

Technical Expert Panel (TEP) Nomination Form

Project Title:

Development of Measure to Assess Accountable Care Organizations' (ACOs) Year-to-Year Improvement in Acute Admission Rates

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) is developing a novel methodology to assess year-to-year improvement in three ACO risk-adjusted outcome measures. Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE) is leading the work under contract to CMS. As part of its measure development process, CMS/CORE is convening a panel of stakeholders and experts to contribute to measure development.

CMS/CORE previously developed three ACO risk-adjusted acute admission measures that CMS has added to the Shared Savings Program measure set. The three measures evaluate how each ACO's acute admission rate for patients with diabetes, heart failure, and multiple chronic conditions compare to what would be expected given the rates for other providers with similar patients. In other words, the three measures assess each ACO's performance relative to that of other providers. Hence, if all providers lower their rates substantially from one year to the next but one ACO lowers its rate less than average, the ACO will look worse on these measures of relative performance in the second year even though it is improving. The ACO improvement measure under development, in contrast, will assess whether each individual ACO improved its acute admission rate, independent of other providers' progress.

Project Objectives:

- ◆ The primary goal of this project is to develop an administrative claims-based, risk-adjusted improvement measure to assess ACO-level year-over-year improvement in the rate of acute, unplanned admissions.

TEP Expected Time Commitment:

- ◆ TEP members will need to be available to participate in one or two 1-2 hour teleconferences between May 2015 and September 2015. TEP members will need to review materials provided in advance of the teleconferences.
- ◆ CORE recognizes that TEP members may not be able to attend both meetings, but we expect members to attend at least one meeting and review and comment on materials for any meeting they cannot attend.

TEP Requirements:

A TEP of approximately 10-15 individuals will provide critical input on the construction of the measure, including model development and performance. The improvement measure will use (and not reevaluate) clinically driven decisions made previously for the diabetes, heart failure, and multiple chronic conditions measures (i.e., we will use the same patient cohort, the same outcome, and the same risk-adjustment variables). Hence, the TEP for this measure will benefit relatively less from clinical expertise and more from statistical methods and policy expertise. We are therefore seeking individuals with the following perspectives and areas of expertise for the TEP:

- ◆ Subject matter expertise: ACO design, quality performance standards and management
- ◆ Quality measure development and quantitative methodology
- ◆ Consumer/patient/family perspective
- ◆ Healthcare disparities
- ◆ Performance measurement
- ◆ Quality improvement
- ◆ Purchaser perspective

Patient Nominees:

CORE is seeking patients aged 65 years and older to participate on a TEP. We are seeking patients with one or more chronic conditions, such as diabetes or heart failure. Patient nominees should submit a completed and signed TEP Nomination Form and letter of interest as described below but are not required to submit a curriculum vitae. If potential patient participants wish to keep their names confidential in public documents, that request can be accommodated. Any questions about confidentiality will be answered by the TEP organizers

Instructions:

Applicants/nominees must submit the following documents with this completed and signed form:

- ◆ A letter of interest (not to exceed two pages) highlighting experience/knowledge relevant to the expertise described above and involvement in measure development.
- ◆ *Curriculum vitae* or a summary of relevant experience (including publications) for a maximum of 10 pages. (Patient participants may elect to keep their names confidential in public documents.)
- ◆ Disclosure of any current and past activities that may indicate a conflict of interest. As a contractor for the Centers for Medicare & Medicaid Services (CMS), CORE must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.*
- ◆ Send the completed and signed TEP Nomination form, statement of interest, and CV to CORE with “Nomination” in the subject line at primarycaremeasures@yale.edu by 5:00pm May 13, 2015, Eastern Time.

Potential TEP members should be aware that participation on the TEP is voluntary. Individuals wishing to participate on the TEP should understand that their input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If a participant has disclosed private, personal data by his or her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If potential patient participants wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by CORE.

*All potential TEP members must disclose any significant financial interest or other relationships that may influence their perceptions or judgment. It is unethical to conceal (or fail to disclose) conflicts of interest. However, the disclosure requirement is not intended to prevent individuals with particular perspectives or strong points of view from serving on the TEP. The intent of full disclosure is to inform the measure contractor, other TEP members, and CMS about the source of TEP members' perspectives and how that might affect discussions or recommendations.

Applicant/Nominee Information (Self-Nominations Are Acceptable):

- ◆ Name, Credentials, Professional Role:

- ◆ Organizational Affiliation, City, State:

- ◆ Contact Information: (mailing address, telephone, email)

Person Recommending the Nominee:

Complete this section only if you are nominating a third party for the TEP. You must sign this form and attest that you have notified the nominee of this action and that they are agreeable to serving on the TEP. The measure contractor will request the required information from the nominee.

- ◆ Name, Credentials, Professional Role:

- ◆ Organizational Affiliation, City, State:

- ◆ Contact Information: (mailing address, telephone, email)

I attest that I have notified the nominee of this action and that the nominee is agreeable to serve on the TEP.

Signature: _____ Date: _____

Applicant/Nominee's Disclosure:

- ◆ Do you or any family members have a financial interest, arrangement, or affiliation with any corporate organizations that may create a potential conflict of interest? Yes/No.

If yes, please describe (grant/research support, consultant, speaker's bureau, and major stock shareholder, other financial or material support). Please include the name of the corporation/organization.

- ◆ Do you or any family members have intellectual interest in a study or other research related to the quality measures under consideration? Yes/No.

If yes, please describe the type of intellectual interest and the name of the organization/group.

Applicant/Nominee's Agreement:

- ◆ If at any time during my service as a member of this TEP my conflict of interest status changes, I will notify the measure contractor and the TEP chair.
- ◆ It is anticipated that there will be two to three teleconference meetings between May 2015 and September 2015. Teleconference meeting will last between one to two hours. I am able to commit to attending the TEP meetings in person, by teleconference, or by mutually agreed-upon alternative means.
- ◆ If selected to participate in the TEP and the measures are submitted to a measure endorsement organization (such as the National Quality Forum), I will be available to discuss the measures with the organization or its representatives and work with the measure contractor to make revisions to the measures, if necessary.
- ◆ I understand that my participation on the Technical Expert Panel is voluntary. As such, I understand that my input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If I have disclosed private, personal data by my own choice, then that material and those communications are not deemed to be subject to any confidentiality laws.
- ◆ If selected to participate in the TEP, I will keep all materials and discussions confidential until such time that CMS authorizes their release.

I have read the above and agree to abide by it.

Signature: _____ Date: _____

For patient participants only: I wish to keep my name confidential. Yes/No.