

**Meeting of the Advisory Panel on Medicare Education (APME)
Centers for Medicare & Medicaid Services (CMS)
April 22, 2009
Hilton Washington Hotel Embassy Row
Washington, D.C. 20036**

Location:

The meeting was held at the Hilton Washington Hotel Embassy Row, 2155 Massachusetts Avenue, NW, Washington, D.C. 20036.

Federal Register Announcement

The meeting was announced in the Friday, March 27, 2009 *Federal Register* (Volume 74, Number 98, Pages 24019-24020). (Attachment A)

Panel Members Present:

Gwendolyn T. Bronson, SHINE/SHIP Counselor, Massachusetts SHINE Program

Yanira Cruz, Ph.D., President and Chief Executive Officer, National Hispanic Council on Aging

Stephen P. Fera, M.B.A., Vice President, Social Mission Programs, Independence Blue Cross

Nan-Kirsten Forté, Executive Vice President, Consumer Services, WebMD

Carmen R. Green, M.D., Associate Professor, Department of Anesthesiology and Director, Health Disparities Research Program, University of Michigan Health System

Jessie C. Gruman, Ph.D., President and Executive Director, Center for the Advancement of Health

Cindy Hounsell, President, Women's Institute for a Secure Retirement

Gail Hunt, President and Chief Executive Officer, National Alliance for Caregiving

Andrew Kramer, M.D., Professor, Medicine and Director, Center for Health Services Research, University of Colorado, Denver

Sandy Markwood, Chief Executive Officer, National Association of Area Agencies on Aging

Robert L. Mollica, Ph.D., Senior Program Director (retired), National Academy for State Health Policy

David W. Roberts, M.P.A., Vice President, Government Relations, Healthcare Information and Management System Society

Julie Bodén Schmidt, M.S., Associate Vice President, Training and Technical Assistance, National Association of Community Health Centers

Rebecca P. Snead, Chief Executive Officer and Executive Vice President, National Alliance of State Pharmacy Associations and APME Chair

Panel Members Absent:

Clayton S. Fong, President and Chief Executive Officer, National Asian Pacific Center on Aging

Cathy C. Graeff, R.Ph., M.B.A., Senior Vice President, Communications and Industry Relations, National Council for Prescription Drug Programs

Kathy Hughes, Vice Chairwoman, Oneida Nation

Frank B. McArdle, Ph.D., Manager, Hewitt Research Office, Hewitt Associates

Other Attendees

See sign in sheet (Attachment B)

Open Meeting

Lynne G. Johnson, Designated Federal Official (DFO), Office of External Affairs (OEA), CMS

Ms. Johnson called the meeting to order. She informed the panelists that Ms. Molly Touger with the Center for Medicare Rights requested the opportunity to provide a public comment.

Welcome and Introductions, Welcome to New Member, and Review of Previous Meeting and Subgroup Activities (Attachment C)

Rebecca Snead, APME Chair

Kimberly Kleine, Acting Director, OEA

Ms. Snead thanked the OEA staff for their hard work in assisting the APME panel transform itself into an action-oriented group and helping it prepare for this meeting. She requested that all panelists introduce themselves.

Ms. Kleine described the growth and development of OEA and its evolving mission. OEA consists of approximately 200 staff members and includes press liaison functions, graphics, and media services, campaign and partnership teams, and state teams. OEA also relies on the Regional Offices to assist it at the grassroots level. OEA is responsible for connecting the agency with its many constituents including beneficiaries, providers, states, and related industries.

Ms. Kleine welcomed Dr. Carmen Green to the panel and announced that the Office of the Secretary had granted a waiver to allow Ms. Snead to serve an additional term, thereby providing leadership and continuity to the panel. Ms. Kleine also acknowledged the contributions of Mr. Clayton Fong as his term on the panel expired and thanked him for his tireless advocacy of issues relating to minority and ethnic populations.

Ms. Kleine stated that CMS is looking forward to having a new Secretary in place. Healthcare reform will be a major focus in the near future. She added that Mr. Jonathan Blum would lead the listening session later in the day.

Ms. Kleine briefly reviewed some of the desired outcomes for the meeting. CMS hoped the panel would generate new ideas on the look and format of the *Medicare & You* handbook, especially with regard to making the handbook a useful tool for future beneficiaries; on ways CMS can address the digital divide that exists between different generations of beneficiaries and most effectively communicate with all beneficiaries through both new and traditional communications channels; on identifying areas of cooperation and coordination with regard to CMS' research agenda in the next three to five years; and on identifying new models for increasing capacity of the State Health Insurance Assistance Programs (SHIPs), especially with regard to employing new technologies and improving service to beneficiaries.

Ms. Snead noted that CMS had been very busy since the last meeting and referred panelists to the press releases and materials in their binders illustrating these activities. She reviewed the

minutes of the previous meeting, which featured an overview of the Open Enrollment and Low Income Subsidy (LIS) campaigns; a robust listening session with the Acting Administrator, Charlene Frizzera; and a discussion about physician transparency and the Physician Finder tool. The panel sent a letter summarizing the meeting and key concepts to the Acting Administrator as a means of keeping the panel's work on track and to inform CMS of its recommendations and concerns.

A major turning point occurred during the February meeting when the panel discussed the possibility of restructuring the panel to be more responsive to CMS' needs. Volunteers worked on developing a new operations document to guide future work. Ms. Snead recognized Dr. Jessie Gruman, Ms. Sandy Markwood, Mr. Frank McArdle, Mr. David Roberts, and Ms. Julie Bodén Schmidt for their work on this document, as well as the input from all panel members.

Ms. Snead pointed out two changes in the wording of the latest version of the document and asked panelists if they had any additional comments. Mr. Roberts asked whether the document included family members as caregivers. Ms. Gail Hunt clarified that the term "caregiver" includes family members. Generally it refers to unpaid caregivers, not paid nurses or home health aides. As there were no additional comments, the panel adopted the blueprint as a living document that can be changed as circumstances warrant.

Ms. Snead pointed out that the document also includes a recommendation for the creation of the position of co-chair. The co-chair would be responsible for leading communications for APME and providing a summary of all activities at the conclusion of each meeting. As a co-chair would have to be appointed by the CMS Administrator, Ms. Snead asked for a panelist to unofficially fill this role for the meeting. Mr. Roberts volunteered to do so.

Ms. Snead indicated that the day's agenda was focused on three core topics and a listening session. Panelists participated in conference call prior to this meeting to be briefed on the various topics.

Ms. Kleine asked any registered lobbyists to identify themselves in compliance with an Executive Order issued on March 20, 2009. No lobbyists identified themselves.

