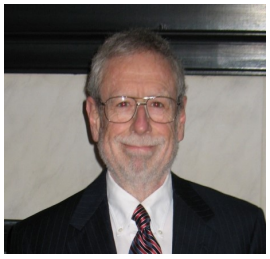
Medicare Annual Wellness Visit: Getting Paid for What We Do Best

Daniel Bluestein MD, MS, CMD, AGSF

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Disclaimer

- The material presented here is being made available by the American Academy of Family Physicians for educational purposes only. Please note that medical information is constantly changing; the information contained in this activity was accurate at the time of publication. This material is not intended to represent the only, nor necessarily best, methods or procedures appropriate for the medical situations discussed. Rather, it is intended to present an approach, view, statement, or opinion of the faculty, which may be helpful to others who face similar situations.
- The AAFP disclaims any and all liability for injury or other damages resulting to any individual using this material and for all claims that might arise out of the use of the techniques demonstrated therein by such individuals, whether these claims shall be asserted by a physician or any other person. Physicians may care to check specific details such as drug doses and contraindications, etc., in standard sources prior to clinical application. This material might contain recommendations/guidelines developed by other organizations. Please note that although these guidelines might be included, this does not necessarily imply the endorsement by the AAFP.



Dr. Daniel Bluestein received his MD degree from the University of Massachusetts in 1975 and completed his residency in Family Medicine at the University of Maryland in 1978. His training also includes a Robert Wood Johnson faculty development fellowship in academic Family Medicine at the University of Iowa (1979-1981), earning a Master of Science in Preventive Medicine in the course of this experience. He is board certified in Family Medicine and holds the Certificate of Added Qualification in Geriatrics.

The March/April Family Practice Management issue featured an article authored by Dr. Bluestein and his peers entitled, “Medicare Annual Wellness Visits: How to Get Patients and Physicians on Board.”

Learning Objectives

1. Review AWV requirements and summarize visit elements.
2. Identify how AWV findings can close care gaps and engage patients.
3. Examine AWV financial and quality implications.
4. Recognize the importance of AWV in relation to value-based payment.
5. Link AWV with other care management services such as Transitional Care Management, Chronic Care Management Services, and Advanced Care Planning.

Part 1

Requirements & Elements

Why invest in IPPE/AVW

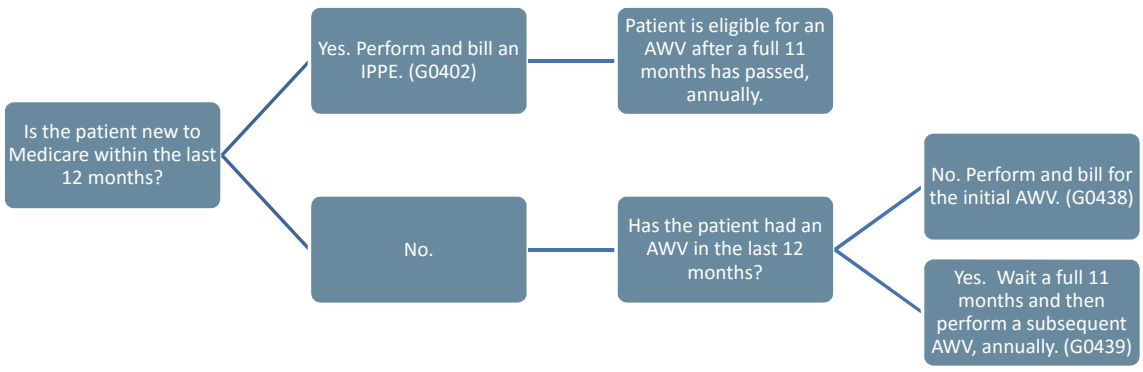
- IPPE-Initial Preventive Physical Exam (aka Welcome to Medicare)
- AWV-Annual Wellness Visit
- Approved Medicare benefits since 2009 & 2011, respectively

Payment

Visit Type	Code	Reimbursement
IPPE	G0402	$168.68
Initial AWV	G0438	$173.70
Subsequent AWV	G0439	$117.71

https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx

IPPE or AWV and when?



