

Technical Expert Panel (TEP) Nomination Form

Project Title:

Development and Reevaluation of Outpatient Imaging Efficiency Measures

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, to develop and maintain outpatient imaging efficiency (OIE) measures for CMS outpatient quality reporting programs that support CMS and National Quality Strategy objectives. Under subcontract to CORE, the Lewin Group is conducting a reevaluation of the OIE measures currently reported in the Hospital Outpatient Quality Reporting (HOQR) Program and expanding at least one existing OIE measure into an additional CMS program. CORE/Lewin is seeking to convene a technical expert panel (TEP) consisting of stakeholders and experts to contribute direction, technical input, and diverse perspectives to the measure reevaluation and expansion work. The intent of the OIE measures is to promote high-quality, efficient care in the area of imaging. Specifically, each measure aims to reduce unnecessary exposure to testing or treatment that risk downstream patient harm, ensure adherence to evidence-based medicine and practice guidelines, and promote efficiency by reducing waste.

Project Objectives:

The project's primary objectives, as relevant for this TEP, include:

- Reevaluating previously developed hospital OIE measures currently reported as part of the HOQR program by CMS. This includes monitoring each measure's validity and effectiveness and recommending improvements as needed. Previously developed measures include:
 - OP-8: MRI Lumbar Spine for Low Back Pain
 - OP-9: Mammography Follow-up Rates
 - OP-10: Abdomen CT – Use of Contrast Material
 - OP-11: Thorax CT – Use of Contrast Materials
 - OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery
 - OP-14: Simultaneous Use of Brain CT and Sinus CT
 - OP-15: Use of Brain CT in the Emergency Department for Atraumatic Headache
- The expansion of at least one OIE measure for application to a new care setting and other accountability program.

TEP Expected Time Commitment:

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 2018. Additional time will be required to read meeting materials ahead of each meeting and TEP members may be called upon periodically to review information and provide comments between meetings.

TEP Requirements:

We are seeking a TEP of approximately 12 to 15 individuals with the following perspectives and areas of expertise:

- Patients and caregivers
- Consumer advocates
- Clinicians or other caregivers with subject matter expertise, including cardiology, emergency medicine, neurology, oncology, orthopedics, primary care, and radiology
- Informaticists, epidemiologists, methodologists, and other experts in measurement science
- Health system and hospital representatives
- Payers
- Healthcare purchasers
- Disparities experts

Instructions:

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

1. A letter of interest (not to exceed two pages) highlighting experience/knowledge relevant to the expertise described above and involvement in measure development.
2. Curriculum vitae (CV) or a summary of relevant experience (including publications) for a maximum of 10 pages. Please note that patients are not required to submit a CV.
3. Disclosure of any current and past activities that may indicate a conflict of interest. As a contractor for the CMS, CORE and its subcontractor the Lewin Group must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.*

Send the completed and signed TEP nomination form, letter of interest, and CV to the Lewin Group with "TEP Nomination" in the subject line at Kiersten.roesemann@lewin.com. All materials are due by close of business April 1, 2015 Eastern Time.

Potential TEP members must be aware that participation on the Technical Expert Panel 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 CORE and its subcontractor the Lewin Group.

*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 contractor, 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/fax number(s):
- Email address:

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 contractor will request the required information from the nominee.

- Name, Credentials, Professional Role:
- Organizational Affiliation, City, State:
- Mailing address:
- Telephone/fax number(s):
- Email address:

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:

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 contractor and the TEP chair.
- It is anticipated that there will be three meetings per 12-month period via teleconference. I am able to commit to attending the TEP meetings 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 National Quality Forum), I will be available to discuss the measures with the organization or its representatives and work with the measure contractor to make revisions to the measures, if necessary.
- I understand that my participation on the Technical Expert Panel 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