

knowledge management and organizational efficiency.

*Presentation Graphics and Multilingual Services Branch (CPBHC).* (1) Supports agency-wide graphics, and language translation efforts through the use of state-of-the-art computer graphics and translation hardware and software; (2) develops and/or provides design and graphic elements for exhibits and presentations, desktop publishing, publications, editorial services, and multi-language translation services, and (3) processes DHHS clearances for all media and print-related products that are developed throughout the CDC which are to be distributed to audiences outside of CDC.

*Broadcast Production and Distribution Branch (CPBHD).* (1) Develops and/or provides agency-wide communication efforts through state of the art broadcast, television graphics, and video production channels; (2) supports the communication needs of the CDC's Director's Emergency Operations Centers (DEOC) to assure response capacity and capability for emergency broadcasts; (3) responsible for all CDC broadcast-grade video production requirements; (4) manages and provides leadership for the Public Health Training Network, which is a global distance learning network of partners providing access to public health distance learning; (5) in coordination with DHHS, develops and delivers programming for DHHS TV and assists in the development of the CDC global health network (CDC TV) to deliver timely and accurate information to improve health and safety for the U.S. public and around the world; (6) responsible for audio/video engineering design, installation, setup, and maintenance for the division. CDC Director's press rooms, and DEOCs as required; (7) provides in-house creation, duplication, and conversion of most video delivery formats, including VHS, S-VHS, DV-Cam, Mini-DV, D-HD, Betacam-SP, Digital-Betacam, HD (all formats) and international formats such as PAL, SECAM, SECAM-II and all future video formats; (8) provides audio-only production services including broadcast-grade in-house audio recording, video-sweetening, editing, voice-over talent, format-conversion, and delivery; and (9) provides professional consultation, training, and setup of multiple telecommunication systems including audio conference, videoconference, PBX, POTS (plain old telephone service) hybrid-integration, menu creation, design and operation.

Dated: September 23, 2005.

**William H. Gimson,**

*Chief Operating Officer, Centers for Disease Control and Prevention (CDC).*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

#### **Statement of Organization, Functions, and Delegations of Authority**

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 70 FR 55859-55860, dated September 23, 2005) is amended to reflect the establishment of the Office of Strategy and Innovation within the Office of the Director, Centers for Disease Control and Prevention.

After the mission statement for the Office of Chief of Public Health Practice (CAR), insert the following:

*Office of Strategy and Innovation (CAM).* The Office of Strategy and Innovation (OSI) serves as the focal point for accelerating the health impact of CDC's work and advancing health equity within and beyond CDC's programs. In carrying out its mission, OSI: (1) Leads CDC's efforts to develop, measure and advance agency-wide health impact goals; (2) incorporates efforts to improve health equity in all CDC activities; (3) fosters strategic excellence and innovation across the agency; (4) provides superior decision support to CDC's executive leadership; and (5) leads organizational development and the transition process.

*Office of the Director (CAM1).* (1) Develops, monitors and advances agency-wide goals; (2) improves health equity; (3) assesses and leverages health needs, science, and available resources to accomplish agency-wide goals; (4) provides guidance, tools, and assistance to CDC programs in developing and refining strategies and indicators to measure program effectiveness and impact; (5) applies knowledge management tools and decision support systems in allocation of resources and improves agency decisionmaking; (6) communicates key messages to CDC employees and partners about CDC's direction, goals and priorities; (7) develops, monitors and advances

agency-wide goals for improving health equity, fostering strategic excellence and innovation across CDC, and organizational development and the transition process; (8) works directly with the strategy and innovation officers within the coordinating centers to accomplish its activities and institutionalize organizational change, improvement and accountability; and (9) maintains ongoing communication with the strategy and innovation officers to actively participate in discussions of overall goals and strategies at the coordinating center level, and involves the strategy and innovation officers in the refinement of goals, measures, and identification and creation of new or enhanced high priority programmatic areas.

*Office of Minority Health and Health Disparities (CAMB).* The Office of Minority Health and Health Disparities (OMHD) aims to accelerate CDC's health impact in the U.S. population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, risk status related to sex and gender, and among other populations identified to be at-risk for health disparities. To carry out its mission, OMHD: (1) Promotes minority health and eliminates racial and ethnic health disparities; (2) promotes health and the prevention of disease in Indian Country (*i.e.*, American Indian and Alaska Native communities, their sovereign governments and other institutions in the U.S.); (3) develops CDC-wide health disparities elimination strategies, policies, goals, and programs; (4) defines disparities and eliminates sub-goals for each health impact goal; (5) monitors and reports progress toward health disparities elimination goals; (6) evaluates the impact of policies and programs to achieve health disparities elimination; (7) manages health disparities elimination goals through scanning, analysis, knowledge management, decision-support systems, and reporting (Key Performance Indicators, Government Performance and Results Act, Program Assessment Rating Tool); (8) mobilizes resources and advocates for health disparities elimination programs; (9) aligns use of resources with accomplishment of health disparities elimination goals; (10) supports internal and external partnerships to advance the science, practice, and workforce for eliminating health disparities inside and outside CDC; (11) maintains critical linkages with federal partners including the Office of the Secretary, Department of

