Meeting Summary
Advisory Panel on Medicare Education (APME)
Tuesday, November 19, 2002, 9:00 a.m. - 4:00 p.m.

Medicare & You Campaign Update
Strategies and Approaches for Medicare Education:
▪Long-Term Care Awareness Strategy
▪Quality Improvement Communications Strategy
Listening Session with CMS Leadership

Location:

The meeting was held at the Holiday Inn on the Hill, 415 New Jersey Avenue, NW, Washington, D.C., 20001.

Federal Register Announcement:

The meeting was announced in the Federal Register on October 25, 2002 (Volume 67, Number 207, Pages 65588-65589) **(Attachment A)**.

PRESENT:

Dr. Susan Reinhard, Chairperson, Advisory Panel on Medicare Education; Co-Director, Center for State Health Policy, Rutgers University
Joyce Dubow, Senior Policy Advisor, Public Policy Institute, AARP
John H. Graham, IV, Chief Executive Officer, American Diabetes Association
Dr. William Haggett, Senior Vice President, Government Programs, Independence Blue Cross
David Knutson, Director, Health System Studies, Park Nicollet Institute for Research and Education
Brian Lindberg, Executive Director, Consumer Coalition for Quality Health Care
Katherine Metzger, Director, Medicare and Medicaid Programs, Fallon Community Health Plan
Dr. Laurie Powers, Co-Director, Center on Self-Determination, Oregon Health Sciences University
Dr. Marlon Priest, Professor of Emergency Medicine, University of Alabama at Birmingham
Dr. Everard Rutledge, Vice President of Community Health, Bon Secours Health Systems
Dallas Salisbury, President and Chief Executive Officer, Employee Benefit Research Institute
Bruce Taylor, Director, Employee Benefit Policy and Plans, Verizon Communications

Staff:

Nancy Caliman, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services

Guests:

Drake Hall, Cardio-Kinetics, Inc.

Others:

A sign-in sheet listing other attendees is incorporated as **Attachment B**.

PANEL MEMBERS ABSENT:

Dr. Jane Delgado, President and Chief Executive Officer, National Alliance for Hispanic Health
Timothy Fuller, Executive Director, Gray Panthers
Thomas Hall, Chairman/Chief Executive Officer, Cardio-Kinetics, Inc.
Jay Sackman, Executive Vice President, 1199 Service Employees International Union
Rosemarie Sweeney, Vice President, Socioeconomic Affairs and Policy Analysis, American Academy of Family Physicians

Welcome and Open Meeting
Nancy Caliman, Centers for Medicare & Medicaid Services (CMS)

Nancy Caliman, Designated Federal Official for the Advisory Panel on Medicare Education (APME), called meeting to order at 9:10 a.m.

Introduction of Members
Review of Previous Meeting
Dr. Susan Reinhard, Chairperson, Advisory Panel on Medicare Education

Dr. Reinhard asked the members to introduce themselves. She noted that Drake Hall of Cardio-Kinetics was attending the meeting on behalf of Tom Hall. She stated that, at the members' request, this meeting would provide an opportunity for more in-depth discussion on fewer issues than the previous meetings. She thanked CMS for changing the meeting format to accommodate their request and the members for ranking their preferred meeting subjects and volunteering to serve as discussion leaders on specific topics. She reviewed the previous meeting (**Attachment C**) and CMS's responses to questions raised at that meeting (**Attachment D**). Lastly, Dr. Reinhard remarked that the Department of Health and Human Services (DHHS) launched the Nursing Home Quality Initiative (NHQI) nationwide to great fanfare in each state.

***Medicare & You* Campaign Update**
Michael McMullan, Deputy Director for Beneficiary Education
Center for Beneficiary Choices (CBC)

Ms. McMullan updated the Panel on the following subjects.

- ***Medicare and You* Handbook:** The English and Spanish handbooks have been mailed to all Medicare households.

