



Dartmouth Geriatric Center of Excellence
Lebanon, New Hampshire

Dartmouth Optimized Medicare Annual Wellness Visit: A Gateway to the 4Ms

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- I have no financial disclosures
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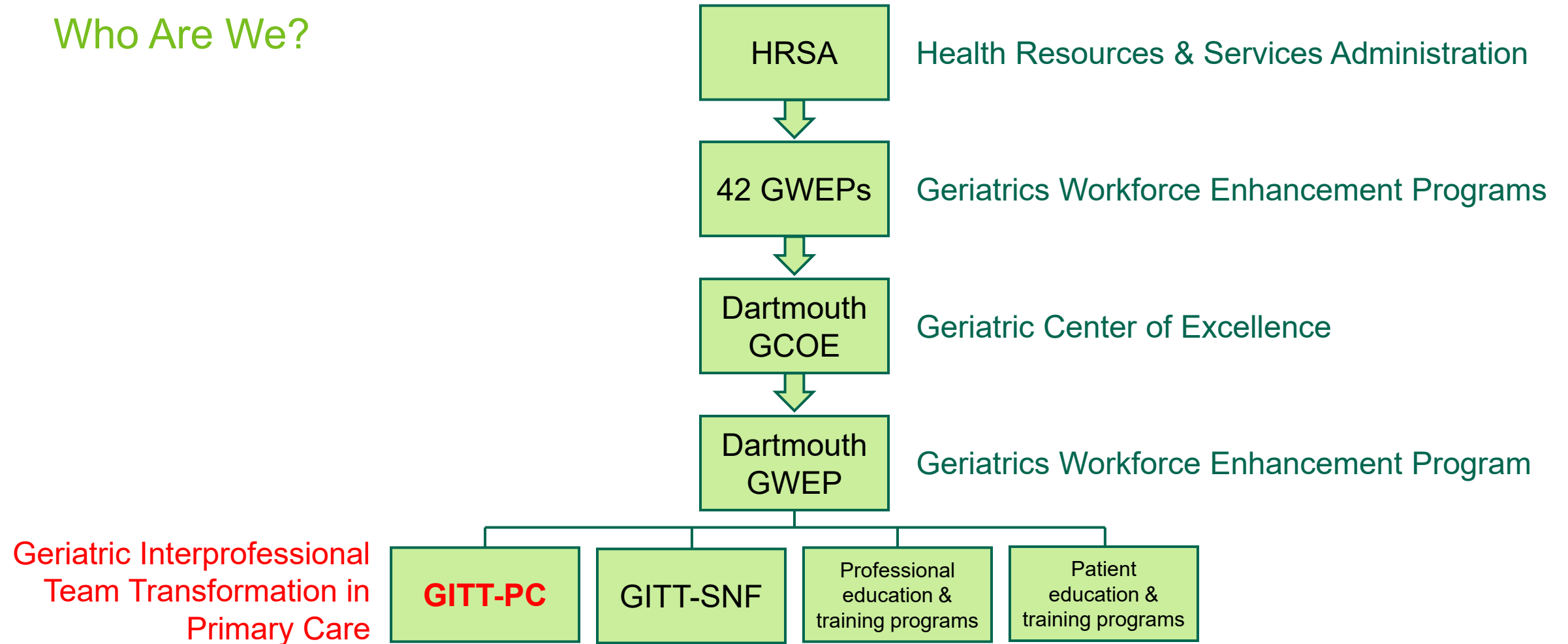


Learner Objectives

By the end of this session, participants will be able to:

1. Describe the purpose and required elements of the Medicare Annual Wellness Visit.
2. Explain how the Annual Wellness Visit can serve as an entry point for implementing the Age-Friendly Health System 4Ms framework.
3. Identify practical workflow strategies for optimizing Annual Wellness Visit delivery within primary care teams.

Who Are We?



