

# Technical Expert Panel (TEP) Charter

## Project Title:

Technical Expert Panel (TEP) for the Development and Evaluation of an Inpatient Psychiatric Facility (IPF) Patient Assessment Instrument.

## TEP Expected Time Commitment and Dates:

Selected nominees will serve on a standing committee to support the development and evaluation of a patient assessment instrument for the inpatient psychiatric facility setting. Selected nominees can expect to be contacted on an annual, or as needed, basis for up to four years.

Selected nominees will be expected to attend the first TEP meeting in **February/March 2025** (specific dates to be determined). All meetings will be held virtually.

## Project Overview:

The Centers for Medicare & Medicaid Services (CMS), as part of its overarching initiative to advance quality of care in IPFs, has contracted with RTI International, Abt Global, and their partners to develop and test a draft patient assessment instrument, the IPF patient assessment instrument. The IPF patient assessment instrument development work for Abt Global is under RTI International with the CMS contract number 75FCMC18D0012.

As part of its IPF patient assessment instrument development process, Abt convenes groups of interested parties and experts who contribute direction and input throughout the IPF patient assessment instrument development process.

## Project Objectives:

One way CMS fulfills its mission to improve healthcare quality is through its Quality Reporting Programs (QRPs). Section 4125(b)(1) of CAA, 2023 amended section 1886(s)(4) of the Act, by inserting a new paragraph (E), to require IPFs participating in the IPFQR Program to collect and submit to the Secretary certain standardized patient assessment data, using a standardized patient assessment instrument (PAI) developed by the Secretary, for RY 2028 (FY 2028) and each subsequent rate year. IPFs will have to meet all requirements of the IPFQR Program, including reporting the IPF patient assessment instrument, to receive a full Annual Payment Update (APU) each year under the IPF Prospective Payment System (PPS).

Data that CMS collects from the IPF patient assessment instrument will be used to support the IPFQR Program and the IPF PPS. Your input is a vital part of the IPF patient assessment instrument development process. Results from the TEP will inform improvement and refinement of the draft IPF patient assessment instrument for various associated activities such as field testing and may be taken into consideration for potential future measure development. CMS anticipates proposing IPF patient assessment instrument data collection in future rulemaking.

**Technical Expert Panel (TEP) Objectives:**

The TEP will provide input and guidance on the development and evaluation of the IPF patient assessment instrument. Specifically, we will seek guidance on the following:

- Input on all aspects of IPF patient assessment instrument development such as evaluation of data elements, implementation and guidance;
- Recommendations for the further exploration, development, and maintenance of the IPF patient assessment instrument; and
- May provide input on potential future measure concepts;

**TEP Requirements:**

A TEP of approximately 12–15 individuals will provide guidance on concepts related to the development and evaluation of the IPF PAI. The TEP will be composed of individuals with differing areas of expertise and perspectives, including but not limited to:

- Individuals who have been patients in inpatient psychiatric settings;
- Family members and caregivers of individuals who have received care in an inpatient psychiatric setting;
- Health care providers (psychiatrists, psychiatric nurses, social workers, psychologists, and others) with experience working in inpatient psychiatric settings;
- Health services, health disparities, and other experts/researchers with knowledge of inpatient psychiatric settings;
- Patient advocates and representatives from consumer organizations;
- Representatives from provider associations and inpatient psychiatric facilities;
- Quality improvement experts;
- Measure development experts;
- Independent researchers;
- IT/EHR/EMR experts with knowledge of or experience with inpatient psychiatric facilities;
- Health care administrators with experience in inpatient psychiatric facilities;
- State health, mental health, and substance use agency representatives; and
- Tribal government representatives.

**Scope of Responsibilities:**

The TEP's role is to provide input and advice to Abt on the development and evaluation of the IPF patient assessment instrument, potential future quality measurement domains, new measure development and maintenance of IPF patient assessment instrument quality measures. Holding a TEP allows Abt to leverage the members' experience, which increases the clinical and face validity of the IPF patient assessment instrument, and potential future quality measures and helps to maximize the effectiveness of this work. As such, members are expected to attend all virtual meetings and to notify Abt should circumstances change where they no longer wish to participate. Abt will work with members to schedule meetings at least one month in advance. In the case of last-minute scheduling conflicts, Abt asks members to provide any feedback or thoughts on the materials and discussion questions for Abt to share with the panel. In some circumstances, a TEP member may designate a temporary replacement

from their organization. Any substitute is subject to approval, as we strive to ensure a balanced and diverse composition.

If a TEP member is no longer able to meet membership commitments, Abt will identify a replacement from the nominees from the most recent call for nominations or by working with the TEP member's affiliated professional society to nominate another member. Upon identification of an appropriate alternate member any TEP obligations will be transferred to the replacement TEP member.

**Guiding Principles:**

Participation as a TEP member is voluntary and Abt records the participant's input in the meeting minutes, which will be summarized 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.

Input, advice, and recommendations by TEP members will be considered by Abt. An appointed TEP chair will help facilitate discussion and build consensus.

**Estimated Number and Frequency of Meetings:**

Selected nominees can expect to be contacted on an annual, or as needed, basis for up to four years.

The first TEP will be scheduled to meet virtually in **February/March 2025:**

- **A four-hour** TEP Meeting (specific dates to be determined based on availability of selected members.)
- If necessary and feasible, follow-up webinars will be held to present decisions made on TEP input.

**Date Approved by TEP:**

TBD

**TEP Membership:**

TBD