- **Medicare National Multi-Media Education Campaign:** The multi-media education campaign launched on October 21 with advertisements for both the general and Spanish-speaking markets. The three general market spots are running on national broadcast, syndication, and cable television. Programming on which the ads appear include: network news, game shows, and specials. Spanish-language ads are airing on Univision, Telemundo and Telefutura, and in key radio markets. The Spanish-language print ads are airing exclusively in Segunda Juventud, published by AARP. The television ads are supplemented with print and Internet banner advertisements. The ads will run at a high level from November through mid-December. CMS is developing strategies to sustain awareness throughout the year.

- **1-800-MEDICARE:** Concurrent with the Multi-Media campaign, which encourages people to call 1-800-MEDICARE for information on a variety of topics, the call volume has been steady during the week. The inquiries focus on subjects such as Medicare health plans, prescription coverage, Medicare Savings Programs, and Part B coverage. CMS continues to work on the Next Generation Desktop that will be used to improve the way Medicare carriers and intermediaries respond to beneficiary and provider calls.

- **www.medicare.gov:** The national launch of the NHQI had a great impact on www.medicare.gov traffic. Page views for November 11, the day before the national launch, were 262,404 of which 16,737 were visits to Nursing Home Compare. Page views for November 12, the day of the launch announcement, were 1,336,027 of which 827,690 were visits to Nursing Home Compare. Page views for November 13, the day that informational ads ran in newspapers nationwide, were: 1,888,481, of which 1,196,534 were visits to Nursing Home Compare or 63% of visits to www.medicare.gov. The NHQI has been successful in showing the strong commitment of the Administration to providing quality information.

Committee Discussion:
Ms. McMullan responded to members' questions and comments.

Nursing Home Quality Initiative

- The industry response to the NHQI has been very good. Industry groups that have participated from the beginning include the American Health Care Association and the American Association of Homes and Services for the Aging. Other participating organizations include the National Citizens Coalition for Nursing Home Reform and Service Employees International Union.
- CMS works through the National Quality Forum (NQF) (a not-for-profit membership organization created to develop and implement a national strategy for

health care quality measurement and reporting) to identify quality indicators. CMS uses the evidence-based, clinical measures that NQF agrees upon.

Medicare National Multi-Media Education Campaign

- **Member Comment**: Members of the disability community have questioned one ad believing that it implies that nursing homes are the only long-term care option. Also, as members discussed at September 26 APME meeting, the ad could mislead consumers into thinking that Medicare pays for long-term care. The member suggested that CMS do more to educate consumers that nursing homes are not the only long-term care option. **CMS**: CMS staff in the Center for Beneficiary Choices and Center for Medicaid and State Operations recently discussed ways to provide more information for consumers about long-term care options. Since these options vary from state-to-state, the emphasis may need to be placed on where to go within the states to get this information.
- **Member Comment**: A member objected to the ad that said there are 10 Medicare choices. The member believes the ad is misleading because there are not 10 Medicare + Choice plans in each state. She also objected to characterizing Medigap as a Medicare plan. **CMS**: CMS focus testing indicates that people understand the ad to mean that CMS is a source of information about Medicare choices.

Strategies and Approaches for Medicare Education: Long-Term Care Awareness Campaign
Dallas Salisbury, Employee Benefit Research Institute, Moderator
Thomas M. Kickham, Ph.D., Director, Partnership and Promotion Group, CBC, CMS

Mr. Salisbury stated that the discussion would focus on building public awareness and involvement in planning for retirement needs. He reviewed pertinent findings of the Society of Actuaries 2001 Retirement Risk Survey (**Attachment E**). The findings indicate that: most people do not expect to need nursing home care; pre-retirees are more concerned than retirees about paying for health care in retirement; today's retirees have given less thought to the possibility of needing long-term care than other health-related risks.

Dr. Kickham reviewed a slide presentation on CMS's Long-Term Care Awareness Project (**Attachment F**). The purpose of the project is to design, implement, and evaluate an evidenced-based communication strategy on long-term care. The objectives are to increase consumer awareness of long-term care and long-term care planning, expand consumer concepts of planning for long-term care, and motivate consumers to request the CMS long-term care consumer toolkit and begin planning. Congress included the directive to develop the campaign and $9 million in funding in the fiscal year 2000 budget. Congress directed CMS to do research into explaining long-term care options to people with Medicare and those nearing Medicare eligibility.

