

Information For The Annual Medicare Wellness Visit From the American College of Physicians

http://www.acponline.org/running_practice/practice_management/payment_coding/medicare/annual_wellness_visit.htm

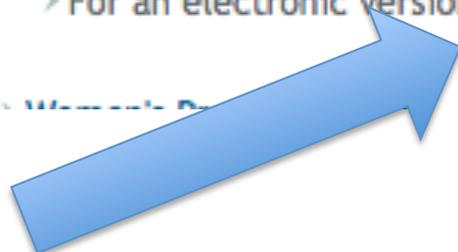


Annual Wellness Visit

- > [Annual Wellness Visit Benefit Overview](#)
- > [How to Bill Medicare's Annual Wellness Visit](#) 
- > [AMA's Medicare Preventive Services](#) 
- > [The ABCs of providing the Annual Wellness Visit](#) 
- > [Annual Wellness Visit Brochure for Medicare Providers](#) 
- > [CMS article](#) 

The following forms and templates can be customized for use in your practice:

- > [Practice Checklist](#)
- > [Patient Letter and Checklist](#)
- > Health Risk Assessment
 - > For a paper version click [here](#)
 - > For an electronic version from HowsYourHealth.org, click [here](#)



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Family Practice Management

Medicare Annual Wellness Visits: Don't Forget the Health Risk Assessment

Here's one way to meet Medicare's recent addition to the annual wellness visit requirements.

Cindy Hughes, CPC

Published ahead of print on Feb. 14, 2012.

Family Practice Management (FPM) published several articles and an encounter form last year related to Medicare's new annual wellness visit (AWV) benefit. Some physicians decided not to offer the AWV due to the complexity of the requirements, but many adapted to Medicare's version of preventive care and provided these visits in 2011. Unfortunately, the requirements for 2012 have changed.

The Affordable Care Act directed the Centers for Medicare & Medicaid Services (CMS) to require that a health risk assessment (HRA) be completed as part of the Medicare AWV. Efforts by the American Academy of Family Physicians and others to persuade CMS to delay the HRA requirement and allow time for physicians and practices to prepare for this change were unsuccessful, and late last year CMS published the final rule making the HRA requirement effective Jan. 1, 2012. The purpose of the HRA, according to CMS, is to help systematize the identification of health behaviors and risk factors such as tobacco use and nutrition that the physician can discuss with the patient in an effort to reduce risk factors and related diseases. The idea is that physicians will use the information from the HRA in developing a personalized prevention plan for the patient.

CMS has not required a specific HRA form. The Centers for Disease Control and Prevention developed a "framework" for the HRA, which was published in a [52-page report](#) in December. The report provides a 6-page example of an HRA, but the example does not contain all of the 34 elements required by CMS in the final rule definition.¹ The HRA must be written at a sixth grade literacy level and be designed so that most

patients can complete it in 20 minutes or less. It doesn't have to be scored.

Compliant HRA tools are presumably being developed by a variety of organizations. One source, HowsYourHealth.org, provides free online assessments that meet the CMS requirements and has developed the paper-based questionnaire published with this article (see "[HowsYourHealth.org and the Medicare health risk assessment](#)," below).

So what does this mean to physicians who provide AWVs? Before the face-to-face encounter, your patient needs to complete an HRA. Some patients may need encouragement and assistance from your staff. To compensate for this added staff time, CMS increased the RVUs of the AWV to 4.89 for the initial AWV and 3.26 for the subsequent AWV, thus increasing average reimbursements by an underwhelming \$5.39 for the initial and \$3.59 for subsequent AWVs.

Other than adding the HRA component, CMS did not change the content of the AWV. Some questions that are required in the HRA are already required elements of the AWV.

Some patients may object to being asked to fill out yet another form; in such cases, your best bet is to document the patient's reasons for not completing the questionnaire and get as much from the visit as you can, keeping in mind that CMS' overarching goal is that Medicare beneficiaries receive a personalized prevention plan. Once a patient has completed the HRA, you need only review and update the answers in subsequent AWVs. After adding an HRA to your process, you can continue to use the FPM encounter form and related articles as references for the rest of the AWV (see "[FPM Resources for the Medicare annual wellness visit](#)," below).

HowsYourHealth.org and the Medicare health risk assessment

While a number of health risk assessments for the Medicare annual wellness visit may be in development, *FPM* is aware of only one source so far. HowsYourHealth.org, a not-for-profit service of the [Dartmouth Co-Op Project](#), offers two interactive questionnaires that meet the requirements for the AWV:

A brief questionnaire (available at <http://www.medicarehealthassess.org>) simply asks the required questions and summarizes the results for the practice as a personalized action plan for the patient. It takes less than 10 minutes to complete. Practices may refer their Medicare patients to the new site and ask them to print out the summary action plan before their wellness visit. [The questionnaire is also available for download](#) (2-page PDF file; [About PDFs](#)).

A longer questionnaire (available at <http://www.medicarehealthassess.org> and at <http://www.howsyourhealth.org>) offers a more comprehensive health checkup. This comprehensive HowsYourHealth survey adds to the required items of the AWV a full assessment of the patient's problems and priorities ("what is the matter" and "what matters"). It requires more time to complete, but it also offers more information to patients and practices. It is available for patients of all ages.

