Meeting Summary
Advisory Panel on Medicare Education (APME)
Tuesday, June 21, 2005, 9:00 a.m. – 3:30 p.m.

Agenda
Centers for Medicare & Medicaid Services Update
Medicare Modernization Act Outreach and Education Strategies

Location:

The meeting was held at the Marriott Metro Center, 775 12th Street, NW, Washington, D.C. 20005.

***Federal Register* Announcement:**

The meeting was announced in the May 27, 2005 *Federal Register* (Volume 70, Number 102, Pages 30733-30734) (Attachment A).

Panel Members Present:
Katherine Metzger, Chair, APME; Director, Medicare and Medicaid Programs, Fallon Community Health Plan
Dr. Jane Delgado, President and Chief Executive Officer, National Alliance for Hispanic Health
Clayton Fong, President and Chief Executive Officer, National Asian Pacific Center on Aging
David Knutson, Director, Health System Studies, Park Nicollet Institute for Research and Education
Dr. Daniel Lyons, Senior Vice President, Government Programs, Independence Blue Cross
Dr. Keith Mueller, Professor and Section Head, Rural Health Policy Research Institute, University of Nebraska Medical Center
David Null, Financial Advisor, Merrill Lynch
Lee Partridge, Senior Health Policy Advisor, National Partnership for Women and Families
Dr. Marlon Priest, Professor of Emergency Medicine, University of Alabama at Birmingham
Rebecca P. Snead, Administrative Manager, National Council of State Pharmacy Association Executives
Grant Wedner, Senior Director, New Services Development, WebMD Health

Panel Members Absent:
Dr. Drew Altman, President and Chief Executive Officer, Henry J. Kaiser Family Foundation
Thomas Hall, Chairman/Chief Executive Officer, Cardio-Kinetics, Inc.
Bobby Jindal, Congressman
David Lansky, Director, Health Program, Markle Foundation
Donald J. Lott, Executive Director, Indian Family Health Clinic
Dr. Frank Luntz, President and Chief Executive Officer, Luntz Research Companies
Susan O. Raetzman, Associate Director, Health Team, Public Policy Institute, AARP
Catherine Valenti, Chairperson and Chief Executive Officer, Caring Voice Coalition

Designated Federal Official:
Lynne G. Johnson, Center for Beneficiary Choices (CBC), Centers for Medicare & Medicaid Services

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

Welcome and Open Meeting
Lynne Johnson, Centers for Medicare & Medicaid Services (CMS)

Ms. Johnson, the Designated Federal Official for APME, called the meeting to order at 9:00 a.m. She turned the meeting over to the APME Chair, Katherine Metzger.

Introduction of Members/Review of Previous Full Panel Meeting
Katherine Metzger, Chairperson, APME

Katherine Metzger welcomed new panel member Rebecca Snead, the Administrative Manager for the National Council of State Pharmacy Association Executives. She then welcomed the other panel members and asked them to introduce themselves. Ms. Metzger reviewed highlights of the previous meeting (Attachment C). She noted that in a subcommittee meeting on the draft *2006 Medicare & You* handbook, Clayton Fong and Jane Delgado emphasized the need for making beneficiary materials available in languages other than English and Spanish because a number of cultures are represented in the Medicare population. In addition, she summarized once again the following recommendations from the subcommittee meeting on provider outreach and education:

- Target messages on the new drug benefits specifically to low-income beneficiaries;
- Find ways to get messages to physicians and staff throughout provider organizations (such as a large group practice); and
- Promote the web to encourage physicians and their staff to utilize important information on quality and outcomes.

