

TECHNICAL EXPERT PANEL CHARTER

Project Title:

Development and Reevaluation of Outpatient Outcome Measures for the Merit-based Incentive Payment System (MIPS)

Dates:

The Technical Expert Panel (TEP) nomination period opens on April 18, 2017 and closes on May 16, 2017.

Project Overview:

In developing cost and quality measures for the MIPS, the Centers for Medicare and Medicaid Services (CMS) is providing numerous opportunities for stakeholder engagement.

CMS's contractor, Acumen, LLC has convened a TEP to inform the development of episode groups for use in cost measures under the project titled "MACRA Episode-Based Cost Measures." CMS/Acumen convened in-person TEP meetings in August and December 2016, and a follow-up TEP webinar in March 2017. Separate to the TEP, CMS/Acumen is currently recruiting clinicians to participate in Clinical Subcommittees as part of the cost measure project. For details about the objectives of the Clinical Subcommittees and the nomination process, please see the [Call for Clinical Subcommittee Nominations](#). The nomination period is open until April 24, 2017. If you have any questions about the MACRA Episode-Based Cost Measures Clinical Subcommittees, please email macra-clinical-committee-support@acumenllc.com.

In addition to the MACRA Episode-Based Cost Measures' TEP, CMS will also convene additional TEPs through Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation (CORE) to inform the development and reevaluation of outpatient outcome measures (described herein) and inpatient outcome measures (to be called no earlier than summer 2017). To optimize the recruitment of stakeholders and to leverage expertise across projects, CMS encourages TEP nominees to consider serving on one or more of the TEPs: cost measure development, outpatient outcome measure development and reevaluation, and inpatient outcome measure development.

In this posting, CMS/CORE is recruiting experts to participate on a TEP to inform the development and reevaluation of outpatient outcome measures for the MIPS. CMS is developing and reevaluating quality measures to assess the quality of care provided by clinicians who are eligible to participate in the MIPS (hereinafter, MIPS eligible clinicians). The measures will assess each eligible clinician's hospital admission rate relative to that of other MIPS eligible clinicians with similar patients. The measures will be risk adjusted for patient complexity, unlike other measures currently applied at the eligible clinician or group level. The quality measure scores will be calculated using patient characteristics and outcomes documented on routinely submitted Medicare claims; therefore, the clinicians whose performance will be assessed by the quality measures will not need to submit any additional data directly to CMS.

As part of its measure development and reevaluation processes, CMS is convening a group of stakeholders (for example, frontline clinicians, patients/caregivers, professional societies) to help shape the approach to the measures, such as which types of admissions should be counted in the measures.

CORE is completing this work under contract to CMS. The contract name is Measure & Instrument Development and Support (MIDS): Development, Reevaluation, and Implementation of Outpatient Outcome/Efficiency Measures. The contract number is HHSM-500-2013-13018I.

Project Objectives:

The primary goal of this project is to gather expert and stakeholder input to inform quality measure development and reevaluation for patients with acute or chronic conditions. CMS will use the measures to evaluate the quality of care provided by MIPS eligible clinicians.

TEP Objectives:

CORE follows CMS's structured and standardized approach to measure development, including steps to ensure substantial input from experts and the public. As part of this effort, CORE is seeking input from individuals with relevant experience and expertise who can provide critical input on the potential outcomes and specifications of the measure.

The TEP is a group of stakeholders (for example, frontline clinicians, patients/caregivers, professional and state medical societies) and experts who provide input on the development of the measure for which the contractor is responsible. Convening a national TEP ensures transparency and helps measure developers obtain balanced input from multiple stakeholders. TEP members are chosen to provide input based on their personal experience and training or organizational perspective, and to represent a diversity of perspectives and backgrounds.

Scope of Responsibilities:

Specific responsibilities of TEP members will be to:

- Complete and submit all nomination materials, including the TEP Nomination Form, letter of interest, disclosure of conflicts of interests, and curriculum vitae.
- Review background materials provided by CORE prior to each TEP meeting.
- Attend and actively participate in the TEP webinar(s).
- Provide input and feedback to CORE on key clinical, methodological, and other decisions.
- Provide feedback to CORE on key policy or other non-technical issues.
- Review the TEP summary report prior to public release.
- Discuss recommendations following submission of the measure to CMS.

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. We will provide meeting agendas and background materials to TEP members prior to

each meeting. We will summarize member comments and recommendations in a publicly available report.

Guiding Principles:

The National Quality Forum's (NQF) measure evaluation criteria will guide CORE's work. CORE will brief the TEP on these guiding principles for measure development to support the TEP's application of these measure evaluation criteria. CORE will focus the TEP discussions on measure design decisions that are most important. However, measure developers encourage the TEP to provide input on any or all of the measure components as part of the TEP's deliberations. Consensus decisions will inform the completion of the NQF endorsement application following the meetings.

The list of individuals included on the TEP will be made public. However, potential patient participants will be given the option to keep their participation on the TEP confidential in public documents.

CORE will ensure confidentiality in the publicly posted TEP reports by summarizing discussion topics and removing the names of TEP members who make specific comments during the meetings. If a participant has disclosed private personal data, by his or her own choice, then that material and those communications are not subject to confidentiality laws. CORE will answer any questions about confidentiality.

Estimated Number and Frequency of Meetings:

CORE anticipates holding approximately two to four teleconference meetings between June 2017 and September 2018. Teleconference meetings will last two hours.

Date Approved by TEP:

To be updated after TEP is convened.

TEP Membership:

To be updated after TEP is convened.