

Meeting Summary

Advisory Panel on Medicare Education (APME)

Faces of Medicare:

Providing Information to Medicare Consumers with Limited English Proficiency

Thursday, September 21, 2000, 8:00 a.m. – 5:00 p.m.

Location:

The meeting was held at the Waterfront Plaza Hotel, 10 Washington Street, Jack London Square, Oakland, California, 94607.

Federal Register Announcement:

The meeting was announced in the Federal Register for September 1, 2000 (Volume 65, Number 171, Pages 53320-53321) (Attachment A).

PRESENT:

Panel Members:

Diane Archer, President, Medicare Rights Center

David Baldrige, Executive Director, National Indian Council on Aging

Carol Cronin, Chairperson

Jennie Chin Hansen, Executive Director, On Lok Senior Services

Dr. Elmer Huerta, Director, Risk Assessment Center, Washington Cancer Institute, Washington Hospital Center

Bonita Kallestad, Western Minnesota Legal Services/Mid Minnesota Legal Assistance

Brian Lindberg, Executive Director, Consumer Coalition for Quality Health Care

Heidi Margulis, Vice President for Government Affairs, Humana, Inc.

Dr. Patricia Neuman, Director, Medicare Policy Project, Kaiser Family Foundation

Samuel J. Simmons, President and Chief Executive Officer, National Caucus and Center on Black Aged

Nina M. Weinberg, President, National Health Council

Edward Zesk, Executive Director, Aging 2000

Executive Director:

Susana Perry, HCFA

Others:

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

ABSENT:

Bruce Bradley, Director, Managed Care Plans, General Motors Corporation

Joyce Dubow, Senior Policy Advisor, Public Policy Institute, AARP

Steven Larsen, Maryland Insurance Commissioner, Maryland Insurance Administration

Dr. Elena Rios, President, National Hispanic Medical Association

Welcome and Open Meeting

Susana Perry, Executive Director of the Advisory Panel on Medicare Education (APME), called the meeting to order at 8:10 a.m.

Introduction of APME Members

Carol Cronin, Chairperson of the APME, introduced the three newly appointed APME members. The new members were Ms. Cronin, **Jennie Chin Hansen**, Executive Director of On Lok Senior Services, and **David Baldrige**, Executive Director of the National Indian Council on Aging (NICoA). She then asked the other panel members to introduce themselves.

Recap of Last Meeting

Carol Cronin, Chairperson

Advisory Panel on Medicare Education

Ms. Cronin summarized the previous APME meeting held on May 12, 2000 in Washington, D.C. The meeting focused on consumer health information and quality. Speakers included John Eisenberg, Director, Agency for Healthcare Research and Quality (AHRQ), Jeffrey Kang, Director, Office of Clinical Standards and Quality, HCFA, and Scott Ratzan, Executive Director, Health Communication Technology and Educational

Innovations, Academy for Educational Development. Some key points emphasized during the meeting were: 1) the importance of learning how to engage Medicare beneficiaries on the subject of health quality, 2) the need to better understand social marketing techniques, and, 3) the need to effectively use the media to communicate health quality messages to people with Medicare. She said HCFA needs to develop simple and compelling quality messages and use a personal touch by working with trusted information intermediaries. Panel members discussed the need for composite quality measures and debated the relevance of overall measures of preventive care versus individual measures such as the rate of pap tests and mammograms.

Center for Beneficiary Services (CBS) Update

Michael McMullan, Acting Director

Center for Beneficiary Services, HCFA

Ms. McMullan said that HCFA is close to awarding a group of research contracts to conduct social marketing to people with Medicare. She said the contractors will help HCFA form messages, identify audiences, tailor messages to various audiences, select media and provide evidence for these decisions. Ongoing activities concern identifying the best means of conveying the results of surveys such as the Consumer Assessment of Health Plans Survey (CAHPS), the fee-for-service survey, and the Medicare +Choice disenrollment survey. HCFA's challenge is to present the information in a way that is useful and easy for consumers to understand. HCFA is also working to communicate with those whose native language is Spanish and who are of Hispanic cultures. The HCFA standard for evaluating its communication with beneficiaries is that the communication must be accurate, reliable and understandable.

Ms. McMullan said that the *Medicare & You 2001* handbooks are being distributed to beneficiaries across the country. They contain comparative quality and disenrollment information about health plans. HCFA will evaluate the response to the handbook.

Responses from APME Members

Following Ms. McMullan's remarks, APME members, as individuals, made the following observations:

1. Care must be taken to assure the accuracy and pertinence of the Medicare handbook for certain states and/or regions. Some handbook information is misleading for some beneficiaries because of state laws or because of the absence of certain Medicare +Choice options.
2. HCFA regional offices should be given more flexibility to develop local materials and engage local communities.
3. APME recommendations should be highlighted in the meeting summaries and tracked to determine how they are acted upon.

4. APME should receive briefings on the challenges HCFA faces in educating beneficiaries. The Panel should receive timely contextual updates so that it can help HCFA focus on major issues affecting Medicare beneficiaries.

Setting the Stage for Limited English Proficiency (LEP) Discussions

Carol Cronin, Chairperson

Advisory Panel on Medicare Education

Ms. Cronin said that Dr. Mark Smith would open the discussion on Medicare consumers with Limited English Proficiency (LEP) by speaking on the broad topic of helping consumers understand Medicare. Following Dr. Smith's presentation, the meeting would focus on consumers with LEP. Ms. Cronin called attention to two background issues – the Presidential Executive Order of August 2000 that requires all federal agencies to examine the services they provide to persons with LEP and to describe how they can serve persons with LEP without over burdening the agencies. Concurrently in August, the Office of Civil Rights (OCR) issued Policy Guidance on LEP that pertains to any agency that receives federal funding. The Policy Guidance describes how the agencies must meet the needs of persons with LEP. She said the APME could be helpful by recommending to HCFA how it can prioritize its efforts to remove barriers to those with LEP and to communicate with them. The panel must be mindful of the agency's limited resources, time and expertise.

Ms. Cronin said that the issues of cultural competency could be broad but the day's discussion would focus on language. For the day's purposes, LEP was defined as "the inability of individuals to speak, read, write and/or understand the English language at a level that permits them to interact effectively with HCFA and its contractors". "Transcreation" was defined as a shorthand method of referring to the process by which messages were tailored to be culturally competent.

There was discussion on whether LEP should include English speakers with low health literacy levels and whether the term "transcreation" was merely jargon or represented an important concept key to the discussion of serving those with LEP.

Helping Consumers Understand Medicare

Dr. Mark Smith, President and Chief Executive Officer

California HealthCare Foundation

Ms. Cronin introduced Dr. Mark Smith, President and Chief Executive Officer of the California HealthCare Foundation (CHCF). The CHCF was created by the conversion of Blue Cross of California to an investor-owned company. Dr. Smith is the former Executive Vice President of the Kaiser Family Foundation and specializes in AIDS-

related issues. He is on the faculty of the University of California at San Francisco and practices at San Francisco General Hospital.

Dr. Smith said he would discuss what HCFA could learn from other entities about communicating with people with Medicare. He urged HCFA to spend substantially more money on communicating with and educating Medicare beneficiaries.

Dr. Smith said the Balanced Budget Act of 1997 increased Medicare options in many parts of the country including California. Because of the new Medicare options, beneficiaries need to be better informed about health care choices. The August 2000 Executive Order requiring federal agencies to form a policy for serving persons with LEP and the policy guidance from the Office of Civil Rights have the aim of assuring access for persons with LEP. However, English speakers are not yet being adequately served. Dr. Smith highlighted the findings of the 1999 CHCF- Field Institute study of California Medicare beneficiaries' understanding of Medicare. He cited the following findings:

