

Technical Expert Panel (TEP) Nomination Form

Project Title

Electronic Clinical Quality Measure (eCQM) Development and Maintenance for Eligible Professionals (EPs)

Project Overview

The Centers for Medicare & Medicaid Services (CMS) has contracted with Mathematica Policy Research and its partners to develop, electronically specify, and maintain clinical quality measures for EPs to use in certified electronic health record (EHR) systems for CMS quality programs. The measures developed under this contract will focus on outpatient care and will include measures that assess patient and family engagement, patient safety, and the coordination of care.

Project Objectives

The primary objectives of this project include the following:

- Identifying, developing, specifying, and testing new eCQMs to be implemented in CMS quality reporting programs in the areas of patient and family engagement, care coordination, and patients' safety
- Evaluating and preparing the measures for consideration and potential endorsement by the National Quality Forum

Patient and Caregiver Nominees

Mathematica is seeking patients to participate on the technical expert panel (TEP). We are seeking patients who have received care in an outpatient setting in the past 12 months. Patients and their caregivers who have received care can provide unique and essential input on quality measures based on their own experience and perspective. Patient and caregiver nominees should submit a completed, signed TEP Nomination Form and statement of interest as described below, but are not required to submit a curriculum vitae (CV). If potential patient participants wish to keep their names confidential in public documents, that request can be accommodated.

Panel Requirements

A TEP of approximately 12 to 14 individuals will provide input on the prioritization, development, and testing of eCQMs intended to support the efforts of CMS to develop a portfolio of clinical quality measures that capitalize on EHR data for use in CMS quality reporting programs.

There will likely be three to four telephone/web conference meetings in a 12-month period, and each meeting will be 90 to 120 minutes long.

The TEP will include people from the following groups:

- Patients, consumer and patient advocates, and caregivers
- Health care providers
- EHR vendor representatives
- Health system representatives

Among non-patient nominees, we seek individuals with the following areas of expertise:

- Health care quality measurement and quality improvement
- EHRs and health care informatics
- Measure development and testing
- Patient safety, care coordination, and patient and family engagement

Scope of Responsibilities

The TEP will help the project team prioritize eQMs for EPs to use for reporting using EHR systems. Specific duties will include:

- Review patient safety, patient and family engagement, and care coordination measure concepts for development based on findings from the environmental scan and literature review conducted by the project team
- Evaluate and provide feedback on the importance of the measures under consideration and implementation issues associated with them
- Review and provide guidance on the measures in response to guidance from expert work groups, public comments, and testing results

Instructions

Applicants/nominees must submit the following documents:

- This completed and signed form, including:
 - A disclosure of any current and past activities that may indicate a conflict of interest. As a contractor for CMS, Mathematica must ensure balance, independence, objectivity, and scientific rigor in its measure development activities **see Page 4**
 - A statement of interest summarizing their relevant expertise and knowledge (2-page maximum) **see Page 5**
- A CV and/or list of relevant experience (e.g., publications) (10-page maximum)
[Note: Patient and caregiver nominees are not required to submit a CV].

Send the completed and signed TEP Nomination form, statement of interest, CV, and conflict of interest disclosure (if needed) to Mathematica Policy Research with “Nomination” in the subject line at e-measures@mathematica-mpr.com. Due by close of business on **September 19, 2014** Eastern Time.

Please note that participation on the TEP is voluntary. TEP members' input will be recorded in the meeting minutes, and proceedings of the TEP will be summarized in a report that will be disclosed to the general public. If participants disclose private, personal data voluntarily, 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 Mathematica Policy Research.

All potential TEP members must disclose to the contractor, CMS, and other TEP members any significant financial interest or other relationships that may affect their judgment or perceptions. This disclosure is not intended to prevent individuals with potential for [conflict of interest](#) from serving on the TEP, but to provide the measure contractor, other TEP members, and CMS with information to form their own judgments. The measure contractor, other TEP members, and CMS will decide whether the individual's interest or relationships may affect the discussions or conclusions.

Applicant/Nominee Information

Please provide the following information (self-nominations are acceptable).

- Name, credentials, and professional role:
- Suffix/degrees (RN, MD, PhD, etc.)/title:
- Organizational affiliation, city, state:
- Mailing address:
- Telephone/fax number(s):
- Email address:

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 he or she is agreeable to serving on the TEP. The measure contractor will request the required information from the nominee.

- First and last name:
- Organization:
- Mailing address:
- Telephone/fax number(s):
- Email address:

I attest that I have notified the nominee of this action and that he or she is agreeable to serving 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, 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 three to four telephone/web conference meetings during a 12-month period, and each meeting will be 90 to 120 minutes long. I can commit to attending at least two TEP meetings.
- If I am selected to participate in the TEP and the measures are submitted to a measure endorsement organization (such as the National Quality Forum) for approval, 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 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 will be 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 CMS authorizes their release.

I have read the above and agree to abide by it.

Signature: _____

Statement of Interest

Please indicate if you are a: *(Check one)*

____ Patient, consumer or patient advocate, or caregiver

____ Health care provider

____ EHR vendor representative

____ Health system representative

Please indicate areas of your knowledge/expertise: *(Check all that apply)*

____ Health care quality measurement

____ Quality improvement

____ EHRs

____ Health care informatics

____ Measure development and testing

____ Patient safety

____ Care coordination

____ Patient and family engagement

Describe relevant knowledge/interest: _____