Centers for Medicare & Medicaid Services Update – Leslie Norwalk, Deputy Administrator, CMS

Ms. Norwalk highlighted the President's kickoff of the Medicare Covers America Tour, which includes a special mobile office to take the agency's new prescription drug coverage message on the road. She noted that Dr. Mark McClellan, CMS Administrator, joined the tour in Florida along with Michael Leavitt, Secretary of Health and Human Services. Ms. Norwalk added that she would be spending time traveling in the mobile office, reaching out to beneficiaries and local community leaders who can help enroll them in the new drug benefits program. She explained that the agency is looking at five distinct groups among the approximately 42 million Medicare beneficiaries, each of which has a different set of needs, means, and eligibility factors. However, some individuals fall into more than one group; for instance, an individual may receive benefits through an employer or union, but are dual eligible. The distinct groups include:

- 10 million retired government, military, or private industry workers with retiree health plans that include drug benefits;
- 6.3 million dual eligibles;
- 8 million beneficiaries who, though not dual-eligible, are eligible for additional low-income subsidies;
- 6 million beneficiaries who are enrolled in Medicare Advantage plans; and
- 20 million beneficiaries who either have no drug coverage at all or are covered under Medigap.

Ms. Norwalk stated that, as part of the outreach and education effort, CMS has redesigned its Partnership web site. She also pointed out that the Social Security Administration (SSA) would begin mailing applications to 20 million people in July. In October, CMS will mail out the new *2006 Medicare & You* handbook to beneficiaries and send information to full-benefit dual eligible beneficiaries. The information sent to full-benefit dual eligible beneficiaries will encourage them to enroll in a drug plan and let them know that if they do not enroll, they will be automatically enrolled in a plan. She stated that in mid-May 2006, people with limited income and resources would also be enrolled in a drug plan if they had not already enrolled in one. Ms. Norwalk asked Clayton Fong and Dr. Jane Delgado for suggestions on ways to inform non-English speaking beneficiaries that help is going to be available to them.

Discussion

Member Comment - Mr. Fong suggested that the key to successful outreach is to have a toll-free number where people could call and speak directly with a customer service representative that is fluent in their language. He stated that currently there are no Asian language speakers available at 1-800-MEDICARE.

Medicare Provider Outreach Campaign Strategy – Barbara Cebuhar, Public Affairs Specialist, Office of External Affairs, CMS (Attachment D)

Ms. Cebuhar stated that providers often have limited clinical time with their patients; therefore, CMS is simplifying its outreach message and providing them with contact information for local resources to which they can refer their patients. Some resources include the State Health Insurance Assistance Programs (SHIPs), United States Department of Agriculture Extension Services, AARP, Area Agencies on Aging, the National Adult Daycare Services Association, and the Access to Benefits (ABC) Coalition. Ms. Cebuhar explained that CMS is developing a provider tool kit with essential information on the Medicare prescription drug benefit. The kit will include a Rolodex card with toll-free telephone numbers for the SHIPs, articles and critical fact sheets, and will be distributed through collaboration with WebMD. Ms. Cebuhar told the panel that CMS is currently working with 60 specialty societies and associations that will serve as conduits for CMS messages to the provider community. Ms. Cebuhar stated that CMS will use public service announcements, cable television shows and video loops to publicize the new drug benefit. She said the agency will know the success of its outreach campaign by:

- Increased physician referrals to the SHIP or 1-800-MEDICARE hotlines;
- Increased traffic to Medline, MedScape, MedLearn and other Health and Human Services websites;

- Increased downloads of the partnership kit; and
- Increased distribution of the physician partnership kit.

Ms. Cebuhar stated that she hopes the panel can help CMS explain to health care professionals that the new drug coverage will be a good resource for their patients and worth exploring.

Discussion

Member Comment - Mr. Fong repeated the need for materials in Asian languages and the need for customer service representatives that speak Asian languages.

Member Comment - Dr. Keith Mueller stated that to effectively get the message across to doctors and clinics, CMS will have to find a way to deliver them personally. Many health care providers are continually bombarded with mailings, which in many cases are ignored. Dr. Mueller also suggested that CMS look to MGMA for help on this outreach effort.

CMS Response - Ms. Cebuhar responded that the new informational brochures and toolkit are going to be distributed by vendor "detailers" that call on providers in person. In addition, CMS is looking at MGMA as a resource.

Member Question - Dr. Priest explained that large group practices are multi-specialty. He asked if CMS planned to target any particular group of physicians in the group practices.

