

Health Risk Assessment — Review Checklist

A health risk assessment (HRA) is a required element of the Medicare Annual Wellness Visit (AWV). An HRA identifies behaviors and risk factors known only to the patient. It is used, in conjunction with other information to develop plans for risk reduction. The HRA should take no more than 20 minutes for the patient to complete. The Centers for Disease Control and Prevention recommends that an HRA for Medicare beneficiaries include the following elements:

___ Self-assessment of health status, frailty, and physical functioning

___ Biometric assessments

- Height, weight, body mass index (BMI)
- Systolic/diastolic blood pressure
- Blood lipids (HDL/LDL and total cholesterol, triglycerides)
- Blood glucose

___ Psychosocial risks

- Depression²³/life satisfaction
- Stress/anger
- Loneliness/social isolation
- Pain/fatigue

___ Behavioral risks

- Tobacco use
- Physical activity
- Nutrition and oral health
- Alcohol consumption
- Sexual practices
- Motor vehicle safety (seat belt use)
- Home safety

___ For Medicare beneficiaries > 65 years of age

- Memory – cognition assessment as an additional aspect of the AWV.
- Fall risk.
- Hearing impairment.
- Activities of daily living (ADLs) – i.e., dressing, feeding, toileting, grooming, physical ambulation, including balance/risk of falls, and bathing.
- Instrumental activities of daily living (IADLs) – i.e., shopping, food preparation, using the telephone, housekeeping, laundry, mode of transportation, responsibility for own medications, and ability to handle finances.

Screenings, behavioral counseling, and chemoprophylaxis receiving “A” or “B” recommendations from the US Preventive Services Task Force (for age and gender of the patient). For detail see: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html>

Optional additional elements that can be include in health risk assessment.

- Food insecurity
- Housing insecurity
- Abuse/domestic violence

Patients may also be offered the opportunity to talk with their provider about end-of-life or advance care planning. The Medicare co-pay is waived for advance care planning if it is provided in conjunction with the Annual Wellness Visit.

1 Providers should seek to avoid unnecessary duplication of data collection – for example, by pre-populating demographic, medical/family history, and biometric assessment data from their electronic health records.

2 For patients without a current diagnosis of depression, select a standardized screening test, recognized by national professional medical organizations. 3 Note that depression screening is a required element of the initial, but not subsequent, AWV.

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