Conversations About Wellness: A Qualitative Analysis of Patient Narratives Post Annual Wellness Visit

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Abstract

Support for successful aging in place requires an understanding of the factors that impede or support health promotion behaviors. Nurse-led monthly follow-up calls between annual wellness visits (AWV) offer the opportunity to both provide support and collect data which can inform development of effective health promotion strategies. The aim of this research was to provide ongoing support for health promotion efforts and explore factors playing a role in meeting AWV recommendations. A total of 144 visit summaries for 47 Medicare beneficiaries (65+) who had completed an AWV within the last year were analyzed using a thematic approach. Themes were organized into 7 categories with findings indicating the complexity of factors which influence health promotion behaviors. The importance of ensuring personalization of health promotion recommendations using data collected during the AWV and provision of ongoing support between visits may enhance health outcomes.

Keywords: Health Promotion; Healthy Aging; Annual Wellness Visit; Geriatric Nursing
Introduction

Successful aging for community-dwelling older adults requires an understanding of the factors which may support or impede their ability to do so. As the pool of caregivers for older Americans shrinks, and the numbers who are aging in place in homes or apartments increases, health care professionals are challenged to understand and respond to the complex health care needs of older adults.¹ Health interventions require an understanding of how older adults define their health, well-being, and the programs they might consider helpful to their efforts.² It is important to support self-care abilities and practices that foster health through collaborative efforts between providers and older adults.³

Sustained commitment and action to support healthy aging requires movement away from the continued focus on biomedical services and short-term acute, episodic care to a larger focus on health promotion and disease prevention, social support, autonomy, and control.⁴⁻⁶ The peer-reviewed literature has documented the role that social and environmental determinants contribute to chronic disease development, accounting for a substantial amount of the variance in adverse health outcomes.⁷ Other factors which older adults perceive as impacting their ability to live a healthy lifestyle health are also important to consider. Understanding what they perceive as supports or barriers in their day-today lives allows consideration by the families, communities, providers, or other support systems relevant to their care. Efforts by providers to collect and utilize such information is currently somewhat limited. The data are either not collected, not easily accessible for use when planning care, or identify needs felt to be beyond the ability of the provider to address. Holistic assessment and consideration of these factors which influence health outcomes, as well as provision of long-term preventive support and
The Medicare Annual Wellness Visit (AWV) covered by Medicare since 2011, with no co-pays or deductibles, offers the opportunity to enhance efforts to identify risks and support healthy aging for this population. The AWV, solely focused on wellness, is not a “hands-on” visit. At this visit, the provider assesses health risks using a health risk appraisal (HRA), provides preventive screening/lifestyle behavior change recommendations, and collaboratively develops a personalized prevention plan (PPP) with the patient to target needed preventive services and lifestyle behavior changes. Unfortunately, once the individual leaves the office, no further contact other than a possible one time follow-up call occurs. Research has indicated that follow-up care in the medical setting is important as a high-value, low-cost intervention, with follow-up calls presenting an opportunity to assist patients with medical questions and issues, increase patient adherence.

While the AWV provides a needed focus on health promotion, studies are needed which provide longitudinal data regarding health promotion and older adults. Gathering information concerning determinants of health and factors which support or impede health promotion behaviors in a cross-sectional manner, may result in data which are truly not reflective of the day-to-day experiences of older adults as they attempt to live a healthy lifestyle. Information regarding personal and environmental factors which reflect older adult perspectives is lacking. Greater understanding of these factors may provide the opportunity to develop more effective interventions for this population. The aim of this study was to explore older adults’ perceptions of factors which impede or support their ability to achieve health promotion goals as identified in their AWV and to provide ongoing support for implementation of the designated strategies.
Methods

Design

A qualitative descriptive approach was used to explore health promotion behaviors and efforts of older adults’ post AWV. This approach was selected to identify factors that support or impede such engagement from the perspective of the participant and to provide ongoing support for health promotion efforts between AWVs. Motivational interviewing and behavioral counseling strategies were used to guide monthly phone calls to participants. These strategies support active listening, development of trust, and respect for autonomy.\textsuperscript{17}

