

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

**Sheraton Silver Spring
Silver Spring, MD 20910
Monday, September 16, 2013**

EXECUTIVE SUMMARY

Opening

Kirsten Knutson, Acting Designated Federal Official, Office of Communications (OC), CMS

Ms. Knutson opened the meeting at 8:37 a.m. EDT and thanked participants for attending. She noted that Warren Jones, M.D., panel member, was unable to attend the meeting in person but would join by phone.

CMS is reviewing nominations for new members and hopes to have a full panel for the December 2013 meeting. All re-appointments are expected to move forward and be approved shortly.

Welcome

Sandy Markwood, APOE Chair

Michele Patrick, Deputy Director, OC, CMS

Ms. Markwood welcomed participants. Panel members introduced themselves and stated their affiliations.

Ms. Patrick said that Julie Bataille, director of the CMS OC, will join the meeting in the afternoon for a listening session and update on consumer readiness, operational readiness, outreach, and education for the Affordable Care Act (ACA) marketplace.

CMS Response to APOE Recommendations from June 24, 2013 Meeting

Ms. Markwood

Ms. Patrick

At the June meeting, the panel addressed the health insurance marketplace and responsive design of electronic media. Ms. Markwood identified the recommendations and Ms. Patrick presented the CMS response.

The first group of recommendations concerned steps CMS can take to ensure a successful online application experience, including advance guidance, examples of scenarios, a parking lot for questions, specific information about premium payment, reporting changes, identification of obstacles, reassurance about confidentiality, and prompts about progress in completing the recommendation. Further recommendations addressed the role and training of assistors and navigators. Ms. Patrick responded that CMS is emphasizing quality assurance and up-to-date content for healthcare.gov, with numerous resources to help consumers prepare for enrollment.

These include articles, fact sheets, a downloadable customized checklist, and a link to in-person assistors by zip code. CMS will conduct monthly calls with stakeholders about how to receive feedback and help consumers. The goal is to make the enrollment process as easy and seamless as possible.

The second set of recommendations related to Medicare open enrollment and the responsive design of Web sites, with specific suggestions for effective messaging and outreach including revamping the Medicaid.gov Web site. Ms. Patrick responded that CMS is working to ensure that messages are simple, clear, direct, and refined as necessary for certain audiences and that information on Web sites is kept current. Important messages for Medicare recipients are that they do not need to use the marketplace and they should be conscious of the need for confidentiality of their information. CMS has updated fact sheets with key enrollment messages and will use specialty channels such as providers, faith-based groups, community groups, and social media to communicate messages. Assistors will receive cross-training about separate programs.

In the discussion, Ms. Patrick said testing of healthcare.gov will not end on October 1 and many opportunities for feedback are built into the process. The open enrollment period continues through March 2014. Panelists emphasized the need for enrollment materials and messages now. CMS has a significant public education outreach campaign.

Center for Program Integrity Update

Elisabeth Handley, Acting Director, Center for Program Integrity, CMS
Shantanu Agrawal, M.D., Medical Director, Center for Program Integrity

Open Payments

The Open Payments program, also known as the Sunshine Act, implements section 6002 of the ACA. It creates a national transparency program to make data available to the public about financial relationships between the drug and medical device industries and physicians and teaching hospitals. The objective is to ensure that the public is aware of financial relations and implications. While collaborations between physicians and the medical industry can promote discovery and development that improve health and reduce costs, financial relationships also can influence professional judgment and lead to potential conflicts of interest. CMS will remain neutral in making sure reporting is accurate and clear and that positive aspects of relationships are not overlooked.

Open Payments requires drug and device manufacturers to report annually to CMS any payments or other transfers of value made to physicians and teaching hospitals. Group purchasing organizations must report ownership or investment interests held by physicians and their immediate family members as well as payments or other transfers of value. Reporting by physicians and hospitals is voluntary but strongly encouraged. After industry data are submitted and attested, physicians and teaching hospitals who have registered with CMS will be allowed to review data that industry submitted about them and dispute any information they think is inaccurate or incomplete. Beginning in September 2014, validated data will be posted on a public Web site.