CMS Response: Ms. Cebuhar stated that the current plan is to target primary care practitioners and any providers that care for the senior population.

Member Comment: Dr. Priest suggested that CMS think about incentives for providers to learn about Medicare prescription drug coverage.

CMS Response: For now, CMS is exploring several Continuing Medical Education options. Providers would receive credit for learning the basics about the benefit.

Pharmacy Outreach Campaign Strategy - Larry Kocot, Senior Advisor to the Administrator, Center for Beneficiary Choices, CMS

Mr. Kocot stated that CMS is working with organizations that can provide access to the approximately 35,000 chain drug stores and 25,000 independent pharmacies across the country, including the National Council of State Pharmacy Association Executives, managed by panel member, Rebecca Snead. CMS is also partnering with the Social Security Administration. Mr. Kocot explained that pharmacists naturally are motivated to help beneficiaries, but they also have a financial incentive to help educate their Medicare customers. Facing competition from rivals and from mail order drug companies, retail pharmacists have a strong incentive to connect with the beneficiary to keep them in their stores.

Mr. Kocot stated that a number of pharmacies are planning community events, in-store sign-ups, and setting up of kiosks in stores where beneficiaries can ask questions and obtain Medicare prescription drug coverage application forms. In neighborhoods with non-English-speaking

beneficiaries, oftentimes these beneficiaries can interact with a pharmacist who shares their native tongue.

CMS is trying to make it easier for pharmacists to understand the complex new regulations by providing pharmacy organizations with one small piece of information at a time. Mr. Kocot stated that every week CMS gives them information about this benefit so that by the end of the summer they will understand it fairly well and not feel overwhelmed. Mr. Kocot asked panelist Rebecca Snead to talk about pharmacy activities around the country.

Ms. Snead explained that pharmacists could play a critical role in making the new drug benefit program work because of their easy accessibility to Medicare beneficiaries and the trust they already enjoy with much of that population. This relationship positions the pharmacist in the community to participate in grassroots outreach and advocacy. State pharmacy associations have been proactive in trying to educate pharmacists about the Medicare prescription drug benefit so that they will be able to help people when they come into the pharmacy. Pharmacies were sent copies of the SSA mailings to beneficiaries so that they could prepare for questions and reinforce the message. When the online capability of completing applications is available, it would a good idea to host community events to help people in completing their applications, especially if the event is held at a pharmacy.

Discussion

Member Question - Dr. Daniel Lyons asked how we can be reassured that when a beneficiary obtains Medicare drug coverage information from a pharmacist, the pharmacist will provide the information in a fair and unbiased way. The pharmacy will have different economic consequences, depending on the type of program that the member selects. He also wanted to know what safeguards were being developed.

CMS Response - Mr. Kocot stated that CMS is currently in the process of developing marketing guidelines, which will detail what pharmacists can and can not do. The emphasis will be on allowing them to communicate information that CMS wants them to communicate to beneficiaries, while balancing that with their self-interests.

Member Question - Ms. Partridge asked if CMS is working on informing the pharmacists about the exception process that all plans must have in place?

CMS Response - Mr. Kocot stated that CMS is currently educating pharmacists about the exception process.

Member Question - Dr. Priest wanted to know how the pharmacies that participate in the program will be able to demonstrate that they have not used this as an opportunity to market inappropriately.

CMS Response - Mr. Kocot stated that pharmacies already know they will have to comply with marketing guidelines. Strict guidelines will be in place for what they can communicate and how they can communicate it. CMS will be watching carefully. CMS has started the education process early in terms of letting pharmacies know that beneficiaries' interests come first and not

the pharmacies' financial interests. In addition, pharmacies do not want to tarnish their image and want to protect their brands.