Discussion: M&Y Handbook, Future Versions

Erin Pressley, Director, Creative Services Group, OEA, CMS

Ms. Erin Pressley stated that this session provided an opportunity to discuss the future of the *Medicare & You* handbook, not simply the current draft. She pointed panelists to the minutes of the conference call discussion in their materials and indicated that CMS would like to hear their thoughts on both the print version and ways to make the online version more dynamic. Ms. Pressley asked what form the handbook should take in the future, what content should be included, how CMS can better distribute and expand distribution of the handbook, what CMS can learn from best practices, and what measures it should adopt as benchmarks for assessing success.

Discussion

Member Comment – Ms. Hunt asked if CMS has reached out to public libraries to let them know that the handbook is available online. Libraries and librarians are generally seen as trusted sources of information. Librarians and posters in libraries might be a good way to reach out to those without Internet access, with few computer skills, and with lower health literacy.

CMS Response – Ms. Johnson stated that she is working on a project to develop library partnerships and outreach programs. CMS is working with the American Library Association, several racial/ethnic caucuses, and a subcommittee on outreach to older adults to develop a project to reach out to seniors on issues related to Medicare and Social Security.

Member Comment – Ms. Hunt suggested that CMS also look at rural areas where high-speed Internet access is not available. Libraries usually have high-speed access. Librarians can be a resource for guiding people through the website, but they have to be both willing to help and be informed about the handbook.

CMS Response – Ms. Pressley stated that perhaps there would need to be some training for librarians. It is important to understand that many librarians are already overburdened and that it would be expecting too much for them to explain the handbook/website to every person who is interested.

Member Comment – Dr. Andrew Kramer cautioned CMS to understand barriers before devising solutions. He suggested that since written material can be difficult for people to understand, CMS should consider using DVDs or video broadcasts to provide information for distribution through libraries and other outlets.

CMS Response – Ms. Pressley replied that CMS does not currently have a DVD product related to the handbook, but that it has the capacity to develop one.

Member Comment – Ms. Markwood stated that libraries are a great resource at the community level. Outreach to minority and limited English-speaking populations needs to reach the communities with which they identify. There are “natural” community foot soldiers that CMS could train as trainers. CMS could split up the handbook content into modules to prevent information overload. The modules could be interactive video units on the various *Medicare & You* components to increase the level of information retention.

Member Comment – Dr. Yanira Cruz suggested that community-based organizations and day care center are good ways to reach out to older adults. The information in the handbook can be difficult to understand, especially for those with low literacy levels. Interactive videos that can be shown in community centers might be a good approach to educating beneficiaries, especially when used in conjunction with other trusted sources of information.

Member Comment – Dr. Green suggested that CMS consider using podcasts. She also encouraged CMS to think about partnering with hospitals to promote Medicare information on their in-house television stations. Other possible channels for outreach might include senior

centers and churches as they are trusted parts of the community. Food pantries and shelters might also prove an effective way to reach out to low-income beneficiaries.

Member Comment – Ms. Gwen Bronson suggested that CMS include information explaining the various parts of Medicare both for those just entering the program as well as existing beneficiaries. She added that this should be a general overview, not a detailed explanation.

CMS Response – Ms. Pressley stated that CMS has made several attempts at charting the various parts of Medicare and that the current handbook includes a page explaining the various aspects of the program. It has been a big challenge to balance the need to explain the different parts while not making the chart too text heavy.

Member Comment – Ms. Nan-Kirsten Forté pointed out that slide shows have overtaken other content on the Web. Slide shows transfer easily to print brochures, help address the challenge of eliminating wordiness, and can be customized and targeted to specific groups. It is important to identify target groups from the outset. She also said that the way CMS distributes its information is an essential element of its effectiveness. Distributing information through libraries is a great idea. Hospitals are also a good way to spread information. Ms. Forté suggested that CMS consider using post offices (official, trusted elements of communities) and doctors' offices. She also suggested that CMS consider the waiting areas that are not in doctors' offices but are associated with medical services as potential channels for distribution. She noted that the people who are responsible for these areas are often very interested in educating the people who passed through them about healthcare topics.

Member Comment – Dr. Gruman asked Ms. Pressley how much thought has gone into what is included in the handbook.

CMS Response – Ms. Pressley indicated that much of the content is legislatively mandated.

Member Comment – Dr. Gruman suggested that CMS consider what information people actually use as they move the handbook forward. Electronic versions can better target the most frequently asked questions. She suggested that CMS draw on its hotline and the SHIPs to determine what beneficiaries are concerned about and what questions they ask most frequently. With regard to best practices, her organization found that there is much greater resistance to using decisionmaking tools for healthcare choices than for other areas of consumer activity such as buying cars or choosing schools. She offered to share their findings on best practices related to getting people to use these tools for healthcare purposes.

CMS Response – Ms. Pressley asked panel to share their thoughts on the balance in the current handbook between the information that must be provided and that which people are interested in accessing.

Member Comment – Mr. Robert Mollica stated that CMS should include additional information, especially with regard to people who are new to Medicare. He suggested that CMS could do a better job of explaining medical savings accounts and special needs plans (SNPs), who should consider them, and why. He also pointed out that the handbook section on assignment referred

users to a webpage where different terminology (participating provider) was used for the same thing. Finally he suggested that the Supplemental Security Income eligibility section include income and resource requirements and that CMS direct those interested in the pharmaceutical assistance plan (PACE) program to the national PACE association rather than the various state programs.

Member Comment – Dr. Kramer stated the content is not the issue as much as how it is organized. He suggested that CMS develop levels of information designed for specific groups (e.g. a *Medicare & You* basic module for those just getting started, an intermediate version for users with more general knowledge about Medicare, and advanced options that allow users to drill down deeper for more detailed information).

Member Comment – Mr. Roberts expressed his excitement over the electronic version of the handbook and the growing number of people using it. He noted that the book can be overwhelming when you consider reading it. Mr. Roberts said that the reading level of the handbook seemed a little high, given that the evening news is targeted at a seventh grade reading level. He also suggested that CMS consider partnering with friends of the library organizations. These organizations love to distribute content and could be used to reduce the burdens on paid library staff related to promoting the online handbook. Also, since 86 percent of the U.S. population lives in cities, he suggested that CMS work with the National League of Cities and the state-level leagues of cities to serve as an additional distribution channel. Also, CMS could make use of local programming on public access channels. Mr. Roberts noted that each Member of Congress has case workers who handle problems related to Medicare benefits. CMS could provide training to these case workers to further educate the public.

Member Comment – Mr. Stephen Fera stated that slide shows are a very effective means of distribution from a plan perspective. His organization's slide shows feature a person who guides users through the slides. He suggested that CMS develop a brochure that points people to the Web for more detailed information. Because the phone is an important element with this clientele, his organization has also used their phone waiting message to promote their website. Mr. Fera noted that the number of retirement homes is expected to grow and that they are always looking for information and entertainment for their residents. As a result, they are open to the information provided by his organization and would likely be interested in Medicare's message. He also agreed with the earlier comment that the Medicare Advantage (MA) and SNP information was a potential minefield for handbook users.

