to Medicare)	G0438: Initial Annual Wellness Visit	G0439: Subsequent Annual Wellness Visit
	Perform health risk assessment including demographic data, health status self-assessment, psychosocial risks, behavioral risks, and activities of daily living.	Review and update health risk assessment.
Review patient's medical and social history.	Establish patient's medical and family history.	Update patient's medical and family history.
	Establish list of current providers and suppliers regularly involved in patient's care.	Update list of current providers and suppliers.
	Detect any cognitive impairment by direct observation, discussion with family/caregivers, or brief cognitive test.	Detect any cognitive impairment.
Review patient's risk factors for depression, using standardized screening tool.	Review patient's risk factors for depression, using standardized screening tool.	
Review patient's functional ability and level of safety.	Review patient's functional ability and level of safety.	
Conduct focused physical exam: • Vital signs — height, weight, body-mass index (BMI, or waist circumference if appropriate), and blood pressure, • Visual acuity screening, • Other factors indicated by patient's medical and social history or current clinical standards.	Measure: • Vital signs — height, weight, BMI (or waist circumference if appropriate), and blood pressure, • Other routine measurements deemed appropriate based on medical and family history.	Measure: • Vital signs — weight, BMI (or waist circumference if appropriate), and blood pressure, • Other routine measurements deemed appropriate based on medical and family history.
Provide advance care planning (with patient consent); not separately billable.	Provide advance care planning (with patient consent); separately billable using 99497-99498 with modifier 33.	Provide advance care planning (with patient consent); separately billable using 99497-99498 with modifier 33.
Review current opioid prescriptions.	Review current opioid prescriptions.	Review current opioid prescriptions.
Screen for substance use disorders.	Screen for substance use disorders.	Screen for substance use disorders.
Educate, counsel, and refer based on health needs identified.	Provide personalized health advice and appropriate referrals to health education or preventive counseling services or programs.	Provide/update patient's personalized prevention plan services, which includes personalized health advice and referrals to health education or preventive counseling services or programs.
Prepare a brief written plan, such as a checklist, for patient's disease prevention and health promotion.	Establish: • Written screening schedule for patient, such as a checklist for the next 5-10 years, • List of patient risk factors and conditions for which interventions are recommended or under way.	As necessary, update: • Written screening schedule for patient, • List of patient risk factors and conditions for which interventions are recommended or under way.
A screening ECG is allowed: • G0403 (with interpretation and report), • G0404 (tracing only), • G0405 (interpretation and report only).		

WHAT

Perform Health Risk Assessment (HRA)

- Get patient self-reported information
  - You or the patient can update the HRA before or during the AWV; it shouldn't take more than 20 minutes
- Consider the best way to communicate with underserved populations, people with limited English proficiency, health literacy needs, and people with disabilities
- At a minimum, collect this information:

- Demographic data
- Health status self-assessment
- **Psychosocial risks** including, but not limited to, depression, life satisfaction, stress, anger, loneliness or social isolation, pain, and fatigue
- **Behavioral risks** including, but not limited to, tobacco use, physical activity, nutrition and oral health, alcohol consumption, sexual health, motor vehicle safety (for example, seat belt use), and home safety
- **Activities of daily living (ADLs),** including dressing, feeding, toileting, grooming; physical ambulation, including balance or fall risks and bathing; and **instrumental ADLs (IADLs),** including using the phone, housekeeping, laundry, mode of transportation, shopping, managing medications, and handling finances

WHAT

- **1. Establish patient's medical and family history**

- At a minimum, document:
- Medical events of the patient's parents, siblings, and children, including hereditary conditions that place them at increased risk
- Past medical and surgical history (illness experiences, hospital stays, operations, allergies, injuries, and treatments)
- Use of, or exposure to, medications and supplements, including calcium and vitamins

WHAT

- **2. Establish current providers and suppliers list**

- Include current patient providers and suppliers that regularly provide medical care, including behavioral health care.

WHAT

3. Measure

- Measure:
- Height, weight, body mass index (BMI) (or waist circumference, if appropriate), and blood pressure
- Other routine measurements deemed appropriate based on medical and family history

WHAT

4. Detect any cognitive impairment patients may have

- Assess cognitive function by direct observation, considering information from the patient, family, friends, caregivers, and others. Consider using a brief cognitive test, health disparities, chronic conditions, and other factors that contribute to increased cognitive impairment risk. Alzheimer's and Related Dementia Resources for Professionals webpage has more information.

