

Technical Expert Panel Nomination Form

Project Title:

Development and Maintenance of Quality Measures for Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with RTI International to develop and maintain quality measures for the SNF QRP. The contract name is Development and Maintenance of Symptom Management Measures (HHS-500-2013-130151). As part of its measure development process, CMS asks measure developers to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer during measure development and maintenance.

Project Objectives:

Healthcare-associated infections are an important public health and patient safety issue. Under the Quality Priority of “Making Care Safer by Reducing Harm Caused in the Delivery of Care” is the Meaningful Measure Area of Healthcare Associated Infections. To focus on the high priority domain and fill an important gap of quality measurement in this area, this project is aimed to develop a claims-based measure of healthcare-associated infections in skilled nursing facilities.

The purpose of this TEP is to inform the direction and development of a claims-based measure of healthcare-associated infections in skilled nursing facilities.

TEP Expected Time Commitment:

- The TEP is expected to meet once for a 1-day, in-person meeting in Baltimore, MD, in April 2019.
- Input prior to and after the in-person meeting may be sought via email, as needed.
- Follow-up meetings via webinar or telephone as needed.

TEP Requirements:

A TEP of approximately 10-12 individuals will recommend options for a claims-based measure of healthcare-associated infections in skilled nursing facilities. The TEP will be composed of individuals with the following areas of expertise and perspectives:

Subject matter expertise:

- Policies and clinical practices in skilled nursing facilities and nursing homes
- Infectious diseases
- Consumer/patient/family (caregiver) perspective
- Quality measurement science and methodology
- Health care disparities
- Performance measurement
- Quality improvement

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. 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.
- ◆ **Please send the completed and signed TEP Nomination form, statement of interest, and CV** to RTI International with “Nomination” in the subject line at snfhai.rti.org. Due by close of business February 15, 2019 Eastern Time.

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 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 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

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 contractor will request the required information from the nominee.

Name:

Credentials:

Professional 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), RTI International 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, 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 meeting in April 2019 and pre-TEP and follow-up emails. 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 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