Member Comment – Ms. Forté suggested that CMS needs to find a way to be both high tech and high touch, perhaps in the form of a video of a person working with a counselor. This could be translated into multiple languages, incorporated into slide shows, and used as part of public service announcements. There is evidence that role modeling in videos can spur people to take action and improve comprehension. She suggested that CMS continue publishing the complete handbook with all of the information users need and complement it with videos that explain the actions beneficiaries need to take.

Member Comment – Dr. Kramer observed that certain groups were best reached through church networks.

Member Comment – Ms. Hunt suggested that CMS use its network of churches developed under Part D to help explain the handbook content.

Member Comment – Mr. Roberts asked if it would be possible to use the annual Social Security statement to drive individuals who are nearing Medicare eligibility to the handbook and get them to start considering the choices they will need to make when they enroll.

Member Comment – Dr. Gruman suggested that the panel capture the content of their discussion and revisit the discussion next year to see what has been implemented and what CMS has learned to prevent the panel from repeating the same discussion at future meetings.

CMS Response – Ms. Pressley noted that implementation of ideas takes time. Many of the suggestions made today are in the initial stages of development. The agency is working on a handbook podcast. She agreed that it would be a good idea to report back to the panel in six or 12 months and to also have the panel review and comment on materials currently under development. Ms. Pressley also said that Ms. Forté's comments on distribution resonated. CMS wants to ensure that the information gets to people in the best way.

Member Comment – Dr. Green noted that accountability is important to determine where we are currently and why things did not get done. She expressed her concerns over the likelihood of older people using the Internet. It is important to keep in mind the people who will not, for whatever reason, use the Web. CMS should think about having resources available by telephone. Non-English speakers and low-literacy individuals should also be considered. Technological approaches can be intimidating. She suggested using focus groups to find out what works for those who do not use the Internet.

CMS Response – Ms. Pressley explained that CMS' goal was not to replace any of its existing communications channels, but to improve them and expand into new ones. CMS anticipates that it will continue to need paper versions of the handbook for a variety of reasons. The goal is to provide a menu of options so people can access information in a way that works for them.

Member Comment – Ms. Markwood added that CMS also needs to include Internet users in their focus groups. Her organization found, in the course of operating its elder care locator, that they are getting an increasing number of hits on their website. People are using the Web to get background information, but they want to talk to a person when they need to make a decision.

Member Comment – Ms. Snead thanked the panelists for their comments. She suggested that they go back to their constituencies, talk about the suggestions made today, and report back via conference call to see what rises to the top. The panel could then prioritize the suggestions. Ms. Snead noted that Americans are not in the habit of discussing insurance issues with their children. She suggested that it is important to start educating children about health insurance, including Medicare, as they are the caregivers of the future.

CMS Response – Ms. Kleine indicated that CMS should be able to take the panel’s list of priorities and report back at the next meeting on what can be accomplished and within what timeframes. She saw the library outreach as a potential topic that could be addressed quickly.

Member Comment – Ms. Bronson asked about CMS’ timeline for the handbook and the version on which it is currently working.

CMS Response – Ms. Pressley stated that CMS is currently formulating the 2010 book that will be mailed this fall. On April 27, CMS will begin conducting focus testing via one-on-one interviews using a moderator’s guide with an emphasis on navigating the book and understanding the content. Focus group testing goes through the middle of May, and then the emphasis shifts to getting clearances on the content. Printing begins in mid-June and runs throughout the summer. The plan charts are the final element to be approved and are married with rest of the book in September.

Member Comment – Mr. Roberts asked how the focus group participants are selected.

CMS Response – Ms. Pressley explained that CMS has targets it tries to meet, including a mix of age, ethnicity, education levels, knowledge of healthcare, and Internet use. The participants do not represent a statistically valid sampling, but CMS does try to mirror the population. Because of the small sample size, the agency cannot look for trends across groups, but it generally gets good feedback.

Member Comment – Ms. Forté asked about how CMS measures its success with the handbook, e.g., enrollment rates, retention, or efficiency of interactions. She asked what CMS is looking for in terms of numbers and with regard to specific, measurable goals. She stated that CMS needs to have action-oriented metrics because it is difficult to follow up on open-ended questions. A scorecard would be one way to respond to the desire for accountability.

CMS Response – Ms. Pressley replied that CMS has taken a variety of approaches over the years. It is difficult to set specific goals with regard to the handbook. The agency has tried to increase the ease of use and understandability of the handbook. CMS includes questions about the handbook in its post open enrollment survey and tracks responses. The agency has also had beneficiaries use diaries to track actual behaviors, not just memories related to the handbook.

Member Comment – Ms. Forté asked if CMS has data on how many people begin but do not complete the enrollment process, regardless of how they attempt to enroll (e.g., by telephone or online).

CMS Response – Ms. Pressley indicated that she would check into Ms. Forté’s request.

Member Comment – Ms. Forté stated that the panel’s comments would be more valuable if CMS were clear about its goals for the handbook

Member Comment – Dr. Green asked why the focus groups are not statistically representative.

CMS Response – Ms. Pressley explained that while CMS tries to mirror the population, the small sample size (approximately 100) cannot be statistically representative.

Member Comment – Dr. Green added that CMS needs to be sure it addresses the needs of women, minorities, immigrants, and those with limited English proficiency.

Member Comment – Ms. Snead asked the panel to consider the content that Congress mandated be included in the handbook and whether the goals of the mandate are being met. The panel should also look at whether the mandate changes with each new Congress.

Member Comment – Ms. Bronson shared her observations that most people who receive the handbook do not take action as a result. Instead, they use it as a reference tool.

CMS Response – Ms. Pressley agreed that this is consistent with what CMS is hearing from beneficiaries.

Member Comment – Dr. Gruman asked the panel to come to an agreement about their recommendations to CMS before the session ended.

CMS Response – Ms. Kleine stated that the themes she heard during the discussion related to distribution channels (both Web-based and more traditional channels), focus group testing/outreach to specific demographic groups, and usability and understandability of the content.

Member Comment – Ms. Hunt noted that these topics have been discussed before. She asked that future reports identify topics already discussed and what actions CMS has or has not taken as a result of the discussion.

CMS Response – Ms. Pressley explained that the conversation that had just concluded was very different from previous conversations. Before, the panel had addressed specific versions of the handbook. This time, they focused on moving beyond the printed book. There might be some overlap with previous conversations about technology issues, but even those did not address how the technology related to handbook issues.

