

Running a Technical Expert Panel (TEP)

Your Guide to TEPs for Clinical Quality Measure Development



ABOUT THIS GUIDE

Who is this guide for?

This resource is intended for professionals who are developing quality measures but not contracted through the Centers for Medicare and Medicaid (CMS) to do so.

What is the purpose of this guide?

The purpose of this resource is to help you plan and implement a Technical Expert Panel (TEP) as part of your measure development process.

How does this guide differ from the *Blueprint*?

The *Blueprint for the CMS Measures Management System* (“the *Blueprint*”) offers detailed information about the measure development process, including how to run a TEP. Because the *Blueprint* is a guide for CMS-contracted measure developers, some content may not be relevant to you. Accordingly, you can use this guide to learn how to run your TEP, but you may find the MMS *Blueprint* to be a valuable, complementary resource that offers additional best practices that you wish to adopt.

How do you use this guide?

This document was made to be read from start to finish. However, if you are viewing this guide as a PDF, there are several navigational features you can use:

- The next page is a table of contents to help you find the information you need. Click on any of the items in the menu to skip forward to that section.
- There is also a **Return to Main Menu button** at the end of each section. When available, the button is in the lower right-hand corner of the page.
- Some text links to webpages to help you find more information. This text is underlined to show you can click on it to visit that webpage.

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INTRODUCTION

This section provides background information on Technical Expert Panels (TEPs), including why TEPs are important in quality measure development. It also describes the roles and responsibilities for you and your TEP members, as well as when in the measure development process to involve your TEP.



Involving diverse stakeholders can increase buy-in and ownership among the communities affected by the measure(s) you develop and ensure measures are easily understood, relevant, and useful to your stakeholders.



What is a Technical Expert Panel (TEP)?

A TEP is a group of people who share ideas and opinions to help develop a quality measure or address another quality measurement topic. TEPs work best with a diverse group of people who offer expertise in a variety of areas, including measure developers, patients and family members, healthcare professionals, patient advocates, subject matter experts, statisticians, quality improvement experts, and electronic health record vendors.

What is the Role of TEPs in Quality Measure Development?

Technical Expert Panels (TEPs) contribute to the development of quality measures. To help develop high-quality, patient-centered, meaningful measures, members of a TEP use their knowledge and experience to:

- Review new measure ideas and recommend which ones should be developed further.
- Review results from the testing of measures that are currently being developed.
- Advise the measure developer on which measures should be recommended to CMS based on criteria, including if patients will find the measure(s) meaningful and important.
- Give feedback on other quality measurement and measure development topics.

How Can a TEP Enhance Your Measure Development Process?

Technical Expert Panels:

- Engage in thoughtful, expert-level discussions about quality issues related to your measure.
- Foster the inclusion of diverse perspectives from stakeholders who will be affected by your measure.
- Help facilitate development of measures that truly reflect the needs and preferences of patients, caregivers, clinicians and other diverse stakeholders.
- Promote transparency in the measure development process.

As a measure developer, you can use TEP feedback to help make sure the measures you develop meet the NQF Criteria for Evaluation:

- Importance to Measure and Report
- Scientific Acceptability of Measure Properties
- Feasibility
- Usability and Use
- Related and Competing Measures



Who Is In a TEP and What Do They Do?

TEPs work best when they are made up of people with diverse expertise and backgrounds. The composition of your TEP and number of panel members per group will depend on the purpose and individual needs of your TEP. Possible TEP members include:

- **Measure developers:** subject matter experts in the development, implementation, and maintenance of measures.
- **Patients:** individuals who are participating in their health and wellness. This might be someone who sees their primary care practitioner once a year, who gets home health service, uses home and community-based services, or who uses hospital services.
- **Family members and caregivers:** people who support a patient receiving health care and need support making informed health care decisions. This can include informal or primary caregivers.
- **Clinicians:** healthcare professionals who provide care for patients, including physicians, nurses, pharmacists, or other allied health professionals.
- **Facility representatives:** individuals from organizations that provide medical services to patients, including hospitals, skilled nursing facilities, home health agencies, community-based providers, and outpatient centers.
- **Representatives from other stakeholder groups and areas of expertise:** individuals from organizations with interests relevant to your measure, which may include health insurance providers, academic researchers, statisticians, methodologists, electronic health record system vendors, and government agencies (local, state, and federal).

What You Can Expect from the Members of Your TEP

The contributions of TEP members are different for each TEP. You will communicate your expectations for potential members when you draft your Call for TEP, which is a request for nominations (more information about this document is provided [in the Call for TEP section](#)). This information is usually explained in the “TEP Expected Time Commitment” section of the Call for TEP.

Most importantly, you want the members of your TEP to share their unique perspectives. You will ask them to:

- Participate in several meetings about improving the quality of healthcare
- Agree to have their comments shared with the general public
- Be available for all TEP activities for the given timeframe

The importance of including patients and family members (or caregivers) in your TEP

Participants on a TEP, including patients and family members, share their expertise and experiences to help make measures more effective and impactful on health care quality. CMS has made patient and family participation a top priority because:

- These individuals have a key viewpoint on what is important and useful in healthcare.
- Engaging patients and family members benefits consumers by helping to identify issues that are important and meaningful from their perspective.
- Their input helps identify information that consumers need to make informed healthcare decisions.
- Patient/family engagement helps you (as well as other developers and CMS) produce high-quality measures that are patient-centered and easily understood, relevant, and useful to consumers.
- Their involvement helps measure developers and CMS develop messaging that resonates with and reflects healthcare quality issues that are important to the public.

That's why you are encouraged to:

- Include at least two patients and/or family members (or more, depending on the size and focus of your TEP) who can share their experience related to the measure topic.
- Get patients and family members involved as soon as possible in the measure development process.

A Resource for Engaging Patients and Family/Caregivers

A comprehensive guide on engaging patients and family members in your measure development process is available on the MMS website. [*The Person and Family Engagement \(PFE\) Toolkit: A Guide For Measure Developers*](#) was produced under the CMS contract Outcomes Research and Evaluation by the Yale New Haven Health Services Corporation. It offers in-depth guidance on best practices for working with this key stakeholder in quality measure development.





