

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

**Virtual Meeting
September 23, 2020**

EXECUTIVE SUMMARY

Open Meeting

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

Ms. Carr called the meeting to order at 12:00 p.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 Stefanie Costello, Deputy Director of the Partner Relations Group in the Office of Communications at the Centers for Medicare & Medicaid Services.

Welcome and Opening Comments

Stefanie Costello, Deputy Director, Partner Relations Group, OC, CMS

Ms. Costello informed the group that speakers would address three important topics: the Flu Awareness Campaign, Open Payments, and Chronic Pain. She then turned the meeting over to APOE Chair Dr. Margot Savoy.

Opening Comments and Panel Introductions

Margot Savoy, M.D., APOE Chair

Cheri Lattimer, APOE Vice Chair

Dr. Savoy thanked all participants for attending. Panel members and speakers then introduced themselves. Dr. Savoy informed participants that the meeting is open to the public and the press. She noted that the opinions expressed by panel members are those of the individual and not the organization with which they are affiliated. She added that two panel members, Angie Boddie and Jean-Venable Robertson Goode, would not be able to attend the meeting due to conflicts.

CMS Response to APOE Recommendations from June 2020 Meeting

Stefanie Costello, Deputy Director, Partner Relations Group, OC, CMS

Ms. Costello indicated that the participant packet provided to members included the panel's recommendations from the June 25, 2020 meeting. During that meeting Allison Oelschlaeger, CMS Chief Data Officer & Director of the Office of Enterprise Data and Analytics (OEDA) gave a presentation on the Preliminary Medicare COVID-19 Data Snapshot.

The second speaker, Mr. Chris Koepke, CMS Director of the Strategic Marketing Group, Office of Communications, gave a presentation on Flu Vaccination Outreach. The second presentation was a listening session and thus was not included in the recommendations process.

Raising Awareness to Fight the Flu this Season

Lydia Orth, Special Assistant, CMS Medicare-Medicaid Coordination Office

Ms. Orth's presentation focused on CMS's awareness campaign for the flu season. During the 2018-2019 flu season, approximately 49 percent of the U.S. population chose to get a flu vaccine. This prevented an estimated 4.4 million flu illnesses, 58,000 hospitalizations, and 3,500 flu deaths.

This year's campaign targets all beneficiaries (Medicare, Medicaid, CHIP, and Marketplace), as well as CMS partners, health care providers, and information intermediaries. The key messages for Medicare beneficiaries are as follows:

- People 65 and older are at high risk of having serious health complications from the flu.
- Now more than ever, everyone needs to do their part to prevent the spread of illnesses like flu and COVID-19.
- The flu shot protects you from getting the flu and keeps you from spreading it to others.
- Medicare covers the cost of your flu shot and you pay nothing out of pocket.
- Other messaging to reassure people that it is safe to go to places providing flu vaccines.

Paid advertising for the campaign will include digital display and video (YouTube), paid search and banner ads, print ads, Facebook ads, Univision digital video and radio (to reach Spanish-speaking beneficiaries), and network, national, and local radio. Tactics to reach Medicare beneficiaries will include the following:

- National and local outreach to partners, providers, and pharmacies
- Supporting communications from Medicare Advantage plans to the beneficiaries they serve
- Beneficiary email
- CMS/Medicare Facebook and Twitter channels
- Development of a social media toolkit for partner use
- Website updates (Medicare.gov and CMS.gov)
- Medicare products and platforms (e.g., Tip sheet and Medicare Summary Notice)
- A postcard mailed via snail mail directly to people dually eligible for Medicare and Medicaid

Direct outreach by mailing the postcard will reach approximately 400,000 beneficiaries in the following 10 states: California, Illinois, Massachusetts, Michigan, Minnesota, New York, Ohio, Rhode Island, South Carolina, and Texas. The postcard will be translated into the primary language spoken at beneficiary's home as indicated by data shared with CMS from its health plan partners. The postcard will be translated into the following languages: Arabic, Armenian, Cambodian, Chinese (simplified), Creole-Cape Verdean, Creole-Haitian, Farsi, Hindi, Hmong,

Korean, Laotian, Polish, Portuguese, Russian, Somali, Spanish, Tagalog, and Vietnamese. The postcard will also be mailed in large font English/Spanish as well as Braille.