The program might seem redundant to existing efforts, but it builds on work already being done in some states and expands that work nationwide. Data about population diversity are allowed but not mandatory. Interfaces with institutional review boards and the Food and Drug Administration also can be incorporated. The public and stakeholders will decide how to use the information. A current goal of the program is to promote awareness of Open Payments and the need for transparency among stakeholders. CMS is releasing a variety of information about sources and supporting tools, including mobile apps for industry and physicians.

In response to concerns of panelists about potential unintended consequences, Dr. Handley emphasized that a statement of financial relations should not be perceived as negative or stigmatizing. Consumers should discuss disclosures with their physicians if they are not comfortable with them. More outreach for consumers will be available as the rollout approaches.

Medicaid Integrity Program

The Medicaid Integrity Program (MIP) is authorized by section 1936 of the Social Security Act, which mandates that the Secretary of Health and Human Services (HHS) combat fraud and abuse by providing effective support and assistance to states and educating and training providers through state Medicaid programs and professional organizations. An Education Advisory Council includes leadership from state programs, federal representatives, and other consultants and subject matter experts. MIP is developing a variety of toolkits about topics such as confidentiality and drug diversion.

Train-the-trainer sessions have been held with 49 state Medicaid agencies, and videos of the training sessions have been distributed to all states. In addition to dissemination of materials, both CMS and the states have sponsored Webinars and in-person training for providers. CMS welcomes input about techniques for broader dissemination for the provider community. One goal is to integrate program integrity provider education into the existing medical education structure.

Products in development relate to nursing homes, personal care services, audit processes, illegal use of prescription drugs, medical record documentation, non-emergency medical transportation, fraud, waste, and abuse. The ultimate goal is to affect behavior.

Panelists commented that it might be useful to also target education about integrity to office staff members, who might be in a position to recognize patterns of fraud. Non-emergency transport personnel also are critical, particularly in rural areas.

Recommendations (1)

Recommendations about Open Payments addressed details of the program, avoiding possible redundancy with existing programs, the end result of the transparency effort, the perspective of minority researchers, and how to explain the program.

Recommendations about MIP addressed expanding the audience and outreach efforts.

Million Hearts Campaign: Looking Back at Lessons Learned and Looking Forward

Janet S. Wright, M.D., FACC, Executive Director, Centers for Disease Control and Prevention (CDC) and CMS Innovation Center

The goal of the Million Hearts Campaign—a national initiative co-led by CDC and CMS with federal, state, and private partners—is to prevent 1 million heart attacks and strokes by 2017. Heart attacks and strokes account for one-third of American deaths with more than 2 million each year. They are the leading causes of preventable death in people over 65 years of age. The campaign aims to connect clinical and public health initiatives and focuses on four categories related to prevention: aspirin, blood pressure, cholesterol, and smoking (ABCS).

Specific goals are to reduce smoking, reduce sodium intake, and eliminate intake of trans fats, with a particular interest in minority health. Increasing taxes on cigarettes has been associated with a decrease in the number of smokers. Most sodium comes from processed and restaurant food, so that effort must be directed at industry. Few states regulate trans fat.

For the ABCS, a uniform set of measures must be aligned with performance standards, with seamless data collection. Progress is good in embedding measures in programs. Key components of Million Hearts are registries, point-of-care risk assessment tools, clinical decision support, and reminders and other health-reinforcing messages. These are becoming part of health homes, with cooperation from community and faith-based programs and team members such as pharmacists, cardiac rehabilitation teams, and lay workers. Many CMS, public sector, and private sector programs support Million Hearts, and most insurance plans provide free coverage of preventive services for ABCS.

The target for Million Hearts is interventions for 65 percent of the population by the end of 2016. A focus is on hypertension, with fewer than half of Americans who have hypertension under control. A large majority of people have health insurance and a usual source of care, but still are not in control. They are hiding in plain sight. Success will require detection, monitoring, and adherence to a standardized protocol and medications. A number of efforts are underway by different organizations, but good national measurement strategies are needed.