Your Responsibilities When Running a TEP

As a measure developer running a TEP, you will coordinate and lead all TEP activities from beginning to end. There are several steps you will need to take along the way. A list of the major activities is provided here, and greater detail on these steps is provided later in this document. Additionally, the *Blueprint* offers highly detailed information about what to do when running at TEP. Please note, however, that when you are not a CMS-contracted measure developer, you do not have to follow the *Blueprint* exactly, and some steps there may not be relevant to you (e.g., you will not have to submit documents to a contracting officer for approval).

As the leader of your TEP, you will:

1. Draft a TEP charter and a Call for TEP to request nominations for your TEP
2. Share the Call for TEP and promote the opportunity to groups of potential participants
3. Review nomination applications and select members for the TEP
4. Plan a framework for how you will implement and utilize your TEP
5. Coordinate TEP meeting preparation, including scheduling, communicating with TEP members, and providing meeting materials in advance
6. Engage all members in participation at TEP meetings
7. Facilitate and take minutes at TEP meetings (or delegate as needed)
8. Prepare a TEP summary report after the TEP has concluded and share as needed



When to Convene Your TEP

The best time to start the TEP process will depend on the type and focus of the measure or concept you are developing. Often, it is best practice to convene the TEP shortly after you complete the early conceptualization activities (e.g., environmental scan, literature review). This can ensure that TEP feedback is received in time to make a difference in your development process, and it allows TEP members to engage with the measures from conceptualization.

Consider obtaining TEP input at the following points during the measure lifecycle:

- Conceptualization, after completing initial information-gathering activities, to assist with development of the business case
- Specification development, before or after alpha testing
- After beta testing
- Throughout implementation, including pre-rulemaking if applicable

How Your TEP Can Contribute Across the Measure Development Lifecycle

What follows are ways that your TEP can participate during each of the five phases of the quality measure development lifecycle. Please note, however, that these are not required contributions for every TEP. The members of your TEP should contribute in whatever ways will have a positive impact on the measure(s) you're developing.

1. Conceptualization Phase

- Gather information to give input on topics and importance
- Refine a list of potential measure concepts to identify those most appropriate for further development
- Apply the [measure evaluation criteria](#) to the candidate measures
- Assess feasibility, including the viability of alternative methods to address the measurement opportunity
 - For example, a measure might be originally designed as an electronic clinical quality measure (eCQM), but the TEP could determine that the measure is not feasible as an eCQM but is feasible as a different type of measure.

2. Specification Phase

- Construct technical specifications
 - For example, the TEP can help translate clinical guidelines or evidence into detailed specifications by weighing in on data element definitions, timing, or defining the measure components (numerator, denominator, exclusions, etc.)
- Provide input about the risk-adjustment model and other considerations for risk adjustment outcome measures

3. Testing Phase

- Analyze or interpret testing results
- Suggest refinements to the measure specifications based on findings from testing
- Review updated measure evaluation and updated specifications
 - See the [National Quality Forum \(NQF\) website](#) for more information and resources (e.g., [the Feasibility Scorecard for eCQMs](#)).

4. Implementation Phase

- Respond to questions or suggestions that arise from:
 - The Measure Applications Partnership (MAP)
 - Public comment
 - The NQF Endorsement process
 - Other stakeholder input

5. Use, Continuing Evaluation, and Maintenance Phase

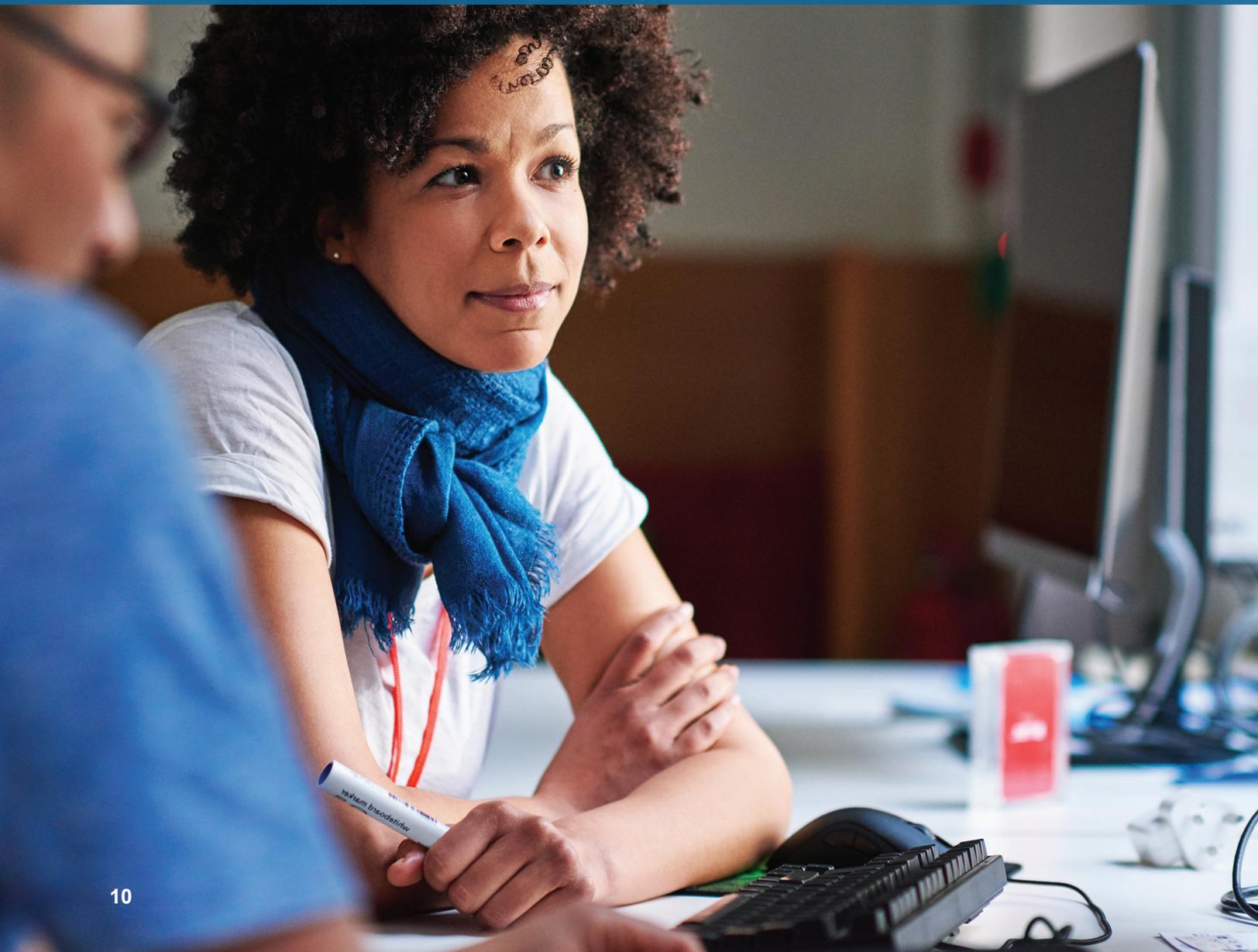
- Review measure performance during comprehensive reevaluations
- Review other information, specifications, and evaluation as needed