- 26% of respondents said they knew only a little or almost none of what they needed to know about Medicare.
- 60% were confused about what was happening in the health care system.
- 54% said that advertisements from Medicare HMOs and insurance companies were their most common source of information about Medicare.
- When asked about the most helpful sources of Medicare information, respondents most frequently mentioned their Medicare provider (26%), AARP or other senior groups (13%) and Medicare publications (9%).
- Among Latinos, 55% said they knew little or almost none of what they needed to know about Medicare. They were even less likely than other beneficiaries to receive information from the top listed sources of Medicare information.
- In a positive finding, 61% of Latino respondents said they were interested in receiving information that compared the quality of Medicare plans as contrasted with 46% of all California respondents.

Dr. Smith posited that if it was this difficult for Latinos to get information then how much more difficult it must be for other groups such as the Lao and the Hmong. He said California was representative of where the U.S. would be by 2050.

Dr. Smith gave examples of companies and organizations that he believed were providing good customer service:

- General Electric maintains one call center for all their products. He contrasted their procedures with HCFA's which requires consumers to choose from among several phone numbers for help with Medicare questions (see page #21 of *Medicare & You 2001*).
- He described Quotesmith, an insurance company that provides on-line Medigap quotes based on age, sex, county and zip code. With the press of a button, a consumer can get quotes and see the price differences. Dr. Smith said that HCFA must use available technology.

- The CHCF worked with partners to develop free Spanish-language supplements, including one focused on Medicare. These supplements had been distributed at such venues as the Los Angeles Times Festival of Health. CHCF hosted a Medicare booth at the festival and provided information to help seniors understand their Medicare choices. CHCF also provided support to local SHIPs (State Health Insurance Assistance Programs) to enable them to use the Internet to assist clients.
- The National Asian and Pacific Center on Aging adapted and translated Medicare materials into Chinese, Tagalog, Korean, Vietnamese, Khmer, Samoan, and Tongan.
- The Expertcommerce company develops purchasing evaluation tools. Dr. Smith said that HCFA could develop decision support tools to help beneficiaries make informed choices. The tools could offer scenarios that provide beneficiaries with examples of how their decisions might affect them.
- Consumers' Union provides ratings of managed care organizations for consumers. The publication rates the MCOs by such factors as their HEDIS ratings and consumer satisfaction.

Dr. Smith said that many U.S. organizations and businesses know how to serve non-English speakers and view this as a normal part of doing business. He said that the government's actions were trivial in comparison. Dr. Smith said that HCFA must spend more money on communications. He gave examples of various corporations' marketing budgets that dwarf HCFA's spending on education.

Dr. Smith recommended that HCFA do the following:

1. Increase its budget for communications.
2. Delegate communications work to others who do not need to be as technically accurate as HCFA.
3. Explore alternative media.
4. Customize information for those who act as liaisons for Medicare information.
5. Use approaches such as the AT&T language line where interpreters are available 24 hours a day to translate phone conversations into multiple languages. In contrast, the Medicare Hotline operates Monday to Friday from 8:00 a.m. to 4:30 p.m. and not on holidays. HCFA needs a new attitude of customer service.

Dr. Smith concluded by stating that the challenges to HCFA are to maximize the use of scarce resources, to understand the basic informational needs of those with limited English proficiency and to stimulate the use of the Internet by people with Medicare.

APME Members' Discussion with Dr. Smith

APME members responded to Dr. Smith's presentation. Some of the points raised were:

