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

Virtual Meeting
March 31, 2021

EXECUTIVE SUMMARY

Open Meeting

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

Ms. Carr called the virtual meeting to order at 12:03 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 informed participants that there will be four APOE meetings in 2021. Ms. Carr then turned over the meeting to Ms. Stefanie Costello.

Welcome and Opening Comments

***Stefanie Costello**, Acting Director, Partner Relations Group, CMS*

Ms. Costello welcomed all participants. She briefly walked participants through the agenda and then turned the meeting over to the APOE chair, Dr. Margot Savoy.

Opening Comments and Panel Introductions

***Dr. Margot Savoy**, APOE Chair*
***Ms. Cheri Lattimer**, APOE Vice-Chair*

Dr. Savoy thanked all participants for attending. She informed them that the meeting is open to the public and press. Dr. Savoy noted that the opinions expressed by panel members are those of the individual and not the organization with which they are affiliated.

Dr. Savoy congratulated Susie Butler, Director of the Partner Relations Group at CMS's Office of Communications, on her retirement and thanked her for her service. She also informed participants that as a result of the increased workload related to the COVID-19 pandemic, two members have resigned: Ms. Angie Boddie and Mr. David Goldberg.

A call for new members has begun and the selection process will be taking place over the next few months. She also informed the group that two APOE members would not be attending today's meeting: Dr. Nazleen Bharmal and Mr. Ted Henson. Panel members then introduced themselves.

CMS Response to APOE Recommendations from September 2020 Meeting

***Stefanie Costello**, Acting Director, Partner Relations Group, CMS*

Ms. Costello informed panelists that a set of recommendations from the September 2020 meeting could be found in their meeting packet.

Overview of Therapies for COVID-19

***Dr. Meredith K. Chuk**, Lead for COVID-19 Therapeutics Team, HHS Office of Assistant Secretary for Preparedness and Response (ASPR)*

Dr. Chuk's presentation focused on topics related to monoclonal antibody (mAb) COVID-19 therapies. COVID-19 therapies currently exist for treating patients through various stages of the disease after being infected, including early symptomatic patients, those admitted to the hospital, and those admitted to the intensive care unit.

Three mAb therapies are available for high-risk patients who are not yet hospitalized and early symptomatic. The following three antibody therapies have not yet been approved by the FDA but can be administered under an Emergency Use Authorization: 1) Bamlanivimab, 2) Bamlanivimab plus Etesevimab, and 3) Casirivimab plus Imdevimab. These therapies can be administered via infusion at an outpatient setting (e.g., hospitals, ambulatory centers, nursing homes, mobile sites, and at home).

The antibodies are most effective when administered early after infection, during the virus replication phase. They directly neutralize the COVID-19 virus and are intended to prevent progression of disease. Interim results from a Phase 2 trial of Bamlanivimab involving 452 patients showed a decrease in the viral load when compared with placebo. Also, high-risk patients showed an approximate 70% reduction in hospitalizations and ER visits when compared with placebo. Results of a Phase 3 trial of Bamlanivimab plus Etesevimab involving 1035 patients showed a 70% reduction in hospitalizations and death compared with placebo. Viral load and symptom decrease were also significant. Results of a Phase 3 trial of Casirivimab plus Imdevimab in 799 patients also showed a decrease in viral load. Recent treatment data for these combinations of monoclonal antibodies support trial results.

Ongoing HHS communications efforts related to mAb therapies include the development of provider/patient education and awareness materials, some of which have been posted on the CombatCOVID.hhs.gov and Phe.gov websites. HHS has also engaged with professional societies to provide education via webinars/factsheets and coordinated efforts with state and local public health officials. Outreach efforts to vulnerable populations continue as well as efforts to increase mAb accessibility.

Discussion of Recommendations among APOE Members and Dr. Chuk

Following the presentation, the panel made a series of preliminary recommendations, including partnering with networks of community trusted partners such as Offices on Aging, Aging and Disability Resource Centers, tribal elders, food banks, Meals on Wheels, partners of the Administration for Community Living, sororities, physical therapists, occupational therapists, home health workers, community health workers, patient advocates, nurses, case managers, pharmacies, primary care providers (to address hesitancy), grocery stores, church health/wellness programs, Uber/Lyft, patient portals, the Indian Health Service, consumer groups that support high-risk patients (e.g., caregiver action groups, COPD groups, extended care facilities, senior facilities, nursing homes, AARP), local health departments, and the United States Digital Service.

The panel further recommended that CMS consider developing messaging for beneficiaries to inform them that COVID-19 treatments are available and provide them with information at test sites about locations where they can obtain COVID-19 treatment. Messaging needs to address misconceptions regarding monoclonal antibodies regarding eligibility, access, and cost (e.g., too expensive).

In addition, the panel recommended that messaging be clear and consistent. This is especially important because recommendations for COVID-19 have changed over time. Also, consider channels and messaging to help communities whose English is not their first language.

Medicare COVID-19 Research and Outreach

***Dr. Chris Koepke**, Director of the Strategic Marketing Group, Office of Communications, CMS*

Dr. Koepke informed participants about the CMS communications efforts related to COVID-19. He noted that ASPR is the lead agency responsible for the campaign for COVID-19 vaccination, while CDC is in charge of providing information about COVID-19 vaccines for both professionals and the public at large. CMS is working in coordination with these agencies to support campaigns targeted towards CMS beneficiaries.

Current messaging for these campaigns focuses on three areas: 1) that vaccines are available at no cost, 2) the 3 Ws (Wear a mask, Wash your hands, Watch your distance), and 3) Vaccine confidence. CMS has already developed informational resources on COVID-19 vaccination for providers, partners, beneficiaries, state Medicaid programs, and health/drug plans.