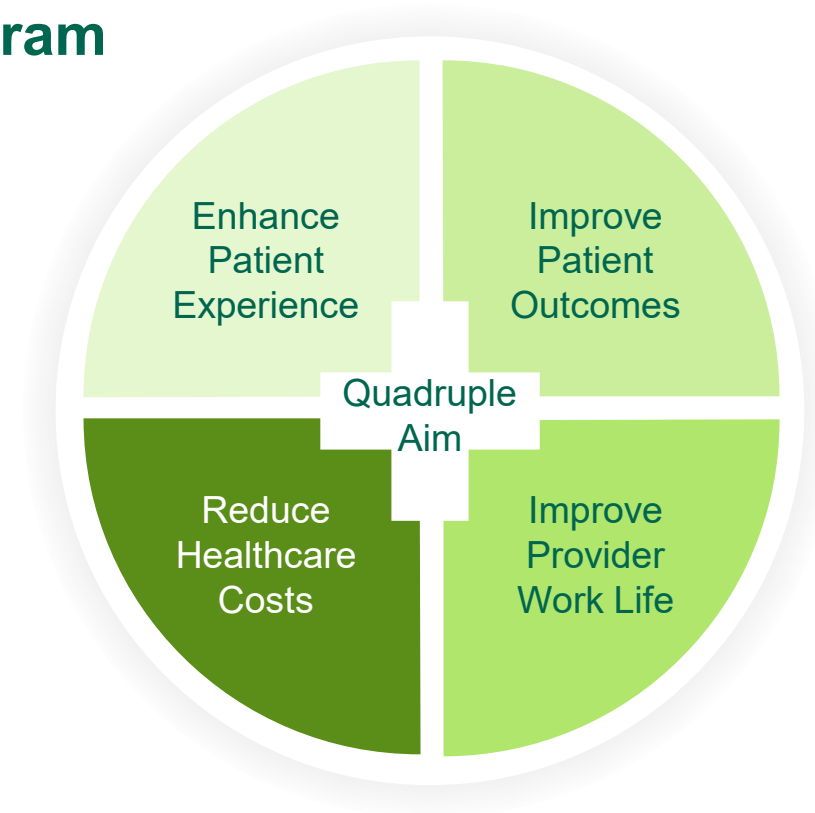
Geriatric Interprofessional Team Transformation – Primary Care

GITT-PC is a Dartmouth GWEP-initiated program

Alignment: Quadruple Aim

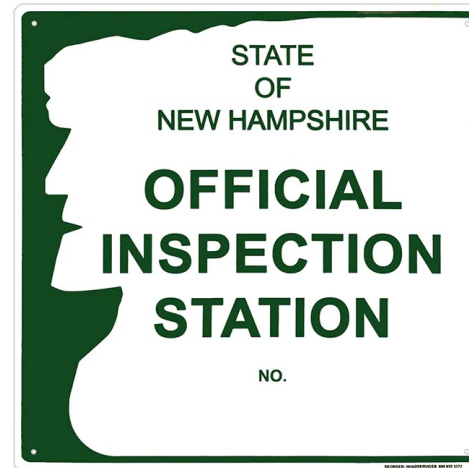
Medicare-Reimbursable Services:

- Annual Wellness Visit (AWV), including the registered nurse-run AWV (RNAWV)
- Transitional Care Management (TCM)
- Chronic Care Management (CCM)
- Advance Care Planning (ACP)