A news alert on September 16, 2020, will officially kick off the CMS paid flu campaign. Postcards will begin to be mailed to dually eligible individuals on September 28. In October, CMS will continue messaging and outreach to all target audiences across CMS health care programs. Earned media will begin targeting Medicare beneficiaries in November. During December, the focus will be to increase flu vaccination outreach frequency during National Influenza Vaccination Week. The campaign will continue through March 2021.

Discussion of Recommendations among APOE Members and Ms. Orth

Following the presentation, the panel provided a series of preliminary recommendations, including partnering with the National Association of Community Health Centers, Senior Health, Insurance Information Programs, Accountable Care Organizations, National Institute on Aging Centers and grantees, food pantries, food banks, and Meals on Wheels. Messaging should target beneficiaries as well as secondary audiences, such as caregivers, children, etc. Outreach strategies should include the use of social media and mobile devices. Messaging should also include reassurance that the vaccine is safe and effective. Messaging should clarify that flu shots are free and that individuals will not receive a “surprise” bill for the vaccination.

Other recommendations included supplying information to providers—such as information about vaccines—so that they can, in turn, share it with their patients. This information could be included on the back of the patient’s invoice or meeting summary. Providers using Electronic Medical Records and Electronic Health Records could be assisted by having simple messaging provided to them by the system. They can then share that information with their patients. CMS should consider sharing such information with health organizations (e.g., creating a flu shot “cheat sheet” for providers).

The panel further recommended that CMS consider the timing of the campaign. During any presidential campaign, various communications channels become saturated including snail mail, television, and radio. Because of the heavy advertising during the election, some individuals are “tuning out” advertising on TV/radio. Also, during the election season, people will be receiving a lot of mail at their physical mailboxes. Because of this, the CMS postcard could get “lost” in all that mail. CMS may want to consider doing most of their advertising after the election.

In addition, the panel noted that some individuals are confused as to whether the flu vaccine also protects individuals from COVID-19. In messaging, consider separating the two vaccines, noting that they are for separate diseases, and explaining that both diseases can happen concurrently. CMS should also consider using COVID-19 events to discuss vaccinations (or give vaccinations) to those who are asymptomatic.

Open Payments

Veronika Peleshchuk-Fradlin, Director, Division of Data and Informatics, Data Sharing & Partnership Group, CMS Center for Program Integrity

Kathleen Ott, Open Payments Compliance and Communications Lead, Data Sharing & Partnership Group, CMS Center for Program Integrity

Open Payments is a national disclosure program that promotes a transparent and accountable health care system. Each year, applicable manufacturers and group purchasing organizations (GPOs) collect data regarding payments (or transfers of value) they have made to physicians and teaching hospitals. The subsequent calendar year they submit the collected data to CMS for publication.

Reporting entities are defined as pharmaceutical and medical device manufacturers and their distributors. Applicable manufacturers produce, prepare, propagate or compound a drug, device, biological, or medical supply. GPOs purchase, arrange for, or negotiate the purchase of a covered drug, device, biological, or medical supply for a group of individuals or entities, but not solely for use by the entity itself.

During the 2019 Program Year, a total of \$10.03 billion dollars in payments were published. The payments were split into three categories: \$3.56 billion in general payments, \$5.23 billion in research payments, and \$1.24 billion in ownership and investment. The Program Year 2019 data publication marks the seventh Open Payments Program reporting cycle.

When taking all seven years of published data into consideration, a total of 1.08 million physicians have received payments, along with 1,335 teaching hospitals, and 2,667 companies making payments. Payments for all seven years were divided into the following categories: 93.65 percent were for general payments, 6.35 percent were for research payments, and 0.003 percent were for ownership and investment interests.

The SUPPORT Act, passed in the fall of 2018, includes new Open Payments provisions. Covered recipients will now include physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, anesthesiologist assistants, and certified nurse midwives. Publication of National Provider Identifiers will also be required. These changes will be effective for data collection beginning in calendar year 2021.

Discussion of Recommendations among APOE Members and Ms. Peleshchuk-Fradlin

Following the presentation, the panel made a series of preliminary recommendations, including providing information at either state or national-level meetings (or virtual meetings in lieu of in-person meetings). Awareness of the Open Payments program could also be increased among compliance and quality control officers in hospitals as well as advocacy groups, reporters, medical ethicists, and health economists.

