

Technical Expert Panel (TEP) Nomination Form

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

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 assessments or 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 Abt with "Nomination" in the subject line to HHQRP@abtglobal.com. The documents are due at close of business **February 18, 2025, 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):

- Clinical experts with quality and/or compliance knowledge or experience working in the IRF, LTCH, SNF and/or HH settings
 Health Services Research
 Health information technology/electronic health record exchange processes.
 Working knowledge informatics
 Working knowledge iQIES
 Working knowledge interoperability
 Tribal government
 Professional or provider association
 Patient or caregiver perspective
 Rural practice
 Quality measurement
 Measure developer
 Clinical research
 Other (specify):

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

- Physician (specify):
 Non-physician clinician (specify):
 Clinical staff working in IRF, LTCH, SNF or HH settings (specify):
 Patient or caregiver (specify):
 Independent researcher (specify):
 Consumer advocacy organization representative (specify):
 Professional association 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 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 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:
 - A **four-hour** TEP Meeting sometime during **February/March 2025** (specific dates to be determined based on availability of selected members.)
Members must be prepared to review preparatory materials shared ahead of the TEP Meeting, which could take up to 4 hours.
- 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 Virtual Meeting

To facilitate scheduling, please indicate any date(s) on which you would be available to attend the one – four-hour TEP meeting on 2/24 –2/28.

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

Additional Comments: