

UW Medicine Local Primary Care Clinics

UW Medicine Central Population Coordinators

Team Structure

- Staff are based in the clinics:
 - Panel Manager
 - Medical Assistants
 - PSR Team

Target Populations for Outreach

AWVs: Medicare Advantage

- Initial/First Annual Wellness Visit (G0438)
- Subsequent Annual Wellness Visit (G0439)

Care Gaps: Due, Overdue or Uncontrolled – all Empaneled patients and active un-empaneled

- In-reach to close care gaps for empaneled patients with an upcoming scheduled visit
- Bulk eCare/letters sent to remind patients of care gaps due & invite to schedule
- Panel Management Meetings focus on team-based planning for customized outreach to empaneled patients

Empanelment

- Clinic staff ask patients “every visit, every time” to confirm their PCP or to become empaneled if they haven’t yet done so
- Updating Gen PCP Field and Primary Location as needed to ensure accuracy

Team Structure

- Staff work remotely and are assigned to specific clinics:
 - 9.0 FTE serving UWNC, NWH, and HMC Primary Care Clinics

Target Populations for Outreach

AWVs: Medicare Advantage, Medicare Traditional

- Initial Preventive Physical Exam | IPPE | “Welcome to Medicare” Visit (G0402)
- Initial/First Annual Wellness Visit (G0438)
- Subsequent Annual Wellness Visit (G0439)

Care Gaps: Due, Overdue or Uncontrolled – Value Based Populations, Commercial, Medicare Advantage, sub-populations of interest (eg. Care disparities)

- Diabetes Care – HgbA1c control $\leq 9.0\%$, BP control $< 140/90$, Nephropathy testing, Retinal eye exam
- Hypertension – BP Control $< 140/90$
- Cancer screenings – Breast, Cervical, Colorectal, Lung

Panel Maintenance

- Document “not UWM patients” in encounter, and route to clinic
- Mail bulk communications (letters and eCare) sent at 24, 30 and 34 months
- Bulk Panel clean-up for patients with no PC clinical encounter in > 36 months

AWVs for Medicare Advantage

HEDIS Care Gaps