There is no charge for the use of either questionnaire, although practices that wish to take advantage of available enhancements to the longer-form questionnaire are asked to pay a fee to help support the HowsYourHealth.org website. According to John Wasson, MD, who supervises both websites within HowsYourHealth, a practice can customize the assessment, receive real-time aggregate information about its patients' needs and experiences of care, and use a patient-loaded registry. Practices who choose to customize HowsYourHealth.org for patients of all ages may test the tool on as many as 50 patients without charge. If satisfied with the results of testing, practices are asked to pay a fee of \$350 per year for up to 10 clinicians to support the maintenance and further development of the tools.

FPM Resources for the Medicare Annual Wellness Visit

"What You Need to Know About the Medicare Preventive Services Expansion." Hughes C. January/February 2011:22-25. This article features an annual wellness visit encounter form (6-page PDF file; About PDFs).

"Answers to Your Questions About Medicare Annual Wellness Visits." Hughes C. March/April 2011:13-15.

"Medicare Annual Wellness Visits Made Easier." Hughes C. July/August 2011:10-14.

Reference

1. Medicare Program; Payment Policies Under the Physician Fee Schedule, Five-Year Review of Work Relative Value Units, Clinical Laboratory Fee Schedule: Signature on Requisition, and Other Revisions to Part B for CY 2012. Fed Regist. 2011;76(228):73306. <http://www.gpo.gov/fdsys/pkg/FR-2011-11-28/pdf/2011-28597.pdf>. Accessed Feb. 14, 2012.

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About the Author

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PAPER MEDICARE WELLNESS SURVEY

MEDICARE WELLNESS CHECKUP

Please complete this checklist before seeing your doctor or nurse. Your responses will help you receive the best health and health care possible.

1. What is your age?

- 65-69. 70-79. 80 or older.

2. Are you a female or a male?

- Male. Female.

3. During the **past four weeks**, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad, or downhearted and blue?

- Not at all.
 Slightly.
 Moderately.
 Quite a bit.
 Extremely.

4. During the **past four weeks**, has your physical and emotional health limited your social activities with family friends, neighbors, or groups?

- Not at all.
 Slightly.
 Moderately.
 Quite a bit.
 Extremely.

5. During the **past four weeks**, how much bodily pain have you generally had?

- No pain.
 Very mild pain.
 Mild pain.
 Moderate pain.
 Severe pain.

6. During the **past four weeks**, was someone available to help you if you needed and wanted help?

(For example, if you felt very nervous, lonely or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself.)

- Yes, as much as I wanted.
 Yes, quite a bit.
 Yes, some.
 Yes, a little.
 No, not at all.

Your name: _____

Today's date: _____

Your date of birth: _____

7. During the **past four weeks**, what was the hardest physical activity you could do for at least two minutes?

- Very heavy.
 Heavy.
 Moderate.
 Light.
 Very light.

8. Can you get to places out of walking distance without help? (For example, can you travel alone on buses, taxis, or drive your own car?)

- Yes. No.

9. Can you go shopping for groceries or clothes without someone's help?

- Yes. No.

10. Can you prepare your own meals?

- Yes. No.

11. Can you do your housework without help?

- Yes. No.

12. Because of any health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or getting around the house?

- Yes. No.

13. Can you handle your own money without help?

- Yes. No.

14. During the **past four weeks**, how would you rate your health in general?

- Excellent.
 Very good.
 Good.
 Fair.
 Poor.

continued ►

15. How have things been going for you during the **past four weeks**?

- Very well; could hardly be better.
- Pretty well.
- Good and bad parts about equal.
- Pretty bad.
- Very bad; could hardly be worse.

16. Are you having difficulties driving your car?

- Yes, often.
- Sometimes.
- No.
- Not applicable, I do not use a car.

17. Do you always fasten your seat belt when you are in a car?

- Yes, usually.
- Yes, sometimes.
- No.

18. How often during the **past four weeks** have you been *bothered* by any of the following problems?

	Never	Seldom	Sometimes	Often	Always
Falling or dizzy when standing up.	<input type="checkbox"/>				
Sexual problems.	<input type="checkbox"/>				
Trouble eating well.	<input type="checkbox"/>				
Teeth or denture problems.	<input type="checkbox"/>				
Problems using the telephone.	<input type="checkbox"/>				
Tiredness or fatigue.	<input type="checkbox"/>				

19. Have you fallen two or more times in **the past year**?

- Yes. No.

20. Are you afraid of falling?

- Yes. No.

21. Are you a smoker?

- No.
- Yes, and I might quit.
- Yes, but I'm not ready to quit.

22. During the **past four weeks**, how many drinks of wine, beer, or other alcoholic beverages did you have?

- 10 or more drinks per week.
- 6-9 drinks per week.
- 2-5 drinks per week.
- One drink or less per week.
- No alcohol at all.

23. Do you exercise for about 20 minutes three or more days a week?

- Yes, most of the time.
- Yes, some of the time.
- No, I usually do not exercise this much.

24. Have you been given any information to help you with the following:

Hazards in your house that might hurt you?

- Yes. No.

Keeping track of your medications?

- Yes. No.

25. How often do you have trouble taking medicines the way you have been told to take them?

- I do not have to take medicine.
- I always take them as prescribed.
- Sometimes I take them as prescribed.
- I seldom take them as prescribed.

26. How confident are you that you can control and manage most of your health problems?

- Very confident.
- Somewhat confident.
- Not very confident.
- I do not have any health problems.

27. What is your race? (**Check all that apply.**)

- White.
- Black or African American.
- Asian.
- Native Hawaiian or Other Pacific Islander.
- American Indian or Alaskan Native.
- Hispanic or Latino origin or descent.
- Other.

Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor or nurse.

**SAMPLE OUTPUT FROM
MEDICAREHEALTHASSESS.ORG**

Short Medicare Action and Planning Form

Print this action form and take it to your doctor to improve the medical care you receive. This form is intended for your doctor or nurse.

Your (Patient) Name: _____

Date: **2012-02-03** Age: **70-79** Gender: **Female**

PATIENT ASSETS

FUNCTION	HABITS	KNOWLEDGE
Social Support - As much as wanted Life is going - Pretty Good	Does not smoke	Home Hazards

PATIENT NEEDS

FUNCTION (*italics = clinician unaware*): *Difficulty with feelings*; Difficulty with pain; Difficulty with physical fitness; Difficulty with overall health; doing housework; driving

SYMPTOMS/BOTHERS: Dizziness, Falling; Eating; Teeth, Dental

HABITS: Not Exercising Regularly

RISK CONSIDERATIONS

Risk for Falls: Risk of falls is higher than most.

Confidence to Self-Manage: Not very confident

Medication Misses: Sometimes I take as prescribed

Seat Belt: Sometimes does not use

SUGGESTED READING AND EDUCATION

- [Risks: What Are My Chances? \[risk.html\]](#)
- [Exercise and Eating Well \[http://howsyourhealth.org/adult/chapters/chapter1\]](http://howsyourhealth.org/adult/chapters/chapter1)
- [Health Habits and Health Decisions \[http://howsyourhealth.org/adult/chapters/chapter2\]](http://howsyourhealth.org/adult/chapters/chapter2)
- [Common Medical Conditions \[http://howsyourhealth.org/adult/chapters/chapter4\]](http://howsyourhealth.org/adult/chapters/chapter4)
- [Daily Activities and Managing Limitations \[http://howsyourhealth.org/adult/chapters/chapter7\]](http://howsyourhealth.org/adult/chapters/chapter7)
- [Feeling and Emotional Care \[http://howsyourhealth.org/adult/chapters/chapter8\]](http://howsyourhealth.org/adult/chapters/chapter8)
- [Pain \[http://howsyourhealth.org/adult/chapters/chapter9\]](http://howsyourhealth.org/adult/chapters/chapter9)

Planning With Health Professionals (During Visit)

ALLERGIES:

CURRENT MEDICATIONS:

IF SICK, WHO DECIDES:

ADDITIONAL PLAN FOR HEALTH CHANGES:

See Above Only See Below From Problem Solving

Additional Change:

Goal:

Steps:

Barriers to Steps:

Ways to Overcome:

Confidence (0-10):

Help Needed:

A Short Form Version of HowsYourHealth.org
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CARE Vital Signs Supports Patient-Centered, Collaborative Care

John H. Wasson, MD; Steve Bartels, MD

Abstract: CARE Vital Signs refers to a standard form created by practices to Check what matters to patients, Act on that assessment, Reinforce the actions, and systematically Engineer or incorporate actions into staff roles and clinical processes. On its face, CARE Vital Signs is a deceptively simple tool that, when properly used, can help a practice attain levels of efficiency and quality. This article describes the rationale for CARE Vital Signs and the ways it can be used for the greatest benefit.

Key words: *behavior change, care team, collaborative care, patient centered*

IN CLINICAL PRACTICE, someone obtains vital signs, such as blood pressure, pulse, temperature, and respiration rate, to assess body functions before the patient is evaluated by a healthcare professional. CARE Vital Signs refers to a standard form created by practices to Check what matters to patients, Act on that assessment, Reinforce the actions, and systematically Engineer or incorporate actions into staff roles and clinical processes (Wasson et al., 2003). Thus, CARE Vital Signs offers a method for practices to routinely screen patients to determine whether they have common, important issues for which effective actions might be implemented without necessarily depending on an evaluation by a healthcare professional. For example, based on particular items in CARE Vital Signs, office staff

might implement standing orders to provide specific screening tests or self-management education to the patient.

CARE Vital Signs has proven to be useful for both patients and practices. Patients benefit because this method offers the promise of reliable action for “what matters” to them: CARE Vital Signs supports patient-centered, collaborative care (Moore & Wasson, 2006). Practices benefit from using this approach in 2 ways. First, doctors and nurses find that knowing “what matters” to patients improves the efficiency and effectiveness of the care they deliver. For example, the presence of pain and emotional problems adversely impacts patient confidence with self-management, which, in turn, undermines the proven power of collaborative care (Wagner et al., 1996; Wasson et al., 2006b, 2008b). Second, as practices incorporate CARE Vital Signs, the professional and nonprofessional staff invariably uncover inefficient, behaviorally unsophisticated processes and invent better processes and means of deploying the practice’s workforce. For example, instead of relying only on the physician, a medical assistant can be trained to help patients use valuable self-management resources for particular issues identified by CARE Vital Signs (Wasson et al., 2003).

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Appendix 3

Geriatric Care Vital Signs

Patient Self-Assessment

Today's date _____

Name _____

1. What questions or concerns do you wish to discuss?
(please state in the space provided)

- 2. Pain score _____ (see below)
- 3. Feeling score _____ (see below)
- 4. Social support score _____ (see below)
- 5. Do you often have trouble eating well? (circle one)
Yes, often Yes, sometimes No, never
- 6. Do you often have trouble remembering or thinking clearly? (circle one)
Yes, often Yes, sometimes No, never
- 7. Do you often have trouble with dizziness or falls? (circle one)
Yes, often Yes, sometimes No, never
- 8. Are your pills making you ill? (circle one)
Yes No Maybe Not applicable
- 9. Are you confident in managing your health problems? (circle one)
Yes No Maybe Not applicable
- 10. How do you rate your health in general? _____ (see below)

Thank you.

Pain

During the past 4 weeks ...
How much bodily pain have you generally had?

No, pain		1
Very mild pain		2
Mild pain		3
Moderate pain		4
Severe pain		5

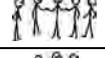
Feelings

During the past 4 weeks ...
How much have you been bothered by emotional problems
such as feeling anxious, depressed, irritable, or downhearted and blue?

Not at all		1
Slightly		2
Moderately		3
Quite a bit		4
Extremely		5

Social support

During the past 4 weeks ...
Was someone available to help you if you
needed and wanted help? For example, if you
—felt very nervous, lonely, or blue
—got sick and had to stay in bed
—needed someone to talk to
—needed help with daily chores
—needed help just taking care of yourself

Yes, as much as I wanted		1
Yes, quite a bit		2
Yes, some		3
Yes, a little		4
No, not at all		5

Overall health

During the past 4 weeks...
How would you rate your
health in general?

Excellent		1
Very good		2
Good		3
Fair		4
Poor		5

Appendix Figure 3. Copyright © 1995–2008 Centers for Health and Aging at Dartmouth; and Trustees of Dartmouth College and FNX Corporation.

The analysis is based on 3500 responses of patients 70 years or older to the www.HowsYourHealth.org Web-based survey tool.

In a majority of practices, about 40% of the patients older than 70 will have no abnormal responses, 40% will have 1 or 2 abnormal responses, and 20% will have 3 or more. However, if a practice cares for patients with low financial status, the distribution will change dramatically with only 10% having no abnormalities and 60% having 3 or more. Appendix Table 1 provides samples of diagnoses, health habits, symptoms, use of assistive devices, and instrumental activities of daily living. Also, it provides days sick in bed and previous use of the hospital. Not surprisingly, every sample marker of illness increases with the number of abnormal Geriatric CARE Vital Signs.

Appendix Table 2 illustrates the quality of care for patients who have adequate finances on the basis of abnormalities on Geriatric CARE Vital Signs. The greater the number of abnormalities, the worse is the perception of care.

ILLUSTRATIVE ACTIONS THAT MIGHT BE TAKEN AFTER USING GERIATRIC CARE VITAL SIGNS

Low-needs patients

Patients whose Geriatric Vital Signs have no abnormalities are very low needs patients. Although some of them have chronic diseases, they are confident in self-management and have no pain or emotional problems that will impede their ability to manage their concerns (Wasson et al., 2008a). Except for the smokers among them, the vast majority will also have about a 5 years' longer life expectancy than average for their age (Welch et al., 1996).

A clinician's job is to reassure patients of their good health status, reinforce healthy behaviors, and provide proven preventive care after informing them of their likely life expectancy. The patients should also be encouraged to continue their self-management activities by performing a health check-up annually on-line by using free, noncommercial tools such as HowsYourHealth.org. If this survey tool is used, its registry function can be used to remind them every year to complete the HowsYourHealth.org tool to make sure that they are continuing to do well. They should also be reminded to complete or update an advanced care plan.

Medium-needs patients

These patients have 1 to 2 abnormal responses to the Geriatric CARE Vital Signs. Appendix Table 3 illustrates the types of action an office might consider. (Similar lists of actions generated by expert panels are available elsewhere) (Wenger et al., 2007).

Within this category, the office staff can describe explicit actions and "standing orders" for each of the responses. Many of these actions need not be executed by a physician. In addition, group visits are a very useful enhancement for the typical office visit of a patient who has a few CARE Vital Sign problems.

Because these patients have so many other issues, a comprehensive tool such as HowsYourHealth.org might be used before the next office visit to tailor information for their need and help the clinical staff find out "what matters" to these patients. Patients with medium or high needs will often require family members assist them with the use of computers.

Appendix Table 1. A sample of patient characteristics by category of Geriatric CARE Vital Sign*

Sample patient characteristic	Abnormal Geriatric CARE Vital Signs		
	No abnormalities	1-2 abnormalities	≥3 abnormalities
Medications			
>5 medications	15	28	48
Common diagnoses			
Hypertension	41	54	61
Arthritis	34	51	63
Atherosclerotic cardiovascular disease (any manifestation)	17	26	36
Atherosclerotic cardiovascular disease (congestive heart failure)	3	6	13
Diabetes	10	16	31
Respiratory	10	15	26
Health habits			
Smoker	22	22	30
Not exercising >3 d/wk	37	49	79
Common symptoms			
Wetting	3	8	24
Constipation	4	7	23
Sleeping problems	7	16	36
Instrumental activities of daily living limits			
Cannot get out of the house without help	2	8	30
Cannot handle finances	2	7	18
Impact on life			
Using cane or wheelchair	5	19	40
Confined to bed in last 3 mo	9	15	37
Hospitalized in past year	14	22	39
Quality of life "bad"	0	2	25
Harmed by healthcare in past year	1	2	4
From CARE Vital Signs			
Not confident	0	62	88
Pain	0	30	70
Overall health fair or poor	0	15	72
Pills perhaps causing illness	0	17	54
Lacking social support	0	17	36
Emotional problems	0	5	41
Problems thinking	0	9	37
Dizzy or falling	0	3	23
Eating/nutrition problems	0	1	21

*Values given are in percentages.

