

TECHNICAL EXPERT PANEL: CHARTER

Project Title:

Cross-setting Technical Expert Panel (TEP) for the Maintenance and Development of Vaccination-Related Items and Measures for the Long-Term Care Hospital (LTCH), Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF)/Nursing Home (NH), and Home Health (HH) Settings

Dates:

November 2021 (specific date to be determined)

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen, LLC and Abt Associates Inc. (hereafter referred to as Acumen and Abt) to develop quality and cost measures for use in the Post-Acute Care (PAC) Quality Reporting Program (QRP) and Nursing Home Compare 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 and experts who contribute direction and input 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 HHQRPs 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 measures addressing vaccinations, a dimension of care that is especially relevant to each of the PAC settings. CMS is now investigating the potential for creating a new COVID-19 vaccination measure.

To ensure existing and newly developed measures meet CMS program requirements and goals while maintaining high levels of scientific acceptability, Acumen and Abt are convening a 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

vaccination-related items and measures, with a special focus on developing a COVID vaccination standardized patient/resident assessment data element and COVID-19 vaccination measure. This input will be used to guide improvements and additions to the existing assessment instruments and to inform the refinement and development of vaccination measures.

Technical Expert Panel (TEP) Objectives:

The TEP will provide input and guidance on the maintenance and development of vaccination-related items and measures for the IRF, LTCH, SNF/NH, and HH settings. Specifically, we will seek guidance on the following:

- Review and identification of potential improvements to the existing vaccination measures; and
- Development of an assessment-based COVID patient/resident-level vaccination measure for each setting, as appropriate.

TEP Requirements:

A TEP of approximately 8-15 individuals will provide guidance on important concepts related to the maintenance and development of vaccination-related items and measures in the IRF, LTCH, SNF/NH, and HH settings. TEP attendees must collectively represent expertise in all settings. Specifically, the TEP will aid in the review and identification of potential improvements to the existing vaccination measures and development of a COVID resident/patient-level measure for each setting, as appropriate. The TEP will consist of individuals with differing areas of expertise and perspectives, including the following:

- *Clinical Experts with expertise in the IRF, LTCH, SNF/NH, and HH settings, including medical doctors and nurses;*
- *Other subject matter experts in the IRF, LTCH, SNF/NH, and HH settings;*
- *Clinicians with expertise using the assessment tools and/or assessing vaccination status. 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)*
- *Quality Improvement Specialists; and*
- *Measure development experts.*

Scope of Responsibilities:

The TEP's role is to provide input and advice to Acumen and Abt on the maintenance and development of vaccination-related items and measures. 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 participant's input will be recorded in the meeting minutes, which will be summarized in a report that may be disclosed to the public. Acumen and Abt will ensure confidentiality in the report by summarizing discussion topics and removing the names of TEP members who make specific comments during the meeting. 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. Acumen and Abt 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 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 through a webinar twice. The scheduled meetings are as follows:

- A one hour Pre-TEP Meeting scheduled for early November 2021 (specific date to be determined).

- One half-day TEP Meeting scheduled for mid-November 2021 (specific date to be determined).
- If necessary and feasible, follow-up webinars may be held to present decisions made based on TEP input and/or request additional input.

Date Approved by TEP:

TBD

TEP Membership:

TBD