Panelists discussed reaching priority populations, mechanisms and strategies for government and private groups, mechanisms to activate stakeholders, building capacity for measuring and reporting, gaining public trust, and research needs. Dr. Wright noted that Million Hearts is not connected to the federal anti-obesity campaign.

Campaign leaders are considering use of text messaging and other mobile technologies for patient reminders and communicating measures to providers. Panelists suggested inter-generational outreach, focused grants, use of community health workers, and local testing of models. Informed consumers are an important component, as is inclusion of minority medical societies. While anti-hypertensive medication is inexpensive, funding might be an issue for smoking cessation. The myth that healthy eating is expensive must be addressed. Michigan has an excellent program, Double Up Food Bucks, which provides matching funds for food stamp

recipients who shop at local farmers markets. Aligning managed care incentives and reduced premiums for employers with workplace wellness programs could contribute to success.

Acknowledgement of Dr. Jones' Contributions to APOE

Dr. Jones has served as an APOE panelist since 2009 and will be leaving the panel. Ms. Patrick thanked him for his valuable contributions and his wisdom and wit and presented him with a certificate of appreciation. Dr. Jones thanked CMS for listening to APOE recommendations.

Recommendations (2)

Recommendations about the Million Hearts Campaign addressed aligning managed care and ABCS incentives, utilizing non-traditional providers, standardized tools for needs assessment, building capacity for measuring and reporting, the need for community outreach, tie-ins with U.S. Department of Agriculture programs and nutritional groups, incentives for employers, using a family approach, targeted messages to industry about sodium content, care coordination in primary care, and use of smart phones and other electronic devices.

Listening Session with CMS Leadership

Julie Green Bataille, Director, OC, CMS

Ms. Bataille said the sense of excitement as October 1 approaches is palpable and CMS is working every day to make sure the launch of the ACA marketplace goes smoothly. The launch opens a 6-month window to provide affordable health insurance to everyone. The process does not end on October 1; it begins. CMS is working on information technology, outreach, training assistors to help people enroll, and consumer input. She thanked the APOE for its thoughtful recommendations and continuing input.

The presentation paused to listen to a teleconference about the ACA with President Obama and Kathleen Sebelius, Secretary of HHS.

In response to questions from panelists, Ms. Bataille noted:

- Publicly released information about ACA will be consistent with what is released to Congress. Outreach will be directed to areas with a high concentration of uninsured individuals.
- The public still lacks information about the marketplace, but people are favorable when the program is accurately explained.
- CMS is encouraging consumers to complete the application process so they can understand their tax credit and know what their cost will be.
- State leaders have been briefed. Their names will be made available to APOE panelists.
- Training videos for ACA marketplace enrollment are available at marketplace.cms.gov. CMS is considering additional materials to enhance consumer understanding. Videos will also be available through social media channels.
- The system is designed to handle maximum capacity and follows implementation models of other large programs (e.g., Massachusetts Health Insurance, Children's Health Insurance Program, Medicare Part D).

- The misinformation campaign about ACA has been a topic of continuing discussion for CMS. Consumer marketing and outreach will continue to provide accurate information for consumers. CMS is actively monitoring social media and the blogosphere with a rapid response plan in place and will host regular conversations with community partners.
- CMS will continue to serve as a resource for training navigators and assistors. Tiered customer service representatives will be available at the call center.
- A beta version of the local help tool is live on healthcare.gov. It will continue to be refined and updated.
- APOE panelists can help by reminding their communities that open enrollment on the marketplace will continue for 6 months and that application involves compiling information and consulting with family members. Explain what the marketplace is and what it is not and that it is an online process.

Public Comment

There were no public comments.

Adjournment

Miriam Mobley-Smith, APOE co-chair, recapped the meeting. Ms. Markwood said the recommendations will be emailed to panelists, refined in an iterative process, and sent to CMS within 30 days.

Ms. Knutson said the next APOE meeting and subsequent meetings will be held at the HHS Humphrey Building in DC or the CMS building in Baltimore, with December 13 or 16 as possible dates. Panelists will be queried about availability.

Panel reappointments will be notified by mail.

Ms. Knutson adjourned the meeting at 2:48 p.m. EDT.