

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

**The Embassy Row Hotel  
2015 Massachusetts Avenue, NW  
Washington, DC 20036  
November 17, 2011**

## **EXECUTIVE SUMMARY**

### **Open Meeting**

***Jennifer Kordonski, Designated Federal Official (DFO), Office of Communications (OC), CMS***

Ms. Jennifer Kordonski welcomed participants and confirmed there were no lobbyists in attendance.

### **Formal Introductions**

***CMS Staff and APOE Members***

Members introduced themselves by providing a brief description of their background, interests, and hopes for the new panel. Each of the panelists described their organizations, their immediate responsibilities, areas of expertise, and what they hoped to contribute to the panel.

### **Swearing In and Charge to Panel Members**

***Julie Green Bataille, Director, OC, CMS***

Ms. Bataille swore in the new APOE panelists.

Ms. Bataille reminded participants that CMS has amended the APME charter and renamed the panel to reflect its expanded responsibilities. CMS has also expanded APOE's scope. The groups that CMS educates now also include those enrolled in (and eligible for) all programs administered by CMS as well as providers and stakeholders. The new charter charges the panel with advising and making recommendations to the HHS Secretary and the CMS Administrator concerning optimal strategies for:

- Developing and implementing outreach and education programs for individuals enrolled in (or eligible for) CMS programs
- Enhancing the Federal Government's effectiveness in informing health care consumers, providers, and stakeholders—pursuant to education and outreach programs—of issues regarding these and other health coverage programs, and the availability of other health care coverage, including the appropriate use of public-private partnerships to leverage the resources of the private sector in educating beneficiaries, providers, and stakeholders
- Expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of CMS education programs
- Assembling and sharing an information base of best practices for helping consumers evaluate health plan options

- Building and leveraging existing community infrastructures for information, counseling, and assistance
- Promoting consumer understanding of health care coverage choices and facilitating consumer selection and enrollment, which in turn supports the overarching goal of improved access to quality care including prevention services envisioned under health care reform

### **Recap of July 28, 2011 APOE Meeting**

*Sandy Markwood, APOE Chair*

Ms. Sandy Markwood provided a recap of the July 28, 2011, meeting. At that meeting, the CMS Administrator, Donald Berwick, M.D., framed the activities of the Advisory Panel into the three-part aim of CMS: better care, better health, and lower costs for all Americans.

Dr. Berwick also discussed the efforts of the Advisory Panel in the context of work undertaken by CMS to launch various components of the Affordable Care Act (ACA). The Advisory Panel was also briefed on the redesign of the CMS.gov Web site, and a presentation was given on increasing access to affordable health care coverage. Also discussed was the streamlining and alignment of the application process for Medicaid, CHIP, and the premium tax credits.

At a subsequent conference call, the Advisory Panel came to consensus on various recommendations. The recommendations covered various topics including: improved Web site navigation and user friendliness; developing tailored messaging to specific communities; developing principles for marketing campaigns; developing campaigns that target existing and potential beneficiaries, as well as caregivers; furthering the role of trusted sources where individuals obtain information on key CMS programs; embracing the role of caregivers as critical partners to beneficiaries; maximizing the redesign of the awareness information outreach tool for consumers, caregivers and professionals; and recommendations surrounding the uniform enrollment form.

### **Listening Session with CMS Leadership**

*Julie Green Bataille, Director, OC, CMS*

Ms. Bataille responded to the panel's recommendations made in July.

She informed the panel that the beta site for CMS.gov will go live on the night of December 2. The site will include a new look and feel for the CMS.gov home page. The changes were made in response to user feedback and reflect current CMS programming. A new search engine is now in place, and new tools and templates will also be provided moving forward.

This is the first phase of CMS.gov. A full-scale redesign will be launched in January. This redesign will look at the overall architecture of the site. It will also explore the possibility of incorporating user audiences as a navigation pathway. The Web site will be structured around the three-part theme of CMS: better care, better health, and lower cost. CMS.gov will primarily be a platform for providers, States, and policy makers while Medicare.gov will remain as the consumer site for Medicare.

Ms. Bataille said the uniform enrollment form is a critical tool to ensure the success of the health care coverage exchange initiative. CMS will share a draft of the model application, which is currently under development, with the panel at a future meeting. The panel's feedback will be helpful in ensuring that key elements are in place and that the tone and content will meet the needs of the intended target populations.

Ms. Bataille explained that CMS is committed to working in partnership with community networks to ensure broad exposure for purposes of maximizing enrollment in Medicaid, CHIP, and the exchanges in 2014. As CMS develops its strategies, it will rely on the body of literature and the advice of trusted resources with experience in outreach to these populations, and will also consider the possibility of using a checklist or common set of principles for marketing campaigns.

Ms. Bataille said the APOE could be a useful sounding board for developing education and outreach messaging and strategies for different stakeholder groups. She added that CMS would appreciate any suggestions they may have for links to consumer networks that may broaden the reach of their message testing. She added that CMS acknowledges and appreciates the role of caregivers in many aspects of support and in ensuring access to health care services, and will consider possibilities for partnerships moving forward.

Ms. Bataille also updated the panel on current educational activities, including a variety of communications campaigns focusing on the new open enrollment dates, as well as prevention and preventive services.

