

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

**Virtual Meeting  
September 15, 2022**

**EXECUTIVE SUMMARY**

**Welcome and Opening Comments**

***Bruce Alexander, Director, Office of Communications (OC), CMS***

Mr. Alexander opened the virtual meeting at 12:10 p.m., welcomed all participants, and highlighted the CMS OC mission to make the U.S. healthcare system work better for everyone. He said that APOE is an example of how CMS ensures that its partners and the public have a strong voice in implementing programs to advance health equity, expand coverage, and improve healthcare outcomes. He noted that two new panel members would be welcomed at the meeting, followed by two presentation topics—Promoting CMS Translated Materials and The CMS Innovation Center’s Patient and Caregiver Engagement and Experience Strategy. He then turned to Walter Gutowski to officially call the meeting to order.

**Open Meeting**

***Walter Gutowski, Acting Designated Federal Official (DFO), Senior Advisor, Partner Relations Group, OC, CMS***

Mr. Gutowski officially called the meeting to order and introduced himself as the Acting Designated Federal Official (DFO) to ensure compliance with the Federal Advisory Committee Act (FACA). He explained that questions about FACA compliance can be emailed to him at [walter.gutowski@cms.hhs.gov](mailto:walter.gutowski@cms.hhs.gov). Mr. Gutowski noted that APOE members would have an opportunity to hear comments from the public at the conclusion of the presentations. He directed those who wish to participate in public comments to email Joanna Case at [jcase@betah.com](mailto:jcase@betah.com), noting that the time is set aside for comments only. Mr. Gutowski asked that specific questions be directed to his email address. In compliance with a White House directive, he asked that lobbyists identify themselves as such before speaking. He then turned over the meeting to Dr. Margo Savoy, APOE Chair, for her opening comments.

**Opening Comments and Panel Introductions**

***Dr. Margot Savoy, APOE Chair***

Dr. Savoy greeted participants. She noted that the meeting is open to the press and the public, with members of the press in attendance; all discussion is on the record; and the opinions expressed by panel members are those of the individuals and not the organizations with which they are associated.

Dr. Savoy noted that the two new additions bring APOE to its full complement of 20 members. She added that two other APOE members would not be able to attend the meeting—Neil Meltzer, President and CEO of LifeBridge Health, and Morgan Reed, Executive Director, Association for Competitive Technology.

Dr. Savoy asked panel members to introduce themselves and after those introductions, turned the meeting over to Mr. Gutowski to swear in the new APOE members.

### **Swearing-In of New APOE Members**

***Walter Gutowski, Acting DFO, OC, CMS***

Mr. Gutowski proceeded to swear in the new APOE members: Lydia Isaac, Vice President for Health Equity and Policy, National Urban League and Erin Loubier, Senior Director for Health and Legal Integration and Payment Innovation, Whitman-Walker Health.

### **CMS Response to APOE Recommendations**

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

Ms. Costello informed members that the APOE recommendations from the June 23, 2022 meeting were included in the meeting packets. APOE members had no questions about the recommendations and Ms. Costello turned the meeting back to Dr. Savoy to introduce the first set of speakers.

### **Promoting CMS Translated Materials**

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

***Ashley Peddicord-Austin, Technical Advisor, CMS Office of Minority Health***

***Jonathan Blunar, Deputy Director, CMS Partner Relations Group***

Ms. Peddicord-Austin emphasized the importance of advancing health equity as part of the CMS Strategic Pillars and outlined the CMS Health Equity Strategy for achieving that goal. One of the strategy's five priorities is advancing language access, health literacy, and provision of culturally tailored services. To accomplish this, CMS uses plain language and best practices for translations with an emphasis on being culturally and linguistically appropriate. CMS is also working to make material available in more languages and be as responsive as possible to partner and consumer needs.

Ms. Costello presented samples of the material available from CMS in languages other than English. Translated materials are available in each of CMS's major programs, she said, e.g., The Medicare & You Handbook, material for the Health Insurance Marketplace—with an emphasis on Open Enrollment and basic information—and Coverage to Care. CMS does research to determine which languages are in highest demand for a particular program. She asked APOE members to provide input on how CMS can promote translated materials across the U.S. and increase their uptake by beneficiaries, healthcare providers, consumer groups, advocacy groups, faith-based groups, and other stakeholders.

