

control” or “non-pain symptom management,” as well as publicly available instruments for capturing family members’ or friends’ experiences with hospice care. We are interested in instruments and items that can measure quality of care from the family member/friend’s perspective, including all potential hospice settings (for example, home, nursing home, hospital, and free-standing hospice) and instruments that track changes over time.

We are looking for suggested topic areas and publicly available instruments in which the information was identified by family members/friends as important to them in evaluating hospice care. Existing instruments are preferred if they have been tested, have a high degree of reliability and validity, and report evidence of wide use.

The following information would be especially helpful in any comments responding to this request for information:

- A brief cover letter summarizing the information requested for submitted instruments and topic areas, respectively, and how the submission will help fulfill the intent of the survey.

- (Optional) Information about the person submitting the material for the purposes of follow up questions about the submission which includes the following:

- ++ Name.
- ++ Title.
- ++ Organization.
- ++ Mailing address.
- ++ Telephone number.
- ++ Email address.
- ++ Indication that the instrument is publicly available.

- When submitting topic areas, we encourage including to the extent available the following information:

- ++ Detailed descriptions of the suggested topic area(s) and specific purpose(s).
- ++ Relevant peer-reviewed journal articles or full citations.

- When submitting publicly available instruments or survey questions, we encourage including to the extent available the following information:

- ++ Name of the instrument.
- ++ Copies of the full instrument in all available languages.
- ++ Topic areas included in the instrument.
- ++ Measures derived from the instrument.
- ++ Instrument reliability (internal consistency, test-retest, etc) and validity (content, construct, criterion-related).
- ++ Results of cognitive testing (one-on-one testing with a small number of

respondents to ensure that they understand the questionnaire.)

- ++ Results of field testing.
- ++ Current use of the instrument (who is using it, what it is being used for, what population it is being used with, how instrument findings are reported, and by whom the findings are used).
- ++ Relevant peer-reviewed journal articles or full citations.
- ++ CAHPS® trademark status.
- ++ National Quality Forum (NQF) endorsement status.
- ++ Survey administration instructions.
- ++ Data analysis instructions.
- ++ Guidelines for reporting survey data.

CMS is developing this survey and plans to submit it to AHRQ for recognition as a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. The survey will be developed in accordance with CAHPS® Survey Design Principles and implementation instructions will be based on those for CAHPS® instruments (<https://www.cahps.AHRQ.gov/About-CAHPS/Principles.aspx>).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 5, 2012.

Marilyn Tavenner,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2013-01299 Filed 1-24-13; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-4171-NC]

Medicare Program; Request for Information To Aid in the Design and Development of a Survey Regarding Patient Experiences With Hospital Outpatient Surgery Departments/ Ambulatory Surgery Centers and Patient-Reported Outcomes From Surgeries and Procedures Performed in These Settings

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

ACTION: Request for information.

SUMMARY: This document is a request for information regarding hospital outpatient surgery departments (HOSDs) and ambulatory surgery centers (ASCs), as well as patient-reported outcomes from surgeries or other procedures performed in these settings.

DATES: The information solicited in this notice must be received at the address provided below by March 26, 2013.

ADDRESSES: In responding to this solicitation, please reply via email to AmbSurgSurvey@cms.hhs.gov or by postal mail at Centers for Medicare and Medicaid Services, Attention: Memuna Ifederah, Mailstop C1-25-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

FOR FURTHER INFORMATION CONTACT: Memuna Ifederah, (410) 768-6849 or Caren Ginsberg (410) 786-0713.

SUPPLEMENTARY INFORMATION:

I. Background

In accordance with section 3011 of the Affordable Care Act, the Department of Health and Human Services (HHS) developed the National Quality Strategy to create national aims and priorities to guide local, state, and national efforts to improve the quality of health care. The National Quality Strategy established three aims supported by six priorities.

The 3 aims are as follows:

- Better Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.

- Healthy People/Healthy Communities: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher quality care.

- Affordable Care: Reduce the cost of quality health care for individuals, families, employers, and government.¹

The six priorities are: “(1) Making care safer by reducing harm caused by the delivery of care; (2) ensuring that each person and family are engaged as partners in their care; (3) promoting effective communication and coordination of care; (4) promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease; (5) working with communities to promote wide use of best practices to enable health living; and (6) making quality care more affordable for individuals, families, employers and governments by developing and spreading new health care delivery models”.

