

**Meeting of the Advisory Panel on Outreach and Education (APOE)  
Centers for Medicare & Medicaid Services (CMS)**

**Virtual Meeting  
June 25, 2020**

**EXECUTIVE SUMMARY**

**Open Meeting**

*Lisa Carr, Designated Federal Official (DFO), Partner Relations Group, Office of Communications (OC), CMS*

Ms. Carr called the meeting to order at 12:30 p.m. She welcomed all participants and serves as the Designated Federal Official (DFO) to ensure compliance with the Federal Advisory Committee Act (FACA). Ms. Carr asked any lobbyists in attendance to please identify themselves as such prior to speaking. She then turned over the meeting to Susie Butler, Director of the Partner Relations Group in the Office of Communications at CMS.

**Welcome and Opening Comments**

*Susie Butler, Director, Partner Relations Group, OC, CMS*

Ms. Butler thanked Louise Knight, former APOE Chair, for her service. CMS will be sending her a thank you letter for her contributions as Chair. She informed the group that Dr. Margot Savoy has agreed to take on the Chair position along with Ms. Cheri Lattimer as the Vice Chair.

**Opening Comments**

*Margot Savoy, MD, APOE Chair*

*Cheri Lattimer, APOE Vice Chair*

Dr. Savoy thanked all participants for attending. Panel members then introduced themselves. Dr. Savoy informed participants that the meeting is open to the public and the press. She noted that the opinions expressed by panel members are those of the individual and not the organization with whom the individual is affiliated.

**CMS Response to APOE Recommendations**

*Susie Butler, Director, Partner Relations Group, OC, CMS*

Ms. Butler indicated that the meeting packet included the Panel's recommendations from the November 2019 and January 2020 meetings. A few responses are still outstanding as some CMS staff have left the agency and one of the projects is on hold. The remaining CMS responses are forthcoming.

**Preliminary Medicare COVID-19 Data Snapshot**

*Allison Oelschlaeger, Chief Data Officer & Director of the Office of Enterprise Data & Analytics, CMS*

Ms. Oelschlaeger presented some of the *preliminary* data recently released by CMS on COVID-19 cases and hospitalizations for Medicare beneficiaries. The data sources for this “snapshot” are Medicare fee-for-service claims data, Medicare Advantage encounter data, and Medicare enrollment information.

The period for all the analyses was January 1 to May 16, 2020. During this period, a total of 326,674 COVID-19 cases were diagnosed in Medicare beneficiaries. The rate of cases in urban areas was 597 per 100K people, while in rural areas it was 210 per 100K. Disparities were found by age, race, dual eligibility, and individuals with end-stage renal disease (ESRD).

A higher number of cases were found in those 85 and older (1,140 per 100K) compared with those 65 and younger (530 per 100K). Black and Hispanic individuals had a higher rate of cases (1,107 and 692 per 100K, respectively) when compared with Whites (417 per 100K). Those who were dually eligible had nearly four times the number of cases when compared with individuals with Medicare only (1,406 vs. 325 per 100K, respectively).

The largest disparity was seen in individuals with ESRD (2,614 per 100K) who had nearly five times the rate compared with those who were aged or disabled. COVID-19 data also showed that infections disproportionately impacted lower income adults who are dually eligible, with higher rates found in this particular population across all race, sex, and race/ethnicity groups.

Data also showed that 109,607 Medicare beneficiaries were hospitalized. Higher rates of hospitalizations were seen in urban areas compared to rural (205 vs 57 per 100K, respectively). Similarly to COVID-19 infections, disparities were found by age, race/ethnicity, dual eligibility, and those with ESRD. Once again, some of the largest disparities were found among the dually eligible when compared with both those with Medicare only (473 vs 112 per 100K, respectively) and ESRD (1,341 per 100K). Those who were dually eligible had higher rates of hospitalization across all race, sex, and race/ethnicity groups.

### **Discussion of Recommendations among APOE Members and Ms. Oelschlaeger**

Following the presentation, the panel provided a series of preliminary recommendations, including providing funding to ensure the availability of e-visits following the COVID-19 pandemic. Panelists recommended that certain parts of the emergency funding continue to be in place through regulatory means of the Secretary (e.g., waiving requirements for face-to-face care). Panelists also recommended including behavioral health data in the analyses to determine if there was an increase in mental health diagnoses in individuals diagnosed/hospitalized with COVID-19.