Formulary Overview – Babette Edgar, Pharm.D., MBA, Director, Division of Finance and Operations, Medicare Drug Benefit Group, Center for Beneficiary Choices, CMS (Attachment E)

Ms. Edgar explained to the panel that the decisions that are made regarding the list of drugs that will be covered by each plan are governed by a pharmacy and therapeutics committee, the majority of whose members must be practicing physicians and/or practicing pharmacists. She stated that the agency reviewed many areas for each plan's proposed formulary, including: therapeutic categories and classes, drug lists, and utilization management tools. The process was based upon the premise that the beneficiaries have access to a broad range of medically appropriate drugs to treat all disease states for which drugs exist, and that the designs do not discriminate or substantially discourage enrollment of certain groups. She stated that the goal was to ensure that the drug lists the plans had proposed were broad and nondiscriminatory. If any problems were found, CMS would notify the plans and give them a chance to re-upload their formularies, incorporating any necessary changes.

Ms. Edgar noted that plans were required to provide uninterrupted access to the following six categories of drugs: antidepressants; anti-psychotics; anti-convulsants; HIV drugs; anti-cancer drugs; and immunosuppressants. If a plan wishes to make a formulary change after the benefit kicks in next January, it must give the beneficiary 60 days' notice of that proposed change. She explained that a beneficiary may request that an exception be made if his/her physician indicates that he or she should continue to receive the particular drug in question. She stated that, in October, CMS will release a new web-based product called the Medicare Prescription Drug Plan Finder to help beneficiaries choose an appropriate plan.

Discussion

Member Comment - Mr. Fong expressed concern about the plans being able to communicate with non-English speaking beneficiaries who request an exception. Are the exceptions decided by the plans or by CMS?

Member Comment – Dr. Delgado stated that the Science Committee at the National Alliance for Hispanic Health is opposed to formularies and that formularies are not in the best interest of the consumer.

Member Comment – Mr. Knutson asked for details about the optimizer in the Medicare Prescription Drug Plan Finder. (Additional information about this tool will be provided to the panel.)

Transitions: Moving Dual Eligibles to Medicare Prescription Drug Coverage from a State's Perspective – Winnie Pizzano, Director of Intergovernmental Affairs, CMS (Attachment F)

Ms. Pizzano stated that CMS is working closely with the states to disseminate information to them and to solicit their input. She explained that the agency has expanded its outreach to states

to include outreach workers, people involved in enrollment, state legislators, and local government officials. In addition, Ms. Pizzano noted that CMS has been working since last August with a state issues workgroup that consists of state Medicaid directors, Social Security Administration representatives and CMS officials. In February, CMS began meeting with the State Pharmacy Assistance Program (SPAP) states, giving them a forum in which to express their problems. Ms. Pizzano also noted that the agency will seek feedback from the states on how they think CMS can best design products that they can use for outreach. CMS is also working with other national partners such as the National Governors Association, the Council of State Governments, and the State Legislative Association. CMS has state captains in every region and a contact person in each state to address questions or problems.

Member Comment - Mr. Fong noted that the dual-eligible population is a particularly hard population to reach due to illiteracy, poverty, and limited English usage.

CMS Response - Ms. Pizzano stated that this issue is a constant conversation that CMS has with states. The states have been working with this constituency and they are stepping up to do a lot of this kind of counseling. CMS is already translating materials into several languages, and the materials will be targeted into areas where those particular languages are spoken.

Enrollment and Appeals Process – Danielle Moon, Director, Division of Enrollment and Eligibility Policy, Center for Beneficiary Choices, CMS (Attachment G)

After reviewing both the eligibility criteria for the new Medicare prescription drug coverage and the automatic enrollment process, Ms. Moon stated that CMS is in the process of sending out letters to dual-eligible beneficiaries, beneficiaries enrolled in Medicare savings programs, and those who receive Supplemental Security Income benefits, notifying them that their Medicaid coverage will end on December 31, 2005. She explained that, in mid-to-late October, CMS will mail a follow-up letter to the same beneficiary groups identifying the prescription drug plan in their region of the country in which they will be automatically enrolled on January 1, 2006, if they do not voluntarily choose a plan from among those that are available in their region. Ms. Moon stated that the plans themselves will also be sending the beneficiary information about the changes in coverage, and that CMS plans to send out a third and final mailing in April 2006 to those beneficiaries who have not enrolled in a prescription drug plan. She explained that CMS is encouraging the states to develop a plan for transitioning their dual-eligible beneficiaries into this new program. Ms. Moon stated that CMS is trying to help move the process along quickly by providing the states with model language for their outreach campaigns and copies of official notices that beneficiaries in their States are going to receive from CMS; and by describing which tools will be available to help their beneficiaries choose an appropriate coverage plan. She then described the appeals process available to beneficiaries whose particular drug is dropped from the formulary in their plan. According to Ms. Moon, this process is modeled after the Medicare Advantage plans' appeals process, only with shorter time frames.

