

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

**Virtual Meeting  
May 26, 2021**

**EXECUTIVE SUMMARY**

**Open Meeting**

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

Ms. Carr called the virtual meeting to order at 12:03 p.m. She welcomed all participants and noted that she serves as the Designated Federal Official (DFO) to ensure compliance with the Federal Advisory Committee Act (FACA). In compliance with a White House directive, she asked all lobbyists to identify themselves as lobbyists before speaking. Ms. Carr introduced Ms. Stefanie Costello.

**Welcome and Opening Comments**

*Stefanie Costello, Acting Director CMS Partner Relations Group*

Ms. Costello thanked participants for joining, noted the three items on the agenda— CMS Office of Minority Health's Role in Driving Equity in Healthcare, 2021 Medicare Open Enrollment Partner Product Needs, and Improving Diabetes Outcomes and Ensuring Equitable COVID-19 Vaccinations for Dually Eligible Individuals—and turned the meeting over to Dr. Margot Savoy, APOE Chair.

**Opening Comments and Panel Introductions**

*Dr. Margot Savoy, APOE Chair*

*Ms. Cheri Lattimer, APOE Vice-Chair*

Dr. Savoy thanked participants for attending. She reminded participants that the meeting is open to the press and the public and added that the opinions expressed by the panelists are those of the individual and not the organization with which they are associated.

Dr. Savoy noted that Scott Ferguson was not able to attend due to a family emergency and asked the members of the panel to introduce themselves.

**CMS Response to APOE Recommendations from the March 31, 2021 Meeting**

*Stefanie Costello, Acting Director, CMS Partner Relations Group*

Ms. Costello informed participants that the recommendations from the March 31, 2021 meeting were included in the meeting packets and turned the meeting back to Dr. Savoy.

## **CMS Office of Minority Health's Role in Driving Equity in Healthcare**

*LaShawn McIver, MD, MPH, Director, CMS Office of Minority Health*

Dr. McIver addressed the Office of Minority Health's work to embed health equity in the agency's work to address the needs of its target populations—racial and ethnic minorities; members of the lesbian, gay, bisexual, transgender and queer communities; individuals with limited English proficiency; rural populations; and those adversely affected by persistent poverty or inequality. She discussed the resources CMS uses to engage with stakeholders across the country who are working on health equity.

Within the Office of Minority Health, two primary groups—the Data Policy Analytics Group and the Program Alignment and Engagement Group—drive the office's work. The group facilitates analysis of CMS data to support efforts to understand the causes of and ways to reduce health disparities. The group is spearheading four important programs that underscore the office's engagement with key stakeholders. The Mapping Medicare Disparities tool, a widely used interactive map, provides a way to understand and investigate geographic and racial and ethnic differences in health outcomes and provides information that can be used to inform policy decisions and to target populations or geographic areas for potential interventions. The office publishes an annual Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage report that summarizes information on the quality of health care Medicare Advantage beneficiaries receive. The Health Equity Summary Score, which is still in development, aims to promote quality healthcare to those with social risk factors in Medicare Advantage plans.

The Program Alignment and Partner Engagement Group develops programs and initiatives that support healthcare providers who practice in underserved geographic regions and whose patient mix contains a disproportionate share of minority and other underserved populations. Among the tools for engagement are the Disparities Impact Statement, used to identify health disparities in priority populations and evaluate impacts of a policy or program. The office offers one-on-one technical assistance to help stakeholders reduce disparities, as well as a Coverage to Care, or C2C, health literacy initiative that is focused on increasing the consumer connection to care and eventually bettering health outcomes. C2C's signature pieces are the Roadmap to Better Care and a Healthier You, as well as additional resources available in eight languages. CMS has operated a Minority Research Grant Program for about 20 years to provide opportunities to a minority-serving institution to embed health equity into CMS's programs.

In addition to disseminating reports and public data sets, CMS evaluates the impact of disparities and integrated equity solutions across its programs.

Several of President Biden's recent executive orders establish equity as a defining part of the administration and give clear guidance to federal agencies that equity must be included in all parts of their work. Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities through the Federal Government, lays out a systematic approach to address inequities, including embedding fairness within the decision-making part of all federal government agencies. CMS is actively working to identify potential barriers that underserved communities and individuals may face to enrollment in and access to benefits and services in CMS programs and is working to assess whether new policies, regulations or guidance

documents may be necessary to advance equity in the agency's actions and programs. The Health Equity Inventory, launched in January 2021, is intended to help CMS accelerate current health equity work within the agency and to plan and develop collaborations across the agency.

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

Following the discussion, the panel made a series of preliminary recommendations. Among the recommendations, the panel suggested leveraging existing networks to address barriers that make it difficult for patients to know where to get help; using home visiting programs for the homebound and elderly; translating a wider range of materials into several languages; forming partnerships with wireless companies, trusted sources, historically Black colleges and universities and community partners; streamlining information on benefits for patients; and cost-sharing, reimbursement programs and sustainable models for incentivizing systems.

The panel also recommended leveraging needs assessments to implement care and drive strategies and policies to determine which services are needed; payment policies to maintain telemedicine availability; revisiting the Pioneering Communities program; exploring programs, policies and pilots related to housing, including USDA and HUD programs; and engaging communities.

### **2021 Medicare Open Enrollment Partner Product Needs**

*Mel Sanders, Technical Advisor, Division of Content Development OC/CSG/DCD*

Mr. Sanders discussed Medicare products related to the fall open enrollment period, October 15 to December 7, 2021, and asked for feedback on the gaps in information CMS provides.