TOOLS FOR COGNITIVE EVALUATION

- MINI COG
- SLUMS
- MINI MENTAL

- 3 WORDS, CLOCK DRAWING
- 30 QUESTIONS
- 30 QUESTIONS

SLUMS

VAMC
SLUMS EXAMINATION

Questions about this assessment tool? E-mail aging@slu.edu

Name_____ Age_____

Is the patient alert?_____ Level of education_____

__/1 (1) **1. What day of the week is it?**

__/1 (1) **2. What is the year?**

__/1 (1) **3. What state are we in?**

4. Please remember these five objects. I will ask you what they are later.
Apple Pen Tie House Car

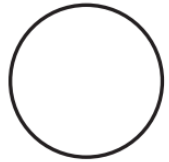
5. You have $100 and you go to the store and buy a dozen apples for $3 and a tricycle for $20.
(1) **How much did you spend?**
__/3 (2) **How much do you have left?**

6. Please name as many animals as you can in one minute.
__/3 (0) 0-4 animals (1) 5-9 animals (2) 10-14 animals (3) 15+ animals

__/5 **7. What were the five objects I asked you to remember? 1 point for each one correct.**

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.
__/2 (0) 87 (1) 648 (1) 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
(2) Hour markers okay
__/4 (2) Time correct



(1) **10. Please place an X in the triangle.**

__/2 (1) **Which of the above figures is largest?**

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

__/8 (2) **What was the female's name?** (2) **What work did she do?**
(2) **When did she go back to work?** (2) **What state did she live in?**

_____ **TOTAL SCORE**

SCORING

High School Education		Less than High School Education
27-30	Normal	25-30
21-26	Mild Neurocognitive Disorder	20-24
1-20	Dementia	1-19

CLINICIAN'S SIGNATURE DATE TIME

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for detecting mild cognitive impairment and dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. *Am J Geriatr Psych* 14:900-10, 2006.

Mini Mental Status Examination (MMSE)

Mini-Mental State Examination (MMSE)

Patient's Name: _____ Date: _____

Instructions: ***Ask the questions in the order listed. Score one point for each correct response within each question or activity.***

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day of the week? Month?"
5		"Where are we now: State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: _____
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Stop after five answers. Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.) 
30		TOTAL

(Adapted from Rovner & Folstein, 1987)

Interpretation of the MMSE

Method	Score	Interpretation
Single Cutoff	<24	Abnormal
Range	<21	Increased odds of dementia
	>25	Decreased odds of dementia
Education	21	Abnormal for 8th grade education
	<23	Abnormal for high school education
	<24	Abnormal for college education
Severity	24-30	No cognitive impairment
	18-23	Mild cognitive impairment
	0-17	Severe cognitive impairment

Sources:

- Crum RM, Anthony JC, Bassett SS, Folstein MF. Population-based norms for the mini-mental state examination by age and educational level. *JAMA*. 1993;269(18):2386-2391.
- Folstein MF, Folstein SE, McHugh PR. "Mini-mental state": a practical method for grading the cognitive state of patients for the clinician. *J Psychiatr Res*. 1975;12:189-198.
- Rovner BW, Folstein MF. Mini-mental state exam in clinical practice. *Hosp Pract*. 1987;22(1A):99, 103, 106, 110.
- Tombaugh TN, McIntyre NJ. The mini-mental state examination: a comprehensive review. *J Am Geriatr Soc*. 1992;40(9):922-935.

WHAT

- **5. Review patient's potential depression risk factors, including current or past experiences with depression or other mood disorders**

- Select from various standardized screening tools designed for this purpose and recognized by national professional medical organizations.
- Depression Assessment Instruments webpage has more information

Geriatric Depression Scale (GDS)
Scoring Instructions

Instructions: Score 1 point for each bolded answer. A score of 5 or more suggests depression.