Discussion

Member Comment - Ms. Snead noted that she has heard that many beneficiaries who are enrolled in the discount drug card think that they are already enrolled for Medicare prescription drug coverage or that they are already deemed eligible for the Medicare prescription drug coverage. CMS needs to focus some of its communications on this issue.

CMS Response - Ms. Moon stated that CMS has staff working on different issues regarding the transition from the discount drug card to Medicare prescription drug coverage.

Member Question - Ms. Partridge asked if Medicare Advantage plans are going to be part of the auto-assignment.

CMS Response - Ms. Moon stated that beneficiaries are only going to be automatically enrolled into a stand-alone plan if they are in original Medicare.

CMS Grassroots Outreach Strategies for Medicare Prescription Drug Coverage – Kathleen Harrington, Director, Office of External Affairs, CMS

Ms. Harrington explained that CMS' education and outreach program is a multi-layered, national, state, and local operation. CMS wants to drive every message down to the local level through channels that touch the beneficiaries. To carry out this strategy, CMS has developed a system called "campaigns within the campaign." There are about 20 different campaigns to reach beneficiaries through a trusted source. Ms. Harrington called the members' attention to copies of three of CMS' most recent "retail materials," *Medicare Prescription Drug Coverage* (Attachment H), *Coberatura Para Recetas Médicas* (Attachment I), and *Introducing Medicare Prescription Drug Coverage* (Attachment J). She stated that CMS' ultimate goal in its education and outreach campaign is to establish a multi-generational conversation across the whole country with the full force of the federal, state, and local governments behind it. CMS will depend, most importantly, upon family members and friends of beneficiaries and on community-based organizations to help educate beneficiaries.

ABC Coalition Strategies - Marisa Scala-Foley, Associate Director, Access to Benefits (ABC) Coalition, National Council on the Aging

Ms. Scala-Foley told the panel that the Access to Benefits (or ABC) Coalition was formed in 2004 to help Medicare beneficiaries with limited means enroll in the $600 transitional assistance credit available through the drug discount card. The Coalition has 100 national voluntary organizations that support 56 coalitions in 37 states. One of the most important accomplishments of the Coalition was to set up an infrastructure to build local and state coalitions that are now ready to turn their attention to the Medicare prescription drug coverage, especially the low-income subsidy. The Coalition has worked to enhance and create new technology tools that can help make the enrollment process more efficient. Ms. Scala-Foley said that one of the Coalition's goals is to identify cost-effective approaches for conducting outreach and education to low-income beneficiaries, focusing particularly on non-English-speaking populations and younger Medicare beneficiaries with disabilities.

Last January, the Coalition began a comprehensive evaluation of enrollment efforts by a number of groups in addition to their own. Ms. Scala-Foley screened more than 100 projects during the past 6 months, collecting and analyzing data on such variables as project costs, staff and volunteer hours, and enrollment figures. The Coalition used the data to determine the cost per beneficiary enrolled, the number of staff and volunteer hours required to do the work, as well as the percentage of eligible target populations enrolled. She said the research has enabled them to identify four different outreach and enrollment models that could be replicated successfully and at a reasonable cost ($100 or less) per beneficiary. Ms. Scala-Foley explained that the four most

successful strategies all used a person-centered approach in which a trusted intermediary provides one-on-one assistance to beneficiaries eager to learn more about the new Medicare program before signing up for it. Outreach and enrollment efforts are most successful when there is coordination and division of roles and labor among different social service and advocacy agencies in a particular community. She stated that the Coalition is working with the Administration on Aging to enhance its web-based system, called Benefits CheckUp Rx, which is designed to screen beneficiaries and facilitate enrollment in the low-income subsidy. An updated version of the program was scheduled for release by the end of June.