Among the products distributed annually to individuals with Medicare are the *Medicare and You Handbook*, *Understanding Medicare Advantage Plans* and *A Quick Look at Medicare*. In addition, CMS provides a Medicare open enrollment website where partners get information, including materials on COVID-19.

### **Discussion of Recommendations among APOE Members and Mr. Sanders**

The panel made a series of recommendations on improving information that is available to consumers. The panel suggested including a decision tree that addresses how specific choices may affect supplemental benefits and ties Medicare to the ACA; information that addresses specific plans from which patients are transitioning; making products available in additional languages and updating the table of contents in the *Medicare and You Handbook* to alert customers that the "Help Available in Other Languages" section is at the end of the guide; improving communication of supplemental benefit eligibility and HSA, and consumer information on the plan finder tool; improving emphasis on the formulary so consumers recognize they should review that portion; simplifying the language so it is more accessible to customers with low literacy; and emphasizing the availability of Special Needs plans.

In addition, the panel recommended starting beta testing for Medicare needs earlier to allow time to train counselors and volunteers; making available fillable flyers and palm cards that

community organizers can print; sending direct email that only addresses open enrollment; and compiling a mailing list of partner organizations that can share information on CMS's behalf.

The panel recommended using bullet points to create documents that are easier to read; developing videos that partners can share, as well as videos for adult children who may be helping their parents evaluate the plans; including a diversity of people in the photos; and releasing public service announcements about scams as soon as possible.

### **Improving Diabetes Outcomes and Ensuring Equitable COVID-19 Vaccinations for Dually Eligible Individuals**

*Nina Ashford, DrPH, MPH, Deputy Director, Program Alignment Group, CMS Medicare-Medicaid Coordination Office*

Dr. Ashford discussed efforts to improve diabetes outcomes and ensure equitable COVID-19 vaccinations for individuals who are enrolled in both Medicare and Medicaid programs. The dually eligible individuals include people with disabilities, persons who are severely and persistently mentally ill, and persons with intellectual and developmental disabilities, as well as older adults. Dually eligible individuals are generally poorer, disproportionately impacted by multiple chronic conditions, are more likely to belong to racial and ethnic minority groups, and are disproportionately impacted by COVID-19.

One area of focus for CMS is ensuring that dually eligible individuals have equitable access to newer Medicare services, including the Medicare Diabetes Prevention Program (MDPP) for Medicare beneficiaries who are prediabetic and meet certain eligibility criteria. The once-in-a-lifetime benefit is based off the CDC's Diabetes Prevention Program—a lifestyle program delivered over the course of a year that combines nutrition, physical activity, and lifestyle change and modifications that individuals can make to control their diabetes.

Organizations such as local Boys and Girls Clubs and the YMCA enroll as MDPP suppliers and deliver the services to beneficiaries. Early data indicate disparities in the proportion of dually eligible individuals who are accessing and receiving MDPP services compared to the fee-for-service beneficiaries overall. CMS is exploring how to increase access to the number of dually eligible beneficiaries who receive diabetes self-management training.

Dually eligible individuals are disproportionately impacted by COVID-19 and are almost three times more likely to be hospitalized for COVID. CMS is working to support equitable vaccinations among its beneficiaries. The outreach includes a health plan management system memo to all key stakeholders reminding them of the unique opportunities they have to support and encourage equitable vaccination. CMS also makes COVID-19 vaccine claims data available to plans to further refine outreach efforts and analyze disparities.

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

The panel made a number of recommendations including working with providers to improve the effectiveness of the program. Panelists recommended CMS work with residency programs to integrate community-based services in care plans, use a team-based approach including

pharmacies and physical therapists to communicate with patients about the program, make providers aware they can refer patients to community-based organizations, improve the messaging around billing codes that providers can use, and consider delivering the program virtually.

The panel recommended using the same name regardless of delivery location so customers can immediately recognize it, and improving effectiveness of communication so the patient knows why they are in a diabetes management program and that the full cost of the year-long program is covered. In addition, the panel recommended CMS consider shortening the program or adding flexibility on where and when the program takes place, partnering with CVS which is opening hubs and community rooms, and addressing how customers access exercise facilities when the program ends.

In regards to COVID-19 vaccine delivery, the panel recommended CMS partner with community health centers and pharmacists to provide education and information; use a flexible workforce, home health aides, emergency medical services, faith-based organizations and parish nurses to deliver the vaccine; consider vaccine hubs where vaccinators can easily access supplies; implement technology that allows easy uploading of information to the state; allow house call practice to be reimbursed; improve understanding of patients' hesitancy and helping patients resolve hesitancy; better communicate that the vaccine is free; and consider using mobile vans to deliver the vaccine.

### **Public Comment**

*Dr. Margot Savoy, APOE Chair*

Cheyenne Santiago addressed the timeline for Medicare open enrollment, specifically tied to considerations for veterans with TRICARE For Life coverage. She recommended CMS consider building a calendar that allows beneficiaries to input their date of birth and answer a few questions about whether they still have group coverage, such as HSA or TRICARE For Life. The calculator would print a personalized enrollment calendar using actual dates and windows.

### **Final Comments**

*Dr. Margot Savoy, APOE Chair*

Dr. Savoy thanked the panel for their participation and valuable feedback and informed the panel the next meeting will take place virtually on July 28, 2021.

### **Adjourn**

*Lisa Carr, DFO, OC, CMS*

Ms. Carr thanked participants and adjourned the meeting at 3:59 p.m.