

Technical Expert Panel (TEP) Nomination Form

Project Title:

The development of functional process and outcome quality measure to meet the IMPACT Act of 2014 Cross-Setting Quality Measure Domain: Function Status, Cognitive Function, and Changes in Function and Cognitive Function

Project Overview:

The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) was signed into law on October 6, 2014 (1). This Act requires Post-Acute Care (PAC) providers to report standardized patient assessment data and quality measure data to the Secretary.

The Centers for Medicare & Medicaid Services (CMS) has contracted with Abt Associates to develop cross-setting post-acute care measures for the quality measure domain - Function Status, Cognitive Function, and Changes in Function and Cognitive Function. The contract name is Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance Project (contract number HHSM -500-2013-13001I, Task Order HHSM-500T0002). As part of its measure development process, CMS asks contractors to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure contractors during measure development and maintenance.

The Centers for Medicare & Medicaid Services (CMS) is standardizing quality measures as mandated by the IMPACT Act. Current assessment instruments used for PAC settings are setting-specific and contain assessment items with varying concepts, definitions, and measurement scales. The move towards standardized assessment data elements facilitates cross-setting data collection, quality measurement, outcome comparison, and interoperable data exchange. This work aligns with the goals of the National Quality Strategy.

The following quality measures are under consideration in this domain:

The Application of Percent of Home Health Agency (HHA) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF 2631): Percentage of home health episodes with an admission and discharge functional assessment and a treatment goal that addresses function.

The Application of Change in Self-Care Score for Medical Rehabilitation Patients (NQF 2633): Estimate of the risk-adjusted mean change in self-care score between admission and discharge among home health patients

The Application of Change in Mobility Score for Medical Rehabilitation Patients (NQF 2634): Estimate of the risk-adjusted mean change in mobility score between admission and discharge among home health patients

The Application of Discharge Self-Care Score for Medical Rehabilitation Patients (NQF 2635): Estimate of the percentage of home health episodes who meet or exceed an expected discharge self-care score.

The Application of Discharge Mobility Score for Medical Rehabilitation Patients (NQF 2636): Estimate of the percentage of home health episodes who meet or exceed an expected discharge mobility score.

Project Objectives:

- ◆ Explore data items that may be used to standardize and assess functional status in quality measures.
- ◆ Refine measure specifications.
- ◆ Identify covariates to be used in risk adjustment.
- ◆ Identify setting-specific needs/concerns/barriers in assessing functional status.
- ◆ Gather feedback on importance, feasibility, usability and potential impact of adding functional status data elements for quality measurement as new items in the OASIS.

TEP Expected Time Commitment:

- ◆ A one and half day meeting in-person and follow-up meetings and/ or email communications as necessary.

TEP Requirements:

Abt Associates is seeking a TEP of approximately 8-10 individuals with the following perspectives and areas of expertise:

- ◆ Subject matter expertise: Home Health Agency, Cross-Setting in Post-Acute care
- ◆ Consumer/patient/family perspective
- ◆ Physical/Occupational therapist with Home Health experience
- ◆ Geriatrician with Home Health experience
- ◆ Functional assessment and improvement
- ◆ Health disparities
- ◆ Performance measurement
- ◆ Quality improvement
- ◆ Purchaser perspective
- ◆ Data collection and implementation perspective

Patient Nominees:

Abt Associates is seeking patients who have current or past experience with Home Health Agency services and/or their caregiver to participate on the TEP. Patients and/or their caregivers can provide unique and essential input on quality measures based on their own experiences with these care areas.

To reduce burden on potential patients and/or caregivers, patients and caregivers will have the option to participate in specially designed workgroup call(s) or individual phone call(s) rather than attending the more time intensive full TEP meeting. Information and input received from the patient and caregiver workgroup and individual calls will be shared with the full TEP through a liaison between the workgroup and the TEP. In addition, patients and/or caregivers' identities can be kept confidential if requested. Patient nominees should submit a completed and signed TEP Nomination Form and letter of interest as described below but are not required to submit 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.)
- ◆ 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), Abt Associates must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.*
- ◆ Send the completed and signed TEP Nomination form, statement of interest, and CV to Abt Associates with "Nomination" in the subject line to HHFunctionQMTEP@abtassoc.com. Due by close of business September 7, 2016 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 Abt Associates.

*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 recommendations.

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

- ◆ Name, Credentials, Professional Role:
- ◆ Organizational Affiliation, City, State:
- ◆ Contact Information: (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:
- ◆ Contact Information: (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:

- ◆ 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 a one and half day meeting commitment. 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 Technical Expert Panel 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.