Meeting of the Advisory Panel on Medicare Education (APME)
Centers for Medicare & Medicaid Services (CMS)
April 17, 2007
Hotel Palomar
2121 P Street, N.W., Washington, D.C. 20037

Location:
The meeting was held at the Hotel Palomar, 2121 P Street, N.W., Washington, D.C. 20037.

***Federal Register* Announcement:**
The meeting was announced in the March 23, 2007, *Federal Register*, (Volume 72, Number 56, Pages 13796-13797) Attachment A

Panel Members Present:
Anita Boles, Independent Consultant, Health Communications
Gwendolyn T. Bronson, SHINE/SHIP Counselor, Massachusetts SHINE Program
Clayton S. Fong, President and Chief Executive Officer, National Asian Pacific Center on Aging
Dr. Jessie C. Gruman, President and Executive Director, Center for the Advancement of Health
Betty L. Kennard, Vice President of Government Programs and Compliance, Health First Health Plans
Dr. David J. Lansky, Director, Health Program, Markle Foundation
Dr. Daniel Lyons, Senior Vice President, Government Programs, Independence Blue Cross, and APME Chair
Dr. Frank B. McArdle, Manager, Hewitt Research Office, Hewitt Associates
Traci L. McClellan, J.D., Executive Director, National Indian Council on Aging
Dr. Keith J. Mueller, Professor and Section Head, Section on Health Services Research and Rural Health Policy, Department of Preventive and Societal Medicine, University of Nebraska Medical Center
Lee Partridge, Senior Health Policy Advisor, National Partnership for Women and Families
Myisha M. Patterson, National Health Coordinator, National Association for the Advancement of Colored People (NAACP)
William A. Steel, President, The National Grange
Catherine Valenti, Chairperson/Chief Executive Officer, Caring Voices Coalition
Grant M. Wedner, Vice President, Partnerships and Corporate Development, Daily Strength, Inc.

Panel Members Absent:
Dr. Yanira Cruz, President and Chief Executive Officer, National Hispanic Council on Aging
Nan-Kirsten Forte, Executive Vice President, Consumer Services, WebMD
Rebecca P. Snead, Chief Executive Officer and Executive Vice President, National Alliance of State Pharmacy Associations
Marvin Tuttle, Jr., C.A.E., Executive Director and Chief Executive Officer, Financial Planning Association

Designated Federal Official:
Lynne G. Johnson, Office of External Affairs (OEA), Centers for Medicare & Medicaid Services (CMS)

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

Open Meeting
Lynne G. Johnson, OEA, CMS

Ms. Johnson, the Designated Federal Official for the Advisory Panel on Medicare Education (APME), called the meeting to order then turned the proceedings over to the APME Chair, Dr. Daniel Lyons. Dr. Lyons welcomed panelists and introduced Ms. Nancy O'Connor, the Acting Director of CMS' Office of External Affairs (OEA).

Welcome
Nancy B. O'Connor, Acting Director, OEA, CMS

Ms. O'Connor is currently serving as the Acting Director of the OEA. She provided a brief summary of her background. Ms. O'Connor acknowledged the mass shooting on the campus of Virginia Tech. She asked all attendees to take a moment of silence to remember the victims and their families.

Introduction of Members and Review of Previous Meeting
Dr. Daniel Lyons, APME Chair

Dr. Lyons asked each of the panel members to introduce themselves. Dr. Lyons summarized the previous panel meeting in that was held in January. Highlights included an update on OEA activities; a presentation on the grassroots activities undertaken in the Atlanta Regional Office; a summary presentation on the 2007 open enrollment season; a panel presentation on CMS' educational partnering activities with the Administration on Aging (AoA), the National Council on Aging, and other grassroots groups, and presentation of initial reports from the Quality, Technology, and Grassroots Outreach Subcommittees. (Attachment C)

Ms. O'Connor took the opportunity to review recent changes at CMS. She explained that OEA is a relatively new office designed to pull all communications functions under one umbrella. OEA includes the media relations component, Tribal Affairs, Intergovernmental Affairs, Partner Relations, Strategic Research and Campaign Management, and the Creative Services Group. Additionally, OEA manages the State Health Insurance Assistance Program (SHIP) and is home to the Office of the Medicare Ombudsman. The Regional Offices (ROs) are also now focusing more on external affairs. She acknowledged four of the six OEA Regional Administrators that were in attendance (Roger Perez, Verlon Johnson, Mark Gilbert, and Charlotte Yeh).

