As 76-year-old Esther Atwood awaits her appointment with primary care doctor Julia Callahan, she fills out a survey about her health.* She has diabetes, hypertension, and arthritis, and lately she’s been having occasional dizziness. During her appointment, she tells Dr. Callahan that she is becoming forgetful. Esther and Dr. Callahan discuss fall prevention and create a personalized plan that addresses the health issues she faces as an older adult.

This comprehensive appointment is new to Esther and is made possible by Medicare’s new Annual Wellness Visit benefit. As the population ages, more older adults like Esther will have Annual Wellness Visits, and health systems will need to leverage primary care providers to meet demand.

* The names are fictional, but the scenario reflects a typical Kaiser Permanente clinical experience.

Policy Context

In recent years, federal policymakers have made concerted efforts to improve the quality of, and access to, primary care, especially for people living with chronic conditions. Aimed at improving older adults’ access to preventive care in particular, a key provision of the Affordable Care Act provides Medicare members no-cost access to a new type of primary care visit, known as the Annual Wellness Visit. During these visits, patients complete health questionnaires and work with their providers to develop personalized plans to identify the health care services, screenings, and behavior changes needed to address their health risks. Medicare’s focus on preventive care should enable older adults to stay healthier, longer and can help reduce the high costs associated with untreated chronic disease and illnesses.

The Challenge

Demand for elder-focused primary care will rise sharply as the Baby Boom generation ages and as more Medicare beneficiaries take advantage of their Annual Wellness Visit. To meet demand, health systems will need to leverage primary care providers – including doctors, nurses, and health coaches – in the care of older adults. To ensure high quality care, providers will need to develop knowledge and expertise in addressing health issues common in older patients.

Kaiser Permanente Solution

In 2009, prior to introduction of Medicare’s Annual Wellness Visit, Kaiser Permanente’s Georgia region implemented a plan to improve access to care for older adults. After holding meetings with multiple stakeholders, Kaiser Permanente Georgia developed a new type of office appointment, leveraging existing primary care physicians to deliver more comprehensive care to older patients. This new appointment model extends the traditional 20-minute primary care visit to 40 minutes, giving physicians and patients more time to discuss health issues. Before
the exam, patients fill out a health assessment questionnaire in the waiting room or with a nurse, making it easier for physicians to address unique health issues during the appointment. During the visit, physicians use a template in the electronic health record to guide them through a set of elder-focused care elements, such as:

- Review of functional status, memory, vision, advanced directives, and health issues, such as falls, incontinence, physical activity, and depression.
- Prompts for screening recommendations and treatment options based on nationally recognized preventive and elder-focused guidelines.
- Elder-focused patient education, covering topics such as incontinence and falls.
- The template also gives physicians easy access to age-appropriate clinical guidelines, referral recommendations, and patient education materials. These tools boost primary care physicians’ confidence and ability to provide high quality care for older adults.

**Outcomes**

After implementing the new appointment type, Kaiser Permanente Georgia experienced gains in several Healthcare Effectiveness Data and Information Set (HEDIS) and Health Outcomes Survey (HOS) measures. Between 2010 and 2012 Georgia saw:

- reduced use of pharmaceuticals that are contraindicated for older adults with dementia or a history of falls;
- improvements in fall risk management; and,
- improvements in osteoporosis testing overall and in osteoporosis management in women who had a fracture.

In addition, screening for depression and glaucoma improved, and the number of diagnoses for falls, depression, urinary incontinence and dementia increased. With prompts in the electronic health record and increased appointment time, primary care physicians relied less on referring patients to a geriatrician. Finally, Kaiser Permanente Georgia even saw an increase in screenings and diagnoses in older patients seen by physicians who conduct traditional, 20-minute visits. This change suggests that knowledge of health issues affecting older adults spread across a wide group of physicians.

**Practical Implications and Transferability**

Kaiser Permanente Georgia’s enhanced elder-care visit has been a springboard to improve care for older adults across Kaiser Permanente. We have developed a second iteration of the Georgia health assessment questionnaire, called a Total Health Assessment (THA). The THA can be completed online, by telephone or in the waiting room, and is automatically uploaded into the patient’s electronic health record. In the future, information from the Total Health Assessment – along with other patient data – will classify patients into different risk groups, enabling providers to identify and manage patients’ health issues more effectively. We are also testing new models of team-based care, which encourage other providers – such as pharmacists, nurses and social workers – to address the full needs of our older patients.

Kaiser Permanente is actively working to share our experience with improving health care for older adults. We have made our Total Health Assessment publicly available, and are consulting with the Center for Medicare and Medicaid Innovation to help Accountable Care Organizations adopt the THA.

*For more information, please contact:*
Kaiser Permanente Institute for Health Policy at [http://www.kp.org/ihp](http://www.kp.org/ihp)