- HCFA may not be able to deliver core messages to seniors to support their health care choices. People with Medicare need information to enable them to make choices based on their future health needs.
- Seniors may be confused by on-line information about Medigap, not understanding that some policies are more expensive than others because of different methods of rating premiums.
- Standardized Medicare HMO marketing materials were developed in a process that included input from industry and advocates. These materials may not accurately reflect the differences between Medicare HMOs and fee-for-service Medicare.
- Many people with Medicare who are eligible for Medicare savings do not apply for the benefits. Their physical and cognitive ailments may limit their ability to seek these benefits.
- It may not be wise to move into an environment of more choice for people with Medicare because Congress is not likely to give HCFA the funding that it needs to implement Dr. Smith's recommendations. The low literacy and knowledge levels of Medicare beneficiaries and their children inhibit them from making informed health care choices.
- HCFA should determine messages that are critical for Medicare beneficiaries by conducting national research. In accord with the principles of adult education, HCFA should concentrate first on those who are ready to learn.
- HCFA must use all available technology to communicate with people with Medicare. Future Medicare beneficiaries will expect to use these technologies.
- HCFA must customize its communications geographically in order to appeal to beneficiaries in all parts of the country.
- HCFA must reach out to those trusted by beneficiaries in their natural gathering places. HCFA must customize approaches, examine various belief systems and develop partnerships.
- HCFA must encourage people to change their behavior and seek health information before there is a health crisis.
- HCFA should decentralize the development of educational materials allowing for locally and regionally developed materials.

Dr. Smith responded with the following points:

- Despite the challenges, HCFA must strive to improve its communications with Medicare beneficiaries in an environment of more choice. Core messages must be tested and people must be allowed to make their own health choices.
- Advocates must demand that Congress provide more funds for education and not take away consumers' choices. Medigap standardization could be examined as a solution for managed care choice but consumers' capacity for choice must not be questioned.
- HCFA and others need to focus on who is responsible for clinical quality. The focus of the Health Plan Employer Data Information Sets (HEDIS) is health plans; however, providers and provider groups need to be measured. There are different levels of quality attributable to different levels of the health system.

The segment concluded with a discussion on the need to design education strategies that are based on beneficiaries' needs versus the danger of assuming that they do not have the ability to make their own choices.

How Medicare Consumers and Caregivers to People with Limited English Proficiency Interact with the Health Information System

Dr. Moshe Engelberg, President

ResearchWorks

Dr. Moshe Engelberg, President of ResearchWorks, facilitated this portion of the meeting. Dr. Engelberg presented a video that represented the voices of Medicare beneficiaries with varied perspectives. The video gave context to the discussion of LEP issues. The reaction panel would comment on the video. The reaction panel members were:

Gayle Tang, Director of the Multicultural Services Department of San Francisco Kaiser Permanente,

Dr. Elmer Huerta, Director, Cancer Risk and Assessment Center, Washington Cancer Institute, Washington Hospital Center,

Ana Bagtas, Asian and Pacific Islander Outreach Coordinator, California Health Advocates,

Raytina Lagmay, caregiver for her ill father and her mother, and a full-time student,

Lisa Ho, caregiver for her ill father and a health professional with Adult Protective Services.

Dr. Engelberg stated that, relative to those with LEP, it was necessary to examine: 1) the cost of someone with LEP interacting with the system, 2) segmenting the LEP market by proficiency level and geographic location, and 3) where and how to target those with LEP.

The video featured eight persons who either had LEP or who were caregivers of beneficiaries with LEP. Some of the issues raised in the video were:

- The need for translators at hospitals to help those undergoing medical crises,
- The high cost of durable medical equipment,
- Confusion about MediCal (Medicaid) coverage versus Medicare coverage,
- Inadequate distribution of *Medicare Y Usted*, the Spanish-language version of *Medicare & You*,

- The inability to understand the language in *Medicare Y Usted* especially the Medigap information and terms such as "assignment",
- The need for material in languages that were not available such as Tagalog or Japanese,
- The need to assure that materials were translated properly,
- The need for persons to explain Medicare to beneficiaries in their languages and in their communities,
- The importance of trusted intermediaries to those with LEP, and
- Gratitude for the Medicare program.

