

# Technical Expert Panel Charter

## **Project Title:**

Technical Expert Panel (TEP) for the Refinement of Long-Term Care Hospital (LTCH), Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF)/Nursing Facility (NF), and Home Health (HH) Function Measures

## **TEP Expected Time Commitment and Dates:**

January 2022 (specific dates to be determined)

## **Project Overview:**

The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen, LLC and Abt Associates (hereafter referred to as Acumen and Abt, respectively) develop quality and cost measures for use in Post-Acute Care (PAC) Quality Reporting Programs (QRPs) as mandated by the Patient Protection and Affordable Care Act (PPACA) of 2010 and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014. Acumen's contract name is "Quality Measure & Assessment Instrument Development & Maintenance & QRP Support for the Long Term Care Hospital, Inpatient Rehabilitation Facility, Skilled Nursing Facility, Quality Reporting Programs, & Nursing Home Compare." The contract number is 75FCMC18D0015, Task Order 75FCMC19F0003. Abt's contract name is "Home Health and Hospice Quality Reporting Program Quality Measures and Assessment Instruments Development, Modification and Maintenance, & Quality Reporting Program Oversight Support." The contract number is 75FCMC18D0014, Task Order 75FCMC19F0001.

As part of its measure development process, Acumen and Abt convene groups of stakeholders who contribute direction and input to the measure developer during measure development and maintenance.

## **Project Objectives:**

Acumen and Abt support CMS in the development of quality and cost measures for use in the IRF, LTCH, SNF, and HH Quality Reporting Programs (QRPs) and the Nursing Home Quality Initiative (NHQI). These measures fall into several domains including hospitalizations, patient safety, healthcare-associated infections, and function, to name a few, and are designed to improve care quality and to enable Medicare beneficiaries to make informed choices when selecting a healthcare provider. Over the last decade, CMS has introduced several measures addressing function, a dimension of care that is especially salient to each of the PAC settings.

To ensure these, and any newly developed measures, meet CMS program requirements and goals while maintaining high levels of scientific acceptability, Acumen and Abt are convening a Technical Expert Panel (TEP). Acumen and Abt will assemble a panel of stakeholders from a broad base of expertise (e.g., clinical, policy and program, measure development, technical, etc.) and solicit their input regarding PAC function measures.

### **Technical Expert Panel (TEP) Objectives:**

The TEP will provide input and guidance on the development of cross-setting functional outcome measures to be implemented across all PAC QRPs. Specifically, we will seek guidance on the following:

- Finalization of which existing assessment items to use for measure construction;
- Evaluation of options for addressing missing item scores (i.e. activities not attempted);
- Optimal approaches for specifying the risk adjustment model;
- Strategies for addressing social risk factors.

### **TEP Requirements:**

A TEP of approximately 8-15 individuals will provide guidance on important concepts related to function in the IRF, LTCH, SNF/NH and HH settings. TEP attendees must collectively represent expertise in all settings. Specifically, the TEP will aid in assessing options for various aspects of constructing cross-setting functional outcome measures for the PAC QRPs (see TEP Objectives). The TEP will be composed of individuals with differing areas of expertise and perspectives, including

- Measure development experts and clinical researchers, especially those with expertise using methods to address missing data (e.g. imputation techniques);
- Quality improvement specialists with expertise in the IRF, LTCH, SNF/NH and/or HH settings, including medical doctors, nurses (including rehabilitation/restorative nurses), physical therapists, occupational therapist, and speech-language pathologists;
- Clinicians with expertise using the assessment tools and/or assessing functional abilities. The following assessment tools are included:
  - LTCH: LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS)
  - IRF: IRF-Patient Assessment Instrument (PAI)
  - SNF/NH: Minimum Data Set (MDS)
  - HH: Outcome and Assessment Information Set (OASIS)
- Other subject matter experts in the IRF, LTCH, SNF/NH, and/or HH settings.

### **Scope of Responsibilities:**

The TEP's role is to provide input and advice to Acumen and Abt on the development of cross-setting PAC quality measures of function. Holding a TEP allows Acumen and Abt to leverage the members' experience, which increases the clinical and face validity of the measures and helps to maximize the number of critical dimensions of care being addressed. As such, members are expected to attend all meetings and to notify Acumen and Abt should circumstances change where they no longer wish to participate. Acumen and Abt will work with members to schedule meetings at least one month in advance. In the case of last-minute scheduling conflicts, we ask members to provide any feedback or thoughts on the materials and discussion questions for Acumen and Abt to share with the panel. In some circumstances, a TEP member may designate a temporary replacement from their organization. Any substitute is subject to approval, as we strive to ensure a balanced and diverse composition.

If a TEP member is no longer able to meet membership commitments, Acumen and Abt will identify a replacement from the nominees from the most recent call for nominations or by working with the TEP member's affiliated professional society to nominate another member. Upon identification of an appropriate alternate member, any TEP obligations will transfer to the replacement TEP member.

**Guiding Principles:**

Participation as a TEP member is voluntary and the measure developer records the participant's input in the meeting minutes, which the measure developer will summarize in a report that they may disclose to the public. If a participant has chosen to disclose private, personal data, then related material and communications are not covered by patient-provider confidentiality. Patient/caregiver participants may elect to keep their names confidential in public documents. TEP organizers 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, there is no intent for the disclosure requirement 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.

Input, advice, and recommendations provided by TEP members will be considered by the measure developer. An appointed TEP chair will help facilitate discussion and build consensus.

**Estimated Number and Frequency of Meetings:**

The TEP is expected to meet virtually three times. The scheduled meetings are as follows:

- A one hour pre-TEP webinar scheduled for mid-January 2022 (specific dates to be determined).
- Two half-day TEP webinars scheduled for late January 2022 (specific dates to be determined).
- Members must be prepared to review preparatory materials shared ahead of the meeting, which could take up to 8 hours.
- If necessary and feasible, follow-up webinars may be held to present decisions made based on TEP input.

**Date Approved by TEP:**

TBD

**TEP Membership:**

TBD