1.	Are you basically satisfied with your life?	yes	**no**
2.	Have you dropped many of your activities and interests?	**yes**	no
3.	Do you feel that your life is empty?	**yes**	no
4.	Do you often get bored?	**yes**	no
5.	Are you in good spirits most of the time?	yes	**no**
6.	Are you afraid that something bad is going to happen to you?	**yes**	no
7.	Do you feel happy most of the time?	yes	**no**
8.	Do you often feel helpless?	**yes**	no
9.	Do you prefer to stay at home, rather than going out and doing things?	**yes**	no
10.	Do you feel that you have more problems with memory than most?	**yes**	no
11.	Do you think it is wonderful to be alive now?	yes	**no**
12.	Do you feel worthless the way you are now?	**yes**	no
13.	Do you feel full of energy?	yes	**no**
14.	Do you feel that your situation is hopeless?	**yes**	no
15.	Do you think that most people are better off than you are?	**yes**	no

A score of $\geq$ 5 suggests depression ***Total Score*** _____

Ref. Yes average: The use of Rating Depression Series in the Elderly, in Poon (ed.): Clinical Memory Assessment of Older Adults, American Psychological Association, 1986

WHAT

- **6. Review patient's functional ability and level of safety**

- Use direct patient observation, or appropriate screening questions or standardized questionnaires recognized by national professional medical organizations to review, at a minimum, these areas:
- Ability to perform ADLs
- Fall risk
- Hearing impairment
- Home safety

ADLs/IADLs

ADLs

- DRESS
- EAT
- AMBULATION
- TOILETING
- HYGIENE

IADLs

- ERRANDS
- TRASPORTATION
- PHONE
- HOUSEKEEPING
- MEDS/MEALS/MONEY

6. Review patient’s functional ability and level of safety

- FALL RISK ASSESSMENT
- HOME SAFETY
- HEARING IMPAIRMENT

WHAT

- **7. Establish an appropriate patient written screening schedule, like a checklist for the next 5–10 years**

- Base written screening schedule on the:
- United States Preventive Services Task Force and Advisory Committee on Immunization Practices (ACIP) recommendations
- Patient's HRA, health status and screening history, and age-appropriate preventive services we cover

Screenings

TO DO

- COLON CANCER 45-75YRO Q10Y
  - 50-75 FOBT (USPSTF)
- BREAST CANCER <74YRO
- LUNG CANCER 55-80 ANNUAL CT IN SMOKER OR EX<15YRO
- CERVICAL CANCER <65YRO
- PROSTATE INDIVIDUAL DECISION
- OSTEOPOROSIS >65 YES
  - <65 WITH INCRESED RISK

NOT TO DO

- COLON >75YRO
- MAMMO >75YRO UNLESS…
- LUNG > 80YRO, EX>15YR
- CERVICAL >65YRO
- PROSTATE >70YRO
- OSTEO >75YRO ISH

- AAA MALE 65-75 NEVER SMOKED

WHAT

- **8. Establish patient's list of risk factors and conditions where you recommend primary, secondary, or tertiary interventions or report whether they're underway**

- Include:
- Mental health conditions, including depression, substance use disorder(s), and cognitive impairment
- IPPE risk factors or identified conditions
- Treatment options and associated risks and benefits

WHAT

- **9. Provide personalized patient health advice and appropriate referrals to health education or preventive counseling services or programs**

- Include referrals to educational and counseling services or programs aimed at:
- Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including:
  - Fall prevention
  - Nutrition
  - Physical activity
  - Tobacco-use cessation
  - Weight loss
  - Cognition

WHAT

- **10. Provide Advance Care Planning (ACP) services at patient's discretion**

- ACP is a discussion between you and the patient about:
- Their advance directive preparation in case an injury or illness prevents them from making health care decisions
- Future care decisions they might need to make
- How they can let others know about care preferences
- Caregiver identification
- Advance directives explanation, which may involve completing standard forms
- Advance directive is a general term referring to various documents like a living will, instruction directive, health care proxy, psychiatric advance directive, or health care power of attorney. It's a document that appoints an agent or records a person's wishes about their medical treatment at a future time when the individual can't communicate for themselves

WHAT

- **11. Review current opioid prescriptions**

- For a patient with a current opioid prescription:
- Review any potential opioid use disorder (OUD) risk factors
- Evaluate their pain severity and current treatment plan
- Provide non-opioid treatment options information
- Refer to a specialist, as appropriate
- HHS Pain Management Best Practices Inter-Agency Task Force Report has more information

WHAT

- **12. Screen for potential substance use disorders (SUDs**

- Review the patient's potential SUD risk factors and, as appropriate, refer them to treatment. You can use a screening tool, but it's not required. National Institute on Drug Abuse Screening and Assessment Tools Chart has screening and assessment tools.

