

**BRIEF REPORT**

# Standardized Patient Assessments at the Medicare Annual Wellness Visit: Results from the AAFP National Research Network

Natalia Y. Loskutova, MD, PhD, Elisabeth F. Callen, PhD, and John M. Westfall, MD

**Introduction:** The Centers for Medicare and Medicaid Services (CMS) has set requirements for the Medicare Annual Wellness Visit (AWV).

**Methods:** A cross-sectional online survey to explore the variability in assessments and tools used during the AWV was completed by 159 primary care providers from 145 practices in 36 states.

**Results:** The results confirmed wide variation in use of specific tools during AWV and provider interest in using several specific tools if available.

**Conclusion:** The results indicated a need for more comprehensive AWV content and a preference for more structured and objective ways to conduct AWV assessment. (J Am Board Fam Med 2022;35:605–609.)

**Keywords:** Annual Wellness Visit, Chronic Disease, Cross-Sectional Studies, Counseling, Medicare, Preventive Health Services, Primary Health Care

## Introduction

The Centers for Medicare and Medicaid Services (CMS) introduced the Annual Wellness Visit (AWV) benefit in 2011 as part of the Affordable Care Act.<sup>1</sup> The visit requires only those services listed in Table 2 to be completed and documented to qualify as an AWV.<sup>2</sup>

While specific about the required elements of the AWV, CMS does not specify which assessment tools should be used to comply with these requirements or elaborate on additional assessments beyond a minimum.<sup>3</sup> Required and additional assessments vary substantially from provider to provider.<sup>4,5</sup> To further understand the variability in assessments and tools used during the AWV, we conducted a survey of the American Academy of Family Physicians Nat-

ional Research Network (AAFP NRN) members. Specifically, the survey asked about various health status and risk assessments and tools primary care physicians currently use, would like to use if available, and would not use.

## Methods

The AAFP NRN is the official practice-based research network of the AAFP. It comprises 2330 providers in 852 practices. Each year the AAFP NRN conducts or participates in over 20 research studies on topics of interest to practicing primary care physicians, advanced practice providers, and practice staff. All eligible practices are invited to participate in studies and most practices take part in 1 to 3 studies each year.

An invitation to participate in the 1 question survey was sent to the AAFP NRN membership for whom e-mails were available and who had consented to receive e-mails and surveys (n = 1463). A reminder e-mail was sent to AAFP NRN members who had not completed the survey 1 week after the initial invitation. The survey was distributed March 13, 2019 and closed March 25, 2019.

The survey included a comprehensive list of possible health risk and health status assessments and some specific standardized tools, such as validated questionnaires (eg, PHQ-9). Participants were asked

This article was externally peer reviewed.  
Submitted 11 August 2021; revised 29 November 2021; accepted 1 December 2021.

From American Academy of Family Physicians National Research Network, Leawood, KS (NYL, EFC, JMW); Frontiers: University of Kansas Clinical and Translational Science Institute, Fairway, KS (NYL).

**Funding:** None.

**Conflict of Interest:** None.

**Corresponding author:** Natalia Y. Loskutova, MD, PhD, Mail Stop 7003, 4330 Shawnee Mission Parkway, Suite 3220, Fairway, KS 66205, (E-mail: [nloskutova@hotmail.com](mailto:nloskutova@hotmail.com)).

to answer for each assessment and tool whether they (1) currently use, (2) would use this if available to them, or (3) would not use. The survey is provided in the Appendix. Limited provider demographics (decade of birth, gender, race, ethnicity, and specialty) were obtained from the AAFP NRN member database for those who responded to the survey.

## Results

A web-based survey was completed by 159 providers from 145 practices across 36 states. One hundred (63%) were family physician members of the AAFP, and the rest were other primary care providers. Participant demographics are presented in Table 1.

Table 2 describes the use of various health risk and status assessments and tools. There is wide variation in use of specific assessments and tools; however, the majority of physicians (68%) reported using at least 1 assessment tool within each of the AWW required elements. Respondents reported they would be interested in using a number of specific tools if more readily available.

## Discussion

Most older persons in the US are covered under Medicare as soon as they turn 65. Introduced in 2011, the Medicare AWW was designed to encourage preventive care to mitigate health risks through required age-appropriate and risk-modifying screenings and assessments. The intention was to have patients and providers engage in a conversation focused on health history, healthy behaviors, and disease prevention. The services provided during the AWW expand on a typical preventive care visit and include emotional and psychological wellbeing and end-of-life wishes, in addition to the patient's physical health. CMS does not specify how the assessments should be conducted, which assessment tools should be used, or elaborate on what specifically should be included in some general health risk assessment categories. Lack of specificity may lead to wide variation in preventive care services available to Medicare beneficiaries.<sup>6</sup> Our study confirms this concern over what and how health risk assessments are obtained. First, the results indicated a need for more comprehensive AWW content than what is currently described by CMS. Respondents reported using a number of health assessments not explicitly included in CMS core requirements. For example,

