developing the capacity and ability to engage in continuous quality improvement. This will contribute to improved care for patients and reduced regulatory burden for providers. This is not a simple endeavor nor one that will be put in place quickly. It will be important to recognize achievement by the facilities as they progress towards the long term objective.

We place a high level of emphasis on helping providers develop and maintain programs of quality improvement. In the case of hemodialysis facilities we are demonstrating this commitment to work in collaboration with providers to achieve that goal.

It is important to note that this is just the first phase of the project. The real test of success will be when facilities have gained the experience to have ongoing systems in place to assess the quality of care they are providing to patients by evaluating quality indicators of outcomes of care. With measurement systems in place, hemodialysis facilities will be able to provide important information to patients and to us about the quality of care being provided.

F. Evaluation of the Project

Information about project results will be packaged in brochures and newsletters so that ESRD patients and non-participating ESRD facilities will be aware of the results. We will continuously evaluate this project as it progresses and perform a separate analysis upon completion. We believe that all of the participants in this project will learn a great deal, and we will remain open to the need to make accommodations to unique situations that may arise. We are convinced that this project has enormous potential to improve patient care, lessen regulatory burden, and use scarce resources more wisely. The definitive measure of success of this project will be that systems for collecting patient specific clinical data are in place, that transmission of data to us is done at regular intervals, and that hemodialysis facilities are skilled in using the data to design interventions to continuously improve care to their patients.

IV. Collection of Information Requirements

This notice contains information collection requirements, which are currently exempt from the Paperwork Reduction Act of 1995, as outlined in 5 CFR 1320.3(h)(5). The project described in this notice is an extension of the National Core Indicators Project, which has been reviewed and approved by the National Institutes of Health (NIH) Clinical Exemption Review Committee; NIH Case # CE95–02–02, February 1995. As a condition of this approval, PHS/HCFA will submit a copy of this updated data collection protocol, which will gather customary medical information from patient records, captured during the course of a medical examination, to the United States Renal Data System (NIH) before the study is initiated.

Both the Core Indicators Project and the extension pilot project described in this notice support a current REGO II effort to improve the quality of care provided to Medicare beneficiaries. The Core Indicators Project systematically, annually, collects clinical information associated with the quality of care provided to a sample of End Stage Renal Disease (ESRD) patients. This notice describes a pilot extension of that project which expands the effort by collecting information from patient records more frequently and communicating the information more efficiently to HCFA in an electronic fashion for HCFA/PHS evaluation.

It is envisioned that core information regarding outcomes of care on all ESRD Medicare beneficiaries will eventually be shared with HCFA electronically on a regular basis, to provide HCFA/PHS the data to initiate and monitor quality improvement efforts. If this pilot is successful, and HCFA decides to implement the REGO II project based on the currently approved Core Indicators Project, HCFA will seek full OMB approval for the data collection requirements that fall under the purview of the Paperwork Reduction Act.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

Authority: Sec. 1881 of the Social Security Act (42 U.S.C. 1395rr).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 14, 1996.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: August 1, 1996.

Donna E. Shalala,

Secretary.

Note: This document was received in the Office of the Federal Register on April 24, 1997.

[FR Doc. 97–11025 Filed 4–28–97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Meeting of the National Advisory Council for Human Genome Research

Pursuant to Pub. L. 92–463, notice is hereby given of the meeting of the National Advisory Council for Human Genome Research, National Human Genome Research Institute, May 19 and 20, 1997, National Institutes of Health, Building 31, C wing, 6th Floor, Conference Room 10, Bethesda, MD.

This meeting will be open to the public on Monday, May 19, 8:30 a.m. to approximately 3:00 p.m. to discuss administrative details or other issues relating to committee activities. Attendance by the public will be limited to space available.

In accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92–463, the meeting will be closed to the public on May 19, from 3:00 p.m. to recess and on May 20 from 8:30 a.m. to adjournment, for the review, discussion and evaluation of individual grant applications. The applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with application, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Dr. Elke Jordan, Deputy Director, National Human Genome Research Institute, National Institutes of Health, Building 31, Room 4B09, Bethesda, Maryland 20892, (301) 496–0844, will furnish the meeting agenda, rosters of Committee members and consultants, and substantive program information upon request.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Ms. Jane Ades, (301) 594–0654, two weeks in advance of the meeting.

(Catalogue of Federal Domestic Assistance Program No. 93.172, Human Genome Research.)

Dated: April 23, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 97–10964 Filed 4–28–97; 8:45 am]

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