

# Despite potential for revenue gains, Medicare's annual wellness visit unevenly adopted

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In 2011, Medicare introduced the annual wellness visit -a yearly check-up for Medicare beneficiaries at no cost to the patient - but many practices have been slow to offer the visits. A new study by investigators from Brigham and Women's Hospital examines why some practices have adopted these visits while others have not. The team finds overall that practices caring for the underserved had lower rates of adoption. But practices that did offer the visits saw increased revenue and stability of patient assignment - that is, patients were more likely to stay with the practice for a given three-year time period. Their results are published in *Health Affairs*.

"Practices that adopted annual [wellness](#) visits saw increased revenue, yet half of all practices are missing out on these benefits—particularly practices that disproportionately care for medically and socially complex patients," wrote author Ishani Ganguli, MD, MPH, a researcher and physician in the Division of General Internal Medicine and Primary Care. "For these gains to be shared more equitably, policy makers might encourage the use of annual wellness visits through mechanisms adapted to underserved populations and the practices that serve them."

Medicare's annual wellness visit was introduced under the Affordable Care Act (ACA) and is designed to promote evidence-based preventive care, including screening for depression and risk of falls. To better understand the ability and motivations of practices to adopt these

wellness visits, the researchers examined national Medicare billing data collected from 2008 to 2015 for a randomly selected sample of Medicare beneficiaries. They examined visit rates, [practice](#) revenue and the population of patients served by each practice.

The research team found that roughly half (51.2 percent) of practices provided no annual wellness visits in 2015, while 23.1 percent provided these visits to at least a quarter of their eligible beneficiaries. Visit rates were lower in practices that cared for the historically underserved, including racial minorities and those living in more rural settings. Practices that adopted the annual wellness visit generated greater [primary care](#) visit revenue, saw greater stability of patient assignment, and brought in [patients](#) who were slightly healthier, on average.

The team also found that small and large practices had similar rates of adoption.

"What small practices lack in resources, they may make up for an agility," wrote Ganguli. "Adoption may require no more than a single, determined clinician."

**More information:** Ganguli, I et al. "Practices Caring For The Underserved Are Less Likely To Adopt Medicare's Annual Wellness Visit" *Health Affairs* [DOI: 10.1377/hlthaff.2017.1130](https://doi.org/10.1377/hlthaff.2017.1130)

Provided by Brigham and Women's Hospital

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