CMS Response – Ms. Kleine reaffirmed CMS' commitment to reporting back to the panel with regard to its suggestions.

Member Comment – Dr. Kramer added that CMS needs to think about how to revise and reorganize the content to make it more digestible for people with different levels of knowledge about Medicare and who are looking for different things. The electronic version of the handbook should not be identical to the paper copy. The goal is to create levels of information. Dr. Kramer pointed out that many of the same issues related to information apply across multiple topics. CMS should think about developing templates or systems for categories of information to save effort and prevent duplication of work. Perhaps things could be categorized by distribution method.

CMS Response – Ms. Kleine agreed that there is a need to make things more systematic, but cautioned that it will take time to develop and implement the systems.

Member Comment – Ms. Schmidt asked whom CMS wants to understand the handbook and what it is doing to reach those who just cannot understand it.

Member Comment – Ms. Forté observed that the overall theme in government with regards to healthcare is personalization. The handbook is a compendium and can be used as a basis for developing information/materials for specific audiences. CMS needs to review its current segmentation strategy and develop plans to customize the information for each of the identified groups. The panel can help CMS determine how many versions of the handbook it needs and what those versions should look like.

Ms. Snead summarized the main discussion topics:

- The current handbook is now a compendium of information that will serve as the foundation for all future efforts.
- The panel made several suggestions for additional distribution methods of the current handbook.
- The panel also discussed reorganizing the material to allow users to access multiple levels of information (including information beyond the handbook contents).
- The panel discussed CMS's research methods for testing the handbook and the need for the agency to develop metrics for assessing the success of the handbook.
- CMS will report back to the panel on the status of the various suggestions at the next meeting.

CMS Research Agenda, 1-3 Year Planning

Frank Funderburk, Director, Division of Research, Strategic Research and Campaign Management Group, OEA, CMS

Mr. Frank Funderburk explained that his division works to formulate a picture of the consumer's (beneficiary, caregiver, provider, etc.) reality and integrate that with CMS's policy focus to develop communications strategies. CMS uses its research to define the purpose of a particular communication, identify target population(s), develop communication packages to support specific behavior changes, identify the best channels for contacting consumers, and determine the best way to present information to consumers. The division views its role as giving "insight to action," specifically gaining the insights that will be used to ultimately spur consumers to take action. As a result, the division's work is more short-term and faster paced than long-term health services research.

Member Comment – Ms. Hunt raised several points that she identified from her notes of the conference call. With regard to planning for the physician compare tool, CMS needs to keep in mind that consumers are accustomed to the lists of "best doctors." While this is not what CMS is aiming for, patients and physicians pay attention to these lists. However CMS chooses to design the tool, it should be easy to use and share similarities with things, such as these lists, with which consumers are familiar.

CMS Response – Mr. Funderburk explained that CMS’s research on other compare tools showed that the closer the tool can come to things with which the users are already familiar, the easier it is for people to adopt the new tool.

Member Comment – Dr. Kramer asked if Mr. Funderburk’s division coordinated with other parts of CMS on research efforts. He asked how CMS keeps track of who is doing what research, especially since research dollars are scarce. Dr. Kramer suggested that the division take a lead role in identifying ongoing research within the agency in order to avoid duplication of effort and build on existing research. CMS needs to consider how it can generalize what it is learning so that it can be used throughout the agency.

CMS Response – Mr. Funderburk noted that CMS has “lunch and learn” forums where staff members can share their research and findings, but will consider options to increase information sharing.

Member Comment – Dr. Kramer added that CMS should bring in the research contractors as well as the project officers. The project officers’ involvement in these projects can vary greatly. Contractors often have a more nuanced and comprehensive understanding of individual research projects. It is important to ensure this detailed information gets dispersed widely.

CMS Response – Ms. Kleine pointed out that this goes beyond the normal boundaries of OEA and suggested that this idea be included in the panel’s recommendations to the Administrator.

Member Comment – Dr. Gruman stated that she would be interested in hearing what a broad survey of CMS research reveals. She asked Mr. Funderburk to report back on the findings.

CMS Response – Mr. Funderburk stated that he would like for his division to get its research out in more easily consumed ways. He suggested slide shows for posting on the Web as one way to share information both within CMS and with its larger audience.

Member Comment – Dr. Gruman noted that lots of groups are interested in CMS’s more general findings on older populations (as opposed to the more product-specific ones) and would be glad to know that such research existed. The panel could help alert interested organizations and help them connect with the information they need.

Member Comment – Dr. Green saw opportunities in looking at how the research applies to vulnerable populations (such as dual eligibles). Specifically, she saw opportunities in increasing the information available concerning these populations and in identifying opportunities for increasing their healthcare utilization. Dr. Green saw dissemination of research-related information as an ongoing challenge. She suggested that CMS determine whether a dissemination plan should be included in each of its research projects.

Member Comment – Ms. Hunt asked if CMS was looking to its research to help it develop communications that cause people to change their behavior in a healthy way, such as changing the way they use their benefits.

CMS Response – Mr. Funderburk explained that one of the messages in the last open enrollment campaign encouraged beneficiaries to compare their existing plan with others to make sure their needs were being met in the most cost-effective way. CMS looked at how effective the messages were, whether earned media had any effect, how well the advertising campaign worked, whether people remembered the campaign, and whether they took action as a result. Questions related to LIS measured whether beneficiaries were aware of the benefit, researched the benefit, and applied for the subsidy and why or why not.

Member Comment – Ms. Hunt stated that she was more interested in the use of Medicare preventive services. Recent research in *Health Affairs* showed that it is erroneous to assume that Medicare beneficiaries will take preventive action (e.g., quit smoking, exercise, or getting immunized) at the same rate as younger people who are still in the workplace. Perhaps CMS could look into ways to incentivize Medicare beneficiaries to use their preventive care benefits that are different than those that are effective in younger populations. This information would be of interest to many more people than just CMS.

CMS Response – Mr. Funderburk stated that this is part of the broader issue of segmentation. While some of CMS's research relates to different enrollee demographics (new enrollees, established enrollees, and very old enrollees), the agency is also looking at segmenting the audience by decisionmaking styles, whether they are active or passive consumers of healthcare, and how they react to certain messages. In addition to monitoring behavior and evaluating specific communications for a particular product, CMS is looking for ways to segment people by attitudinal characteristics and belief systems as a way determining the effectiveness of communications.

Member Comment – Ms. Hunt stated that CMS needs to find out if people actually changed behaviors as a result of the communications, not just if the communications were memorable.

CMS Response – Mr. Funderburk explained that this is the direction in which CMS wants to move.

