

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: February 15, 2012.

Carolyn M. Clancy,
Director.

[FR Doc. 2012-4254 Filed 2-23-12; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Nominations of Children's Healthcare Quality Measures for Potential Inclusion in the CHIPRA 2013 Improved Core Set of Health Care Quality Measures for Medicaid/CHIP

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of Request for measures.

SUMMARY: Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, amended the Social Security Act to enact section 1139A (42 U.S.C.1320b-9a). Section 1139A(b) charged the Department of Health and Human Services (HHS) with improving pediatric health care quality measures. The Agency for Healthcare Research and Quality (AHRQ) is soliciting the submission of measures of children's healthcare quality for potential inclusion in the CHIPRA 2013 Improved Core Set of Health Care Quality Measures (the "Improved Core Set") for potential voluntary use by Medicaid and

the Children's Health Insurance Program. In addition, CHIPRA established the Pediatric Quality Measures Program to increase the portfolio of measures available to public and private purchasers of children's health care services, providers, and consumers. HHS anticipates that measures ultimately included in the Improved Core Set will also be used by public and private purchasers to measure pediatric healthcare quality. AHRQ is interested in information about the importance, scientific validity, and feasibility of the measures. If a measure is selected for inclusion, more information, including a copyright release (if applicable) and full measure specifications would be needed.

DATES: Please submit materials within 60 days of publication of this notice.

ADDRESSES: Electronic submissions are encouraged, preferably as an email with one or more electronic files in a standard word processing format as an email attachment. Submissions may also be in the form of a letter to: Denise Dougherty, Ph.D., Senior Advisor, Child Health and Quality Improvement, Agency for Healthcare Research and Quality, 540 Gaither Rd, Rockville, MD 20850, *Phone:* 301-427-1868, *Fax:* 301-427-1562, *Email:* denise.DOUGHERTY@AHRQ.hhs.gov.

It would be most helpful to the Agency if commenters would include the following information in their response: measure characteristics: measure name; measure description; denominator statement (if applicable); numerator statement (if applicable); data sources and exclusions; applicable proprietary rights (e.g., patent or data rights); any confidentiality or trade secret protections; whether the measure is part of a measure hierarchy (e.g., a collection of measures, a measure set, a measure subset as defined at <http://www.QUALITYMEASURES.AHRQ.gov/about/hierarchy.aspx>); detailed measure specifications; importance of the measure; settings, services, measure domains, and populations addressed by the measure; evidence for focus of the measure; scientific soundness of the measure; results of any efforts to demonstrate the capacity of the measure to produce results that stratify by race/ethnicity, socioeconomic status, special health care need, and/or rurality/urbanicity; feasibility of the measure (e.g., availability of data in existing data systems); levels at which the measure can be aggregated (e.g., State, health plan, provider); understandability to consumers and providers; health information technology readiness and sensitivity (e.g., whether the measure

has been tested in an electronic health record or other health information technology); followup contact information.

AHRQ would also be interested in a summary rationale for why the measure should be included in the 2013 Improved Core Set, taking into account a balance among desirable attributes of the measure. For example, you may want to describe advantages that this measure has over alternative measures that were considered by the measure developer or advantages that this measure has over existing measures.

FOR FURTHER INFORMATION CONTACT:

Denise Dougherty, Ph.D., Senior Advisor, Child Health and Quality Improvement, Agency for Healthcare Research and Quality, 540 Gaither Rd, Rockville, MD 20850, *Phone:* 301-427-1868, *Fax:* 301-427-1562, *Email:* denise.DOUGHERTY@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION: Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, amended the Social Security Act to enact section 1139A (42 U.S.C. 1320b-9a). Section 1139A(b) charged the Department of Health and Human Services (HHS) with improving pediatric health care quality measures. Since CHIPRA was passed, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) have been working together to implement selected provisions of the legislation related to children's health care quality (www.AHRQ.gov/CHIPRA). An initial core measure set for voluntary use by Medicaid and Children's Health Insurance Programs was posted December 29, 2009 (<http://www.GPO.gov/fdsys/PKG/FR-2009-12-29/html/E9-30802.htm>). In February 2010, CMS released a State Health Official letter which outlined the initial core measures and how they should be reported to CMS.

Subsequently, AHRQ and CMS established the CHIPRA Pediatric Quality Measures Program (PQMP) to enhance select pediatric quality measures and develop new measures as needed (<http://www.AHRQ.gov/CHIPRA>). CHIPRA stipulates that improved core measures be identified annually, beginning January 1, 2013. Under the PQMP, measures are being developed and improved by 7 AHRQ-CMS Centers of Excellence (<http://www.AHRQ.gov/CHIPRA/PQMPFACT.htm>). In addition, this notice seeks public nominations of measures for potential inclusion in Improved Core Sets.

In order to assist AHRQ and CMS to assess the importance, validity, and feasibility of submitted measures, a Subcommittee on Children's Healthcare Quality Measures of the AHRQ National Advisory Council on Healthcare Research and Quality (SNAC) has been established (<http://www.ahrq.gov/chipra/panellist11.htm>). The Subcommittee will consider measures submitted through this public call, and measures submitted by the 7 AHRQ–CMS Centers of Excellence.

CHIPRA asks that measures in the improved core sets be: evidence-based; able to identify disparities by race, ethnicity, socioeconomic status, and special health care need; risk-adjusted as appropriate; and designed to ensure that data are collected and reported in a standard format that permits comparison of quality and data at a State, plan, and provider level.

Dated: February 15, 2012.

Carolyn M. Clancy,
AHRQ Director.

[FR Doc. 2012–4267 Filed 2–23–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Voluntary Relinquishment From UAB Health System Patient Safety Organization

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of Delisting.

SUMMARY: AHRQ has accepted a notification of voluntary relinquishment from the UAB Health System Patient Safety Organization of its status as a Patient Safety Organization (PSO). The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act), Public Law 109–41, 42 U.S.C. 299b–21–b–26, provides for the formation of PSOs, which collect, aggregate, and analyze confidential information regarding the quality and safety of health care delivery. The Patient Safety and Quality Improvement Final Rule (Patient Safety Rule), 42 CFR part 3, authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” by the Secretary if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, including when a PSO chooses to

voluntarily relinquish its status as a PSO for any reason.

DATES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12:00 Midnight ET (2400) on January 13, 2012.

ADDRESSES: Both directories can be accessed electronically at the following HHS Web site: <http://www.pso.AHRQ.gov/index.html>.

FOR FURTHER INFORMATION CONTACT:

Susan Grinder, Center for Quality Improvement and Patient Safety, AHRQ, 540 Gaither Road, Rockville, MD 20850; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1111; TTY (toll free): (866) 438–7231; TTY (local): (301) 427–1130; Email: psa@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity is to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule (PDF file, 450 KB. PDF Help) relating to the listing and operation of PSOs. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs. AHRQ has accepted a notification from the UAB Health System Patient Safety Organization, PSO number P0042, which is a component entity of the UAB Health System to voluntarily relinquish its status as a PSO. Accordingly, the UAB Health System Patient Safety Organization was delisted effective at 12:00 Midnight ET (2400) on January 13, 2012.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.AHRQ.gov/index.html>.

Dated: February 15, 2012.

Carolyn M. Clancy,
Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Scientific Information Request on Treatment Strategies for Patients With Peripheral Artery Disease (PAD)

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for scientific information submissions

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from manufacturers of peripheral artery disease treatment medical devices. Scientific information is being solicited to inform our Comparative Effectiveness Review of Treatment Strategies for Patients with Peripheral Artery Disease (PAD), which is currently being conducted by the Evidence-based Practice Centers for the AHRQ Effective Health Care Program. Access to published and unpublished pertinent scientific information on this device will improve the quality of this comparative effectiveness review. AHRQ is requesting this scientific information and conducting this comparative effectiveness review pursuant to Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108–173.

DATES: Submission Deadline on or before March 26, 2012.

ADDRESSES:

Online Submissions

<http://effectivehealthcare.AHRQ.gov/index.cfm/submitscientific-information-packets/>. Please select the study for which you are submitting information from the list of current studies and complete the form to upload your documents.

Email submissions: ehcsrc@ohsu.edu (please do not send zipped files—they are automatically deleted for security reasons).

Print submissions: Robin Paynter, Oregon Health and Science University, Oregon Evidence-based Practice Center, 3181 SW. Sam Jackson Park Road, Mail Code: BICC, Portland, OR 97239–3098.

FOR FURTHER INFORMATION CONTACT: Robin Paynter, Research Librarian, Telephone: 503–494–0147 or Email: ehcsrc@ohsu.edu.

SUPPLEMENTARY INFORMATION: In accordance with Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108–173, the Agency