AARP Strategies – George Kelemen, Campaign Manager, AARP Medicare Rx Outreach Campaign

Mr. Kelemen stated that AARP seeks to leverage the credibility and trust it has established with its members to persuade those who are eligible to sign up for the Medicare prescription drug coverage. He described AARP's three-phase outreach and education campaign, focusing first on raising awareness among Medicare-eligible members of the coverage decisions they soon will have to make; then on helping members enroll in the program; and, finally, urging members to sign up before the initial enrollment period ends. He highlighted some of the outreach and education efforts AARP will be using in its campaign, including volunteer training, public/private partnerships, earned and paid media (including direct-response television), bilingual video and audio news releases, and a special member event scheduled for late September. He acknowledged that there are some major hurdles AARP must clear to get its message across; for example, persuading members who currently are healthy and have no major drug expenses, to evaluate the offering in terms of the protection it would offer to them in case they ever needed such coverage in the future. To be successful, AARP will need to rely upon the cooperative relationships it has built not just with its own Medicare eligible members, but with other organizations that have direct access to Medicare beneficiaries.

Ms. Harrington acknowledged that when Secretary Leavitt visited Florida on the Medicare mobile office, AARP and a member of the ABC Coalition were also on the bus validating the prescription drug benefit to the press and the beneficiaries.

Lunch Break

Administration for Children and Families – Josephine Bias Robinson, Director, Office of Community Services, Administration for Children and Families (ACF), U.S. Department of Health and Human Services

Ms. Bias Robinson stated that a number of social services agencies within the ACF are helping in the Medicare outreach and education effort. She noted that all 10 of HHS' regional offices have assigned leads for the effort. Many are using different channels to reach beneficiaries, such as internet listservs and dissemination of CMS materials to low-income seniors reached indirectly through programs, such as Head Start. Many preschool age children that the program serves are cared for by their Medicare-age grandparents. ACF not only provides information to these eligible seniors, it also refers them to agencies or organizations that can enroll them in the Medicare prescription drug program. Ms. Bias Robinson noted that ACF provides train-the-trainer workshops for Community Action Agency staff; distributes Medicare messages to its

social services agency grantees; and holds telephone conferences in which 200 of the country's estimated 1,000 Community Action Agencies have participated. She stated that these education and outreach efforts have been very successful. She encouraged everyone to work closely with community-based partners because that is where ACF has found the most success in getting information out.

Administration on Aging – Carol Crecy, Director, Center for Communication and Consumer Services, U.S. Administration on Aging (AoA), HHS

Ms. Crecy stated that AoA's Center for Communications and Consumer Services helps fund state agencies on aging in the United States, its territories, and the District of Columbia. It directly supports over 655 area agencies on aging; and they, in turn, provide funds for a variety of services, such as nutrition, adult day care, and transportation, to over 29,000 individual service providers. Ms. Crecy noted the longstanding partnership between AoA and CMS. With regard to the new Medicare prescription drug benefit, AoA is the backbone for this effort at the local community level, providing outreach and assistance to seniors and their caregivers. She stated that more than 1,000 state and area agencies on aging and local social service providers have already responded to the call to action made last May by Assistant Secretary for Aging, Josefina Carbonell. Ms. Carbonell joined Secretary Leavitt in Florida to help kick off the Medicare mobile office outreach campaign. According to Ms. Crecy, these organizations have agreed to disseminate CMS materials to Medicare beneficiaries, host enrollment events, provide counseling and enrollment services, and otherwise reach out to as many seniors as they possibly can. She said that AoA is also working closely with CMS to expand the capabilities of BenefitsCheckUpRx, the web-based tool developed by the Access to Benefits Coalition to screen beneficiaries and facilitate their enrollment in the low-income drug subsidy, along with any other federal assistance programs for which they may be eligible.