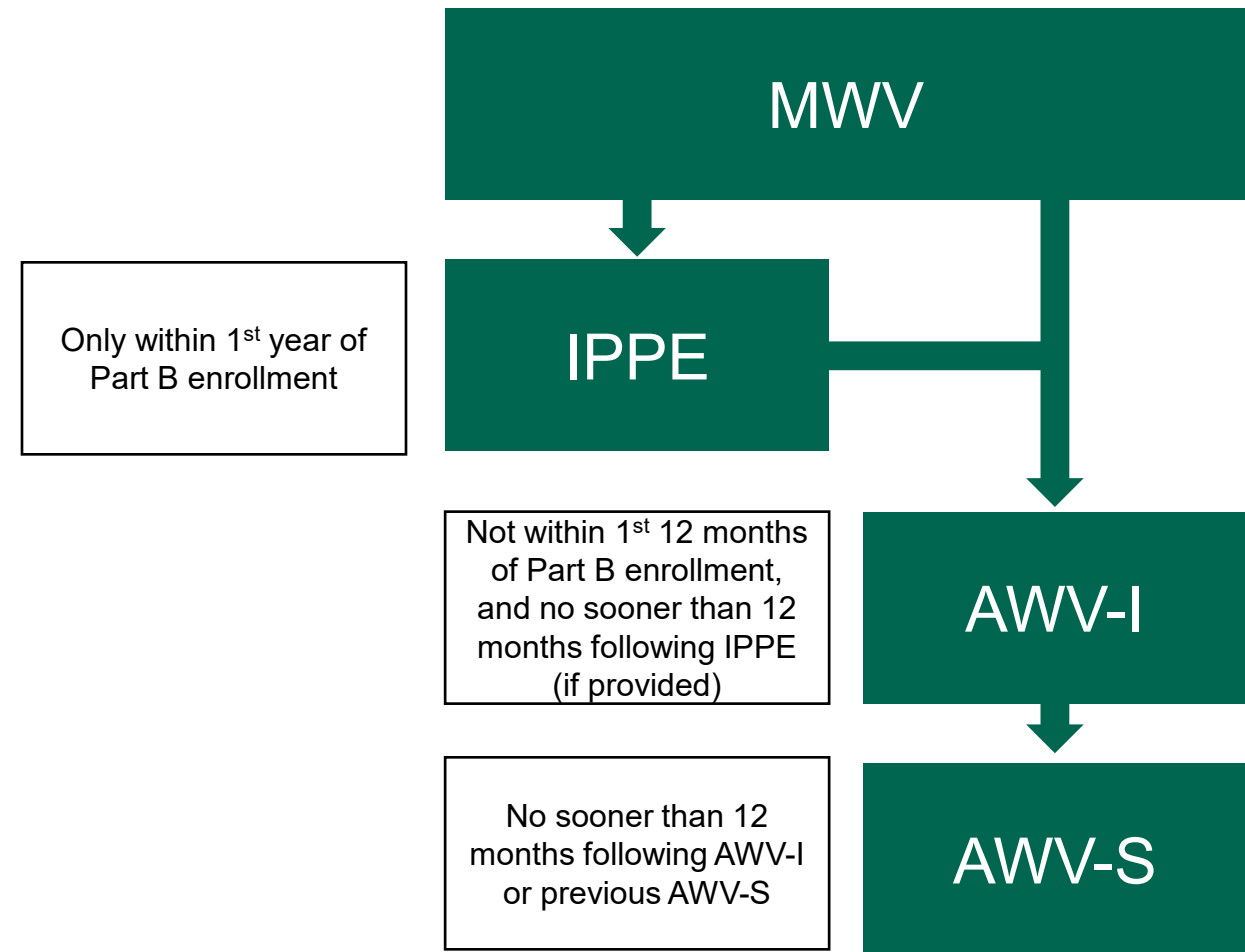
Vehicle Inspection

- Safety inspection every year
- Licensed inspection station
- Cost \$20-\$50
- Components
 - ✓ Registration, plates, registration certificate and vehicle identification number.
 - ✓ Steering, front end and suspension.
 - ✓ Brakes, including parking brake.
 - ✓ Odometer and speedometer.
 - ✓ Electrical system, horn and defroster.
 - ✓ Lights and reflectors, including headlight aim.
 - ✓ Glass, glazing and mirrors.
 - ✓ Wipers.
 - ✓ Exhaust system.
 - ✓ On-board diagnostics system.
 - ✓ Body, chassis and bumper height.
 - ✓ Fuel system.
 - ✓ Tires and wheels.