High-needs patients

This group of patients represents a rather frail group of elderly patients. They invariably require many services and are at high risk for death, rehospitalizations, and harms associated with healthcare. However, despite their illness burden, about 1 in 4 do not have a clear idea about who will make decisions for them if they become too sick to speak for themselves. They also tend to overestimate their likelihood of survival.

Appendix Table 2. Quality of care reported for 70 years or older patients with adequate financial status*

Quality indicators	Abnormal Geriatric Vital Signs		
	No abnormalities	1-2 abnormalities	≥3 abnormalities
Information and assistance			
Excellent information about chronic disease(s)	50	28	15
Helped live with their problem(s)	59	53	32
Care processes			
Very easy access to needed medical care	62	47	25
Office is efficient: My time is not wasted	87	82	69
Relationship with clinicians			
I have a personal clinician	91	90	91
I have 2 or more clinicians	37	61	66
I know who is in charge	89	88	80

*Values given are in percentages.

Many of these patients will benefit from the same approaches suggested for medium-needs patients. Given these patients multiple needs, it is imperative that family members, the patient, and other providers are all on the “same page” about management issues, priorities, and goals. The special survey within www.howsyourhealth.org for frail patients may be invaluable for assessing their needs and providing basic education based on their needs. The tool can save much clinician time and help the family and the patient be sure they are on the “same page.”

Appendix Table 3. Initial actions for abnormal Geriatric CARE Vital Signs responses

Problems from Geriatric CARE Vital Signs	Initial actions*
Not confident	<ol style="list-style-type: none"> 1. Review understanding of confidence 2. Identify what things patients feel least confident about and why 3. Begin “campaign for confidence”
Pain	<ol style="list-style-type: none"> 1. Source and nature of pain 2. Problem-solving strategies 3. Medication management
Overall health fair or poor	<ol style="list-style-type: none"> 1. Reconfirm rating with patient 2. Use for “decision making in the gray” 3. Use to trigger reminder for advance care planning 4. For those who have fair or poor health have someone help them complete the special HowsYourHealth.org tool for the “very sick or frail”
Pills perhaps causing illness	<ol style="list-style-type: none"> 1. Which pills? 2. How are they “causing illness”? 3. Impact on patient “compliance” with pill taking 4. Explore possible alternatives

(continues)

Appendix Table 3. Initial actions for abnormal Geriatric CARE Vital Signs responses (*Continued*)

Problems from Geriatric CARE Vital Signs	Initial actions*
Lacking social support	<ol style="list-style-type: none"> 1. Why the response? 2. What is needed? 3. What is lacking? 4. Problem solving 5. Possible referral
Emotional problems	<ol style="list-style-type: none"> 1. Source and nature of emotional problem 2. Problem-solving strategies 3. Medication management
Problems thinking	<ol style="list-style-type: none"> 1. Why the response? 2. Mini-Mental State Examination or MiniCog 3. Review options based on results
Dizzy or falling	<ol style="list-style-type: none"> 1. Explore nature of problem 2. Get up and go 3. Orthostatic blood pressure 4. Evaluate as needed with particular focus on medications
Eating/nutrition problems	<ol style="list-style-type: none"> 1. Explore nature of the problem 2. Weight and body mass index 3. Evaluate as needed

*For more details on these initial generic solutions, refer to “Activation of Patients for Successful Self-management.” Several tools are available at www.howsyourhealth.org.

If possible, the office should designate someone to look out for high-needs patients and coordinate their care. Most importantly, this member of the staff should continuously provide brief proactive reinforcement of self-management and monitoring of important health concerns by phone, if possible, or at every visit.

**SAMPLE OUTPUT FROM
FULL ASSESSMENT AT
WWW.HOWSYOURHEALTH.ORG**

HowsYourHealth Action and Planning Form

Print this action form and take it to your doctor to improve the medical care you receive. This form is intended for your doctor or nurse.

Your (Patient) Name: _____

Date: **2012-01-31** Age: **70-79** Gender: **Female** BMI: **24.8**

PATIENT ASSETS

FUNCTION	HABITS	KNOWLEDGE	PREVENTION
Social Support - As much as wanted	Does not smoke	None	Had mammogram Had cholesterol test Had bowel cancer test

PATIENT NEEDS

FUNCTION (*italics = clinician unaware*): *Difficulty with feelings; Difficulty with social activities;* Difficulty with pain; Difficulty with physical fitness; Difficulty with overall health; Difficulty with quality of life; travelling alone; doing housework; buying essentials

SYMPTOMS/BOTHERS: Memory; Trouble urinating/wetting; Dizziness, Falling; Eating

MANAGEMENT of "Aging Problems": A cane, wheelchair, or walker; Dentures; Reading glasses

OTHER HEALTH WORKERS in past 4 weeks: Your own or another doctor; Podiatrist (foot doctor)

HABITS: None

PREVENTION: Lacks essential money; More than 3 medications

IMMUNIZATIONS: "flu", pneumonia, and zoster, should have had DPT, Varicella (if not immuno-compromised).

RISK CONSIDERATIONS

Chronic Diseases: High blood pressure; Diabetes; Arthritis

Risk for ED or Hospital Use: Patient risk for being admitted to the hospital or having to use the emergency room in a few years seems to be in the higher category of risk. Risk of falls is higher than most.

Confidence to Self-Manage: Not very confident

Health Habit Improvement Planned for next 2 months: exercise more regularly but patient is not very confident of success.