Listening Session with CMS Leadership
Leslie V. Norwalk, Esq., Acting Administrator, CMS

Dr. Lyons welcomed Ms. Norwalk and explained that each of the panel's three subcommittees would report on their recent work. He outlined the three areas addressed by the Technology, Quality, and Grassroots subcommittees. He introduced Mr. Grant Wedner, the spokesperson for the Technology Subcommittee.

Subcommittee Highlights

Technology Subcommittee Report
Grant M. Wedner, Manager, Business Development Team, Cosmix Corporation

Mr. Wedner stated that this subcommittee focused on several things that could be done quickly to help increase the utilization of the Medicare websites. Discontinuing use of the MyMedicare.gov URL was one recommendation. The subcommittee understood that CMS had created a lot of campaigning and investment on the MyMedicare brand, however, by eliminating the MyMedicare.gov URL, there would be only one address that people need to remember and all of the information they need would be in one place. MyMedicare.gov would continue to be accessible through the medicare.gov website.

Another recommendation involved the design and layout of the MyMedicare.gov. The design and layout should match what CMS is already using at medicare.gov. CMS should also mimic the design that is found on popular websites like AOL.

The subcommittee recommended that CMS commission a User Interface (UI) report on the design of the website to better understand how beneficiaries use the site and what they want from it. The subcommittee also recommended that CMS focus in on the top three things it wants beneficiaries to accomplish using the website.

Discussion

Member Comment – Mr. Clayton Fong noted that there are limitations to reaching beneficiaries via the Web, especially the Low Income Subsidy (LIS) population. He pointed out that there needs to be something that drives people to the Medicare website.

Member Comment – Dr. Lyons stated that CMS should continue to push out core messages through traditional media channels.

CMS Response – Ms. Norwalk stated that it would be helpful for CMS to work with outside experts to determine where CMS's web utilization research may have fallen short.

Grassroots Outreach Subcommittee Report
Traci L. McClellan, J.D., Executive Director, National Indian Council on Aging

Ms. McClellan reported that this subcommittee focused not just on how to reach those who are not accessing services, but also how to reach those who are entitled to the benefits. Working with the Partner Relations Group, the subcommittee addressed ways to get the message out to this group. The subcommittee discussed ways to reach beneficiaries whether located in cities, rural areas, and reservations. They addressed the issue of language barriers and outreach methods. They recommended that CMS capture and utilize data to determine user population.

CMS Comment – Ms. Norwalk asked the subcommittee to include the LIS population that has not signed up for the drug benefit in their focus.

Member Comment – Ms. Myisha Patterson recommended that CMS co-brand its materials, and partner with organizations that have the viability and credibility at the local level. NAACP has local units all across the nation. Ms. Patterson stated that CMS should look for other organizations that have a similar structure.

Member Comment - Ms. McClellan stated that the subcommittee discussed the importance of having a few key messages that could be customized on the local level, in addition to letting the regional offices in conjunction with local organizations address the particular needs of specific populations. She noted that this would open up opportunities for co-branding materials.

Member Comment – Mr. Fong encouraged CMS to look at the transitional assistance rollout effort as an outreach model. He encouraged the agency to think small – specifically small dollar value partnerships – and in very unconventional ways.

Quality Subcommittee Report
Dr. David J. Lansky, Director, Health Program, Markle Foundation

Dr. David Lansky stated that the subcommittee would not provide specific recommendations at this time, but would address activities that could be accomplished quickly and provide long-term strategic improvements. The subcommittee looked at three areas: data that is needed, the types of tools that are needed, and policy considerations.

