

## TECHNICAL EXPERT PANEL NOMINATION FORM

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### Project Title:

Development of Inpatient Outcome Measures for the Merit-based Incentive Payment System (MIPS)

### Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation (CORE) to adapt one or two claims-based hospital measures to assess the quality of care provided to Medicare beneficiaries by clinicians who are eligible to participate in the MIPS (hereinafter, MIPS eligible clinicians).

Previously, CMS/CORE developed a range of measures to assess hospital quality. CMS/CORE plans to adapt one or two of these existing measures to assess care provided by MIPS eligible clinicians. The measure(s) already specified for the hospital setting cover a range of acute and/or chronic conditions, and elective procedures. The adapted measure(s) will likely include one outcome measure assessing a range of hospitalized patients and one measure based on an elective procedure. The measure(s) will assess each clinician's outcome rate, such as readmission rate or complications rate, relative to that of other MIPS eligible clinicians with similar patients. 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.

**CMS/CORE is recruiting experts (for example, frontline clinicians, patients/caregivers, professional societies, measure methods experts) to participate on a TEP to inform the development of inpatient outcome measures for the MIPS.** The TEP will provide input on approaches to measure attribution that could apply to multiple measures and help shape the approach to one or two specific measures on a full range of measure specifications, including attribution, cohort, and risk adjustment.

CORE is completing this work under contract to CMS. The contract name is Development, Reevaluation, and Implementation of Hospital Outcome/Efficiency Measures for Hospital and Eligible Clinicians, Option Year 3; the contract number is Contract Number: HHSM-500-2013-13018I, Task Order HHSM-500-T0001.

### Other CMS Opportunities for Stakeholder Engagement

In addition to the inpatient outcome measures TEP described above, CMS is providing opportunities for stakeholders to participate in other TEPs for developing outpatient quality and cost measures for the MIPS.

1. Outcome Measures TEP: CMS and its contractor, CORE, recruited a TEP to inform the development of outpatient outcome measures under the project called, "Development and Reevaluation of Outpatient Outcome Measures for the MIPS" in June 2017. The TEP will provide input on outpatient outcome measure development through September 2018. If you have any questions about the project, please email [MIPSoutcomemeasures@yale.edu](mailto:MIPSoutcomemeasures@yale.edu).

2. **Cost Measures TEP:** CMS and its contractor, Acumen, LLC, 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 recruited clinicians to participate in Clinical Subcommittees as part of the cost measure project in April 2017. If you have any questions about the project, please email [macra-clinical-committee-support@acumenllc.com](mailto:macra-clinical-committee-support@acumenllc.com).

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 MIPS TEPs: inpatient outcome measure development, outpatient outcome measure development and reevaluation, and cost measure development. CMS will likely accept a limited number of individuals on more than one TEP to facilitate coordination across measure development efforts.

### **Project Objectives:**

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

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

CORE anticipates holding approximately one teleconference meeting by September 2017, and at least one in-person meeting in fall 2017. As development may occur after fall 2017, CORE will hold additional teleconference or in-person meetings as needed through September 2018. Teleconference meetings usually last between 1-2 hours. In-person meetings are generally 1 full business day and will be held in the Baltimore-Washington DC area.

In addition, the TEP members will review materials provided in advance of meetings and complete any online surveys.

### **TEP Requirements:**

We are seeking a TEP of approximately 8 to 20 individuals with the following perspectives and areas of expertise.

**Subject Matter Expertise:** The MIPS applies to many types of clinicians. The measures for this project will assess the quality of inpatient care provided to patients with a range of acute or chronic diseases, or patients undergoing elective procedures. We are therefore seeking involvement of individuals with experience in the following settings or who have the following areas of expertise:

- Diverse clinical experts from multiple medical or surgical specialties practicing:
  - Within a hospital setting (physicians and non-physician practitioners).
  - In individual practice or small group practice settings, rural communities, and/or federally qualified health centers.
- People bringing the perspective of a healthcare consumer: patients with acute or chronic disease, patients undergoing elective procedures, or family (caregiver) of any such patient.
- Experts in healthcare disparities.

- Experts in performance measurement.
- Experts in quality improvement.
- Healthcare purchasers.
- Individuals from clinician professional societies.

Patient and Caregiver Nominees: CORE is seeking patients, patient advocates, and caregivers to participate on the TEP. We are seeking patients, patient advocates, and caregivers who have direct experience with care related to acute or chronic disease, or elective surgery. They 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.

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, patient advocate, and caregiver 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.

#### **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 for a maximum of 10 pages.
  - Patient, patient advocate, and caregiver participants are not required to submit a curriculum vitae and may elect to keep their names confidential in public documents.

**Please send this completed and signed TEP Nomination form, statement of interest, and CV to CORE with "Nomination" in the subject line at [CMSinpatientMIPSmeasures@yale.edu](mailto:CMSinpatientMIPSmeasures@yale.edu) by 5:00 PM Eastern Time on August 8, 2017.**

\*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:

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 developer 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 measure developer 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 developer and the TEP chair.
- It is anticipated that there will be at least one teleconference in September 2017 and one in-person meeting in fall 2017; additional meetings will be held through September 2018. 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, patient advocate, and caregiver participants only:** I wish to keep my name confidential.

☐ Yes ☐ No