

Technical Expert Panel (TEP) Charter

Project Title:

Standing Technical Expert Panel (TEP) for the Development of Post-Acute Care (PAC) Quality Reporting Program (QRP) Interoperability Measure

TEP Expected Time Commitment and Dates:

Selected nominees will serve on a standing committee to support the development of a PAC QRP Interoperability measure for the Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), Skilled Nursing Facility (SNF) and Home Health (HH) settings. Selected nominees can expect to be contacted on an annual, biannual, or as needed, basis to participate in the standing committee.

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

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with RTI and Abt Global (hereafter referred to as RTI and Abt) to support the development of interoperability measure(s) for use in the Post-Acute Care (PAC) Quality Reporting Programs (QRPs). The RTI's contract name is, "Development, Maintenance, and Support for Quality Reporting and Value Based Purchasing Programs and Nursing Home Care Compare." The contract number is 75FCMC18D0012, task order 75FCMC24F0121. Abt's contract name is, "Home Health Quality Measurement, Value-Based Purchasing Model and Hospice Assessment Instruments Development and Maintenance." The contract number is 75FCMC18D0014, task order 75FCMC24F0011.

As part of its measure development process, RTI and Abt convene groups of interested parties and experts who contribute direction and input during measure development and maintenance.

Project Objectives:

PAC QRPs aim to characterize provider performance across various dimensions of care. With the support of RTI and Abt, CMS refines and develops QRP measures to ensure that (a) patients and their caregivers have high-impact, meaningful performance data to assist in making informed healthcare decisions; and (b) providers have actionable information to guide performance improvement efforts without being overburdened by reporting requirements. RTI and Abt are convening this TEP to develop an interoperability measure across the IRF, LTCH, SNF and HH settings, with a focus on identifying measurement gaps, and ensuring measures align with CMS program requirements and goals.

The 21st Century Cures Act is a federal law that was signed into law in December 2016. It defines Interoperability under section 170.102 as the following, "*Interoperability* is, with respect to health information technology, such health information technology that—

- (1) Enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user;
- (2) Allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and
- (3) Does not constitute information blocking as defined in § 171.103 of this subchapter.

Interoperability element is defined as it is in § 171.102 of this subchapter.”¹

RTI and Abt will organize a panel of interested parties from a broad base of expertise (e.g., clinical, policy and program, measure development, technical, etc.) and solicit their input regarding a PAC interoperability measure and future measure concepts. This input will be used to inform measure development.

Technical Expert Panel (TEP) Objectives:

The TEP will provide input and guidance on the development of an interoperability measure for the PAC QRPs. Specifically, we will seek guidance on the following:

- Input on the framework used to assess PAC interoperability measurement gaps;
- Input on interoperability measure concepts and/or specifications identified;
- Recommendations for the further exploration and development of possible future iterations of an interoperability measure for the PAC QRPs.

TEP Requirements:

A TEP of approximately 12-15 individuals will provide guidance on concepts related to the development of an interoperability measure for the PAC QRPs. The TEP will be composed of individuals with differing areas of expertise and perspectives, including but not limited to:

- Clinical experts with quality and compliance knowledge or experience working in the IRF, LTCH, SNF and HH settings;
- Other subject matter experts or independent researchers with expertise or working knowledge of informatics, iQIES and/or electronic health record exchange processes in IRF, LTCH, SNF and HH settings;
- Clinical experts or independent researchers with expertise in interoperability;
- Independent researchers or representatives from consumer organizations;
- Measure development experts;
- Patient/Family (caregivers) who received care in a PAC setting; and
- Clinical experts or independent researchers with expertise in electronic health record exchange processes.

¹ [Federal Register :: 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program](#)

Scope of Responsibilities:

The TEP's role is to provide input and advice to RTI and Abt on the development of an interoperability measure for the PAC QRPs. Holding a TEP allows RTI and Abt to leverage the members' experience, which increases the clinical and face validity of the measures and helps to maximize the number of critical dimensions of care being addressed. As such, members are expected to attend all meetings and to notify RTI and Abt should circumstances change where they no longer wish to participate. RTI and Abt will work with members to schedule meetings at least one month in advance. In the case of last-minute scheduling conflicts, RTI and Abt ask members to provide any feedback or thoughts on the materials and discussion questions for RTI and 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, RTI and 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 the measure developer 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 RTI and 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