The subcommittee believes that tools for quality enhancement, such as a list of questions to ask your doctor, similar to the diabetes pamphlet in the meeting materials, can help beneficiaries become their own advocates and can be created and disseminated quickly. Another short-term project was the pooling of data between Medicare and other partners. Dr. Lansky indicated that the subcommittee would work with the Technology Subcommittee on website redesign issues.

The subcommittee also focused on the types of decisions beneficiaries need to make about their care, the information they need to make these decisions, and the importance of how CMS defines and measures success. Subcommittee members had concerns about making available the information that is most relevant to beneficiaries and supports decision making, as opposed to simply providing lots of data. Long term, CMS needs to assess the types of data available, the

information requirements of beneficiaries, and distribution channels that are geared toward supporting beneficiary decision making. The subcommittee was interested in looking at how to interpret the available data to better understand where the disparities in care are occurring and where there are opportunities for targeting improvements.

Discussion

Member Comment – Ms. Lee Partridge commented that she reviewed the draft 2008 *Medicare & You* handbook. She suggested that on the area of quality, the handbook should inform readers that the compare tools exist.

Member Question – Ms. McClellan asked when CMS will provide the final rule on Medicare-like rates for tribes, which represents an estimated $75 million in savings to tribes.

CMS Response – Ms. Norwalk indicated that the rule had been signed and that she would check on the status of it.

APME Full Subcommittee Discussion
Dr. Daniel Lyons

The remainder of the morning was devoted to longer, more detailed presentations by the subcommittees.

Technology Subcommittee Report (Attachment D)
Grant M. Wedner

Mr. Wedner covered in detail, the following recommendations:

- Discontinue the use of the MyMedicare.gov URL and redirect everything to the medicare.gov URL. Based on the utilization metrics provided by CMS, the committee noted a high level of drop-off with few people going deep into the site. The subcommittee pointed out that the MyMedicare.gov initial page login is difficult to locate, and then requires another login on a second page.
- Create a consistent user interface between medicare.gov and MyMedicare.gov websites.
- Focus on key activities beneficiaries engage in online (e.g., checking claim status) and design the websites around these functions.

Mr. Wedner also highlighted several website design issues related to colors, link placement, inconsistent placement of commonly used features, and cohesiveness. He noted that user interface testing could help CMS determine what beneficiaries want and that CMS should take advantage of potential partners such as WebMD and the Mayo Clinic's website.

Discussion

Member Comment – Ms. McClellan pointed out that the font size on MyMedicare.gov is very small and does not work well for people over 65 years old.

Member Comment – Ms. Anita Boles stated that the subcommittee discussed having an orientation on MyMedicare.gov. She noted that there was an attempt at this on the MyMedicare.gov homepage, but that visitors miss that if they come in from Medicare.gov.

Member Comment – Mr. Wedner indicated that the success of the recommended changes will be easy to measure since a simple comparison of pre-change metrics and post-change metrics will reveal if more people are going deeper into the site.

Member Comment – Mr. McArdle suggested having a virtual tour for website visitors.

Member Comment – Mr. Fong noted that the Medicare.gov and MyMedicare.gov websites are vastly different.

Member Comment – Ms. Boles noted that there are a high number of "click here" on MyMedicare.gov and they are distracting.

Member Comment – Dr. Lyons asked for partner training on the clinical and institutional quality compare tools.

Member Comment – Ms. Partridge recommended using MyMedicare.gov as an interactive way to report fraud. The wait time for reporting fraud via 1-800-Medicare is quite lengthy.

Member Comment – Ms. Catherine Valenti commented that CMS needs to make sure beneficiaries receive an acknowledgment when reporting fraud.

Member Comment – Dr. Lyons suggested using pop-ups for various reminders.

Member Comment – Ms. Patterson suggested that CMS partner organizations could put links to MyMedicare.gov and other tools on their websites to help drive people the Medicare pages. She also commented that it would be useful to collect data on who is actually using the site (e.g., family members versus advocacy groups) so that Medicare could market to the primary users.

Grassroots Outreach Subcommittee Report
Traci L. McClellan, J.D.

Ms. McClellan stated that the subcommittee consulted with CMS' Partnership Relations Group and AoA, and looked at ways for Medicare to be a better partner, not just to help reach current beneficiaries, but also with regard to the first wave of Baby Boomers who are now turning 61. The subcommittee focused its efforts on the work of the Division of Partner Relations, which emphasizes outreach and education at the local level. The Division has the goal of developing a permanent grassroots program and is looking to the subcommittee for ideas that support the many aspects of this. The Division is also working to increase proactive outreach of all sorts, e.g., tool kits, virtual training, in-person training, and identification of key conferences for outreach opportunities.

The subcommittee recommended that links to the SHIP program, Partner Center, and AoA's Elder Care Locator be added to the Medicare.gov website site to help facilitate communication between partners and CMS. Additionally, the subcommittee discussed: caregiver and employer forums and CMS activities in this area; ways CMS can develop and better use public/private partnerships; the importance of face-to-face interactions with beneficiaries, and the importance of simplifying messages to encourage beneficiaries to take the action.

Discussion

Member Comment – Ms. Patterson stated that it is vital for CMS to become a face in the community. This will help change the perception that Medicare is something that happens to you, to that of an active partner in keeping you healthy. She suggested that CMS hold listening sessions with beneficiaries to help them understand what CMS can offer them in terms of a health partnership.

Member Comment – Ms. McClellan pointed out that Part D enrollment data did not include a breakdown for Indian groups and requested this breakdown be reported before the next subcommittee meeting.

Member Comment – Mr. Fong offered the following suggestions for working with the LIS population: use local, community, and ethnic media outlets; use print media to help people pre-screen themselves through criteria published in news stories; use radio because it is particularly good for reaching low-income and low-literacy populations, and track the response rate to each media format. He also stressed the importance of using a high-touch model, which his organization found to be both highly effective and cost-efficient.

Quality Subcommittee Report
Dr. David J. Lansky

Dr. Lansky stated that the subcommittee asked CMS to provide information concerning the types of quality-related information beneficiaries request most often. Most questions relate to insurance and claims, which indicate that beneficiaries' view CMS primarily as an insurance company. The subcommittee felt that this raised questions related to how CMS can position itself as a partner in health and as a resource for information concerning quality when it pays the bills for someone else to be a partner in health, i.e., the providers. Dr. Lansky's presentation focused on data, tools, and policy.

Regarding data, CMS survey results showed that 82 percent of beneficiaries say having information on doctor and hospital quality is very important. However, the subcommittee is not certain that the measures reported on CMS's compare tools represent the information beneficiaries actually want. This data is currently collected based on scientific processes, not on what beneficiaries have actually expressed a need to know and what will help them make decisions for their own lives.

With regard to tools, the subcommittee discussed doing more with regard to online tools related to quality of care including seeking preventive services, choosing a doctor or hospital, and reducing disparities.

Finally, the subcommittee discussed policy questions in terms of disparities. Subcommittee members noted that there is very little on Medicare's website that indicates CMS wants to be a partner in health. The subcommittee also asked if CMS has a responsibility to engage beneficiaries in understanding what pay-for-performance is all about as the agency moves in that direction.

Discussion

Member Comment – Dr. Lyons noted that the subcommittee also discussed the importance of goal setting. It is important to determine what CMS wants to accomplish and how programmatic efforts match up to the goals.

Member Comment – Ms. Patterson stated CMS' definition of success must include a patient empowerment piece. Older Americans tend to do what their doctors tell them. Since they do not see themselves as active participants in their health, they cannot see CMS as a partner in health.

Member Comment – Mr. Wedner commented that with regard to metrics, overall quality scores are what people are interested in, not breakouts in a series of subcategories. He also stated that measuring success could be broken down into three areas: knowledge (the number of people who know these tools exist), access (the level of access people have and how to ensure that they have it), and adoption (what percent of people are using the tools).

Member Comment – Ms. Partridge noted that Secretary Levitt is promoting the idea of informed consumers – those who learn to manage their own healthcare and who choose their own providers. However, doctors choose the hospitals individuals use through where they choose to affiliate. Therefore, the data that is made public influences providers more than it does beneficiaries. It will be difficult to gauge the success with individual consumers if CMS does not take the larger picture into account.

Member Comment – Dr. Lansky noted that the compare websites are most useful for elective procedures but that the measures focus on other things. The subcommittee suggested that compare websites need to be rethought in light of new information that will be available and what CMS is learning about beneficiary needs.

Member Comment – Mr. McArdle directed panelists to information provided in the meeting materials indicating beneficiaries want emails that have personalized information about healthcare costs. Almost as many indicated that they want a secure website where they can get personalized information. These preferences underscore the Technology Subcommittee's recommendations about improving MyMedicare.gov – if it works better, it will fill a need expressed by beneficiaries.

Member Comment – Mr. Fong observed that his organization has found that having a diagnostic tool, such as finger sticks, at outreach and educational events provides a teachable moment that eventually leads to changes in behaviors. CMS should think in terms of diseases because that is how people think. If Medicare.gov could refer people to other sources of information, it could draw in people based on their condition-specific information needs.

CMS Comment – Ms. Charlotte Yeh, CMS Region I Administrator, affirmed Mr. Fong's comments by noting the importance of the teachable moment. She suggested that CMS could provide information not only on what it covers for a particular condition, but also what those with the condition need to do to stay healthy and how to determine what constitutes a quality physician or hospital.

Member Comment – Dr. Lansky asked Ms. O'Connor about the legal and policy limits and boundaries within which CMS can operate within plan-like tools. He suggested that claims data could trigger personalized links or messages when users log in.

CMS Response – Ms. O'Connor promised to look into this issue prior to the next meeting. Limitations may be less related to legal issues than to funding or technological limits.

Member Comment – Ms. Valenti noted that the number of people who want either quality data or personalized information indicates that there is a huge population that is ready to use Internet technology. Given the interest in these things, it is essential for CMS to understand why there is such a steep drop off in utilization of the websites and online tools.

Lunch Break

Dr. Lyons reconvened the panel following the lunch break. He noted that Ms. Erin Pressley, Director, Creative Services Group, provided an update of the 2008 *Medicare & You* handbook. (Attachment E)

OEA Update
Nancy B. O'Connor

Ms. O'Connor informed the panel that CMS would roll out its prevention tour on May 4. CMS has put a new wrapping on the Medicare bus and is working with the Field Offices to coordinate stops in 48 states over the course of four months. The purpose of the tour is to create prevention roundtables and coalitions of local leaders involved in prevention-related activities that can support sustained promotion of CMS' messages related to health, wellness, and prevention within the Medicare population. CMS hopes this will ultimately help beneficiaries better understand their benefits and improve utilization rates for preventive services. Ms. O'Connor stated that this would not be a one-time event and that the agency hoped this would be the beginning of a sustained effort to increase utilization of preventive services. The tour will promote the prevention checklist and the importance of discussing it with beneficiaries' primary care physicians as well as encourage beneficiaries to register and use MyMedicare.gov.

Medicare Current Beneficiary Survey (MCBS)
Franklin J. Eppig, Director, Information and Methods Group, Office of Research, Demonstration and Information (Attachment F)

Begun in 1991, the MCBS is a longitudinal survey that collects information on health status, health care use, financing, and beneficiary characteristics from a nationally representative sampling of Medicare enrollees. The survey collects data that CMS cannot obtain from its administrative data.

Mr. Eppig explained that the survey employs a rotating panel design with one quarter of the panel's 16,000 beneficiaries being rotated out and replaced each year. The sample is stratified by age. Each participant is interviewed three times per year for four years. Interviews last approximately one hour and are conducted in person with the interviewer collecting data on a laptop computer. Each of the three interviews conducted in a year focus on different questions, with a total of approximately 1,500 individual questions asked over the four-year survey period. The survey follows beneficiaries in and out of long-term care facilities in order to study transitions. Survey responses are married with CMS' administrative data, geographic data, and information from other sources.

The beneficiary information and knowledge supplement, which is part of the January round of questions, is only asked to beneficiaries living in the community (not those in long-term care) and is developed in cooperation with other CMS components. The questions change over time and reflect CMS' priorities and current activities.