Dr. Kickham reviewed some statistics about long-term care payment sources:

- Medicare beneficiaries have large out-of-pocket expenses for long-term care.
- Sources of payment for long-term care are primarily out-of-pocket and Medicaid.
- Medicaid pays for about 50% of cost of nursing home care.
- The elderly, blind, and disabled population represents about 28% of those on Medicaid but they account for about 71% of total Medicaid payments.

CMS developed evidence to design the campaign through environmental scans, focus group testing, and formative research through community meetings. The following pairs of statements summarize the evidence and corresponding campaign implications.

- Long-term care is loosely defined. The campaign should create a common language around long-term care.
- Fear and denial are common emotions. The campaign should use quality of life and life enhancing themes.
- Adult children make many long-term care decisions. The campaign should portray long-term care planning as a family activity.
- The public is unaware of the cost of long-term care. The campaign should focus on personal finance.
- Messages need to be empowering. Planning helps to create manageable steps.
- Many think that they will age vibrantly and die quickly. Independence and control are major motivators.
- Many associate long-term care negatively with the end of life, nursing homes, or insurance. Long-term care planning should be a normal part of retirement.
- Respondents described long-term care planning as fragmented. The campaign should present a spectrum of options to help "connect the dots."
- Many say they need a map of the planning process. The campaign should develop a planning tool to locate information about key long-term care options in one place.

The planning kit is a booklet that includes a planning guide and checklist, and an audio CD. The Planning Guide for Long-Term Care covers the spectrum of supports and services: financial, legal, community support, lifestyle/living decisions, home modification, and care options. CMS will use television ads and direct mail to portray long-term care planning as a component of retirement planning and associate it with empowerment, independence, and control. The pilot locations are: Fresno, CA; Delaware; West Palm Beach, FL; and Milwaukee, WI. There are 350,000 beneficiaries in the target market.

The evaluation will consist of a pre-campaign survey and a measure of processes. It will assess the campaign's strengths and weaknesses, evaluate campaign materials, and measure exposure and outreach. The evaluation will focus on kit fulfillment and use, and impact of the information campaign

Committee Discussion:
Mr. Salisbury moderated the members' discussion on the Long-Term Care Awareness Campaign, following Dr. Kickham's remarks.

Comments on the Long-Term Care Planning Kit

- CMS should develop interactive decision-support tools to give consumers guidance in choosing among long-term care financing options. **CMS**: CMS owns a decision-support tool called www.Careplanner.org. The tool helps users select options and access available services after requesting information such as income, health status, and preferences.
- CMS should field-test the referral numbers in the guide to assure that they provide the described assistance.
- The campaign should not focus on a product, such as long-term care insurance, but should have different options for persons at various income levels.
- Games and videos might be used to attract youth to think about long-term care.
- The kit should be made available on-line in PDF format.
- CMS should provide each APME member with a copy of the kit.

Research

- CMS should determine how various segments of the population respond to the campaign and materials.
- The evaluation should capture the level of experience the respondents had in long-term care planning prior to receiving the planning kit.
- CMS should consider how the long-term care planning materials impact those who are currently receiving long-term care.
- **CMS**: The CMS website will display the formative research from the long-term care campaign.
- **CMS**: When the campaign ends, the research will inform CMS how or whether to continue the campaign.

Key Campaign Messages

- The campaign should not focus on the financial impacts to Medicaid and Medicare. Consumers need to plan for long-term care for many reasons but some will be unable to use long-term care insurance.
- The potential to impact Medicaid and Medicare costs is a legitimate purpose and motivator for the campaign. Even helping consumers to understand the term "long-term care" is a positive goal.
- The campaign must help consumers identify the benefit in planning for long-term care.
- CMS should use the opportunity created by the large numbers of people accessing the Nursing Home Compare site to provide key messages on long-term care. These messages should emphasize that Medicare does not pay for long-term care; that the public needs to plan for long-term care and there are resources to help

them; many people pay out-of-pocket for long-term care; and nursing homes are not the only option for long-term care.

