**Nominee Selection Criteria**

Nominees should have technical expertise in health care quality measurement development, and a familiarity with statistical methods and risk adjustment strategies in the area of composite measure development.

More specifically, each candidate will be evaluated using the following criteria:

- Peer-reviewed publications relevant to the development of composite measures; performance measures and reporting;
- Expertise in statistical methods relevant to the development of composite measures;
- Knowledge of recent composite methodologies published in the literature;
- Experience with development of measures based on administrative data and its uses;
- Expertise in hospital quality improvement and patient safety;
- Familiarity with the AHRQ Quality Indicators and their application;
- Experience with application of performance measures for public reporting; and,
- Availability to provide written comments and conference calls between late April and early August.

**Time Commitment**

In an effort to provide for expert input and for recommendations to develop a composite measure methodology, we are initiating a review process that will require participation in approximately four to five conference calls with some
pre- and post-evaluation time (approximately 10 hours). Results from this process will influence the development of composite measures for the AHRQ Quality indicators. Beginning in late April/early May through early August, selected nominees will be asked to participate in the following activities:

**IQI/PSI Sub-Workgroup Activities**

1. Provide evaluative comments on current methodology for composite indicators (2.0 hours) and participate in subsequent General Workgroup call (1.0 hour);
2. Participate in one Sub-Workgroup conference call to discuss suggested changes to the current composite indicator methodology (1.5 hours);
3. Provide evaluative comments on AHRQ’s new draft or revised methodology (1.5 hour);
4. Participate in second Subgroup call to respond to each others’ comments and questions or provide additional clarifications regarding draft methodology (1.5 hours); and
5. Participate in second General workgroup call. Provide suggestions for summary document for public comment (2.0 hours).

The Workgroup will conduct business by telephone, e-mail, or other electronic means as needed.

**FOR FURTHER INFORMATION CONTACT:**

Mamatha Pancholi, Center for Delivery, Organization, and Markets, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850; Phone: (301) 427–1470; Fax: (301) 427–1430; E-mail: mamatha.pancholi@ahrq.hhs.gov; or Marybeth Farquhar, Center for Delivery, Organization, and Markets, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850; Phone: (301) 427–1317; Fax: (301) 427–1430; E-mail: marybeth.farquhar@ahrq.hhs.gov.

**SUPPLEMENTARY INFORMATION:**

**Background**

The AHRQ Quality Indicators (AHRQ QIs) are a unique set of measures of health care quality that make use of readily available hospital inpatient administrative data. The QIs have been used for various purposes. Some of these include tracking, hospital self-assessment, reporting of hospital-specific quality or pay for performance. The AHRQ QIs are provider- and area-level quality indicators and currently consist of four modules: The Prevention Quality Indicators (PQI), the Inpatient Quality Indicators, the Patient Safety Indicators (PSI) and the Pediatric Quality Indicators (PedsQIs). In response to feedback from the AHRQ QI user community, AHRQ is committed to developing composite measures in an effort to provide an overall view of quality that is complete, useful and easily understandable to consumers and others within the health care field.


Carolyn M. Clancy,
Director.

[FR Doc. 06–3207 Filed 4–3–06; 8:45 am]

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day–06–06BC]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

National Survey of the Mining Population-New-National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).