SUGGESTED READING AND EDUCATION

- [Risks: What Are My Chances?](#)
- [Exercise and Eating Well](#)
- [Health Habits and Health Decisions](#)
- [Advance Care Planning](#)
- [Common Medical Conditions](#)
- [Confusion and Memory Loss](#)
- [Daily Activities and Managing Limitations](#)
- [Feeling and Emotional Care](#)
- [Pain](#)
- [Urine Trouble](#)

Planning With Health Professionals (During Visit)

ALLERGIES:

CURRENT MEDICATIONS:

IF SICK, WHO DECIDES:

ADDITIONAL PLAN FOR HEALTH CHANGES:

___ See Above Only ___ See Below ___ From Problem Solving

Additional Change:
Goal:
Steps:
Barriers to Steps:
Ways to Overcome:
Confidence (0-10):
Help Needed:

Continue

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Patient Summary

Patients receive their customized summary after completing HowsYourHealth.org

Thank you for completing the HowsYourHealth Check Up.

This letter summarizes possible health concerns and problems in several areas. You or a health professional may wish to address them.

From reading your responses to this questionnaire, we learned that you feel your overall health to be fair.

In reporting your quality of life, you indicated things have been going fair.

You are having difficulty:

- * travelling alone
- * doing housework
- * buying essentials

You manage your 'aging' problems by the use of:

- * A cane, wheelchair, or walker
- * Dentures
- * Reading glasses

In the last four weeks, you have seen:

- * Your own or another doctor
- * Podiatrist (foot doctor)

1. HABITS AND BEHAVIORS: Based on your responses to the questions you have some lifestyle and behaviors that can harm you now or cause your problems in the future.

- * You may wish to exercise more regularly.

Over the next two months you said that you might want to work on exercising more regularly and that you are not very confident of success.

2.HIGH COST and FALL RISK: This score is based on your medical and hospitalization history, possible side effects of medicines, and your confidence in managing important health problems. Your risk for being admitted to the hospital or having to use the emergency room in the future seems to be much higher than most people age. Your risk of falls is higher than most.

3. CARE QUALITY AND YOUR CONFIDENCE: Your answers to the HowsYourHealth Check Up suggest that there may be many opportunities to improve your healthcare and your ability to manage your health. If there are any areas of your healthcare that you feel should be improved, discuss them with your doctor or nurse during your next visit.

4. PREVENTION: You report that these recommended preventions have been done:

- * Had a Pneumovax shot
- * Had a regular flushot
- * Had a bowel cancer test
- * Home hazard list
- * Someone to speak for you if you can't speak for yourself
- * A mammogram for breast cancer
- * A test for fat (cholesterol) in the blood

You report that these recommended preventions may not have been done,

- * Not had a Tetanus shot
- * Not have med list
- * No written Advance Care Plan

Based on your age and health, recommended immunizations are: "flu", pneumonia, and zoster; you should have had DPT.

Over the next five years, many of these recommended preventions may have to be repeated. For a list of what your recommended preventions might be in the future go to HealthFinder.gov (www.healthfinder.gov) and enter your future age.

You can play an important part by having good communication with your doctors and nurses and knowing what to do about your problems and health. Please read the CHAPTERS below at any time by just clicking or choosing them.

[* Risks: What Are My Chances?](#)

[* Exercise and Eating Well](#)

[* Health Habits and Health Decisions](#)

[* Advance Care Planning](#)

[* Common Medical Conditions](#)

[* Confusion and Memory Loss](#)

[* Daily Activities and Managing Limitations](#)

[* Feeling and Emotional Care](#)

[* Pain](#)

[* Urine Trouble](#)

Use the [Problem Solving](#) tool to deal with a problem.

Patient's Condition Management Form

Persons who have conditions or diseases like yours can GREATLY improve their health and their medical care by three simple steps.

1. Learning about how the care you have been getting might be made better.
2. Learning if there are things you should be aware of.
3. Keeping track of your condition by writing down a few measures from week to week.

You have the following disease(s) or condition(s):

High Blood Pressure
Diabetes

Your care of these conditions may have been made difficult because of:
hospital or emergency room use

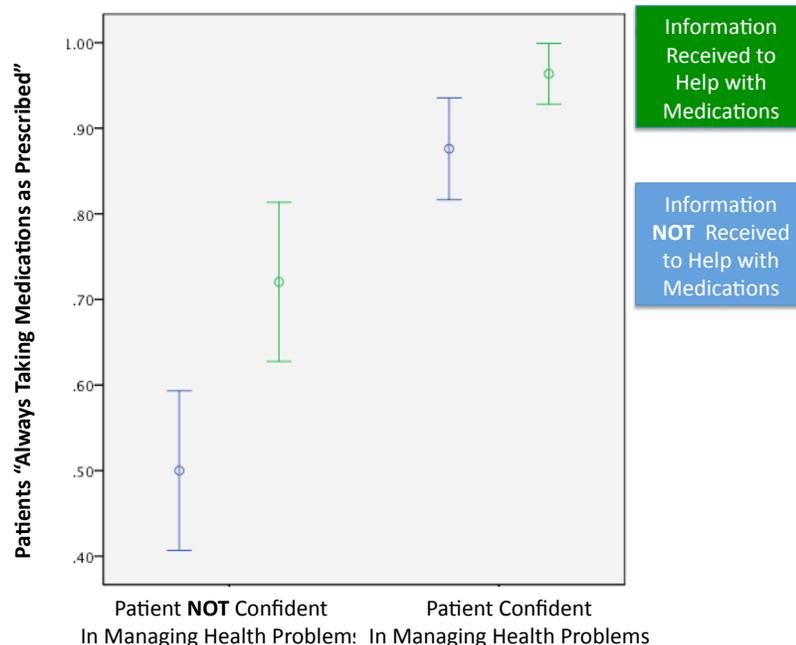
Things you should be aware of:

- Your blood pressure should be no higher than 150/90, even for persons 70 years of age or older
- "Converting enzyme inhibitors" may prevent kidney problems
- Daily checking feet for cuts or sores and eye exams at least every year are very important
- blood levels of "sugar-hemoglobin" and LDL cholesterol as near normal as possible
- fasting blood sugar between 80-140(US)4.4-7.8(Canada and Europe)

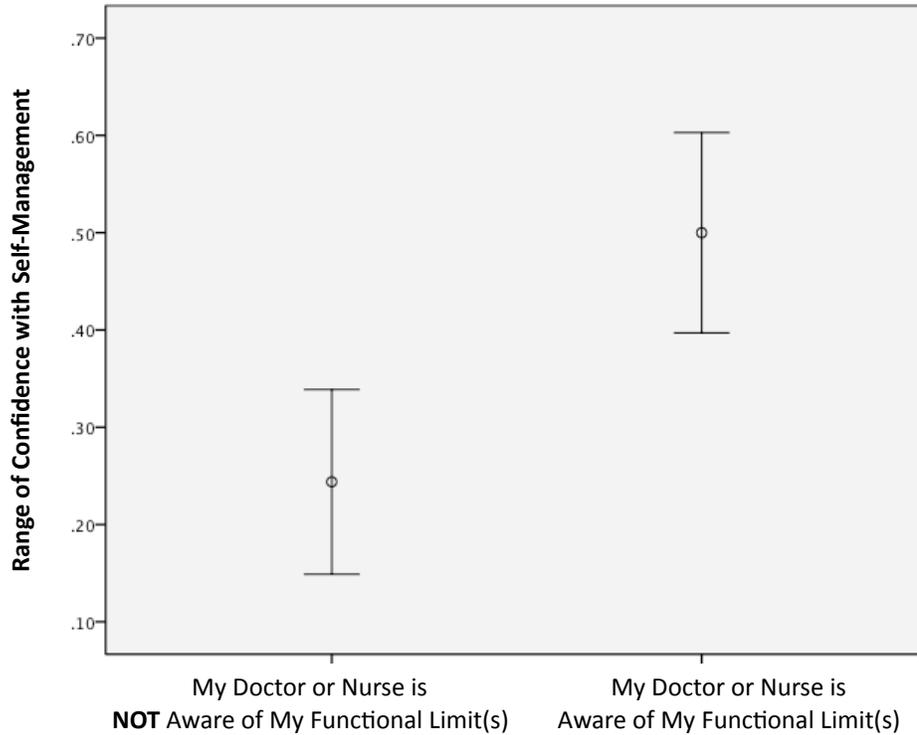
- In the past four weeks your blood sugar was higher than 160(US), 8.9(Canada and Europe)
- You have not received good education about: adjusting medications, avoiding high salt

To: Interested Parties in the Use of a Short-form Medicare Wellness Survey distributed at (www.MedicareHealthAssess.org)
From: John Wasson
Re: The initial 600 responses.

1. Enclosed please find the raw percentages for 600 respondents aged 65+ who completed this survey after the online version of the Journal of Practice Management was distributed in mid February. The results indicate that the national distribution of respondents was broad.
2. We observed a dramatic impact of advanced age on many of the variables: all measures of function and activities of daily activities, quality of life and overall health, most symptoms, and self-rated difficulty driving a car (20% of those aged 65-69 and over 40% of those still driving at age 80+). Of note was the fact that 35% of those aged 80+ do not use seat belts regularly in comparison to 15% of those aged 65-69.
3. Of all respondents about 40% had some risks for fall based on any of three measures: their fear of falling (30%), actual falls in the past year (20%), and often or always falling or feeling dizzy when standing (5%). Of interest is the fact that about 45% of those at risk reported being given information about hazards in the home that might hurt them versus 40% of those who were not at risk.
4. The illustration below reminds users of the survey of possible benefits when the results stimulate action. Self-reported compliance with prescribed medications seems to be influenced by both patient confidence with self-management and the receipt of helpful information. Using practices as the unit of analysis we have demonstrated how confidence is the final common pathway for good patient outcomes. (Wasson JH, Benjamin R, Johnson D, Moore LG, and Mackenzie T. Patient Use the Internet to Enter the Medical Home. *J.Amb.Care.Mgmt.* 2011; 34:38-46).



5. The final common challenge for all clinicians is to help their patients become confident. One technique used by both the online www.MedicareHealthAssess.org and the more comprehensive www.HowsYourHealth.org websites is to make clinicians aware – be on the “same page” – when their patients have functional limitations. Possible benefits of clinician awareness are shown for 200 of the Medicare respondents who were impacted by any of five limitations in: emotion, pain, social support, social activity, or physical ability.



The following sample of a patient’s summary report illustrates *IN ITALICS* the way in which the “Action Form” brings these issues to the attention of a clinician.

