

Quality Measure Index (QMI) Technical Expert Panel (TEP) Nomination Form

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

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 health care quality or quality measurement.
 - There is no expectation for consumer/patient/family (caregiver) applicants/nominees to have experience specific to health care quality measurement. 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 Booz Allen Hamilton with “Nomination” in the subject line to QMI_TEP@bah.com. The documents are due by 6:00 PM Eastern Time on September 25, 2024.

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 this quality measures project? 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):

- 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
 Other (specify): _____

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

- primary care/general practitioner/internist
 physician specialist (specify): Click or tap here to enter text.
 non-physician clinician (specify): Click or tap here to enter text
 patient or caregiver (specify): Click or tap here to enter text
 other (specify): _____
 not applicable

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
- 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 Booz Allen Hamilton QMI team and the TEP chairperson.
- I anticipate there will be an approximate total of four hours of meeting time across two TEP meetings, with some material review prior to each meeting. I am able to commit to attending TEP meetings by teleconference or by mutually agreed-upon alternative means.
- 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: _____