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THE STEPS TO RUN A TEP

This section provides information about the steps you need to take to get your TEP started, including how to:

- Plan the TEP Framework
- Establish the TEP
- Organize the TEP meetings (before, during, and after)
- Conclude the TEP



Planning the TEP Framework

Prior to measure conceptualization, you should put together a comprehensive plan outlining how the TEP will operate and be incorporated during the measure lifecycle. This plan will be useful later when you develop documents needed to establish your TEP. The following questions can help you identify how to run your TEP in a way that will be most useful to your measure development process.

What's the Purpose of the TEP?

Perhaps one of the most important questions to consider is what you would like the TEP to accomplish. As described previously, there are many ways for the TEP to contribute across the lifecycle. By deciding how you want the TEP to help with measure development, you can then begin to identify answers to other important planning questions, including when the TEP will meet, what the TEP will do when they meet, and so on.

Examples of Your Purpose Driving the TEP Planning

Clarifying what you want to get out of your TEP early on is essential. Here are two examples of how purpose could help clarify how a TEP might proceed:

1. Consider whether obtaining specific types of clinical input on your measure is a priority. If, for example, you are from an organization that has less experience in that area, then you might want to prioritize the recruitment of experts in relevant areas that will help you a lot during conceptualization and specification.
2. Perhaps you need the TEP to provide feedback on a controversial or difficult subject and want to make sure the perspectives of the primary users and/or most impacted stakeholders are heard. In that case, you should prioritize patient/caregiver perspectives and practicing clinicians who can help you think through unintended consequences and face validity. Those people might need to be heavily involved throughout the process, but especially in conceptualization and implementation.

When and How Will the TEP Meet?

There are many ways for the TEP to contribute across the lifecycle. As such, the TEP meets at the points in the lifecycle when you most want them to contribute. A best practice noted by other measure developers is to establish your TEP early in the process, usually soon after information-gathering activities, so you can involve your TEP when needed.

Create an Estimated Schedule

It is helpful to create an estimated schedule for when your TEP will meet because you can include that schedule in your request for nominations for TEP members (more information provided in [the Call for TEP section](#)). This may help you attract members who will be available to participate and avoid running into scheduling conflicts with members later. You don't have to have an exact schedule at this point (unless you want one), but even an estimated schedule could help applicants better understand how often and roughly when the TEP will meet. For example, one TEP indicated in their charter ([see more about charters](#)) the exact dates for the first two meetings but then provided approximate timeframes for later meetings (e.g., "late February" or "early next summer").

Decide if Meetings will be Virtual or In Person

Another important logistical point to determine early in your TEP process is deciding if your TEP will meet in person or virtually. TEP meetings may be held in person, via teleconferencing (audio or video), or a combination of the two. When considering whether virtual or in-person interaction is preferable, consider who the members of your TEP will be and what you want to accomplish. Typically, face-to-face meetings are recommended, if resources permit, to promote high-quality engagement and discussion.

These are some points to consider when deciding:

- Your members' needs should be anticipated and addressed:
 - o Virtual meetings should be used only when you can be sure that all members will be able to participate effectively, regardless of any potential literacy, socioeconomic, or technology-related constraints (e.g., some at-risk populations may not have reliable access to the Internet).
 - o Conversely, some participants may experience difficulty with travel related to in-person meetings, especially patients still undergoing certain kinds of treatment.
- For in-person meetings, you'll need to help TEP members coordinate travel and hotel arrangements.
- A primary advantage of using a virtual approach is that it presents low burden to you and the TEP members and typically costs less to convene than in-person meetings.
- If you use virtual technology, work with all participants in advance of each meeting to ensure they know how to use the technology and that technical support is available to all participants prior to and during the meeting.

How Will the Agenda Be Formulated?

After you've established what you want your TEP to do and when they will meet, you can start planning specific details for what you will cover at each TEP meeting. It is a recommended practice to spend some time at the first meeting allowing members to introduce themselves and describe their relationship to the measure content you'll be discussing, including any disclosures. In particular, it can be engaging and energizing to ask the patients and family members (or caregivers) in your TEP to share their stories early on because it connects the TEP to people's experiences of the healthcare system. By setting aside some time to "break the ice" with your group early on, your members will likely feel more comfortable sharing their ideas later, making the TEP run more smoothly and yield more useful input.

TEPs usually meet for full group discussions, either virtually (online or by phone) or in person, but you can sometimes use breakout sessions or other more individualized methods to interact with TEP members. For example, if your TEP will meet for several hours, a combination of large group discussion and small group breakout sessions can help keep conversations fresh, plus some people will be more comfortable speaking in small groups.