CMS campaigns will target hesitant and negatively impacted audiences—such as Latinos and African Americans, which have higher deaths per 100,000 than whites. CMS has been communicating information about COVID-19 for close to 12 months now, since March 2020. It will continue to reach out to consumers via social media, partners, earned media, the Medicare.gov COVID-19 webpage, and direct-to-consumer emails. Paid advertising will also be used to reach the above mentioned target audiences.

Discussion of Recommendations among APOE Members and Dr. Koepke

Following the presentation, the panel made a series of preliminary recommendations, including developing messaging and strategies to address vaccine hesitancy. One strategy would be for primary care providers to allow patients to share their fears/concerns related to vaccination, such as side effects, the vaccine not being safe, or a specific vaccine brand being better than another. Consider using motivational interviewing to encourage individuals take actions towards getting vaccinated (i.e., working through their concerns). In some cases this may work better than a provider just giving patients "reasons" to get vaccinated. Providers should also be transparent about side effects and challenges in getting an appointment.

The panel further recommended that CMS consider providing signs/posters for pharmacies nationwide to encourage people to get vaccinated. The signs should include phone numbers where individuals can call for more information. Other strategies include offering incentives to those being vaccinated (e.g., similar to those for getting a flu vaccine); continuing to support use

of the "I got my COVID-19 vaccine!" stickers by patients and health care workers; co-branding campaigns with other known organizations (e.g., AARP and Medicare) to increase trust/interest; and developing regional campaigns in addition to national campaigns to make the message more relatable to those living in that region.

In addition, the panel recommended that CMS consider challenges such as transportation in rural communities; helping individuals who do not use technology and might not be able to initiate their signing up for the vaccine through a website; and getting the message out to the most at-risk patients, such as those with various comorbidities. Also consider using push notifications to get information out to people (e.g., apps, health care systems, smartwatches).

Listening Session: HealthCare.gov New Cost Savings for 2021

***Laura Salerno**, Deputy Director of the Strategic Marketing Group, Office of Communications, CMS*

Ms. Salerno's presentation focused on updates related to the Health Insurance Marketplace as well as the status of related communications campaigns. Beginning on April 1, 2021, consumers will be able to obtain more savings and lower costs on Marketplace health insurance coverage. The American Rescue Plan (ARP) Act of 2021—which was signed into law on March 11, 2021— expands the eligibility for financial assistance through the Health Insurance Marketplace and increases financial assistance amounts for plan years 2021 and 2022.

As a result of the ARP, the 400% federal poverty level cap will be removed for advance payments of the premium tax credit. In addition, there will be changes as to how income is considered for households that receive unemployment compensation for 2021. Existing consumers can submit an application update to receive a new eligibility determination while new consumers need to submit an application and will have 30 days to enroll in a plan. Coverage will begin the first day of the month after the date of enrollment. Individuals can enroll via HealthCare.gov and CuidadodeSalud.gov. They can also find information on people who can help locally to submit an application by visiting Localhelp.HealthCare.gov.

In the area of communications, CMS will post on April 1 a press release about the matter through Twitter (@CMSgov). Information for consumers will be released on the same day through other social media channels. A campaign involving paid advertising (TV, digital, radio, satellite media tours, email, SMS) will take place from April 1 to August 15, with the goal of increasing awareness, educating consumers, and providing help throughout the enrollment period. Target audiences will include uninsured consumers, demographic groups with traditionally lower access to health care, and existing consumers who can come back and save some money.

For new consumers, the messaging will focus on the fact that qualifying individuals can get a robust health insurance plan for $10/month or less with financial assistance, and that coverage can begin as soon as May 1st if they sign up now at HealthCare.gov. For existing consumers, messaging will encourage them to update their 2021 application to determine if they qualify for savings and also inform them that, on average, monthly premiums for coverage through HealthCare.gov will be lower by approximately $50/person.

Discussion of Recommendations among APOE Members and Ms. Salerno

Following the presentation, the panel made a series of preliminary recommendations, including messaging through grassroots efforts (e.g., libraries, food banks, and faith-based organizations) and partnering with pharmacists, colleges, universities, trade schools, unions, Head Start programs, and schools (through the Department of Education) as channels for messaging.

The panel further recommended that CMS consider developing a short video showing people how easy it is to sign up for a plan. It would be helpful to include testimonials of real people who have received a credit and are only paying $10/month for a robust insurance plan. Also, reach people through channels beyond only digital messaging as there are some individuals who do not have access to technology.

In addition, the panel recommended that CMS consider the dollar amount—premiums and savings—when developing messaging, as it is often is an important factor for those making a decision. In the messaging, include information about the extension beyond 400% as well as ARP (American Rescue Plan) messaging.

Public Comment
***Dr. Margot Savoy**, APOE Chair*

No public comments were offered.

Final Comments
***Dr. Margot Savoy**, APOE Chair*

Dr. Savoy informed participants that the next APOE virtual meeting will take place on May 26, 2021. Dr. Savoy thanked everyone for their time and participation, especially Ms. Carr and the CMS team.

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

Ms. Carr thanked all members and speakers for their participation. She informed participants that there will be two meetings in addition to the May 26, 2021 meeting. They are expected to be held in July and September. The July meeting will be held virtually while the format for the September meeting has not yet been determined. Ms. Carr informed APOE members that she would be following up with them regarding their ethics forms and term extensions.

Ms. Carr adjourned the meeting at 4:28 p.m.