

**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
Washington, DC 20201
*April 10, 2019***

EXECUTIVE SUMMARY

Open Meeting

Lisa Carr, Designated Federal Official (DFO), Office of Communications (OC), CMS

Ms. Carr called the meeting to order at 8:30 a.m. She welcomed all participants and served as the Designated Federal Official (DFO) to ensure compliance with the Federal Advisory Committee Act (FACA). Ms. Carr 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

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

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

Recap of the January 16, 2019 Meeting

Louise Knight, APOE Chair

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

An executive summary of the January 16, 2019 meeting was provided in the participants' packets for their later review.

Review of CMS Responses to Panel Recommendations from the January 16, 2019 Meeting

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

Ms. Butler informed the panel that a document with CMS responses to their recommendations from the January 16, 2019 APOE meeting was included in their packets. She added that the administration appreciated the panel's work and recommendations.

Patients over Paperwork: Understanding the Beneficiary Experience

Stefanie Costello, Director, Division of Professional Affairs, OC, CMS

Leslie Flaherty, Senior Advisor, Office of the Administrator, CMS

Suzanne Martin-Devroye, Design Lead, Office of the Administrator, CMS

The Patients over Paperwork initiative began in 2017 to reduce the unnecessary burden on beneficiaries and clinicians. The initiative also aims to increase efficiencies and improve the clinician, provider, and beneficiary experience.

Overall, the initiative has already achieved a significant impact. Regulatory changes alone will result in a reduced burden of \$5.7 billion dollars and 40 million less hours through 2021. Changes made throughout CMS will significantly impact clinicians, providers, and beneficiaries.

In order to better listen to the customer, CMS released a total of 19 requests for information (RFIs) related to burden. The agency received 2,830 comment letters which were categorized into 1,146 summarized burden topics. As of today, 83 percent of the topics listed in the RFIs have been resolved or are in progress. The remainder of the topics are under consideration.

CMS has also reached out directly to organizations, clinicians, and providers in the field to obtain their input. To date, 528 individuals have been contacted and 164 subject matter experts have been interviewed through 81 listening sessions. Overall, the events have been held in 21 states and engaged 171 CMS staff in both central and regional offices.

Groups have been gathered to brainstorm and reach consensus on new ideas. These ideas were then presented to senior leadership for discussion and implemented as a prototype prior to full implementation. In addition, some of the data obtained from the field have been synthesized to develop illustrations or personas – characters created to represent a typical CMS beneficiary.

Discussion of Recommendations among APOE Members and Stefanie Costello, Leslie Flaherty, and Suzanne Martin-Devroye

Following the presentation, the panel provided a series of preliminary recommendations including following up with beneficiaries more than once to ensure that transitions (e.g., home to hospital, home to rehab) are smooth.

The panel recommended finding a systems/community-level answer to care coordination and navigation. This should go beyond the hospital and take into consideration that community nonprofits should be engaged but have limited (and sometimes decreasing) financial resources. Coordination should take place irrespective of the hospital, provider, or beneficiary's insurance.

It was recommended that CMS develop an app that allows individuals to quickly find resources and navigate the system (e.g., find transportation, nursing homes, etc.). CMS should also tap into market research and data analysis expertise to inform engagement strategies and create a data-driven strategy.

Panel members recommended developing a tool that assists beneficiaries and caregivers in keeping records of all their health information. Health systems are fragmented and information does not always translate from large health system electronic health records to small community-level providers.

The panel recommended that CMS partner with the AMA or other national organizations to provide courses for medical providers so that they would have a better understanding about care transitions and they can, in turn, inform and educate their patients.

Other recommendations included re-evaluating CMS's Community-based Care Transitions Programs, especially those that provide the best beneficiary experience; strengthening the use of technology in the home health care setting to share information with the care team; and making CMS more personal by providing a person whom clinicians can call with questions, compliments, and suggestions.

Emergency Triage, Treat, and Transport (ET3) Model

Nina C. Brown-Ashford, Deputy Group Director, Prevention & Population Health Group, Acting Deputy Group Director, State Innovation Group, Center for Medicare & Medicaid Innovation, CMS

The Emergency Triage, Treat, and Transport (ET3) Model is a new voluntary CMS payment model that would provide greater flexibility to ambulance care teams to address emergency and other health care needs of Medicare beneficiaries following a 911 call.

Currently, Medicare primarily pays for emergency ground ambulance services when individuals are transported to a limited number of covered destinations such as hospital emergency departments and critical care access hospitals. Therefore, beneficiaries who call 911 with a medical emergency are often transported to a high-acuity care setting, even when a lower-acuity, less costly destination may be more appropriate. Taking individuals to lower acuity levels when appropriate can save millions of dollars and also open space for other individuals who need emergency care.

The goal of ET3 is to re-align incentives so that beneficiaries can receive the right care, at the right time, in the right place. The model aims to reduce expenditures and enhance the quality of care.

ET3 participants and awardees will include local governments as well as Medicare-enrolled ambulance suppliers and providers. Local government, its designees, or other entities that operate or have authority over one or more 911 dispatches will promote successful model implementation by establishing a medical triage line for low-acuity calls received via their 911 dispatch system. Ambulance suppliers and providers will transport Medicare beneficiaries to destinations or provide treatment with a qualified health care practitioner (on site or via telehealth). It is important to note that the individual can *always* choose to be brought to an emergency department if they prefer.