Sample/Setting/Recruitment

Simple random sampling was used to recruit participants from one location of an existing Midwest accountable care organization (ACO) providing wellness services to over 40,000 Medicare beneficiaries. To participate in the study, individuals needed to be community dwelling, independent Medicare beneficiaries, 65 years or older who had completed an AWV and retained full decision-making abilities regarding own care. Participants were recruited over a span of three months in two ways: 1) researcher presentation prior to health-focused class/activity offerings for this population by the ACO, or 2) provision of information about the study by staff or providers during the AWV; if they indicated interest in the study, the provider obtained consent to share information with the researcher. For those indicating interest in participation during ACO activities, written consent was obtained at that time. For individuals referred via the provider, verbal consent was obtained via the phone by the lead researcher followed by written consent obtained via the mail. This study was approved by the university’s institutional review board.

Data Collection
Calls were made monthly to participants by the lead researcher or senior level undergraduate nursing students hired as research assistants who were either currently enrolled or had completed the senior level public health nursing course. Students had previously received motivational interviewing training in their nursing curriculum. Upon selection as research assistants for this study, students were provided materials to review regarding behavioral counseling strategies (the 5 As)\textsuperscript{18}, and motivational interviewing. They also received a script to use for the phone calls which included a template to follow for call initiation, topics to be discussed, a review of what they could and could not recommend, and communication tips (see Table 1). A pdf fillable structured template was developed to document the conversation with the participant. This semi-structured guide facilitated consistent data collection and a common structure across the visit narratives (see Table 2). Students also had the flexibility to use additional questions as indicated by the flow of the conversation. Prior to call initiation, researchers or students reviewed a summary of the participants AWV recommendations and/or previous visit summaries. Speaker phones were used by the assistants for the calls to allow accurate documentation of the call as it occurred. A researcher was always directly available to students while calls were being made. The lead researcher sat with the research assistants during the initial set of calls to review communication technique and use of behavioral counseling and motivational interviewing techniques. Research assistants additionally had access to an online database of community resources and programs available to older adults in the surrounding community.

**Data Analysis**

Narrative and inductive thematic analysis were used as complementary approaches to analyze the documented visit narratives. Narrative analysis focused upon the stories being told
by the older adults, while inductive thematic analysis was used to identify, analyze and report themes based upon the narratives. Together, these approaches help identify the complexities of successful aging. Three researchers independently analyzed the deidentified visit narratives using the process as described by Braun (2006). Initially, researchers read the visit narratives in chronological order for each participant to familiarize themselves with the data. This was followed by generation of initial codes to describe the content, followed by organization into themes. Researchers then met and reviewed initial themes, coming to consensus on the themes generated by initial analysis. Further analysis including identification of categories accompanied by selection of extracts to represent each then occurred. A final meeting was held to ensure consensus. Additionally, researchers had access to the electronic health record to retrieve AWV documentation including recommendations; only data related to the AWV was accessed.

Results

Sample

Researchers received the names of 61 individuals who expressed potential interest in the study from ACO staff. Of those, a total of 47 participants were recruited for the study. Participants ranged in age from 65-83-years with a mean age of 72.22 (±5.68). The sample was 92% female and 97% non-Hispanic white. Participant records indicated an average of 5.82 diagnosed medical conditions (±3.014). Approximately 73% of the sample was considered overweight or obese. Only one participant self-reported their health as “poor”, the remainder reported health as good, very good or excellent. Five of the participants were full-time caregivers for a family member. No participants were lost to follow-up throughout the duration of the study.
**Phone Visits**

A total of 144 phone visits were made throughout the study time frame. The number of visits for each participant varied depending on when the participant entered the study and participant availability for calls. The number of visits ranged from 2 to 12, with the largest proportion of participants (64.8%) receiving 6 or more calls (see Figure 1).

**Thematic Categories**

Seven categories were identified: mental health, social support, stress, community/environment, motivation, health promotion behaviors, and health care access. Each theme is discussed below. Supporting quotes for each category can be found in Table 3.