FUNCTION	HABITS	KNOWLEDGE
Social Support - As much as wanted Life is going - Pretty Good	Does not smoke	Home Hazards

PATIENT NEEDS

FUNCTION (*italics = clinician unaware*): *Difficulty with feelings*; Difficulty with pain; Difficulty with physical fitness; Difficulty with overall health; doing housework; driving

SYMPTOMS/BOTHERS: Dizziness, Falling; Eating; Teeth, Dental

HABITS: Not Exercising Regularly

RISK CONSIDERATIONS

Risk for Falls: Risk of falls is higher than most.

Confidence to Self-Manage: Not very confident

Medication Misses: Sometimes I take as prescribed

6. In summary, the Short-form Medicare Wellness Survey seems to be producing actionable information for each respondent/clinician dyad and useful summary information about care across the United States. The Dartmouth Patient-Reported Measures Trust and the team at HowsYourHealth.org plan to work with user's groups to continuously improve these tools.

MEDICARE WELLNESS CHECKUP

Please complete this checklist before seeing your doctor or nurse. Your responses will help you receive the best health and health care possible.

1. What is your age?

- 65-69. **75%** 70-79. **15%** 80 or older. **10%**

2. Are you a female or a male?

- Male. **51%** Female. **49%**

*3. During the **past four weeks**, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad, or downhearted and blue?

- Not at all.
 Slightly.
 Moderately.
 Quite a bit.
 Extremely. **5%** (aware 25%)

*4. During the **past four weeks**, has your physical and emotional health limited your social activities with family friends, neighbors, or groups?

- Not at all.
 Slightly.
 Moderately.
 Quite a bit.
 Extremely. **5%** (aware 30%)

*5. During the **past four weeks**, how much bodily pain have you generally had?

- No pain.
 Very mild pain.
 Mild pain.
 Moderate pain.
 Severe pain. **15%** (aware 65)

*6. During the **past four weeks**, was someone available to help you if you needed and wanted help?

(For example, if you felt very nervous, lonely or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself.)

- Yes, as much as I wanted.
 Yes, quite a bit.
 Yes, some.
 Yes, a little.
 No, not at all. **15%** (aware 35%)

Your name: _____

Most respondents from

CA, FL, GA, MI, NC, OH,

Today's date: _____

OK, SC, WI

Your date of birth: _____

*7. During the **past four weeks**, what was the hardest physical activity you could do for at least two minutes?

- Very heavy.
 Heavy.
 Moderate.
 Light. **20%** (45% aware)
 Very light.

8. Can you get to places out of walking distance without help? (For example, can you travel alone on buses, taxis, or drive your own car?)

- Yes. No. **15%**

9. Can you go shopping for groceries or clothes without someone's help?

- Yes. No. **10%**

10. Can you prepare your own meals?

- Yes. No. **10%**

11. Can you do your housework without help?

- Yes. No. **20%**

12. Because of any health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or getting around the house?

- Yes. No. **25%**

13. Can you handle your own money without help?

- Yes. No. **10%**

14. During the **past four weeks**, how would you rate your health in general?

- Excellent.
 Very good.
 Good.
 Fair. **15%**
 Poor.

continued ►

* if the worse two categories of function, is doctor or nurse aware of the dysfunction? (asked on short internet)

15. How have things been going for you during the **past four weeks**?

- Very well; could hardly be better. **30%**
- Pretty well.
- Good and bad parts about equal.
- Pretty bad.
- Very bad; could hardly be worse. **5%**

16. Are you having difficulties driving your car?

- Yes, often. **25%**
- Sometimes.
- No.
- Not applicable, I do not use a car. **5%**

17. Do you always fasten your seat belt when you are in a car?

- Yes, usually.
- Yes, sometimes. **15%**
- No.

18. How often during the **past four weeks** have you been *bothered* by any of the following problems?

	Never	Seldom	Sometimes	Often	Always
Falling or dizzy when standing up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5%	<input type="checkbox"/>
Sexual problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10%	<input type="checkbox"/>
Trouble eating well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5%	<input type="checkbox"/>
Teeth or denture problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10%	<input type="checkbox"/>
Problems using the telephone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness or fatigue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

oops - - not programmed on this version

19. Have you fallen two or more times in **the past year**?

- Yes. **20%**
- No.

20. Are you afraid of falling?

- Yes. **30%**
- No.

21. Are you a smoker?

- No. **85%**
- Yes, and I might quit. **10%**
- Yes, but I'm not ready to quit. **5%**

22. During the **past four weeks**, how many drinks of wine, beer, or other alcoholic beverages did you have?

- 10 or more drinks per week. **10%**
- 6-9 drinks per week.
- 2-5 drinks per week.
- One drink or less per week.
- No alcohol at all. **25%**

23. Do you exercise for about 20 minutes three or more days a week?

- Yes, most of the time. **40%**
- Yes, some of the time.
- No, I usually do not exercise this much. **35%**

24. Have you been given any information to help you with the following:

Hazards in your house that might hurt you?

- Yes. **35%**
- No.

Keeping track of your medications?

- Yes. **45%**
- No.

25. How often do you have trouble taking medicines the way you have been told to take them?

- I do not have to take medicine. **20%**
- I always take them as prescribed. **55%**
- Sometimes I take them as prescribed. **25%**
- I seldom take them as prescribed.

26. How confident are you that you can control and manage most of your health problems?

- Very confident. **55%**
- Somewhat confident.
- Not very confident.
- I do not have any health problems.

27. What is your race? (**Check all that apply.**)

- White. **80%**
- Black or African American. **5%**
- Asian. **5%**
- Native Hawaiian or Other Pacific Islander.
- American Indian or Alaskan Native.
- Hispanic or Latino origin or descent.
- Other.

Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor or nurse.