

Technical Expert Panel (TEP) Charter

Project Title: Development of Quality Measures to Improve Kidney Transplant Access and Post-Transplant Outcomes

TEP Expected Time Commitment and Dates:

The TEP is expected to serve from April 2025 through September 2027. Members will participate in approximately six meetings of approximately 2.5 hours in duration. Each meeting will be conducted via webinar and scheduled based on the project needs and member availability.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) contracted Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE) in collaboration with Health Services Advisory Group (HSAG) to develop two quality measures related to kidney transplant for the Center for Medicare and Medicaid Innovation (CMS Innovation Center) Increasing Organ Transplant Access (IOTA) Model: a patient-reported outcome-based performance measure (PRO-PM) focused on health-related quality of life (HRQOL) among kidney transplant recipients, and a process measure focused on access to the kidney transplant waitlist addressing pre-transplant process of care. The contract name is Measure & Instrument Development and Support: Quality Measure Development and Analytic Support. The contract number is HHSM-75FCMC18D0042, Task Order HHSM-75FCMC24F0230. As part of their measure development process, CORE and HSAG convene groups of stakeholders and experts who contribute direction and thoughtful input on the project team’s work and analysis. The TEP will review the draft quality measure specifications and advise CORE and HSAG on the measure constructs such as the numerator, denominator, exclusions, and risk adjustment approach, and evaluate and comment on the scientific acceptability of measure testing results.

Project Objectives:

The objectives of the project are to develop and test two new quality measures to improve care for patients with End-Stage Renal Disease (ESRD) by promoting access to kidney transplant care and improved patient-centered post-transplant outcomes:

1. A patient-centered outcome measure focused on HRQOL among kidney transplant recipients, and
2. A process measure focused on access to the kidney transplant waitlist addressing pre-transplant process of care.

Technical Expert Panel (TEP) Objectives:

The goal of the TEP is to ensure these quality measures are:

- Important: Address gaps in care and prioritize outcomes meaningful to patients.
- Reliable and Valid: Built upon sound scientific principles, with rigorous testing to ensure consistent and accurate results.
- Feasible: Practical to implement without undue burden.

- Usable: Provide actionable insights to patients, healthcare providers, and policymakers to drive informed decisions, improve quality of care, and promote equitable outcomes.

By integrating diverse expertise and perspectives, the TEP aims to advance quality measures that enhance accountability, support continuous improvement, and ultimately improve the quality of life for patients navigating kidney transplantation.

TEP Requirements:

A TEP of approximately 20 individuals will guide the development and testing of two quality measures focused on improving kidney transplant care for patients with ESRD. The TEP will be composed of individuals with differing areas of expertise and perspectives, including:

1. Patient and Caregiver Representatives

Roles: Kidney transplant recipients, patients on the kidney transplant waitlist, and family and caregivers of kidney transplant patients.

Perspectives: Providing firsthand experiences and insights into the impact of kidney transplantation on quality of life, referral processes, and waitlisting barriers.

2. Clinical and Operational Experts

Disciplines: Nephrologists, psychologists/behavioral health specialists, social workers, sociologists/health equity experts, and transplant hospital staff (including administrators, care coordinators, transplant surgeons, nurses, or other clinicians).

Expertise: Providing pre- and/or post-kidney transplant care, offering transplantation services, and/or addressing patient barriers to accessing and navigating care.

3. Methodological Experts

Disciplines: Biostatisticians, clinical epidemiologists, data scientists, health services researchers, psychometricians, quality improvement specialists.

Expertise: Statistical modeling, risk adjustment, patient survey design/testing, and process improvement methodologies.

4. Policy, Payer, and Advocacy Group Representatives

Roles: Kidney disease community leaders, organ procurement organizations, patient advocacy organizations focused on kidney care, payers.

Expertise: Organ procurement/allocation policies, waitlisting criteria, and reimbursement practices.

Scope of Responsibilities:

Specific responsibilities of TEP members are to:

- Complete and submit all nomination materials, including the TEP Nomination Form, letter of interest, disclosure of conflicts of interests, and curriculum vitae;
- Review background materials provided by CORE or HSAG prior to each TEP meeting;
- Attend and actively participate in TEP meetings;

- Provide input and feedback to CORE and HSAG on key clinical, methodological, and other decisions;
- Provide feedback to CORE and HSAG on key policy or other non-technical issues related to the measure's development;
- Review TEP meeting minutes and TEP summary reports prior to public release;
- Be available to discuss recommendations and perspectives following group TEP meetings and public release of the TEP summary report; and
- Maintain confidentiality of all meeting materials, discussions, and measure specifications until made public by CMS.

We recognize that TEP members may not be able to attend all meetings, but we expect members to attend a majority of meetings and review and comment on materials for the meetings they cannot attend. We will provide meeting agendas and background materials to TEP members prior to each meeting, and we will summarize member comments and recommendations in a publicly available report (the TEP summary report) after each meeting.

The scope of this TEP is to advise CORE and HSAG as the measure developers; it does not include advising CMS directly, or making final decisions for the measures under development.

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 materials 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.

TEP feedback will ensure that measures address critical healthcare priorities, are scientifically rigorous, and align with patient needs. The TEP will advise CORE and HSAG on the importance, reliability, validity, feasibility, and usability of these measures, ensuring they are practical for implementation and effective in driving improvements in care. Specifically, the TEP will be asked to review and comment on measure specifications and evaluate testing results for each of the two measures, to advise CORE and HSAG on measure constructs such as the patient survey, cohort/denominator, outcome/numerator, exclusions, and risk adjustment approach. Through their contributions, TEP members support the development of measures that will inform quality improvement efforts, improve patient outcomes, and advance equitable high-quality care for patients with advanced kidney disease.

The Partnership for Quality Measurement's measure evaluation criteria and CMS's Measures Management System Blueprint will guide CORE and HSAG's work. CORE and HSAG will brief the TEP on these guiding principles for measure development to support the TEP's application of these measure evaluation criteria. TEP discussions will focus on key measure development decisions at various stages; however, TEP members are encouraged to provide input on any or all measure components. Recommendations by the TEP will help inform CORE and HSAG's measure development decisions. CORE and HSAG will also convey members' feedback to CMS, to ensure that policy decisions take the TEP member's feedback and interests into account.

TEP members will provide individual input through their comments during meetings, as well as via email or online assessments as needed. The TEP may also be asked to vote on certain questions; CORE and HSAG will review the expectations and balloting procedure prior to any vote. Comments, votes, and other assessments will inform CORE and HSAG of any competing considerations around a decision point, and if there is broad consensus supporting any particular decision.

The list of individuals included on the TEP will be made public. However, patient participants have the option to keep their participation on the TEP confidential and patients may request that we not share their name publicly at all. While disclosures of private or personal data by the participant's choice are not subject to confidentiality laws, we still ask that all members keep such discussion (particularly any disclosures of personal health information by patient participants) confidential. CORE and HSAG will ensure confidentiality in any publicly posted TEP reports by summarizing discussion topics and removing the names of TEP members who make specific comments during the meetings.

Finally, TEP members represent themselves and not their organizations; accordingly, we ask that TEP members do not disclose materials or discussions outside of the TEP until such information is made public by CMS. Any questions about confidentiality or disclosures will be answered by CORE and HSAG.

Estimated Number and Frequency of Meetings:

The TEP will meet approximately six times from April 2025 through September 2027. Each meeting will be approximately 2.5 hours in duration. Each meeting will be conducted via webinar and scheduled based on the project need and member availability.

Date Approved by TEP:

TBD

TEP Membership:

TBD