Improvement and Patient Safety, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850; Phone: (301) 427–1324; Fax: (301) 427–1341; E-mail: *cdarby@ahrq.gov.*

Submission Criteria

Instruments submitted should focus on ambulatory care at the health plan level and for these functions:

- Coordination of care between providers or sites of care for patients with chronic conditions;
- Shared decision-making or patient involvement in decision-making about health care options and treatment;
- Availability of information from the health plan to promote consumer decision-making about health care options and treatment;
- Providing care that is culturally appropriate or that tries to meet the cultural and linguistic needs of patients;
- Availability and usability of plan-level information on benefits, coverage and out-of-pocket cost to consumers for ambulatory medical services as well as pharmacy services;
- Availability and usability of consumer information from the health plan that compares individual ambulatory care providers;
- Availability and usability of consumer information from the health plan to assist consumers in the selection of an individual clinician (primary care or specialist); and,
- Effectiveness of health plan call center staff and customer service staff.

Measures submitted must meet these criteria to be considered: Capture the patients' experience of ambulatory care; demonstrate a high degree of reliability and validity; and have been used widely, not just in one or two research studies. Submitter's willingness to grant to AHRQ the right to use and authorize others to use the instrument means that the CAHPS® trademark will be applied to a new instrument combining the best features of all the submissions as well as any ideas that may develop from reviewing them. Accordingly, to encourage universal use, free access to any final Ambulatory CAHPS instrument(s), and free access to the instrument's supportive/administrative information as done in the past, is planned. Thus, submitters of items that may be incorporated in the new ACAHPS documents will be required to permit such universal free access to their incorporated item(s). However, item ownership will be protected during testing of the new ambulatory care surveys. AHRQ, in collaboration with expert CAHPS grantees, will evaluate all submitted instruments or items and select one or more either in whole or in part for testing and, if required, modification. AHRQ will assume responsibility for the final instruments as well as any future modifications.

The final instruments will bear the CAHPS® trademark and they will be made freely available for use by all interested parties. Submitters will relinquish exclusive control of any items that appear in the final instrument. As a matter of quality control, there will be warnings that the CAHPS® identification may not be used if any changes are made to the instrument or final measure set without review and permission of the Agency.

Each submission should include the following information:

- The name of the instrument;
- Whether the instrument/item(s) is disease or condition specific;
- Domain(s) of the instrument/items;
- Language(s) the instrument/item(s) is available in;
- Evidence of cultural/cross group comparability, if any;
- Instrument reliability (internal consistency, test-retest, etc.);
- Validity (content, construct, criterion-related);
- Response rates;
- Methods and results of cognitive testing and field-testing;
- Description of sampling strategies and data collection protocols, including such elements as mode of administration, use of advance letters, timing and frequencies of contacts;
- A list of where the instrument has been fielded and at what level it has been and/or is being used; and,
- Evidence addressing the criteria should be demonstrated through submission of peer-reviewed journal article(s) or through the best evidence available at the time of submission.

Submission of copies and existing report formats developed to disclose findings to consumers and providers is desirable, but not required. Additionally, information about existing database(s) for the instrument(s) submitted is helpful, but also not required for submission.

SUPPLEMENTARY INFORMATION:

Background

Since 1995, the only ambulatory CAHPS® survey has been focused on health plan level, though there are different versions across types of plans from fee-for-service through HMOs, as well as optional modules. Significant stakeholder interest has emerged in using a standard CAHPS® survey beyond the health plan level specifically for group practices and clinician-level surveys.

The idea behind ACAHPS is to provide a flexible, modular approach to assessing the quality of ambulatory care at different levels of the health care system while still retaining the valuable aspects of the current CAHPS® Health Plan Survey such as industry standardization and comparability.

Although many combinations of ACAHPS modules are possible, the CAHPS Consortium plans to simplify the task of constructing a survey by developing several sets of pre-packaged survey instruments and data collection protocols. These surveys will be designed to address the most common applications based on the market research completed in 2003 as well as the on-going input from stakeholders. We will also provide guidelines for reporting the results of these surveys to external and internal audiences.

In addition, we will design some simple decision trees to help users assess their needs and recommend a prepackaged survey or help users to build their own using the ACAHPS modules. Technical assistance will continue to be offered from the CAHPS–SUN Helpline, 1–800–492–9261 and the Web site located at *http://www.cahps-sun.org.*

Dated: June 3, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04–13104 Filed 6–9–04; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04231]

Enhancement of HIV/AIDS Laboratory Training and Quality Assurance Center in the United Republic of Tanzania; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2004 funds for a cooperative agreement program to facilitate the development of a national HIV Laboratory Quality Assurance Center and support the strengthening of strategic information systems to enable the Ministry of Health of the United Republic of Tanzania to analyze and disseminate data on the various levels of HIV/AIDS interventions in a timely fashion. The Catalog of Federal Domestic Assistance number for this program is 93.941.

B. Eligible Applicant

Assistance will be provided only to the National Institute for Medical Research, Tanzania. NIMR is mandated by Act No. 29 of 1979, passed by the Tanzanian Parliament, to undertake public health interventions and research in Tanzania. NIMR has experience and capacity to undertake national programs under the MOH. NIMR has demonstrated its capability in assisting all 120 local authorities in Tanzania to conduct needs assessment and develop plans to implement health sector reforms. NIMR is currently implementing the National Lymphatic Filariasis Control Program. Because of its experience and expertise, NIMR is currently the only appropriate and qualified organization to conduct a specific set of activities supportive of the CDC/GAP goals for enhancing HIV/AIDS prevention, care and treatment services in Tanzania because: Tanzania does not currently have a National Public Health Laboratory that would form the apex of and support to the HIV Laboratory network supporting HIV/AIDS interventions. Such activities would support the PEPFAR goals of diagnosing HIV infection, staging HIV/AIDS disease and monitoring antiretroviral therapy (ART). The MOH has assigned NIMR the responsibility of supporting the set up of a national HIV Laboratory Quality Assurance Center. NIMR will collaborate with a number of in-country partners to implement these activities.

The MOH has various initiatives and continuing interventions in HIV/AIDS in the country including prevention of mother to child transmission (PMTCT), Blood safety, voluntary counseling and testing (VCT) and sexually transmitted infection (STI) management in health facilities, and HIV and syphilis surveillance in antenatal (ANC) settings. In order to monitor and evaluate these programs, there is a need to strengthen information systems at the central level and at the sites where these services are implemented. The MOH, with support from CDC, has strengthened and improved the quality of sentinel surveillance data from ANC, STI and blood donors; behavioral surveillance was introduced in 2002. Currently, NIMR is supporting the MOH to implement the Integrated Disease Surveillance and Response Program supported by CDC. The MOH has requested NIMR to support the strengthening of strategic information systems to enable the Ministry to analyze and disseminate data on the various levels of HIV/AIDS interventions in a timely fashion to policy makers, health providers and the public at large and to link HIV/AIDS surveillance system with the integrated disease surveillance and response strategy.

NIMR has the ability to technically oversee the project, ensuring the activities implemented are integrated into the national strategy for combating HIV/AIDS in Tanzania.

C. Funding

Approximately $2,500,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before July 1, 2004, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341–4146, Telephone: 770–488–2700.

For technical questions about this program, contact: Cecil Threat, Project Officer, Global AIDS Program, C/o American Embassy, 2140 Dar es Salaam Place, Washington, DC 20521–2140, Telephone: 255 22 212 1407, Fax: 255 22 212 1462, E-mail: *Cthreat@cdc.gov.*

Dated: June 4, 2004.

William P. Nichols,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 04–13137 Filed 6–9–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

American Indian and Alaskan Native STD

Announcement Type: New.

Funding Opportunity Number: 04202.

Catalog of Federal Domestic Assistance Number: 93.977.

Key Dates:

Application Deadline: July 12, 2004.

Executive Summary: American Indian and Alaska Native (AI/AN) populations experience disproportionately high rates of sexually transmitted diseases (STDs). Compared to Caucasians, in 2002, AI/ANs were almost six times as likely to have chlamydia, four times as likely to have gonorrhea, and twice as likely to have syphilis; rates are higher among certain tribes (CDC Sexually Transmitted Disease Surveillance 2002). Chlamydia and gonorrhea can result in pelvic inflammatory disease, ectopic pregnancy, and infertility in women. Additionally, these diseases can result in pneumonia, eye infections and other complications in newborns. Syphilis can result in fetal death and stillbirths.

CDC currently provides Comprehensive STD Prevention Services grants to fund 65 project areas (50 States, seven cities, and eight territories) to carry out essential functions in the prevention of STDs. Additionally, a Memorandum of Agreement (MOA) with the Indian Health Service provides for disease surveillance and other STD programmatic support. Currently there is no direct STD funding for Indian communities. This program announcement will enable CDC to build new programs in a traditionally underserved area.

I. Funding Opportunity Description

Authority: This program is authorized under sub-Section 318 (a)(b)(c) of the Public Health Service Act [42 U.S.C. 247c (a), (b) and (c)], as amended. Regulations governing the implementation of this legislation are covered under 42 CFR Part 51b, subparts A and D.

Purpose: The purpose of the program is to strengthen local capacity of AI/AN communities on Native American reservations to screen and arrange for the treatment of sexually transmitted diseases; and to educate local populations about such diseases, the consequences thereof, and how the transmission of such diseases can be prevented.

This program addresses the ''Healthy People 2010'' focus area of Sexually Transmitted Diseases, which is aimed at addressing health disparities among racial and ethnic minority populations.

Measurable outcomes of the program will be in alignment with the following performance goals for the National Center for HIV, STD and TB Prevention (NCHSTP): (1) To reduce STD rates by providing Chlamydia and gonorrhea screening, treatment, and partner treatment to 50 percent of women in publicly funded clinics; (2) To reduce the incidence of primary and secondary syphilis; and (3) To reduce the incidence of congenital syphilis.

Activities: Awardee activities for this program are as follows:

1. Determine and describe the area's STD morbidity; identify available STD and related health programs; identify resources for STD prevention programs, including community partners that