**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**

***January 15, 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 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*

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

Swearing In of New APOE Members

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

Ms. Butler conducted a group swearing in for all new members. Members read in unison the “Oath of Office.” The new panel members sworn in were Ms. E. Loraine Bell and Ms. Jina Ragland.

Kidney Care Choices (KCC) Model

***Tom Duvall****, Division Director, Division of Special Populations and Projects, Seamless Care Models Group, CMS Innovation Center, CMS*

The Kidney Care Choices (KCC) model is designed to help health care providers reduce the cost and improve the quality of care for patients with late-stage chronic kidney disease and end-stage renal disease (ESRD). The model also aims to delay the need for dialysis and encourages kidney transplantation when appropriate. The KCC model will begin in 2020 and run through 2023, with the option of one or two additional performance years.

The KCC model builds upon the existing Comprehensive ESRD Care (CEC) Model structure by adding substantial financial incentives for health care providers to: 1) manage the care for Medicare beneficiaries with chronic kidney disease (CKD) stages 4 and 5 and ESRD, 2) delay the onset of dialysis, and 3) incentivize kidney transplantation.

The KCC model has four payment options divided into two broad areas: 1) the CMS Kidney Care First (KCF) Option; and 2) the Comprehensive Kidney Care Contracting (CKCC) Option (consisting of the Graduated Option, the Professional Option, and the Global Option).

In the first area (KCF Option), participating nephrology practices will receive adjusted fixed payments on a per-patient basis for managing the care of patients with late-stage chronic kidney disease and patients with ESRD. Payments will be adjusted based on health outcomes and utilization, compared with the participating practice’s own experience and national standards, as well as performance on quality measures. This option is only open to participation by nephrology practices and their nephrologists.

The second area (the CKCC Option) includes the Graduated, Professional, and Global Options. In these options, capitated payments will be similar to the capitated payments under the KCF Option, but the Kidney Contracting Entities – which consist of nephrologists, transplant providers, and other health care providers including dialysis facilities – will take responsibility for the total cost and quality of care for their patients, and in exchange, can receive a portion of the Medicare savings they achieve.

Applications for participation in the Kidney Care Choices (KCC) model are due through January 22, 2020.

Discussion of Recommendations among APOE Members and Mr. Duvall

Following the presentation, the panel provided a series of preliminary recommendations, includingsupporting collaborations with nephrologists, primary care doctors, vascular surgeons, palliative care providers, home care providers, nutritionists, nurses, navigators, and other providers involved with kidney patients, for coordinated care and managing comorbidities; and partnering with urban leagues, transportation services, and faith communities (reach out to individuals where they “live, work, play, pray and shop”).

The panel recommended supporting the development of patient education explaining why best practices include transplantation and dialysis; developing a notice in “plain English” taking into account various health literacy levels; supporting the development of a “graphical/audible” presentation that patients can understand regardless of health literacy, ethnicity, etc.; testing notifications and other consumer materials through focus groups; developing scripts and templates for 1-800-Medicare; having a “sit down” conversation (e.g., with a nurse or social worker as the lead) to explain all patient options (including opt-out), pros and cons, and include resources they can contact for additional questions.

Other recommendations included considering earlybehavioral screening for kidney patients in stage 4 and 5, who have a higher level of depression and suicide ideation; increasing access to medications for kidney patients; including pharmacists to help patients obtain access to such medications; better aligning kidney donation efforts (both living and deceased donors) with existing CMS kidney models; using performance measures at the provider, non-physician level to optimize care coordination; and considering telemedicine as a tool for consultations.

Listening Session: Chronic Pain Management

*Mary Greene, Senior Advisor, Office of the Administrator, CMS*

*Ellen Blackwell, Senior Advisor, Quality Measurement and Value-Based Incentives Group, Center for Clinical Standards and Quality, CMS*

Dr. Greene leads the Patients Over Paperwork Initiative, an agency-wide regulatory reform and burden reduction effort aimed at reducing the time clinicians and health care providers spend on unnecessary administrative requirements so they may spend more time providing high quality care. She also leads a pilot program working with a state which takes a holistic, data-driven approach to combating the opioid epidemic. Ms. Blackwell works on programs that support improved quality, program efficiency, and person-centered care.

The purpose of the listening session was to obtain input from stakeholders with experience in the area of chronic pain management. As a result of the opioid epidemic, there has been focus on prescribing behaviors, a decrease in opioid prescribing, and a clinician sentiment of greater scrutiny as to whether what they are prescribing is appropriate.

In addition, some patients with chronic pain who have been prescribed opioids for some time might not fully understand why they may need to consider non-opioid medications or non-opioid therapies. The listening session aims to obtain input surrounding access to covered treatment and services for beneficiaries with chronic pain. The goal is to better understand how beneficiaries – including dually eligible beneficiaries – are accessing the covered services they need and what services are not currently covered that they think are important. It is also important to obtain the impact of clinicians on this subject matter.

In 2018, Congress passed the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act*. Section 6032 of the act required that CMS “develop an action plan to provide recommendations on changes to the Medicare and Medicaid programs to enhance the treatment and prevention of opioid addiction, as well as coverage and payment of medication-assisted treatment.”

CMS has been involved in various activities to support this act, including holding a request for information (RFI), developing a report to Congress, and issuing a letter to states informing them how they can offer Medicaid beneficiaries additional services for pain beyond the mandatory services. Today’s listening session was an additional CMS mechanism to inform these and other efforts by CMS to support the act’s mandate to provide for opioid use disorder prevention, recovery, and treatment.

Discussion of Recommendations among APOE Members, Dr. Greene, and Ms. Blackwell

Following the presentation, the panel provided a series of preliminary recommendations, including recommending coverage/access to physical therapy, chiropractic services, and other non-opioid pain management strategies; incorporating transportation in any CMS pain model for individuals who are impaired, can’t walk, or live in rural areas; promoting and supporting self-management chronic pain programs; and incorporating into future strategies approaches to slowly get patients off opioids.

The panel recommended supporting education for providers (including dentists and rural providers) on prescribing practices for chronic vs. acute pain; educating primary care providers on assessing pain properly; educating providers on effective strategies for pain management; supporting a team approach to pain management; and decreasing primary care barriers for prescribing (e.g., prior authorization forms).

It was also recommended that CMS consider support for behavioral pain management, including evidence-based approaches (e.g., cognitive behavioral therapy) and telebehavioral care; supporting peer support and behavioral health interventions; and considering modalities used in sports medicine for both acute and chronic pain management.

Other recommendations included using pharmacists at the top of their license in rural areas; making pharmacists part of the collaborative care team; addressing the fact that some non-opioid options may not be covered or may be unaffordable to some patients (e.g., a pain patches); working with payors to provide more access to some chronic pain patients (e.g., waiving copays); considering reimbursement models that allow patients to access technologies to address pain (e.g., photobiomodulation); and educating chronic patients about all available non-opioid therapies for pain.

**Recap of the November 14, 2019 Meeting and CMS Response to APOE**

***Louise Knight****, APOE Chair*

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

Participants were informed that the executive summary of the November 14, 2019 meeting could be found in their packets. They were encouraged to read the materials at their leisure. CMS responses are expected to be provided by the next meeting.

Public Comment

*Louise Knight, APOE Chair*

No public comments were offered.

Adjourn

***Lisa Carr****, DFO, OC, CMS*

Ms. Carr thanked all members and speakers for their participation. She informed participants that the next meeting would be held on April 29, 2020. Due to a scheduling room conflict, the following meeting will take place on September 23, 2020.

She reminded Panel members to submit their forms, including their 450 ethics form, and reminded them that additional ethics training will be scheduled this year.

Ms. Carr adjourned the meeting at 11:00 a.m.