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

Virtual Meeting
June 23, 2022

EXECUTIVE SUMMARY

Open Meeting

Walter Gutowski*, Acting Designated Federal Official (DFO), Senior Advisor, Partner Relations Group, Office of Communications (OC), CMS*

Mr. Gutowski called the virtual meeting to order at 1:08 p.m. He welcomed all participants and noted that he serves as the Acting Designated Federal Official (DFO) to ensure compliance with the Federal Advisory Committee Act (FACA). He explained that questions about FACA compliance can be emailed to him at walter.gutowski@cms.hhs.gov. Mr. Gutowski noted that APOE members would have an opportunity to hear comments from the public at the conclusion of the presentations. He directed those who wish to participate in public comments to email Sean Tolliver at stolliver@betah.com, noting that the time is set aside for comments only. Mr. Gutowski asked that specific questions be directed to his email address. In compliance with a White House directive, he asked that lobbyists identify themselves as such before speaking. He then turned over the meeting to Mr. Jonathan Blanar.

Welcome and Opening Comments

Jonathan Blanar, *Deputy Director, CMS Partner Relations Group*

Mr. Blanar welcomed meeting attendees. He noted that APOE would welcome a new panel member, followed by two presentation topics—Open Payments Outreach Strategies to the General Public and CMS Behavioral Health Strategy. He then turned the meeting over to Dr. Margo Savoy, APOE Chair.

Opening Comments and Panel Introductions

Dr. Margot Savoy*, APOE Chair*

Dr. Savoy greeted participants. She noted that the meeting is open to the press and the public, with members of the press in attendance; all discussion is on the record; and the opinions expressed by panel members are those of the individuals and not the organizations with which they are associated.

Dr. Savoy asked panel members to introduce themselves and after those introductions, turned the meeting over to Mr. Gutowski to swear in the new APOE member.

Swearing-In of New APOE Member

Walter Gutowski, *Acting DFO, OC, CMS*

Mr. Gutowski proceeded to swear in the new APOE member: Carrie Rogers, Associate Director, State and Community Health Advocacy Program, Community Catalyst.

CMS Response to APOE Recommendations

Jonathan Blanar, *Deputy Director, CMS Partner Relations Group*

Mr. Blanar informed members that the APOE recommendations from the April 7, 2022 meeting were included in the meeting packets. APOE members had no questions about the recommendations and Mr. Blanar turned the meeting back to Dr. Savoy to introduce the first set of speakers.

Open Payments Outreach Strategies to the General Public

Veronica Peleshchuk-Fradlin, *Director, Division of Data & Informatics, Data Sharing & Partnership Group, CMS Center for Program Integrity*
Kathleen Ott, *Open Payments Compliance and Communications Lead, Data Sharing & Partnership Group, CMS Center for Program Integrity*

Ms. Ott began the presentation explaining that Open Payments is part of the Division of Transparency Projects (DTP) in the CMS Center for Program Integrity (CPI). The Open Payments program was created as part of the Affordable Care Act and requires pharmaceutical and medical device companies and their distributors (known as "reporting entities," "applicable manufacturers," and "applicable group purchasing organizations" or GPOs) to report their financial relationships with "covered recipients." These recipients include physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, anesthesiologist assistants, certified nurse midwives, and teaching hospitals. This is the first year that data reporting is required from non-physician practitioners.

DTP publishes the data on these financial relationships by June 30 of the year after the data is collected and makes the information publicly available through an online search tool. Prior to publication, covered recipients have a 45-day pre-publication review and dispute period during which they can review the data attributed to them, affirm its accuracy, or initiate a dispute to have it corrected. Reporting entities and covered recipients work together to resolve any disputes. CMS does not mediate the process. After the dispute window, reporting entities have 15 days to correct their records.

Ms. Ott said that APOE's fall 2020 recommendations to CPI helped shape a strong Open Payments outreach program, particularly to non-physician covered recipients. She added that APOE feedback ignited an internal discussion of the program's value for the average consumer.

Ms. Peleshchuk-Fradlin picked up the presentation by noting that despite making progress on CPI's general outreach strategy, the Center still struggles with the specifics of its messaging to the public. The objectives of that messaging are to capture audiences' attention so that patients and their caregivers can accurately interpret the information on how to access the Open Payments website, search providers' data, and use that data to make better-informed healthcare decisions.

