

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

**The Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201
January 16, 2019**

EXECUTIVE SUMMARY

Open Meeting

Lynne Johnson, Acting Designated Federal Official (DFO), Office of Communications (OC), CMS

Ms. Johnson called the meeting to order at 8:40 a.m. She welcomed all participants and served as the Acting Designated Federal Official (DFO) to ensure compliance with the Federal Advisory Committee Act (FACA). Ms. Johnson asked any lobbyists in attendance to please identify themselves as such prior to speaking. She then turned over the meeting to the APOE Chair, Louise Knight.

Welcome and Introductions

Louise Knight, APOE Chair

Ms. Knight welcomed all panel members. Panel members then introduced themselves.

Recap of the September 26, 2018 Meeting

Louise Knight, APOE Chair

Susie Butler, Director, Partner Relations Group, OC, CMS

Ms. Butler said the review of the recommendations from the September 26 meeting will be completed very soon.

Review of CMS Responses to Panel Recommendations from the September 26, 2018 Meeting

Susie Butler, Director, Partner Relations Group, OC, CMS

Ms. Butler said CMS will provide a response once review of the recommendations has been completed.

eMedicare Initiative

Jon Booth, Director, Web and New Media Group, OC, CMS

Mr. Booth's presentation focused on the eMedicare initiative. The initiative modernizes how beneficiaries obtain information about Medicare and creates new ways to help them make the best decisions for themselves and their families. The initiative's goal is to provide a seamless online health care experience to meet the growing expectations for this generation of Medicare beneficiaries.

A 2017 Medicare survey shows that almost a third of beneficiaries are interested in receiving the *Medicare & You* handbook online instead of in print. About a third of beneficiaries also are interested in receiving the Medicare Summary Notice online. Awareness of Medicare.gov is high among beneficiaries with Internet access; of those beneficiaries with Internet access, 81 percent are aware of Medicare.gov. And among Medicare beneficiaries aware of Medicare.gov, nearly half have visited the website.

eMedicare is not about transitioning from the call center or print materials to online. Rather, it is about making sure that all those channels work seamlessly. The modernization aims to meet growing expectations of beneficiaries to provide a health care experience similar to commercial websites and apps which provides relevant, personalized information. eMedicare efforts are grounded in customer research, testing, and feedback to ensure the best customer experience.

Mr. Booth walked participants through some of the recent improvements. The MyMedicare.gov home page has been redesigned. The previous version included many links. The redesign includes fewer links and two clear calls to action: login or create an account. The site will allow individuals to look up their Medicare ID online. Because these features are mobile optimized, individuals can also do this on their smartphones. Individuals will be able to print a replacement Medicare card. However, individuals will still be able to call 1-800-Medicare and order a replacement card.

BlueButton 2.0 is a new feature integrated into MyMedicare.gov. It enables Medicare beneficiaries to connect their claims data to the applications, services, and research programs they trust. These data reveal a variety of information about a beneficiary's health, including type of Medicare coverage, drug prescriptions, primary care treatment, and costs. Beneficiaries have full control over how their data can be used and by whom. Beneficiaries can also revoke access at any time.

Medicare.gov was one of the first large federal websites to be mobile optimized. It was optimized a few years ago and has been recently re-optimized for mobile use. CMS has also recently launched the [Medicare Coverage Wizard 2.0](#). This is a helpful tool for those who are new to Medicare as well as for beneficiaries considering a change in their type of coverage. The first wizard consisted of 10 questions, whereas the new one has five. After answering the questions, individuals are pointed to recommendations and resources.

CMS has also launched a stand-alone cost estimator. The [Out of Pocket Cost Estimator](#) shows beneficiaries how their coverage choices affect their costs. CMS has also launched the [Procedure Price Lookup](#) tool. The tool allows users to compare national average prices for procedures done in both ambulatory surgical centers and hospital outpatient departments.

Discussion of Recommendations between APOE Members and Jon Booth ***APOE Members and Jon Booth***

Following Mr. Booth's presentation, the panel provided a series of preliminary recommendations including considering outreach to individuals who are underserved/disadvantaged and who may not have email/Internet access; considering doctors' offices, state agencies, CBOs, and national

organizations as a means for outreach and advertising; and conducting outreach in languages other than English and Spanish.

With respect to the website, the panel recommended simplifying privacy policies; having a pop-up chat box; letting users opt out from pop-up surveys; creating an online “tour” for new users; integrating eHealth literacy tools; providing caregiver access on behalf of the beneficiary; including quality metrics to procedure comparisons; and having the system recognize beneficiaries who are dual eligible.

Additional recommendations included incorporating a text SMS-based support mechanism (similar to online features such as chat); delivering an experience that is balanced and neutral; incorporating any tests to determine if there are any unintended biases; developing a Medicare app; studying population-specific disparities, access, and use; and making frequent, iterative changes rather than big, dramatic changes.

Opioids Outreach/Messaging

Walter Gutowski, Public Affairs Specialist, Integrated Communications Management Staff, OC, CMS

The opioid epidemic impacts the entire country, to the detriment of communities, families, and children – especially in rural areas. CMS is working with states and other U.S. Department of Health and Human Services (HHS) agencies including CDC, SAMHSA, NIH, and FDA to leverage their unique capabilities and authorities in a coordinated effort to address the opioid crisis.

