Making the Most of Medicare’s Annual Wellness Visit

Kauley Jones - President
Physician Consulting, Inc. (PCI)
Do’s and Don'ts of Medicare AWV

- Avoiding the **Pitfalls** of CMS requirements
- Maximizing the **Profits** with preventive benefits
- Capitalizing on the **Potential** with ancillary services
First - Review the AWV Opportunity

Welcome to Medicare Visit (IPPE) – G0402
Annual Wellness Visit (AWV) – G0438
Subsequent Annual Wellness Visit (AWV) – G0439
Welcome to Medicare Visit (IPPE) - G0402
$156.46

The Welcome to Medicare Visit is officially called the Initial Preventive Physical Exam (not really a physical exam)

- Within the First 12 Months of Medicare Part B Eligibility
- Health Risk Assessment (HRA) – To be filled out by the patient prior to the Welcome to Medicare (IPPE) Visit (required by Medicare)
- Includes Personalized Prevention Plan (PPPS)
The Annual Wellness Visit is intended for your Medicare patients that no longer qualify for the once only Welcome to Medicare Visit. Though similar, the Annual Wellness Visit has slightly different requirements.

- No vision test or EKG requirement
- 12 Months after an IPPE – Or 12 Months After Part B Eligibility if there has not been an IPPE
- Health Risk Assessment (HRA) – To be filled out by the patient prior to the Annual Wellness Visit (required by Medicare)
- Includes Personalized Prevention Plan (PPPS)
Subsequent Annual Wellness Visit (AWV) G0439 $111.46

The Subsequent Annual Wellness Visit is intended as a yearly update to the initial AWV.

- 12 Months after an initial AWV and each year thereafter even if patient changes physicians.
- Health Risk Assessment (HRA) – To be filled out by the patient prior to the Annual Wellness Visit (required by Medicare)
- Includes Personalized Prevention Plan (PPPS)
Avoiding AWV Pitfalls
Less than 7% of eligible patients have received AWV benefit

Physician Complaints:
Not enough time - 55 minutes per visit
Not enough staff - full time staff person needed
Not enough space - exam room needed for 55 min.
Not enough knowledge about visit requirements
No forms for electronic collection
No access or integration with EMR
Avoiding AWV Pitfalls
Less than 7% of eligible patients have received AWV benefit

Patient Complaints:
33% say Physician didn’t review their medications
62% say Physician didn’t ask about their mood
70% say Physician didn’t ask if they have fallen down
72% say Physician didn’t ask if they have problems completing their daily activities
77% say Physician didn’t ask if they need help with personal tasks like bathing or using bathroom
81% say Physician had not talked to them about how to avoid falling
78% say Physician had not spoken to them about community resources
Avoiding AWV Pitfalls of CMS Requirements:

Health Risk Assessment (HRA)
- Collects self-reported information
- Administered by patient or health professional before, or as a part of AWV
- HRA includes:
  - Demographic Data
    - Past medical & surgical history, including illness, hospital stays, operations, allergies, injuries
    - Use of medications and supplements (calcium & vitamins)
    - Medical events parents, siblings or children may increase risk
  - Self-assessment of health status
Avoiding AWV Pitfalls of CMS Requirements:

- HRA includes:
  - Psychological risks
    - Depression screen
  - Behavioral risks
    - Alcohol & Tobacco
  - Review of functional ability & level of safety
    - Hearing impairment
    - Activities of daily living (ADLs) – Self Care Tasks
    - Instrumental ADLs – Let’s an individual live independently
    - Fall risk & home safety
  - Assess: Height, weight BMI, blood pressure
  - List of current providers and suppliers involved medical care
  - Assess cognitive function
Avoiding AWV Pitfalls of CMS Requirements:

- Personal Preventive Plan Services (PPPS) written 5-10 year personalized health plan
  - Written screening schedule
    - Recommended immunizations
    - Health status & screening history
    - Age appropriate preventive services covered by Medicare
- PPPS must include a list of risk factors with recommended specific interventions for each risk
  - Mental health risks or conditions identified through AWV
Avoiding AWV Pitfalls of CMS Requirements:

- The PPPS must include personalized health advice and referrals that include:
  
  ✓ Community & national health education referrals and/or counseling services, in-office counseling, return appointments
  • Weight loss, physical activity, tobacco cessation, alcohol, fall prevention and nutrition

- CMS specifically does not accept general recommendations, such as, exercise more, eat less or drink alcohol less, etc.