Ms. Peleshchuk-Fradlin enumerated the challenges that CPI encounters when crafting its messaging to the public:

- The intent of Open Payments is transparency, not implying or identifying wrongful or fraudulent financial relationships. CMS does not offer any interpretation of the data. With neutrality comes the challenge of explaining what the data means and how to properly interpret it.

- Consumers lack an understanding of what conflict of interest means and how it may be relevant to patients. Consumers also lack an understanding of what constitutes a "normal" financial relationship between reporting entities and covered recipients.

- The subject matter and data are technically complex. Few consumers are willing to invest the time to read and understand the data.

- Even patients who understand the data may not know how to use it effectively. Many consumers are not comfortable having a conversation about payments with their providers. Conversely, some providers are not open to having a discussion about financial data and may even drop a patient if questioned about an Open Payments disclosure.

Discussion of Recommendations among APOE Members, Ms. Ott, and Ms. Peleshchuk-Fradlin

The panel made a series of preliminary recommendations that included the following:

Enhance Comprehension of the Value of Open Payments Data – Put data in context so patients understand why it matters to them and how they can use it. Create scripted questions and videos to guide discussions of the data with healthcare providers. Videos should include a scenario that models an interaction with a healthcare provider. Create a multi-layered toolkit that includes these videos and discussion scripts, simple infographics, and a roadmap of next steps for patients. Also include a recorded webinar to instruct partners in disseminating information at community partnership events. Finally, a consumer-friendly alternative is needed for the 133-page manual on the Open Payments webpage.

Enlist Trusted Partners to Expand Outreach – Deliver information about Open Payments via trusted neutral messengers, such as State Health Insurance Assistance Program (SHIP) counselors; other health insurance enrollment assistance personnel, including those for Medicare

and Medicaid; Client Assistance Program (CAP) staff; community organizations; caregivers; and clinicians. Send the toolkit and conduct outreach activities to healthcare provider medical societies and other professional groups to generate buy-in for use of Open Payments data. Include materials that prepare clinicians for discussions initiated by themselves or their patients.

Distribute Outreach Materials Across Media to Reach a Maximum Number of Consumers – Ensure the cultural sensitivity of all Open Payments Outreach materials. When conducting outreach via social media campaigns, include links to further information. Engage mass media journalists who specialize in health reporting. Media attention may alert healthcare providers that consumers are aware of the data and indirectly lead to improved care.

CMS Behavioral Health Strategy

Shari Ling, M.D., *Deputy CMS Chief Medical Officer, Center for Clinical Standards and Quality (CCSQ)*

Dr Ling emphasized the opportunity for CMS to build a foundation through its Behavioral Health Strategy to motivate and activate stakeholders to better serve beneficiaries of all ages across Medicare and Medicaid.

In light of the mental health issues exacerbated by the COVID-19 pandemic, CMS is transitioning from a focus on the opioid crisis to a comprehensive strategy that encompasses broader behavioral health needs. This strategy supports the Department of Health and Human Services (HHS) Behavioral Health Coordinating Council and its workgroups on overdose and suicide prevention, integrating physical and mental health, providing services for children and youth, and developing data and performance measures. Behavioral health activities cut across all CMS Centers and align with the agency's goals for quality and health equity.

CMS's definition of behavioral health takes a whole-person approach as opposed to emphasizing specific conditions, and encompasses substance use, mental health, and acute and chronic pain management. The agency's strategy is person-centered and recognizes that comorbidities may include diagnoses in all three of these areas.

Dr. Ling presented the five goals of the CMS Behavioral Health Strategy:

1. Strengthen Quality and Equity in Behavioral Health Care – This includes reducing disparities in care, providing effective outreach and education, and improving quality measurements to allow more focus on planning as opposed to reacting to events. These objectives apply to the other four goals as well.

2. Improve Access to Substance Use Disorder Prevention, Treatment, and Recovery Services – Objectives include addressing barriers to evidence-based care, strengthening treatment and recovery support services, and expanding the workforce in numbers as well as capabilities.

