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EXPERIENCE

Community pharmacist–delivered Medicare Annual Wellness Visits within a family medicine practice

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ABSTRACT

Objective: To identify the steps to implement a community pharmacist into a family medicine practice to deliver Medicare Annual Wellness Visits (AWVs).
Setting: Medicine Mart Pharmacy is a locally owned and operated pharmacy that has served the West Columbia, SC, area for over 30 years. The services offered by the pharmacy have expanded over the past 3 years through the addition of a community pharmacy resident.
Practice innovation: A stepwise approach was developed for a community pharmacist to identify, market, and establish an AWV service through a collaborative practice agreement with a local family medicine practice.
Evaluation: The pharmacy team contacted each office and obtained information about the physician practices and their willingness to participate in the program. Two financial models were created and evaluated to determine budget implications.
Results: Many patients were seen at the physician offices; they were eligible for AWV, but had not received them. Meetings were scheduled with 3 of the 6 offices; however, none of the offices moved forward with the proposed program.
Conclusion: Integrating a pharmacist into the AWV role may be profitable to both the pharmacy and the medical office with persistence and time to have a successful collaboration.

New opportunities are emerging for pharmacists to be reimbursed for providing direct patient care under the supervision of a physician, including the Annual Wellness Visit (AWV).[1] In January 2011, Medicare allowed for a yearly preventive visit with an emphasis on wellness. An AWV is a scheduled appointment that occurs under the supervision of a physician and typically last 30 minutes to 1 hour. There are 2 types of AWV: the initial AWV and the subsequent AWV. Medicare pays for 1 initial AWV per lifetime, and for 1 subsequent visit per year thereafter.[2] They are each billed under separate codes. The visit consists of a health risk assessment, a thorough health history of the patient, and a written screening schedule. These visits may allow a physician to identify needs of a patient that were not previously identified (e.g., vaccinations, bone density tests, mammograms). Medicare part B will cover AWV if performed by a physician, qualified nonphysician practitioner, or a medical professional working under the direct supervision of a physician.[3] For a pharmacist to meet the qualifications of direct supervision, the physician must be present in the office suite and readily available to give assistance and direction as needed during the appointment.[3] AWVs can consume a significant amount of time from a physician who could be seeing patients at a higher billing rate. With the assistance of another health professional conducting AWVs, physicians could have more time for new patients and for higher-level-billing patients.

Pharmacists offer all the skills to conduct AWV and have the added benefit of being medication experts. Pharmacists working in an internal medicine clinic are capable of providing AWVs to patients, are trained to make interventions, and can obtain reimbursement that is viable and will sustain the service.[4] The feasibility and financial sustainability of pharmacist-provided AWVs was further substantiated by Park et al.[5] Thomas et al.[6] examined patient visits and practice income in a family practice office where a pharmacist was delivering AWVs that were examined in a previous study.[6] Their work could be used as a guide to deliver services once a collaboration is established. It also provided information on startup expenses and required pharmacist hours to make a profit.[6] Moreover, pharmacists provide many interventions leading

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Key Points

Background:

- Published literature has demonstrated that pharmacist-conducted Annual Wellness Visits can provide significant revenue for a medical practice.
- To date, no other study has described a step-by-step process for pharmacists to use when attempting a collaboration with a physician.

Findings:

- The ease of incorporating a pharmacist into a primary care practice could be determined by the location of the pharmacy, the number of private practices in the area, and the relationship between the pharmacist and the practice. Because the pharmacy was in an area with few private practices, the pharmacist was not easily incorporated into the practices.

to better patient care. Patients and physicians are satisfied with the pharmacist-provided AWV.[7] However, little is known about how a community pharmacy can contract with a family care practice to conduct AWVs, and in turn create new relationships between different health care providers.

Objective

To identify the steps to implement a community pharmacist into a family medicine practice to deliver Medicare AWVs.

Setting

Medicine Mart Pharmacy is a locally owned and operated Good Neighbor Pharmacy in South Carolina. It has served the West Columbia area for over 30 years. The services offered by the pharmacy have expanded during the past 3 years through the addition of a community pharmacy resident. Medicine Mart Pharmacy offers group classes in disease management, personal medication management, dietary supplement classes, and personalized counseling in a private counseling room to all patients.

Practice innovation

Six steps were developed to create a successful collaboration with a physician office. Each step was designed by the pharmacy resident and reviewed by the residency program director. The stepwise approach was drafted by collecting surveys from family care practices that were already conducting AWVs, creating a marketing kit, documenting resources used, developing a financial model, assessing the willingness of family care practices to schedule a meeting with the pharmacist, and by identifying successes and failures throughout the process.

The first step was to research AWVs and what has already been done with pharmacists in this setting. To become familiar with AWVs, the Medicare Learning Network document *The ABCs of the Annual Wellness Visit (AWV)* was used.[8] This document provided the basics of AWVs, such as who is covered, what is required of the provider, other Medicare part B preventive services available, coding, diagnosis, billing, and frequently asked questions.

The second step was to examine the geographical area of interest. To avoid contracting through a hospital, private offices were identified and researched within 15 miles of the pharmacy. The distance was determined by the pharmacy resident, the pharmacy owner, and the residency program directed to ensure that cost was not driven upwards by travel expenses. The Medicare Provider Utilization and Payment Database on the Centers for Medicare and Medicaid Services (CMS) website is a public resource used to look up Medicare utilization data for particular physicians and practices. Data includes information such as vaccines billed, AWVs billed, and established patient visits. This database was used to estimate how many Medicare patients each physician sees on average, and to determine how many AWVs were billed by physicians in 2013.

The third step was to make marketing materials to present to the physician offices. Materials for the initial visit included an introductory letter to introduce the pharmacy to the office, information on services the pharmacy offered, and the *Pharmacy Times* article "Pharmacist Participation in Wellness Visits Boosts Primary Care Revenue."[8] Materials approved were printed on letterhead and placed into a folder with the Medicine Mart logo on the front for distribution pending a face-to-face meeting.

The fourth step was to make initial contact with the target offices. To start, initial contact was by telephone. The pharmacist requested to speak with the office manager of each practice and asked 3 questions to gain information about AWVs. The 3 questions were: How do you go about scheduling an AWV? When patients come in for an AWV, who performs them? And what percentage of your patients would you say come in for an AWV? Responses were documented and compared with the estimates made through researching Medicare.gov (Table 1).

The fifth step was to contact each practice to set up a meeting. This proved to be more challenging than originally anticipated. From October until February, e-mails and phone calls were unsuccessful. A new approach was needed; hence, each practice was visited in person to make an appointment. A packet of marketing material was left with each practice during this time.

The sixth step was the collaboration with the physician office. If the meetings are successful and the practice would like to collaborate, there are additional issues to address before beginning to provide AWVs at the practice. There must be a collaborative practice agreement between the pharmacy and the practice. If there is more than 1 physician in the practice, the agreement must specify whether the collaboration will be between all the physicians and the pharmacist, or only a certain physician and the pharmacist. A financial plan would also need to be developed and agreed upon by all parties involved. The financial plan for Medicine Mart Pharmacy was a percent share between the pharmacy and the physician's practice. A profit-and-loss projection was created for an 80/20 (pharmacy/practice) split of the profit from AWVs (Table 2). The CMS AWV profit was based on the average reimbursement