Some questions to consider when planning activities for your TEP meeting(s) are:



What input do you want from the TEP members?



What time and budget constraints does your team need to consider?



Will you be meeting in-person or virtually?



How much time will you have with the TEP members?



How does the composition of your TEP impact the types of background information you provide to them?



Are there certain subgroups of your TEP with whom you would like to interact to foster important dialogue?

A Case Study About Running a TEP

To help you plan the framework of your TEP, a case study about running a TEP is provided here.

Measure Development Team A wanted to develop electronic clinical quality measures (eCQMs) related to end-of-life care in the hospital setting. To enable them to gather expert opinions as early as possible in their measure development process, the project team decided to recruit and convene a TEP just as they began their environmental scan. In doing so, they could seek TEP feedback on the results of the scan and use their input to help select one or more measure concepts for further development. Their plan was to convene the TEP in-person for a kick-off meeting immediately following the completion of the environmental scan to build rapport among the panelists while familiarizing them with the goals of the project. After that initial meeting, the team planned to host four teleconferences per year to engage the TEP in each phase of the measure process. The team opted for teleconferences for two reasons: (1) budgetary constraints and (2) teleconferences offer more flexibility than in-person meetings, which require more advance planning. Because measure development timelines can be unpredictable, the team wanted to ensure that they could engage the TEP when their feedback would be the most beneficial.

Because they didn't yet know exactly what measure(s) they would ultimately develop, their goal was to recruit a TEP comprised of experts that could help shape potential measure concepts into testable measure specifications. The team knew this would affect their TEP recruitment in several ways:

- They needed to recruit clinicians (doctors, nurses, and other clinical staff) with experience treating terminally ill patients—including those with a background in clinical oncology, pain management, internal medicine, geriatrics, and so on.
- Their TEP should also heavily feature patients (or more likely, their caregivers or family members) who could provide perspectives on experiencing end-of-life care in that setting.
- Their TEP should include representatives from hospital EHR IT or informatics staff, who understand the constraints of the EHR as related to quality measurement.
- The team hoped to recruit at least one quality measurement expert or methodologist who could help interpret testing findings to further refine the measures, when they got to that point in the process.

Thus, in the Call for TEP, the team sought 8-10 individuals with subject matter expertise in these areas:

- End-of-life care, palliative care, and hospice care in the acute care hospital setting
- Quality measurement and/or quality improvement
- Nursing informatics or healthcare IT
- Consumers/patients/family caregiver perspectives
- Patient advocacy

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Establishing the TEP

The key steps to establishing your TEP are to draft the charter, solicit nominations for members, select members, and post your member listing. Further detail for each step is provided in the following sections.

1) Draft the Charter

When you begin the TEP process, one of your first steps is to draft a TEP Charter. The TEP Charter is a document that explains to prospective TEP members the purpose and level of commitment required for the TEP you're going to lead. The document will be ratified at the first TEP meeting.

The primary items to include in the charter are:

- TEP goals and objectives
- TEP scope of responsibilities and how you will use its input
- TEP use of the Measure Evaluation criteria
- Estimated number and frequency of meetings
- Interest in participating in future maintenance activities



Where to Find More Information

A template is available in the "Forms and Templates" section of the *Blueprint*.

2) Solicit Nominations for Members

Another early step in establishing your TEP is recruitment, which begins with drafting a Call for TEP and a TEP Nomination Form:

- **The Call for TEP** is a public announcement about your TEP that asks for nominations and self-nominations of people to participate in your TEP
- **The TEP Nomination Form** is the application people will complete to nominate someone or self-nominate.

2a. Draft the Call for TEP and TEP Nomination Form

Call for TEP: This document clearly describes the purpose, expectations, and time commitment for the TEP. Include the following items in your Call for TEP:

- Overview of the measure development project
- What healthcare quality issues your measure addresses
- How you plan to improve the quality of healthcare through your measure
- Project objectives
- Types of expertise needed
- Information from the draft charter that explains the TEP objectives, scope of responsibilities, etc.
- Expected time commitment for TEP members, including anticipated meeting dates and locations and any ongoing involvement that is expected to occur throughout the development process
- Instructions on how to access the nomination form
- Instructions on what information to include in the nomination application (e.g. name, email address)
- Information on confidentiality of TEP proceedings and how the TEP summary report will be used
- The email address where TEP nominations and any questions can be sent
- The conflict of interest disclosure

Plain Language Reminder

Write your Call for TEP in plain language that can be understood by the general public. Doing so will help you attract nominations from people with varied expertise, personal experiences, perspectives, backgrounds, and training.

Conflicts of Interest

Conflict of Interest Disclosure: All potential TEP members must disclose any current and past activities that may pose a potential conflict of interest for performing the tasks required of the TEP. A conflict of interest exists when an individual (or entity) has more than one motivation for trying to achieve an objective. In measure development, this situation arises when an individual has opportunities to affect specifications for quality measures that impact an interest with which the individual has a relationship. If a member's status changes and a potential conflict of interest arises at any time while a member is serving on the TEP, the TEP member is required to notify the measure developer and the TEP chair.



Where to Find More Information

Consider using the “Technical Expert Panel Call for TEP Web Posting” form in the *Blueprint* as a general outline for what information to include in your Call for TEP. A template is available in the “Forms and Templates” section of the *Blueprint*.

TEP Nomination Form: This application form gathers key information you need to consider, select, and contact the members of your TEP. There is a “Technical Expert Panel Nomination Form” template in the *Blueprint* that you can use to make your TEP Nomination Form, and the template can be modified to meet the needs of your particular TEP and selection process. This template is also available in the “Forms and Templates” section of the *Blueprint*.

When to Create and Promote the Call for TEP

Some developers have indicated that it's a best practice to post the Call for TEP at the same time that you conduct the environmental scan, literature review, and other tasks that require TEP review. Doing so will make these findings available at the TEP meetings. However, this may not apply to all TEPs. Generally, you should post the Call for TEP as early in the measure development process as possible to make sure you have opportunities for the TEP to provide useful feedback.

