

# Technical Expert Panel (TEP) Charter

**Project Title:** Development, Reevaluation, and Implementation of Outpatient Outcome/Efficiency Measures

## Technical Expert Panel (TEP) Expected Time Commitment and Dates:

TEP members will attend 1-2 virtual meetings in summer 2025 and possibly early 2026. Meetings are anticipated to be 2-4 hours each. The objectives of these meetings are as follows:

- **Meeting #1:** This meeting is meant for the TEP to provide expert input on the re-specification for the Breast Cancer Screening Recall Rate measure (OP-39) for the following topics: (i) measure scoring methodologies that better reward strong performance, (ii) approaches to account for differences in patient sub-populations, and (iii) possible companion measures to provide hospitals with additional information they can use to improve their performance while avoiding potential unintended consequences.
- **Meeting #2 (optional):** This meeting is intended for reviewing testing results and discussing refinements to specifications and will be held if needed.

TEP meeting dates will be determined in consideration of factors such as the availability of TEP members and Acumen staff.

Below is a list of tasks expected of all TEP members:

- Review preparatory materials shared ahead of each meeting and complete any pre- or post-meeting survey, if applicable (estimated time between 1-2 hours)
- Attend and participate in all virtual meetings described above (estimated time between 2-4 hours each)

## Project Overview:

The Centers for Medicare & Medicaid Services (CMS) contracted with Acumen, LLC, its non-profit partner firm The SPHERE Institute, and subcontractors (hereafter jointly referred to as “Acumen”) to develop outcome/efficiency measures. The contract name is Development, Reevaluation, and Implementation of Outpatient Outcome/Efficiency Measures. The contract number is 75FCMC18D0015, Task Order (TO) No. 75FCMC24F0146. As part of its measure development process, Acumen convenes groups of stakeholders who contribute direction and thoughtful input to the measure developer during measure development and maintenance.

## Project Objectives:

Acumen is soliciting nominations for a TEP composed of stakeholders and experts to contribute direction and thoughtful input to re-specify the OP-39 measure that is currently in use in the Hospital Outpatient Quality Reporting (HOQR) program. This measure was submitted for Consensus-Based Entity (CBE) endorsement during the Fall 2023 cycle but did not receive endorsement. The purpose of this TEP

is to re-specify the OP-39 measure in order to address the limitations and weaknesses discussed during the endorsement cycle. The TEP will provide input for all topics listed above in the TEP Expected Time Commitment and Dates section.

### **TEP Requirements:**

We are seeking a TEP of approximately 15-20 individuals that will provide input to re-specify the OP-39 measure. The TEP will be composed of individuals with differing areas of expertise and perspectives, including:

- Clinician healthcare delivery perspectives, including those of primary care, radiology, and breast cancer care
- Clinician and provider payment policy
- Quality and cost measurement
- Pay-for-performance and quality improvement
- Research methodology, including risk adjustment
- Value-Based Purchasing
- Purchaser/insurer perspective
- Person and family perspective (i.e., patients, caregivers and patient advocates)

### **Scope of Responsibilities:**

The role of the TEP is to provide input on the specifications for the measure. Members will review empirical testing, clinical practice guidelines, program needs and priorities, and input from persons with lived experiences, and other relevant information as part of their deliberations.

### **Guiding Principles:**

Participation as a TEP member is voluntary and the measure developer records the participant's input in the meeting minutes, which the measure developer will summarize in a report that they may disclose to the public. If a participant has chosen to disclose private, personal data, then related material and communications are not covered by patient-provider confidentiality. Patient/caregiver participants may elect to keep their names confidential in public documents. TEP organizers will answer any questions about confidentiality.

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, there is no intent for the disclosure requirement 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.

The TEP will make decisions on input by discussions facilitated by the TEP chair. Where decisions are needed to provide direction and build consensus, a poll during or after the TEP meetings will be conducted. Input, advice, and recommendations provided by TEP members will be considered by the measure developer.

**Estimated Number and Frequency of Meetings:**

Members will attend 1-2 virtual meetings in summer 2025 and possibly early 2026. Meetings are anticipated to be 2-4 hours each. See the information above under “TEP Expected Time Commitment and Dates” for more information.

**Date Approved by TEP:**

To be approved by the TEP during the first meeting.

**TEP Membership:**

To be updated after member selection is completed.