

## TECHNICAL EXPERT PANEL (TEP) NOMINATION FORM

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### ***Project Title:***

End-Stage Renal Disease Medication Reconciliation & Management

### ***Project Overview:***

The Centers for Medicare & Medicaid Services (CMS) has contracted with the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to develop a quality measure(s) related to medication reconciliation and management. The contract name is End Stage Renal Disease (ESRD) Quality Measure Development, Maintenance, and Support. The contract number is HHSM-500-2013-13017I. 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.

Medication reconciliation is a process by which an accurate medication list can be created, whereas medication management optimizes drug therapy to improve patient outcomes and minimize drug related problems. In a dialysis facility, this can be a complex task given that there are often multiple prescribers involved and medication regimens are often changed during times of care transition such as at hospital discharge. The CMS Conditions for Coverage specify that it is incumbent upon facility staff to obtain an accurate medication history as part of the patient assessment, however medication discrepancies remain common and impact patient safety as well as cost of care.

### ***Project Objectives:***

The University of Michigan Kidney Epidemiology and Cost Center, through its contract with the Centers for Medicare and Medicaid Services, will convene a technical expert panel (TEP) to inform the development of a quality measure(s) related to medication reconciliation and management in dialysis facilities.

Clinicians need to be aware of what medications a patient is prescribed before any changes can be made or new medications initiated. This can be a challenge since individuals with end stage renal disease who are receiving dialysis have a high medication burden with an average of 12 different prescriptions per day<sup>1</sup>. The financial burden, both for patients and payers is also substantial; with 77% of ESRD patients enrolled in Medicare part D, total estimated expenditures for enrollees reached \$2.7 billion in 2014 for prescription medications<sup>2</sup>.

Medication related problems, such as adverse drug reactions or over/under utilization, occur frequently in the dialysis setting and are often related to gaps in medical information transfer. Identifying these issues has the potential to reduce hospitalizations, improve quality of life, and use health care resources more efficiently. In a randomized controlled trial, dialysis patients assigned to receive medication reconciliation and management of medication related problems by a clinical pharmacist used 14% fewer medications and had almost half as many hospitalizations at the end of the two year intervention compared to the usual-care group<sup>3</sup>. However, systematic medication

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<sup>1</sup> Manley et al. Nephrol Dial Transplant 19:1842– 1848, 2004.

<sup>2</sup> United States Renal Data System. 2016 USRDS annual data report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2016.

<sup>3</sup> Pai et al. Pharmacotherapy 2009;29(12):1433–1440

reconciliation is not routinely performed in most dialysis clinics due to lack of staff training, limited interfaces in electronic health information between care facilities (outpatient dialysis facilities, hospitals, skilled nursing facilities, and rehabilitation centers), and absence of clinical pharmacists in most dialysis facilities<sup>4</sup>. Because of the frequent contact between dialysis facilities and patients, medication reconciliation and management as a means to reduce medication related problems may represent an opportunity to improve quality of care.

Specific objectives include:

- Review of existing NQF endorsed measures that incorporate Medication Reconciliation in this or other care settings (e.g. Medication Reconciliation for Patients Receiving Care at Dialysis Facilities, NQF #2988; Medication Reconciliation Post-Discharge (MRP), NQF #0554)
- Examination of data sources and availability
- Consideration of the components of the reconciliation process including frequency that it is performed, providers who are eligible to complete the task, and the necessary steps to do so.
- Consideration of medication management as it relates to the reconciliation process and how that might be incorporated into a measure.
- Develop one or more measures of medication reconciliation and management with attention to any adjustment or exclusion criteria that may be needed and harmonization with existing measures.

***TEP Expected Time Commitment:***

- TEP members should expect to come together for one to three (1 – 2 hour) teleconference calls prior to the in-person meeting held June 2017, in Baltimore, MD.
- One one-day in-person meeting (June 2017)
- After the in-person meeting, additional conference calls may be needed.

***TEP Requirements:***

A TEP of approximately 9-13 individuals will recommend a quality measure(s) related to Medication Reconciliation. The TEP will be composed of individuals with the following areas of expertise and perspectives:

- Subject matter expertise: Clinical pharmacists, pharmacy informatics, nephrologists, nephrology nurses and social workers
- 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.)

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<sup>4</sup> Pai et al. CJASN 2013 as doi: 10.2215/CJN.01420213

***Please send this completed and signed TEP Nomination form, statement of interest, CV to the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) with Nomination in the subject line at dialysisdata@umich.edu. Due by close of business on 4/24/2017 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 UM-KECC.

\*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), UM-KECC 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 one in-person meeting and 3-5 conference calls for this TEP. 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