4. Barclays and Watson Wyatt announcements.

Parts Closed to the Public

5. Procurement.
6. Personnel.

CONTACT PERSON FOR MORE INFORMATION: Thomas J. Trabucco, Director, Office of External Affairs, (202) 942–1640.

Dated: September 7, 2006.

Thomas K. Emswiler,

Secretary to the Board, Federal Retirement Thrift Investment Board.

[FR Doc. 06–7596 Filed 9–7–06; 1:54 pm]

BILLING CODE 6760–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community Consumer Empowerment Workgroup Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the ninth meeting of the American Health Information Community (''Community'') Consumer Empowerment Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92–463, 5 U.S.C., App.)

DATES: September 18, 2006 from 10:30 a.m. to 5:30 p.m.

Place: Hubert H. Humphrey Building (200 Independence Avenue, SW., Washington, DC 20201), Conference Room 800 (Please bring your photo identification to enter a Federal building.)

Status: Open.

Purpose: At this meeting, the Community Consumer Empowerment Workgroup will discuss recently received information about personal health records, discuss the Workgroup's plan of work for the coming year, and receive information on personal health records (PHRs) and related matters.

Part of the meeting will be conducted in hearing format, in which the Workgroup will gather information about how to engage consumer interest in PHRs, health literacy, clinician and consumer incentives for using PHRs, and government policies related to PHRs. The Workgroup will invite representatives who can provide information about these matters. The format for the meeting will include two invited panels and time for questions and discussion. The meeting will include a time period during which members of the public may deliver brief (3 minutes or less) oral public comment. To be included on the public comment portion of the agenda, please contact Vernette Roberts via e-mail at *vernette.roberts@hhs.gov.*

SUPPLEMENTARY INFORMATION:

Public input, in the form of written testimony, is sought on the following issues:

1. Are there social marketing techniques or methodologies that can be applied to encourage the widespread use of personal health records?
2. Should a consumer outreach and education program be a coordinated public-private initiative and, if so, what are the logical steps to consider in the planning and implementation? Should there be an incremental approach to consumer education and outreach given the state of the marketplace and the current level of public awareness? What would be an appropriate role for the public sector?
3. Are there lessons learned from nationwide efforts (*e.g.* anti-smoking) or statewide efforts (*e.g.* car seat belt usage) to influence consumer behavior that are applicable to consumer education of PHRs?
4. How can health literacy be advanced through adoption and use of PHRs?
5. What incentives have been successfully to influence consumer adoption of PHRs? Are these one-time rewards, or is there a need to repeat these awards or to offer different incentives to encourage consumers to actively use their PHRs over time?
6. What incentives have been used successfully to influence clinician adoption of PHRs?
7. What consumer needs are not likely to be filled by market-driven solutions alone and should be addressed by public policy and public-private collaborations?
8. What public policy options for encouraging adoption of personal health records by consumers and for enabling interoperable data exchange are available and feasible to implement in the short-term and over the long-term?

Persons wishing to submit written testimony only (which should not exceed five double-spaced typewritten pages) should endeavor to submit it by September 18, 2006. Unfilled slots for oral testimony will be filled on the day of the meeting as time permits. Please consult Ms. Roberts for further information about these arrangements.

Further information about the Community's Consumer Empowerment Workgroup may be found at: *http://www.hhs.gov/healthit/ahic/ce_main.html.* The meeting will be available via Web cast at *www.eventcenterlive.com/cfmx/ec/login/login1.cfm?BID=67.*

If you have special needs for the meeting, please contact (202) 690–7151.

Dated: September 1, 2006.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 06–7537 Filed 9–8–06; 8:45 am]

BILLING CODE 4150–24–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), National Center for Immunization and Respiratory Diseases (NCIRD) announces the following Federal Committee meeting.

Name: Advisory Committee on Immunization Practices (ACIP).

Times and Dates: October 25, 2006, 8 a.m.–6 p.m., October 26, 2006, 8 a.m.–4 p.m.

Place: Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Global Communications Center, Room 232, Atlanta, Georgia 30333.

Status: Open to the public, limited only by space available. The meeting space accommodates approximately 330 people. Overflow space for real-time viewing will be available.

Purpose: The Committee is charged with advising the Director, CDC, on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. 1396s, the Committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines.

Matters to be Discussed: The agenda will include discussions on immunization safety, vaccine financing, herpes zoster (shingles) vaccine, rabies vaccine, meningococcal vaccine (MCV4), influenza vaccine, human papillomavirus vaccine follow-up, evidence-based methods for development of ACIP recommendations, and agency updates. Agenda items are subject to change as priorities dictate.

Additional Information: In order to expedite the security clearance process at the CDC Roybal Campus on Clifton Road, all ACIP attendees are required to register on-line at *http://www.cdc.gov/nip/acip.* Registration instructions and forms can be found under the ''Upcoming Meetings'' tab. Please be sure to complete all the required fields before submitting your registration and submit no later than September 29, 2006.

