

Appendix 6-A: Template for Call for TEP Web Page Posting

TEP Project Overview: Develop a Hospital-level Measure of Risk-Adjusted 30-Day Episode of Care Payments for Acute Myocardial Infarction (AMI)

The Centers for Medicare & Medicaid Services (CMS) has contracted with Yale-New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) to develop an administrative claims-based, hospital level, risk-adjusted measure for payment associated with a 30-day episode of care following admission for AMI.

Due date for nominations: June 28, 2012

Specific project objectives include:

The primary goal of this contract is to develop an administrative claims-based, hospital level, risk-adjusted measure for payment associated with a 30-day episode of care following admission for AMI.

The development process includes:

- Identifying important quality goals related to a topic/condition or setting of focus.
- Conducting literature reviews and grading evidence.
- Defining and developing specifications for the measure.
- Obtaining evaluation of proposed measure by technical expert panels convened by the contractor.
- Posting measure for public comment.
- Testing measure for reliability, validity, and feasibility.
- Refining measure, as needed.

Details about the measure development process can be found in the Measures Management System Blueprint at

https://www.cms.gov/MMS/19_MeasuresManagementSystemBlueprint.asp#TopOfPage.

TEP requirements:

A Technical Expert Panel (TEP) of approximately 8-15 individuals will review a hospital-level, risk-adjusted measure for payment associated with a 30-day episode of care following admission for AMI, developed using Medicare administrative claims. The TEP will be comprised of individuals with the following areas of expertise and perspectives:

- Topic knowledge (cardiology, health economics, risk models, risk adjustment)
- Performance measurement
- Quality improvement
- Patient or Consumer perspective
- Measure developers

- Purchaser perspective
- Health care disparities

All potential TEP members must disclose any current and past activities that may pose a potential conflict of interest for performing the tasks required of the TEP. All potential TEP members must also commit to the anticipated time frame needed to perform the functions of the TEP. We recognize that TEP members may not be able to attend all meetings, but we expect members to attend a majority of meetings and review and comment on meeting materials for the meetings they cannot attend.

TEP expected time commitment:

- TEP members will need to be available to participate in approximately 2-3, 1-2 hour teleconference meetings between July, 2012 and November, 2012. YNHHSC/CORE recognizes that TEP members may not be able to attend all meetings, but we expect members to attend a majority of meetings and review and comment on meeting materials for the meetings they cannot attend.
- In addition, the TEP members will review materials provided in advance of the teleconferences.
- Members may also need to participate in 1-2 follow-up teleconference meetings after November, 2012 to provide feedback for the final TEP summary report, and to discuss NQF recommendations.

TEP nomination:

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

Required information:

- A completed and signed TEP Nomination/Disclosure/Agreement 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 and/or list of relevant experience (e.g., publications), a maximum of 10 pages total.

The TEP Nomination and Disclosure Form can be found in the Download section of https://www.cms.gov/MMS/15_TechnicalExpertPanels.asp#TopOfPage. If you wish to nominate yourself or other individuals for consideration, complete the form and e-mail to: costmeasure@yale.edu

Thank you for helping CMS to improve the quality of care for all Americans.