

Maternal Health Technical Expert Panel (TEP) Nomination Form

Project Title: Development and Reevaluation of Maternal Health Measures and Designation

Note to Applicant/Nominee: Please read the Technical Expert Panel (TEP) Charter for more information about the project and TEP participant requirements. Please attach additional pages if necessary.

Instructions:

Applicants/nominees must submit these documents **with this completed and signed form:**

1. A letter of interest (not to exceed two pages) highlighting experience/knowledge relevant to the TEP objectives and involvement in measure development.
 - There is no expectation for consumer/patient/family (caregiver) applicants/nominees to have experience in measure development. These applicants can describe their interest in the topic.
2. A curriculum vitae (CV) or a summary of relevant experience (including publications) for a maximum of 10 pages.
 - There is no requirement for consumer/patient/family (caregiver) applicants/nominees to submit a CV.

Send this completed and signed TEP Nomination Form, letter of interest, and CV to Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE) with “Nomination” in the subject line to cmsmaternalquality@yale.edu. The documents are due by close of business Friday, July 12, 2024 5:00 PM Eastern Time.

Applicant/Nominee Information (Self-nominations are acceptable):

Name and credentials, if any (e.g., degrees, certifications)

For patient/family (caregiver) participants only: I wish to keep my name confidential. Yes No

Professional role or title (e.g., patient, family, caregiver, physician, measure developer):

Organizational affiliation: (Employer or organization you represent, if any.)

Applicant's preferred mailing address (may be business or residential):

Street:

City/State/Zip:

Telephone:

Email:

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 you have notified the nominee of this action and they are agreeable to serving on the TEP.

Name and credentials, if any (e.g., degrees, certifications)

For patient/family (caregiver) participants only: I wish to keep my name confidential. Yes No

Professional role or title: (e.g., patient, family, caregiver, physician, measure developer)

Organizational affiliation, if any: (Employer or organization you represent.)

Nominator's preferred mailing address (business or residential):

Street:

City/State/Zip:

Telephone:

Email:

I attest that I have notified the nominee of this action and that the nominee is agreeable to serve on the TEP.

Signature: _____ Date: _____

The nominee must submit the remainder of the nomination package within the specified period for consideration.

Applicant/Nominee's Disclosure:

1. 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, describe (for example, grant/research support, consultant, speaker's bureau, major stock shareholder, or other financial or material support). Include the name of the corporation/organization).

2. 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, describe the type of intellectual interest and the name of the organization/group:

Applicant/Nominee's Participation on the TEP (select all that apply):

- The applicant will serve in the capacity of a clinical or methodological expert.
 The applicant will serve in the capacity of a patient.
 The applicant will serve in the capacity of a family member or caregiver of a patient.

Applicant/Nominee's Area(s) of Expertise or Perspective(s) (select all that apply):

- Clinical expertise in maternal care*
 Chair of obstetrical/gynecologic departments
 Hospital administrator (chief quality officers or other hospital quality administrators)
 Perinatal quality improvement
 Health equity and birth justice
 Statistical and performance measurement
 Patient or caregiver experience with hospital maternal care
 Other (specify):

Applicant/Nominee's Professional Category (select all that apply):

- primary care/general practitioner/internist
 physician specialist (specify):
 non-physician clinician (specify):
 patient or caregiver (specify):
 other (specify):

Applicant/Nominee's Health Care Setting Experience (select all that apply):

- individual or small group practice
 large group practice
 accountable care organization
 managed care
 hospital- or facility-based practice
 palliative care/hospice
 rural practice

Applicant/Nominee's Agreement:

- If my conflict of interest status changes at any time during my service as a member of this TEP, I will notify the Center for Outcomes Research & Evaluation (CORE) and Rachelle Zribi.
- I anticipate there will be an approximate total of 6 hours of meeting time across three TEP meetings, with some material review prior to each meeting. I am able to commit to attending TEP meetings in person, by teleconference, or by mutually agreed-upon alternative means.
- If selected to participate in the TEP, and the measure developer submits measures to a measure endorsement organization, I will be available to discuss the measures with the organization or its representatives and work with the measure developer to revise the measures, if necessary.
- If selected to participate in the TEP, I will keep all materials and discussions confidential, including not sharing within my organization, until such time that CMS authorizes their release.
- I understand participation is voluntary and my input will be recorded in the meeting minutes.
- I understand proceedings of the TEP will be summarized in a report that may be disclosed to the public.
- I have read the TEP Charter for information on participation, conflict of interest, and financial disclosure.

I have read the Applicant/Nominee's Agreement and agree to abide by it.

Signature: _____ Date: _____

Additional Comments: