

INTRODUCTION

- Annual Wellness visits (AWV) are associated with improved preventative services including vaccination and cancer screenings<sup>1</sup>
- While the AWVs have shown some benefits, they have been criticized for not being adapted to meet the needs of geriatric patients with chronic disease as it does not incorporate several care elements related to functional status and patient needs <sup>2</sup>

- Although AWV can be a useful guide to providing geriatric care, it is important to integrate 4Ms assessment to provide comprehensive geriatric care. This study is a quality improvement initiative to implement AFHS and improve compliance with Medicare Annual Wellness Visits <sup>3</sup>.

OBJECTIVES

- Educate the importance of integrating AWV in providing Age-Friendly healthcare
- Discuss challenges in implementing the 4Ms framework in a primary care setting!

METHODS

- To implement AFHS in a geriatric clinic, we identified a nurse champion who helped educate and implement AFHS and 4Ms guided by the AWV template in EHR.
- Completion of 4Ms was conducted by residents and medical students under the supervision of medical providers.
- Data was entered in the EHR as well as an Excel spreadsheet to ensure documentation.

Annual Wellness Visit and 4Ms Assessment: A Quality Improvement Project to Improve Age-Friendly Healthcare

Sweta Tewary, Ph.D., MSW, M.S., Naushira Pandya, MD, CMD, FACP, Desiree Simon, DNP, APRN, AGPCNP-BC  
South Florida Geriatric Workforce Enhancement Program, Department of Geriatrics (SFGWEP),  
Dr. Kiran C. Patel College of Osteopathic Medicine, Nova Southeastern University (NSU)

Chart Review

# (University Clinic) Total Completed: 15	AFHS “M” or surrogate addressed	% Completed
15/15	Medication Review and reconciliation	100
13/15	Mentation-Depression or cognition addressed PHQ2, qualitative comments mostly (few MOCHA, Mini-Cog, MMSE)	86.6
15/15	Mobility addressed (falls questions, TUG test, exercise, PT referral)	100
15/15	Matters Most- ACP documentation or refusal	100
13/15	All 4Ms completed including objective cognitive screening	86.6

Age Friendly Assessment 4Ms Implementation Process

**Engage/Screen/Assess**

Please check the boxes to indicate assessment performed during care or fill in the blanks if "Other"

How Visit Performed

☐ In-person  
☐ Phone visit  
☐ Video: Otto-Health

Assessment for

☐ What Matters  
☐ Mentation  
☐ Medications  
☐ Mobility  
☐ Opioid Risk Tool

Documentation located under

☐ Advance Directives  
☐ Screening Summary  
☐ Assessment/Plan Details

**List Question(s)**

Asked during today's visit that aided in assessing and aligning care with your patient's specific outcome goals and care preferences

Questions should encompass ALL areas and all 4Ms forms.

Assess Desire & Ability

☐ Connect w/family & friends  
☐ Functional IADL  
☐ Management of healthcare/meds  
☐ Maintain mobility  
☐ Think clearly

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ Advanced Care Directives  
☐ Healthcare Surrogate

**Check the medications screened during the visit today**

☐ Review of all prescription medication lists  
☐ OTC and supplement list (e.g. NSAIDS)  
☐ Highly anticholinergic medications (e.g., diphenhydramine, tertiary TCAs)  
☐ Benzodiazepines  
☐ Non-benzodiazepines  
☐ Opioids  
☐ Muscle relaxants  
☐ Sulfonylureas  
☐ Insulin

**Evaluate Mobility as relates to What Matters to the patient**

☐ At patient's goal  
☐ Below patient's goal

**Tool(s) used to screen for Depression, Mental status & dementia**

☐ Geriatric Depression Screen  
☐ PHQ-2, PHQ-9  
☐ SLUMS

Note the score below and any comments or observations

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Delirium Risk Factors**

☐ Dehydration  
☐ Infection/Sepsis  
☐ COVID-19  
☐ Adverse Drug Reaction  
☐ Depression  
☐ Pneumonia  
☐ MCI/CI

**How Information gathered in Annual Wellness Visit is used to improve patient well-being and provide care.**

☐ Referrals  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

☐ Education  
☐ Deprescribe

**ALIGN Care with What Matters Most**

Provide Education and educational materials to patient and family (if available and engaged)

☐ Diet  
☐ Exercise  
☐ Medication  
☐ Connecting (family, friends, hobbies)  
☐ \_\_\_\_\_

☐ Refer to community organizations for support  
Which organizations?  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

Questions on Advance Care Directives, refer to [prepareforyourcare.org](#)

**Medication Actions**

☐ Discuss deprescribing options  
☐ Deprescribe or reduce medication dosing  
☐ Refer to prescribing specialist  
☐ Refer to Pharmacist