**Mental health:** Mental health issues were noted for many of the participants. Almost 50% of the participants were diagnosed with or reported depression. Others identified feeling anxious or depressed, often due to recent death of a spouse, family rarely visiting, changes due to the process of aging, and the onset of winter. A participant who had lost her spouse several years ago, discussed still “feeling lost, anxious and depressed”, but indicated that even though she felt she needed something for anxiety or depression that it was not prescribed. Instead she was referred for behavioral counseling, something she said she “did not find helpful”. Several of the participants also discussed fearing cognitive decline; for most this fear increased participation in activities to support cognitive health such as puzzles and crosswords.

**Stress:** Multiple sources of stress were identified by participants; for most the stress was ongoing. Stress was primarily due to the strain of caregiving for a spouse with dementia or complex health issues, or secondary to helping other family members deal with legal, financial, or health issues (often serving as power-of-attorney). Participants indicated that the stress led to eating right and exercising becoming “low priorities” and creating difficulties finding time to
exercise or prepare healthy foods. Several reported having to travel to help a family member, often frequently at locations several hours away. One male participant caring for his wife who had early stage dementia indicated that at his AWV, staff recommended he start looking into placements for his wife. He reported being very upset by this recommendation, indicating that he currently was dealing fine with caregiving and that he would honor the vows he made to her. Follow-up discussions during the phone visits helped him to see that looking for a placement would be helpful once he did need it, and that staff were trying to ensure that he did not become overwhelmed.

**Social Support:** For most of the participants, many types of social support were identified. Frequent outings or activities with friends and family were common; several who lived in the same rural community where they grew up reported reconnecting with high school friends. Many were active in bible study, card groups, or book clubs. Several discussed watching their grandchildren either before or after school every day. All of these were identified as positive experiences which helped them to stay active and positive. Even for those participants who identified a role as a caregiver, positive comments were made about the social support they felt. However, several did acknowledge that the role interfered with their ability to leave the home and participate in social outings as frequently as they had in the past. A few participants described attending Weight Watchers groups or diabetes management sessions which helped provide ongoing support for weight and diabetes management.

**Community/Environment:** Characteristics of the local community including environmental aspects were often identified by participants. While most indicated that they felt safe walking in their community, a few of the participants reported that they did not walk outside due to feeling unsafe. Several discussed not walking outside due to the poor condition of streets or sidewalks.
or the lack of sidewalks, particularly in rural areas. Those living in rural areas discussed the lack of nearby places to exercise, indicating that if they wanted an indoor place to walk such as a mall or a facility to exercise in that they had to drive 25-30 minutes. Others who lived in urban areas, they discussed often attending exercise classes and using exercise equipment or resistance pools at the local YMCA or community wellness centers. For those who did not drive or have access to personal transportation, additional barriers to exercise were described. One participant indicated they would like to go to a local neighborhood center to exercise in the pool but had no way to get there. She did not have internet or computer access and was unaware of possible transportation options which might be helpful. During the AWV the provider recommended that she increase her physical activity level, but unfortunately the discussion did not include how she could do so given her situation (sadly this woman had a stroke during the study time frame).

Weather was also mentioned frequently with participants indicating that the winter weather kept them inside due to temperatures, increased fear of falling, and heightened levels of depression.

Motivation: Very few of the participants remembered recommendations made by the provider during their AWV. Most stated they were probably told to “eat right”, “lose weight” or “exercise more”. The participants often stated that they “wanted to do the right thing” and that they “knew what they should do”, but just either forgot or “didn’t get around to it”. For some, motivation to change behavior was increased by a screening result from the AWV such as a high blood sugar, cholesterol or blood pressure reading. Other risks identified during the AWV such as high BMI were not generally mentioned by participants during the visits.