#### **Accountable Care Organizations (ACOs)—Policy and Education/Outreach**

*Tricia Rogers, M.P.H., Acting Deputy Director, Performance-Based Payment Policy Staff, CMS*

*Mandy Cohen, M.D., M.P.H., Director of the Stakeholder Engagement, CMS Innovation Center*

*Clarese Astrin, Ph.D., Social Science Research Analyst, CMS*

*Julie Franklin, Education Outreach Coordinator for Accountable Care Organizations, CMS*

This session focused on various aspects surrounding Accountable Care Organizations (ACOs).

Ms. Rogers' presentation provided an introduction to ACOs, as well as information on existing ACO programs including the Medicare Shared Services Program, the Advance Payment Initiative, and the Pioneer ACO Model. The Medicare Shared Savings Program aims to facilitate coordination and cooperation among providers to improve the quality of care for Medicare fee-for-service beneficiaries and reduce unnecessary costs.

Dr. Cohen discussed two other ACO programs, the Advance Payment Initiative and the Pioneer ACO Model. The Advance Payment Initiative provides participants in the Shared Savings Program with advance payments that will be recouped from the shared savings they earn. The Pioneer ACO Model allows ACOs to move more rapidly from a shared-savings payment model to a population-based payment model.

Dr. Astrin's presentation focused on the results of research conducted with beneficiaries and providers surrounding ACOs. Among consumers, results showed there was low awareness surrounding ACOs. Some of the positive ACO features identified by consumers included coordinated care, better provider communication, and consumer choice. Concerns included loss of choice, loss of personal relationship with providers, quality of care, CMS' financial standing, and privacy issues.

Awareness was also low among providers. Providers saw potential positives in ACOs such as improved coordinated care, better quality of care, better compensation/reimbursements, and prioritization of primary care. Some of the perceived barriers included concerns about cooperation among hospitals/specialists/primary care providers, limited implementation of system-wide EMRs, requirement of high capital and time investments, and potential for care protocols to be cost-driven rather than outcomes-driven.

Ms. Franklin said this research has been used to develop a dynamic communications plan to create awareness, garner support, and potentially motivate audiences to form and join ACOs. Dr. Astrin added that—with regard to communication objectives—there's a need to frame the term "ACO" in a positive way. Barriers and misperceptions also need to be addressed, including those posed by physicians, so the positives surrounding ACOs can be strengthened.

### **Annual Wellness Visit**

*Jamie Hermansen, Health Insurance Specialist, Office of Clinical Standards & Quality, CMS*

*Valerie Perkins, Office of Communications, CMS*

*Kelly DiNicolo, Director, Division of Campaign Management, CMS*

This session focused on the annual wellness visit, which was established by the ACA and became effective on January 1, 2011.

Ms. Hermansen explained that the visit should be conducted by a health professional and cover a set of minimum requirements such as a medical/family history; list of current providers/suppliers; blood pressure, weight, and other routine measurements; detection of cognitive impairment; review of risk factors; establishment of a written screening schedule for the next 5–10 years; and personalized health advice and referrals for health education and preventive counseling.

Ms. Perkins discussed efforts to promote the Annual Wellness Visit. Paid media will be used and include a mix of television, radio, print, and Web to efficiently reach the audience of more than 45 million beneficiaries, caregivers, and providers. Social media will also be utilized. Efforts are also underway to educate providers. The initiative will involve partnerships with community-based organizations, State Health Insurance Programs, and other partners.

Ms. DiNicolo described some of the communications campaigns surrounding the annual visit and prevention education efforts. A campaign called "Share the News, Share the Health" aims to heighten awareness of Medicare's Preventive Benefits to drive an increase in overall utilization. The campaign involved creating multiple blogs, tweets, Facebook posts, and promoting the campaign by creating ads using Google Ad Words. Earned media efforts generated more than

300 million impressions. A television public service announcement resulted in more than 13,000 airings, and a companion radio public service announcement (PSA) in Spanish resulted in 1,400 airings.

Another effort, “The New Enrollee Campaign,” focuses on the Welcome to Medicare Preventive Visits. The strategy for this campaign will include less paid media and more outreach. It will include the creation of a digital landing page. Earned media efforts and partners such as AARP will also be engaged.

#### **Public Comment**

*Sandy Markwood, APOE Chair*

There were no comments offered during this period.

#### **Discussion of Recommendations**

*APOE Members*

Mr. David Roberts recapped the highlights of the meeting. He also summarized the panel’s preliminary recommendations, which covered the following areas: Accountable Care Organizations and the Annual Wellness Visit.

#### **Topics for Future Meetings**

The panel discussed various topics for future meetings, including the following:

- Global efforts to build the capacity to provide Medicaid prevention services
- CMS rollout of coverage expansions through the exchanges and the Medicaid expansion
- Determining what beneficiaries believe are the issues related to outreach and education
- Review of the CMS annual communications plan, as it relates to outreach and education
- The role of Health IT and correctly matching patients with their health information
- Intersections between work done by APOE and work done by the Innovation Center
- Research surrounding access related to the 2014 expansion
- Work being done by the Office of the Dual Eligibles
- Discussing vulnerable populations
- Discussing the use of administrative verification and eligibility determinations in 2014
- How the health information exchange fits in with beneficiaries and providers

#### **Adjourn**

*Jennifer Kordonski, DFO, OC, CMS*

Ms. Kordonski thanked the panelists and speakers for their participation and adjourned the meeting.