Glossary and Acronyms

- **Medicare Wellness Visits (MWV) include:**
 - **Initial Preventive Physical Exam (IPPE):** also known as the “Welcome to Medicare Visit”
 - **Medicare Annual Wellness Visit (AWV)**
 - AWV Initial (AWV-I)
 - AWV Subsequent (AWV-S)
- **Health Risk Assessment (HRA):** AWV questionnaire



HRA Requirements

Demographic data¹

- Age
- Gender
- Race/Ethnicity

Health status self-assessment¹

- Health status
- Memory
- Physical functioning

Psychosocial risks

- Depression/life satisfaction
- Fatigue
- Loneliness/social isolation
- Pain
- Stress / anger

Behavioral risks

- Alcohol consumption
- Home safety
- Motor vehicle safety (seat belt use)
- Nutrition
- Oral health
- Physical activity
- Sexual health
- Tobacco use

Social Drivers of Health (SDoH)²

- Housing instability
- Food insecurity
- Transportation problems
- Utility help needs
- Interpersonal safety
- Financial strain
- Employment
- Family & community support
- Education

Medicare does not specify what questions Optional element

ADL

- Dressing
- Feeding
- Toileting
- Grooming
- Physical ambulation (balance/falls)
- Bathing

IADL

- Using the phone
- Housekeeping
- Laundry
- Mode of transportation
- Shopping
- Managing own medications
- Handling finances

1. Medicare states you have to ask questions on these topics but does not specify what questions. The suggestions listed are recommendations from the CDC's *A Framework for Patient-Centered Health Risk*

2. SDoH is optional elements of the AWV.

AWV Additional Requirements

Establish

- Family history (parents, siblings, and children)
- Past medical & surgical history
- Medications, supplements & allergies
- List of current providers & suppliers

Obtain

- Height
- Weight
- BMI / waist circumference
- Blood pressure

Screen (HRA)

- Cognitive impairment
- Depression

Direct Observation or Screening Questions (HRA)

- ADLs
- Fall risk
- Hearing impairment
- Home safety

Establish Written Screening Schedule

- Screening schedule for next 5-10 years

Establish a List of Risk Factors with Recommended Interventions

- Risk factors including treatment options with associated risks and benefits

Provide Personalized Patient Health Advice

- Personalized health advice & referrals as appropriate

Provide Advance Care Planning

- Provide ACP services at patient's discretion

Review Current Opioid Prescriptions

- For a patient with current opioid prescriptions

Screen for potential substance use disorder (HRA)

- Review the patient's potential SUD risk factors (may use screening tool)

Head-to-toe exam and management of acute or chronic conditions is NOT covered

Opportunity & Misconceptions

The Opportunity

- 67M+ Medicare beneficiaries
- AWW remains **underutilized nationally**
- Often misunderstood by clinicians and patients

Misconceptions

“Just paperwork”

“Duplicates visits”

“Hard to fit in workflow”