Who can perform the services?

- Must be furnished/billed under an approved entity
  - MD/DO
  - NP/PA/Clinical Nurse Specialist
  - Team of healthcare providers under the *direct* supervision of an MD/DO

Getting paid

- No patient liability (no copay nor deductible)
- May bill for additional serviced provided the same day (copays and deductibles apply)
  - Immunizations
  - Labs
  - Procedures
  - Evaluation and management services(use modifier -25 on E/M code)

Diagnosis coding

- May use any ICD-10 code
- If pt has no specific issues, use Z00.00 (encounter for general adult medical examination w/o abnormal findings)

Female screenings

- G0101/Q0091-Pelvic & breast exam/obtaining pap smear are separately billable
- Preventive visits (99381-99397) are statutorily excluded; must "carve-out" this amount from the amount billed to Medicare

Additional screenings

- G0403-G0405: EKG offered in conjunction w/ IPPE
- 76706: AAA Screening w/ IPPE
  - A family history of abdominal aortic aneurysms
  - A man age 65 to 75
  - Have smoked at least 100 cigarettes within lifetime

Elements of IPPE

- Review pt medical & social hx
- Review pt's potential risk factors for depression & other mood disorders
- Review pt's functional ability & safety level
- Examination: ht, wt, BP, VISUAL ACUITY SCREENING, BMI, other as appropriate
- End-of-life planning (w/ pt consent)
- Education, counseling, and referral based on findings
- Education, counseling, and referral for preventive services-written plan or checklist
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

Elements of AWV

- Health Risk Assessment (HRA)
- Record pt's medical/family hx
- Review pt's potential risk factors for depression (current/past) & other mood disorders
- Review pt's functional ability & safety level
- List of current providers &suppliers
- Assess cognitive impairment
- Examination: ht, wt, BP, BMI, other as appropriate
- Education, counseling, and referral for preventive services-written plan or checklist
- List of risk factors with interventions
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf

Elements of AWV-subsequent

- ***Update*** all elements of AWV, except:
  - Obtain new limited "exam"
  - Reassess for cognitive impairment
  - Furnish new/updated plan for advise and preventive services

Part 2

Using AWV findings to close care gaps & engage patients

Closing gaps

- Medication reconciliation
- Care coordination
- Effectively managing complex patients
  - Opportunity to update charting
  - Identify hospital and emergency encounters
- Deliver USPSTF A & B recommendations

Get to know your patient

- Identify high risk behaviors
- Time for patient education
- Assess health confidence
- Address health literacy

Deter problems

- Vision & hearing referrals
- Weight management
- Mood disorder interventions
- Cognitive assessment & measures
- Fall risk
- Other issues such as incontinence

Part 3

Operationalizing the AWV as a means of practice improvement

It's a step-approach

Step One:

Make patients aware.

Most do not know what it is or that it is **FREE.**

Help them understand the special services an AWV offers.

Step two:

Tell them again.

Letters & pamphlets*

Survey

Signage

Staff scripts

MD advocacy/Clinic champions

Step three:

Pre-visit preparation

- Ensure eligibility
- HRA can be done before visit
- Determine if any pre-visit labs are needed- not covered as part of the AWV

Step four:

Involve your team

This team can collect the data under your direct supervision.

Very little of your time should be spent on documentation.

Step five:

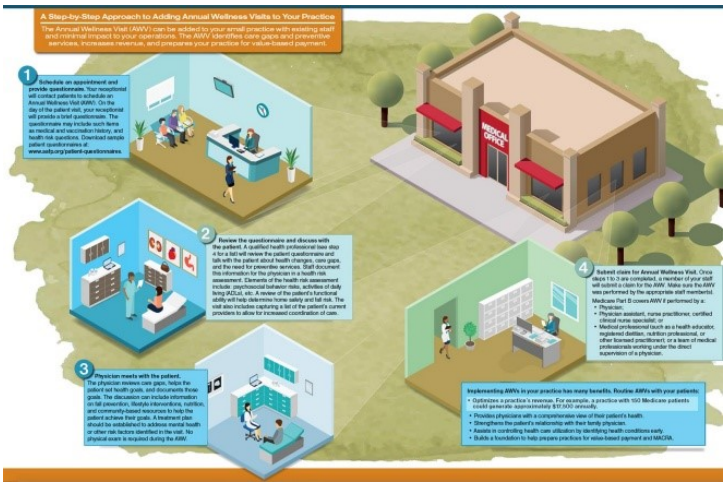
Your role as MD

- Review hx and findings
- Discuss voluntary Advance Care Planning (ACP)-included in IPPE
- Develop written plan
  - Preventive services
  - Follow-up plan of care
  - Education, counseling, referrals

Annual Medicare Wellness Resources

Access AAFP resources at:
www.aafp.org/awv

AAFP expert:
Barbie Hays
Coding and Compliance Strategist
BHays@aafp.org



Part 4

Recognize the importance of AWV in relation to value-based payment

Current economic performance

MEDICARE ANNUAL WELLNESS VISIT STUDY RESULTS

In 2015, our two practices completed a total of 153 AWVs. After launching our intervention in April 2016, the number of AWVs increased, as shown below.

Quarter	April 1-June 30, 2016	July 1-Dec. 31, 2016	Total
Total number of visits* completed	112	232	344
Visits completed by physicians or physician assistants	39	33	72
Visits completed by care managers	73	199	272

* 69 percent of Medicare annual wellness visits were initial visits billed with code G0438.

Visits **FM only**

- 2015: 153;
- April 1 2016-December 31, 2016: 344 (annualized-458)

Collections

- 2015: $26720
- April-December 2016: $43,588 (annualized: $58,117)

Successful recruitment strategy

- Nurse ID'd eligible patients
- Asked MD mention AWV, introduce nurse
- Used strategies below to recruit

MEDICARE ANNUAL WELLNESS VISIT RECRUITMENT STRATEGIES

After describing the visit, try to identify what most appeals to the patient.
Focus on patient priority rather than clinical importance.
Emphasize that "Your doctor wants you to get this done. It really helps your doctor help you."
Explain that the visit allows the patient and physician (or care manager) to talk longer than during a typical office visit.
Do not try to "sell" the visit from a provider perspective.
Give the patient a health risk appraisal to bring back; this gives the patient a sense of what to expect.
Brainstorm potential solutions to barriers such as transportation, time, and care of other family members.
Be knowledgeable, caring, and passionate while not overwhelming the patient.

AWV's & Quality

Table 1: Comparison of quality indicators by MWV status, January 1-December 21, 2015

	mammo	C'scope	Goal BP	A1C>9	ACP	Hosp	ER
MWV yes (153)	81.9%	44.5%	61.6%	15.1%	14.4%	31.3%	31.1%
MWV no (3830)	62.3%	31.5%	62.1%	19.2%	4.8%	35.5%	35.9%

Table 2: Comparison of quality indicators by MWV status, April 1-December 31, 2016

	mammo	C'scope	Goal BP	A1C>9	ACP	Hosp	ER
MWV yes (344)	74.6%	55.6%	61.6%	15.9%	11.5%	16.7%	23.4%
MWV no (3483)	63.6%	49.1%	62.5%	16.5%	5.3%	20.1%	19.5%

AWVs are associated with increased use of preventive services & ACP documentation