The MCBS asks about beneficiaries' subjective and objective knowledge about Medicare as well as their level of satisfaction. Beneficiaries tend to know about things that relate to their needs (e.g., fee-for-service enrollees generally don't know much about Medicare Advantage plans). CMS also compares participants' subjective knowledge (what they felt they knew) with their objective knowledge (responses to a short quiz). People who report less knowledge tend to do worse on the quiz than those who report having more knowledge. Mr. Eppig reviewed survey results related knowledge about the subjects of eligibility, differences in coverage between traditional Medicare and Medicare Advantage Plans, Part D eligibility, extra help for low-income beneficiaries, and various aspects of the Part D benefit. He indicated that Medicare beneficiaries tend to be uninformed rather than misinformed and that their knowledge was related to the number of disabling conditions they reported. MCBS questions also address satisfaction with the availability with Medicare information.

CMS found that beneficiaries tend to seek information when they need it, such as when their plan is terminated, when they have a change in health status, or when they are interested in a required or desired medical service, drug coverage, covered services, and cost of services. Approximately one quarter of beneficiaries go looking for information on Medicare each year.

Most beneficiaries prefer to receive information in printed format and many would like to talk to a friend, family member, or doctor to get Medicare information. Only 11 percent prefer the Internet as a source of information. Currently almost half of respondents have access to the

Internet, although less than 10 percent of those report visiting Medicare.gov. When TV and Internet preferences are compared by racial groups, non-Hispanic black beneficiaries preferred TV, while non-Hispanic whites and others had a higher rate of preferring the Internet. Mr. Eppig explained that racial and ethnic groups other than Hispanics were not broken out due to the small sample size. Finally, with regard to the Internet, those with more education relied more heavily on the Internet and those with less education relied on television. Approximately two-thirds of surveyed beneficiaries knew about 1-800-MEDICARE, and approximately one-third had called it to get information.

Over time, the number of respondents reporting they received the *Medicare & You Handbook* has increased to approximately 84 percent. Most kept it and used it as a reference resource. Of those who reported reading the handbook, about half found it somewhat easy to understand.

Discussion

Member Comment – Mr. Fong asked if the respondents used the computer or if the survey taker used it and if the survey is offered in languages other than English.

CMS Response – Mr. Eppig stated that all interviews are face-to-face interviews with the survey takers using computers to record responses. In addition, he noted that there is a Spanish version that is administered by bilingual staff.

Member Comment – Ms. McClellan expressed concerns with the groupings – white, black, and other. In some cases this is misleading, such as with the preferences concerning sources of information where the "other" group seems to prefer the Internet as much as whites. Ms. McClellan notes that this is definitely not the case for American Indians. She felt that since CMS staff will use this data to develop outreach plans, it is important that the data be broken down by racial groups as much a possible.

Member Comment – Ms. Partridge asked if and when questions could be added to the survey. She wanted to know if the panel could discuss possible questions at its summer meeting and suggest questions to CMS.

CMS Response – Mr. Eppig stated that questions could be added to the survey. Mr. Eppig offered to provide the panel with the list of questioned asked in 2007.

Member Comment – Ms. Patterson asked if CMS could provide breakdowns by race and ethnicity as well income and education levels.

CMS Response – Mr. Eppig stated that CMS will provide the panel with this information.

CMS response – Mr. Eppig noted that CMS does not sample by income.

Member Comment – Dr. Lansky asked if any of the survey questions asked about the perception of CMS as a partner in health care as opposed to its role as a payer.

CMS Response – Mr. Eppig stated that CMS used to ask if beneficiaries knew all they needed to know about staying healthy, but dropped the question because respondents consistently indicated they knew all they needed to know and were not interested in receiving information about staying healthy from CMS. There are several CMS demonstrations that are better suited to answering these questions.

Medicare Ombudsman Update, Daniel J. Schreiner, Director, Medicare Beneficiary Ombudsman Group, OEA (Attachment G)

Mr. Schreiner provided an overview of the implementation of the Office of the Medicare Ombudsman. Established under the Medicare Modernization Act, the office receives and provides assistance to beneficiaries with regard to complaints, grievances, and appeals; works with the state health insurance programs; and submits an annual report to Congress including recommendations for improvements to the program. The office also assists beneficiaries collect information for filing appeals, helps with Medicare Advantage disenrollment, and assists with income-related premium adjustments.