The panel further recommended that CMS consider developing something analogous to Medicare Compare, where patients can look up payments as well as their providers. The site could also have a list of “suggested questions” for patients to ask their providers. CMS should communicate to beneficiaries why this information is important. In other words, why should a patient ask their health care provider certain questions?

In addition, the panel recommended that CMS consider examining transparency at the systems level, rather than at the individual level, as asking transparency at the individual level may add an additional burden on patients who are sick, older, in pain, etc.

The Dr. Todd Graham Pain Management Study

Shari Ling, Deputy Chief Medical Officer, CMS Center for Clinical Standards and Quality
Ellen Blackwell, Senior Advisor, CMS Center for Clinical Standards and Quality

The Dr. Todd Graham Pain Management Study was mandated through the *Substance Use Disorder Prevention that Promotes Opioid Recovery & Treatment for Patients & Communities Act (SUPPORT Act)*. The Act outlines national strategies to help address America's opioid epidemic and advances policies to improve the treatment of pain and substance use disorders.

The study will provide HHS and CMS with key information about services delivered to Medicare beneficiaries with acute or chronic pain, help to understand the current landscape of pain relief options for Medicare beneficiaries, and inform decisions around payment and coverage for pain management interventions, including those that minimize the risk of substance use.

The study is named in honor of the late Dr. Todd Graham, a renowned northern Indiana pain specialist who spent more than 30 years in practice providing person-centered pain care with great compassion and enthusiasm. An interactive discussion with panel members followed the presentation and focused on four topics: 1) Barriers to care, 2) Medicare coverage, 3) Medicare beneficiaries with substance use disorders, and 4) Pain care during the COVID-19 pandemic.

Discussion of Recommendations among APOE Members and Dr. Ling and Ms. Blackwell

Following the presentation, the panel provided a series of preliminary recommendations, including considering that Medicare covers acupuncture under Part B for lower back pain, but does not cover acupuncture for other chronic or acute conditions. Also, Medicare pays for surgical procedures, but in bundled payments it is cheaper to prescribe an opioid vs. other alternatives. Some individuals seem to be having difficulty in obtaining coverage through Medicare for non-opioid pharmaceutical treatments, such as lidocaine patches. Medicare computer edits can also sometimes be a barrier because the provider can prescribe a medication but the patient may not be able to obtain it due to the edits.

The panel further recommended to continue the waivers regarding telehealth. Relaxing the rules around tele-behavioral health has helped more patients get access to behavioral care, even across state lines. As a result of the pandemic, those undergoing Suboxone treatment have been able to obtain treatment virtually. In addition, initiation visits have been much easier to get people started. If one of the barriers to accessing care is transportation, it would make sense to use telehealth to overcome this barrier. However, lack of broadband access in some areas has become a barrier to telehealth.

In addition, the panel noted that COVID-19 might be a contributor to increased opioid abuse. The delaying of elective surgeries places the management of pain back on the individual. Also, because of COVID-19, when an individual goes into surgery there is no advocate that can go with him/her into the hospital and be there for them. Some individuals have stopped using alternatives to address pain (e.g., massage, acupuncture) due to COVID-19.

The panel also noted that physical therapists, occupational therapists, chiropractors, and massage therapists have been legislated in some areas as an alternative to opioids for pain management. However, one of the barriers to access these services is cost. Beneficiaries with a substance use disorders or those recovering from addictions may find it difficult to manage their pain. A thorough assessment of the patient's social determinants of health and prior patient behaviors may be helpful. In addition, providers should consider treating pain in an interdisciplinary manner, similar to how other chronic conditions are treated.

Public Comment

Margot Savoy, M.D., APOE Chair

No public comments were offered.

Final Comments

Margot Savoy, M.D., APOE Chair

Dr. Savoy thanked all panelists and speakers for their participation. She also thanked all those working behind the scenes to support the meeting.

Adjourn

Lisa Carr, DFO, OC, CMS

Ms. Carr informed the group that the next meeting would be held on February 3, 2021. She adjourned the meeting at 4:30 p.m.