

Technical Expert Panel (TEP) Nomination Form

Project Title:

End-Stage Renal Disease Access to Kidney Transplantation Technical Expert Panel

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with The University of Michigan Kidney Epidemiology and Cost Center to develop a quality measure(s) for access to kidney transplantation. The contract name is the ESRD Quality Measure Development, Maintenance, and Support contract. The contract number is HHSM-500-2013-130171.

As part of its measure development process, CMS asks contractors to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure contractor during measure development and maintenance. For this project, TEP members will review available data on the three steps in the transplant process: referrals, waitlisting, and receiving a transplant.

Background: The results of numerous studies have indicated that the recipients of renal transplants have better survival than comparable dialysis patients.¹ The ESRD Conditions for Coverage mandate a comprehensive reassessment of each patient annually (at minimum) with the revision of the Plan of Care. Both the patient assessment and Plan of Care should include reevaluation of treatment modality and transplant status. Specifically, Section 494.80(a)(10) of the revised Conditions for Coverage for ESRD Facilities, effective October 14, 2008, sets forth requirements for patient assessment with regard to transplantation referral: "Evaluation of suitability for a transplantation referral, based on criteria developed by the prospective transplantation center and its surgeon(s). If the patient is not suitable for transplantation referral, the basis for non-referral must be documented in the patient's medical record."² Additionally, objectives CKD-12 and CKD-13 of Healthy People 2020 have the goal to "increase the proportion of dialysis patients wait-listed and/or receiving a deceased donor kidney transplant within 1 year of ESRD start (among patients under 70 years of age)" and "increase the proportion of patients with treated chronic kidney failure who receive a transplant".³ Substantial variations by facility and geographic region, as well as disparities by race and socio-economic status in transplantation rates raise concerns about current processes for provision of access to transplantation.⁴

¹ Wolfe RA, Ashby VB, Milford EL, Ojo AO, Ettenger RE, Agodoa LY, Held PJ, Port FK. Comment in N Engl J Med. 2000 Mar 23;342(12):893-4.

² Medicare and Medicaid Programs; Conditions for Coverage for End-Stage Renal Disease Facilities; Final Rule. *Federal Register* 73:73 (15 April 2008) p. 20479.

³ <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=6>

⁴ Patzer RE et al, *American Journal of Transplantation* 14(7):1562-1572)

In 2004 and 2005, ESRD Network 9/10 conducted a Technical Expert Panel (TEP) to develop transplant referral clinical performance measures.⁵ The TEP proposed three clinical performance measures, Incident Patient Discussion, Prevalent Patient Discussion, and Referral to Transplant Center, and two descriptors, Interest and Contraindication, were developed. In its report, the TEP and Contractor stated that attention and measurement of the dialysis facility side of process, without equal attention and measurement of the transplant center side of the process was shortsighted. Ensuring all appropriate dialysis patients are referred to a transplant center is important, but equally critical is what happens between the time of referral and time of wait listing for deceased donor transplantation or live donor transplantation. Therefore, two additional transplant center-specific measures were also recommended (wait listing and live donor transplantation).

Project Objectives:

The University of Michigan Kidney Epidemiology and Cost Center, through its contract with the Centers for Medicare and Medicaid Services will convene a technical expert panel to make recommendations on access to kidney transplantation measures that would be appropriate for public reporting.

TEP Expected Time Commitment:

- TEP members should expect to come together for one to three teleconference calls prior to the in-person meeting held April 2015, in Baltimore, MD.
- The in-person meeting (dates to be determined).
- After the in-person meeting, additional conference calls may be needed.

TEP Requirements:

A TEP of approximately 8-10 individuals will recommend measures in this area. The TEP will be composed of individuals with the following areas of expertise and perspectives:

Subject matter expertise:

- Transplant process expertise (from candidate evaluation through to transplantation) including transplant nephrologists, transplant surgeons, social workers, transplant coordinators/nursing;
- Dialysis facility perspective on referral to transplant evaluation including nephrologists, nurses, social workers
- Transplant policy expertise;
- Individuals with consumer/patient/family perspective and consumer and patient advocates; specifically, patients with experience with transplant work-up, time on the waitlist, transplantation and failed transplants

⁵ <http://www.therenalnetwork.org/qi/resources/TransTEPfinalrpt805.pdf>

- Individuals with research expertise with Medicare data and issues pertaining to access to kidney transplantation;
- Individuals with perspectives on healthcare disparities in access to transplantation;
- Expertise in performance measurement and quality improvement

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 information by his or her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. Only patient participants can request to keep their names confidential. Any questions about confidentiality will be answered by the TEP organizers.

All potential TEP members must disclose any current and past activities that may pose a potential conflict of interest to performing the tasks required of the TEP. All potential TEP members should be able to commit to the anticipated time frame needed to perform the functions of the TEP.

TEP members will be reimbursed for their travel expenses to the TEP in-person meeting.

Patient Nominees for TEP:

UM-KECC is seeking patients who can provide unique and essential input on these quality measures, based on their own experiences and outlooks as transplant patients, particularly as they relate to access to renal transplantation or related issues and complications of renal transplantation or access to or remaining on the waitlist. Patient nominees should submit a completed and signed TEP Nomination Form and letter of interest as described below but are not required to submit a curriculum vitae

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.)

Disclosure of any current and past activities that may indicate a conflict of interest. As a contractor for the Centers for Medicare & Medicaid Services (CMS), UM-KECC must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.*

Send the completed and signed TEP Nomination form, statement of interest, and CV to UM-KECC with "Nomination" in the subject line at dialysisdata@umich.edu . Due by close of business February 15, 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 UM-KECC.

*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:
Contact Information: (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 contractor will request the required information from the nominee.

Name, Credentials, Professional Role:
Organizational Affiliation, City, State:
Contact Information: (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:

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:

- One to three teleconference calls prior to the in-person meeting held April 2015, in Baltimore, MD.
- An in-person meeting (dates to be determined).
- After the in-person meeting, additional conference calls may be needed.

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 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.