Health Promotion Behaviors: Several of the participants described ongoing health promotion efforts. These included participation in activities offered through the wellness program such as aromatherapy, tai chi, and yoga. Others described working on balance through a local
community-based program or using an exercise area and resistance pool specifically for older adults at a brand-new YMCA facility. Many also discussed efforts to eat a healthy diet and the majority indicated compliance with recommended calcium and vitamin D—although several were taking only one or the other, not understanding the need to take both. While cost was cited as a barrier by a few of the participants to health promotion behaviors, many described the wealth of opportunities available to them through the free Medicare program Silver Sneakers. In many cases, follow-through was affected by other issues as previously described including the stress of dealing with family issues. Another factor noted commonly across the group related to the impact of injuries on physical activity. Across the duration of the study, 6 falls were documented for the group, many resulting in serious injury, required surgery or long-term rehabilitation. Other injuries occurred as well, all of which impacted the ability to participate in physical activity. Regardless, they disrupted the ability of the individual to participate in health promotion activities, affecting food preparation and physical activity. Overall, throughout the project timeframe, more than one participant indicated that the calls gave them the necessary reminder and “kick in the pants” to do better with healthy behaviors.

**Health Care Access:** Access reflected issues related to the provider and knowledge. For many, recommended screenings were scheduled at the visit, increasing the likelihood that they would follow-through. In other cases, they were told to follow-up or given a script to obtain a vaccine. Many participants reported finding the health system portal which was used to access health information or to sign-up for wellness program offerings confusing, difficult to use, and generally not up to date. Participants also described difficulties if they called the provider, stating that they were often referred back to the portal or that they did not receive calls back. Several discussed their desire to “just talk to someone” rather than deal with the portal.
Costs related to vision, hearing, and dental health needs were cited by approximately 25% of the participants. Some participants indicated not purchasing needed hearing aids or receiving a dental implant or crown due to cost. Others discussed waiting to purchase new glasses or frames. Most of the participants were unaware of community resources which might be able to help with these costs.

**Discussion**

This study enhanced understanding of factors which play a role in the day to day efforts of older adults as they attempt to live a healthy lifestyle. While many of the identified factors were not surprising, several underscore the need to enhance personalization of AWV recommendations and determine strategies which provide ongoing support to older adults between wellness visits. While health systems across the US are implementing wellness-focused programs to administer the AWV, the approach is still generally based upon a clinical model of care. This approach must change if we are to fully embrace wellness for older adults.23

Research has shown that psychosocial, socioeconomic, and geographical aspects lower the likelihood of health promotion behaviors.2,24-25 As this study documented, individual and contextual factors clearly matter; many of the participants described the impact of their lived experiences on engagement in health promotion activities. Unfortunately, based upon older adult narratives and a review of AWV documentation, recommendations did not reflect such factors for most participants. For most, it was clear in the AWV documentation that drop-down menus in the electronic health record (EHR) were predominantly used to populate the recommendations. Previous research regarding the AWV has indicated that implementation of AWV guidelines and use of HRA data to guide care are inconsistent.26-28
Consideration of all data collected is vital to health promotion efforts. Recommendations to increase physical activity or eat a healthier diet will not be implemented if community, environmental and social system issues are not considered and addressed. While the numbers of participants citing cost as a barrier were low, it was clear that for a few, intervention generated inequalities may have been occurring. In this study, many of the participants discussed legal, financial, or personal issues of family members resulting in them being dependent upon the older adult in some way. While older adults identified as caregivers are often asked about caregiver stress and offered (or encouraged) to avail themselves of caregiver services, those who are dealing with other family situations which generate a great deal of stress, are often not identified. This disrupted their lives and their focus, pre-empting health promotion behaviors. Minimal emphasis on the complex factors which impact health will severely impact outcomes.