Reaction Panel

Following the video, Dr. Engelberg asked the Reaction Panel a series of questions:

1. What are the biggest barriers to LEP beneficiaries becoming well informed about Medicare?
2. What changes could HCFA make to its print materials in terms of content and style?
3. How can HCFA best work with trusted caregivers and local community organizations to communicate effectively with LEP beneficiaries?
4. What kind of information should adult children have about Medicare?
5. Given the reality of limited resources and the fact that many languages and cultures are represented among LEP beneficiaries, what one practical change in HCFA's communications do you think would make the most progress toward better informed LEP beneficiaries overall?

The responses of the Panel follow:

Translation and Interpreter Issues

1. Effective health services translators are those who understand both the languages of LEP beneficiaries and the health care system.
2. Agencies and providers who serve LEP populations must understand the difference between translators, who do written work, and interpreters, who do oral work.
3. Agencies that develop translated materials and provide interpreter services must utilize an internal quality control process that is staffed with competent people. Agencies must take care in employing translators and interpreters because some are not well skilled.
4. The best way to develop culturally appropriate materials is to develop them in the source or target language. Then the materials should be translated back into English to assure their accuracy. Literal, verbatim translations are not effective.
5. Agencies must also realize that an LEP beneficiary may understand the language of a Medicare message but not comprehend its meaning.
6. Family members should not be expected to be translators because they are not neutral particularly in times of stress. There are also privacy issues because

- beneficiaries may not want their children to know the details of their health status and choices.
7. HCFA should consider timing and the human touch in the translation and transcreation of materials.
 8. HCFA should provide language interpretation over the phone, bilingual translation of materials, use media, and provide community presentations.
 9. HCFA should provide more resources for community language banks and print materials.
 10. Hotline staff must be trained to be patient and compassionate with LEP callers.
 11. Multilanguage hotlines are not a substitute for one-to-one conversations.

Working with Organizations that Serve LEP Populations

1. HCFA should translate its existing educational materials into additional languages by working with organizations that serve LEP persons. These organizations need funding from the government. The populations cannot provide all of the funding that the organizations need.
2. HCFA must encourage SHIPs to recruit volunteers from LEP communities and train them to provide Medicare education.
3. HCFA must work with people who know the languages of LEP populations and who are of their cultures.
4. HCFA should provide funding to allow grass roots level communication to happen.
5. To find intermediaries who are trusted in LEP communities, HCFA must spend time in the communities building trust. Initial research about LEP-serving organizations can be done on the Internet.
6. HCFA should reach out to schools, churches and other community organizations and it must spend money on outreach.
7. HCFA should partner with local communities across the country through its regional offices. HCFA should fund community organizations to do the outreach.

Conducting Outreach and Medicare Education to LEP Populations—Where, When, How and Who

1. Before immigrants can understand Medicare, they need basic education about the U.S. health care system and the concept of insurance.
2. Because stress, illness and age affect LEP beneficiaries' ability to understand Medicare information, HCFA should educate people about Medicare before they turn 65.
3. HCFA should use straightforward teaching methods and conduct education at the community level. Grass roots settings such as coffee shops should be used.
4. Medicare education must be placed in context with counseling about a range of benefit programs and in context with illnesses that are prevalent in LEP populations.

5. HCFA must employ commercial marketing techniques in a variety of media to embed health information in the popular culture. Trusted people must deliver these health messages.
6. It must become easier for beneficiaries and caregivers to obtain Medicare information. The complexity can be overwhelming for family caregivers.
7. HCFA should provide compassionate one-to-one communication.
8. HCFA must be cautious in working with public relations contractors. Some contractors make false claims about their expertise in working with diverse populations.
9. HCFA should invite members of the community to express their needs and the best ways to address them.

Working with Adult Children and other Caregivers of LEP Beneficiaries

1. Adult children need basic Medicare information provided in one-on-one conversations.
2. Adult children need comprehensive information about a variety of services for seniors, including transportation, options in the event of incapacitation, and power of attorney.
3. Adult children who are immigrants need to understand the concept of health insurance. The insurance industry should conduct a continual nationwide insurance education campaign for newly arrived populations.
4. HCFA must convince caregivers that they need to know about Medicare before they have a health crisis.
5. HCFA should develop materials for caregivers that are brief and use pictures.
6. Materials for adult children of LEP beneficiaries must be developed in their communities.