Performance-based payment will be based on achievement on key quality measures. Beginning in Year 3 of the 5-year performance period, participants will have an opportunity to receive as much as an additional 5 percent in model payments based on performance on quality measures.

CMS will release funding opportunities in the fall of 2019 and awards will be made in early 2020.

Discussion of Recommendations between APOE Members and Nina C. Brown-Ashford

Following the presentation, the panel provided a series of preliminary recommendations including providing geriatric training to participants so they are aware of the unique health and other needs of geriatric patients, creating a resource that helps individuals determine which urgent care facilities take Medicare/Medicaid to reduce beneficiary's out-of-pocket costs, and adding 211 human service directory assistance as part of the network (not only 911s).

It was recommended that CMS provide beneficiaries with a comprehensive list of providers and not just a list of "preferred providers" and to keep in mind that time may be lost in making decisions during the triage process. This may be time lost that could be used to provide critical care.

Panel members recommended that guidelines be developed to prevent beneficiaries from being inadvertently steered to a specific provider. CMS should also create a consumer mechanism where individuals can call with concerns related to fraud, waste, and abuse (e.g., ombudsman).

The panel recommended that CMS partner with state EMS regulatory bodies and establish communication channels to reach out to ambulance services to share information from CMS. The agency should also consider capacity issues and inform primary care providers (PCPs) about the program ahead of time as not all PCPs will be able to squeeze in a beneficiary after they are transported to the PCP's location.

The panel recommended adding specific language to the evaluator's scope of work to measure the impact on health equity and health disparities. Additionally, the panel recommended that the evaluation include examining any unintended consequences and harms, and address them early on in the process. CMS should also track participants (as well as their claims data) who divert from the ED over time to determine their outcomes. In addition, the panel recommended making EMT participation in training/information sharing sessions mandatory in the RFA.

Diabetes Provider Resource Directory

*Jordan Luke, Director, Program Alignment and Partner Engagement Group,
Office of Minority Health, CMS*

*Caitlin Carroll Oppenheimer, Senior Vice President, Public Health, NORC
at the University of Chicago*

The Office of Minority Health (OMH) at CMS leads the Health Equity Initiative in Pre-Diabetes and Diabetes. The initiative's goal is to improve the referral and uptake of Medicare prediabetes and diabetes-related services through educational resources.

In 2016, as part of the initiative, OMH conducted an environmental scan on CMS and other national programs, quality measures, and international efforts to reduce diabetes disparities. In 2017, CMS held listening sessions with federal, non-federal, national associations, community health centers, and other stakeholders. In 2018, interviews were held with health care providers with different roles on the diabetes care team to understand the resources needed to promote utilization of diabetes-related services.

Through these and other efforts, OMH identified a lack of resources for providers on appropriate medication management for patients with diabetes. It was determined that primary care providers are in need of information related to: 1) Background on different diabetes drugs, 2) The appropriate circumstances for their use, and 3) Access to cost and coverage information at the point of care. To help close this gap, OMH began developing a diabetes resource directory for providers. The directory aggregates medication management resources published by federal agencies and national foundations. Resources are grouped into the following categories:

- Guidelines and clinical recommendations
- Toolkits and clinical reference tools
- Continuing education
- Diabetes care apps
- E-prescribing and formulary management apps

The directory is still under development. The speakers walked panel members through the directory's topic areas, icons, and a sample entry in the directory. The speakers then proceeded to request feedback from the panel on both general and specific areas related to the directory.

Discussion of Recommendations among APOE Members and Jordan Luke and Caitlin Carroll Oppenheimer

Following the presentation the panel provided a series of preliminary recommendations including adding to the introduction specific information on closing health equity gaps, clarifying that the guide is primarily focused towards clinicians, and stating that the clinical target is primarily type 2 diabetes.

The panel also recommended including information on nutrition; incorporating information from other existing local resources so that the directory is comprehensive (national instead of regional/local); and adding a disparity framework to help people understand the resources as well as health/equity.

With respect to icons, the panel recommended labeling each icon and explaining the categories that fall under each icon as well as determining what the needs of the population are and organizing the icons based on those needs. The panel recommended including an icon about pre-diabetes and including a category for "Minorities at Risk."

CMS should keep in mind that nutrition and lifestyle go hand-in-hand – these are critical areas that patients look for. The panel recommended using the same icons across CMS so that there is congruency and users can look for the same icon throughout.

The panel also recommended incorporating resources for pre-diabetes, including local/regional resources that providers can use in their region. CMS should include resources for minority populations and health disparities and also add a category for LGBT.

The panel recommended that CMS market the resource guide to professional organizations (beyond the provider level) and pre-diabetic programming CBOs. Membership societies, associations, and newsletters targeting providers and others are useful ways to get the resource to clinicians. CMS should also include the directory in EPIC or other EHRs that could list it as a resource and consider digital advertising on outlets that allow targeting by age, location, and other factors. In addition, the panel recommended ensuring that the directory is a top hit on Google search.

Public Comment

No public comments were offered.

Recap and Final Comments

Roanne Osborne-Gaskin, APOE Co-Chair

Dr. Osborne-Gaskin provided a recap of the recommendations made during the day. Ms. Knight thanked all committee members who are rotating out of APOE. Ms. Butler provided all members who are leaving with a certificate of appreciation.

Adjourn

Lisa Carr, DFO, OC, CMS

Ms. Carr thanked all members and speakers for their participation. Before adjourning the meeting, she announced that the next meetings would be held on July 16 and November 6, 2019. These will be in-person meetings in Washington, DC.