

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

**The Hubert H. Humphrey Building 200  
Independence Avenue SW, Room 425A  
Washington, DC 20201  
*September 21, 2016***

**Location:**

The Advisory Panel on Outreach and Education (APOE) held its September 21, 2016 meeting at The Hubert H. Humphrey Building, 200 Independence Avenue SW, Room 425A, Washington, DC 20201.

**Panel Members:**

**Kellan Baker**, Associate Director of the LGBT Research and Communications Project,  
Center for American Progress

**Robert Blancato**, President, Matz, Blancato & Associates

**Dale Blasier, M.D.**, Professor of Orthopaedic Surgery, Department of Orthopaedics, Arkansas  
Children's Hospital

**Deborah Britt**, Executive Director of Community & Public Relations, Piedmont  
Fayette Hospital

**Deena Chisolm, Ph.D.**, Associate Professor of Pediatrics & Public Health, The Ohio State  
University College of Medicine

**Josephine DeLeon**, Director, Anti-Poverty Initiatives, Catholic Charities of California

**Robert Espinoza**, Vice President of Policy, Paraprofessional Healthcare Institute

**Jennifer Gross**, Manager of Political Field Operations, Planned Parenthood  
of Montana

**Louise Scherer Knight**, Director, The Sidney Kimmel Comprehensive Cancer Center,  
Johns Hopkins Hospital

**Roanne Osborne-Gaskin, M.D.**, Senior Medical Director, MDWise, Inc.

**Cathy Phan**, Outreach and Education Coordinator, Asian American Health  
Coalition DBA Hope Clinic

**Kamilah Pickett**, Litigation Support, Independent Contractor

**Brendan Riley**, Policy Analyst, Health Access Coalition, North Carolina Justice Center

**Alvia Siddiqi, M.D.**, Medical Director, Advocate Physician Partners

**Carla Smith**, Executive Vice President, Healthcare Information and  
Management Systems Society (HIMSS)

**Tobin Van Ostern**, Vice President and Co-Founder, Young Invincibles Advisors

**Paula Villescaz**, Senior Consultant, Assembly Health Committee, California  
State Legislature

## **Open Meeting**

*Thomas Dudley, Designated Federal Official, Office of Communications (OC), CMS*

Mr. Thomas Dudley called the meeting to order at 8:38 a.m. He welcomed all participants and served as the Designated Federal Official (DFO) to ensure compliance with the Federal Advisory Committee Act (FACA). Mr. Dudley asked any lobbyists in attendance to please identify themselves as such prior to speaking. He then turned over the meeting to the APOE Chair, Louise Knight.

## **Welcome and Introductions**

*Louise Knight, APOE Chair*

Ms. Knight said it was a pleasure and honor to be the APOE Chair and also thanked Dr. Osborne-Gaskin for serving as the Co-Chair. Ms. Knight announced the dates for the upcoming meetings: January 11, March 22, June 21, and September 13, 2017.

Members proceeded to introduce themselves and their organization. Ms. Knight then provided a brief recap of the previous APOE meeting.

## **Recap of June 22, 2016 Meeting**

*Louise Knight, APOE Chair*

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

The June 22, 2016 APOE meeting resulted in recommendations on the Quality Payment Program, which is rooted in the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. The program promises to change payment for clinician care for years to come.

Ms. Butler said that 20 recommendations were made by the APOE. The agency has agreed to implement, partially implement (or has already implemented) 17 of the 20 recommendations. The remaining recommendations could not be accepted because they were either out of the agency's scope or because the agency did not have access to the required datasets needed to implement the recommendation.

Ms. Butler referred members to their packets which contained a document listing all the recommendations as well as the agency's response to each one of them.

## **The Innovation Center and Consumer Outreach—Where to Go?**

*Mimi Toomey, Director, Stakeholder Engagement and Policy and Programs Group, OC, CMS*

Ms. Toomey's presentation focused on some of the efforts undertaken by the CMS Innovation Center as well as on the topic of consumer outreach. She explained that in January 2015 HHS announced goals for value payments within the Medicare fee-for-service system.

These goals are to be reached, in part, through a series of strategies that include Accountable Care Organizations (ACOs), Bundled Payments, Advanced Primary Care, and other models. In addition, the Health Care Payment Learning Network will help accelerate the transition to

alternative payment models. The network will identify areas of agreement, generate evidence, remove barriers, develop common approaches, and create implementation guides for payers and purchasers.

Ms. Toomey also showed the panel a recent video developed by HHS on delivery system reform called “[Paying for What Works](#).” She asked the panel to please provide any feedback on how the video could be improved.

### **Discussion of Recommendations between APOE Members and Mimi Toomey**

*APOE Members and Mimi Toomey, Director, Stakeholder Engagement and Policy and Programs Group, OC, CMS*

Following the above presentations the panel provided a series of preliminary recommendations. The recommendations focused on the video presented, earlier access, and other general recommendations. The list of recommendations is presented below.

