

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

**Virtual Meeting
October 13, 2010**

Open Meeting – *Jennifer Kordonski, Designated Federal Official (DFO), Office of External Affairs and Beneficiary Services (OEABS), Centers for Medicare & Medicaid Services (CMS)*

The October 13 meeting of the Advisory Panel on Medicare Education (APME) was held via conference call with presentations available via live web streaming. The meeting was the final meeting prior to the expiration of the current charter. As a result, CMS did not take any new recommendations from the panel. CMS is in the process of amending and renewing the APME charter.

Ms. Kordonski welcomed participants. She asked any lobbyists in attendance to identify themselves; no lobbyists participated in the meeting. Ten members of the general public participated in the conference call. APME panel members and participating CMS staff introduced themselves.

Welcome and Review of Previous Meeting – *Rebecca Snead, R.Ph., Chief Executive Officer and Executive Vice President, National Alliance of State Pharmacy Associations and APME Chair*

Dr. Snead briefly reviewed the June 2010 meeting. Meeting highlights included a listening session with CMS leadership, which included an update on the status of implementation of previous APME recommendations, and presentations and discussions of CMS' efforts to achieve health equity and of CMS' Strategic Language Access Plan. Following the meeting, the panel submitted a letter to Dr. Donald Berwick, CMS Administrator, outlining a series of recommendations.

Updates on Recommendations from the June 22, 2010, APME Meeting – *Rob Tagalicod, Deputy Director, OEABS, CMS*

Mr. Tagalicod updated the panel members on CMS' responses to the recommendations submitted by the APME following the June meeting.

With regard to recommendations concerning the implementation of the Patient Protection and Affordable Care Act (ACA), he reported that CMS is:

- Developing and regularly updating a comprehensive timeline of ACA requirements, tasks, and milestones;
- Partially implementing the recommendation concerning the use of the APME and outside resources to test ACA-related messages; and,
- Beginning to provide advance copies of ACA-related mailings/materials to partners and providers and providing advance materials for other programs and initiatives;

In response to the panel's recommendation concerning CMS' efforts to communicate with beneficiaries with limited English proficiency or communication disabilities, Mr. Tagalicod reported that CMS is taking the following steps:

- CMS provides translated materials when a targeted Medicare beneficiary population exceeds 10 percent of the customer base. The agency strives to meet the needs of beneficiaries with other communication disabilities; some ways it does this is through Section 508 compliant websites and large print materials.
- The agency prominently features the language feature of the toll-free Medicare hotline on all of its printed materials and advertisements.
- CMS is increasing its capacity (national calls, webinars, email blasts, web postings, etc.) to notify partner and provider organizations about materials being distributed and about available language resources.
- CMS is undertaking a cultural competency assessment pilot project to help it identify areas that need improvement and to support the development of best practices and employee training programs.
- The agency is exploring the possibility of developing materials targeted to beneficiaries with varying levels of reading or spoken language skill.
- CMS uses partner feedback and data on the usage of English print versions of CMS materials to develop Braille, large-print, audio, and other 508-compliant versions for beneficiaries with sight and hearing difficulties.
- CMS uses partner input as well as agency-sponsored research to determine the most appropriate means of communicating with racial and ethnic populations.

The final area addressed by Mr. Tagalicod was CMS' response to the panel's recommendation that it expand its efforts to ensure that all Medicare beneficiaries have access to adequate and appropriate medical care. With regard specific aspects of the recommendation, CMS is:

- Working to improve the health of and quality of care received by minority populations within the Medicare and Medicaid programs as well as uninsured and underserved populations, even though there are statutory authority limits to the use of the Quality Improvement Organizations (QIOs);
- Developing approaches to update the collection of Social Security Administration data, with an emphasis on race, ethnicity, and gender, in support of efforts to reduce health disparities among racial and ethnic minorities in the Medicare program;
- Revising its data collection processes to capture more accurate information on race and ethnicity;
- Expanding demonstration project populations to include Hispanic, Native American, underserved, uninsured, and Medicaid populations;

- Addressing health disparities in the dual-eligible population through the creation of the Office of Dual Eligibility; and
- Expanding its efforts to collaborate with trusted local and national ethnic/racial organizations to improve health care and reduce disparities.

Participant questions and comments related to the upcoming 10th Scope of Work for QIOs and the opportunities it offers them to work with regional and state organization to increase access to care for Medicare beneficiaries,

Public Comment

Members of the public did not offer comments at this time.

Listening Session with CMS Leadership – *Rob Tagalicod, Deputy Director, OEABS, CMS*

Mr. Tagalicod acknowledged the outgoing APME panel members who have served on the panel since 2008: Mr. Stephen Fera, Ms. Gail Hunt, and Ms. Kathy Hughes.

Mr. Tagalicod relayed Dr. Berwick’s vision of building a system that meets the goal of providing better care and better health at a lower cost. The challenge is to work with all elements of the health care system to provide coordinated care.

CMS envisions rechartering the APME as the Advisory Panel on Outreach and Education with broad advisory responsibilities related to national education programs targeted toward those eligible for Medicare, Medicaid, the Child Health Insurance Program, and other programs included under health care reform. The new charter will expand the scope of the panel, emphasize the panel’s traditional focus on consumers, and address issues related to other health coverage programs (e.g., the state exchanges). The emphasis will be on educating consumers about health care coverage choices and facilitating consumer selection of health care plans as well as providing support for providers and stakeholders. CMS anticipates that the new charter will take effect on January 21, 2011, if approved, and that the first meeting will take place in April 2011.

Panelists’ comments related to the need for innovative approaches to addressing health disparities, opportunities afforded by the establishment of the state exchanges, opportunities for working with the Center for Medicare and Medicaid Innovation, opportunities for panel members to provide individual support to outreach efforts, the potential for interaction between the rechartered panel and the Regional Offices, and strategies for communicating about ACA implementation in light of the current political climate.

Next Steps - *Jennifer Kordonski, DFO, OEABS, CMS*

Once the new charter for the panel is approved, CMS will begin recruiting members for vacant seats (current panel members will serve until the expiration of their terms) in anticipation of an April 2011 meeting.

Meeting Recap, Recommendations – *Rebecca Snead, R.Ph., APME Chair and Sandy Markwood, APME Co-Chair*

Ms. Markwood thanked CMS for the consideration and commitment it has given the panel's recommendations.

Adjourn – *Jennifer Kordonski, DFO, OEABS, CMS*

Ms. Kordonski adjourned the meeting.