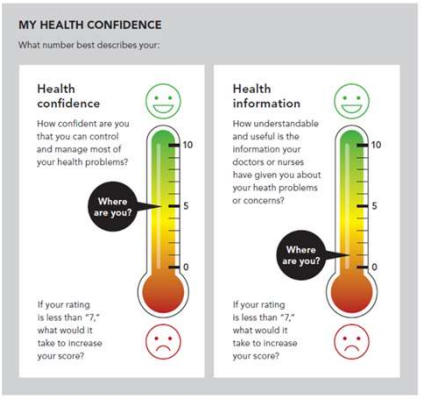
Rates did not change from 2015 to 2016 when we "changed our work processes"

Hospital and ER use dropped markedly From 2015 to 2016 though this was not attributable to having a AWV or not

Chronic illness metrics did not change with time or AWV status

Influencing Health Behavior

- 2 key measures on HRA can lead to improved chronic illness care & potentially reduced hospitalizations & readmissions
  - Health confidence
  - Health literacy
- Care management may be good way to impact these



Wasson J, Coleman EA.
Fam Pract Manag. 2014; 21(5):8-12.

Prepare for tomorrow

- Coordinate care across the health spectrum
  - Opportunity to know all areas of care your patient is receiving or lacking
- Develop the physician-patient relationship
  - Allows patient and physician to actively engage in a plan of care for the year
- Maximize revenue
  - New or increased revenue stream
  - Example: 150 patients receiving a *subsequent* AWV could equal **$17,500 annually**

AWV's, MACRA, & MIPS

- Quality measures
- Practice improvement activities
- CAHPS scores
- ? Impact readmissions

Part 5

Link AWV with other care management services such as Transitional Care Management, Chronic Care Management, and Advanced Care Planning

AWV: A means, not an end

- AWV represents a primary care assessment
  - Assessments are not effective unless linked to subsequent management
- A number of CMS codes allow for reimbursement for subsequent care

  - Moore K, Hays B. FPM, Jan/Feb 2017; 7-11

Chronic Care Management (CCM)

99490/99487/99489

- 2 or more chronic illnesses
- at least 20 minutes staff time directed by MD or other qualified professional, per calendar month
- Non face-to face
- Average reimbursement $42.17
- Full criteria in Moore K. FPM Jan/Feb 2015:7-12 & ICN 909188 December 2016 (download PDF)
  https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx

CCM-new for 2017

- Document verbal consent, signature not required
- Does not have to be initiated at a AWV,/IPPE/comprehensive visit if pt seen within last 12 months
- Must provide care plan but format no longer specified
- 24/7 access & sharing of care plan changed to timely
- Communication w/ home & community providers documented in record but not necessarily certified EHR
- New codes:
  - Complex CCM **99487** 60 min staff time/month, mod/high MDM, care plan (see addendum for add'l requirement) $93.67
  - **99489**: each add'l 30 minutes/month $47.01

Transitional Care Management (TCM)

99495/99496

- For patients transitioning to home/domiciliary from an inpatient setting
- Goal is to keep patients from returning to hospital
- Being aware of TCM patients who need AWV allows for identifying:
  - Low health literacy
  - Incipient dementia
  - Lack of social support
  - Need for community service referrals

TCM

- 99495 $165.45
- 99496 $233.99
- Components:
  - Contact within 2 business days from discharge
  - See patient within 7-14 calendar days
  - Moderate to high complexity medical decision making
  - Spans discharge day plus 29 days

Advance Care Planning (ACP)

99497/99498

- 99497 $82.90
- 99498 $72.50
- Timed code
  - 99497 first 30 minutes face-to-face
  - 99498 each add'l 30 minutes
- Components:
  - Explanation and discussion of advance directives
  - Form completion if performed

ACP

- Can be done as stand-alone, w/ E/M, or AWV
- If done w/ AWV (same day, same claim), attach modifier -33 to 99497 for **ZERO patient copay/deductible**