- Most people believe that Medicare pays for long-term care and many confuse Medicare with Medicaid. CMS should consider placing Nursing Home Compare on the Medicaid site rather than on www.medicare.gov.

Campaign Expectations and Outcomes

- CMS should expect to see changed behavior, for example, more people planning for their long-term care needs, within five years. **CMS**: CMS's observation is that it often takes two to three years to determine the effectiveness of an educational approach for a target audience. With this knowledge, CMS and others can build strategies to increase awareness. It may take several years of education, such as with the campaign to reduce smoking, for a change in attitude to take place.
- **Question**: Will campaign research contribute to a broader strategy that includes legislation such as tax law changes? **CMS**: The trade press indicates that tax incentives are being contemplated and CMS is looking at many opportunities to encourage long-term care planning.
- **Member Comment:** The campaign might encourage people to divest themselves of their assets to qualify for Medicaid.
- **Member Comment:** When consumers learn the amount of savings needed to finance their retirement health needs, they may demand that the government finance long-term care.

Working with Partners

- **Question**: What community partners are participating? **CMS**: Partners include the State Health Insurance and Assistance Programs (SHIPs) and the aging community. The Robert Wood Johnson Foundation is a member of the technical review panel. The planning guide directs people to community resources where they can get legal, or financial assistance.
- **CMS**: CMS is a partner in a similar activity with the Social Security Administration (SSA) called *Save for Your Future*. It focuses on helping people, including school children, understand their responsibility to plan for their financial security into retirement. *Save for Your Future* links to a planning tool called the Ballpark Estimator. It helps consumers determine how much they need to save to finance retirement and three to five years of nursing home care. State Farm Insurance Company is providing some grant funds to support *Save for Your Future*.
- CMS should consider how to work with community-based organizations that do not have access to the web especially those that represent lower socio-economic populations.
- Providers should be encouraged and educated to discuss long-term care planning with their patients.
- CMS should ask its partners to promote the long-term care 800 number.
- Members discussed how their organizations could partner with CMS on the campaign.

  - AARP will be actively engaged in encouraging long-term care planning. It is a major issue for the organization.
  - Clinicians can discuss long-term care planning with their patients.
  - Medicare + Choice (M+C) organizations can help educate employer groups and providers. These, in turn, can help to educate employees and M+C members.
  - Researchers can study how to make long-term care planning salient to persons who are young and healthy.
  - Consumers groups may critique long-term care planning materials.
  - A series of articles to help nurses understand Medicare could link to the materials.
  - One member is willing to provide a condensed version of the materials to university and Catholic health boards and clinicians.
- To have the greatest possible results, CMS wants to disseminate its findings in developing the long-term care awareness strategies to other groups with the same interests. It requests the Panel's assistance with connecting with such groups.

Member Requests

- CMS should involve the APME in the long-term care campaign over an extended period, presenting the research findings and seeking its opinions on whether to continue the campaign and how to improve it.
- CMS should provide the Panel with a list of CMS research projects to provide context for the campaign.

[Whereupon the meeting adjourned for lunch at 12:15 pm to reconvene at 1:20 pm.]

Strategies and Approaches for Medicare Education: Quality Improvement Communication Strategy
Dr. Marlon Priest, Moderator, Dr. Sheila Roman and Lisa Hines, Quality Measurement and Health Assessment Group, Dr. Regina McPhillips, Beneficiary Education and Analysis Group, CBC, CMS

Dr. Priest introduced the discussion stating that it would focus on how to communicate quality data to beneficiaries to help them make choices.

Dr. Roman discussed a slide presentation titled Melding Measurement and Improvement **(Attachment G)**. She discussed the Administration's public reporting agenda, which includes nursing homes, home health agencies, and hospitals.

