

Technical Expert Panel (TEP) Nomination Form Template

Project Title:

Development of Functional Outcome Quality Measures for Skilled Nursing Facilities (SNFs)

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with RTI International to develop Functional Outcome Quality Measures for Skilled Nursing Facilities (SNFs). The contract name is Development and Maintenance of Symptom Management Measures. The contract number is HHSM-500-2013-13015I. As part of its measure development process, CMS asks measure developers to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer during measure development and maintenance.

Project Objectives:

- To obtain input on functional status quality measures that may be used in skilled nursing facilities (SNFs).
- To examine the following potential measures:
 - An Application of the Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)
 - An Application of the Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)
 - An Application of the Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)
 - An Application of the Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)
- To specify the target population(s), including the inclusion and exclusion criteria
- To identify the case-mix adjustment variables and the approach for case-mix adjustment

TEP Expected Time Commitment:

- The Technical Expert Panel is expected to meet once for a 1-day, in-person meeting in Baltimore, MD, in late-April 2016 to discuss the application of the IRF functional outcome quality measures in the SNF setting.
- TEP members may be asked for additional input via e-mail to follow-up on issues discussed during the in-person meeting.

TEP Requirements:

A TEP of approximately 10 individuals will examine the application of functional status quality measures that may be used in skilled nursing facilities (SNFs). The TEP will be composed of individuals with the following areas of expertise and perspectives:

- Subject matter expertise: familiarity with persons admitted to a skilled nursing facility to receive skilled care, and skilled nursing facility policy issues
- Consumer/patient/family (caregiver) perspective
- Performance measurement
- Quality improvement
- Purchaser perspective
- Health care disparities

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 RTI International with "Nomination" in the subject line to Magdalena Ignaczak at mignaczak@rti.org. Due by close of business March 30th, 2016 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 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 RTI International.

*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 developer, 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: [Click here to enter text.](#)

Credentials: [Click here to enter text.](#)

Professional Role: Click here to enter text.
Organizational Affiliation: Click here to enter text.
City: Click here to enter text.
State: Click here to enter text.
Mailing address: Click here to enter text.
Telephone: Click here to enter text.
Email: Click here to enter text.

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 developer will request the required information from the nominee.

Name: Click here to enter text.
Credentials: Click here to enter text.
Professional Role: Click here to enter text.
Organizational Affiliation: Click here to enter text.
City: Click here to enter text.
State: Click here to enter text.
Mailing address: Click here to enter text.
Telephone: Click here to enter text.
Email: Click here to enter text.

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 measure developer for the Centers for Medicare & Medicaid Services (CMS), RTI International 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. Click here to enter text.

- 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. [Click here to enter text.](#)

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 developer and the TEP chair.
- It is anticipated that there will be one in-person meeting in mid- to late-April and follow-up emails). 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 NQF), I will be available to discuss the measures with the organization or its representatives and work with the measure developer 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