Physicians, Patients Not Reaping Rewards of Medicare AWV

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Medicare’s Annual Wellness Visit (AWV) pays off big for physicians and patients, but many are not taking advantage of it.

That’s according to a recent survey put forth by the John A. Hartford Foundation, which asked more than 1,000 patients age 65 and older if they had received an AWV in the previous year.

Only 17 percent said they had received the new service that was written into the Affordable Care Act. Medicare records show even more dismal rates for the service. Less than 7 percent of Medicare patients have had the visit, according to government data.

Yet the AWV yields three times higher reimbursement for physicians than the average outpatient visit and it costs patients nothing, said Christopher Langston, program director at the Hartford Foundation, during a webinar detailing the survey findings.

“While this benefit has existed over a year, it simply is not being used in the way that it really should be,” said Langston. “In part it may be because providers are overtaxed and don’t know how to use this benefit.”

In addition, he noted, it appears that many older patients are not aware of the AWV. Only 32 percent of the survey respondents said they had heard about it, while the rest of the survey responders said they either had not heard about it or they were not sure if they had heard about it.

The poll also asked elderly patients whether their physicians had performed seven wellness services, which promote healthy aging.

One of the most concerning findings was that one-third of the respondents said their physician had not reviewed all of their pills and medications, said internist Rosanne Leipzig, professor of geriatrics and palliative medicine at the Mount Sinai School of Medicine in New York. That’s “kind of the basis of what you need to do to make sure that patients don’t get in trouble with medications.”

Of six of the other services:

• 62 percent said of respondents said their physician had not asked about their mood;

• 70 percent said their physician had not asked if they had fallen down;

• 72 percent said their physician had not asked if they had problems completing their daily activities like shopping, cooking meals, and driving;

• 77 percent said their physician had not asked if they needed help with personal tasks like bathing or using the bathroom;

• 78 percent said their physician had not spoken to them about community resources to help with their health such as counselors, dieticians, and support groups;

• and 81 percent said their physician had not talked to them about how to avoid falling down.

Only 7 percent said they had received all of the above services; 52 percent said they had received
none or only one of the services; and 76 percent said they had received only half of the seven key services.

“I think these data are very compelling in terms of identifying a problem that is real and exists,” Leipzig said. “I think the other thing that is really important is for people to recognize that prevention as we typically talk about it — we talk about immunizations, we talk about cancer screening, but we don’t talk about falls, and depression, and medication error — and I think those things need to come up to a much higher level of consciousness for both providers and patients”

The statistics revealed by the survey are even more concerning due to the looming physician shortage. Only about 300 up-and-coming physicians train in geriatrics each year, Langston noted.

“We certainly need to be able to train everybody else, because they’re all seeing older adults and caring for them,” he said, noting that “there’s no requirement for medical students to have a special course or train in the special care of older adults.”

Physicians who are already practicing and treating elderly patients need to “recognize that the care of an 80 year old differs from that of a 50 year old, and that’s particularly important in terms of medication management, coordinating care with other prescribing physicians to make sure it is dosed appropriately…” Leipzig said. “The other is the recognition that diseases and disorders present differently in older adults and you really have to be a good sleuth in trying to understand what’s going on in the care of an older person.”

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