Please Note: All non-U.S. citizens must pre-register by September 29, 2006. Access will not be allowed to the campus and registration will *NOT* be allowed on site at the time of the meeting. All non-U.S. citizens are required to complete the ''Access Request Form'' and register on-line at *http://www.cdc.gov/nip/acip.* The access request form can be obtained from the ACIP Web site and should be e-mailed directly back to Ms. Demetria Gardner at *dgardner@cdc.gov* upon completion.

For Further Information Contact: Demetria Gardner, Immunization Services Division, National Center for Immunization and Respiratory Diseases, CDC, 1600 Clifton Road, NE., (E–05), Atlanta, Georgia 30333, telephone 404/639–8836, fax 404/639–8905.

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 the CDC and ATSDR.

Dated: September 1, 2006.

Alvin Hall,

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

[FR Doc. E6–14949 Filed 9–8–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5043–N]

RIN 0938–ZA90

Physician-Hospital Collaboration Demonstration

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice is to inform interested parties of an opportunity to apply to participate in a demonstration under section 646 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), the Medicare Health Care Quality Demonstration, to examine the effects of gainsharing aimed at improving the quality of care in a health delivery system. More specifically, the demonstration will determine if gainsharing is an effective means of aligning financial incentives to enhance quality and efficiency of care across an entire system of care. In contrast to traditional models of gainsharing, which focus on the inpatient stay, this demonstration will examine approaches that involve long-term follow-up to assure both documented improvements in quality and reductions in the overall costs of care. Projects must also be of sufficient size to ensure statistical robustness of the results. CMS is particularly interested in demonstration designs that track patients well beyond a hospital episode, to determine the impact of hospital-physician collaborations on preventing short- and longer-term complications, duplication of services, coordination of care across settings, and other quality improvements that hold great promise for eliminating preventable complications and unnecessary costs.

From the perspective of implementing and evaluating the demonstration, we also require some standardization of gainsharing approaches, physician payments, and hospital savings measurement across sites. Therefore, for the Section 646 Gainsharing Demonstration, CMS will operate projects submitted by consortia, comprising of health care groups and their affiliated hospitals. A limited number of projects will be operated in various geographic areas; no more than 72 hospitals can be included across all projects.

DATES: Applications for the demonstration under MMA section 646 will be considered timely if we receive them no later than 5 p.m., Eastern Standard Time (e.s.t.), on January 9, 2007.

FOR FURTHER INFORMATION CONTACT: Lisa Waters at (410) 786–6615 or *GAINSHARING@cms.hhs.gov.* Interested parties can obtain a complete solicitation, application, and supporting information on the following CMS Web sites at *http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=ascending&itemID=CMS1186653.*

Paper copies can be obtained by writing to Lisa Waters at the address listed in the **ADDRESSES** section of this notice.

ADDRESSES: Mail or deliver applications to the following address: Centers for Medicare & Medicaid Services, Attention: Lisa Waters, Mail Stop: C4–17–27, 7500 Security Boulevard, Baltimore, Maryland 21244.

Because of staff and resource limitations, we cannot accept applications by facsimile (FAX) transmission or by e-mail.

Eligible Organizations for MMA 646: As stipulated in the enabling legislation, physician groups, integrated delivery systems, or an organization representing regional coalitions of physician groups or integrated delivery systems are eligible to apply. A comprehensive list of all eligibility requirements can be found in the ''Eligible Organizations'' section of the solicitation. We envision projects that seek to improve quality and efficiency in several areas of each participating organization.

SUPPLEMENTARY INFORMATION:

I. Background

Section 646 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108–173) amends title XVIII (42 U.S.C. 1395 *et seq.*) of the Social Security Act to establish the Medicare Health Care Quality (MHCQ) Demonstration Programs.

The MHCQ demonstration will test major changes to improve quality of care while increasing efficiency across an entire health care system. Broadly stated, the goals of the Medicare Health Care Quality demonstration are to:

- Improve patient safety;
- Enhance quality of care by increasing efficiency; and
- Reduce scientific uncertainty and the unwarranted variation in medical practice that results in both lower quality and higher costs.

II. Provisions of the Notice

This notice solicits applications to participate in the MMA Section 646 Medicare Hospital Gainsharing Demonstration that will assist in determining if gainsharing can align incentives between hospitals and physicians to improve the quality and efficiency of care provided to beneficiaries over episodes of care and across settings. The focus of each demonstration will be to link physician incentive payments to improvements in quality and efficiency. This demonstration will provide measures to ensure that the quality and efficiency of care provided to beneficiaries is monitored and improved. We envision projects that seek to improve quality and efficiency in several areas of each participating organization.

Overall, we seek demonstration models that result in savings to Medicare. We will assure this 3-year demonstration is budget neutral.

III. Collection of Information Requirements

This information collection requirement is subject to the Paperwork Reduction Act of 1995 (PRA); however, the collection is currently approved under OMB control number 0938–0880 entitled ''Medicare Demonstration Waiver Application.''

Authority: Section 646 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108–173.