## **Discussion of Recommendations Among APOE Members, Ms. Costello, Ms. Peddicord-Austin, and Mr. Blonar**

The panel made a series of preliminary recommendations in these key areas:

**Expand Promotion Through Traditional Channels.** Promote materials through local newspapers, libraries, and professional health practitioner organizations. Distribute through locations in the healthcare system that serve limited English proficiency (LEP) communities, such as Federally Qualified Health Centers (FQHCs); the 10,000+ community health centers and their partners; practitioners' offices; entities involved in state and federal health insurance programs (e.g., State Health Insurance Assistance Programs [SHIPs], Navigators, Certified Application Counselors, and community health workers).

**Think Outside the Box.** Distribute materials through businesses and organizations that operate in communities with LEP populations, such as houses of worship; restaurants; grocery stores; libraries; nutrition programs; pharmacies; and nursing homes and day care centers. State licensing and regulatory affairs agencies could be used to reach businesses such as hair salons and restaurants that have licensing requirements. Create promotional pieces for children who are the primary language interpreters for their parents and grandparents. Distribute these materials through YMCAs, Boy and Girl Scouts, schools, etc. Conduct boots-on-the-ground visits to community events to connect with trusted messengers.

**Increase Use of Digital Media.** Create digital versions of print materials in all available languages so they can be distributed online and via text message. Create toolkits and expand CMS webinars to promote toolkit availability and educate partners on their use. Include a quick response (QR) code on all printed materials. Create messaging for targeted demographics in formats appropriate for the channel, e.g., Tik Tok, Instagram, Facebook, and channels used heavily by ethnic communities. Use software for simultaneous streaming on multiple channels. Promote materials on unconventional digital channels such as videos in taxi cabs, gas stations, and stores. Reach Native American and other rural areas with telephone applications.

**Take Advantage of New Distribution Channels Created During the Pandemic.** These include mobile health units, telehealth, online meetings (e.g., Zoom, Facebook Live), telephone townhalls, telephone help lines, and texting. Use culturally appropriate images, language, content, and trusted messengers.

### **The CMS Innovation Center's Patient and Caregiver Engagement and Experience Strategy**

***Kate Davidson, Director, Learning and Diffusion Group, Center for Medicare and Medicaid Innovation (CMMI)***

***Alexis Malfesi, Health Insurance Specialist, Learning and Diffusion Group, CMMI***

Ms. Davidson told APOE members that the CMS Innovation Center has been tasked with developing payment models that will reduce cost and improve quality of care for Medicare and Medicaid beneficiaries. The Innovation Center is developing a strategy to ensure that patient and

caregiver perspectives are at the foundation of its work. Payment models are intended to transform care for both patients and providers at the point of care.

The Innovation Center released a white paper in October 2021 intended to share nationally how the center was refreshing its strategy. The white paper summed up the goal of the strategic refresh by stating:

*In particular, **beneficiaries, patient groups, and providers** will see a **deeper partnership** with the CMS Innovation Center in which their needs and perspectives inform model development, evaluation, and the definition of success, and in which beneficiaries see improvements in quality of care and providers receive clear signals and a more transparent movement to value-based care.”*

The paper highlights person-centered care to put people and their caregivers at the center when developing payment models for care delivery and partnering. The Innovation Center is partnering with payers, purchasers, providers, states, and beneficiaries in this effort. The center is measuring year-over-year progress toward collecting and integrating patient perspectives across the life cycle of all new models.

Ms. Davidson said that in the past, evaluation of payment models emphasized a model-by-model approach to measure the unintended negative impacts on beneficiaries. The Innovation Center intends to broaden evaluation to incorporate measurement of what matters most to patients, including health-related quality of life, symptoms or burden of disease, experience of care, and health behaviors. The center intends to use this information to continue to improve its models over time. Ms. Malfesi presented the mechanisms that the Innovation Center will use to achieve its aims, including:

- Understand patient and caregiver perspectives through engagement opportunities that promote rich patient and caregiver feedback.
- Take action based on the feedback gathered.
- Identify strategies to be more transparent through better communication about how the center is acting on patient/caregiver feedback and data.
- Sustain engagement with a continuous feedback loop that strengthens relationships with patients, caregivers, and advocates.