- **Written PPPS must be provided to patient on the day of the AWV**

- Subsequent AWV – Update of HRA & PPPS
Avoiding AWV Pitfalls of CMS Requirements:

Recommend that physicians utilize HRA/PPPS template service:
- Paper template is doable
- Online template is optimal

- All the referral services are gathered once per provider/office.
- The patient can complete HRA online or paper & MA enters.
- PPPS is automatically generated based on patients HRA.
- Additionally, online can be uploaded to EMR.
- The IPPE and AWV have no specific time requirements. Reimbursement is based solely on the completed provision of the required components. Office time can be 15-55 min, but is not required to be documented as in office time or provider/patient face to face time.
- On-line reduces office time to 15-20 min.
Patient Must Complete Before Office Visit (ALL Questions Must Be Answered)

**STEP 1**

**Patient Name:** Simpson Sample  
**Date of Birth:** 02-19-1944

**Provider Name:** Newtest Provider, MD  
**Gender:** Male

**Tobacco and Alcohol Section**

- **Tobacco:**  
  - Never  
  - 2nd Hand  
  - Prior Use  
  - Currently Use - Type: Cigarettes  
  - Amount: 1 pack  
  - # Per Day

- **Alcohol:**  
  - How often did you have a drink containing alcohol in the past year?  
    - Never  
    - Two to four times a month  
    - Four or more times a week  
    - Monthly or less  
    - Two to three times a week
  - How many drinks did you have on a typical day when you were drinking this year?  
    - 1 or 2  
    - 3 or 4  
    - 5 or 6  
    - 7 to 9  
    - NA

**Depression**

Over the LAST 2 WEEKS have you been bothered by any of the following problems?  
- Little interest or pleasure in doing things?  
- Feeling down, depressed or hopeless?

**Caffeine, Drug Abuse & HIV Risk**

- **Caffeine:**  
  - Never  
  - Occasional Use  
  - Daily Use - Type: Coffee  
  - Amount: 1 cup  
  - # Per Day
  - Daily Use - Type: Iced Tea  
  - Amount: 4 glasses  
  - # Per Day

- **Drug Abuse:**  
  - Never  
  - Occasional  
  - Prior Use  
  - Currently Use
Health Risk Assessment

Patient Must Complete Before Office Visit (ALL Questions Must Be Answered)

**STEP 1**

**STEP 2**

**STEP 3**

**STEP 4**

**STEP 5**

**STEP 6**

**STEP 7**

**STEP 8**

**STEP 9**

**STEP 10**

**STEP 11**

**STEP 12**

**Patient Name:** Simpson Sample

**Hearing**

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does a hearing problem cause you to feel embarrassed when you meet new people?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does a hearing problem cause you to feel frustrated when talking to members of your family?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Home Safety**

<table>
<thead>
<tr>
<th>Home Safety</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are emergency numbers kept by the phone and regularly updated?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are all household members aware of the dangers of smoking, especially in bed?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are firearms, if any, stored unloaded and securely locked?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are working smoke alarm(s) and fire extinguisher(s) available for use?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do all household members know how to use the fire extinguisher(s)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have throw rugs, if any, been removed or secured down?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are all electrical cords in working order, easily seen, and not run under rugs/line or wrapped around nails?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are non-slip mats in all bathtubs and showers?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do all stairways, if any, have a railing or banister?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are doorways, halls, and stairs free of clutter?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are sidewalks and all outdoor steps clear of tools, toys, and other articles?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
## Simpson Sample
Preventive Health Services Plan
DOB: 02-19-1944
Wellness Visit Date: Dec 06, 2012

<table>
<thead>
<tr>
<th>Schedule Now</th>
<th>Referral</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Screening Tests</td>
<td></td>
<td>Call within the next 3 business days for an appointment</td>
</tr>
<tr>
<td>No Co-pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>FOBT - Medical Testing Centers of Florida</td>
<td></td>
</tr>
<tr>
<td>Co-pay may apply</td>
<td>19738 Highway 19 North Clearwater, FL 33756</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(727) 584-2222</td>
<td></td>
</tr>
<tr>
<td>Seasonal Influenza Virus Vaccine</td>
<td></td>
<td>Administr today</td>
</tr>
<tr>
<td>Co-pay &amp; deductible may apply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Safety</td>
<td>Address these issues in your home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keep emergency numbers by the phone and/or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>programmed into your cell phone and update</td>
<td></td>
</tr>
<tr>
<td></td>
<td>regularly.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keep all firearms stored unloaded and securely locked.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Place a non-slip mat in all bathtubs and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>showers.</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>Heath Education Associates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1457 Clark Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clearwater, FL 33756</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(727) 258-9595</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Call to set up appointment. Ask for Andrea Miller</td>
<td></td>
</tr>
<tr>
<td>Same Day Services</td>
<td>In-Office FBOT Test</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In-Office Prostate Exam</td>
<td></td>
</tr>
<tr>
<td>Seat Belt Safety</td>
<td>Why You Should Wear A Seat Belt.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Here are 10 reasons to wear your seat belt in addition to the automatic $100 fine.</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>Refer for Follow-up Visit</td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td>In-Office Tobacco Counseling Counseling</td>
<td></td>
</tr>
</tbody>
</table>
### Maximizing the Profits with Preventive Benefits