Reality

Structured preventive care

Distinct from E/M

Team-based opportunity

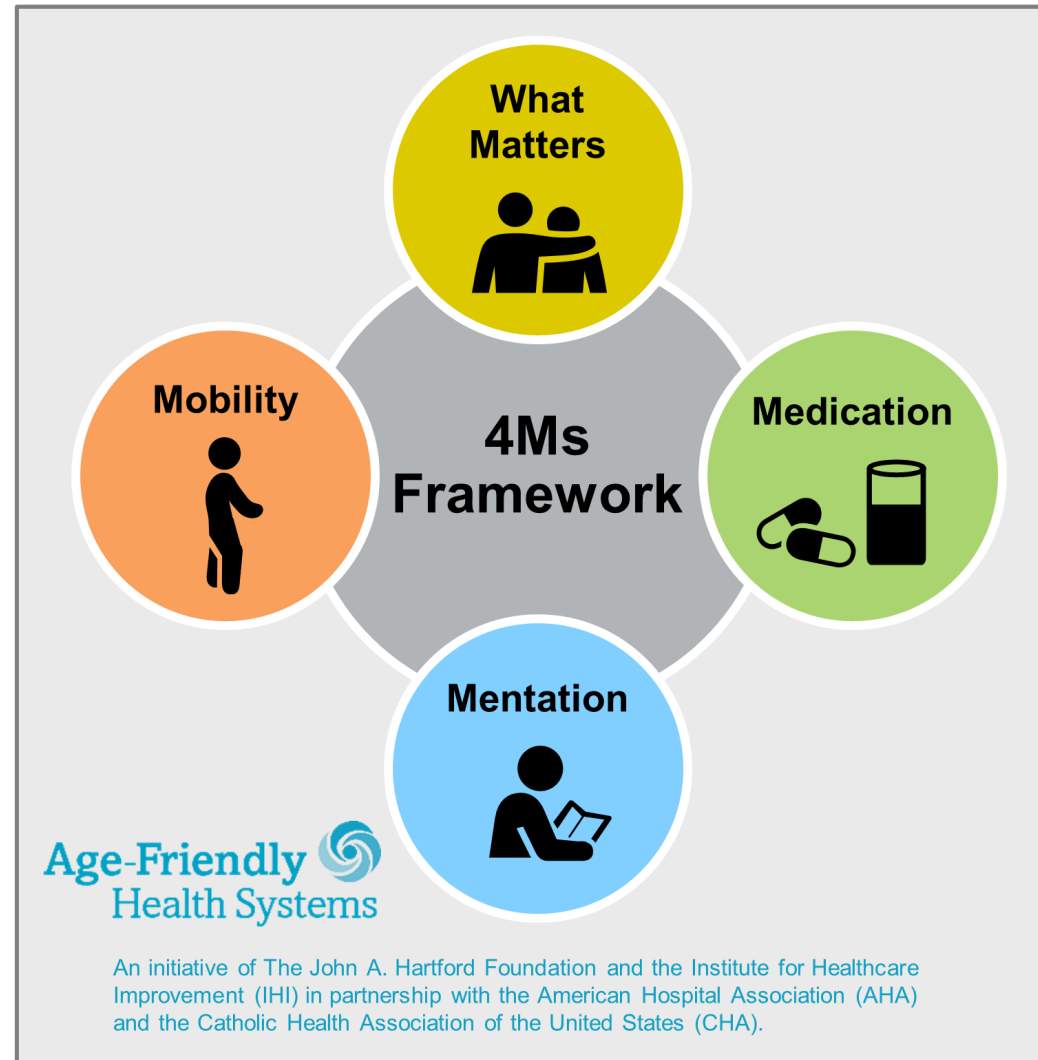
Reality of the AWW

- As a **free** visit to the patient, the AWW removes cost-related barriers for the patient.
- One study showed that the AWW was linked to **reduced Medicare spending for 24 months** following the visit.¹
- AWWs Improve:^{2, 3}
 - Post-visit uptake of preventive services
 - Assessments geared toward the needs of older adult
 - Screening for cognitive and mental health concerns as well as physical functioning
 - Patients' engagement in their care and with their care team
 - Connection to community-based support and services

1. Misra et al., 2019
2. Jiang et al., 2018
3. Gangul et al., 2020

AWVs provide a gateway to the **Age-Friendly Health Systems** across levels of engagement:

1. Participant Level
2. Committed to Excellence Level



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at [ihf.org/AgeFriendly](https://www.ihf.org/AgeFriendly)

Aligning the AWW with the 4Ms

What Matters

- Advance care planning
- Health goals
- Functional priorities
- Asking “what matters” to the patient

Medication

- Polypharmacy review
- High-risk medication (Beers Criteria)
- Deprescribing opportunities