**Table 1. Characteristics of AWW Survey Physician Respondents (n = 159)**

Characteristic	n (%)
Decade of Birth	
1940s	9 (5.7)
1950s	35 (22.0)
1960s	30 (18.9)
1970s	28 (17.6)
1980s	9 (5.7)
Missing	48 (30.2)
Gender	
Male	73 (45.9)
Female	45 (28.3)
Missing	41 (25.8)
Race	
Asian	3 (1.9)
African-American	1 (0.6)
White	12 (7.5)
Decline to Answer	1 (0.6)
Missing	142 (89.3)
Ethnicity	
Hispanic/Latinx	1 (0.6)
Not Hispanic/Latinx	15 (9.4)
Decline to answer	1 (0.6)
Missing	142 (89.3)
Specialty	
Family Medicine	54 (34.0)
General Internal Medicine	3 (1.9)
Missing	102 (64.2)

Abbreviations: AWW, Annual wellness visit.

assessments of anxiety, driving safety and some other specific assessments are not required by the CMS. Second, as expected, the results highlighted a wide variation of services, for example, 55% use, 32% would like to use, and 14% would not use Activities of Daily Living Questionnaires during AWW. Some variation in assessment tools used is expected as physicians are likely to use tools they learned during their training, and tools may be more locally or culturally relevant. However, it is also unclear how some assessments and tools may align with CMS requirements leading to inaccurate reporting and potentially denial of payment for AWW services. In addition, it is possible that some required sections of the AWW may not be completed due to a need for tools or guidance for primary care physicians. Some respondents seem to not be doing during AWW or caring about some aspects of mental health, trauma, and quality of life. This points to the need for education around why and how these important health

**Table 2. Survey Results (n = 159)**

	Currently Use	Would Like To Start Using if Available	Don't Care/Don't Need	No Response
1 Administer a Health Risk Assessment that includes, at a minimum: demographic data, self-assessment of health status, psychosocial and behavioral risks, and activities of daily living (ADLs), instrumental ADLs including but not limited to shopping, housekeeping, managing own medications, and handling finances.				
Health Risk Assessment	122 (78.2)	21 (13.5)	13 (8.3)	3
Quality of Life Questionnaire	51 (33.6)	75 (49.3)	26 (17.1)	7
Physical Activity Level	100 (65.4)	39 (25.5)	14 (9.6)	6
Nutrition/Diet Assessment	89 (57.1)	54 (34.6)	13 (8.3)	3
Alcohol Screening	136 (87.2)	15 (9.6)	5 (3.2)	3
Tobacco Screening	149 (95.5)	4 (2.6)	3 (1.9)	3
Drug Use	118 (76.6)	24 (15.6)	12 (7.8)	5
Suicide Risk	66 (42.9)	58 (37.7)	30 (19.5)	5
Trauma	19 (12.8)	85 (57.1)	45 (30.2)	10
2 Establish the patient's medical and family history.				
Personal Medical History	149 (96.1)	1 (0.7)	5 (3.2)	4
Family Medical History	145 (94.2)	0 (0.0)	9 (5.8)	5
3 Establish a list of current physicians and providers that are regularly involved in the medical care of the patient.				
List of current providers	106 (68.4)	32 (20.7)	17 (11.0)	4
List of pharmacies	106 (68.4)	26 (16.8)	23 (14.8)	4
List of medical suppliers	31 (20.4)	60 (39.5)	61 (40.1)	7
4 Obtain blood pressure, height, weight, body mass index or waist circumference, and other measurements, as deemed appropriate.				
Vitals/Patient Measurements	149 (96.1)	0 (0.0)	6 (3.9)	4
5 Assess patient's cognitive function.				
Cognitive Measures (validated memory screening tool)	105 (68.6)	33 (21.6)	15 (9.8)	6
Cognitive Measures (direct observations or family concerns)	101 (66.0)	37 (24.2)	15 (9.8)	6
6 Review risk factors for depression, including current or past experiences with depression or mood disorders.				
Depression (PHQ-2)	116 (76.8)	11 (7.3)	24 (15.9)	8
Depression (PHQ-9)	114 (77.0)	11 (7.4)	23 (15.5)	11
Anxiety Disorders	62 (40.3)	61 (39.6)	31 (20.1)	5
7 Review patient's functional ability and safety based on direct observation, or the use of appropriate screening questions. to assess, at a minimum, the following topics: Ability to successfully perform ADLs ● Fall risk ● Hearing impairment ● Home safety				
Activities of Daily Living Questionnaire	83 (54.6)	48 (31.6)	21 (13.8)	7
Functional Ability: Questionnaire	94 (61.0)	46 (29.9)	14 (9.1)	5
Functional Ability: Physical Test (e.g., TUG)	48 (31.4)	76 (49.7)	29 (19.0)	6
Mobility Assessment	99 (64.3)	41 (26.6)	14 (9.1)	5
Fall Risk	121 (78.6)	23 (14.9)	10 (6.5)	5
Hearing Impairment	92 (60.5)	43 (28.3)	17 (11.2)	7
Home Safety Assessment	78 (51.3)	58 (38.2)	16 (10.5)	7
Safety - Self Reported Questionnaire	98 (63.6)	40 (26.0)	16 (10.4)	5
Driving Safety Assessment	25 (16.2)	109 (70.8)	20 (13.0)	5
8 Establish a written screening schedule for the individual, such as a checklist for the next 5 to 10 years based on appropriate recommendations.				
Immunizations Checklist	129 (83.8)	19 (12.3)	6 (3.9)	5
AHRQ Preventive Services Calculator	28 (18.9)	74 (50.0)	46 (31.1)	11
9 Establish a list of risk factors and conditions for primary, secondary, or tertiary intervention				
N/A				

