

Technical Expert Panel Charter

Project Title: Development, Reevaluation, and Implementation of Outpatient Outcome and Efficiency Measures

TEP Expected Time Commitment and Dates:

Members of the technical expert panel (TEP) will meet up to three times per year via teleconference. Typical TEP teleconference meetings last between one and two hours. This project is anticipated to continue through September 2024.

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) and its partner, the Lewin Group (Lewin), to develop and maintain Outpatient Imaging Efficiency (OIE) measures for use in the CMS Hospital Outpatient Quality Reporting (OQR) Program. The contract name is Development, Reevaluation, and Implementation of Outpatient Outcome and Efficiency Measures. The contract number is 75FCMC18D0042, task order 75FCMC19F0002. As part of its measure development and maintenance process, CORE and Lewin convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer during measure development and maintenance.

Project Objectives:

The project's primary objectives, as they relate to this TEP, include:

- Reevaluating previously developed hospital OIE measures that are currently reported as part of the Hospital OQR Program by CMS. This includes monitoring each measure's validity and effectiveness and recommending improvements as needed. Previously developed measures include:
 - MRI Lumbar Spine for Low Back Pain;
 - Abdomen Computed Tomography (CT)—Use of Contrast Material (OP-10); and
 - Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery (OP-13).
- Providing input on potential measure concepts for future development.

TEP Objectives:

The objective of the OIE TEP is to provide feedback and perspectives on the specification, testing, reevaluation, and expansion of OIE measures for CMS's quality reporting programs. As part of its measure development process, CMS requests input from a broad group of stakeholders that may include patients, caregivers, and consumer advocates; clinicians or other caregivers with subject matter expertise, including cardiology, emergency medicine, neurology, oncology, orthopedics, primary care, and radiology specialists; informaticists, epidemiologists, methodologists, and other experts in measurement science; health system and hospital representatives; payers; healthcare purchasers; and disparities experts. A well-balanced representation of stakeholders on the TEP will help to ensure the consideration of key perspectives in the measure selection, development, respecification, and maintenance processes.

TEP Requirements:

A TEP of approximately 12 to 15 individuals will provide thoughtful recommendations and diverse perspectives throughout the measure reevaluation and development processes. The TEP will be composed of individuals with differing areas of expertise and perspectives, including:

- Consumers, patients, family members, and caregivers;
- Consumer advocates;
- Clinicians or other caregivers with subject matter expertise, including cardiology, emergency medicine, neurology, oncology, orthopedics, primary care, and radiology specialists;
- Informaticists, epidemiologists, methodologists, and other experts in measurement science;
- Health system and hospital representatives;
- Payers;
- Healthcare purchasers; and
- Healthcare disparities experts.

Scope of Responsibilities:

The TEP will advise CORE and Lewin on the reevaluation of existing OIE measures. CORE and Lewin will ask the TEP for input and feedback on areas of measure importance, scientific acceptability, feasibility, usability, and harmonization. The TEP's specific duties include the following:

- Participating in two to three TEP meetings (via teleconference) per year;
- Reviewing and providing feedback on comprehensive reevaluation and measure testing of existing measures; and
- Advising the project team on potential development of future measures.

Guiding Principles:

Participation as a TEP member is voluntary and the participant's input will be recorded in the 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 and Lewin 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 and Lewin, other TEP members, and CMS about the source of TEP members' perspectives and how that might affect discussions or recommendations.

Based on TEP consensus, CORE and Lewin will use the following criteria to assess measure reevaluation and development:

- Relevance and importance to patients;
- Program appropriateness;
- Evidence of importance and opportunity for improvement;
- Feasibility, usability, scientific acceptability, and harmonization of measures; and

- Existence of competing measures.

The TEP will provide input throughout the measure reevaluation and development processes. The project team will consider the TEP's recommendations and will convey those recommendations to CMS. The project team will complete summary reports of TEP proceedings following meetings to highlight discussions and document recommendations. The project team will ensure confidentiality in TEP reports by summarizing decision topics and removing names of TEP members who make specific comments during meetings.

Estimated Number and Frequency of Meetings:

Members of the TEP will meet up to three times per year via teleconference. Typical TEP teleconference meetings last between one and two hours. This project is anticipated to continue through September 2024.

Date Approved by TEP:

TBD

TEP Membership:

TBD