Cognitive Impairment Assessment

G0505

- New for 2017
- Can be used for follow-up to failed cognitive screening in AWV
- Elements listed in *FPM* http://www.aafp.org/fpm/2017/0100/p7.html
- CMS payment national payment $238.30

Medicare Care Management Services

Fee-for-service payments are available for care management services
All information is found at: www.aafp.org/coding

- Transitional Care Management – to help patients be successful during transitions www.aafp.org/tcm
- Chronic Care Management – payment for non-face-to-face services provided by any clinical staff person www.aafp.org/ccm
- Advanced Care Planning – payment for face-to-face conversations explaining and discussing advance directives www.aafp.org/acp

AMERICAN ACADEMY OF FAMILY PHYSICIANS

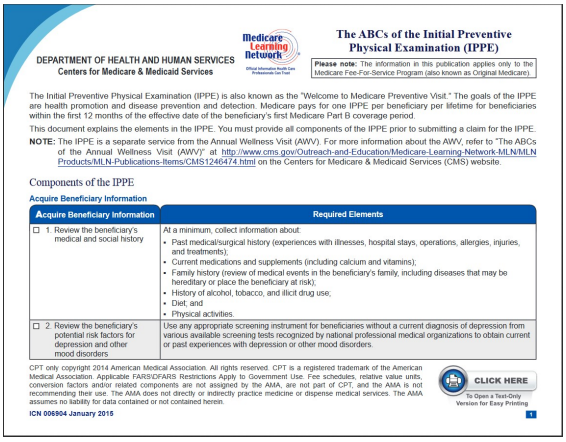
STRONG MEDICINE FOR AMERICA

Medicare Annual Wellness Visit: Getting Paid for What We Do Best

Addendum Slides

AMERICAN ACADEMY OF FAMILY PHYSICIANS

ABC's of the IPPE



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

Medicare Learning Network

The ABCs of the Initial Preventive Physical Examination (IPPE)

Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

The Initial Preventive Physical Examination (IPPE) is also known as the "Welcome to Medicare Preventive Visit." The goals of the IPPE are health promotion and disease prevention and detection. Medicare pays for one IPPE per beneficiary per lifetime for beneficiaries within the first 12 months of the effective date of the beneficiary's first Medicare Part B coverage period.

This document explains the elements in the IPPE. You must provide all components of the IPPE prior to submitting a claim for the IPPE.

NOTE: The IPPE is a separate service from the Annual Wellness Visit (AWV). For more information about the AWV, refer to "The ABCs of the Annual Wellness Visit (AWV)" at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS124647.html on the Centers for Medicare & Medicaid Services (CMS) website.

Components of the IPPE

Acquire Beneficiary Information

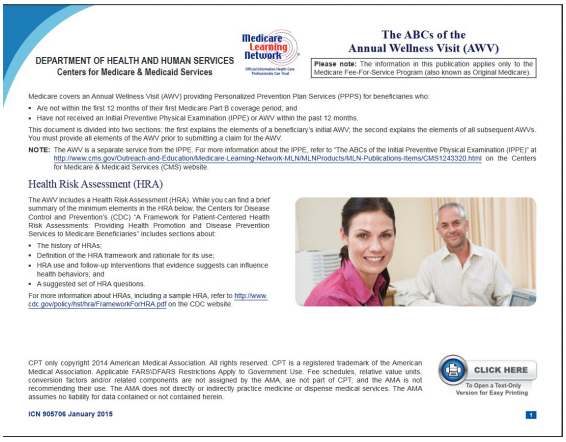
Acquire Beneficiary Information	Required Elements
☐ 1. Review the beneficiary's medical and social history	At a minimum, collect information about: • Past medical/surgical history (experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments); • Current medications and supplements (including calcium and vitamins); • Family history (review of medical events in the beneficiary's family, including diseases that may be hereditary or place the beneficiary at risk); • History of alcohol, tobacco, and illicit drug use; • Diet; and • Physical activities.
☐ 2. Review the beneficiary's potential risk factors for depression and other mood disorders	Use any appropriate screening instrument for beneficiaries without a current diagnosis of depression from various available screening tests recognized by national professional medical organizations to obtain current or past experiences with depression or other mood disorders.

