

Technical Expert Panel Nomination Form

Project Title: Impact Assessment of CMS Quality and Efficiency Measures

Note to Applicant/Nominee: Please read the Technical Expert Panel (TEP) Charter for more information about the project and TEP participant requirements. Please attach additional pages if necessary.

Instructions:

Applicants/nominees must submit these documents **with this completed and signed form**:

1. A letter of interest (not to exceed 2 pages) highlighting experience/knowledge relevant to the TEP objectives and involvement in measure development.
 - Consumer/patient/family (caregiver) applicants/nominees are not expected to have experience in measure development. These applicants can describe their interest in the topic.
2. A curriculum vitae (CV) 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 CV.

You can complete this form and submit all required documents to nominate yourself or others via the Impact Assessment TEP Nomination Form online survey tool:

- [Third Party Nomination Survey Form](#)
- [Self-Nomination Survey Form](#)

Or, if you prefer to email, please send this completed and signed TEP Nomination Form, letter of interest, and CV to ImpactAssessmentTEP@HSAG.com with "Nomination" in the subject line. The documents are due by close of business *on June 1, 2021*.

Applicant/Nominee Information (Self-nominations are acceptable):

Name and credentials, if any (degrees, certifications, etc.)

For patient/family (caregiver) participants only: I wish to keep my name confidential. ☐ Yes ☐ No

Professional role or title (patient, family, caregiver, physician, measure developer, etc.):

Organizational affiliation: (Employer or organization you represent, if any.)

Applicant's preferred mailing address (may be business or residential):

Street:

City/State/Zip:

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 they are agreeable to serving on the TEP.

Name and credentials, if any (degrees, certifications, etc.)

For patient/family (caregiver) participants only: I wish to keep my name confidential. ☐ Yes ☐ No

Professional role or title: (patient, family, caregiver, physician, measure developer, etc.)

Organizational affiliation, if any: (Employer or organization you represent.)

Nominator's preferred mailing address (business or residential):

Street:

City/State/Zip:

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: _____

The nominee must submit the remainder of the nomination package within the specified period for consideration.

Applicant/Nominee's Disclosure:

1. 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, describe (for example, grant/research support, consultant, speaker's bureau, major stock shareholder, or other financial or material support). Include the name of the corporation/organization).
2. 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, describe the type of intellectual interest and the name of the organization/group:

Applicant/Nominee's Participation on the TEP (select all that apply):

- ☐ The applicant will serve in the capacity of a clinical or methodological expert.
- ☐ The applicant will serve in the capacity of a patient.
- ☐ The applicant will serve in the capacity of a family member or caregiver of a patient.

Applicant/Nominee's Area(s) of Expertise or Perspective(s) (Please rank your top 3 areas of expertise with primary as 1, secondary as 2, tertiary as 3):

- ☐ Health care disparities and equity (e.g., race, ethnicity, English proficiency, rural locations, immigration status, disabilities)
- ☐ Social determinants of health (e.g., housing/job/social/transportation assistance, reliable broadband access/the "digital divide")
- ☐ COVID-19 impact on health care delivery system
- ☐ Patient/family/caregiver perspectives, including individuals from medically underserved communities
- ☐ Health care quality improvement in various care settings (e.g., long-term, acute, ambulatory, hospice); care coordination.
- ☐ Telehealth: impact on access and quality of care, especially in comparison with in-person visits
- ☐ Mental and behavioral health, including opioid use disorder and other substance abuse
- ☐ Safety (patient and workforce)
- ☐ Quality measure development and evaluation, including risk adjustment and advanced statistical methods, eCQMs, and PRO-PMs
- ☐ Health economics and health services financing
- ☐ Health policy, especially Medicare (traditional and Medicare Advantage), Medicaid and CHIP, Marketplace, etc.
- ☐ Population health
- ☐ Payer perspectives, including managed care (commercial, Medicaid, and Marketplace)
- ☐ Other (specify):

Applicant/Nominee's Professional Category (select all that apply):

- ☐ primary care/general practitioner/internist
- ☐ physician specialist (specify):
- ☐ non-physician clinician (specify):
- ☐ patient or caregiver (specify):

Applicant/Nominee's Health Care Setting Experience:

- ☐ Individual or small group practice
- ☐ Large group practice
- ☐ Accountable care organization
- ☐ Managed care
- ☐ Hospital or facility-based practice
- ☐ Other

Applicant/Nominee's Agreement:

If my conflict-of-interest status changes at any time during my service as a member of this TEP, I will notify HSAG and a TEP chairperson.

- It is anticipated that there will be approximately six webinar meetings of 1 to 2 hours and a 2-day in-person meeting (location TBD), subject to public health advisories relative to COVID-19. Participation in one or two workgroups will entail additional webinar meetings of approximately 2 hours each. I am able to commit to attending TEP meetings in person, by teleconference, or by mutually agreed-upon alternative means.
- If selected to participate in the TEP, I will keep all materials and discussions confidential, including not sharing within my organization, until such time that CMS authorizes their release.
- I understand that participation is voluntary and that my input will be recorded in the meeting minutes.
- I understand that proceedings of the TEP will be summarized in a report that may be disclosed to the public.
- I have read the TEP Charter for information on participation, conflict of interest, and financial disclosure.

I have read the above and agree to abide by it.

Signature: _____ Date: _____