DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6)(ii), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Heart, Lung, and Blood Initial Review Group; Heart, Lung, and Blood Program Project Review Committee.

Date: March 29, 2010.
Time: 8 a.m. to 5 p.m.
Agenda: To review and evaluate grant applications.
Place: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Jeffrey H. Hurst, PhD, Scientific Review Officer, Review Branch/DERA, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, Room 7208, Bethesda, MD 20892–7924, 301–435–0303, hurstj@nhlbi.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)


Jennifer Spaeth, Director, Office of Federal Advisory Committee Policy.

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The ultimate goal of this process is to develop and test a survey that will be part of the CAHPS family of survey instruments. Submitters of items sent in response to this announcement and subsequently incorporated into the CAHPS® Survey for Cancer Care will be acknowledged in explanatory material accompanying the survey instrument and published on the CAHPS® Web site (https://www.cahps.AHRQ.gov). The instrument will be made available to the public under the CAHPS® trademark to encourage both widespread use and uniformity of criteria by which cancer care providers can be compared by consumers and others. Organizations that field CAHPS® Surveys with the trademarked CAHPS® name on them are required to follow all implementation and reporting instructions set out on the CAHPS® Web site.

The second initiative will focus on the identification of items for use in a new tool being developed to measure Patient Centered Communication (PCC) in cancer care. While both initiatives are related to the patient care experience, the PCC instruments will focus primarily on elements of the communication between patients and clinicians throughout the spectrum of cancer care (i.e., exchanging information, fostering healing relationships, managing uncertainty, recognizing and responding to emotions, making decisions, and enabling self-management and patient navigation through the care continuum) as cited in Epstein & Street (Epstein RM, Street RL Jr. Patient Centered Communication in Cancer Care: Promoting Healing and Reducing Suffering. National Cancer Institute, NIH Publication No. 07–6225, Bethesda, MD, 2007). Submitters of items sent in response to this announcement and subsequently incorporated into the PCC instruments will be acknowledged in explanatory material accompanying the survey instruments and published on the NCI Web site (http://outcomes.cancer.gov/areas/pcc/).

In addition to the patient perspective on the care they receive, the PCC instruments will address communication from the perspective of the treating clinicians.

AHRQ will consider all submitted instruments and items for inclusion in the final survey instruments under development. Submitters will not be identified with specific items in the final instrument, but will be included in a list of those who contributed candidate instruments and items if so desired. Please include a statement with your submission indicating whether or not you wish to be identified as a contributor.

DATES: Please submit instruments and supporting information to Dr. William Lawrence (see address below) on or before April 2, 2010.

ADDRESSES: Submissions should include a brief cover letter, a copy of the instrument or items for consideration and supporting information as specified under “Submission Criteria” below. Submissions may be in the form of a letter or e-mail, preferably with an electronic file in a standard word processing format on a CD or as an e-mail attachment. Electronic submissions are encouraged. Please do not use acronyms unless clearly defined. Responses to this request should be submitted to: Dr. William Lawrence, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, Phone: (301) 427–1517, Fax: (301) 427–1520, E-mail: william.lawrence@AHRQ.hhs.gov. To facilitate handling of submissions, please include full information about the instrument developer, any copyright holder and person to contact: (a) Name, (b) title, (c) organization, (d) mailing address, (e) telephone number, (f) fax number, and (g) e-mail address. A copy or citation of relevant peer-reviewed journal articles is also desirable, but not required. For citations, please include the title of the article, author(s), publication year, journal name, volume, issue, and page numbers where the article appears and/or other applicable evidence to support the value of the instrument or items for measuring patients’ experience (or the clinicians experience for the PCC initiative) of cancer care.

All submissions must include a written statement granting AHRQ the right to use and authorize others to use the submitted instruments, items, and their documentation for the above-described purposes. Thus, this statement must indicate whether you are interested in submitting the items or instruments for use in the first initiative (CAHPS® Survey for Cancer Care), the second initiative (PCC Surveys), or both. This statement must be signed by an individual authorized to act for any holder of copyright on each submitted measure or instrument. The authority of the signatory to provide such authorization should be described in the letter. Submitters’ willingness to grant to AHRQ the right to use and authorize others to use their instruments, items, and measures means that AHRQ will have a license to grant free access and rights to use all elements of the early and final versions of the CAHPS® and/ or PCC instruments, in accordance with the instruments’ supporting administration information and instructions.

FOR FURTHER INFORMATION CONTACT: William Lawrence, MD, MS, from the