Annual Wellness Visits, Chronic Care Management, and Remote Physiological Monitoring

Impact on Clinic Quality Measures

- Annual Wellness Visit (AWV) – potential to satisfy 30 quality measures
- Chronic Care Management (CCM) – potential to satisfy seven quality measures

Impact on Practice and Revenue Generated

- **AWV** – *Provided under direct supervision (same location as billing provider).*
    - Clinic Expectations:
        - Staff support for scheduling appointments and sending reminders.
        - Provide pharmacist access to EHR system for documentation.
        - Dedicate a space for actual visit (exam room).
    - Pharmacist Expectations:
        - Perform AWV, complete standardized Medicare Health Risk Assessment (HRA), provide patient with a five to 10-year preventive plan, document encounter in EHR, and complete billing checklist.

- **CCM and Remote Physiological Monitoring (RPM)** – *Provided under general supervision (can be from a separate location).*
    - Dual eligible (supplemental plan) Medicare patients targeted to remove copay.
    - Patients with potential benefit from CCM (two or more chronic disease states) or RPM (one or more uncontrolled disease states – obesity, HTN, DM) will be identified by pharmacist during AWV or by other members of the clinical team.
    - Platform for time-bound documentation of services is recommended (MediCCM, etc.). The platform will generate billing codes based on time spent with the patient each billing sequence. Report will be downloaded and provided to clinic billing office.
    - All clinical team members will have access for documentation of care time (communication and review of labs, etc.) for **CCM** patients. Pharmacists are responsible for developing a care plan in collaboration with the clinical team. A minimum of 20 minutes will be completed every 30 days. CCM is estimated to yield approximately $42 per 20 minutes per patient per month.
    - **RPM** patients will be provided appropriate cellular devices (BP monitor, scale, or glucometer) by the pharmacist for daily monitoring and timely intervention. Patients may also use their personal device. The pharmacist will review data uploads daily and establish an agreed upon threshold to where the pharmacist no longer can address the concern and the patient will be referred to provider and provider notified (i.e., BP ≥180/100 mmHg, BG ≥400 mg/dL, weight gain of ≥4 pounds in 24 hours). A minimum of 20 minutes, 16 data points, and one interactive communication will be completed every 30 days. RPM is estimated to generate approximately $110 per 20 minutes per patient per month.

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