Creating Health Equity in Healthy Aging

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Background

- The **Medicare Annual Wellness Visit** (AWV) was designed to reduce health disparities and improve health outcomes yet in the last decade it has had no impact in either category.

Significance

- AWV utilization was lowest in practices that cared for **medically underserved**
  - Rural 8.1% vs Metropolitan 24.4%
  - High acuity 18.2% vs Low acuity 23.0%
  - High Medicaid 17% vs Low Medicaid 26.5%
- **Healthy People 2020/2030** goals
  - Health equity/reduce disparities
  - Prevent premature death

Evidence Synthesis

- Adopters of AWV
  - Increased revenue
  - Enjoyed greater patient stability
  - Experienced a slower rise in patient health risk

  (Centers for Medicare and Medicaid Services - CMS, n.d.; Ganguli et al., 2018; Healthy People 2020, n.d.)

Project Purpose

- To evaluate the effectiveness of a **patient education** promotion and **collaborative workflow** to improve patient understanding and interoffice efficiency with the AWV

Methods

- **Institutional Review Board**: ASU exempt status approval received; no approval needed from site facility
- **Setting**: Rural FQHC Clinic in Southwestern United States
- **Population:** Medical and administrative personnel of a rural clinic.
- **Intervention:** Patient education materials and strategic interoffice communication workflow implemented by medical and front office staff
  - Timeline: 6-week implementation
  - Descriptive Survey given to participants before and after intervention
- **Data Collection:** Relational Coordination Survey (RC) used to assess interoffice collaboration. Cronbach α < .08 and descriptive statistical analysis.
- **Data Analysis:** *Mann-Whitney , ANOVA,* Ind. samples *t* – test, 95% CI, *p* < 0.05. descriptive statistical, and qualitative analysis to show the impact of intervention.

Results

- **Outcomes** analyzed objective data on AWV interoffice collaboration, shared knowledge, and communication.
  - PRR to MA/RN overall RC score rated as **weak** pre and post intervention.
  - Provider to MA/RN overall RC score **strongest** overall pre and post.
  - Patient brochures **facilitated employee/patient communication** and improved patient understanding of the purpose of AWV p < 0.001.
  - After the intervention, front office staff reported **improved respect** for work with the AWV from MA, Prov, and other PRRs.

Patient Understanding of the Purpose of the AWV per Medical Personnel Before and After Patient Brochure
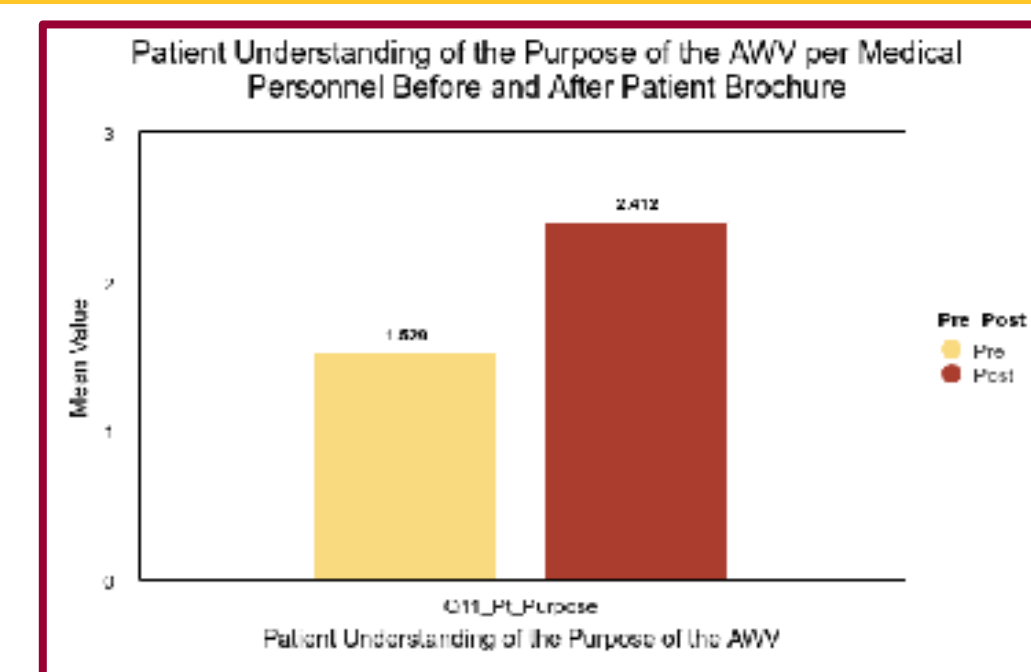
α 0.05 *t*(32) = -4.14, *p* < .001, Pre: 95%CI:[1.28, 1.77] Post: 95%CI: [2.07, 2.75]

Initial Overall Communication Scores Between Work Groups

	PRR	Ref	MA	Prov	BH	CM	OM
PRR	2.07	1.93	1.93	2.43	1.93	1.93	2.21
REF	3.29	3.86	3.46	3.29	2.36	2.86	2.61
MA	2.50	1.38	3.43	3.54	1.18	1.29	1.82
PROV	3.14	2.93	4.29	4.18	2.51	2.75	2.93

Strong overall communication > 4.0
Moderate Communication 3.5 – 3.9
Weak overall communication < 3.5
PRR = Front office, **Ref** = Referrals, **MA** = Medical Assistant, **Prov** = Provider, **BH** = Behavioral Health, **CM** = Case Management, **OM** = Office Manager

Discussion

Strengths/Facilitators

- AWV adoption FQHC Quality Improvement priority
- Patient brochures facilitated AWV conversations

Limitations/Barriers

- Staff turnover during the intervention period
- Printing of the Patient Brochure was delayed
- Workflow collaboration was introduced but not reinforced resulting in few improvements post intervention

Conclusions

Summary

- Patient education brochures facilitated employee patient conversations about AWV.
- Patient expectations were significantly improved.
- Interoffice collaboration/communication identified as an area for improvement.
- Employees described the intervention as helpful in building their own understanding of AWV.

Implications

- Interoffice teambuilding around the AWV could improve efficiency and workflow.

Future Recommendations

- Assess if the use of patient education translated into increase in AWV appointments.

Acknowledgements

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