EXPLORING THE BENEFITS AND BARRIERS TO THE UNDERUTILIZED MEDICARE ANNUAL WELLNESS VISIT

Background: As a tool to proactively address risks and improve health for older adults, the yearly no cost Annual Wellness Visit benefit was made available to all Medicare beneficiaries under the Affordable Care Act in 2011. The 1-hour primary care provider visit includes a review of functional abilities, the creation of a personalized 5-10 year screening schedule, recommended interventions for risk factors like depression, and an assessment for possible cognitive impairment. Since its arrival, the Medicare Annual Wellness Visit continues to be substantially underutilized.

Fact: A recent study in the journal Health Affairs found that in 2015 just over half of practices with eligible Medicare patients did not offer the annual wellness visit. That year, only 18.8% and 25.2% percent of eligible traditional Medicare and Medicare Advantage beneficiaries respectively received an annual wellness visit.

Fact: Most Medicare beneficiaries are not aware of the Annual Wellness Visit or understand how it can benefit their long-term physical, mental and cognitive health. Primary care doctors have influence over utilization of the Annual Wellness Visit because patients are more likely to schedule wellness visits if their physician recommends it (FPM, 2017)

Fact: Studies on the Medicare Annual Wellness Visit demonstrate persistent and substantial disparities in utilization by race and ethnicity, with Hispanic older adults being the least likely to use the benefit (Med Care, 2019).

Fact: While one of its assessments is to identify early signs of possible cognitive impairment and to promote cognitive health, older adults most vulnerable to dementia are skipping the visit and missing the opportunity to screen compared with healthier people who are more likely to use the benefit (First Report Managed Care, 2016).

Why explore this topic? As the COVID-19 pandemic remains constant in our lives and disproportionately impacts the health and independence of older adults in our community, discussions on this issue could benefit the population we all serve. Issues to consider:

- Current usage by providers
- Misconceptions by patients, caregivers and providers
- Barriers to its increased utilization

Thanks to education funding from the Pikes Peak Area Council of Governments, the UCCS Aging Center is providing community forums on this issue that will continue into 2021. We hope you can join us!

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