*Continued*

**Table 2. Continued**

	Currently Use	Would Like To Start Using if Available	Don't Care/Don't Need	No Response
10 Provide personalized health advice to the patient, as appropriate, including referrals to health education or preventive counseling services and programs. N/A				
11 At the patient's discretion, furnish advance care planning services End of life checklist	79 (52.3)	61 (40.4)	11 (7.3)	8

Abbreviations: PHQ, Patient health questionnaire; TUG, Timed up and go; AHRQ, Agency for healthcare research and quality.

issues and associated risks can become important components of the AWW. Third, it appeared respondents preferred structured and more objective ways to conduct assessments via questionnaires and checklists. For example, many respondents indicated they already use structured tools such as checklists and questionnaires and a substantial proportion would like to use structured instruments if available including Quality of Life Questionnaire, physical ability functional tests, and AHRQ Preventive Services Calculator.

This study has some limitations that may affect the generalizability of results. The socio-demographic characteristics of the physician respondents are challenging to compare with the AAFP NRN membership due to high level of missing demographics data in the whole sample; therefore, respondents may not be representative of all primary care physicians in the US. This study is based on clinicians' self-reports and to that end, we do not know to what extent the self-reported practices correlate with the objective measures of clinicians' performance or quality of care around AWW.

The AWW is an opportunity for a patient and their primary care physician to have an extended conversation about their whole health, identify potential mental health risks, discuss end-of-life wishes, and assess their physical and mental well-being. While CMS has specific required elements

for the AWW, there is wide variation in how these elements are measured. Further research on how current assessment tools align with CMS requirements may improve uptake, quality and efficiency of the AWW.

To see this article online, please go to: <http://jabfm.org/content/35/3/605.full>.

## References

1. Annual Wellness Visit [Internet]. Centers for Medicare and Medicaid Services; 2021 [cited 11 August 2021]. Available from: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>.
2. Resnick B. Description of the annual wellness visit. *Public Policy & Aging Report* 2019;29:8–12.
3. Hughes C. What you need to know about the Medicare preventive services expansion. *Fam Pract Manag* 2011;18:22–5.
4. Loskutova N. The annual wellness visit: Assessment of cognitive impairment. *Public Policy & Aging Report* 2019;29:20–5.
5. Simpson V. Policy and practice recommendations for nurse practitioner-led Medicare annual wellness visits. *Public Policy & Aging Report* 2019; 29:13–9.
6. Tao G. Utilization pattern of other preventive services during the US Medicare annual wellness visit. *Preventive medicine reports* 2018;10:210–1.

## Appendix

	Currently Use	Would Like to Start Using if Available	Don't Care/Don't Need
Vitals/Patient Measurements			
Health Risk Assessment			
Alcohol Screening			
Tobacco Screening			
Immunizations Checklist			
List of Current Providers			
List of Pharmacies			
List of Medical Suppliers			
Personal Medical History			
Family Medical History			
Depression (PHQ-2)			
Depression (PHQ-9)			
Functional Ability - Questionnaire			
Functional Ability - Physical Test (e.g., TUG)			
Safety - Self Reported Questionnaire			
Cognitive Measures (validated memory screening tool)			
Cognitive Measures (direct observations or family concerns)			
AHRQ Preventive Services Calculator			
Activities of Daily Living Questionnaire			
Quality of Life Questionnaire			
Fall Risk			
Hearing Impairment			
Mobility Assessment			
Physical Activity Level			
Nutrition/Diet Assessment			
Home Safety Assessment			
Driving Safety Assessment			
Drug Use			
Suicide Risk			
Anxiety Disorders			
Trauma			
End-of-Life Checklist			
Other (please specify):			
Other (please specify):			
Other (please specify):			

Abbreviations: PHQ, Patient health questionnaire; TUG, Timed up and go; AHRQ, Agency for healthcare research and quality.