The importance of ongoing support to the participants in this study was very clear; life circumstances often change dramatically from one visit to the next, affecting the ability to implement provider recommendations. Social support is important to older adults; while AWV documentation generally listed only family members, at times it also included churches or other community-based activities/organizations. Older adults often mentioned these activities and how beneficial they were to well-being and cognitive care support. Social support for health promotion behaviors may occur through integration of touchpoints into wellness management programming after the AWV. Early follow-up is crucial, allowing clarification of recommendations and the ability to address any issues/barriers, thereby increasing patient adherence. How this support is provided may differ from one older adult to another relative to the type of support needed, the way it is delivered, and how frequently it occurs. Research has
indicated that programs which include frequent in-person contact using differing modes of delivery and care coordination enhance well-being.$^{15,17,23,29}$

A recently reported study conducted in the Netherlands evaluated a nurse-led intervention to implement a process similar to the US AWV with community-dwelling older adults. Results demonstrated that older adults perceived the nurses as a personal support system, and appreciated sharing information, being involved in self-care, being listened to, mutual trust, and remaining independent.$^{17}$ Another study reported the utility of interdisciplinary group visits to support chronic disease management among community-dwelling older adults. This study found that the visits promoted disease self-management ability and healthy behaviors. Participants also rated their care as more accessible and more sensitive to their needs.$^{29}$

Technology may provide options which are less time and cost-intensive than the in-person options described above. Greater numbers of older adults’ report having and routinely using smart phones and being more receptive to use of technology for healthcare related issues. However, multiple barriers relative to portal use have been reported as limiting use including lack of training, usability, limited health literacy, privacy and security concerns, and the need to access different portals for providers in separate health care systems.$^{30}$ If adapted to suit their needs such as enhancing usability through use of appropriate font sizes and colors, older adults can be empowered to better manage health.$^{2}$ Research has indicated that portals positively impact outcomes including management of chronic disease, adherence to treatment, and patient-provider communication.$^{30}$

Finally, it is important to support community development and capacity building to ensure equitable access to disease prevention and health promotion services. Strengthening intersectoral collaboration helps develop a community environment that supports health
promotion behaviors. Integration of existing community resources or organizations which support older adults into the care network can decrease fragmentation and enhance access to needed services.24,31

Nurses in a variety of settings and roles can provide strong support for the previously described health promotion initiatives with older adults. Nurses in both the healthcare system and the community are vital to the success of health promotion efforts. By nature, nurses are collaborative and bring a holistic focus to patient care, placing them in position to lead health promotion efforts. They are also highly trusted by patients and perceived as good listeners. Older adults value sharing their stories with someone who will listen. Just discussing a barrier or a challenge may help them find a way to overcome it. Alternatively, being able to share an achievement, no matter how small, may encourage them to continue health promotion efforts.

Limitations

Due to difficulties in recruiting, participants were recruited over a span of time rather than a one-month time span. Additionally, some participants did not answer at their normally scheduled time or forgot about the calls, necessitating rescheduling. Visits were not recorded, thus even though guidelines and supports were in place to enhance accurate visit documentation, that cannot be fully ensured. Lastly, due to research restrictions which occurred relative to the Covid-19 pandemic, calls stopped prior to the completion of a full year of calls for some participants. These issues contributed to differences in the numbers of calls to participants. Also, the researchers acknowledge that patients often forget what they are told during an office visit, thus emphasizing the need for ongoing support. While the older adults in this study enjoyed the monthly phone calls, that may not be the same for everyone. Despite the limitations, the
researchers conducting the study including analysis of the narratives have extensive experience working with older adults and in health promotion and wellness.

**Conclusions**

Greater numbers of studies are being conducted to evaluate the impact of the AWV on preventive services use and healthy lifestyle behaviors. To ensure that the AWV reaches its full potential, providers must ensure that it is truly collaborative, uses all available data to create recommendations and set goals, and provides ongoing support.
REFERENCES


