

# Technical Expert Panel Nomination Form

## ***Project Title:***

Development of Potentially Preventable Readmission Measures for Skilled Nursing Facilities (SNFs), Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Home Health Agencies (HHAs)

## ***Project Overview:***

The Centers for Medicare & Medicaid Services (CMS) has contracted with RTI International and Abt Associates to develop potentially preventable readmission measures, in alignment with the Improving Post-Acute Care Transformation Act of 2014 (known as the IMPACT Act). The contract names are Development and Maintenance of Symptom Management Measures (HHSM-500-2013-13015); Task Order HHSM-500-T0001) and Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance (HHSM-500-2013-13001); Task Order HHSM-500-T0002). As part of its measure development process, CMS asks contractors to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure contractor during measure development and maintenance.

The purpose of this project is to develop, maintain, re-evaluate, and implement outcome and process quality measures that are reflective of quality care for the PAC settings, to support CMS quality and Quality Improvement Organization (QIO) Program missions that include the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP), the Inpatient Rehabilitation Facility (IRF) QRP, the Nursing Home (NH)/Skilled Nursing Facility (SNF) QRP, and the Home Health (HH) QRP. The cross-setting readmissions measures will be applicable to all post-acute care settings.

## ***Project Objectives:***

- ◆ To develop an approach for defining potentially preventable readmissions (PPRs) for post-acute care (SNF, IRF, LTCH, HHA).
- ◆ To develop potentially preventable readmissions measures for multiple settings (SNF, IRF, LTCH, HHA), including standardized items and specifications such as inclusion/exclusion criteria, and patient and facility characteristics--factors associated with outcome measures (risk adjusters).
- ◆ To obtain setting-specific input on PPR quality measures' application and implementation.

## ***TEP Expected Time Commitment:***

- ◆ The Technical Expert Panel is expected to meet once for an all-day, in-person meeting in July 2015. RTI will request additional follow-up input from TEP members after the initial meeting. Work groups from this TEP will be reconvened via webinar to discuss setting-specific issues.

## **TEP Requirements:**

A TEP of approximately 10-15 individuals will be selected to provide input. The TEP will be composed of individuals with the following areas of expertise and perspectives:

- ◆ Cross-setting expertise: post-acute care: Skilled Nursing Facility, Inpatient Rehabilitation Facility, Long-Term Care Hospital, Home Health Agency
- ◆ Consumer/patient/family perspective
- ◆ Performance measurement with regard to hospital readmissions
- ◆ Quality improvement
- ◆ Purchaser/insurer perspective
- ◆ Research methodology, including risk adjustment
- ◆ Data collection and implementation perspective
- ◆ Health and health care disparities

## **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) in 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 CMS, RTI International and Abt Associates 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 RTI International with "Nomination" in the subject line to [nchong@rti.org](mailto:nchong@rti.org). Due by close of business June 1<sup>st</sup>, 2015.

Potential TEP members must be aware that participation on the Technical Expert Panel is voluntary. Individuals wishing to participate on the TEP should understand that their input will be audio-recorded for the purpose of informing accurate meeting minutes and any TEP-associated deliverables under RTI's contract with CMS. 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 RTI International.

\*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 they 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 he or she is 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 one in-person TEP meeting in July 2015. Work groups from this TEP will be reconvened via webinar to discuss setting-specific issues. 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.