

Quality Measure Index (QMI) Technical Expert Panel (TEP) Charter

Project Title: Assessment of Quality Measures and Programs – Quality Measure Index (QMI)

TEP Expected Time Commitment and Dates:

TEP members will participate in two working meetings expected to take place in November 2024 and April 2025. Workgroup meetings of approximately two hours each will be scheduled based on need and member availability. All TEP meetings will be conducted via webinar and teleconference.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with Booz Allen Hamilton to implement and refine the Quality Measure Index (QMI). The contract name is the Measure & Instrument Development and Support (MIDS) Assessment of Quality Measures and Programs. The contract number is 75FCMC18D0019 – task order 75FCMC24F0096.

The QMI supports the assessment and selection of quality measures that provide meaningful quality performance information and align with the national health care quality priorities, as well as promoting standardization of measure assessments across programs and prioritizing measures that promote positive patient outcomes. The QMI systematically and transparently displays the strengths and limitations of quality measures to facilitate comparisons and aid CMS in selecting the best measures to implement in quality programs. Booz Allen Hamilton is convening experts, patients/caregivers, and other stakeholders to provide input on the QMI. Convening the TEP is an important step to promote transparency and obtain balanced input from multiple stakeholders of diverse backgrounds and perspectives.

Project Objectives:

The following are the primary objectives of the QMI project:

- Provide expert input into the refinement of the QMI scoring methodology
- Assess the data elements within the QMI and determine if there are measurement gaps
- Support adaptation of the QMI for broader use within CMS quality programs and for various stages of the measure lifecycle
- Confirm and validate QMI measure assessment
- Seek ways to increase efficiency of QMI measure scoring

TEP Objectives:

TEP members advise the project team in refining the methodology of the QMI, validating variables used to assess measures, and adapting the index for broader use in CMS quality programs while minimizing burden on programs, developers, and entities involved in measurement.

TEP Requirements:

A TEP of approximately 20 individuals will advise the project team in refining the QMI methodology in support of the objectives outlined above. The TEP will be composed of individuals with differing areas of content expertise and perspectives, including:

- Quality measurement science (e.g., reliability and validity testing) and advanced statistical methodology
- Quality measure development and experience with consensus-based entity endorsement standards and evaluation
- Health care economics with a focus on the impact of quality measurement
- Health equity and disparities (e.g., race, ethnicity, English proficiency, rural location, disability)
- Consumer/patient/family (caregiver) perspective, including Medicare/Medicaid/Health Insurance Marketplace beneficiaries and beneficiaries from underserved communities
- Clinical experience with patient safety, behavioral health, kidney disease, women's health and maternal care, HIV, hypertension, and/or diabetes
- Development or oversight of digital quality measures
- Payer perspectives, including managed care, commercial, Medicaid, and Health Insurance Marketplace

Scope of Responsibilities:

Core duties of TEP members shall include the following:

- Inform the implementation, development, evolution, and impact of the QMI measure scoring tool used across CMS Value-Based Incentives and Quality Reporting Programs
- Provide expert input on individual variable scoring and the overall QMI scoring methodology

TEP members are expected to commit to the anticipated time frame needed to perform the functions of the TEP. To participate fully in discussions, members should read the briefing materials prepared for their review before meetings.

Guiding Principles:

Participation as a TEP member is voluntary and the participant's input will be recorded in the meeting minutes, which will be summarized in a report that may be disclosed 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. Booz Allen Hamilton 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.

The TEP will seek to achieve consensus on joint decisions and recommendations. Dissenters will provide a rationale for disagreement, and the meeting minutes will clearly record the issues and the extent to which members reached agreement. Matters on which consensus is not achieved will be referred in writing to CMS, which will be responsible for making final decisions.

TEP members will provide individual input through their comments during meetings, via online assessments, and by digitally voting on key decisions. Booz Allen will confirm a quorum of 66% of members available to consider a vote valid. A consensus recommendation will further require a threshold of voting members greater than or equal to 60% of attendees and at least 60% of that number voting in agreement. Abstentions will not count in the denominator.

The project team will consider the recommendations of the TEP and convey members' feedback to CMS to ensure that policy decisions take stakeholders' interests into account.

Estimated Number and Frequency of Meetings:

TEP members will participate in two working meetings, approximately two hours each, in November 2024 and April 2025 (dates tentative). Meetings will be scheduled based on member availability. All TEP meetings will be conducted via webinar and teleconference.

Date Approved by TEP: TBD

TEP Membership: TBD