Surveys focusing on the patient experience as well as the Hospital Outpatient Surgery Department/

¹ Please see U.S. Department of Health and Human Services, *Report to Congress, National Strategy for Quality Improvement in Health Care*, (March 2011), available at <http://www.healthcare.gov/law/resources/reports/nationalqualitystrategy032011.pdf>.

Ambulatory Surgery Patient Experience of Care Survey now under development support the National Quality Strategy of better care and the priorities of—

- Ensuring that each person and family are engaged as partners in their care (priority #2); and
- Promoting effective communication and coordination of care (priority #3).

Since 1995, the Agency for Healthcare Research and Quality (AHRQ) and its Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Consortium, in partnership with the Centers for Medicare & Medicaid Services (CMS), has developed standardized CAHPS® Surveys and tools for a variety of populations to collect data on patient's experiences with and ratings of care. CMS and AHRQ have developed CAHPS® surveys for in-center hemodialysis facilities, nursing homes, and clinician and group practices. CMS has already implemented CAHPS® surveys for health and drug plans, hospitals, and home health agencies.

We are developing a standardized Hospital Outpatient Surgical Department/Ambulatory Surgical Center (HOSD/ASC) Experience of Care Survey to evaluate the care received in these facilities from the patient's perspective. Two related CAHPS® surveys exist; however, they do not collect information specific to the patient experience of care in HOSD/ASC facilities. In 2006, CMS began implementing the Hospital CAHPS® (HCAHPS) Survey, which collects data on hospital inpatients experiences with and ratings of hospital inpatient care. The HCAHPS Survey includes neither patients who receive outpatient surgical care from hospital-based outpatient surgical departments, nor patients who received such care from freestanding ASCs. The Surgical Care CAHPS® Survey, developed by the American College of Surgeons (ACS) and the Surgical Quality Alliance (SQA) focuses on both inpatient and outpatient surgeries and includes questions related to the patient's experience before, during, and after surgery. However, this survey focuses on the care provided by the physician rather than the facility. Hospital outpatient surgery departments and ASCs will be the unit of analysis for this HOSD/ASC survey instrument. The Hospital Outpatient Surgery Department/Ambulatory Surgery Center Patient Experience of Care Survey will be used to help consumers make informed choices about providers as well as improving the quality of care.

II. Solicitation of Information

This document solicits input for developing this new patient experience survey, including the following:

- Relevant topic areas such as communication between patients and health care providers; access to care; customer service; provision of pre- and post-surgical care information; access to follow-up care; care coordination; patient preferences; environment; and safety.
- Publicly available surveys, survey questions, and measures indicating— (1) patient experience and/or level of patient satisfaction with experience in HOSDs/ASCs; and (2) patient-reported outcomes from surgeries or other procedures (for example, colonoscopies, endoscopies) performed in HOSDs and ASCs. These surveys, survey questions, and measures should measure and assess quality of care and patient-reported outcomes from the patient's perspective, and track changes over time.

We are interested in suggestions for topic areas, and publicly available surveys, questions or measures that address the following specifically for outpatient surgery:

- Issues that are that are highly relevant to DHHS and CMS, because they support DHHS's and CMS's efforts for improved quality and efficiency of care and are included in or facilitate alignment with other CMS programs.
- Identification of gaps in the quality of care delivered in outpatient surgical departments.
- Measures of surgical care coordination and related care coordination activities.
- Identification and assessment of patient-reported outcomes, such as pain, nausea and vomiting, deep vein thrombosis, infection, pneumonia, and urinary retention.

We are looking for suggested topic areas, as well as any publicly available surveys, questions and measures in which—(1) the source of information is from patients who directly received care at HOSDs or ASCs; and (2) patients identified the topic areas such as those listed above as important to them in evaluating HOSD or ASC care (for example, wait time and medical staff and physician communication). We are seeking topic areas, surveys, questions and measures that are applicable across outpatient surgical settings (for example, freestanding settings, hospital based settings, for-profit settings; not-for-profit settings; rural settings; urban settings; multi-specialty and single-specialty surgery departments/centers). We prefer existing surveys, questions,

and measures that have been tested and have a high degree of reliability and validity, and for which there is evidence of wide use.