Provider Issues

1. There is a need for more health and service providers who understand both the language and the cultures of LEP populations.
2. Provider attitudes can present a barrier to access by those with LEP. Providers need to exercise patience and compassion. They must also eliminate prejudice and stereotyping.

Other Issues and Comments

1. LEP beneficiaries and their families appreciate those who show compassion and try to help them.
2. Given the amount of resources expended on outreach and education, agencies must consider why so many say they do not know where to get information.
3. HCFA should create a LEP taskforce within the APME.

Developing Written Materials for Medicare Consumers

Michael McMullan, Acting Director

Center for Beneficiary Services, HCFA

In order to provide some context for the Panel to understand what it takes for HCFA to produce publications, Ms. McMullan described HCFA's process for developing written materials. She said the goal for developing publications for people with Medicare and those who help them is to create accurate, reliable and understandable materials that address literacy needs and reflect cultural awareness. HCFA determines the message, the audience, the medium and the timing. Currently, HCFA develops materials in plain English and then translates the materials into Spanish. Some publications are translated from English into Chinese.

Recent examples of new publications include booklets on the new outpatient prospective payment system and the private fee-for-service Medicare +Choice option.

Ms. McMullan described some of the challenges of preparing beneficiary materials for the LEP. Some terms such as "assignment" and "participation" are terms of art in Medicare. Sometimes it is Congress, not HCFA, that develops specific terms. Most experts in the field are English speakers, which makes it difficult to develop materials from source languages other than English.

As described by Ms. McMullan, the steps to producing a publication are:

- HCFA establishes the need for a new publication because of new laws, regulations or unmet beneficiary needs.
- HCFA utilizes consumer research findings on language style preference, cognitive ability and presentation and format.
- Subject matter experts and writers exchange information. Subject experts explain new laws or regulations in terms of how they work and impact beneficiaries.
- Writers extract simple concepts from the information in a process that can take two to four weeks.
- The writer drafts a text, which can take two weeks.
- Subject matter experts review the draft material to ensure that essential content and context have not been lost in the conversion to "plain English". This can take two weeks or more.
- The desktop publisher formats the text and drafts the publication to assure that it meets HCFA standards for beneficiary materials. This step can take two to four weeks.
- Low-literacy experts review the material to assure that it is at the 6th grade level. They assess such factors as the use of multi-syllable words and constructions of other than simple sentences.
- The writer revises the publication based on the recommendations of the low-literacy experts.

- Materials are tested with consumers through cognitive interviews or focus groups. The testing measures the clarity of the material and beneficiaries' understanding of key messages.
- The writer may revise the publication based on findings from consumer testing.
- Internal HCFA components review and give final concurrence on the publication.
- An editor completes final edits for punctuation, spelling and construction.
- The final cleared document is published and distributed. Federal agencies must use the Government Printing Office for large-scale publications.
- The final cleared document is forwarded to alternate format contractors.
 - The text is translated into Spanish, and/or Chinese. These two languages were selected because more than 10% of the U.S. population is Spanish-speaking and 3% is Chinese-speaking.
 - Braille, large print and audiotapes are prepared.

APME Members Comments on the Process of Developing Written Materials for Medicare Consumers

APME members discussed Ms. McMullan's remarks and, as individuals, made the following recommendations:

1. HCFA should work with and fund certain groups to modify materials for their communities. The PACE (Program of All-inclusive Care for the Elderly) program is a model of development and implementation of services for a specific community.
2. HCFA should improve its communication of health care value to consumers by adding a new criterion to its standard for written materials – relevance. HCFA must assure that beneficiaries read, comprehend, and are able to act on the information in its publications.
3. HMOs believe they should have more flexibility in developing beneficiary materials. They say they are sometimes forced to provide information that neither their consumers nor their staff can understand. Their experience of working with HCFA and advocates to develop standard marketing materials was very difficult.
4. HCFA should research the language employed in standard marketing materials so that advocates and plans are not pitted against each other over language.
5. Some advocates believe that plans should not have much flexibility regarding marketing materials. There should be flexibility for community-level information after HCFA and the plans have distributed their materials.
6. HCFA should conduct train-the-trainer programs for community-based organizations.
7. HCFA should explore how it can require or encourage states to improve their communication to beneficiaries about Medicare savings programs (QMB, SLMB, QI1, QI2).

