

Few Medicare patients take advantage of free annual wellness visits

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In 2011, through the Affordable Care Act, Medicare introduced the Annual Wellness Visit (AWV), the first annual health check-up offered by Medicare at no cost to patients. The visits are intended to encourage evidence-based preventive care and mitigate health risks in aging patients. To date, there has been little data about how these visits have been used over time across the country. To examine national trends and patterns of AWV use, researchers at Brigham and Women's Hospital analyzed billing data of a random 20 percent sample of Medicare beneficiaries and examined visit rates across categories like race, income, and the type of health system where patients got their primary care. The findings are published online April 19, 2017 in *JAMA*.

Researchers found that AWV use increased from 7.5 percent to 15.6 percent between 2011 and 2014. In some regions around the country, only about three percent of eligible [patients](#) received an AWV visit, compared to 34 percent in other areas. White urban residents, and those from higher-income areas, were more likely to receive an AWV, as were patients who received an AWV in the previous year, or belonged to an Accountable Care Organization, a group of providers who collaborate to provide coordinated care for Medicare patients.

"Patients affiliated with an ACO were more likely to get AWVs, while a small percentage of [primary care](#) doctors were offering a disproportionately large share of these visits," stated Ishani Ganguli, MD, MPH, physician in the Division of General Internal Medicine and Primary Care at Brigham and Women's Hospital and instructor in

medicine at Harvard Medical School. "Our findings suggest that AWW use is probably driven more by practices and [health](#) systems deciding to offer the visit, than by patients requesting it."

Additionally, researchers found that patients reported out-of-pocket costs when an AWW was concurrently billed with a problem-based visit. "In nearly half of these visits, doctors billed for discussing an acute medical issue in addition to preventive care, likely resulting in patients receiving an unexpected bill," Ganguli said.

Researchers note that claims data could not show how often AWWs were performed by non-physicians under physician supervision, while the extent to which AWWs represent delivery of additional visits versus substitution for other visits remains unclear.

"More research is needed on whether AWWs increase use of [preventive care](#) or mitigate [health risks](#)," Ganguli said.

More information: Ishani Ganguli et al, Trends in Use of the US Medicare Annual Wellness Visit, 2011-2014, *JAMA* (2017). [DOI: 10.1001/jama.2017.4342](#)

Provided by Brigham and Women's Hospital

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