As one of the largest payers of health care services in the United States, CMS has an array of tools to contribute to these efforts and can leverage existing relationships with providers, beneficiaries, and other stakeholders. The *CMS Roadmap to Address the Opioid Epidemic* focuses on three key areas: 1) Prevention, 2) Treatment, and 3) Data.

Prevention efforts include reducing opioid use disorder by promoting safe opioid prescribing and encouraging non-opioid pain treatment. Treatment efforts include increasing access to evidence-based treatment for opioid use. And efforts surrounding data include leveraging data to target prevention and treatment efforts and also to support fraud, waste, and abuse detection.

CMS has developed the [Medicare Part D Opioid Prescribing Mapping Tool](#). The mapping tool presents Medicare Part D opioid prescribing rates for 2016 as well as the change in opioid prescribing rates from 2013 to 2016. The tool allows users to see both the number and percentage of opioid claims at the local level in order to better understand how this critical issue impacts communities nationwide.

CMS is also implementing new policies as of January 1, 2019 that will impact Medicare Part D beneficiaries. These include a seven-day supply for opioid naïve patients, drug management programs, and alerts to prescribers.

Discussion of Recommendations between APOE Members and Walter Gutowski

APOE Members and Walter Gutowski

Following Mr. Gutowski's presentation, the panel provided a series of preliminary recommendations including clarifying alternative pain treatments covered by Medicare (e.g., acupuncture, massage, chiropractor); supporting research on the use of non-narcotic methods for post-op pain control; and making the STAR rating program dependent on the effectiveness of the medication-assisted treatment provided.

With respect to messaging, the panel recommended framing addiction as a public health problem that affects everyone and not only "bad" people; presenting the information in a fair and balanced way that does not marginalize or disenfranchise specific populations; reviewing messaging through a race equity lens; including messaging that goes beyond prescribing; providing messaging/support for physicians who would like to reduce the use of medications; including dentists in messaging; and developing exhibits or presentations at conferences.

Additional recommendations included having toolkits and other resources for efforts at the local level; creating PSAs targeted to specific counties (since CMS has data at the county level); developing communications about where to take unwanted, unneeded medications; developing communications that inform the public about alternatives to narcotic treatment, specifically for the African American community; considering interagency efforts with the Administration for Community Living to reach older adults; enhancing curricula to include medication-assisted treatment; and considering the broader impact of policy and prescribing on health disparities.

Conversation on Price Transparency

Elinor Hiller, JD, Senior Advisor, Office of the Administrator, CMS

Terri Postma, MD, CHCQM, Medical Officer and Senior Advisor, Center for Medicare, CMS

Ms. Hiller informed participants that HHS Secretary Alex Azar has laid out a number of areas of emphasis, including giving consumers greater control over health information through interoperable and accessible health information technology, and encouraging transparency from both providers and payers.

CMS is supporting efforts to increase transparency in health care pricing. If patients are unaware of the cost of care and are unable to compare costs across providers, they will not be able to seek out the highest quality services at the lowest cost, which is what consumers do in other industries.

CMS is working to put patients in the driver's seat for cost and quality decisions by providing the information they need to make the best choices for themselves and their families. In 2018, CMS launched the eMedicare initiative. This initiative updates various resources available for beneficiaries and provides new tools to help beneficiaries evaluate cost comparisons. One of these tools is the Procedure Price Lookup.

This Medicare.gov tool allows consumers to compare Medicare payments and copayments for certain procedures performed in hospital outpatient departments and ambulatory surgical centers. The tool displays national averages for the amount Medicare pays the hospital or ambulatory

surgical center. It also displays the national average copayment a beneficiary with no Medicare supplemental insurance would pay.

CMS has also updated its guidelines to require hospitals to make available a list of their current standard charges in machine readable format, making it easier for patients to know the cost of services. This will also allow third parties to aggregate information, compare hospital charges, and get a sense of what hospitals are charging for their services. While this is only a first step, it is an important first step towards making price transparency a reality for beneficiaries.

Discussion of Recommendations between APOE Members, Elinor Hiller, and Terri Postma *APOE Members, Elinor Hiller, and Terri Postma*

Following Ms. Hiller's presentation, the panel provided a series of preliminary recommendations including setting a pricing standard for hospitals so that consumers can make comparable decisions; moving beyond price and adding other information that influences decision making, such as quality; including messaging on Medicare notices informing beneficiaries that they can find more information on cost online; and having CMS host data centrally (similar to what is done by the U.S. Department of Education for the College Scorecard <https://collegescorecard.ed.gov>).

The panel recommended that CMS review existing research regarding the costs of oncology treatments in patients and how such information can affect decision making; determining whether patient information is useful to patients once it is provided online (beyond marketing); examining how consumers might feel about discrepancies in prices posted online vs. those given by the provider; and keeping in mind that some patients may choose to defer an intervention because of its cost.

Additional recommendations included identifying procedures that are more likely to be amenable to a price decision (e.g., hips, knees, cataracts) and determining their average out-of-pocket patient cost; considering tracking information on the tools used; and keeping in mind how information would be accessed by disadvantaged groups.

Public Comment

The Center for Medicare Advocacy submitted written comments for the record.

Recap and Final Comments

Roanne Osborne-Gaskin, APOE Co-Chair

Dr. Osborne-Gaskin provided a recap of the meeting and recommendations made during the day.

Adjourn

Lynne Johnson, Acting DFO, OC, CMS

Ms. Johnson thanked all members and speakers for their participation. The meeting was adjourned at 1:11 p.m.