3. Ensure Effective Pain Treatment and Management – Build on evidence-based treatments for acute and chronic pain and improve patient access to those treatments. Improve the care experience and expand the size and capabilities of the workforce. Care coordination is especially important given the high incidence of co-morbidities in the pain patient population and the healthcare system's focus on specialty lines of service.

4. Improve Access to and Quality of Mental Healthcare and Services – Go beyond facilities-based mental healthcare to improve access to community-based services. Mitigate the effects of emergencies and disasters like the COVID-19 pandemic. Expand the workforce, access to evidence-based treatments, and coordination between primary care and specialty providers.

5. Utilize Data to Inform Effective Actions and Measure Their Impact on Behavioral Health – Measure the effectiveness of CMS's strategy and support efforts throughout HHS to generate evidence and improve care quality.

Discussion of Recommendations among APOE Members and Dr. Ling

The panel made a series of preliminary recommendations that included the following:

Engage a broad range of stakeholders in the Behavioral Health Strategy, including:

Healthcare Organizations – Behavioral health managed care organizations; community mental health boards and agencies; local, state, and national mental health, public health, and primary care associations and groups, including the medical association for addiction medicine and related fellowship programs; state health agencies and teaching centers; school-based health centers; the Department of Veterans Affairs; agencies on aging and their national associations; and any organization that receives federal funding for healthcare.

Healthcare Practitioners - Primary care physicians, nurse practitioners, pediatricians, hospitals, obstetricians/gynecologists, occupational and physical therapists, chiropractors, acupuncturists (particularly for pain management), virtual healthcare providers, and mobile health units.

Grassroots Stakeholders and Populations – Certified Application Counselors, Health Insurance Marketplace Navigators, Federally Qualified Health Centers, state-based insurance coalitions and their outreach and enrollment workforce, the National Association of Community Health Centers and its members, crisis centers and first responders, barbershops, hair salons, organizations serving people who are experiencing homelessness, and community-based organizations that serve immigrant populations. Other audiences include vulnerable communities, such as sex workers; migrant workers; veterans; people who have been incarcerated or are in danger of incarceration; employers, partners, and other family members, and caregivers, all of whom who may see the need

for behavioral health services when the person in their care does not; and finally, patients themselves, who often do not know where to begin to access behavioral care. The ideal is to connect with people at the moment they are looking for help.

Stakeholders Whose Primary Focus is Not Behavioral Health – Schools (counselors and nurses) from K-12 through college, pharmacies, emergency room staff, social workers (National Association of Social Workers and case management associations), and the faith community.

APOE members also recommended strategies for behavioral health awareness:

Media and Technology – Leverage social and mass media to target the public as well as specific stakeholders; create culturally sensitive toolkit materials that leverage social media, videos, graphics, and other media to assist in outreach; use claims data to target outreach to patients who are known to be in the greatest need; increase access to substance use and behavioral healthcare through the use of technology, e.g., a call center screening program that helps determine acuity and specific need then locates available medical professionals in a patient's healthcare network. Raise awareness of the rollout of 988, a new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline.

Content – Explain the nuances of terms that often confuse the public, such as mental health, behavioral health, and substance use; take a whole-person approach by highlighting in written and visual materials the physical issues involved in behavioral health, substance use, and pain management; include messaging that addresses social media as a contributor to anxiety and depression, particularly among young people; streamline collection and sharing of information across continuing care as patients move from provider to provider.

Public Comment
***Dr. Margot Savoy**, APOE Chair*

Dr. Savoy noted that no one signed up to give public comments.

Final Comments
***Dr. Margot Savoy,** APOE Chair*

Dr. Savoy thanked APOE members for providing input on challenging topics to help CMS staff improve people's lives. She announced that the next APOE meeting will be held virtually on Thursday, September 15, 2022. Dr. Savoy then turned the meeting over to Mr. Gutowski.

Adjourn
***Walter Gutowski**, Acting DFO, OC, CMS*

Mr. Gutowski echoed Dr. Savoy's comments on APOE members' valuable input, thanked meeting participants, and adjourned the meeting at 3:38 p.m., noting that the next APOE meeting will be announced via the *Federal Register*.