2b. Post your Call for TEP

There is no specific website where you must post your Call for TEP, but posting it online will give you a location to point to when you publicize the call to potential applicants (see step 2c below). Consider posting on your organization's website, social media, or on relevant specialty society websites.

2c. Publicize Your Call for TEP & Notify Relevant Stakeholders

First, write down a wish list of the different perspectives you want to include in your TEP. Then identify organizations that represent people with those perspectives, as these organizations can help you make sure the right people know about your Call for TEP. If you are developing measures that are all based on a similar topic, focus your recruitment efforts on experts and patients with backgrounds related to that topic. If you are developing several measures unrelated to each other, consider a crosscutting group of stakeholders well-positioned to comment across topics.

Next, to encourage a high volume of nominations to choose from, it's best practice to promote your Call for TEP widely using a mix of activities. Some options include:

- Contact medical associations, setting-specific associations (e.g., American Hospital Association), and other professional associations from the list of organizations you made and ask them to share your call with their members through newsletters and/or listserves.
- Ask colleagues in your professional networks to help you share your call.
- Network with clinicians and other healthcare professionals relevant to your measure topic.
- Post on social media, such as Twitter, LinkedIn, and Facebook
- Reach out to other websites that may be related to the measure topic and ask them to post your Call for TEP
- Consider identifying a short list of individuals you contact directly to participate.
- Share your Call for TEP with other relevant groups, such as:
 - o National Quality Forum measure developer groups
 - o Electronic health records and interoperability standards development organizations and industry organizations involved with clinical data collection and exchange
 - o Scientific organizations related to the measure topic
 - o Quality alliances
 - o Clinical data registries
 - o Other measure developers

To promote a higher volume of nominations, send reminder emails to your contacts during the week before the nomination period closes. Consider extending the Call for TEP if you don't get enough nominations when the original deadline closes, and then reach out to additional individuals who might be able to participate as well as relevant organizations.



Where to Find More Information

For more information, see the sub-section titled "Notify Relevant Stakeholder Organizations" in the "In-Depth Topics" section of the [*Blueprint*](#).



How to recruit patients and family members (or other caregivers) for your TEP

To ensure you have nominations from patients and family members (or other caregivers) to choose from when you select members for your TEP, it is best practice to promote your Call for TEP through:

- Contacting national, regional, and local organizations related to your measure topic that represent or interact with patients and caregivers, such as:
 - o Consumer advocacy organizations, such as the American Association of Retired Persons (AARP) Inc. In addition to the advocates, they may have information on persons who are capable and willing to contribute. Note: Patient advocates may be appropriate for inclusion in the TEP but should not replace actual patient and caregiver participants.
 - o Condition-specific advocacy organizations such as the American Diabetes Association or the Michael J. Fox Foundation for Parkinson's Research that may know of individuals who are active in support groups and knowledgeable about quality for those specific conditions.
 - o Some organizations such as the PCORI Patient Engagement Advisory Panel have patient engagement representatives who are experienced mentors and know people who are able to participate.
 - o Patient forums and networks, such as [Patients Like Me](#).
- Networking with providers or clinicians currently active on TEPs who may be willing to place recruitment materials where patients or their family members may see them.
- Using social media outreach, such as Twitter, Facebook, and other social media platforms, which are low-cost and can be very effective.

By sharing your Call for TEP with such organizations, your contacts may directly nominate specific individuals who qualify for your TEP, or they may help share information about the Call for TEP with their stakeholders. This may lead to valuable word-of-mouth distribution of your posting.



Where to Find More Information

See the sub-section titled “Person and Family Engagement” in the “In-Depth Topics” section of the [Blueprint](#) for best practices and more information for incorporating this valuable perspective into your TEP.

Examples of advocacy organizations and support groups that may provide ways to reach out to patients and family members/caregivers about getting involved in quality measure development:

- AARP
- The Empowered Patient Coalition
- WebMD
- Patient Voice Institute
- AgingCare.com
- Caring.com
- Connecticut Center for Patient Safety
- Daily Strength
- Informed Medical Decisions Foundation
- MD Junction
- Med Help
- Patients Like Me
- CMS Quality Measures Public Comment
- People for Quality Care
- National Quality Forum



The *Person and Family Engagement (PFE) Toolkit: A Guide For Measure Developers*, produced under the CMS contract Outcomes Research and Evaluation by the Yale New Haven Health Services Corporation, offers additional guidance on how best to recruit patients and family members for your TEP.

3) Select Members

The average TEP ranges from 8 to 15 members. This number may be larger or smaller depending on the nature of the measure being developed and level of expertise required.

When choosing TEP members from the nominated candidates, establish an objective ranking process for candidates and have at least 2 to 3 team members rate candidates. When reviewing nominations, consider each individual's expertise, personal experience, background, and training. TEPs work best with a diverse group of highly qualified people, so it is important to assemble a group that reflects diversity related to:

- Area of expertise (content vs. measure development knowledge)
- Geography (state, urban/rural)
- Affiliation (hospital/healthcare system, policy organization, academic institution)
- Experience (patient/caregiver, previous TEP participation)

For example, if recruiting a TEP to develop a series of measures related to opioids in the outpatient setting, include clinicians who specialize in pain management as well as other types of clinicians prescribing opioids to patients (e.g., primary care providers or orthopedic surgeons). But then also consider the types of facilities they represent. Clinicians from large academic health systems will have different perspectives than those from smaller, rural practices. Consider including a mixture of subject matter experts that includes clinicians alongside methodology experts with an understanding of measurement science.

Members can be patients, family members of patients, clinicians, caretakers, patient advocates, facility administrators, statisticians, quality improvement experts, methodologists, electronic health record vendors, measure developers, or other healthcare professionals. Individual members of the TEP may also represent multiple areas of expertise (e.g., a quality improvement expert who also has experience as a patient).