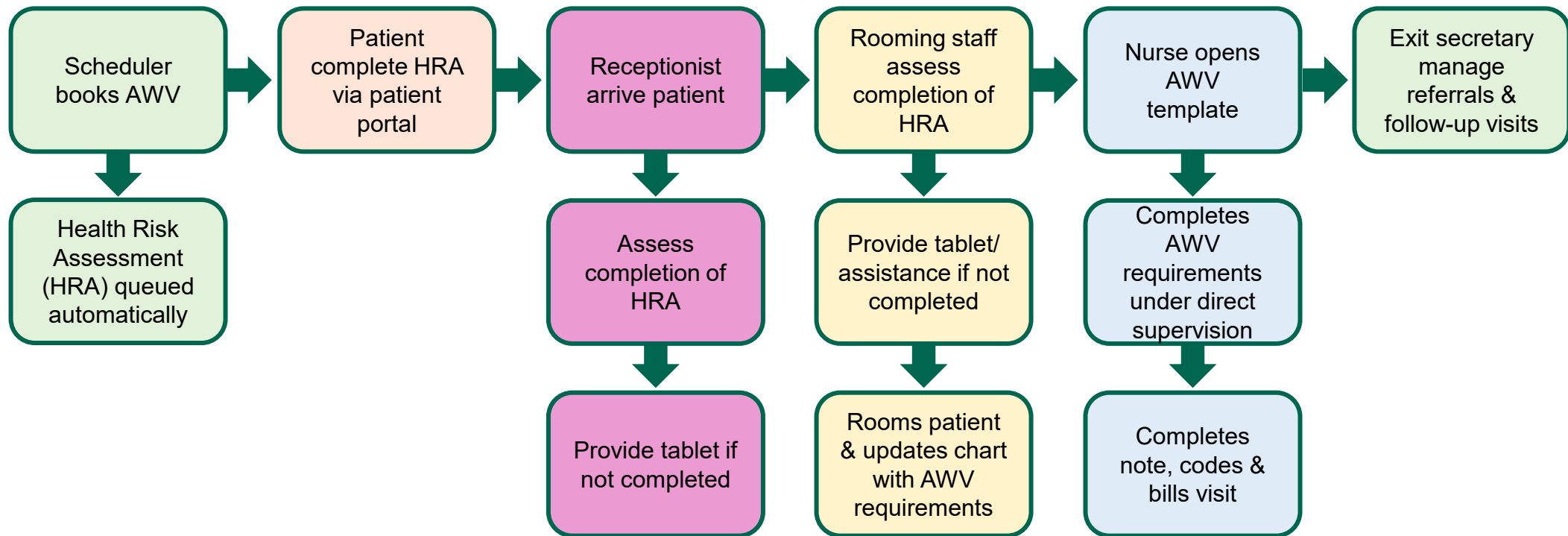
Mentation

- Depression & anxiety screening (PHQ, GAD)
- Cognitive screening (MiniCog, MoCA, SLUMS)

