

TECHNICAL EXPERT PANEL (TEP) NOMINATION FORM

Project Title:

Development and Maintenance of Quality Measures for the Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with RTI International to develop and maintain quality measures for LTCH QRP. The contract name is Development and Maintenance of Symptom Management Measures (HHS-500-2013-130151). As part of its measure development process, CMS asks measure developers to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer during measure development and maintenance.

Project Objectives:

The purpose of this project is to develop quality measures reflective of quality of care for post-acute care (PAC) settings to support CMS quality missions. Quality measures will be developed consistent with the three broad aims and six priorities of the National Quality Strategy, and the CMS Quality Strategy.

Technical Expert Panel Objective:

- To obtain input on current LTCH QRP quality measures implemented in the program as well as future measures.

Technical Expert Panel Expected Time Commitment:

- TEP is expected to meet once for a 1-day, in-person meeting in Baltimore, MD, in late March 2017.
- TEP members may be asked for additional input via e-mail to follow-up on issues discussed during the in-person meeting.

Technical Expert Panel Requirements:

We are seeking a technical expert panel of approximately 10-12 individuals who will provide input on LTCH QRP quality measures. The panel will be composed of individuals with the following perspectives and areas of expertise:

- ◆ Familiarity with Long-Term Care Hospitals and LTCH QRP
- ◆ Consumer/patient/family (caregiver) perspective
- ◆ Performance measurement
- ◆ Quality improvement
- ◆ Purchaser perspective
- ◆ Health care disparities

Instructions:

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

A letter of interest (not to exceed two pages) highlighting experience/knowledge relevant to the expertise described above and involvement in measure development.

Curriculum vitae or a summary of relevant experience (including publications) for a maximum of 10 pages. (Patient participants may elect to keep their names confidential in public documents.)

Please send this completed and signed TEP Nomination form, statement of interest, CV to RTI International with “Nomination” in the subject line to Sarra Sabouri at ssabouri@rti.org. Due by close of business February 23, 2017 Eastern Time.

Potential TEP members must be aware that participation on the TEP is voluntary. As such, individuals wishing to participate on the TEP should understand that their input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If a participant has disclosed private, personal data by his or her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If potential patient participants wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by RTI International.

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.

Applicant/Nominee Information (Self-Nominations Are Acceptable):

Name:

Credentials:

Professional Role:

Organizational Affiliation:

City:

State:

Mailing address:

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 that they are agreeable to serving on the TEP. The measure developer will request the required information from the nominee.

Name:

Credentials:

Professional Role:

Organizational Affiliation:

City:

State:

Mailing address:

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: _____

Applicant/Nominee's Disclosure:

This section addresses disclosure of any current and past activities that may indicate a conflict of interest. As a measure developer for the Centers for Medicare & Medicaid Services (CMS), RTI International must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.

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, please describe (grant/research support, consultant, speaker's bureau, and major stock shareholder, other financial or material support). Please include the name of the corporation/organization.

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, please describe the type of intellectual interest and the name of the organization/group.

Applicant/Nominee's Agreement:

- If at any time during my service as a member of this TEP my conflict of interest status changes, I will notify the measure developer and the TEP chair.
- It is anticipated that there will be one in-person meeting in late March 2017 and follow-up emails. I am able to commit to attending the TEP meetings in person, by teleconference, or by mutually agreed-upon alternative means.
- If selected to participate in the TEP and the measures are submitted to a measure endorsement organization (such as the NQF), I will be available to discuss the measures with the organization or its representatives and work with the measure developer to make revisions to the measures, if necessary.

- I understand that my participation on the TEP is voluntary. As such, I understand that my input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If I have disclosed private, personal data by my own choice, then that material and those communications are not deemed to be subject to any confidentiality laws.
- If selected to participate in the TEP, I will keep all materials and discussions confidential until such time that CMS authorizes their release.

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

Signature: _____ Date: _____

For patient participants only: I wish to keep my name confidential. ☐Yes ☐No