

Technical Expert Panel Charter

Project Title: Development of Measure for Patient Receipt of Key Information Following an Outpatient Procedure

TEP Expected Time Commitment and Dates:

Two to four webinar-based meetings, between March 2021 and March 2023.

Each meeting will last approximately two hours, with an estimated additional hour for reading the meeting materials. TEP members may also be asked to complete brief surveys following each meeting and respond to additional analyses or questions over email.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with the Yale New Haven Health Services Corporation (YNHSC) Center for Outcomes Research and Evaluation (CORE) to develop a patient-reported outcome performance measure (PRO-PM) for the effective transfer of clinical information from provider to patient after a procedure or surgery, for use in the quality measurement of hospital outpatient department (HOPD) and ambulatory surgical center (ASC) settings. The contract name is Development, Reevaluation, and Implementation of Outcome/Efficiency Measures for Hospital and Eligible Clinicians, Option Period 1. The contract number is HHS-75FCMC18D0042, Task Order Number HHS-75FCMC19F0002.

As part of its measure development process, CORE convenes groups of stakeholders 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 input from experts, stakeholders, and patients on the development of a novel PRO-PM. This PRO-PM will assess the degree to which patients receive all necessary information to perform self-care and inform any follow-up care from their provider following an outpatient or ambulatory surgery or procedure.

Technical Expert Panel (TEP) Objectives:

TEP feedback and recommendations will inform development of the measure through key decision points, including design of a patient survey instrument, data collection methodologies, the measurement window, risk-adjustment approaches, and performance measure calculations.

TEP Requirements:

A TEP of approximately 12 to 15 individuals will provide input on measure development decisions, including design of a patient survey instrument, data collection methodologies, the measurement window, risk-adjustment approaches, and performance measure calculations. The TEP will be composed of individuals with differing areas of expertise and perspectives, including:

- Physicians, nurses, and/or physician assistants operating in HOPDs and/or ASCs;
- Healthcare consumers, patients, or family and caregivers of patients with experience in outpatient and ambulatory procedures;

- Experts in healthcare disparities;
- Experts in performance measurement, particularly survey instrument design and analysis;
- Experts in HOPD and ASC quality improvement;
- Healthcare purchasers; or
- Individuals from professional societies.

Scope of Responsibilities:

The TEP's role is to provide input and advice to CORE on the development of the measure. Specific responsibilities of the TEP members include:

- Completion and submission of all nomination materials, including the TEP Nomination Form, letter of interest, conflict of interest disclosures, and curriculum vitae (CV);
- Reviewing background materials provided by CORE prior to each TEP meeting.
- Attendance and participation in webinar meetings;
- Completion of post-meeting surveys (as needed);
- Providing input and feedback to CORE on key clinical and methodological decisions;
- Providing feedback to CORE on key policy or non-technical issues related to the measure's development; and
- Reviewing the TEP meeting summaries.

The scope of this TEP does not include advising CMS directly or making final decisions for the measure under development.

Guiding Principles:

Participation as a TEP member is voluntary and the participant's input will be recorded in meeting minutes, which will be summarized in a report that may be disclosed to the public. If a participant has chosen to disclose private, personal data, then related material and communications are not deemed to be covered by patient-provider confidentiality. Patient/caregiver participants may elect to keep their names confidential in public documents. CORE will answer any questions about confidentiality.

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 CORE, other TEP members, and CMS about the source of TEP members' perspectives and how that might affect discussions or recommendations.

The National Quality Forum's (NQF) measure evaluation criteria and CMS's Measures Management System Blueprint will guide CORE's work. CORE will brief the TEP on these guiding principles for measure development to support the TEP's application of these measure evaluation criteria. CORE will focus the TEP discussions on key measure development decisions; however, CORE will encourage the TEP to provide input on any or all of the measure components. Consensus recommendations will help inform CORE's measure development decisions.

The list of individuals included on the TEP will be made public. CORE will ensure confidentiality of patient participants in publicly posted TEP reports by summarizing discussion topics and removing the names of TEP members who made specific comments.

Estimated Number and Frequency of Meetings:

CORE expects to meet with the TEP via webinar two to four times, between March 2021 and March 2023. Each TEP meeting will last approximately two hours.

Date Approved by TEP:

TBD

TEP Membership:

TBD