

Technical Expert Panel Charter

Project Title:

End Stage Renal Disease (ESRD) Dialysis Facility Compare (DFC) Star Ratings Technical Expert Panel (TEP)

Dates: January – June 2017

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to convene a Technical Expert Panel (TEP) to obtain recommendations on potential quality measures to include in the Dialysis Facility Compare Star Ratings. The contract name is the ESRD Quality Measure Development, Maintenance, and Support contract. The contract number is HHSM-500-2013-13017I.

The Medicare Dialysis Facility Compare (DFC) website displays overall star ratings of dialysis facilities. The star ratings provide an overall summary of the quality of care delivered to patients with ESRD. CMS developed the overall star rating to help health care consumers (including patients and caregivers) understand how CMS measures quality and to more easily identify differences in overall quality when selecting a dialysis facility. CMS is considering adding additional quality measures to this overall star rating. The public reporting of these ratings is part of CMS' broader initiative for all of the Medicare Compare sites to make quality information more accessible to patients, caregivers, and other key audiences, including providers and policymakers.

To develop a TEP that focuses on star ratings, we adopt CMS' structured and standardized approach. A key step is to ensure input from experts and the public. We are now seeking input from individuals with relevant experience, expertise, and a variety of perspectives to serve on this TEP tasked with review of the proposed candidate measures for inclusion in the Dialysis Facility Compare Star Ratings.

Historically, a TEP was convened in 2015 to review the original star rating methodology and presentation of the star ratings on the DFC website. The 2015 TEP provided several recommendations that were implemented in the updated star rating methodology that was publicly released in October 2016. In the new TEP that is to be convened in 2017, TEP members are requested to provide recommendations on candidate measures proposed for inclusion into the DFC Star Ratings, and how current and future potential patient reported outcome measures could be reported in the Star Ratings. The TEP will also provide recommendations on how to reset the baseline year thresholds for the Star Ratings when new measures are added or old measures are removed, or when the categorization of star ratings is no longer informative, e.g., when a very high percentage of facilities are clustered in certain star categories.

The TEP is expected to represent a diversity of perspectives and backgrounds. Members will be selected based on their personal experience as patients, caregivers and providers, or based on methodological expertise they have. The TEP will recognize dialysis facility organizational perspectives. Given that the audience for the star ratings is primarily patients, the TEP will have ample representation from patients and patient advocates.

We anticipate that the meeting will take place over one day and will include additional pre- and follow-up teleconference calls. TEP members' attendance at all these meetings is required.

Project Objectives:

The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), through its contract with the Centers for Medicare and Medicaid Services (CMS), will convene a technical expert panel to evaluate and make recommendations regarding the addition of new measures proposed for the October 2018 release of the DFC Star Ratings.

TEP Objectives:

The TEP will be expected to:

1. Develop recommendations on the inclusion of candidate measures reported on the Dialysis Facility Compare (DFC) into the DFC Star Ratings. Recommendations should take into account whether the potential addition of new measures to the star rating provides a more well-rounded depiction of the quality of dialysis facilities and whether the information is something patients can understand and want to see reported on DFC.
2. Develop specific recommendations on the method for inclusion of current and future potential patient reported outcomes in the Star Ratings (e.g. separate from or combined with clinical outcome measure sets, and how current and future potential patient reported outcome measures could be reported in the Star Ratings).
3. Develop recommendations on how to reset the baseline year thresholds when measures are added/retired or when the Star Ratings categories no longer reflect informative differences among facilities.

Scope of Responsibilities:

The role of the TEP and each member is to advise UM-KECC regarding the star ratings system.

Role of UM-KECC: As the CMS measure development contractor, UM-KECC has a responsibility to support the development and implementation of ESRD quality measures for public reporting. The UM-KECC moderators will work with the TEP chair(s) to ensure the TEP meeting discussions are focused. During discussions, UM-KECC moderators may 1) advise the TEP and chair(s) on the needs and requirements of the CMS contract and the timeline, and 2) provide specific guidance and criteria that must be met with respect to CMS requirements.

Role of TEP chair(s): Prior to the in-person TEP meeting, one or two TEP members are designated as the chair(s) by UM-KECC and CMS. The TEP chair(s) are responsible, in partnership with the moderator, for directing the TEP to meet the objectives of the TEP, including provision of advice to the contractor regarding the star rating system.

Duties and Role of TEP members: As defined by CMS in the Measure Management System Blueprint, TEPs are advisory to the measure contractor. In this advisory role, the primary duty of the TEP is to review the proposed star rating candidate measures and supporting materials, and provide recommendations to UM-KECC regarding the addition of candidate measures.

In January and February 2017, TEP members will be expected to attend pre-TEP conference calls as necessary; and attend one in-person meeting in February of 2017 (dates to be determined) in Baltimore, MD; and attend additional follow-up teleconference meeting and provide follow-up written feedback and comments as needed (via e-mail).

The TEP will review, edit and adopt a final charter at the first teleconference. The first teleconference will focus on the overall tasks and goals/objectives of the TEP.

During the In-Person Meeting, the TEP will review the proposed candidate measures to be included in the star rating. The key deliverable of the TEP in-person meeting includes a summary report documenting the discussions, decisions and proposed recommendations that are made during the In-Person Meeting.

At the end of the in-person meeting the TEP chair(s) and TEP members will prepare and present a summary of proposed recommendations. Subsequent to the in-person meeting, the TEP chair(s) will have additional contact with UM-KECC moderators to work through further discussion of proposed recommendations. After the In-Person Meeting (approximately February –June 2017): TEP members will be asked to review and provide input on a summary report of the TEP meeting discussions, proposed recommendations, and other necessary documentation forms.

Guiding Principles:

Potential TEP members must be aware that:

- Participation on the Technical Expert Panel is voluntary.
- Input will be recorded in the teleconference meeting minutes and the TEP in-person meeting summary report.
- Proceedings of the in-person meeting will be summarized in a report that is disclosed to the general public.
- Patient TEP participants may elect to remain anonymous in all TEP proceedings. They should notify UM-KECC if they choose to have their names omitted from the TEP roster, in-person meetings, and all meeting minutes.
- If a TEP member chooses to disclose private and personal data as part of TEP in-person or teleconference discussions or as part of other input, that information and communications are not covered by patient-provider confidentiality.
- All questions about confidentiality and anonymity 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 must commit to the expected time frame and participation outlined for the TEP.

- The TEP summary report will include the results of TEP votes taken for specific decisions and recommendations.
- Written opinions and rationales for votes from individual TEP members will be included, if requested by the TEP member.

Estimated Number and Frequency of Meetings:

- TEP members should expect to come together for one to two teleconference meetings prior to the in-person meeting held February 2017, in Baltimore, MD.
- The in-person meeting February 2017 (final dates to be determined).
- After the in-person meeting, TEP members should expect to attend additional teleconference meetings as needed.

Date Approved by TEP:

TBD

TEP Membership:

TBD