Consider including several patients that will represent different perspectives. The presence of more than one non-expert will reinforce that there is a place for patient feedback on the panel that is otherwise made up of highly credentialed clinical or technical experts, which can help these members of your TEP feel more empowered to share their ideas.

A Case Study About Running a TEP (continued)

To help you select members for your TEP, the case study from the “Planning the TEP Framework” section is continued here.

Measure Development Team A wanted to develop electronic clinical quality measures (eCQMs) related to end-of-life care in the hospital setting. The team received 30 nominations for their TEP. They were able to rule out five nominees outright because their experience didn’t align with the goals of the TEP. The team grouped the remaining 25 nominees, into five categories based on their background: clinicians (including doctors, nurses, and other clinical staff), patients/caregivers, EHR technical experts, quality measurement experts/methodologists, patient advocates, and other. Within the clinician bucket, the team broke them down further to determine their area of expertise (i.e., Internists, Oncologists, Geriatricians, etc.).

From there, the team ranked the nominees within each bucket to determine which candidates were (1) the most qualified for the TEP, and (2) which mix of candidates would yield the most diverse and effective TEP. They considered not only their expertise, but the types of facilities they represented (large academic centers vs. smaller rural community hospitals, for example) as well as their geographic distribution.

Ultimately, the TEP was comprised of 10 members: two patient caregivers, one patient advocate, two nursing informaticists (one of whom also had clinical experience related to end-of-life care and advance care planning), and five clinicians from a variety of practices areas (two of whom also had quality measurement expertise).

*Name and Credentials	State	Rural/Urban	Clinician (specialty)	Patient/Caregiver	Patient/Advocacy	EHR Expertise	Methodology	Previous TEP experience (Y/N)	Notes	Suitability for TEP: Scale 1-3
K. Jayne, MD	NY	Urban	Palliative Medicine				X	Y	Chief of Palliative Medicine at a large academic health center in NYC; background testing eCQMs	3
L. Bane, RN-BC	NY	Urban	ICU Nurse			X		Y	Nurse Informaticist with prior experience on measure development TEPs	3
R. Brown	AK	Rural	NA	X	X			Y	Caregiver for wife, who passed away in May 2017; advocate for terminally ill patients since Jan 2018	3
B. Corey, MD, PhD	AZ	Urban	Psychiatry and Palliative Care					N	Board-certified psychiatrist, part of interdisciplinary palliative care team at a large hospital in Phoenix	2
L. Wei, LCSW	IL	Urban	NA		X			N	Clinical social worker and patient advocate at a cancer center in Chicago	2
T. Atamian, CPHIMS	WI	Rural	NA			X	X	N	Health IT specialist at a rural health system; experience reporting measures to CMS	2

*Names and profiles are fictitious.

4) Notify the Members You Selected

After you have made your selections, reach out to your new TEP members to welcome them to the TEP, answer questions, and clarify responsibilities. When you contact them, ensure that they understand:

- The nature of their participation, especially issues of confidentiality and that their participation is voluntary
- The time commitment (and travel commitment, if relevant)
- The nature of the input being sought from them
- What stage of development the measure is in
- The timeline for this phase of work
- The overall timeline for completing measure development

It is also courteous to follow up with the nominees whom you did not select so they know that the review process has concluded. A short letter or email can thank them for their interest, encourage them to continue volunteering for quality measurement TEPs, and explain how they can access the results of your TEP when it's over (see [Concluding the TEP](#) for more details).

5) Post Your TEP Member List?

Unlike measure developers that are contracted with CMS, you are not required by CMS to post a listing of your TEP's members on the CMS website. However, if your organization requires you to post your TEP membership online, you can post it on the organization's website.

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Organizing the Logistics of a TEP Meeting

This section describes a step-by-step outline for the logistics you will need to do to host your TEP meetings. The steps are organized chronologically by stage: before the meeting, during the meeting, after the meeting. Note: many TEPs meet more than once, so these steps can be replicated each time you host a meeting.

Before the Meeting

1. Arranging Logistics

When to Meet

Depending on how completely you established the meeting schedule, you may need to finalize dates and times for your meetings. If so, you can:

- Coordinate scheduling of the entire set of meetings at the outset, or plan to finalize meeting dates and times on a rolling basis
- Schedule the next meeting each time you complete a meeting.

Consider polling your members at least one month before the meeting to find a meeting time that works for as many people as possible (note: free polling websites can be helpful for visualizing multiple people's availability).

As soon as the dates are known, communicate them to the group so members can plan accordingly.

Where to Meet

After you finalize the meeting date and time, you will need to arrange for logistics. This process will be different depending on if your TEP is meeting in person or virtually:

- **If you're meeting in person**, you will need to schedule a meeting place, coordinate travel and accommodations for yourself and your TEP members, coordinate catering or other meal options, and arrange for expense reimbursements.
- **If you're meeting by teleconference**, you will need to secure a meeting platform, schedule the meeting, share the technical details and instructions with mentors, support members who are unsure how to access the meeting technology, and help members troubleshoot if they have technical difficulties.

2. Select the Chair or Meeting Facilitator and Meet with Them

Invite a member of the TEP to be the chair or meeting facilitator, someone who serves as both a participant in the TEP as well as a facilitator. Ideal candidates for this role have either content or measure development expertise and strong facilitation skills. You can have more than one chair or facilitator, and you could also assign the facilitator role to a different member each meeting to share responsibility and offer diverse leadership styles.

They help you frame discussion questions and anticipate areas of confusion in meeting materials, while still bringing their expert perspective. With help from the measure development team, the chair/co-chairs will:

- Conduct the meeting in a timely and professional manner
- Adhere to meeting agendas
- Recognize speakers
- Call for votes, as needed

Meet with the chair(s)/facilitator(s) before each of the TEP meetings to prepare, discuss facilitation strategies, and ensure discussion questions are clear. This will promote a smooth, efficient meeting and heightened engagement from your TEP members.

