

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

**The Embassy Row Hotel  
2015 Massachusetts Avenue, N.W.  
Washington, D.C. 20036  
February 7, 2012**

**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.

**Recap of November 17, 2011 APOE Meeting**

*Sandy Markwood, APOE Chair*

Ms. Markwood provided a recap of the November 17, 2011 meeting. At that meeting, two major topics were discussed: Accountable Care Organizations (ACOs) and the Annual Wellness Visit (AWV) program.

Ms. Markwood reviewed some of the panel's recommendations resulting from the meeting. The recommendations on ACOs included: ensuring education and outreach to patients, educators, and providers; clarifying the vision of how ACOs will improve patient care; clarifying the distinction between ACOs and other programs in the current health care delivery system; helping providers explain the value of ACOs and how they will impact patient care; using consistent nomenclature while avoiding technical jargon; highlighting CMS as the official source of information for ACOs; and ensuring that ACOs promote and support private and secure health IT.

The recommendations on the Annual Wellness Visit included: sending automatic electronic reminders to individuals due for their annual visit; providing information on appropriate billing for the visit; creating links to birthday campaigns, holidays, or other calendar campaigns; maximizing community, family, caregiver, and patient engagement; promoting the visit through grocery stores, libraries, pharmacies and other means; and distributing various educational materials – including videos and low literacy brochures – highlighting the importance of the visit.

**CMS Response to APOE Recommendations from November 17, 2011 APOE Meeting**  
*Julie Green Bataille, Director, OC, CMS*

Ms. Bataille responded to the panel's recommendations made in November and updated the panel on CMS actions since the last meeting.

Ms. Bataille said that CMS has conducted research with providers and beneficiaries to better understand their perception of ACOs as well as any perceived benefits and misunderstandings. CMS has looked at specific terminology/messages and tested them to assess what resonates with both provider and consumer audiences. CMS has also met with consumer advocate groups to discuss effective ways to communicate key information about ACOs to beneficiaries. Findings from these efforts have been integrated across various ACO communication and outreach efforts.

As a result, CMS has developed consumer-facing Web content with audience-specific information about ACOs on two key sites: Medicare.gov and Healthcare.gov. CMS has also developed a template letter to be sent to Medicare beneficiaries from organizations that form ACOs. Fact sheets have been developed describing ACOs as part of the menu of options for delivery system reform efforts. A video has also been created to depict the benefits of coordinated care.

Ms. Bataille described the efforts to educate providers about ACOs and how they will impact care. CMS has also developed continuing education modules and online content delivered through Medscape – a leading channel for reaching providers. In addition, CMS has held three national/regional Open Door forums which attracted more than 1,500 participants.

CMS will continue to conduct consumer research over time in order to make any needed changes to its communications materials. CMS is currently tracking calls to 1-800-MEDICARE and working closely with regional offices to stay in tune with local communities as more people become aware of new programs and initiatives.

Ms. Bataille indicated that, with regard to the Annual Wellness Visit, CMS is exploring a variety of partnership opportunities that will provide information to Medicare beneficiaries outside of traditional media channels (e.g. via pharmacies, grocery stores, libraries, and flu clinics). Establishing partnerships that expand CMS's communication networks and channels is a particular area of focus for the agency.

CMS has also taken specific steps towards expanding communications with providers to help them both better communicate with patients and ensure they understand how to deliver and bill for the visit. To address this, CMS has distributed materials electronically to providers via various listservs including its weekly "Fee-for-Service Provider e-Newsletter" which reaches approximately 4.7 million providers. CMS also continues to hold its National Provider call which reaches more than 25,000 providers nationwide.

Ms. Bataille also updated the panel on recent survey data from the 2011 Open Enrollment campaign. Results show that CMS channels have experienced spikes at the end of open enrollment with volumes not seen in the last five years. Approximately 5.6 million calls were made to 1-800-MEDICARE – a call volume 40 percent higher than that during the year.

Ms. Bataille closed by thanking the panel for its input. She added that CMS welcomes the panel's upcoming ideas and suggestions for 2012.

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

*Marilyn Tavenner, Acting Administrator and Chief Operating Officer, CMS*

Ms. Tavenner provided an update on important activities undertaken by CMS.

Ms. Tavenner explained that over the last few years CMS has been working to make health care more affordable for the 50 million Americans without health care insurance. Efforts have also been undertaken to strengthen Medicare, including adding protections to close the "donut" hole on prescription plans. Last week, CMS announced that in 2011 more than 3.6 million Medicare individuals saved approximately \$2.1 billion on their prescription drugs – approximately \$600 per person.

Launching the consumer Web site, Healthcare.gov, has also been a key initiative and the site continues to be improved and refined over time. Input from the panel will be particularly important in this area as the nation moves towards implementing the Exchanges and Medicaid expansion.

Coverage for young adults has also been important. CMS has also developed the Pre-Existing Condition Insurance Plan, to make insurance available for those who have been turned down for coverage by private insurers due to a pre-existing condition. Thus far close to 50,000 people have been served through this program.

