

TECHNICAL EXPERT PANEL CHARTER

Project Title:

End-Stage Renal Disease Physician Level Measure Development

Dates:

January – September 2018

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 one or more quality measures related to care provided to ESRD dialysis patients by physicians and mid-level providers. The contract name is End Stage Renal Disease (ESRD) Quality Measure Development, Maintenance, and Support. (CMS Contract number 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.

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 physician performance in the clinical management of chronic dialysis care and its complications. Initially, likely topic areas for measure development include adequacy of dialysis and vascular access management. Additional topic areas for potential quality measure development in future years will be explored by the technical expert panel as time and resources allow.

TEP Objectives:

The TEP will use existing data and their expert opinion to formulate recommendations to UM-KECC regarding the development of new measures that address important quality gaps in measuring physician performance. Recommended measures should be evidence based, scientifically acceptable (reliable and valid), feasible, and usable by CMS, providers, and the public. Key objectives include obtaining TEP input on the following:

- Review of existing NQF endorsed facility-level ESRD measures as well as physician-level measures in other care settings
- Determine rules for attributing patients to individual physicians
- Draft measures including defining denominator, numerator and potential exclusion criteria
- Determine to what extent a new measure(s) can be harmonized with existing measures

Scope of Responsibilities:

The role of each TEP member is to provide advisory input to UM-KECC.

Role of UM-KECC: As the CMS measure developer contractor, UM-KECC has a responsibility to support the development of quality measures for ESRD patients. The UM-KECC moderators will work with the TEP chair(s) to ensure the panel discussions focus on the development of draft measure specifications, as recommended to the contractor. During discussions, UM-KECC moderators may advise the TEP and chair(s) on the needs and requirements of the CMS contract and the timeline, and may provide specific guidance and criteria that must be met with respect to CMS and NQF review of revised candidate measures reflecting prevalent comorbidities.

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

Duties and Role of TEP members: According to the CMS Measure Management System Blueprint, TEPs are advisory to the measure contractor. In this advisory role, the primary duty of the TEP is to review any existing measures, provide input as to data sources and feasibility, and to suggest measure specifications. TEP members are expected to attend conference calls in 2018, and attend one in-person meeting in February of 2018 (specific dates to be determined) in Baltimore, MD, and be available for additional follow-up teleconferences and correspondence as needed in order to support the submission and review of the candidate measure(s) by NQF. Some follow up activities may be needed after testing has occurred.

The TEP will review, edit (if necessary), and adopt a final charter at the first teleconference. A discussion of the overall tasks of the TEP and the goals/objectives of the ESRD Physician Level Measure Development project will be described. TEP members will be provided with a summary of peer reviewed literature and other related quality measures prior to the in-person meeting. TEP members will have the opportunity to submit additional studies to be included in the literature review. A review of the CMS and NQF measure development criteria will also be covered during the teleconference.

During the In-Person Meeting: The TEP will review evidence to determine the basis of support for proposed measure(s). The key deliverables of the TEP at the in-person meeting include:

- Recommending draft measure specifications
- Assisting in completing the necessary documentation forms to support submission of the measures to CMS for review, and to the NQF for endorsement
- As needed TEP members may be asked to provide input to UM-KECC as they prepare responses to NQF and public comments

At the end of the in-person meeting the TEP chair(s) and TEP members will prepare a summary of recommendations. As necessary, the TEP chair(s) will have additional contact with UM-KECC moderators to work through any other issues. This will include votes for draft and final measures. After the In-Person Meeting (approximately March 2018): TEP members will review a summary

report of the TEP meeting discussions, recommendations, draft measure specifications, and other necessary documentation forms required for submission to the NQF for endorsement.

Guiding Principles:

Potential TEP members must be aware that:

- Participation on the Technical Expert Panel is voluntary
- Input will be recorded in the meeting minutes
- Proceedings of the in-person meeting will be summarized in a report that is disclosed to the general public
- Potential patient participants may keep their names confidential, if they wish to do so
- If a TEP member has chosen to disclose private, personal data, that material and those communications are not covered by patient-provider confidentiality
- All 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 must commit to the expected time frame outlined for the TEP
- All issues included in the TEP summary report will be voted on by the TEP members
- Counts of the votes and written opinions of the TEP members will be included, if requested

Estimated Number and Frequency of Meetings:

- TEP members should expect to come together for one to two (1 – 2 hour) teleconference calls prior to the in-person meeting held February 2018, in Baltimore, MD
- One one-day in-person meeting (February 2018)
- After the in-person meeting, additional conference calls may be needed

Date Approved by TEP: TBD

TEP Membership: TBD

Expiration Notice: This notice expires on September 25, 2018