Member Comment – Ms. Forté stated that CMS is getting close to something very exciting. Before delivering any products, WebMD asks several questions about clinical status (health status), well-being (readiness to change), and knowledge (did you know?). They then develop or alter communications based on these basic findings. With regard to the compare tools, she asked how CMS plans to deal with the need for personalized tools which compare, but don't rate. She asked if the purpose is to compare or to rate nursing homes, providers, and plans. A five-star system can create controversy and does not address beneficiaries' needs such as how to get to a provider's office, how payments work, types of conditions treated, and other personal priorities/needs. The emphasis should be on approaching the various comparison tools from the standpoint of personalization, not a more generic rating system.

CMS Response – Mr. Funderburk stated that the focus of the ratings is to encourage movement toward quality care and provide consumers with feedback on the quality of care at different locations. CMS has done key informant interviews with hospital executives to see whether the ratings have changed the way they approach clinical quality and whether it has improved quality.

Ratings are not personalized, they just relate how well facilities perform on specific measures. Most of the research on ratings systems has been on the internal validity of ratings (whether the ratings reflect what is actually happening), but they do not address whether the composites are the right instruments for the particular tools.

Member Comment – Dr. Kramer stressed that the goal is to provide consumers with information on quality in order to drive good decisionmaking. CMS understands that the star system does not address personal needs. Many of the measures are not things that consumers are familiar with. CMS needs to spend considerable time on rating validity. For instance, the physician quality ratings were based on whether physicians answered certain questions, not how they answered. If the validity is not there, people will lose faith in the tool and will be sceptical about future tools. CMS needs to address validity from the very beginning and also determine how the information will be used. It is very important to understand who is using the information. Focus group testing is showing that nursing home residents and their families are using the compare tool. The implications of the tool for those in nursing homes are very different from those using it to make decisions. Ratings can also have an effect on staff moral if facilities receive low ratings. CMS needs to be aware of the many different audiences that use each tool and how those groups will use it.

Member Comment – Ms. Snead stated that this discussion gets back to the idea of the need for templates (the critical building blocks) that apply across all projects. There should be a template for the compare tools, and it should include suggestions for research components supporting its development. The research agenda goes beyond the compare tools.

Member Comment – Dr. Green asked Mr. Funderburk to tell the panel more about upcoming research and how CMS prioritizes projects.

CMS Response – Mr. Funderburk stated that the Childrens' Health Insurance Program (CHIP) is a rising priority. CMS will be looking at the demographic characteristics of the new CHIP eligibles, what barriers they face to program entry, and how CMS can support state efforts to locate potential eligibles. Caregiver research is an important part of his division's work, especially research into the needs of and challenges faced by family caregivers. Health information technology (HIT) has been important in the past in terms of consumer awareness and concerns about the technology and will grow more important as emphasis on this issue increases.

Listening Session with CMS Leadership – CMS Response to Letter from the Panel Jonathan Blum, Director, Center for Medicare Management and Acting Director, Center for Drug and Health Plan Choices, CMS

Mr. Jonathan Blum thanked the panelists for their support of CMS's efforts to improve its communication and education tools.

Mr. Blum stated that the President has an ambitious healthcare reform agenda, both in terms of expanding coverage of the uninsured and in changing the delivery system. Additionally the administration is looking at how healthcare is financed. CMS needs a thoughtful strategy and plan for educating beneficiaries, caregivers, physicians, hospitals, and those with day-to-day contact with the system about these changes as well as plans to better engage them in the

healthcare delivery system. The larger task is to help beneficiaries navigate a complicated system, a system from which CMS hopes to get better performance, more primary care, and better management of chronic conditions.

Mr. Blum's challenge to the panel was to take a fresh look at resetting priorities and resources, not just the day-to-day communications tools. He asked the panel to continue to provide concrete recommendations in the form of actionable steps based on sound research and field testing.

Mr. Blum asked the panel to consider several questions. First he asked panelists to think about how CMS helps beneficiaries choose providers, not only with regard to meeting individual needs and preferences but also with respect to promoting better quality and performance from providers. He asked for panel's ideas on how to better use the SHIPs. Another concern of Mr. Blum's was the relationships between beneficiaries and insurance brokers and how CMS can partner with brokers to encourage substantive communications about health issues beyond basic sales and marketing. He also asked panel to continue to think about how to best use CMS' resources with regard to print and Web-based communications in light of the populations the agency serves. The final issue of interest was finding ways to help beneficiaries and their caregivers better manage chronic conditions.

Member Comment – Mr. Roberts asked if, based on President Obama's eight principles and Dr. Ezekiel Immanuel's position in the Office of Management and Budget, Mr. Blum thought it was possible that Medicare might one day be replaced by some other program. He also asked whether CMS has considered providing cost information to beneficiaries.

CMS Response – Mr. Blum noted that there is evidence that healthcare practices vary considerably across the country due to many factors, a fact that makes comparison difficult. It is important for CMS to understand what drives cost differences and what services provide high value. CMS currently has some demonstrations in progress looking at these issues, but the research needs to play out. The agency is looking at ways to better integrate physician practices and coordinate care.

Member Comment – Ms. Schmidt commented that in a previous job, her organization made measurable improvements in diabetes care using a chronic care management model. Group practices seemed to do better than single practitioners. She asked to what degree CMS is collecting information on chronic care and how the resulting information is being distributed.

CMS Response – Mr. Blum stated that the primary challenge will be to ensure that beneficiaries have access to this kind of care. CMS needs to consider ways to use actual networks where physicians and hospitals provide integrated bundles of care as well as virtual approaches using HIT. There are definitely more options available now to create more integrated service models in both rural and urban settings.

Member Comment – Dr. Gruman stated that the panel has been fairly critical of CMS' compare tools. The panel is not certain that the tools provide the information that people need to make

good decisions. She asked what CMS' plans are for changing the way the tools appear and what types of information they convey.

CMS Response – Mr. Blum stated that the administration is pushing hard for change, but is conscious that it cannot push too hard with new initiatives. CMS needs to think carefully about the information presented to consumers and the incentives used to encourage people to change their behaviors. The capacity of the system to take on more also needs to be considered. CMS is interested in hearing the panel's suggestions and ideas.

Member Comment – Ms. Bronson asked if CMS has data on the number of doctors nationwide who accept assignment and whether they are located in geographic pockets.

CMS Response – Mr. Blum explained that he did not have that information at hand and would need to report back to the panel. He noted that it is challenging to keep physicians in the Medicare program. CMS needs to ensure that incentives to stay in the program are appropriate, while ensuring that beneficiaries have access to physician services.

Member Comment – Ms. Bronson asked that CMS to consider changing the dates of open enrollment as many beneficiaries have problems when they enroll late in the season, need services early in January, and find that their paperwork has not kept pace with their enrollment status.

CMS Response – Mr. Blum stated that CMS has received several recommendations regarding timelines for Parts C and D. The situation is complicated by a multitude of deadlines, some of which are legally mandated, and the multitude of parties involved. CMS recognizes that it is important to have a more simplified annual process, while adhering to the timelines set by Congress.

Member Comment – Mr. Fera asked how CMS plans to handle the large number of beneficiaries expected to return to traditional Medicare due to changes in reimbursements for the MA plans and the resulting confusion related to cost impacts and access to care issues.

CMS Response – Mr. Blum stated that CMS is aware of the possible shifts that could result from plans changing their offerings. The agency will also work to ensure that the plans communicate their changes in an accurate and transparent manner. Early indications are that the plans' levels of interest in both Parts C and D remain high.

Member Comment – With regard to the quality comparison tools, Dr. Kramer stated that CMS needs to come to terms with the tension between political pressure to get something out to the public and the need to rigorously develop measures over a long period of time. Many public reporting systems have cropped up quite rapidly. He suggested that CMS slow down its efforts in this area, ensure its measures are robust and validated, and possibly pilot test each measure/tool. When there is a rush to get information, the results can be confusing and sometimes conflicting.

CMS Response – Mr. Blum agreed that it is important to think carefully about the information CMS provides and how it will be used by consumers and providers. CMS will have to find the right balance between promoting change and ensuring the quality of the measures.

Member Comment – Dr. Cruz shared the concerns that she has been hearing over access to healthcare, specifically with regard to providers accepting Medicare. In New Mexico, many providers are leaving the program. She also shared concerns over disparities, barriers to access (language), and the decreasing number of providers serving older patients.

CMS Response – Mr. Blum stated that CMS realizes that its reimbursement policies affect access to providers. The agency needs to look at all of its reimbursement policies, as well as graduate medical education policies, to ensure that an appropriate workforce is in place. He asked panelists to share their concerns over any specific areas of the country affected by CMS policies.

Member Comment – Dr. Green asked Mr. Blum to discuss CMS' plans for creating efficiency in the system to potentially decrease costs. She also asked him to address the theory that Medicare is underadministered, which leads to concerns about fraud within the program.

CMS Response – Mr. Blum replied that fraud is an agency priority. Under the most recent congressional appropriations, CMS received new monies to address fraud and abuse in the fee-for-service and Parts C and D programs. The agency's overall goal is to make the healthcare system more efficient through more primary care. This will mean moving away from a fee-for-service system toward a more integrated system.

Member Comment – Ms. Hunt stated that former Acting Administrator Kerry Weems had developed a terrific family caregiver initiative, one she hoped would continue. She reported that those working with older folks are concerned that healthcare reform does not include long-term care. She asked if there is any way to include long-term care in these initiatives.

CMS Response – Mr. Blum stated that there is much interest in improving long-term care through more community-based services and workforce development. He expected this to be a priority for Governor Sebelius if she is confirmed. Some of the ideas about changing the delivery system in the President's budget will work for long-term care as well.

Public Comment

Rebecca Snead, APME Chair

Ms. Molly Touger, representing the Medicare Rights Center, signed up to speak during the public comment portion of the meeting.

Ms. Touger, the Director of Education at the Medicare Rights Center, thanked the panel for the opportunity to speak. The Center is a nonprofit organization that helps people access Medicare benefits through direct counseling, education initiatives, and policy work. The purpose of her remarks was to introduce panelists to the Center's free, publically available webtool, Medicare Interactive (MI Counselor), which can be found at www.medicareinteractive.org.

Designed to serve the needs of Medicare beneficiaries, the tool provides answers to commonly asked questions. The site also provides a way for professionals, such as social workers, independent living center staff, and caregivers, to help consumers navigate the Medicare system and make choices about their care. The Center believes that the tool is a good example of how clear, accurate, practical information can be made available to the public and kept up to date, even with limited resources.

The content of the tool is unique in that it has been developed with input from the Center's lawyers, counselors, education professionals, and health literacy experts. The site goes beyond explaining the rules of Part D and provides tools to help consumers determine whether they need Part D, how to choose a drug plan, and what to do if a drug is not covered. The Center works hard to make sure that important information is not left out while keeping the content easy to understand. MI Counselor also provides guidance on and links to state level and supplemental resources. Eligibility requirements for these programs are included in the tool.

The Medicare Rights Center is able to maintain the site with few resources through its daily experiences working with Medicare and related programs. Because it cannot provide exhaustive information on all programs, the Center provides enough information to help consumers determine whether a program might be right for them and then provides links to the individual programs.

Ms. Touger suggested that the panel consider the following:

- The best medium for ensuring that educational messages are presented in a controlled format is the Web. While many beneficiaries are not online, a significant number are, and most will be in the near future.
- Many caregivers and professionals rely on online sources for information. Putting Medicare information online expands the ranks of those who can advise beneficiaries.
- The information provided should be shaped by those who work directly with the Medicare population. Nonprofit groups, the SHIPs and the area agencies on aging (AAAs) can provide a bridge between policymakers and Medicare beneficiaries.

Ms. Touger concluded her remarks by stating that Medicare needs to be explained from the most basic level (e.g., what is insurance, what is Medicare, what is the difference between Medicare and Medicaid).

Discussion

Member Comment – Dr. Gruman asked how the tool is funded and how often it is updated.

Speaker Response – Ms. Touger replied that the site is updated on an ongoing basis and that it is funded primarily through grants, including one from the Robert Wood Johnson Foundation.

Member Comment – Ms. Forté asked how the Medicare Rights Center is planning on promoting the site.

Speaker Response – Ms. Touger stated that the Center is working at the grassroots level, contacting individual SHIPs and AAAs to demonstrate the tool’s usefulness. She also hoped that the panelists would share information on the tool with their constituencies.

Member Comment – Ms. Forté asked about the relationship between the tool and the medicare.gov site.

Speaker Response – Ms. Touger stated that significant changes in the Medicare program in recent years has resulted in an information gap. The tool can be a useful information resource that supplements CMS’s PlanFinder and can be used in conjunction with it to provide people with the most up to date information about Medicare.

Strategic Discussion: Use of SHIPs – Future of Grassroots Outreach

Marilyn Maultsby, Director, Division of State Health Insurance Programs Relations, CMS

Ms. Marilyn Maultsby asked panelists for their thoughts on SHIP capacity building, specifically how to build the volunteer base, and on how performance measures can be used to determine the effectiveness of SHIPs and improve their local management.

The SHIP program began as a way to deal with the multitude of Medigap policies in the marketplace. They were the local, grassroots organizations that helped beneficiaries understand their Medigap options. Under the Medicare Modernization Act, SHIPs began dealing with significantly more and more complex information. SHIPs vary in size (paid staff average three, but can be as large as 30), funding, and other resources. Approximately 12,000 volunteers support the SHIPs nationwide. Currently, there are concerns over the SHIPs’ ability to help more people while at the same time spending more time in training to understand increasingly complex programs.