Mr. Schreiner stated that his job entails understanding the experience of the Medicare beneficiary, resolving individual cases, connecting beneficiaries to the appropriate resources, understanding the underlying systemic issues, and making recommendations to CMS leadership and Congress for long-term improvement. His office is also working on developing an issues management process (to track system and process issues from identification through resolution). The Ombudsman Office is the voice of beneficiaries within the agency and works with the resolving entities (such as 1-800-Medicare) to ensure that the systems for resolving issues are working well.

Discussion

Member Comment - Mr. Fong asked if his organization's counselors could go directly to the Ombudsman's office for help with particularly difficult or complex problems.

CMS Response – Ms. O'Connor indicated that they should first go to the appropriate CMS regional office.

Member Comment – Mr. Mueller noted that there is no way for a pharmacy to look up a beneficiary's Medicare Advantage plan when they come to the pharmacy for service, and identify their insurer simply as "Medicare." This information is available for PDP beneficiaries.

CMS Response – Mr. Schreiner replied that there is something being developed and that he would have to get more information on this for panel.

Member Comment – Ms. Patterson suggested that CMS make the Office of the Ombudsman more public in order to bridge the gap between where the agency is and where it wants to be.

Center for the Advancement of Health, Dr. Jessie C. Gruman, President and Executive Director (Attachment H)

Dr. Gruman provided background on her organization that was established in 1992 with funding from the John D. and Catherine T. MacArthur Foundation. The goal was to bring into the mainstream a view of health that recognizes the contribution of psychological, social, behavioral, economic, and environmental factors in health and wellness.

Some of the projects undertaken by the Center included: working on clinical practice guidelines for providers and patients; developing performance indicators, and working with the former Health Care Financing Administration on the Healthy Aging Project early demonstrations. Additionally, the Center created a news service to distribute findings pertaining to healthy behaviors in health sections of newspapers, health segments on the news, and websites. It is currently working on a project to use public libraries as a source of health information for seniors.

Dr. Gruman briefly discussed the engaged patient and distributed a list of activities that an engaged patient should carry out. She noted that unless a patient is in a managed care plan that is protective of its patients, a person will have to carry out most of the things on the list to stay healthy. She suggested that CMS not just develop messages and websites around specific things, but also connect them to the actual behavior of beneficiaries. She suggested that CMS be specific in its efforts to promote the agency as a partner in health, by telling beneficiaries exactly what that means and what it will do as a partner.

Public Comment
Dr. Daniel Lyons, APME Chair

There were no comments.

Next Steps
Dr. Daniel Lyons, APME Chair

Dr. Lyons indicated that the panel's next steps would consist of the subcommittee chairs working with CMS to set up meetings. The panel and CMS agreed to work on issues raised during the meeting.

Adjourn
Lynne G. Johnson, Office of External Affairs (OEA), Centers for Medicare & Medicaid Services (CMS)

Prior to adjourning the meeting Ms. Johnson informed panelists that the next meeting was tentatively scheduled for September 20, 2007. Ms. Johnson adjourned the meeting.

Prepared by:
Teresa Lucas, Summary Writer and Lynne G. Johnson, Designated Federal Official, Advisory Panel on Medicare Education, Division of Forum and Conference Development, Partner Relations Group, Office of External Affairs, Centers for Medicare & Medicaid Services

Approved by:
Dr. Daniel Lyons, Chairperson, Advisory Panel on Medicare Education

Attachments

A. *Federal Register*, March 23, 2007 (Volume 72, Number 56, Pages 13796-13797)
B. Sign-in Sheet
C. January 17, 2007 APME Meeting Minutes
D. *Technology Subcommittee Report*, APME
E. *Medicare & You Key Dates*, CMS
F. *Medicare Current Beneficiary Survey*, CMS
G. *Medicare Ombudsman Update*, CMS
H. *The Engagement Framework*, Center for the Advancement of Health