Annual Alcohol Screen - G0442  $17.41 (15 min.)  
Annual Depression Screen - G0444  $17.41 (15 min.)  
Annual Colorectal Cancer (FOBT) Test ($3 kit cost) G0328QW  $22.53  
Abdominal Aortic Aneurysm (AAA) - IPPE referral 1st 12 months G0389  
$112.99 (10 min.)

<table>
<thead>
<tr>
<th>Initial Medicare Patients</th>
<th>1st Annual Visit</th>
<th>Sub. Annual Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$156.46 - G0402</td>
<td>$167.03 - G0438</td>
<td>$111.46 - G0439</td>
</tr>
<tr>
<td>$17.41 - Annual Alcohol</td>
<td>$17.41</td>
<td>$17.41</td>
</tr>
<tr>
<td>$17.41 - Annual Depression</td>
<td>$17.41</td>
<td>$17.41</td>
</tr>
<tr>
<td>$22.53 - Annual FOBT</td>
<td>$22.53</td>
<td>$22.53</td>
</tr>
<tr>
<td><strong>$213.81</strong></td>
<td><strong>$224.38</strong></td>
<td><strong>$168.81</strong></td>
</tr>
<tr>
<td><strong>$112.99</strong> - AAA (IPPE Referral)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>$326.80</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Maximizing the **Profits** with Additional Services

Smoking Cessation Counseling - G0436  $13.67 (8) (3-10 min.)  OR
Smoking Cessation Counseling - G0437  $28.35 (8) (10-20 min.)

**G0436:** Smoking and tobacco cessation counseling visit for the asymptomatic patient; greater than 3 minutes, up to 10 minutes, **or**

**G0437:** Smoking and tobacco cessation counseling visit for the asymptomatic patient; greater than 10 minutes.
Maximizing the **Profits** with Additional Services

Smoking Cessation Counseling - G0436  $13.67 (8) (3-10 min.) OR
Smoking Cessation Counseling - G0437  $28.35 (8) (10-20 min.)

Each behavioral counseling intervention should be consistent with the 5A’s approach that has been adopted by the USPSTF

- **Assess:** Ask about factors affecting choice of behavior.
- **Advise:** Give clear, specific, and personalized behavior change advice.
- **Agree:** Collaboratively set goals based on patient’s willingness to change.
- **Assist:** Using behavior change techniques.
- **Arrange:** Schedule follow-up to provide ongoing support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

Resource List
Maximizing the **Profits** with **Additional** Services

Alcohol Counseling - G0443  $25.26 - (4) (15 min.)

- CMS does not identify specific alcohol misuse screening tools
- Medicare patients who misuse alcohol but do not meet criteria for alcohol dependence.

Each behavioral counseling intervention should be consistent with the 5A’s approach that has been adopted by the USPSTF

Resource List
Age 65 and Over - Appropriate Levels of Alcohol Consumption

In its *Physician's Guide to Helping Patients With Alcohol Problems*, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) offers recommendations for low-risk drinking. For individuals over the age of 65, NIAAA recommends "no more than one drink per day". The Consensus Panel endorses that recommendation and the accompanying refinements presented below:

- No more than one drink per day
- Maximum of two drinks on any drinking occasion (New Year's Eve, weddings)
- Somewhat lower limits for women.

A standard drink is one can (12 oz.) of beer or ale; a single shot (1.5 oz.) of hard liquor; a glass (5 oz.) of wine; or a small glass (4 oz.) of sherry, liqueur, or aperitif. The Panel's purpose in promoting these limits is to establish a "safety zone" for healthy older adults who drink. Older men and women who do not have serious or unstable medical problems and are not taking proactive medications are unlikely to incur problems with alcohol if they adhere to these guidelines. The goal is to foster sensible drinking that avoids health risks, while allowing older adults to obtain the beneficial effects that may accrue from alcohol. Older adults' alcohol use should be considered as spanning a spectrum from abstinence to dependence rather than falling into rigid categories.