Discussion

Member Comment – Ms. Bronson stated that the quality of volunteers is always a concern because of the volume of information they must master. Volunteers are required to be tested yearly. The amount of information that volunteers must learn is growing and becoming increasingly complex. This causes some volunteers to leave. She noted that it might be necessary for SHIP counselors to become more specialized in order to ease the burden of learning a large volume of information.

CMS Response – Ms. Maultsby asked if Ms. Bronson saw any downside to specialized SHIP volunteers. Ohio employs a model that identifies its folks as counselors, administrators, marketers, and educators, each with a specific set of tasks. In another model, volunteers learn specific aspects of the Medicare system.

Member Comment – Ms. Bronson explained that the downside of specialized volunteers would be most apparent in smaller settings, where beneficiaries need to get their problem solved in one visit to one place regardless of the nature of their problem. Ms. Bronson recommended that CMS standardize the titles of these organizations nationwide as SHIPs, instead of the various

names used. The lack of standard designations can be confusing to beneficiaries who move from state to state.

Member Comment – Ms. Markwood noted that given the current economic situation, CMS cannot count on a growing population of retirees becoming volunteers. The agency needs to consider ways to make volunteering easier, especially since some volunteers will work part time. With the Baby Boomer generation, it is important to clearly define volunteer responsibilities (like a job description).

Member Comment – Mr. Roberts asked if there is any prohibition against using paid employees instead of volunteers.

CMS Response – Ms. Maulsby explained that funding is the major prohibition. SHIPs rely on more than 12,000 volunteers, and CMS does not have the funds to pay all of them.

Member Comment – Mr. Roberts asked if the proposed second economic stimulus bill might include funds to help augment the educational role of the SHIPs.

Member Comment – Ms. Cindy Hounsell cited the example of the pension counseling program at the Gerontology Institute at the University of Massachusetts, one of the Administration on Aging's (AoA) projects, which uses small stipends to help draw in and retain volunteers. She offered to provide information on the program to Ms. Maulsby.

CMS Response – Ms. Maulsby stated that SHIPs partner closely with the AAAs. This year, CMS has entered into a joint program announcement with AoA, to use some of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) funds for LIS outreach. She promised to look at the pension counseling project model to see if CMS can integrate some of its components into the agency's program.

Member Comment – Dr. Gruman asked whether the SHIPs have the right number of counselors.

CMS Response – Ms. Maulsby explained that anecdotal reports from the field show that the SHIPs are losing many of their older volunteers (the average age is 64).

Member Comment – Dr. Gruman asked if there is more demand for assistance than the SHIPs can handle with current staffing levels.

CMS Response – Ms. Maulsby stated that there are a lot more beneficiaries out there that can be served and that CMS expects this number to climb as the Medicare-eligible population grows in the coming years.

Member Comment – Dr. Cruz asked whether relationships exist between SHIPs and senior centers and other community-based organizations.

CMS Response – Ms. Maulsby explained that the program works closely with AAAs, which generally operate senior centers, and has been working more and more with community-based

organizations. CMS has encouraged SHIPs to form partnerships, but defining these partnerships can be challenging. Some have developed more structured relationships. SHIPs are increasingly seen as the go-to organization for one-on-one counseling. Partners seem willing to do events and other supporting work, but prefer to leave the counseling to the SHIPs.

Member Comment – Dr. Cruz stated that there might be opportunities for collaboration in some communities. Her organization has a network of 42 senior centers and community-based organizations serving older adults. Dr. Cruz offered to informally look into the level of their engagement with SHIPs.

Member Comment – Mr. Mollica asked Ms. Maultsby to describe how SHIPs use federal funds.

CMS Response – Ms. Maultsby replied that the funds are used for one-on-one counseling, community outreach events, and development of referral networks. Partnerships developed through the referral networks use the funds for training and information sharing.

Member Comment – Mr. Mollica asked for clarification, specifically if funds went to materials or staff. He also asked if volunteers receive a stipend.

CMS Response – Ms. Maultsby explained that volunteers do not receive stipends, but that there are some paid staff at the state level. Funds also support the development of training materials and advertising campaigns.

Member Comment – Mr. Roberts asked what type of information technology tools CMS provides and whether the agency has considered using virtual SHIP counselors. His nonprofit offers two hour blocks of time in which people can get answers from subject area experts via the Internet.

CMS Response – Ms. Maultsby stated that CMS has not done virtual counseling, but that it has done some webinars on data reporting requirements. Some SHIPS have discussed Web-based training in their current grant applications.

Member Comment – Ms. Markwood stated that people will get information from the Web, but that they want one-on-one assistance from a person when they need to make a decision or share personal information. The one-on-one counseling with a trusted resource is critical.

Member Comment – Mr. Roberts clarified that he was thinking that Web-based teleconferencing technologies could be useful in rural areas or where beneficiaries lack transportation. This would preserve the on-on-one counseling while expanding the service offerings.

CMS Response – Ms. Maultsby stated that counselors in rural areas sometimes take laptops out into the community. She noted that her original responses had been directed more toward the counseling and training of the counselors, but that CMS should explore the wider use of the technology as suggested by Mr. Roberts.

Member Comment – Ms. Forté cautioned the panel not to get away from the high touch aspect of the SHIP program. High tech can amplify high touch. It should not be a choice between them. Ms. Forté also asked how difficult it would be to provide some sort of volunteer stipend or incentive.

CMS Response – Ms. Maultsby stated that some SHIPs currently provide stipends. It might be possible, in the future, to use grant money from performance awards to focus on volunteerism.

Member Comment – Ms. Forté suggested that the economy may make it easier to recruit smart young people into the program, either as interns or volunteers.

CMS Response – Ms. Maultsby noted that CMS used college students successfully in some of the Part D enrollment activities during the past year.

Member Comment – Dr. Gruman asked if CMS had looked at the Medicare Rights Center’s site and whether it was something that the agency could direct the SHIPs toward as a resource.

CMS Response – Ms. Maultsby replied that CMS shares models that have been tested with the SHIPs via forum calls and the SHIPtalk website. The Medicare Rights Center has a partnership arrangement with the New York SHIP. CMS would need to talk to the state directors and see what opportunities might exist in this realm.

Member Comment – Dr. Green asked about the demographic characteristics of those being served by SHIPs.

CMS Response – Ms. Maultsby responded that the SHIPs serve a predominantly middle class, white population. Over the past four years, CMS has collected better data on LIS beneficiaries served as well as on ethnicity and racial background, beneficiaries with disabilities, and gender.