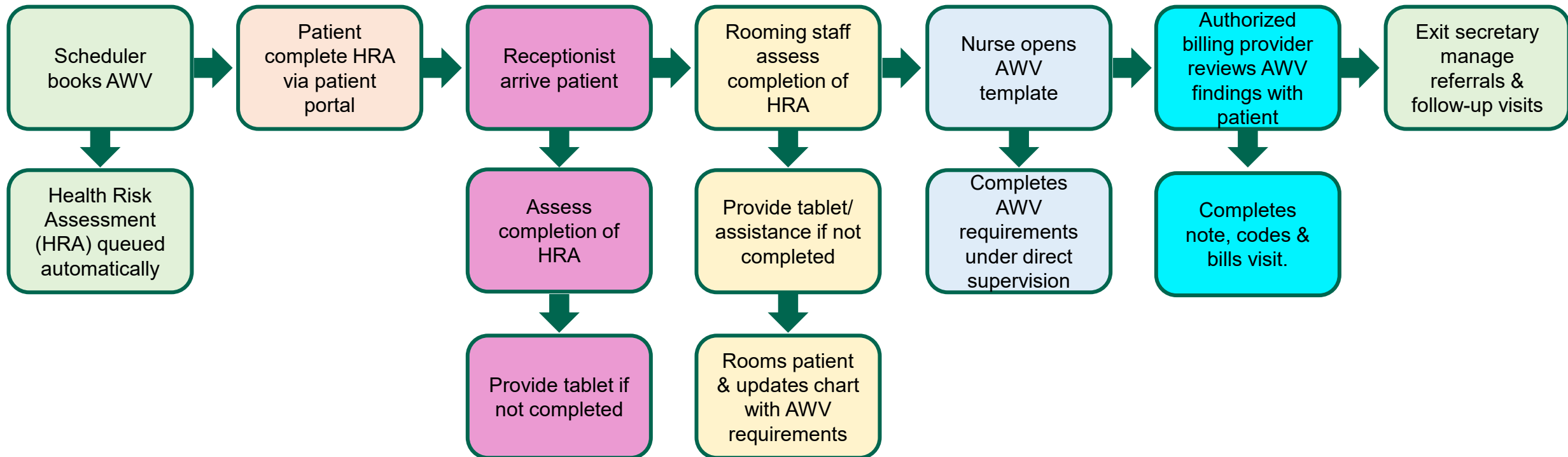
Mobility

- Falls risk (5xSTS)
- Gait/function questions

Dartmouth Optimization: RN-led AWW non-FQHCs



Dartmouth Optimization: RN-led AWV in FQHCs



Top Levers for Optimizing the AWW

Education & Shared Understanding

Patient education:

- Prevention visit ≠ physical.
- Clarify scope and potential additional billing when medical issues are addressed.

Staff education:

- Front desk, MAs, RNs, providers

Interprofessional, Team-Based Model

- Role clarity during rooming
- Nurse-led or hybrid models
- Standing orders & workflow standardization

Health Risk Assessment (HRA) Strategy

- Ensure required components are captured
- Complete prior to visit (portal, tablet)
- Integrate directly into structured EMR fields

EMR Optimization

- Structured electronic HRA capture
- Smart links & dynamic templates
- Ambient listening (where available)
- Reporting tools to identify patients due

Billing Integrity & Expanded Value

- Split billing (AWV + E/M when appropriate)
- Advance care planning
- Align documentation with reimbursement

RN Note Template

MEDICARE WELLNESS VISIT

@MR@ @NAME@ presents today for a Medicare Wellness Visit.

List of Current Providers and Suppliers - Updated in the Care Teams tab

@PATIENTCARETEAM@

Problem List, Medical and Surgical History - Updated in the Problem List & History tab

Family History - Updated in the History tab

Advance Directives - @ADVDIR@

What Matters Most to @M@ @LNAME@ - ***

Medication and Allergy List - Updated in the Medication and Allergies/Contraindications tab

Minimal required typing in the note

Everything else gets updated in the EMR

An opioid prescription {WAS/WAS NOT:21877} was identified on the medication list. If currently on an opioid prescription, complete a pain assessment, including a conversation regarding alternative non-opioid treatment options and the potential referral to a specialist.

Mini-COG & MoCA: Most Recent Scores

@REVTIM(103738:1:::-1:1:1)@

Five Times Sit to Stand results if applicable

@REVTIM(103936:1:::0)@

Health Risk Assessment

@HRA@

@VSTABLE@

@LASTBP(3)@

@LASTWT(3)@

Screening Schedule & Immunizations:

@HMLIST@

@brieflab[CHLPL,HDL,CHOLHDL,TRIG,LDLCHOL,LDLDIRECT@

@RESUFAST(HA1C)@

@ASCVD RISK@

Medicare Wellness Visit - Risk Factors, Personalized Health Advice, and Referrals



After Visit Summary

AFTER VISIT SUMMARY

Abby Test “Abby”

DOB 3/21/1945; MRN: 65001901-1

 3/30/2026. 9:00 AM  Internal Medicine at DHMC 603-653-9500

INSTRUCTIONS from Daniel Moran, APRN

VISIT SUMMARY:

Today, you completed your Medicare Annual Wellness Visit. This visit focuses on keeping you healthy and independent by reviewing your overall health, identifying risks, and planning for the future.