2. www.prb.org


26. Blinded for review


31. Blinded for review
Table 1. Structured Script for Phone Visits

<table>
<thead>
<tr>
<th>Hello, my name is__________ and I am a research assistant with the Dr. blinded for review and am calling to speak with you concerning the study you are participating in.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once you have reached the participant:</td>
</tr>
<tr>
<td>• begin with an overall question as to how they are doing.</td>
</tr>
<tr>
<td>• follow with questions concerning diet, physical activity and any other items indicated as needing follow-up based upon the AWV recommendations.</td>
</tr>
<tr>
<td>If they indicate that they are not completing the indicated health promotion behaviors:</td>
</tr>
<tr>
<td>• use behavioral counseling and motivational interviewing principles and guidelines to help the participant determine ways that they might be able to implement recommended behaviors.</td>
</tr>
<tr>
<td>• remember to consider the participant context (home, community, etc.) when encouraging health promotion behaviors. Refer to the community resource manuals as needed to assist participants in finding resources.</td>
</tr>
<tr>
<td>Always refer any medical, medication, etc. questions back to the provider. Encourage the individual to follow up with them or a pharmacist as appropriate, you are not allowed to</td>
</tr>
</tbody>
</table>
provide medical advice. Never be afraid to tell someone you do not know the answer—we do not always have an answer but can help find information if needed.

Close the call with a summary of what was talked about and next steps including date and time of the next call.

Table 2. Visit Summary Template

<table>
<thead>
<tr>
<th>Participant ID:</th>
<th>Date:</th>
<th>Start Time:</th>
<th>End Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Time of Next Call:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of Call:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-Up Needed/Information Requested for Next Call:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Changes Made in Goals? If yes, please describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Quote</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Mental health | ➢ *I used to see my grandchildren frequently, but now my son is angry with me and I don’t see any of them…* I feel so lonely and depressed.  
➢ *I feel like I am barely holding on…* my husband has nonstop issues and I have no one I feel like I can ask for help. Every time I think I can’t do anything more, I just have to do it.  
➢ *Mindfulness and meditation are helping me deal with the stress of my new cancer diagnosis.*                                                                 |
| Stress      | ➢ *I remember the vows I made- I will keep her with me at home as long as I can.*                                                      
➢ *Our grandson whom we raised from a young age is facing a serious legal issue. We can’t abandon him now, but I can’t eat, sleep, or concentrate on anything due to the fear and stress that I feel.* |
<table>
<thead>
<tr>
<th>Social support</th>
<th>I am the caregiver for my adult son with diabetes, I fix all of his meals and give him his medicine... I just don’t have time to exercise like I did before I took over his care.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I walk every day in the neighborhood with a friend... it helps keep me motivated.</td>
</tr>
<tr>
<td></td>
<td>God is with me, I don’t know how I would survive without my faith.</td>
</tr>
<tr>
<td></td>
<td>I love volunteering at the genealogy center-I enjoy interacting with people and feel needed.</td>
</tr>
<tr>
<td>Community/Environment</td>
<td>I hope to get back to walking in the neighborhood- I don’t feel comfortable doing so right now due to construction going on for a new school.</td>
</tr>
<tr>
<td></td>
<td>I enjoy walking in the resistance pool at the new Y with several of my friends.</td>
</tr>
<tr>
<td></td>
<td>Winters are hard for me, I like to be outside in the warmth.</td>
</tr>
<tr>
<td></td>
<td>I go to the mall to walk in the winter.</td>
</tr>
<tr>
<td>Motivation</td>
<td>I’ve been exercising daily and I have lost weight-it motivates me to keep going. It’s all in the attitude-you do what you do so you don’t get down and can do what you want to do.</td>
</tr>
<tr>
<td></td>
<td>In the winter I feel so unmotivated, I just sit and watch television.</td>
</tr>
</tbody>
</table>
| Health promotion behaviors | - My husband and parents had many problems due to poor health, it has inspired me to do better.  
- This study has kept me on my game...are there other programs like this which can hold me accountable?  
- The classes at the local community center are wonderful, my friends and I often do them.  
- I was supposed to have a DEXA scan, I don’t know if it was scheduled or not but I haven’t done it.  
- I have found the aromatherapy very helpful for sleep and stress.  
| Health care access | - I called physical therapy over a week ago about exercises to help with my shoulder, but no one has called me back.  
- I haven’t done the Shingrix or Tetanus shots due to cost.  
- They tell us to use the portal to sign up for classes but it is never up to date.  
- I have no transportation to get to the nutrition class they recommended at the wellness program. |