Discussion of Approaches to Provide Information to Medicare Consumers with Limited English Proficiency

Carol Cronin, Chairperson

Advisory Panel on Medicare Education

Ms. Cronin turned the discussion to print materials, caregivers, getting the community involved and attracting other community-based parties that are not involved in Medicare. Panel members, as individuals, made the following points:

1. HCFA should strengthen its role as a coalition builder. The regional offices should play an active role in bringing together parties to stimulate obtaining the maximum education and outreach for the existing resources. HCFA must leverage funding from community foundations and state governments.
2. Regional offices must have the flexibility to work with community coalitions. Contractors must not inhibit coalition partnerships.
3. HCFA should conduct some pilot projects on limited dollars to support coalition building. These pilots would help build support for larger sustained efforts.
4. HCFA should utilize structures such as Social Security offices to disseminate Medicare information.
5. National legislators should be sought as allies for increased funding for Medicare education.
6. APME should recommend an increased level of spending for Medicare education because of the unintended consequences of the Balanced Budget Refinement Act (BBRA) and it should recommend increased flexibility so that HCFA can award grants. Some of the monies should be targeted to help LEP beneficiaries.
7. HCFA should be active in seeking more money for the SHIP. The Secretary of the Department of Health and Human Services (DHHS) should coordinate a fund and collaboration between the National Institutes of Health, the Public Health Service and HCFA for the translation of materials for non-English speaking beneficiaries and individuals. Monies could go to local groups that can best communicate with LEP populations.
8. Medicare offices that function like local Social Security offices could be established.
9. HCFA should focus on educating the baby-boom sandwich generation.
10. HCFA should consider contracting with AT&T for telephone translation services.
11. Customer service operators should be trained to solve problems rather than just give information.
12. Community partnerships are better than call centers. HCFA should provide train-the-trainer materials to community advocates. HCFA should use Spanish language media.

Advisory Panel Recommendation

After an extensive discussion, the Panel agreed that Ms. Cronin would circulate a letter among Panel members with its recommendations to DHHS Secretary Donna Shalala. The letter would urge that the Secretary request funding from Congress to maintain current spending levels for the Medicare education program and additional funds to implement

the Executive Order for improving access to services for persons with Limited English Proficiency and to provide additional resources for the SHIP. The letter would also recommend that HCFA be given the flexibility to give grants to organizations to develop community-based Medicare education projects.

Public Comment

Dr. Donna Yee of the National Asian and Pacific Center on Aging addressed the panel. She said she was disappointed with the tone of HCFA's comments on developing materials for LEP. She suggested that HCFA focus on being creative in implementing the Executive Order on LEP. She said that HCFA should publicize and replicate its pilot projects that developed materials in several languages for the LEP. She said that organizations that serve LEP populations need money and support. She said SHIPs need to be encouraged and trained to work with LEP beneficiaries and caregivers. She said that beneficiaries in all parts of the country should have access to bilingual services.

Adjournment

Ms. Perry thanked Dr. Yee for her comments. She said that written comments could be submitted for the record within the following five working days.

The next APME meeting would be held on Wednesday, January 10, 2001 at the Madison Hotel in Washington, D.C., 1177 – 15th Street (15th & M Streets) NW.

The meeting was adjourned.

Carol Cronin, Chairperson

Advisory Panel on Medicare Education

Michael McMullan, Acting Director

Center for Beneficiary Services