Ms. Tavenner explained that several efforts have also been undertaken in the area of preventive services. CMS believes that providing preventive services lowers health care costs over time. As a result of these efforts, co-pays have been eliminated for a variety of screenings including mammogram, cancer, and diabetes screenings. This not only helps people stay healthy but also avoids costly hospitalizations which add to health care costs.

Exchanges will be in place by Jan 1, 2014. CMS is working with states to ensure the exchanges will be up and running by that date. A second round of regulation around exchanges and Medicaid expansion will be released to help guide both states and insurers as they begin to develop their products.

### **Consumer Research on Exchanges and Medicaid Expansion**

*Chris Koepke, Ph.D., Deputy Director, Creative Services Group, OC, CMS*

Dr. Koepke's presentation focused on the overall communications research plan for the exchanges and Medicaid expansion.

Dr. Koepke explained that research is key to understanding the audiences and populations that will have access to the exchanges. It is estimated that nearly 34 million Americans will take advantage of new opportunities for insurance options via the exchanges and Medicaid expansion.

The objectives for CMS's communications research plan are to:

- Inform and encourage consumers to seek out an exchange.
- Promote methods for getting individuals help in paying for insurance (including Medicaid expansion).
- Design an exchange that solves consumers needs, keeps individuals engaged, and encourages them to tell others about their positive experiences.
- Develop a plan that is flexible in a changing environment.

One of the key research questions is how to determine an effective exchange name, brand, and tagline. Generally speaking, the word “exchange” does not have the same brand recognition as, for example, Medicare. Another key question is to understand what information the public has already been exposed to that may affect their understanding of the exchanges. The information will be obtained through an environmental scan which will shape how CMS approaches its future communications and research.

The research plan will be based on a series of outreach questions that will focus on audience segmentation, message development and tracking/assessment. Product research questions will focus on user experience and testing content for a variety of consumers, including low-literacy consumers.

### **Health IT Adoption: The Opportunities for Providers**

*Jessica Kahn, M.P.H., Technical Director for Health IT, CMS*

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

The presentations by Ms. Kahn and Ms. Franklin focused on the intersection between health IT and various CMS programs.

Ms. Kahn explained that several efforts are underway at CMS to support the use of health IT by ACOs. In some states, ACOs that are state-sponsored are required to have an EHR. At CMS, EHRs are not a requirement but their presence (or absence) is used as a quality measure. However, it is implied that EHRs are needed for a model of patient care in which there is coordination of care with data shared among care settings.

Both Medicare and Medicaid initiatives have incentives for the adoption of EHRs. Starting on 2015, there will also be penalties for lack of meaningful use of EHR in Medicare settings. As of December 2011, CMS made EHR incentive payments totaling nearly \$2.5 billion to more than 25,000 eligible professionals and hospitals.

Ms. Franklin discussed the accomplishments have been achieved through a variety of national, regional, and state communication and outreach efforts including:

- Creating a CMS EHR Web site and Information Center.
- Developing Webinars, publications, FAQs, training initiatives, and partnerships.
- Advertising through print and Web media (14 and 15 million impressions, respectively).
- Establishing a solid social media presence including more than 10,000 Twitter followers and 34 YouTube videos.
- Collaborating closely with states through the development of a technical assistance portal, national conferences, and regional meetings.

Ms. Franklin acknowledged that some barriers still exist surrounding EHR implementation. These include a lack of knowledge around eligibility criteria, penalties, and certified EHR systems; lack of technical support for product selection; lack of specialty information (e.g. there is a knowledge gap on meaningful use); varying level of EHR vendor support; and fears about impact on productivity and future return on investment. CMS will continue to work to address these areas.

Ms. Kahn discussed Medicare's E-Prescribing Incentive Program which was launched in 2008 and provides incentive payments (2 percent) to eligible professionals. CMS is also working on a program funded under ACA to use personal health records. In addition, ICD-10, a new diagnostic coding system, is more robust and descriptive than its predecessors and will be transitioned by 2013.

### **Discussion of Recommendations**

#### ***APOE Members***

Following the above presentations, the panel provided recommendations in two areas: 1) Consumer research on exchanges and Medicaid expansion; and 2) Health IT adoption.

In the first area, recommendations included the importance of keeping the message simple, consistent, and clear; reviewing lessons learned from other states (MA, MI, NY); using multiple outreach channels; considering potential regional, geographical barriers to access to care; and integrating personal/real-life stories into the strategies.

In the area of health IT adoption recommendations included: providing outreach to consumers, providers, and office managers about EHR value; providing real-life doctor or health system EHR stories; including real-life stories of lessons learned, impact on practice, disparities, etc.; developing a "value proposition"; and ensuring marketing to office managers in addition to physicians.

### **Public Comment**

#### ***Sandy Markwood, APOE Chair***

Ms. Markwood introduced Linda Cox, M.D., an allergist and immunologist who presented results of her comparative effectiveness research studies. The studies focused on cost savings in the Florida Medicaid rhinitis population which received allergy immunotherapy (allergy shots).

### **Adjourn**

#### ***Jennifer Kordonski, (DFO), CMS***

Ms. Kordonski thanked the panelists and speakers for their participation. Before adjourning, she informed participants that the next meetings will take place on May 2, 2012 and August 2, 2012.