CLICK HERE
To Open a Text-Only Version for Easy Printing

ICN 006904 January 2015

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

ABC's of the AWV



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

Medicare Learning Network

The ABCs of the Annual Wellness Visit (AWV)

Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

Medicare covers an Annual Wellness Visit (AWV) providing Personalized Prevention Plan Services (PPPS) for beneficiaries who:

- Are not within the first 12 months of their first Medicare Part B coverage period; and
- Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months.

This document is divided into two sections: the first explains the elements of a beneficiary's initial AWV; the second explains the elements of all subsequent AWVs. You must provide all elements of the AWV prior to submitting a claim for the AWV.

NOTE: The AWV is a separate service from the IPPE. For more information about the IPPE, refer to "The ABCs of the Initial Preventive Physical Examination (IPPE)" at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243320.html on the Centers for Medicare & Medicaid Services (CMS) website.

Health Risk Assessment (HRA)

The AWV includes a Health Risk Assessment (HRA). While you can find a brief summary of the minimum elements in the HRA below, the Centers for Disease Control and Prevention's (CDC) "A Framework for Patient-Centered Health Risk Assessments: Providing Health Promotion and Disease Prevention Services to Medicare Beneficiaries" includes sections about:

- The history of HRAs;
- Definition of the HRA framework and rationale for its use;
- HRA use and follow-up interventions that evidence suggests can influence health behaviors; and
- A suggested set of HRA questions.

For more information about HRAs, including a sample HRA, refer to http://www.cdc.gov/policy/hst/hra/FrameworkForHRA.pdf on the CDC website.

CLICK HERE
To Open a Text-Only Version for Easy Printing

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf

Mini-Cognition Test

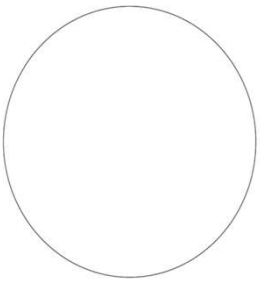
Mini-Cog

- Effective Dementia screen
- 3-item recall along with clock face
- Positive screens should be referred to geriatric assessment clinic for cognitive testing or formal neuropsychiatry testing

Clock Drawing Test

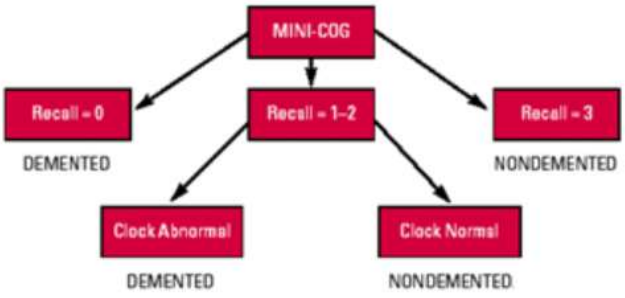
1) Inside the circle, please draw the hours of a clock as they normally appear

2) Place the hands of the clock to represent the time: "ten minutes after eleven o'clock"



Mini Cog Scoring

Figure 1. The Mini-Cog scoring algorithm. The Mini-Cog uses a three-item recall test for memory and the intuitive clock-drawing test. The latter serves as an "informative distractor," helping to clarify scores when the memory recall score is intermediate.



Reference
Borson S. The mini-cog: a cognitive "vitals signs" measure for dementia screening in multi-lingual elderly Int J Geriatr Psychiatry 2000; 15(11):1021.

Up & Go Test

Up & Go Test

Instructions for Up and Go test

*Up and go test is performed using regular footwear, using a walking aid if needed, and siiting back in a chair with an armrest.