- **Video Recommendations**
  - Create separate messages for different audiences (patients/providers).
  - Include images of children in the video.
  - Create videos for different segments of the population (2-3 videos) Medicaid, families, middle-aged adults, older adults, etc. In other words, reduce the amount of content.
  - Simplify the consumer-focused messages (simpler language).
  - Incorporate messages tied to consumers’ personal interest (e.g. quality of care and cost of care).
- **Earlier Access Recommendations**
  - Consider developing toolkits for community-serving organizations including faith-serving institutions to educate people on appropriate issues before they need them.
  - Include information for people signing up for insurance or changing insurance (some people are not part of faith groups or CBOs)—e.g. during open enrollment.
- **General Recommendations**
  - Consider urging CMS to provide, on a case-by-case basis, further extensions of CCTP programs which have secured progress in reducing readmission of high-risk Medicare patients and have integrated CBOs into health care systems.
  - Create content and conduct targeted outreach on the benefits of the new model to the pipeline of future providers.
  - Continue to fund evaluation and demonstration projects that assess the outcomes of the new models across populations.
  - Explore opportunities for partnerships with AAMC and medical schools—in particular opportunities for using the “novelty factor” of CMMI and quality-for-performance models to incentivize providers in training to get excited about new quality initiatives/payment models.
  - Include care coordination metrics in the evaluation of payer and provider models to reduce duplication of patient outreach.

- Develop a formal collaboration between CMS’s Office of Innovation Programs and the Office of Community Living (to reach beneficiaries before they need it). This is essential for outreach.
- Reach targeted audiences of caregivers and isolated older adults—create a one-stop-shop of resources (e.g. toolkits/resources) for outreach to the community/CBOs. House these in one location for public consumption.
- When people are given discharge papers—or the hospital bill—they could be provided with a sheet of paper with additional resources that may be of use to them.
- Improve collaboration between CMS, ASPA, and other communication entities to focus on consumer stories and consumer-oriented stories (i.e. patients, caregivers, etc.). In other words, how is this changing people’s lives for the better? Explore opportunities to break out from the industry “in-group” coverage in terms of using different language and outlets (e.g. more popular media, consumer group association publications, AARP publications, etc.) as well as using consistency in messaging.
- Be more specific in messaging as to what encompasses preventive services (screening vs. lifestyle).

These preliminary recommendations will be reviewed and revised by the panel members before the final recommendations are developed.

### **Office of Communications Overview**

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

Ms. Butler provided an overview of CMS’s Office of Communications (OC). The OC is accountable for helping CMS create, coordinate, and deliver cohesive, timely, and strategic communications to many beneficiaries, constituencies, and partners. It also ensures that the agency is speaking as a single voice.

The Office of Communications houses the following groups: Strategic Marketing, Creative Services, Media Relations, Partner Relations, Web and New Media, and Call Center Operations.

The Strategic Marketing Group focuses on message strategy and formulation. The Creative Services Group develops content and communications products to meet the needs of diverse target audiences. The Media Relations Group responds to media inquiries and also manages rollouts of CMS News.

Ms. Butler explained that the Partner Relations Group strengthens the impact of CMS programs and initiatives by engaging external partners and stakeholders. The Web and New Media Group coordinates the development of policies, strategies, goals and standards for CMS websites. In addition, it supports efforts for the following websites: Healthcare.gov, Medicare.gov, CMS.gov, IKN.gov, StopMedicareFraud.gov, and MyMedicare.gov.

The Call Center Operations Group is responsible for operating 1-800-Medicare and the Marketplace Call Center. It provides support to millions of Americans enrolling in the Health

Insurance Marketplace. It is a 24-hour, 7-day-a-week, toll-free call center that allows consumers to obtain assistance in applying and enrolling in new coverage options.

### **Open Enrollment Year 4 Partnership Outreach**

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

Ms. Butler's discussion focused on outreach and partnerships. She said there are still about 9 to 11 million individuals who have not yet signed up for health insurance. She offered examples of some of the groups that have consistently not enrolled in the past. These include construction workers, individuals in the garment industry, those in the hotel industry, and those in the food industry.

Ms. Butler said that CMS has partnered with a wide variety of organizations, agencies, and individuals over the past years including Uber, Lyft, taxi associations, pharmacies (Walmart, CVS, Walgreens), Regal Theaters, Live Nation Entertainment (concerts), Social Security Administration, HUD, Community Health Centers, veteran groups, librarians, the National Black Nurses Association, and NASCAR drivers.

They are also expanding outreach to rural populations, feed stores, faith-based groups (including Muslim, Hindu, and Buddhist groups), seasonal workers, unemployment agencies, ethnic populations, and providers.

The group then proceeded to conduct a brainstorming session for partnership outreach.

### **Public Comment**

*Louise Knight, APOE Chair*

No public comments were offered.

### **Recap of Meeting and Final Comments**

*Roanne Osborne-Gaskin, APOE Co-Chair*

Dr. Osborne-Gaskin provided a recap of the presentations provided during the day. She thanked everyone for coming and participating.

### **Adjournment**

*Thomas Dudley, DFO, OC, CMS*

Mr. Dudley thanked all members and speakers for their participation. He adjourned the meeting at 2:11 p.m.