HUD's Role in Medicare Outreach and Education – Willie Spearmon, Director, Housing Assistance & Grant Administration, U.S. Department of Housing and Urban Development (HUD)

Mr. Spearmon stated that HUD currently makes housing affordable to approximately 1 million elderly households and persons with disabilities. HUD has not historically been involved in providing social services to seniors or to any other tenants living in subsidized housing; however, HUD now provides funds for approximately 2,000 service coordinators around the country whose sole job is to link residents of subsidized housing to social services available in the community. Mr. Spearmon cited a piece of legislation pending before the U.S. Senate (S. 705), that if enacted into law, would create an Interagency Council on Meeting the Housing and Service Needs of Seniors. The group would coordinate the work of the various federal agencies serving the elderly. Mr. Spearmon noted that CMS regional offices across the United States are collaborating with such private or nonprofit agencies as the National Association of Assisted Housing Managers and the National Lease Housing Association, to bring information on the new Medicare prescription drug benefit to elderly residents of subsidized housing. He stated that hopefully within the next 2 or 3 months virtually every senior living in federally subsidized housing will have been informed about Medicare's new prescription drug coverage program.

Office of Minority Health – Garth Graham, M.D., M.P.H., Deputy Assistant Secretary for Minority Health, Office of Minority Health (OMH), HHS

Dr. Graham took a moment to acknowledge Dr. Jane Delgado's role in establishing the Office of Minority Health back in the early 1980s. He thanked the APME panel member and Hispanic health advocate, crediting her and others whose efforts helped lead to the creation of OMH.

Dr. Graham stated that OMH's mission is to improve the health of all racial and ethnic minorities in this country and to reduce health disparities that currently exist between them. He noted that since African Americans are more likely to suffer from chronic diseases and to be more economically challenged than other minority populations, Medicare's new prescription drug benefit is particularly important to them. OMH has teamed up with CMS to bring the message about the new drug benefit to African Americans and other minority communities. He stated that OMH's goal is not just to educate minority Medicare beneficiaries, but help them to enroll. The joint Medicare task force formed by OMH and CMS is taking some new approaches to the outreach effort, including using minority health consultants in the 10 HHS regions, and teaming up with religious organizations with large numbers of minorities. He noted that OMH and CMS staff were attending the annual meeting of the National Baptist Convention, where between 4,000 and 5,000 people from across the United States were gathering to talk about issues of concern to the African-American community. On June 27, OMH and CMS officials planned to meet with leading national African-American organizations to brief them on the new Medicare drug benefits and encourage them to join in the minority outreach and education effort.

United States Department of Agriculture – Dr. Anna Mae Kobbe, Director, Family Consumer Sciences and Nutrition, Cooperative State Research, Education and Extension Service, USDA

Dr. Kobbe stated that she has been working cooperatively with CMS for the past 8 years. Currently, USDA is conducting a pilot project in five states, focusing on educating low-income elderly constituents about the new Medicare prescription drug benefit. Dr. Kobbe acknowledged that USDA's current Medicare outreach program is limited, but could change since the agriculture agency maintains many networks, and many opportunities for outreach to low-income Americans.

Member Comment – Dr. Priest stated that many of the issues around health disparities and poorly distributed services within minority communities could effectively be addressed if CMS could share the pharmaceutical and clinical outcomes data it will be obtaining from these communities—broken down by zip code, race, and gender. Dr. Priest also asked if there was a time line for sharing this information with local communities.

CMS Response - Ms. Harrington discussed the possibility of having the Administrator come to the next meeting and talk about this process and vision.

Panelist Comment - Ms. Crecy stated that there is considerable activity going on throughout HHS and other agencies in terms of evidence-based prevention. AoA is taking information that has been tested and proven and sharing it at the community level so that senior centers, nutrition

sites and other programs can take these programs, put them into action, and make a difference in the lives of individuals.

Public Comment
There were no public comments.

