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## Education and Incentivizing to Increase Preventative Screenings and Value-based Care

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Education and incentivizing to increase preventative screenings and value-based care.

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Bio:

Jacob Newkirk graduated in May 2021 with a BS in Health Care Leadership from Valparaiso University and will complete a Master of Health Administration in May 2022. He currently works for an FQHC in Valparaiso, where he is an integral employee of Quality Department. His practicum experience was completed at his current employer, where he collaborated with and supported a team of multidisciplinary staff members to improve Medicare Advantage Wellness Visit outcomes. He is passionate about serving vulnerable communities and improving overall health outcomes. Following graduation, Jacob intends to continue working in Quality for FQHC's in Indianapolis.

Abstract

The United States healthcare system has gradually made a transition from fee for service care to value based care. In 2015 the Medicare Access and CHIP Reauthorization Act (MACRA) was created to help the Centers for Medicare and Medicaid Services (CMS) create a number of quality incentive based programs for providers to help transition to rewarding for quality, instead of quantity, outcomes. These programs promote better care for individuals and better health for populations all at a lower cost. Quality-based payments are measured based on different preventative screenings and testing that a patient has completed with their provider. The more preventative screenings that are completed, the more incentive dollars the provider or practice generates, thus decreasing the overall cost of care. The purpose of this evidence-based project was to increase the number of wellness visits for Medicare Advantage members at a Federally Qualified Health Center (FQHC) to increase preventative care for patients and quality-based payments for providers. The denominator included patients who were on a Medicare Advantage Plan assigned to the FQHC (N = 1,599) that were due for an annual Medicare wellness visit for 2022. Patients who didn't have a wellness visit in 2021 were first contacted to schedule and complete theirs with their primary care provider. Next, patients who had completed their wellness visit 12 months prior were contacted to come in to complete their wellness visit. The number of completed Medicare Wellness Visits for Q1 2022 were compared to Q1 2021. 263 Medicare Wellness Visits were completed Q1 2022, versus the 109 completed in Q1 2021. This demonstrates a 141% overall increase in schedules and completed Medicare Advantage Wellness Visits. With the increased number of wellness visits completed, there were also an increase in completed clinical quality metrics screenings too. Of patients that had completed a Wellness Visit in Q1 2022, 56.3% had completed a Breast Cancer Screening, 64.5% had completed a Colorectal Cancer Screening, and 51% had completed a Hepatitis C Screening. These findings will be used for future projects that can help increase quality of care and better patient outcomes.

*Keywords:* preventative screening, value-based care, wellness, Medicare, outcomes