

Technical Expert Panel Charter

Project Title:

Dialysis Facility Quality of Patient Care Star Ratings Technical Expert Panel (TEP)

TEP Expected Time Commitment and Dates:

We anticipate the TEP will consist of 2-3 meetings all held via a secure video conferencing platform (e.g., Zoom). The duration of each meeting will be between 1 to 4 hours. Meetings are tentatively scheduled to begin February 2022 with subsequent meetings occurring between March and April 2022.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to act as the quality measure developer and technical content support contractor for Care Compare on Medicare.gov, under the Kidney Disease Quality Measure Development, Maintenance, and Support contract (contract number 75FCMC18D0041, task order number 75FCMC18F0001). As part of this contract, UM-KECC convenes technical expert panels (TEPs) to obtain consumer and provider input for quality measure development and the Medicare.gov Dialysis Facility Quality of Patient Care Star Rating (Star Rating). We seek nominations from individuals with relevant clinical and methodological experience, expertise, and perspectives, including ESRD patients with dialysis experience to serve on this TEP.

A Star Rating TEP was first convened in 2015 to review the original methodology and presentation of the Star Rating on the Medicare.gov website. The TEP provided several recommendations that were implemented in the updated Star Rating methodology, released in October 2016. A second TEP was convened in 2017. TEP members provided recommendations on candidate measures proposed for inclusion in the Star Rating and defined concepts such as rebaselining and resetting. A third TEP was convened in 2019 to provide recommendations on options for resetting the Star Rating and reweighting one of the quality domains in the calculation of the Star Rating. See the respective 2015, 2017, and 2019 Star Rating TEP reports for a summary of the deliberations and TEP recommendations, available at:

<https://dialysisdata.org/content/esrd-measures>

As part of CMS' broader initiative for Care Compare on Medicare.gov, CMS developed the Star Rating to make quality information more accessible to patients, caregivers, providers and policymakers and to help consumers (including patients and caregivers) understand CMS quality measures and more easily identify differences in overall quality when selecting dialysis facilities. The Medicare.gov website displays two star ratings: (1) the Quality of Patient Care Star Rating (Star Rating) and (2) the Survey of Patients' Experiences Star Rating. Eleven of the quality measures currently reported on the Medicare.gov website are used to calculate the Quality of Patient Care Star Rating (Star Rating). The Survey of Patients' Experiences Star Ratings will not be covered as a discussion topic during this TEP. Broadly, this TEP will be expected to review and provide input on options and considerations for updating and public reporting of the Star Ratings. These considerations fall under three categories:

- (1) Adding two quality measures currently reported on the Medicare.gov site related to transplant waitlisting to Star Rating (PPPW and SWR)

- (2) Choice of a calendar year to use for establishment of a new baseline against which to score facility performance
- (3) Potential of public reporting of the continuous score underlying Star Rating on Medicare.gov in addition to the Star Rating, which places facilities into one of five discrete categories.

The TEP will be expected to represent a diversity of perspectives and backgrounds. Members will be selected based on their personal experience as patients, caregivers and providers, or based on methodological expertise. Our intent is to ensure the TEP will have ample representation from patients and patient advocates to allow fair representation of their perspectives.

Project Objectives:

UM-KECC, through its contract with CMS, will convene a TEP to obtain recommendations related to the first public release of the Star Rating since the start of the COVID-19 pandemic public health emergency. Input from the TEP will inform expansion of the measure set used in the Star Rating, establishment of a new baseline period, and potential reporting of a continuous Star Rating score on Medicare.gov. The final methodology developed is intended to ensure that the Star Rating continues to be informative by reflecting meaningful performance differences among facilities.

Technical Expert Panel (TEP) Objectives:

The 2022 Star Rating TEP is expected to focus on:

1. Providing recommendations on the addition of two measures related to transplant waitlisting
2. Establishment of a new baseline against which to score facility performance related to considerations of the impact of COVID-19 on data reporting and ESRD dialysis outcomes
3. Discussing the potential public reporting of a continuous Star Rating score on Medicare.gov

TEP Requirements:

A TEP of approximately 12-20 individuals will meet to discuss and provide recommendations on the above topics to UM-KECC. The TEP will be composed of individuals with differing expertise and perspectives, including:

- Individuals with end-stage kidney disease and caregivers of individuals with ESRD
- Experts with subject matter expertise, e.g., scientists in nephrology care; clinicians and nurses; consumer testing; communication of star rating systems from the patient perspectives
- Experts with methodological expertise, e.g., statisticians/biostatisticians with expertise in score or scale development, multivariate analysis, risk assessment, latent variable modeling
- Individuals with dialysis facility quality improvement expertise
- Individuals with health care disparities expertise

Scope of Responsibilities:

UM-KECC is seeking balanced representation of dialysis stakeholders and clinical experts, including patients and patient-advocates, dialysis providers, as well as clinical, statistical, and public health experts

to provide input on the topics described above. The TEP will be led by one or two Chairpersons, whose responsibility is to lead the discussion and attempt to develop consensus opinions from TEP membership regarding discussion topics. The TEP is intended to be advisory to UM-KECC, as UM-KECC continues to develop and refine the star ratings.

The role of each TEP member is to provide advisory input to UM-KECC.

Role of UM-KECC: As the CMS measure development contractor, the UM-KECC moderators will work with the TEP chair(s) to ensure the panel discussions focus on the review of draft measure specifications, as recommended by the contractor. During discussions, UM-KECC moderators may advise the TEP and chair(s) on the needs and requirements of the CMS contract and the timeline, and may provide specific guidance and criteria that must be met with respect to CMS policy. UM-KECC will prepare a summary report of the TEP proceedings. UM-KECC is responsible for ensuring that the summary report accurately reflects the TEP discussion and recommendations. Although the TEP is advisory only, it is important that CMS is informed of the TEP's recommendations in an objective fashion.

Role of TEP chair(s): Prior to the TEP meetings, one or two TEP members are designated as the chair(s) by the measure contractor and CMS. The TEP chair(s) are responsible, in partnership with the moderator, for directing the TEP to meet the expectations for TEP members, including provision of advice to the contractor regarding methodological issues.

Duties and Role of TEP members: According to the CMS Measure Management System Blueprint, TEPs are advisory to the measure contractor. TEP members are expected to attend conference calls in 2022 and be available for additional follow-up teleconferences and correspondence as needed. The TEP will review, edit (if necessary), and adopt a final charter at the first teleconference. A discussion of the overall tasks of the TEP and the goals/objectives of the project will be described. The key deliverable of the TEP meetings includes a summary report documenting the discussions and proposed recommendations that are made during the in-person meeting.

Guiding Principles:

Participation as a TEP member is voluntary and the measure developer records the participant's input in the meeting minutes, which the measure developer will summarize 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.

The TEP may use both verbal consensus and formal voting by secret ballot for decision-making, depending on the context of the decision. For administrative and other decisions about agenda, direction of discussion, and other minor operational decisions, informal verbal consensus directed by the TEP chair(s) will be utilized. In order to objectively record TEP recommendations about the validity of the quality measures presented and recommended changes, formal votes will utilize secret ballots.

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.

Estimated Number and Frequency of Meetings:

Two to three meetings all held via a secure video conferencing platform (e.g., Zoom). The duration of each meeting will be between 1 to 4 hours. Meetings are tentatively scheduled to begin February 2022 with subsequent meetings occurring between March and April 2022.

Date Approved by TEP:

TBD

TEP Membership:

TBD