Listening Session with CMS Leadership – Kathleen Harrington, Director, Office of External Affairs, CMS
Thomas Kickham, Ph.D., Director, Beneficiary Services & Partnership Group, CMS

Ms. Harrington opened the session for discussion.

Dr. Kickham stated that he would like the panel members to preview the new Medicare Prescription Drug Plan Finder web site tool described to them earlier in the day by Ms. Edgar. The tool will be added to the medicare.gov web site in October 2005. Ms. Harrington announced that WebMD will take a look at the agency web site to analyze its functionality and navigability.

Member Comment - Ms. Snead suggested that Medicare add a component to the "Welcome to Medicare" physical by requiring physicians to complete a medical review of their patients that would include a list of the prescription drugs the patients are taking.

Member Comment - Dr. Delgado stated that her organization has found that the most effective way to approach providers regarding the new drug benefit is with a positive message. For example, we should inform them that there is good news for their Medicare patients--the "Welcome to Medicare" exam is covered, certain tests are now covered, and there is coverage for medicines and even smoking cessation programs. She stated that she has found that if the bigger prevention message is used, providers are far more likely to listen and respond.

Member Comment - Dr. Mueller shared that many rural physicians were initially reluctant to take on the task of educating their patients about the Medicare prescription drug coverage. However, they preferred educating their patients on this issue versus having the health plans provide the education and outreach.

CMS Question - Ms. Harrington asked the panel if they thought that targeting educational messages to physicians via the web or through print publications would be more effective. She noted that data she has seen shows that approximately 75 percent of physicians are now getting their clinical update information online, not in print.

Member Comment - Dr. Priest recommended that CMS create a presentation that could be downloaded from the web site to give hospital officials talking points they could use to brief their medical staffs.

Member Comment - Ms. Metzger explained that as the clock ticks down toward full implementation of the drug benefit, providers have a new sense of urgency. The Fallon Community Health Plan has been providing education sessions for groups of providers and their office staff.

Ms. Harrington thanked the panel members for their comments.

Next Steps - Katherine Metzger

Ms. Metzger asked the panel to suggest discussion topics for the September meeting. Ms. Metzger invited any panel members with additional suggestions to email her or Lynne Johnson so they can be considered for the next meeting's agenda. The members suggested the following:

- Ask the Administrator to discuss the confidential medical information and other personal data (such as financial assets and Social Security numbers) that Medicare beneficiaries will be required to provide to the government under the Medicare Modernization Act. The discussion would include making this data accessible to community health plans and others serving Medicare beneficiaries, as well as how such data might be used to address, among other things, health care disparities and poorly distributed medical services in specific low-income communities.
- Discuss the status of the health care quality agenda.
- Discuss MedScape's outreach efforts to physicians and other health care providers.
- Discuss other web research and enrollment tools, including WebMd and others developed by agencies such as AARP and the National Council on the Aging.
- Discuss ways to open up new channels to reach and educate physicians and other health care providers about the new prescription drug benefit.

Ms. Metzger thanked the panelists for their input, and at 3:30 p.m. Ms. Johnson officially adjourned the meeting.

Adjournment

Prepared by:
Jonathan Agronsky, Summary Writer and Lynne Johnson, Designated Federal Official, Advisory Panel on Medicare Education, Division of Partnership Development, Beneficiary Services and Partnership Group, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services

Approved by:
Katherine Metzger, Chairperson
Advisory Panel on Medicare Education

Attachments

A. *Federal Register* (May 27, 2005, Volume 70, Number 102, Pages 30733-30734)
B. Sign-in Sheet
C. March 22, 2005 APME Meeting Minutes
D. *Medicare Provider Outreach Campaign Strategy*, CMS
E. *Formulary Overview*, CMS
F. *Transitions: Moving Dual Eligibles to Medicare Prescription Drug Coverage*, CMS
G. *Enrollment and Appeals Process*, CMS
H. *Medicare Prescription Drug Coverage*, CMS Pamphlet
I. *Coberatura Para Recetas Médicas*, CMS Pamphlet
J. *Introducing Medicare Prescription Drug Coverage*, CMS Brochure