On the word "Go", the patient is asked to do the following:

1. Stand up from the arm chair
2. Walk 3 meters (in a line)
3. Turn
4. Walk back to chair
5. Sit down

Time the **second** effort
Observe patient for postural stability, stride length and sway

- Positive if <u>either</u> of 2 factors are present
  - Did it take them 20 or more seconds to complete?
  - Were they unsteady?

Depression Screening

Depression screening

As part of the required Health Risk Assessment:

Depression screening		
1. Over the past 2 weeks, has the patient felt down, depressed or hopeless?	Yes	No
2. Over the past 2 weeks, has the patient felt little interest or pleasure in doing things?	Yes	No
*Complete a PHQ-9 test if the patient answers yes to either question		

If the patient answers yes to either question, need to complete a PHQ-9 or GDS questionnaire

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:_____ DATE:_____

Over the last *2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

USPSTF Recommendations

Preventive Measures

- USPSTF recommendations
  - AAA- Men aged 65-75 years who have ever smoked. One time screening. Grade B
  - Breast- Woman aged 50-74 years screen every 2 years. Grade B
  - Colon- Adults aged 50-75 years screen: Grade A
    - FOBT annually
    - Sigmoidoscopy every 5 years
    - Colonoscopy every 10 years

Preventive Measures, continued

- USPSTF recommendations
  - Diabetes- Adults aged 40-70 years; hyperlipidemia; BMI >25; HTN; family history; history of gestational diabetes. Rescreen at interval of every 3 years is reasonable for adults with normal BG levels.
    Grade B
    - Medicare benefits:
      - 1/yearly if not pre-diabetic or previously tested
      - 2/yearly if diagnosed with pre-diabetes.
  - Lipids- Men aged 35 years and older. Women aged 45 and older. Every 5 years, shorter intervals for those with levels close to warranting therapy. Grade A

Preventive Measures, continued

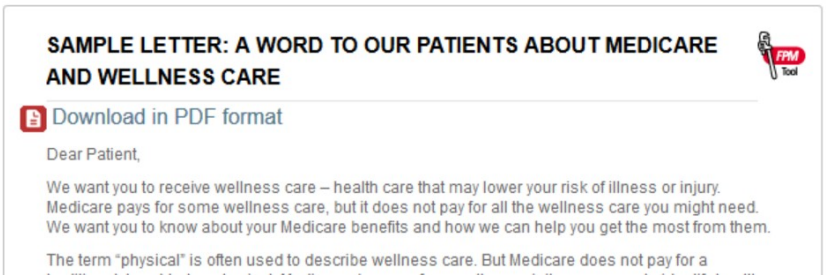
- USPSTF recommendations
  - Osteoporosis- Women age ≥ 65 years without previous known fractures or secondary causes of osteoporosis. Every 2 years. Grade B
  - Prostate- Adult males. Recommendations are against doing it. Grade D

HRA resources

- "A Framework for Patient-Centered Health Risk Assessments" https://www.cdc.gov/policy/hst/hra/FrameworkForHRA.pdf
- "Your personal guide for the best health and medical care" https://howsyourhealth.org/
- "Sample Health Risk Assessment (HRA)" http://www.in.gov/isdh/files/SampleHRA%281%29.pdf

Letters and pamphlets to patients

Hughes, Cynthia. "Medicare Annual Wellness Visits Made Easier." *Family Practice Management*, July 2011, pp. 10-14, www.aafp.org/fpm/2011/0700/p10.html.



SAMPLE LETTER: A WORD TO OUR PATIENTS ABOUT MEDICARE AND WELLNESS CARE

Download in PDF format

Dear Patient,

We want you to receive wellness care – health care that may lower your risk of illness or injury. Medicare pays for some wellness care, but it does not pay for all the wellness care you might need. We want you to know about your Medicare benefits and how we can help you get the most from them.