The panel recommended further analyses and a “drill down” on some of the data including determining where racial disparities were occurring geographically; determining if hot spots were staying high or decreasing as they moved through the country; determining the amount/rate of virtual visits prior to the pandemic; examining data on COVID-19 readmissions for symptoms such as shortness of breath, chest pain, etc.; determining how many of the Medicare claims

indicated care through virtual means; and examining telemedicine data for all coverage during the pandemic.

Other recommendations included using data to invigorate and revise educational messaging sent to beneficiaries (e.g., vulnerability regarding hypertension, increased use of telemedicine, use of mental health services, etc.); determining any gaps in communication and messaging that may be negatively impacting disparities; continuing to provide information on paper (because some older adults do not have Internet access or a smartphone); addressing some of the barriers for those who have smartphones (e.g., slow broadband, limited to 3G communication, allocation of only one phone per family); and offering telehealth via phone for individuals of low socioeconomic status or those who do not have a tablet or Internet access.

In addition, the panel recommended developing messaging on how individuals can prepare for a virtual provider visit; developing best practices for providers in communicating with beneficiaries; crafting messaging for school-age individuals; reaching people where they “live, work, play, eat, shop, and pray” (e.g., posters and public service announcements in supermarkets, chain pharmacies, etc.); and partnering with senior centers, food banks, State Health Insurance Assistance Programs, disability agencies, and other similar organizations.

### **Flu Vaccination Outreach**

*Chris Koepke, PhD, Director of the Strategic Marketing Group, OC, CMS*

Dr. Koepke said he wanted the interaction to mostly be a listening session, where he would listen to the Panel’s input on the topic at hand. He said that CDC—being the nation’s main infectious disease control agency—generally sets the tone for the seasonal flu vaccination campaign. CMS echoes this information for its beneficiaries and also informs them about Medicare coverage for flu vaccination.

The COVID-19 pandemic will likely impact the CMS flu vaccination campaign this year. If a COVID-19 vaccine is available at the time of the campaign, CMS will include such information in the campaign. Data suggests that disparities do exist, and the CMS administrator has asked staff to make additional efforts to reach and serve those who are dually eligible, low income, African American, and Hispanic, among others.

Some recent data has revealed perceived barriers to vaccination. These include: being afraid the vaccine will make them sick, and not knowing that Medicare covers flu vaccination. Data also shows that individuals who visit their physicians regularly are more likely to get vaccinated.

### **Discussion of Recommendations among APOE Members and Dr. Koepke**

Following the presentation, the panel provided a series of preliminary recommendations, including considering strategic campaign partnerships with organizations such as Meals on Wheels, COVID-19 testing sites, grocery chains, labs, pharmacies, Tribes, Title VI grantees, community-based organizations (CBOs), libraries, senior centers, doctor’s offices, employers, the Administration for Community Living, Accountable Care Organizations, care management groups, the Commission for Case Manager Certification, American Case Management

Association, Care Consultants for the Aging, home health, community health workers, American Nurses Associations, and Managed Care Nurses.

The panel recommended developing messaging and communications products (e.g., signs, copy for newsletters, phone scripts, FAQs, infographics, etc.) that can be repackaged and used by CBOs, faith-based organizations, national pharmacy chains, and other groups; considering the tone when developing messaging for different communities (i.e., culturally appropriate messaging); developing materials in various languages; and using real people with real stories and testimonials in the campaign, as beneficiaries may be more likely to participate if they see someone who looks like them.

Other recommendations included developing a campaign that assures that people can get their flu vaccine safely; tying vaccination efforts to CBO and community events where people can show up to get the vaccine without an appointment while following safety guidelines (i.e., “pop-up” sites); offering messaging through Facebook and other streaming media; tying campaign efforts to the Annual Wellness Visit; separating the two vaccines (flu and COVID-19) in messaging; and developing testing for communications campaigns to determine if beneficiaries receiving the message can read and understand it (e.g., A/B testing and focus groups).

#### **Public Comment**

*Margot Savoy, MD, APOE Chair*

No public comments were offered.

#### **Final Comments**

*Margot Savoy, MD, APOE Chair*

Dr. Savoy thanked all panelists and speakers for their participation. She informed participants that the next meetings would be held on September 23, 2020 and February 3, 2021. CMS will send APOE panel members a calendar invite to save the date for the September 23 meeting. Because of the uncertainties surrounding the COVID-19 pandemic, a determination has not been made as to whether the September meeting will be an in-person or virtual meeting.

#### **Adjourn**

*Lisa Carr, DFO, OC, CMS*

Ms. Carr adjourned the meeting at 3:30 p.m.