

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**Request for Measures and Domains To Use in Development of a Standardized Instrument for Use in Public Reporting of the Quality of Transition From Child-focused to Adult-focused Care in Young Adults With Chronic Conditions**

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS.

**ACTION:** Notice of request for measures and domains.

**SUMMARY:** Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, amended the Social Security Act (the Act) to enact section 1139A (42 U.S.C. 1320b-9a). Section 1139A(b) charged the Department of Health and Human Services with improving pediatric health care quality measures. The Agency for Healthcare Research and Quality (AHRQ) is requesting the submission of instruments or domains (for example, key concepts) measuring aspects of the transition from child-focused to adult-focused care in young adults with chronic health conditions from all researchers, vendors, hospitals, stakeholders, and other interested parties. AHRQ is interested in instruments and items through which young adults or parent proxies may assess experiences they have with the health care system, including the transition from pediatric to adult health care. The goal is to develop a standardized instrument for use in assessing the quality of transition from child-focused to adult-focused care in young adults with chronic health conditions.

**DATES:** Please submit materials May 20, 2013. AHRQ will not respond to individual submissions, but will consider all suggestions.

**ADDRESSES:** Electronic submissions are encouraged, preferably as an email with an electronic file in a standard word processing format as an email attachment. Submissions may also be in the form of a letter to: Maushami DeSoto, M.Sc., Ph.D., MHA, Office of Extramural Research, Education and Priority Populations, Agency for Healthcare Research and Quality, 540 Gaither Rd., Rockville, MD 20850, Phone: (301) 427-1546, Fax: (301) 427-1238, Email: [Maushami.Desoto@AHRQ.hhs.gov](mailto:Maushami.Desoto@AHRQ.hhs.gov).

All submissions must include a written statement from the submitter

that it will grant AHRQ the necessary rights to use, modify, and adapt the submitted instruments, domains, items, and their documentation for the development of this survey and its dissemination for AHRQ purposes. The statement must also address the instrument's proprietary and/or confidentiality status. In accordance with CHIPRA's charge to improve pediatric quality care measures, and consistent with AHRQ's mandate to disseminate research results, 42 U.S.C. 299c-3, AHRQ purposes include public disclosure and dissemination (e.g., on the AHRQ Web site) of AHRQ products and the results of AHRQ-sponsored research and activities. The written statement must be signed by the copyright holder or an individual authorized to act for any holder of copyright and/or data rights on each submitted measure or instrument. The authority of the signatory to provide such authorization should be described in the letter. If the submitted measure or instrument is selected for further development AHRQ will request that the submitter execute a license granting all of the above-referenced rights to the Department of Health and Human Services.

*Submission Guidelines*

When submitting instruments, please include, to the extent that it is available:

- Name of the instrument;
- Copies of the full instrument, in all languages available;
- Domains or key concepts included in the instrument;
- Instrument reliability (internal consistency, test-retest, etc) and validity (content, construct, criterion-related);
- Results of cognitive testing;
- Results of field-testing;
- Current use of the instrument (who is using it, what it is being used for, how instrument findings are reported, and by whom the findings are used); and,
- Relevant peer-reviewed journal articles or full citations.

When submitting domains, please include, to the extent available:

- Detailed descriptions of question domain and specific purpose;
- Sample questions, in all languages available; and,
- Relevant peer-reviewed journal articles or full citations.

For all submissions, please also include:

A brief cover letter summarizing the information requested above for submitted instruments and domains, respectively;

Complete information about the person submitting the material, including:

- (a) Name;
- (b) Title;
- (c) Organization;
- (d) Mailing address;
- (e) Telephone number;
- (f) Email address; and,

(g) A written statement of intent that the submitter will grant to AHRQ the necessary rights to use, modify, and adapt the submitted instruments, items, and their supporting documentation for the development of the survey and its dissemination for AHRQ purposes, as described above.

**FOR FURTHER INFORMATION CONTACT:** Maushami DeSoto, M.Sc., Ph.D., MHA.

**SUPPLEMENTARY INFORMATION:** Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, amended the Social Security Act (the Act) to enact section 1139A (42 U.S.C. 1320b-9a). Since the law was passed, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) have been working together to implement selected provisions of the legislation related to children's health care quality. Section 1139A(b) of the Act charged the Department of Health and Human Services with improving pediatric health care quality measures. To implement the law, AHRQ and CMS have established the CHIPRA Pediatric Quality Measures Program (PQMP), which is designed to enhance select pediatric quality measures and develop new measures as needed.

The information sought in this Notice is being collected pursuant to the needs of the Children's Hospital Boston Center of Excellence for Pediatric Quality Measurement (CEPQM). It is one of the seven CHIPRA Pediatric Quality Measures Program (PQMP) Centers of Excellence and has been assigned the task of developing measures to assess aspects of the transition from child-focused to adult-focused care in young adults with chronic health conditions. To thoroughly carry out this task, the Center needs to identify and assess instruments or domains which already exist on this subject. Such measures will be considered in the development of a standardized instrument for voluntary public reporting by State Medicaid and CHIP programs and used by providers, consumers, other public and private purchasers, and others.

Existing instruments or domains submitted should capture adolescents' experiences with their health care, including the transition from pediatric

to adult health care (for example, preparation readiness or evaluation of transfer). The survey development team is looking for items for which young adults or their parent proxies are generally the best or only judge; for example, the young adult or parent proxy can best say if the provider spent sufficient time with them or explained things in ways they could understand. Existing instruments that have been tested should have a high degree of reliability and validity; and evidence of wide use will be helpful.

Dated: April 8, 2013.

**Carolyn M. Clancy,**

*AHRQ Director.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Solicitation for Nominations for Members of the U.S. Preventive Services Task Force (USPSTF)

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS.

**ACTION:** Solicits nominations for new members of USPSTF.

**SUMMARY:** The Agency for Healthcare Research and Quality (AHRQ) invites nominations of individuals qualified to serve as members of the U.S. Preventive Services Task Force (USPSTF).

**DATES:** All nominations submitted in writing or electronically will be considered for appointment to the USPSTF. Nominations must be received by May 15th of a given year to be considered for appointment to begin in January of the following year.

#### Arrangement for Public Inspection

Nominations and applications are kept on file at the Center for Primary Care, Prevention, and Clinical Partnerships, AHRQ, and are available for review during business hours. AHRQ does not reply to individual nominations, but considers all nominations in selecting members. Information regarded as private and personal, such as a nominee's social security number, home and email addresses, home telephone and fax numbers, or names of family members will not be disclosed to the public (in accord with the Freedom of Information Act, 5 U.S.C. 552(b)(6); 45 CFR 5.67).

**ADDRESSES:** Submit your responses either in writing or electronically to:

Robert Cosby, ATTN: USPSTF Nominations, Center for Primary Care, Prevention, and Clinical Partnerships, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850, *USPSTFmembernominations@ahrq.hhs.gov*.

#### Nomination Submissions

Nominations may be submitted in writing or electronically, but must include:

(1) The applicant's current curriculum vitae and contact information, including mailing address, email address, and telephone number, and

(2) a letter explaining how this individual meets the qualification requirements and how he/she would contribute to the USPSTF. The letter should also attest to the nominee's willingness to serve as a member of the USPSTF.

AHRQ will later ask persons under serious consideration for USPSTF membership to provide detailed information that will permit evaluation of possible significant conflicts of interest. Such information will concern matters such as financial holdings, consultancies, and research grants or contracts.

#### Nominee Selection

Appointments to the USPSTF will be made on the basis of qualifications as outlined below (see Qualification Requirements) and the current expertise needs of the USPSTF.

**FOR FURTHER INFORMATION CONTACT:** Robert Cosby at *USPSTFmembernominations@ahrq.hhs.gov*.

#### SUPPLEMENTARY INFORMATION:

##### Background

Under Title IX of the Public Health Service Act, AHRQ is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. 42 U.S.C. 299(b). AHRQ accomplishes these goals through scientific research and promotion of improvements in clinical practice, including clinical prevention of diseases and other health conditions, and improvements in the organization, financing, and delivery of health care services. See 42 U.S.C. 299(b).

The USPSTF, an independent body of experts in prevention and evidence-based medicine, works to improve the health of all Americans by making evidence-based recommendations about the effectiveness of clinical preventive services and health promotion. The recommendations made by the USPSTF address clinical preventive services for adults and children, and include

screening tests, counseling services, and preventive medications.

The USPSTF was first established in 1984 under the auspices of the U.S. Public Health Service. Currently, the USPSTF is convened by the Director of AHRQ, and AHRQ provides ongoing administrative, research and technical support for the USPSTF's operation. USPSTF members serve for four year terms. New members are selected each year to replace those members who are completing their appointments.

The USPSTF is charged with rigorously evaluating the effectiveness, cost-effectiveness and appropriateness of clinical preventive services and formulating or updating recommendations regarding the appropriate provision of preventive services. See 42 U.S.C. 299b-4(a)(1). AHRQ is charged with supporting the dissemination of USPSTF recommendations. In addition to hard copy materials (that may be obtained from the AHRQ Publications Clearinghouse), current USPSTF recommendations and associated evidence reviews are available on the Internet (*www.uspreventiveservicestaskforce.org*).

USPSTF members meet three times a year for two days in the Washington, DC area. A significant portion of the USPSTF's work occurs between meetings during conference calls and via email discussions. Member duties include prioritizing topics, designing research plans, reviewing and commenting on systematic evidence reviews of evidence, discussing and making recommendations on preventive-services, reviewing stakeholder comments, drafting final recommendation documents, and participating in workgroups on specific topics and methods. Members can expect to receive frequent emails, can expect to participate in multiple conference calls each month, and can expect to have periodic interaction with stakeholders. AHRQ estimates that members devote approximately 200 hours a year outside of in-person meetings to their USPSTF duties. The members are all volunteers and do not receive any compensation beyond support for travel to in person meetings.

Nominated individuals will be selected for the USPSTF on the basis of their qualifications (in particular, those that address the required qualifications, outlined below) and the current expertise needs of the USPSTF. It is anticipated that three to four individuals will be invited to serve on the USPSTF beginning in January 2014. All individuals will be considered; however, strongest consideration will be