WHEN

- AFTER THE FIRST 12 MONTHS OF MEDICARE PART B ENROLLMENT
- NO OTHER PROVIDER HAS SUBMITTED AWV CLAIM IN SAME 12 MONTHS PERIOD
- ON YOUR SCHEDULE
- E/M VISIT, problem focused, with modifier 25

WHERE

- CLINIC
- ALF
- NURSING HOME
- HOME

WHY

- Keep **patients** as healthy as possible
- Health care moves from volume- to **value-based models**
- Addresses **gaps** in care
- Enhances the **quality of care** you deliver
- A personalized prevention plan created for the Medicare beneficiary is a way to improve **patient engagement** and **promote preventive health care.**

HOW

- SET UP SYSTEM TO IDENTIFY ELIGIBLE PATIENTS
- USE TEMPLATES
- FAMILIARIZE WITH TOOLS
- TEAM EFFORT
- DO MORE OF IT

TEMPLATE EXAMPLES

I have collected self-reported information from the beneficiary, addressing the demographics data, self-assessment of health status, psychosocial risks, behavioral risks, ADLs, Instrumental ADLs.

1. Counsel Beneficiary:

Beneficiary's screening schedule for the next 5-10 years, and ACIP recommendation on immunization, as age-appropriate preventive services based on the current health status.

Screening schedule:

ASA use to prevent CV dz and Colorectal cancer: recommended
DM screening: recommended
HTN screening: recommended
Lipid dz: not recommended for advanced age and debility
Statin use for primary prevention: not recommended at the advanced age
Colorectal cancer screening: not recommend >75yro
Mammo: not recommended >75yro
GYN: not recommended >75yro
Lung cancer: CT 55-80 yrly smoker or ex<15yr
Osteoporosis screening: not recommended due to debility >75yro
Skin cancer screening: not recommended due to debility
Tobacco cessation: N/A
Depression Screening: screened
Cognitive screening: screened
Falls Screening & Prevention: Screened
Hearing screening: no hearing changes
Vision screening: no vision changes
Glaucoma: not recommended due to debility
Medication Reviewed: Reconciled

ASA use to prevent CV dz and Colorectal cancer: Not recommended
DM screening: recommended
HTN screening: recommended
Lipid Tx: recommended
Statin use for primary prevention: Not recommended
Colorectal cancer screening: 45-75yro scopeQ10YR, 50-75 FOBT
GYN: continue routine GYN care till 64yro
Mammo: <74yro biannual
Lung cancer: CT 55-80 yrly smoker or ex<15yr
Prostate cancer: individual decision
Skin cancer screening: recommended
Osteoporosis screening: dexa scan>65yro, <65 with risk
Tobacco cessation: N/A
Depression Screening: screened
Cognitive screening: screened
Falls Screening & Prevention: screened
Glaucoma: continue to follow-up with eye doctor
Hearing screening: no hearing changes
Vision screening: no vision changes
Medication Reviewed: reconciled

2. Functional Ability/Safety:

Result: Needs help with ADLs and IADLs

3. Immunization:

Annual influenza vaccine: UTD
Pneumovax vaccine for age > 65, PCV 13 and PPSV23 one year apart: UTD
Zoster vaccine for age > 60: Recommended
COVID vaccine up to date

4. Health Education/Preventive Counseling:

Fall prevention
Nutrition
Physical activity
Tobacco-use cessation (N/A)
Weight loss
Alcohol

5. Depression/Mood D/O Screening:

Geriatric Depression Scale: Short Form Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? yes, NO
2. Have you dropped many of your activities and interests? YES, no
3. Do you feel that your life is empty? no, YES
4. Do you often feel bored? YES. no
5. Are you in good spirits most of the time? yes, NO
6. Are you afraid that something bad is going to happen to you? no, YES
7. Do you feel happy most of the time? yes, NO
8. Do you often feel helpless? no, YES
9. Do you prefer to stay at home, rather than going out and doing new things? no, YES
10. Do you feel you have more problems with memory than most? no , YES
11. Do you think it is wonderful to be alive now? yes, NO
12. Do you feel pretty worthless the way you are now? no , YES
13. Do you feel full of energy? NO, yes
14. Do you feel that your situation is hopeless? no, YES
15. Do you think that most people are better off than you are? no, YES

Answers in bold/Capitalized indicate depression.
Score 1 point for each bolded answer.
A score > 5 points is suggestive of depression.
A score = 10 points is almost always indicative of depression.
A score > 5 points should warrant a follow-up comprehensive assessment.
***Result:_____points

***Alternative answer: patient has cognitive impairment and can't answer above effectively.

6. Cognition Screening:

Screening Tool and result:

Mini Cog: Give them three words: Apple, Table, Penny
***Clock Drawing test: __/5
***three word recall: __/3

7. Fall Risk Assessment:

If the pt has any of the following conditions select the fall risk and apply fall risk interventions as indicated:
1: High Fall Risk
1a. Hx of more than one fall within the past 6 months.
1b. Pt is deemed high fall-risk per protocol (seizure precautions).
2. Low Fall Risk
2a. Complete paralysis or completely immobilized.

(Do not continue with the below fall risk score calculation if any of the above are checked)

1. Age:
1a. 60-69 (1 point);
1b .70-79 (2 points);
1c. >/= 80 (3 points: ___/3
2. Fall Hx: One fall within past 6 months: ___/5
3. Elimination:
3a. Incontinence (2 points);
3b. Urgency/Frequency 9 (2 points)
3c. Urgency/Frequency & Incontinence (4 points) ___/4
4. Medications: (PCA/Opiates, Anticonvulsants, Anti-Hypertensives, Diuretics, Hyponotics, Laxatives, Sedatives, & Psychotropics).
4a. On one high risk drug (3 points)
4b. On 2 or more high risk drugs (5 points)
4c. Sedated procedure within past 24 hrs (7 points) ___/7
5. Pt Care Equipment: (Any Equipment that tethers pt (IV Infusion, Chest Tube, Indwelling Catheter, SCDs).
5a. One present (1 point)
5b. Two present (2 points)
5c. 3 or more present (3 points) ___/3
6. Mobility:
6a. Requires assistance or supervision for mobility, transfer, or ambulation (2 points)
6b. Unsteady gait (2 points)
6c. Visual or auditory impairment affecting mobility (2 points) ___/6
7. Cognition:
7a. Altered awareness of immediate physical environment (1 point)
7b. Impulsive (2 points)
7c. Lack of understanding of one's physical & cognitive limitations (4 points) ___/7

Total fall risk score (Sum of all points per category) _____
Scoring 6-13 points Moderate Fall Risk; >13 High Fall

COST

- Initial AWV – G0438 (includes personalized prevention plan of service)
- Subsequent AWV – G0439 (includes personalized prevention plan of service)
- ACP CODE 99497/99498 with modifier 33

ZERO COST TO PATIENT

WHITE HAIR FOR YOU

Questions?

- Please use the Q&A function or type your question in the chat.

Annual Wellness Visit Assessment Toolkit

- Created 2017, updated January 2023 to focus on assessments
- Provider-facing compilation of resources, educational handouts, links to pertinent materials
- Covers the overall scope and guidelines with an emphasis on assessments tools for each category
  - Anxiety, depression, mobility/self-care, memory, medication, preventative plans, tobacco use, etc.

Contact Information

- Valerie Wood, MHSI, MOT, OTR/L
  - Partnership for Community Health Team
  - Email: vwood@qualityinsights.org
  - 800.642.8686 | ext. 3230
- Shirley Sullivan, RN, BSN
  - Nursing Home team
  - Email: ssullivan@qualityinsights.org
  - Phone: 800.642,8686 | ext. 7805

Evaluation

- Annual Wellness Visit
  - **Evaluation with Reflective Questions:** https://www.surveymonkey.com/r/577R755

QR Code
Activate the camera on your smart phone and scan this QR code to link to the **evaluation**