Conducting Brief Interventions for At-Risk or Problem Older Adults

Research has shown that 10 to 30 percent of problem drinkers reduce their drinking to moderate levels following a brief intervention by a physician or other clinician. A brief intervention is one or more counseling sessions, which may include motivation-for-change strategies, patient education, assessment and direct feedback, contracting and goal setting, and behavioral modification techniques.

Older adults present unique challenges to those applying brief intervention strategies for reducing alcohol consumption. Because many older at-risk and problem drinkers are ashamed about their drinking, intervention strategies need to be especially non-confrontational and supportive. In addition the consumption level that constitutes at-risk drinking is lower than that for younger individuals, even low levels can be dangerous. Chronic medical conditions may make it more difficult for clinicians to recognize the role of alcohol in decreases in functioning and quality of life. These issues must be kept in mind during brief interventions with this vulnerable population.

Following identification of at-risk or problem drinkers through screening techniques, a semi-structured brief intervention can be conducted. An older adult-specific brief intervention should include the following steps:

1. Customized feedback on patient's responses to screening questions about drinking patterns and other health habits such as smoking and nutrition.
2. Discussion of types of drinkers in the United States and where the patient's drinking patterns fit into the population norms for his or her age group.
3. Reasons for drinking. This is particularly important because the practitioner needs to understand the role of alcohol in the context of the older patient's life, including coping with loss and loneliness.
4. Consequences of heavier drinking. Some older patients may experience problems in physical, psychological, or social functioning even though they are drinking below cutoff levels.
5. Reasons to cut down or quit drinking. Maintaining independence, physical health, financial security, and mental capacity can be key motivators in this age group.
6. Sensible drinking limits and strategies for cutting down or quitting. Strategies that are useful in this age group include developing social opportunities that do not involve alcohol, getting reacquainted with hobbies and interests from earlier in life, and pursuing volunteer activities, if possible.
7. Drinking agreement in the form of a prescription. Agreed-upon drinking limits that are signed by the patient and the practitioner are particularly effective in changing drinking patterns.
8. Coping with risky situations. Social isolation, boredom, and negative family interactions can present special problems in this age group.
9. Summary of the session.
Maximizing the **Profits with Additional Services**

Additional Benefit  Reimbursements

Annual Cardiovascular Disease Therapy - G0446 $25.26 (15 min.)

- CMS will cover one face-to-face CVD risk reduction visit each year for Medicare beneficiaries.
- CMS outlined three elements for intensive behavioral therapy (IBT) for cardiovascular disease risk. The components are:
  1. Encouraging aspirin use for the primary prevention of cardiovascular disease when benefits outweigh risks for men ages 45 to 79 and women 55 to 79.
  2. Screening for high blood pressure
  3. Counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advanced age, and other known risk factors for cardiovascular and diet-related chronic disease.
- Each behavioral counseling intervention should be consistent with the 5A’s approach that has been adopted by the USPSTF.
Maximizing the **Profits** with Additional Services

Additional Preventive Benefit Reimbursements

Obesity Counseling - G0447 $25.26 - (8) (15 min)

- BMI equal to or greater than 30 kg/m²
  - One face-to-face visit every week for the first month
  - One face-to-face visit every other week for months 2-6
  - One face-to-face visit every month for months 7-12, if the beneficiary meets the 3kg (6.6 lbs.) weight loss requirement during the first 6 months
Maximizing the **Profits with Additional Services**

Obesity Counseling - G0447 $25.26 - (8)(15 min)

Intensive Behavioral Therapy (IBT) for obesity consists of the following:

1. Screening for obesity in adults using measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed kg/m²)
2. Dietary (nutritional) assessment
3. Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.