The term "physical" is often used to describe wellness care. But Medicare does not pay for a

Chronic Care Management (CCM)

AAFP Resources

- "New Codes, New Payment Opportunities for 2017" *Fam Pract Manag.* 2017 Jan-Feb;24(1):7-11. http://www.aafp.org/fpm/2017/0100/p7.html
- AAFP dedicated webpage www.aafp.org/ccm

CCM

CMS Resources

- Chronic Care Management Services
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf
- Frequently Asked Questions
  - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Payment_for_CCM_Services_FAQ.pdf
- Chronic Care Management Services Changes for 2017
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagementServicesChanges2017.pdf

Transitional Care Management (TCM)

AAFP Resources

- "Transitional Care Management Services: New Codes, New Requirements." *Fam Pract Manag.* 2013 May-June;20(3):12-17.
  - http://www.aafp.org/fpm/2013/0500/p12.html
- AAFP dedicated webpage http://www.aafp.org/practice-management/payment/coding/tcm.html

TCM

CMS Resources

- Transitional Care Management Services
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf

Advance Care Planning (ACP)

AAFP Resources

- AAFP dedicated webpage
  - http://www.aafp.org/practice-management/payment/coding/acp.html

ACP

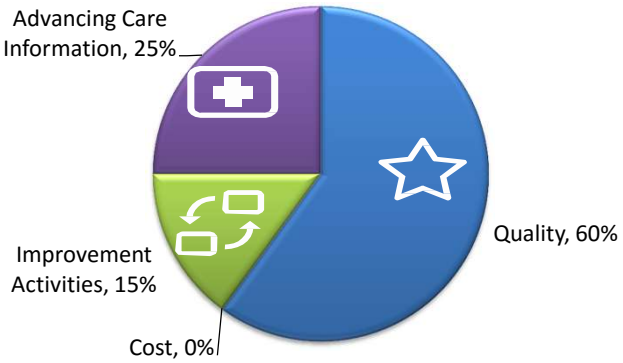
CMS Resources

- Advance Care Planning
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf
- Frequently Asked Questions
  - https://www.cms.gov/Medicare/Medicare-fee-for-service-Payment/PhysicianFeeSched/downloads/FAQ-Advance-Care-Planning.pdf

AAFP MACRA Resources

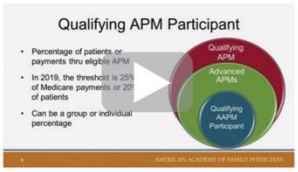
- Get Paid with the Annual Wellness Visit (AWV)
- MACRA Ready
- MACRA 101 - FAQ
- Understanding Your Pathway
- Pick Your Pace

Weighting by Category - 2017



- The AWV can help improve your MIPS final score.

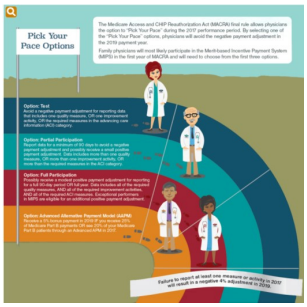
MACRA ready
The Shift to Value-Based Payment

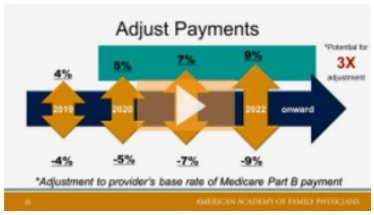


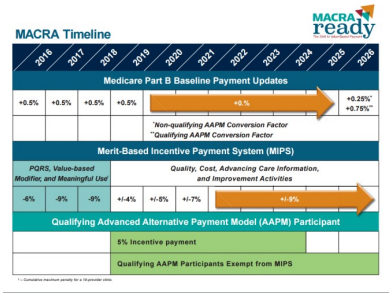
Resources available | aafp.org/MACRAReady

MACRA ready

The Shift to Value-Based Payment







Resources available | aafp.org/MACRAReady

AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA