

methods of data collection prior to national implementation of HCAHPS®.

After permission to use the instrument is granted by AHRQ, a site or sites may field the instrument until the start of the "dry run" of the survey, which is expected in the Summer/Fall of 2005. As part of the dry run, hospitals and vendors will begin collecting HCAHPS data and transmitting it to the Centers for Medicare & Medicaid Services (CMS), but it will not be publicly reported.

For more information about this project or to download an application for authorization, please visit the CAHPS User Network Web site at <http://www.cahps-sun.org>.

**DATES:** Please submit requests on or before June 8, 2005.

**ADDRESSES:** Requests for permission to use the suggested 27-item HCAHPS® instrument, to add items, and field test the instrument may be submitted either in electronic format or a via facsimile communication. Applications can be sent in letter form, preferably with an electronic file on a 3½ inch floppy disk as a standard word processing format or as an e-mail with an attachment. Responses should be submitted to: Marybeth Farquhar, RN, MSN, Agency for Healthcare Research and Quality, Center for Quality Improvement and Patient Safety, 540 Gaither Road, Rockville, MD 20850, E-mail: [hospital-cahps@ahrq.gov](mailto:hospital-cahps@ahrq.gov).

In order to facilitate handling of submissions, please include full information about the person requesting permission for testing: (a) Name, (b) title, (c) organization, (d) mailing address, (e) telephone and fax numbers, and (f) e-mail address.

Other requested information includes: (a) List of the hospital in which HCAHPS® will be used (including city and State); (b) sample size for each hospital; (c) intended mode of administration; (d) length of time after discharge the initial contact with the patient will be made; (e) name of vendor (if any) that will be administering the HCAHPS® survey; (f) proposed dates for fielding; (g) whether items will be added to the HCAHPS® survey and how many; and, (h) a copy of the proposed questionnaire (Additional Items should be placed following HCAHPS question 22, and before the "About You" section of the questionnaire). Electronic requests are encouraged.

To help in the evaluation of the suggested 27-item version of HCAHPS®, AHRQ and CMS are asking participants to submit a brief summary of their experience with administering the HCAHPS® survey, including sampling

and survey data collection procedures. An analysis of the psychometrics of the instrument should also be provided.

**FOR FURTHER INFORMATION CONTACT:** Marybeth Farquhar, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850; Phone: (301) 427-1317; Fax: (301) 427-1341; E-mail: [mfarquha@ahrq.gov](mailto:mfarquha@ahrq.gov).

#### **SUPPLEMENTARY INFORMATION:**

##### **Background**

The Agency for Healthcare Research and Quality (AHRQ) has been a leading supporter of the development of instruments for measuring patient experiences within the healthcare system of the United States. As the research partner of the Centers for Medicare & Medicaid Services (CMS), AHRQ is charged with the development of a hospital patient experience of care instrument as well as the development of reporting strategies to maximize the utility of the survey results.

The mutual goal of AHRQ and CMS is to develop a standardized instrument for use in the public reporting of patients' hospital experiences that is reliable and valid, freely accessible, and that will make comparative non-identifiable information on patients' perspectives on their hospital care widely available. While there are many survey tools available to hospitals, there is currently no nationally used or universally accepted survey instrument that allows comparisons across all hospitals. In response to, and at the request of CMS, AHRQ under the CAHPS® II Cooperative Agreement with three Grantee organizations developed an initial instrument with input from the various stakeholders in the industry. The initial draft of the HCAHPS® instrument was tested as part of a CMS three-State pilot by hospitals in Arizona, Maryland, and New York. Based on an analysis of the resulting data, the instrument was revised and shortened. Additional testing of the shortened instrument was completed and AHRQ presented its recommendations to CMS in November 2004. In December, CMS submitted the HCAHPS instrument to the National Quality Forum (NQF) to undergo the formal consensus process required for endorsement. The committee that reviewed the HCAHPS survey and supporting materials recommended the addition of two items to the survey. The survey then went out for comment by the NQF membership and the public. The membership and board vote on HCAHPS endorsement is currently proceeding.

Once the HCAHPS® survey is finalized, it will be posted on the AHRQ and CMS websites for use by interested individuals and organizations. Plans have been made to make the HCAHPS instrument available to the Hospital Quality Alliance, which is a public/private partnership that includes the major hospital associations, government, consumer groups, measurement and accrediting bodies, and other stakeholders interested in reporting on hospital quality. In the first phase of the partnership (which has already begun), hospitals are voluntarily reporting the results of their performance on ten clinical quality measures for three medical conditions: acute myocardial infarction, heart failure, and pneumonia. HCAHPS® reporting will comprise an additional and differently focused phase of quality of care measurement. For more information or to participate in the Quality Initiative, please visit <http://www.aha.org> under "Quality and Patient Safety, Quality Initiative," or at <http://www.fah.org>, under "Issue/Advisories," or at <http://www.aamc.org> by going to "Government Affairs," "Teaching Hospitals" and then "Quality."

Dated: April 27, 2005.

**Carolyn M. Clancy,**  
Director.

[FR Doc. 05-9179 Filed 5-6-05; 8:45 am]

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Agency for Healthcare Research and Quality**

#### **Health Services Research Initial Review Group Committee; Notice of Meetings**

In accordance with section 10(d) of the Federal Advisory Committee Act as amended (5 U.S.C., Appendix 2), the Agency for Healthcare Research and Quality (AHRQ) announces meetings of scientific peer review groups. The subcommittees listed below are part of the Agency's Health Services Research Initial Review Group Committee.

The subcommittee meetings will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 552b(c)(6). Grant applications are to be reviewed and discussed at these meetings. These discussions are likely to involve information concerning individuals associated with the applications, including assessments of their personal

qualifications to conduct their proposed projects. This information is exempt from mandatory disclosure under the above-cited statutes.

1. *Name of Subcommittee:* Health Care Research Training.

*Date:* May 23–24, 2005 (Open from 8 a.m. to 8:15 a.m. on May 23 and closed for remainder of the meeting).

2. *Name of Subcommittee:* Health Research Dissemination and Implementation.

*Date:* June 16–17, 2005 (Open from 8 a.m. to 8:15 a.m. on June 16 and closed for remainder of the meeting).

3. *Name of Subcommittee:* Health Systems Research.

*Date:* June 16–17, 2005 (Open from 8 a.m. to 8:15 a.m. on June 16 and closed for remainder of the meeting).

4. *Name of Subcommittee:* Health Care Technology and Decision Sciences.

*Date:* June 23–24, 2005 (Open from 8 a.m. to 8:15 a.m. on June 23 and closed for remainder of the meeting).

5. *Name of Subcommittee:* Health Care Quality and Effectiveness Research.

*Date:* June 23–24, 2005 (Open from 8 a.m. to 8:15 a.m. on June 23 and closed for remainder of the meeting).

All the meetings above will take place at: Agency for Healthcare Research and Quality, John Eisenberg Conference Center, 540 Gaither Road, Rockville, Maryland 20850.

*Contact Person:* Anyone wishing to obtain a roster of members, agenda or minutes of the nonconfidential portions of the meetings should contact Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 540 Gaither Road, Suite 2000, Rockville, Maryland 20850, Telephone (301) 427–1554. Agenda items for these meetings are subject to change as priorities dictate.

Dated: April 18, 2005.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 05–9182 Filed 5–6–05; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

The Community and Tribal Subcommittee of the Board of Scientific Counselors (BSC), Centers for Disease Control and Prevention (CDC), National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR): Teleconference.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), The Centers for

Disease Control and Prevention, NCEH/ATSDR announces the following subcommittee meeting:

*Name:* Community and Tribal Subcommittee (CTS).

*Time and Date:* 8:30 a.m.–4:30 p.m., May 18, 2005.

*Place:* Century Center, 1825 Century Boulevard, Atlanta, Georgia 30345.

*Purpose:* Under the charge of the Board of Scientific Counselors, NCEH/ATSDR the Community and Tribal Subcommittee will provide the BSC, NCEH/ATSDR with a forum for community and tribal first-hand perspectives on the interactions and impacts of the NCEH/ATSDR's national and regional policies, practices and programs.

*Matters to be Discussed:* The meeting agenda will include continuing discussions concerning directions from the Board's expectations from the CTS; discussions of the CTS Work Plan; discussions on partnering with the Program Peer Review Committee; an update of the State of NCEH/ATSDR; and an open discussion for other important issues.

Items are subject to change as priorities dictate.

*Supplementary Information:* This meeting is scheduled to begin at 8:30 a.m. eastern standard time. To participate during the Public Comment period (11:30–11:45 a.m. eastern time), dial (877) 315–6535 and enter conference code 383520.

*For Further Information Contact:* Sandra Malcom, Committee Management Specialist, Office of Science, NCEH/ATSDR, M/S E–28, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone 404/498–0003.

Due to programmatic issues that had to be resolved, the **Federal Register** notice is being published less than fifteen days before the date of the meeting.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

Dated: May 2, 2005.

**Alvin Hall,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 05–9174 Filed 5–6–05; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### 2005 White House Conference on Aging

**AGENCY:** Administration on Aging, HHS.

**ACTION:** Request for individuals to apply to be considered as At-Large Delegates

to the 2005 White House Conference on Aging (WHCoA).

**SUMMARY:** On December 1, 2004 the Policy Committee for the 2005 WHCoA voted to invite 1,200 individuals to serve as delegates to the 2005 White House Conference on Aging, scheduled to take place fall 2005 in Washington, DC. These delegates will vote on resolutions and develop implementation strategies to be presented to the President and the Congress to help guide national aging policies for the next decade and beyond. The 2005 WHCoA will be the fifth in the history of the United States and the first of the 21st Century.

**DATES:** On or before June 1, 2005 for individuals to self-nominate or to submit name(s) of other persons wishing to be considered as delegates to the WHCoA.

**ADDRESSES:** Fill out the designated application form for At-Large Delegates located on the WHCoA Web site at [<http://www.whcoa.gov>], or you may request an At-Large Delegate Application Form by calling the WHCoA at (301) 443–9462 or by e-mail at [[Info@whcoa.gov](mailto:Info@whcoa.gov)]. Submit your form by mail to WHCoA, 4350 East-West Highway, Suite 300, Bethesda, MD 20814 (please mark envelope At Large Delegate Application) or by fax to (301) 443–2902.

**FOR FURTHER INFORMATION CONTACT:** Jim Jarrard on (301) 443–2801 or e-mail [[Info@whcoa.gov](mailto:Info@whcoa.gov)].

**SUPPLEMENTARY INFORMATION:** The 2005 White House Conference on Aging is authorized by the Older Americans Act Amendments of 2000 (Pub. L. 106–501, November 2000). Specifically, Pub. L. 106–501 states that “the delegates shall be selected without regard to political affiliation or past partisan activity and shall, to the best of the appointing authority’s ability, be representative of the spectrum of thought in the field of aging. Delegates shall include individuals who are professionals, individuals who are non-professionals, minority individuals, individuals from low-income families, representatives of Federal, state and local governments and individuals from rural areas. A majority of such delegates shall be 55 or older.” The White House Conference on Aging is also authorized by Pub. L. 106–501 to focus on issues related to the aging of today and tomorrow, including the 78 million baby boomers born between 1946 and 1964.

As decided on December 1, 2004 by the WHCoA Policy Committee, the majority of the delegates will represent the following: Governors of all 50 States,