Member Comment – Dr. Green asked if the population served is representative of the Medicare population at large. She also asked about the geographic locations of the SHIPs, which are legislatively mandated, and how CMS can determine if they are truly located in the best spots. She cautioned CMS to keep in mind concerns about the safety of beneficiaries’ personal information as it considers bringing in lots of new volunteers. Dr. Green also asked whether CMS knew enough about the characteristics of the SHIP counselors, especially with regard to cultural sensitivity, to ensure that the increasingly diverse beneficiaries would be comfortable speaking with them.

Member Comment – Ms. Snead asked Ms. Bronson to share her thoughts on the usefulness of exit interviews to better understand why volunteers leave the program and how SHIPs can better recruit and retain volunteers.

Member Comment – Ms. Bronson stated that such interviews would be helpful as the SHIPs do not generally know why people leave.

Member Comment – Mr. Roberts stated that his organization offers a semester-long internship program that pays \$1,000 plus parking. They receive many applications for the position, including applications from people who have already graduated for college. In the current economic environment, a little incentive goes a long way.

Ms. Maulsby asked the panelists to share their thoughts on how CMS could measure the quality of the SHIP programs. The goal is for beneficiaries to receive consistent, high quality, accurate information no matter which SHIP they visit.

Discussion

Member Comment – Dr. Kramer suggested that CMS develop case studies as a training device. CMS could use them to track consistency and identify areas in which counselors need more/better training.

Member Comment – Ms. Markwood suggested that CMS consider immediate follow-up with beneficiaries after their sessions to assess the quality of their experience. CMS and AoA, through the SHIPs and pilot projects, have looked at ways to track those who received counseling and determine whether they took action based on counseling. While most of the work has been related to Part D enrollment, much work has also been done with the LIS population.

Member Comment – Ms. Bronson noted that counselors are tested yearly using tests formulated by each state SHIP program. She asked Ms Maulsby to confirm whether CMS is developing an objective (yes/no) test for counselors.

CMS Response – Ms. Maulsby responded that CMS is testing a knowledge-based tool for assessing SHIP counselors. The tool uses questions developed from the Medicare training modules and can be combined with content provided by individual states. She promised to report back on this at a later date.

Member Comment – Mr. Fera suggested that CMS ask consistent questions across all states about feedback on services. He asked CMS to consider how “siloed” the SHIPs are and whether they are working as efficiently as possible.

CMS Response – Ms. Maulsby agreed that CMS often asks SHIPs to report on their efforts to develop partnerships and work with partners, but that the agency needs to do more thinking about how to best use those partnerships to get information to beneficiaries.

Member Comment – Mr. Fera stated that insurance plans would be supportive of a robust relationship with SHIPs and AAAs.

Member Comment – Dr. Gruman asked if there are any criteria for SHIP partnerships.

CMS Response – Ms. Maulsby explained that some SHIPs simply list partners, regardless of the closeness or productivity of the relationship. Increasingly, CMS has been asking SHIPs to identify the anticipated beneficiary-centered outcomes of each partnership.

Member Comment – Dr. Gruman then asked if CMS does any “secret shopping” to test the various SHIPs.

CMS Response – Ms. Maulsby replied that CMS developed a mystery shopping toolkit for internal use by the state directors to help them facilitate technical improvement.

Member Comment - Ms. Snead asked panelists to summarize the key messages generated during the session. She identified volunteer retention and recruitment, the complexity of program, the need for accountability for results, and whether SHIPs are where they need to be geographically as major points of discussion.

Member Comment - Dr. Kramer added the use of incentives to recruit volunteers, the use of information technology tools for both training and counseling in rural and other areas, the development of productive partnerships, the need to understand the demographics of the program, the congressionally mandated aspects of the program, and the importance of standardizing certification of counselors to the list of topics covered.

Member Comment - Ms Snead then asked panelists to identify three core ideas from these topics that could be passed on to CMS as recommendations.

Member Comment – Ms. Schmidt asked Ms. Bronson if SHIP counselors used computers in the counseling process and if so, whether they taught beneficiaries how to access information in CMS’s website as part of the counseling.

Member Comment – Ms. Bronson replied that counselors use web-based tools, particularly the PlanFinder, during their counseling sessions. While they do not teach beneficiaries how to use the site, competent people pick up on it during the session. She indicated that many come to SHIPs because they are not able to navigate online tools themselves.

Member Comment – Ms. Schmidt suggested that helping beneficiaries learn to navigate some basic tools or information sources (even possibly providing a cheat sheet), during their first face-to-face session would provide long term assistance.

Member Comment – Dr. Green stated that the importance of protecting elders’ privacy as more people are coming into the SHIPs should not be overlooked. When the SHIP program is up for legislative review, the panel should determine what input it could provide in its advisory capacity. It is also important to determine whether SHIPs have the right people in the right places and what they will need in terms of resources as the program moves forward.

Member Comment – Dr. Gruman suggested that the panel’s letter communicate the importance of the SHIPs in reaching out to people who might not get the information they need any other

way as well as the importance of seeking out innovative ways to recruit and incentivize volunteers.

Member Comment – Ms. Bronson stated that she would like the letter to include a paragraph stressing the importance of the grassroots, one-on-one nature of the SHIP program. She also suggested that bullet points should address incentives and ensuring delivery of quality services.

Member Comment – Topics suggested by Mr. Fera were that all research tools (quality, transparency, benefits comparison, plan comparison, etc.) must be applicable and consistent across the board, that community-based support is critical, and that all communications be in plain language.

Member Comment – Mr. Roberts asked if the panel, as a federal advisory committee, could legally send a letter advocating for specific issues directly to House and Senate committees.

CMS Response – Ms. Johnson noted that the panel's charter charges it with advising the CMS Administrator and the Office of the Secretary. The panel in its recommendations could suggest that CMS and the Secretary share its recommendations with the House and Senate.

CMS Response – Ms. Kleine stated that the restriction would not affect panelists' rights as individual citizens.

Meeting Recap, Recommendations, and Next Steps

Rebecca Snead, APME Chair

Ms. Snead asked panelists to consider the topics discussed during the day and to support the development of a letter to the Secretary summarizing the main points. She also asked panelists to reserve July 8 and October 22 as the dates of the next two meetings.

Adjourn

Lynne G. Johnson, (DFO), CMS

Ms. Johnson adjourned the meeting.

Minutes composed by Teresa Lucas, BL Seamon Assigned Note Taker and Lynne G. Johnson, DFO and approved by Rebecca Snead, APME Chair.

Attachments

- A. Federal Register
- B. Sign-in Sheet
- C. Meeting Summary, Advisory Panel on Medicare Education, April 22, 2009 meeting.