Ms. Malfesi said that the center is putting in place additional opportunities to incorporate patient/caregiver perspectives in each phase of the model lifecycle:

Ideation and Development – Incorporate quality measures that capture experience and priorities in a meaningful way. Consider how the model will affect affordability, access to care, and equity.

Recruitment and Rulemaking – Be thoughtful about what patients want to know about the model and how to communicate what the model might mean for improving care.

Application – Analyze model applicant distribution against economic factors to determine whether it promotes equitable access.

Implementation and Evaluation – Understand how patients and caregivers experience changes in care delivery, quality of life outcomes, and any potential adverse impacts.

Scalability – Use this information to assess scalability and ensure that benefits resulting from the model are built into new programs.

Ms. Malfesi concluded by announcing an upcoming webinar:

The CMS Innovation Center’s Approach to Person-Centered Care Webinar:  
Engaging with Beneficiaries, Measuring what Matters  
September 20, 2022  
3:30-4:30 p.m. ET

### **Discussion of Recommendations Among APOE Members, Ms. Davidson, and Ms. Malfesi**

The panel made a series of preliminary recommendations in these key areas:

Expand Stakeholder Engagement. APOE members recommended outreach to an extensive list of traditional as well as innovative CMS stakeholders. Traditional organizations included associations and societies for health professionals; managed care companies that focus on consumer perspectives; patient/family advisory groups that operate in large systems; FQHCs, including non-clinical staff; Community-Based Organizations; community mental health organizations; advocacy groups covering topics across the spectrum, including specific diseases, caregivers, and public policy; SHIPs, Navigators and other agents who help people with insurance coverage; social service agencies; and faith-based organizations at three levels – national associations (e.g., the National Baptist Convention), umbrella groups concerned with faith and health, and houses of worship.

Recommendations to broaden outreach beyond traditional stakeholders included clinical, health service, and policy researchers who study person-centered care; legal service providers who represent patients; chief innovation officers and chief experience officers at health organizations that are exploring alternative payment models and quality measurements; innovative “disrupters” in the healthcare field, such Accountable Care Organizations, that engage in alternative payments and recognize the importance of broader community outreach; entrepreneurial companies working with artificial intelligence to assess patient needs and patient engagement; and land grant universities, which operate extension services and health and nutrition institutes with boots-on-the-ground staff.

Emphasize Clarity, Simplicity in Communications at All Stages. Communicate with and get feedback at all stages of model development from thought leaders, patients/caregivers, and those who provide care. Be as granular as possible and give clear, real-life examples of how a certain quality measure may influence a change in care based on patient feedback. Ensure that multiple communications about a change are well coordinated so that patients/caregivers understand what to do with the information. Communicate with patients and caregivers across all stages about

how the model can benefit them and what they may potentially lose. Journey mapping could help patients/caregivers zero in on identifying pitfalls and gaps in current and proposed care models. Evaluate at all stages whether the intended audience was reached with the intended message. Drive outcomes based on what patients/caregivers have expressed they actually want as opposed to what you think they want.

Be Vigilant About Accessibility. This may include providing information in multiple languages, arranging for interpreters, and interacting online, on the telephone, or via video. One barrier to caregivers in the feedback process is when they feel they do not have the capacity to take on another task. Break down this barrier by compensating people for their time and energy, training patients/caregivers in how to take an advisory role, providing transportation to feedback sessions, and providing someone to watch over the beneficiary and/or children while a caregiver provides feedback.

### **Public Comment**

*Dr. Margot Savoy, APOE Chair*

Dr. Savoy noted that no one signed up to give public comments.

### **Final Comments**

*Dr. Margot Savoy, APOE Chair*

Dr. Savoy thanked APOE members for providing intentionally thoughtful input based on lived experience that helps make it possible for the CMS team to accomplish their goals. She announced that the next APOE meeting will be held virtually in early 2023. The exact date will be announced as soon as possible and will appear in the *Federal Register*. Dr. Savoy then turned the meeting over to Mr. Gutowski.

### **Adjourn**

*Walter Gutowski, Acting DFO, OC, CMS*

Mr. Gutowski echoed Dr. Savoy's comments on the thought-provoking and stimulating ideas raised during the meeting and said they will serve to help educate other CMS components about the value APOE brings to the agency's work. He adjourned the meeting at 3:19 p.m.