- CMS defines quality through standardized performance measurements. Its strategy for health care safety and quality includes promoting or creating collaborations and partnerships. These collaborations and partnerships are involved in all aspects of the quality initiative including providing assistance and information to consumers to make choices.
- CMS's public reporting of comparative quality information began in 1999 with Medicare Health Plan Compare, followed by Dialysis Facility Compare in 2000,

and Nursing Home Compare in 2002. Home Health Compare is scheduled to launch in 2003 and the Hospital Reporting Initiative is scheduled to launch in 2003/2004.

Hospital Public Reporting Initiative

- The American Hospital Association, the Federation of American Hospitals, and the American Association of Medical Colleges approached CMS and other DHHS agencies to partner and support a national voluntary reporting of hospital quality measures to the public. CMS is evaluating, with these organizations, what will be necessary to agree on a starter measure set, the commitment to expand the breadth and prioritization of the measure set, and the technical underpinning for public reporting.
- The Hospital State Pilot Project builds on other CMS hospital clinical quality initiatives and the Agency for Healthcare Research and Quality (AHRQ) CAHPS experience. The pilot will: expand the measure set; evaluate and operationalize the patient experience survey (H-CAHPS); allow for public reporting of hospital performance; perform focus groups with consumers and providers to analyze how the information can be used optimally; evaluate project successes and failures; and recommend a national reporting system strategy.
- The starter set of quality measures relate to Acute Myocardial Infarction (AMI), Heart Failure, and Pneumonia.
- The H-CAHPS survey measures patient experience. Most hospitals conduct patient satisfaction surveys but use of H-CAHPS will standardize the measurement and allow for easier comparison.
    - AHRQ will develop a standardized instrument, sampling strategy, survey methodology, and uniform reporting format.
    - The eight domains are:
        - Coordination and integration of care
        - Information, communication and education
        - Physical comfort (pain management)
        - Emotional support
        - Involvement of family and friends
        - Continuity and transition
        - Access to care
        - Respect for patients' values, preferences, and expressed needs.
    - CMS is identifying additional survey domains through focus groups.
- The initial audience will be health care providers.

Ms. Hines discussed Nursing Home and Home Health Public Reporting initiatives.

Nursing Home Quality Initiative (NHQI)

Secretary Tommy Thompson announced the availability of quality measures on nursing homes nationwide on November 12. The measures were made available that day on www.medicare.gov. CMS also ran informational ads, of which five were in Spanish, in 71 newspapers in all 50 states. The public response and media stories were very positive. Additional information is available through 1-800-MEDICARE,

www.medicare.gov on Nursing Home Compare, Quality Improvement Organizations (QIOs), long-term care ombudsmen, state survey agencies, and provider associations. Next steps include refinement of the measures in cooperation with the NQF and quarterly updates of data on www.medicare.gov.

Home Health Public Reporting Initiative
AHRQ convened a technical expert panel to recommend the quality measures set for the Home Health Public Reporting Initiative. The source of data is the Outcome and Assessment Information Set (OASIS). (OASIS is a group of data elements that represent core items of a comprehensive assessment for an adult home care patient and form the basis for measuring patient outcomes for purposes of outcome-based quality improvement (OBQI)). CMS will decide on a set of measures in the near future. Phase I will start in six states in the spring of 2003. CMS will post the quality measures www.medicare.gov on a new Home Health Compare database. National implementation is scheduled for fall of 2003.

Reaching Consumers and Intermediaries with Quality Information
Dr. Regina McPhillips spoke about CMS's efforts to reach consumers and intermediaries with quality information. CMS recently began a study to determine how Nursing Home Compare meets the needs of Spanish-speaking consumers and their intermediaries, including language, concepts, and navigability. She asked APME members for their advice on how CMS can work effectively with diverse audiences concerning quality information about various health providers. Current efforts have focused on web and telephone helpline information. She also asked the Panel about additional research that should be captured to enhance the implementation of the quality initiatives.

Committee Discussion:
Dr. Priest moderated the Panel's discussion on the communications strategy for the CMS quality initiative.

Hospital Reporting Initiative
- The number of quality measures (ten) for the Hospital Reporting Initiative is insufficient.
- CMS's plan to locate hospital quality data on the professional section of the CMS website is prudent because consumers will not understand the data. However, consumers must develop an independent understanding of quality measures because doctors and other practitioners may have a vested interest in the hospitals their patients use.
- With education, the public will be able to understand some of the hospital quality measures.
- The release of the National Healthcare Quality Report may engage the attention of the public in quality issues. (The National Healthcare Quality Report is a congressionally-mandated initiative designed to track the quality of the nation's health care. The first report is due at the end of fiscal year 2003 and annually

thereafter. AHRQ has the lead role and agencies throughout the DHHS are participating.)
- Payment systems are a hindrance to provider performance in some areas.
- It is difficult to measure hospital outcomes, except for sudden death or extreme mistakes, because patients are there for short periods relative to other providers.

Nursing Home Quality Initiative
- CMS should provide information on how to use Nursing Home Compare data to make decisions. **CMS**: There is more detailed information for consumers on the Nursing Home Compare site. The government can provide factual information and decision tools but it cannot make judgments. Advocates and intermediaries who use the information can help beneficiaries make judgments.

Home Health Quality Initiative
CMS asked for suggestions on measures for the Home Health Quality Initiative. Members suggested the following:
- Friendliness of personnel.
- Patients' perspectives on how well transitions between sources/levels of care are accomplished.
- Pain management.
- Safety.
- Unexpected events such as complications and infection.

Some members indicated that they needed additional information on the home health project in order to comment.

Quality Improvement Communications Strategy
- CMS should heed research conducted by Dr. Judith Hibbard on consumer understanding of quality information.
- CMS should continue to take small steps in making quality data more understandable for consumers. It needs to assess how the entire population understands quality information.
- CMS has made enormous strides in presenting quality data on the web.

Cross-Cutting Comments/Questions on CMS's Quality Initiatives
Question: At what point does CMS cross the line between reporting quality data and setting quality standards? **CMS**: CMS uses evidenced-based, accepted measures for the nursing homes and home health initiatives. To support CMS's evolutionary process of improving nursing home quality measures, the National Quality Forum (NQF) recommended domains of care for the for the public reporting pilot. The NQF is a not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. It seeks consensus among its membership - representatives of government, health-care providers, researchers, consumers, and purchasers – on standards for measuring health care safety. The NQF's nursing home steering committee included providers, state government representatives,

consumer advocates, and others who reviewed the available measures and made their recommendations. CMS subsequently made minor revisions to the list of measures. **Question**: How will CMS allow for providers who use innovative practices? **CMS**: CMS considers quality measures as one piece of data that consumers can use to stimulate conversation with providers. To the extent that providers measure desirable outcomes, they may innovate to achieve the outcomes.

- Although most consumers do not use quality information to select health care providers, providers are driven to improve because of concern for their reputations.

Public Comment
Dr. Susan Reinhard

Noting that no one had signed up to give a comment, Dr. Reinhard called for public comment. No one responded. Ms. Caliman stated that written comments could be submitted for the record within the following three business days.

Listening Session with CMS Leadership
Gail McGrath, Director, CBC, CMS

Ms. McGrath stated that the agency is pleased with the national rollout of the NHQI having received positive feedback and an increase in traffic on the Nursing Home Compare website. She asked whether APME members were pleased with the new meeting format. Most members indicated that they appreciated the additional time for discussion and opportunity for input on CMS initiatives before decision points. One member asked for more background materials to help provide context for their discussions. The Chair stated that members asked for more discussion on the Home Health Quality Initiative and the opportunity to give feedback on quality indicators and outreach to consumers.

Other subjects discussed with Ms. McGrath included the following.

- CMS should provide the APME with a description of its consumer information strategy.
- The Panel should discuss how to communicate with those without Internet access and who have barriers to communications such as language, vision, and culture.
- CMS should report to the APME periodically on partner activities and their reactions to CMS initiatives.
- **Question**: Does CMS assess the effectiveness of its Medicare education activities? **CMS**: CMS is taking a multifaceted approach to testing our overall strategy in educating beneficiaries about Medicare. We have developed a performance assessment system for all elements of the National Medicare and You Education Program (NMEP) to use for continuous quality improvement. The channel-specific assessments cover the following: print materials; toll-free telephone services (1-800-MEDICARE); the Internet (*www.medicare.gov*); Regional Education about Choices in Health (REACH); National Alliance

Network; national training and support for information givers; and enhanced beneficiary counseling from the State Health Insurance Assistance Programs (SHIPs). These assessment activities identify what is working well and what needs to be improved for each of the activities for communicating information about Medicare and Medicare + Choice.

Additionally, we have been conducting case studies in six communities (Dayton, OH; Eugene, OR; Olympia, WA; Sarasota, FL; Springfield, MA and Tucson, AZ) since fall 1998. We are studying these in order to describe the evolution of the NMEP in these six communities and identify "best practices" that could be used in other areas. The case studies add to our other assessment activities by providing information about how all of the activities related to the NMEP work together at the local level. We are continuing to monitor the case study sites over time.

To evaluate the impact of the NMEP at the national level, we have added supplements to the Medicare Current Beneficiary Survey (MCBS). Through the MCBS we gather information about the ability of people with Medicare to obtain Medicare information when they need it, and about their awareness and understanding of Medicare and Medicare + Choice messages. We have been repeating these supplements annually.

CMS' monitoring activities have provided the Agency with feedback on the progress of the NMEP efforts and on potential areas for improvement. Over the four years, the activities have provided a deeper understanding of the complexities of providing information and educating people with Medicare.

- CMS should provide the APME with its 2003 and 2004 Medicare education messages and objectives.
- CMS should provide the APME with updates on the Hospital Reporting Initiative.

Committee Discussion and Next Steps
Dr. Susan Reinhard

Dr. Reinhard noted that the Panel had ranked a list of topics to be covered at future meetings (**Attachment H**). The Long-Term Care Awareness Campaign and the Quality Improvement Communications Strategy were ranked second and third. CMS suggested that the Panel discuss utilization of preventive benefits and how to eliminate disparities in their use during the February 27, 2003 meeting. This discussion could cover motivating physicians to encourage their patients to use preventive benefits, how M+C plans encourage physicians to use preventive services, and the status of their use in Fee-for-Service Medicare.

Ms. McMullan stated that if members want to influence the Home Health Quality Initiative and/or the 2004 ad campaign, they need to discuss them at the February meeting.

Two members stated that CMS should produce or endorse short educational handouts for beneficiaries with chronic diseases that would help them interact with their health care providers. These could cover such aspects as questions to ask providers and tests to request. **CMS**: The *Medicare & You* handbook has a section on interacting with health care providers. CMS is working with AHRQ to develop decision tools to help people interact with the health care system. These could be provided to the APME for its input and eventually posted on the CMS the website.

Adjournment

There being no further business, the Chair adjourned the meeting at 3:50 p.m.

Prepared by:
Nancy M. Caliman, Designated Federal Official, Advisory Panel on Medicare Education
Division of Partnership Development /Partnership and Promotion Group
Center for Beneficiary Choices
Centers for Medicare & Medicaid Services

Approved by:
Dr. Susan Reinhard, Chairperson
Advisory Panel on Medicare Education

Attachments

A. *Federal Register* Notice, October 25, 2002 (Volume 67, Number 207, Pages 65588-65589).

B. Sign-in Sheet.

C. Meeting Summary, Advisory Panel on Medicare Education, September 26, 2002.

D. Answers to Questions Asked at the September 26, 2002 APME Meeting.

E. Society of Actuaries, 2001 Retirement Risk Survey, Presentation of Key Findings and Issues.

F. Slide Presentation: Long Term Care Awareness Project, Own Your Future.

G. Slide Presentation: Melding Measurement and Improvement.

H. Ranking of Medicare Education Questions by Advisory Panel on Medicare Education.