

Technical Expert Panel (TEP) Nomination Form

Project Name: Facility Risk-Standardized Hospital Visit Rate after Outpatient Surgery

Instructions

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

- ◆ A statement of interest summarizing relevant expertise and knowledge of the applicant (two-page maximum)
- ◆ A curriculum vitae (CV) and/or list of relevant experience (e.g., publications) (10-page maximum)
- ◆ A 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), the Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE) must ensure balance, independence, objectivity, and scientific rigor in its measure development activities

Send completed and signed TEP Nomination Form, statement of interest, and CV to CORE with “Nomination” in the subject line at CMSambulatorysurgerymeasure@yale.edu. Due by **close of business April 25, 2014, 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 their own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. CORE will answer any questions about confidentiality.

All potential TEP members must disclose to CORE, CMS, and other TEP members any significant financial interest or other relationships that may affect their judgment or perceptions. The intent of this disclosure is not to prevent individuals with potential for conflict of interest from serving on the TEP, but to provide to CORE, other TEP members, and CMS the information to form their own judgments. It is for CORE, other TEP members, and CMS to decide if the individual’s interest or relationships may affect the discussions or conclusions.

Patient Nominees

CORE is seeking patients aged 65 years and older to participate on the TEP. We are seeking patients who have undergone surgery in the outpatient setting to join the TEP. Patients who have undergone these surgeries can provide unique and essential input on quality measures based on their own experience and perspective. Patient nominees should submit a completed and signed

TEP Nomination Form and statement of interest as described above but are not required to submit a CV. If potential patient participants wish to keep their names confidential in public documents, that request can be accommodated.

Applicant/Nominee Information (Self-Nominations Are Acceptable)

First and last name:

Suffix/degrees (RN, MD, PhD, etc.)/title:

Organization:

Mailing address:

Telephone/fax number(s):

E-mail 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.

First and last name:

Suffix (RN, MD, PhD, etc.)/title:

Organization:

Mailing address:

Telephone/fax number(s):

E-mail address:

I attest that I have notified the nominee of this action and that he/she is agreeable to serving on the TEP.

Signature: _____ Date: _____

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, please describe (grant/research support, consultant, speaker's bureau, major stock shareholder, other financial or material support). Please 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, 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 two to three teleconference meetings lasting approximately 90 minutes each between May and August 2014. I am able to commit to attending at least 90 percent of all TEP meetings (by teleconference)
- ◆ If selected to participate in the TEP and the measures are submitted to a measure endorsement organization (such as the National Quality Forum) for approval, 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 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

For patient participants only:

I wish to keep my name confidential **Yes** ☐ / **No** ☐

- ◆ 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: _____