☐ \_\_\_\_\_

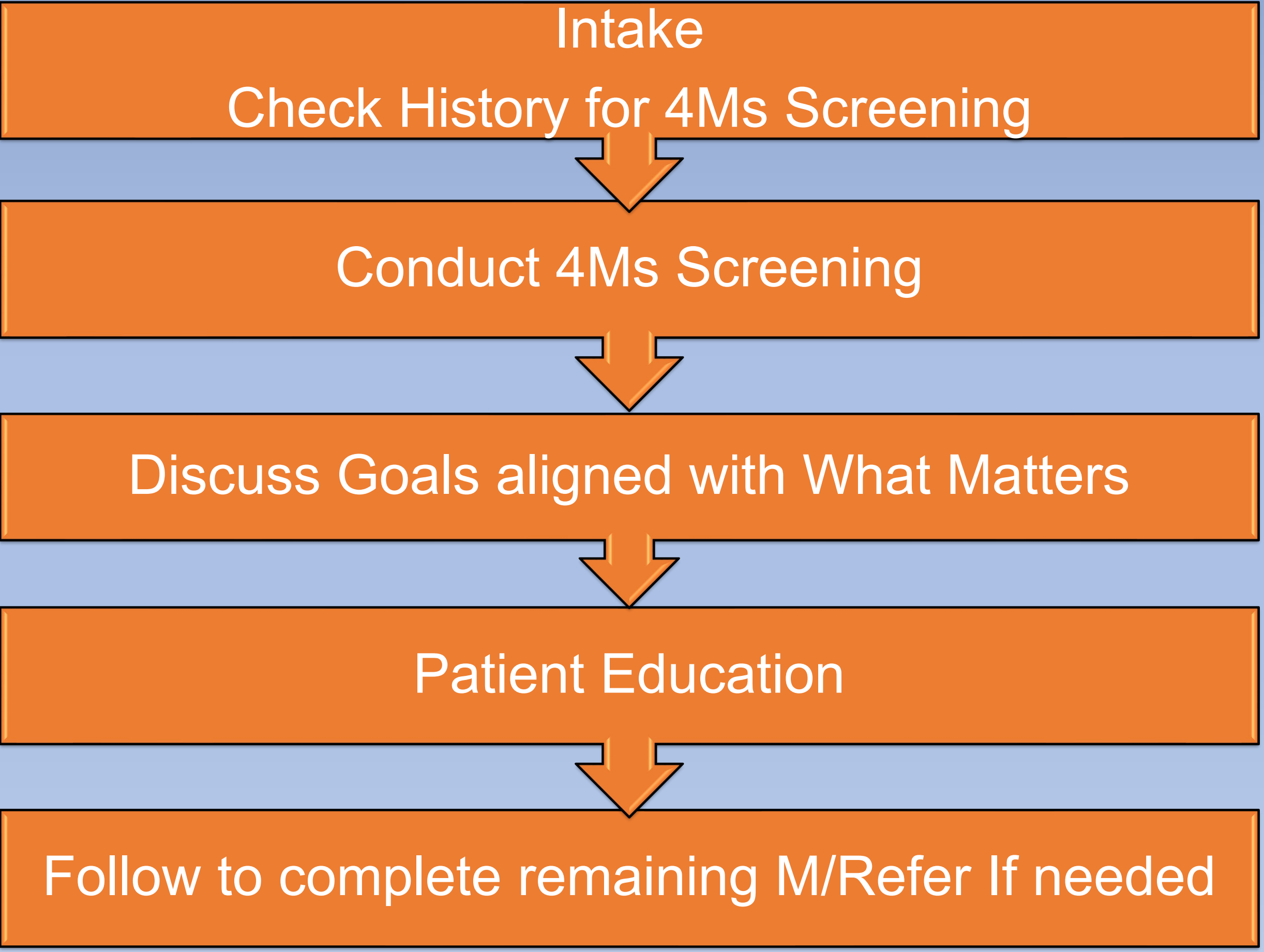
☐ \_\_\_\_\_

☐ MOBILITY: Set achievable goals with patient  
☐ Community exercise programs  
Which ones?  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

**Online Resources for Connection, Exercise, and Support Groups. Check which resources were recommended**

☐ Alzheimer's Association  
☐ Respite care for elder care givers  
☐ AARP Foundation, Connect 2 Affair, Community Connections  
☐ YMCA 360  
☐ Jewish Community Center  
• [Helpguide.org](#)  
• [www.southfloridacare.org/asp/Relocator](#)

☐ \_\_\_\_\_  
☐ \_\_\_\_\_



RESULTS

- Face-to-face implementation of 4Ms resulted in 100 % completion of medication review and reconciliation, mentation, mobility, and what matters. We were able to complete 4Ms on 13 patients from August 2022- February 2023.
- Implementation results suggest adapting the 4Ms assessment schedule for patients with complex chronic conditions who have multiple comorbidities and cognitive impairment.

DISCUSSION

- Completing the 4Ms assessment through AWV helps facilitate the completion of an overall physical, cognitive, and social assessment of older adults which is often ignored while navigating complex healthcare systems.
- Future studies should consider alternative methodologies for 4Ms completion. These could include intake forms completed by patients in the waiting rooms, incorporating and evaluating in-built EHR templates/smart forms, modifying workflows designed to support AWV and 4Ms assessment, and evaluating the role of AWV and 4Ms assessments in preventing the use of acute care services (e.g., emergency department and hospital visits and hospital readmissions).

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