

TECHNICAL EXPERT PANEL NOMINATION FORM

Project Title: Reevaluation of Inpatient Claims-Based Outcome Measures

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE) to reevaluate CMS claims-based hospital outcome measures previously developed by CORE. This work is done under the Development, Reevaluation, and Implementation of Outcome/Efficiency Measures for Hospital and Eligible Clinicians, Base Year contract; (HHSM-75FCMC18D0042, Task Order HHSM-75FCMC19F0001). As part of its measure reevaluation process, CORE convenes groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer during measure development and maintenance.

Project Objectives:

The primary goal of this project is to gather expert and stakeholder input on the reevaluation of previously developed claims-based hospital outcome measures currently in public reporting. Technical Expert Panel (TEP) feedback will inform the refinement of claims-based hospital outcome measure risk models.

TEP Expected Time Commitment:

CORE recognizes that TEP members may not be able to attend all meetings, but we expect members to attend a majority of meetings, as well as review and comment on materials for the meetings they cannot attend.

In addition, the TEP members will review materials provided in advance of teleconferences and complete any online surveys.

TEP Requirements:

A TEP of approximately 10 to 15 individuals will inform the refinement of the measure's risk variable definition, which will consider the use of present on admission (POA) codes in defining complications of care. The TEP will be composed of individuals with differing areas of expertise and perspectives, such as:

Subject Matter Experts:

- Methodologists
- Biostatisticians
- Consumers/patients/family caregivers
- Patient advocates
- Experts in healthcare disparities
- Experts in quality measure development and evaluation

- Experts in measure risk adjustment
- Experts in medical coding (ICD or Medicare claims coding)
- Diverse clinical experts from multiple medical or surgical specialties
- Professionals with experience working in critical access hospital

Patient Nominees:

CORE is seeking patients, patient advocates, and caregivers to participate on a TEP. We are seeking patients, patient advocates, and caregivers who have experience with readmissions/mortality, who have experienced conditions such as acute myocardial infarction (AMI), heart failure, or stroke, or who have undergone coronary artery bypass graft or total hip/knee arthroplasty procedures, to join the TEP. Patients with one or more of the defined experiences can provide unique and essential input on quality measures based on their own experience and perspective. 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.

Instructions:

Applicants/nominees must submit these 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, if any. Consumer/patient/family caregiver applicants/nominees are not expected to have experience in measure development.

Curriculum vitae or a summary of relevant experience (including publications) for a maximum of 10 pages. Consumer/patient/family (caregiver) applicants/nominees are not required to submit a curriculum vitae.

Send this completed and signed TEP Nomination form, statement of interest, and CV to CORE with “Nomination” in the subject line at cmsreevaluationmeasures@yale.edu. **Due by 5pm ET on October 25, 2019.**

Potential TEP members must be aware that participation on the TEP is voluntary. As such, 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 developer, 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:

Role:

Organizational Affiliation, if any:

City:

State:

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 developer will request the required information from the nominee.

Name:

Credentials:

Role:

Organizational Affiliation, if any:

City:

State:

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:

This section addresses disclosure of any current and past activities that may indicate a conflict of interest. As a measure developer for the Centers for Medicare & Medicaid Services (CMS), CORE must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.

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, describe (grant/research support, consultant, speaker's bureau, and major stock shareholder, other financial or material support). 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, 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 developer and the TEP chair.

It is anticipated that there will be approximately one to two teleconference meetings between October 2019 and March 2020. 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 developer to make revisions to the measures, if necessary.

I understand that my participation on the TEP 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.

Technical Expert Panel Nomination Form

Signature: _____ Date: _____

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