3. Create the Agenda and Other Materials

Draft an agenda to help your members prepare for the meeting and follow along during the meeting. Other materials you can prepare in advance include:

- TEP roster
- Background information relevant to the measure(s) being developed
- Discussion questions you would like the group to consider
- Meeting slides
- Information regarding meeting logistics (for in person meetings this might include instructions about making travel arrangements, instructions for getting to the meeting site, parking, etc. For virtual meetings, this might include instructions about how to download virtual meeting software, dial in number, etc.)

Plain Language Reminder

Tailor your meeting materials to the experience of your TEP members, providing materials that are easy to use and can be readily understood by all participants. Incorporate visual aids and a glossary of new terms or acronyms, where appropriate, that will help people better understand the content.

4. Contact Members to Send Materials for Review & Discuss the Upcoming Meeting

Email the meeting agenda and other materials to the TEP at least one week prior to each meeting (note: mail hardcopies to any TEP members without email or internet access). Schedule preparatory calls with your members and encourage them to ask questions about any materials they don't understand.

Assign Mentors to the Patient and Family Member/Caregiver Members?

Assigning mentors to the patients and family members (or caregivers) in your TEP, as well as any other less experienced members, can help them contribute more actively in meetings. As mentors, your staff members or the more experienced members of your TEP can support the other members. Before, during, and after the TEP, mentors can provide background information and answer questions, which can improve contributions from the mentees. These sessions can help patients and family members begin to identify ways that their personal healthcare experience relates to the measures being developed.

5. Send Reminders

Remind participants of the date and time of the meeting, as well as location (virtual or physical), one to two days before the meeting.

During the Meeting

1. Take Meeting Minutes

To maintain a record of the TEP meeting proceedings, you can:

- Take minutes during the meeting
- Assign a team member (not a TEP member) to take minutes
- Record the meeting and produce meeting minutes afterward

At a minimum, include in the minutes:

- A record of attendance
- Key points of discussion and input
- Decisions about topics presented to the TEP
- Copies of the meeting materials

2. Engage TEP Members in Discussion About Your Measure(s)

When your TEP meetings foster deeper, more inclusive dialogue among members, you get more valuable input for your measure development process. Here are some tips to help you cultivate group cohesion and engage your TEP members in meaningful dialogue about your measure:

At the first meeting:

- Start your first meeting with introductions and clarifying the purpose of the meeting as well as the role that participants will play. Ensure your TEP members have a clear understanding of what parts of the measure they can impact and which aspects are out of scope.
- Ask the patients and family members (or caregivers) in your TEP to share their stories at some point in the first meeting to help energize the TEP and connect the measure to real-life experiences of the healthcare system.
- Take time to clearly explain technical measure concepts and answer questions. Minimize the use of technical jargon, and encourage your more experienced members to do the same.
- Establish group discussion norms, including:
 - o An expectation that the group should hear and respect each participant's perspective.
 - o Freedom of thought and freedom to disagree (respectfully). Encourage participants to be free with their ideas even if they feel it may not be pertinent to the discussion at hand.
 - o Emphasize that everyone's input is important, reminding persons and families of the expertise they bring to measure development. Starting with an icebreaker in which each member speaks can help normalize participation right away.
 - o Establish a plan for tracking suggested ideas that do not directly fit into the current discussion but may be relevant for future work. Communicate this plan to the TEP members.

At each meeting:

- Ask discussion questions that encourage participants to draw upon their background and knowledge such that they contribute their unique expertise
 - o The questions you ask are key to keeping the meeting on-target and engaging, so make sure you prepare them beforehand.
 - o Ask discussion questions that are open-ended (i.e., can't be answered with yes, no, or other one-word/short response), but also specific enough to keep the conversation focused. See the call-out box on the next page for more information about open-ended questions.

- Empower the TEP chair and/or meeting facilitator(s) to redirect the discussion if the TEP members begin to shift from the topic. These discussion leaders should also watch for times when members are not understanding the materials and need additional information.
 - o Consider setting up a timer to help keep long meetings on schedule, but remain flexible to allow for depth of discussion among members.
- Support patients, family members, or other TEP members who get stuck in a personal story or situation. Acknowledge the power of their experience and link it back to the objectives of the meeting.
- For in-person meetings, use small-group breakout sessions to complement larger sessions, as some people may feel more comfortable speaking in smaller groups. Schedule breaks for informal interactions that can build group rapport.
- For virtual meetings, continue assisting TEP members with technology needs when they arise. Consider assigning a staff member to be the primary contact for troubleshooting during meetings.
 - o Utilize the chat, hand-raising, and polling functions offered by your teleconference platform to help manage participation.
- Poll TEP members prior to the meeting to identify recommendations for discussion topics and clarify members' familiarity with the meeting content.
- Consider assigning TEP workgroups that members can volunteer for in order to cover detailed topics that may be challenging to cover with the whole group.
- Provide measure development team analyses and recommendations as a starting point, especially when the content is particularly technical and complex. This approach gives your TEP members something they can respond to, which may help them generate feedback more quickly.
 - o However, it can be challenging to provide enough information to be helpful without leading the TEP to a particular conclusion. Try providing pros and cons for each recommendation, and then clearly explain how the recommendations were informed by the information you present.
 - o Be sure to include discussion questions to elicit conversation about each of the potential recommendations you present.

Tips for asking open-ended questions

You may sometimes need to ask closed-ended questions to gather specific responses from your TEP members, but much of the time, you'll want to use open-ended questions. Open-ended questions invite members to provide more substantive responses. Consider the two following examples of questions for asking a TEP about a new measure intended to track the percentage of patients whose shoulder pain improves after surgery.

- Closed-ended question: Does this measure have good face validity?
- Open-ended question: To what extent does this measure reflect the actual quality of care provided to patients who undergo shoulder surgery?

Both questions ask the TEP members to consider their perception of how well a test appears to cover the concept it is supposed to measure "at face value" (i.e., it is a subjective assessment by experts of whether the measure reflects the quality of care). But notice that the first question can be answered by a simple "yes" or "no." The second question, on the other hand, is more specific while also encouraging more response. This question is much more likely to yield a good discussion because it gives participants flexibility in how they answer, allowing them to draw on their knowledge and experience.

