

Technical Expert Panel (TEP) Nomination Form

Project Title: Standing Technical Expert Panel (TEP) for the Development, Evaluation, and Maintenance of Post-Acute Care (PAC) and Hospice Quality Reporting Program (QRP) Measurement Sets

Note to Applicant/Nominee: Please read the 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 2 pages) highlighting experience/knowledge relevant to the TEP objectives and involvement in measure development.
 - There is no expectation that consumer/patient/family (caregiver) applicants/nominees 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 Acumen, LLC with "Nomination" in the subject line to ccsq-pac-grp-tep@acumenllc.com. The documents are due by close of business **October 18, 2023 5PM** 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 that 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):

- ☐ Long-Term Care Hospital (LTCH)
- ☐ Inpatient Rehabilitation Facility (IRF)
- ☐ Skilled Nursing Facility (SNF)/ Nursing Home (NH)
- ☐ Acute Care Hospital
- ☐ Home Health (HH)
- ☐ Hospice Care
- ☐ Rural practice
- ☐ Quality measurement
- ☐ Measurement developer
- ☐ Clinical researcher
- ☐ Other (specify):

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

- ☐ Primary care/general practitioner/internist
- ☐ Physician specialist (specify):
- ☐ Non-physician clinician (specify):
- ☐ Clinical staff working in PAC settings (specify):
- ☐ Patient or caregiver (specify):

- ☐ Independent researcher (specify):
- ☐ Consumer stakeholder organization representative (specify):
- ☐ Other (specify):

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 Acumen and Abt and the TEP chairperson.
- I agree and expect to be contacted on an annual, or as needed, basis for up to five years. I will notify Acumen and Abt should circumstances change and I am no longer wish to participate in the standing TEP.
- I am able to commit to attending TEP meetings by teleconference. The TEP is expected to meet virtually three times. The scheduled meetings are as follows:
 - **One hour** pre-TEP webinar in **October 2023** (specific date to be determined). This meeting serves as an orientation and will be held approximately 1-2 week(s) prior to the TEP meeting date.
 - **Two four-hour** TEP Meetings in **November 2023** (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.
 - Members must be prepared to review preparatory materials shared ahead of the TEP Meeting, which could take up to 8 hours.
- If selected to participate in the TEP, and the measure developer submits measures to a measure endorsement organization, such as the National Quality Forum (NQF), 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 that participation is voluntary and that my input will be recorded in the meeting minutes.
- I understand that 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 above and agree to abide by it.

Signature: _____ Date: _____

Availability for In-Person Meeting

To facilitate scheduling, please indicate any date(s) on which you would be available to attend the one hour pre-TEP webinar on 10/23 – 11/3 and two half-day TEP meetings on 11/6 –11/17. Note: 11/10 is a federal holiday.

1. Date:
2. Date:
3. Date:

Please note that selected members will be asked to attend a one-hour pre-TEP webinar approximately 1-2 week(s) before the TEP Meetings.

Additional Comments: