

# Technical Expert Panel (TEP) Nomination Form

## ***Project Title:***

Development of Facility-Level Quality Measures of Hospital Visits after Ambulatory Surgical Center Procedures

## ***Project Overview:***

The Centers for Medicare & Medicaid Services (CMS) is developing administrative claims-based measures of adverse outcomes following outpatient procedures performed at ambulatory surgical centers (ASCs). Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (CORE) is leading the work under contract to CMS. The contract name is "Development, Reevaluation, and Implementation of Outpatient Outcome/Efficiency Measures," and the contract number is HHSM-500-2013-13018I. Specifically, CORE/CMS are exploring measures of near-term hospital visits and complications that patients experience at or post discharge from ASCs to better assess the quality of care provided at these facilities. CMS plans to use these measures to report on the quality of ASCs and prompt improvements in care for Medicare beneficiaries. As part of its measure development process, CORE/CMS are convening a panel of stakeholders and experts to contribute to measure development.

## ***Project Objectives:***

- The primary goal of this project is to develop administrative claims-based outcome measures of ASC quality.

## ***TEP Expected Time Commitment:***

- Two or three teleconference meetings lasting approximately 90 minutes each between April and September 2016.

## ***TEP Requirements:***

We are seeking a TEP of approximately 10-15 individuals with the following perspectives and areas of expertise:

- Subject matter expertise: outpatient surgery, ambulatory care, expertise in procedures and surgeries conducted at ASCs (e.g., orthopedic surgery, urology, general surgery)
- Consumer/patient/family perspective
- Healthcare disparities
- Performance measurement
- Quality improvement
- Purchaser perspective

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 his or her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If patient participants (only) wish to keep their names confidential, that request can be accommodated. 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 for 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.

**Patient Nominees:**

CORE is seeking patients to participate on a TEP. We are seeking patients who are aged 18 years or older to join the TEP, but has a preference for patients age 65 and older, since the measures may focus on this age group. Patients who have undergone a procedure at an ASC 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 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.)

***Please send this completed and signed TEP Nomination form, statement of interest, CV*** to CORE with “Nomination” in the subject line at <[ascmeasures@yale.edu](mailto:ascmeasures@yale.edu)> by close of business March 30, 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.

\*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 recommendation.

***Applicant/Nominee Information (Self-Nominations Are Acceptable):***

Name:  
Credentials:  
Professional Role:  
Organizational Affiliation:  
City:  
State:  
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:  
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:***

This section addresses 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), CORE must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.

- 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 two to three teleconference meetings between April 2016 and September 2016. Teleconference meetings will last between one to two hours. As some measure development work may occur after September 2016, TEP members may be asked to reconvene and participate in one to two follow-up teleconference meetings after September 2016 to provide feedback for the final measure specifications. 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 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.

- 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