After the Meeting

Continue to engage the TEP with email updates between meetings to keep the TEP engaged in every step of the process. Additional recommendations for communication and documentation are provided in the following sections.

Follow-up Communication

After your TEP meetings, consider conducting follow-up to help keep members informed and engaged, such as:

- Check in with TEP members to share updates and preview next steps.
- Debrief participants on the key take-aways of the TEP meeting and emphasize that their input was valued.
- Request feedback from members on your summary report(s). You may need to gather clearance from your organization before sharing reports.
- Ask for TEP members to share any suggestions they have for improving their experience and the experience of others in the TEP.
- Hold one-on-one calls with patients and family members/caregivers to encourage ongoing participation and answer questions.
- When the TEP concludes, describe the impact the TEP had on measure development.



Transcription

If you record your meetings, you may want to have the recordings transcribed afterward. This will give you a fuller record to reference during subsequent measure development activities. These transcriptions can also serve as part of your TEP documentation.

Documentation

It's best practice to maintain documentation about your TEP, both as a record and for future reference. Either periodically or after your last TEP meeting, you are encouraged to develop and retain the following documents about your TEP:

1. Call for TEP
2. The completed nomination materials that you received in response to the Call for TEP
3. A list of stakeholders who may be affected by or interested in the measure (e.g., a specialty medical association, certain kinds of patients, etc.). Note: this may be similar to the list of organizations you contacted to promote your Call for TEP.
4. The TEP Charter
5. A list of your TEP members, including each member's name, credentials, professional role, organizational affiliation, the location (city, state) of their organization, their role on the TEP, and confirmation that they completed a Conflict of Interest Disclosure
6. TEP meeting schedule
7. Meeting minutes for each TEP meeting
8. Potential measures presented to the TEP
9. Measure Evaluation Report
10. Updated Measure Information Form (MIF) and Measure Justification Form (MJF)
11. TEP summary report



Where to Find More Information

Templates for items #1, 2, 4, 5, 9, 10, and 11 can be found in the “Forms and Templates” section of the [Blueprint](#).

Concluding the TEP

TEP feedback is an integral and iterative part of the measure development process, such that the TEP’s feedback should be incorporated as you move through the lifecycle. However, when you are ready to conclude your TEP and their contributions to your measure development process, you will want to conduct the following tasks to ensure clear communication with members and adequately report on your TEP’s proceedings.

Prepare TEP Summary Report and Propose the Recommended Set of Candidate Measures

You may or may not be required by your organization to prepare a TEP Summary Report. If you do need to submit a summary report, follow your organization’s guidelines, but you may want to incorporate these components, which are required by CMS for its contractors:

- Name of the TEP
- Purpose and objectives of the TEP
- Description of how the measures meet the overall quality concerns and goals for improvement
- Key points of TEP deliberations
- Meeting dates
- TEP composition
- Recommendations on the measures, including explanations for any decisions you made to disregard recommendations from the TEP

If you are planning to submit your measure to CMS for use in one of its programs, you may also consider drafting a Measure Evaluation Report (MER) for each of the measures you develop (a template for the MER can be found in Section 4. Forms and Templates of the [Blueprint](#)). The MER includes information on how each measure met or did not meet each subcriterion and provides CMS with information regarding the feasibility of strengthening the rating of any subcriterion that was rated “low.” Furthermore, if you wish to submit your measure for National Quality Forum (NQF) endorsement, follow [the submission standards on the NQF website](#).

Share the Summary Report

Depending on the requirements of your organization, you may need to share the TEP summary report online. Follow your organization’s guidelines, but you may be able to post the report on your organization’s website and direct your TEP members and other interested stakeholders to the online location.

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WHERE TO FIND ADDITIONAL INFORMATION

If you have questions about running a Technical Expert Panel that were not explained in this document, one or more of the following resources may offer that information.

- For general questions, email MMSsupport@battelle.org.
- [MMS Website](#): This is the homepage for the CMS Measures Management System.
 - o [CMS TEP webpage](#): This site provides general information about TEPs related to quality measure development. Additional information about CMS's program to develop quality measures can be found elsewhere on this site.
 - o Check out the list of [TEPs that are Currently Accepting Nominations](#) to see how other measure developers crafted their Calls for TEP and nomination forms.
 - o For questions about a specific TEP, contact the TEP leader listed on the TEP description on the [Currently Accepting Nominations](#) page.
 - o Several presentations about TEPs are available on [the Resources page in the Stakeholder Engagement section](#) at the bottom of the page.
- [The Blueprint for the CMS Measures Management System](#): This is the overall guide to the measure development process, including useful detailed steps, forms, and examples.
 - o While measure developers who are contracted by CMS must follow the *Blueprint*, you may also find it a valuable resource if you want to submit your measure(s) for consideration by CMS.
 - o Chapters 12 and 13 in Section 3. In-Depth Topics provide detailed guidance on TEPs and collaborating with patients and family members.
 - o Templates for many of the forms you may want to use along the way are included in Section 4. Forms and Templates.
 - o [CMS Measures Inventory Tool](#): This site is used by measure developers to learn about past measures that have been created. Using the search tool, you can find out what measures have been created in the areas of healthcare that interest you. The site also offers [environmental scan information](#) for measures, including lists of the top 30 most relevant abstracts and top 30 most relevant full-text articles found in PubMed (2007 to present) for each measure, which can be used as an aid to measure developers, particularly in the maintenance phase of the measure life cycle.
- The [Person and Family Engagement \(PFE\) Toolkit: A Guide For Measure Developers](#): This resource was produced under the CMS contract Outcomes Research and Evaluation by the Yale New Haven Health Services Corporation. It offers in-depth, comprehensive guidance on working with patients and family members in your measure development process to incorporate the vital perspectives that these stakeholders can offer.

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