This request for information solicits input from consumers, researchers, vendors, health plans, HOSDs, ASCs, surgeons, advocacy organizations, community-based providers, and other stakeholders and interested parties. This call for topic areas, publicly available surveys, questions, and measures is occurring now because of the multi-phased survey development and testing process necessary to produce a standardized instrument. The target population for the survey is adults (defined in CAHPS surveys as 18 years old and older) who recently have had surgery or other procedures, such as a colonoscopy or endoscopy, in a surgical outpatient setting.

CMS is developing this survey and plans to submit it to AHRQ for recognition as a CAHPS® survey. The survey will be developed in accordance with CAHPS® Survey Design Principles and implementation instructions will be based on those for CAHPS® instruments (<https://www.cahps.AHRQ.gov/About-CAHPS/Principles.aspx>).

We are asking respondents to include the following in their submissions:

- A brief cover letter summarizing the information requested above for submitted topic areas, surveys, questions, and measures, and how the submission will help fulfill the intent of the patient experiences survey.
- (Optional) Information about the person submitting the material for purposes of follow-up questions about the submission, including the following:
 - ++ Name.
 - ++ Title.
 - ++ Organization.
 - ++ Mailing address.
 - ++ Telephone number.
 - ++ Email address.
 - ++ Indication that the topic area or instrument is publicly available.
 - When submitting topic areas, respondents should include to the extent available the following information:
 - ++ Detailed descriptions of the suggested topic area(s) and specific purpose(s).
 - ++ Sample questions, in all available languages.
 - ++ Relevant peer-reviewed journal articles or full citations.
 - ++ Name of the instrument.
 - ++ Copies of the full instrument in all available languages.
 - ++ Topic areas included in the survey.
 - ++ Measures derived from the survey.
 - ++ Survey reliability (internal consistency, test-retest, etc.) and

- validity (content, construct, criterion-related).
 - ++ Results of cognitive testing (one-on-one testing with a small number of respondents to ensure that they understand the questionnaire).
 - ++ Results of field testing.
 - ++ Current use of the instrument (who is using it, what it is being used for, what population it is being used with, how instrument findings are reported, and by whom the findings are used).
 - ++ Relevant peer-review journal articles or full citations.
 - ++ CAHPS® trademark status.
 - ++ Survey administration instructions.
 - ++ Data analysis instructions.
 - ++ Guidelines for reporting survey data.
- (Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774,

Medicare—Supplementary Medical Insurance Program)
 Dated: December 13, 2012.
Marilyn Tavenner,
Acting Administrator, Centers for Medicare & Medicaid Services.
 [FR Doc. 2013–01300 Filed 1–24–13; 8:45 am]
BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Guidance for Tribal TANF.
OMB No.: 0970–0157.

Description

42 U.S.C. 612 (Section 412 of the Social Security Act) requires each Indian Tribe that elects to administer and operate a TANF program to submit a TANF Tribal Plan. The TANF Tribal Plan is a mandatory statement submitted to the Secretary by the Indian Tribe, which consists of an outline of how the Indian Tribes TANF program will be administered and operated. It is used by the Secretary to determine whether the plan is approvable and to determine that the Indian Tribe is eligible to receive a TANF assistance grant. It is also made available to the public.

Respondents

Indian Tribes applying to operate a TANF program.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total Burden hours
Request for State Data Needed to Determine the Amount of a Tribal Family Assistance Grant	23	1	68	1564

Estimated Total Annual Burden Hours: 1564.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. Email address: infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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)

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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,
Reports Clearance Officer.
 [FR Doc. 2013–01450 Filed 1–24–13; 8:45 am]
BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: ANA Project Impact Assessment Survey.
OMB No.: 0970–0379

Description: The information collected by the Project Impact Assessment Survey is needed for two main reasons: (1) To collect crucial information required to report on the Administration for Native Americans' (ANA) established Government Performance and Results Act (GPRA) measures, and (2) to properly abide by ANA's congressionally-mandated statute (42 United States Code 2991 *et seq.*) found within the Native American Programs Act of 1974, as amended, which states that ANA will evaluate projects assisted through ANA grant dollars "including evaluations that describe and measure the impact of such projects, their effectiveness in achieving stated goals, their impact on related programs, and their structure and mechanisms for delivery of services." The information collected with this survey will fulfill ANA's statutory requirement and will also serve as an important planning and performance tool for ANA.

Respondents: Tribal Governments, Native American nonprofit organizations, and Tribal Colleges and Universities.