YOUR PLAN:

Planning Ahead for Your Care

Thinking ahead about your healthcare wishes is one of the most important things you can do for yourself and your loved ones. Planning in advance helps ensure your preferences are respected if you're unable to speak for yourself. Documents like an advance directive, living will, or healthcare proxy can support this process. You may benefit from follow-up care or guidance to help with next steps. For helpful tools and information, visit the National Institute on Aging at <https://www.nia.nih.gov/health/advance-care-planning>.

Preventing Falls and Staying Steady

Unsteady balance or difficulty walking can increase your risk of falling. Simple steps like home safety changes and strength exercises can help you stay steady and independent. Follow-up care may include physical therapy or other fall prevention support. For helpful resources, visit the National Institute on Aging at <https://www.nia.nih.gov/health/falls-and-falls-prevention>.

SmartPhrases

Case Presentation

Patient:

- 78-year-old woman presenting for Annual Wellness Visit

History:

- hypertension
- diabetes
- osteoarthritis
- 8 medications

HRA reveals:

- recent fall
- loneliness
- difficulty remembering medications
- wants to stay independent at home

Q: What additional assessments would you perform during the AWW?

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HRA reveals:

- recent fall
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Q: What additional assessments would you perform during the AWW?

A: Functional assessment (5xSTS)

Depression screening (PHQ)

Anxiety screening (GAD)

Cognitive screening (MiniCog, MoCA, SLUMS)

Medication review

Case Presentation

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HRA reveals:

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Q: Which 4Ms domains are present in this case?

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HRA reveals:

- **recent fall**
- **loneliness**
- **difficulty remembering medications**
- **wants to stay independent at home**

Q: Which 4Ms domains are present in this case?

A: All of them (What Matters, Medication, Mentation, and Mobility)

Case Presentation

Patient:

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History:

- hypertension
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- 8 medications

HRA reveals:

- recent fall
- loneliness
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Q: How could the care team address these findings using the 4Ms framework during this visit?

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History:

- hypertension
- diabetes
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HRA reveals:

- recent fall
- loneliness
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- wants to stay independent at home

Q: How could the care team **address these findings using the 4Ms framework** during this visit?

A: What Matters: clarify patient's goals

Medication: Identify high-risk med, deprescribing

Mentation: address cognitive & mental health findings

Mobility: address fall risk & functional concerns

Connections: community-based programs

Key Takeaways

- The AWW is a **preventive visit focused on risk identification—not disease management**
- The AWW is a **gateway to operationalizing the 4Ms**
- RN-led models allow **efficient, team-based delivery of AWWs**
- Separating preventive and problem-based care improves **workflow and patient experience**
- Small workflow changes can lead to **reliable, scalable implementation**

Join us in transforming geriatric care!
Contact us for GITT-PC training.

Annaliese.E.Volckaert@hitchcock.org



Question

Which outcome best reflects the intended purpose of the Annual Wellness Visit?

- A. Diagnosis and treatment of acute illness
- B. Development of a personalized prevention plan based on risk assessment
- C. Completion of a full physical examination
- D. Ordering of routine laboratory tests

Question

A patient states, “I don’t want aggressive treatment if my health declines.” Which 4M domain is being addressed?

- a. What Matters
- b. Medication
- c. Mentation
- d. Mobility

Question

In a non-FQHC setting, which of the following is TRUE regarding RN involvement in the AWW?

- a. The physician must be physically present in the room during the visit
- b. The RN can complete all AWW components under general supervision without the provider entering the room
- c. The RN can only collect vitals and screening tools
- d. The AWW must be converted to an E/M visit if the provider is not present