Each behavioral counseling intervention should be consistent with the 5A’s approach that has been adopted by the USPSTF

Resource List
### Maximizing the Profits with Potential Benefits

Smoking Cessation Counseling - G0437  $28.35 (8) (10-20 min.) = $226.80
Alcohol Counseling - G0443  $25.26 - (4) (15 min.) = $101.04
Annual Cardiovascular Disease Therapy - G0446 $25.26 (15 min.)
Obesity Counseling - G0447  $25.26 - (8) (15 min) = $202.08

<table>
<thead>
<tr>
<th>Initial Medicare Patients</th>
<th>1\text{st} Annual Visit</th>
<th>Sub. Annual Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$213.81</td>
<td>$224.38</td>
<td>$168.81</td>
</tr>
<tr>
<td>$112.99 - AAA (IPPE Referral)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$326.80</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Counseling       Counseling       Counseling
?                  ?                          ?
IDEA! Combine IPPE/AWV with Annual Physical

- Less than 7% of Medicare patients are coming in for AWV
- The AWV does not require or reimburse for physical exam
- Some Medicare patients object to coming in for AWV with no physical exam.
- What % of your Medicare patients come in for a non-covered Comprehensive Physical Exam (CPE)?
- Studies prove that eliminating out-of-pocket expense dramatically improves participation by Medicare patients.
- You may want to include a physical exam at no charge as part of your AWV which will increase AWV participation.
- More revenue from AWV with the allowable annual screens than CPE.
- Let your patients know you will provide a CPE at no out-of-pocket to them while most practices charge for CPE.
Personalized Medicine

Drug Interactions – Major Medical Problem

- 2.2 million severe reactions/year
- $177 billion in increased direct health care costs per year
- Cost leader for malpractice payouts
- New tools can help address this issue

Leading Causes of Death in U.S.

- Heart Disease: 100,000 deaths by properly prescribed drugs
- Cancer: 80,000 deaths by improperly prescribed drugs
- Total: 180,000 deaths by prescription drugs

Sources of Data: U.S. Centers for Disease Control and Prevention and Journal of the American Medical Association (JAMA); links below.
Personalized Medicine

Drug Interactions – Major Medical Problem

- Personalized Medicine Management Services based on genotyping (A.K.A. DNA Drug Sensitivity Testing)
- Medicare covered testing with no copay
- Allows HealthCare Providers to identify BOTH drug-to-drug interactions AND drug-to-gene interactions
- Helps HealthCare Providers match medications based on individual patient’s ability to metabolize medications
- Reduce ADR’s
- Reduce Treatment Failures
Personalized Medicine

Drug Interactions – Major Medical Problem

- Bring patient back in for review of testing typically 99213.
- Differentiation – YOU practice PERSONALIZED MEDICINE
- Reduce time spent on trial and error with medications
- Improved outcomes – may be rewarded and incentivized by Managed Care groups
- Medicare PQRI and also EMR Meaningful Use

Most seniors have multiple medications and are at the highest risk for drug interactions
Capitalizing on the Potential with Ancillary Services

Primary Care Allergy Program
The American Academy of Allergy Asthma & Immunology (AAAAI) states 1 out of 4 primary care patients suffer with allergies.

The American College of Allergy Asthma & Immunology (ACAAI) has indicated the number of allergists is declining while the need for allergy services is increasing 35%.

The World Allergy Organization is calling for primary care physicians to receive training to assist their patients with allergic disease.

Introduce a turnkey staff facilitated revenue generating allergy testing & treatment program into your practice and improve patient outcomes while increasing revenue $550 per patient per year.
Capitalizing on the **Potential** with Ancillary Services

**Primary Care Obstructive Sleep Apnea (OSA) Program**

Over 15 conditions linked to OSA including: Diabetes, Obesity, Heart Disease, Stroke, Hypertension, Mood Disorders, Restless Leg Syndrome, MS, Fatigue, Sleep Disorders, ADHD, Migraine Headaches, and Hypothyroidism

- OSA involved in 80% of nocturnal strokes
- Increases hypertension by 45%
- OSA is prevalent in 70% of dementia cases
- Decreases life span by 8-10 years

Introduce a turnkey **staff facilitated** revenue generating OSA screening & treatment program into your practice and improve patient outcomes while increasing revenue $240 per patient per year.
Capitalizing on the Potential with Ancillary Services

Additional Ancillary Services

- Pulmonary Function Testing (Spirometer)
- Holter Monitor
- Treadmill Stress Test
- Ultrasound Doppler - AAA, Carotid Artery Screen, Peripheral Artery Screen
- Bone Density Testing
- Pain Program
- Weight Loss
- Nutrition
- Hormones
- On-site Labs
- Imaging
- Addiction Medicine
Kauley Jones
Physician Consulting, Inc.
kauley@pciSTEPplan.com

Complimentary Resource List:
- Copy of Presentation
- ABCs of AWV Chart
- AWV CMS Guide
- On-line HRA/PPPS Resource
- Counseling Templates – Smoking, Alcohol, Cardiovascular, Obesity
- Allergy Program Resource
- OSA Program Resource
- Personalized Medicine Resource
- Ancillary Services Resources