Health and Human Services, and represents CDC on related scientific and policy committees; (12) establishes external advisory capacity and internal advisory and action capacity; (13) coordinates CDC-wide minority health and health disparities elimination initiatives; (14) synthesizes, disseminates, and encourages use of scientific evidence regarding effective interventions to achieve health disparities elimination outcomes; (15) stimulates innovation in science and practice; and (16) provides decision support to the Executive Leadership Board in allocating CDC resources to agency-wide programs of surveillance, research, intervention, and evaluation.

*Office of Women's Health (CAMG).* The Office of Women's Health (OWH) aims to promote and improve the health, safety, and quality of life of women. As a leader for women's health issues at CDC, the Office of Women's Health: (1) Advises the CDC Director on matters relating to women's health research, programs and strategies; (2) promotes the health and well-being of women; (3) communicates health information, research findings, and prevention strategies to a diverse group of providers, consumers, and organizations; (4) advances sound scientific knowledge for public health action, promotes the role of prevention, and works to improve the understanding of women's health priorities; (5) fosters partnerships and collaborations within CDC and with other public and private organizations, agencies, institutions, and others to improve the health and safety of women; (6) publishes newsletters and other documents that highlight prevention programs, research findings, publications, health campaigns, health promotion strategies, and other information available at CDC; (7) leads CDC Women's Health Committee by facilitating and coordinating agency-wide efforts and enhancing channels for communication and cooperation; (8) supports the development of future women's health and public health professionals through various training and student positions within the office; (9) prepares agency reports, briefing documents, and other materials addressing women's health issues; (10) stimulates and supports prevention research, programs, and other activities through funding; (11) represents the agencies at meetings, committees, workgroups, conferences, and briefings; (12) serves as liaison for women's health between CDC and other agencies and organizations; (13) develops opportunities for, promotes, and

supports the agency as a resource for women's health issues; and (14) provides assistance to state and local programs on women's health issues.

Dated: September 23, 2005.

**William H. Gimson,**

*Chief Operating Officer, Centers for Disease Control and Prevention (CDC).*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Privacy Act of 1974; Report of a New System of Records

**AGENCY:** Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

**ACTION:** Notice of a New System of Records (SOR).

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, we are proposing to establish a new system titled "Medicare Physician Group Practice Demonstration (PGPD)," System No. 09-70-0559. The PGPD tests a payment methodology for physician practices that combines Medicare fee-for-service payments with performance-based payments for improvements in patient management and quality of care. Improvements in these areas are expected to generate savings to the Medicare program to offset the costs of the performance payments. Mandated by Section 412 of the Benefits Improvement & Protection Act of 2000, the PGPD seeks to provide incentives for physicians to adopt care management strategies and to improve quality as defined by key measurable processes and outcomes.

The primary purpose of the system is to establish a pay-for-performance three year pilot with physicians to encourage the coordination of care, promote investment in administrative structure and process, and reward physicians for improving health care processes and outcomes. Information retrieved from this system will also be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the agency or by a contractor or consultant; (2) assist another Federal or state agency with information to enable such agency to administer a Federal health benefits program, or to enable such agency to fulfill a requirement of Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; (3) assist an

individual or organization for a research project or in support of an evaluation project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects; (4) support constituent requests made to a congressional representative; (5) support litigation involving the agency; and (6) combat fraud and abuse in certain health benefits programs. We have provided background information about the new system in the "Supplementary Information" section below. Although the Privacy Act requires only that CMS provide an opportunity for interested persons to comment on the proposed routine uses, CMS invites comments on all portions of this notice. See **EFFECTIVE DATES** section for comment period.

**EFFECTIVE DATES:** CMS filed a new system report with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on September 27, 2005. In any event, we will not disclose any information under a routine use until 40 days after publication. We may defer implementation of this system or one or more of the routine use statements listed below if we receive comments that persuade us to defer implementation.

**ADDRESSES:** The public should address comments to: CMS Privacy Officer, Division of Privacy Compliance Data Development, CMS, Mail Stop N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.-3 p.m., eastern time zone.

**FOR FURTHER INFORMATION CONTACT:** John Pilotte, Research Analyst, Division of Payment Policy, Medicare Demonstration Programs Group, Office of Research Development and Information, CMS, Mail Stop C4-17-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. The telephone number is (410) 786-6558 or e-mail [john.pilotte@cms.hhs.gov](mailto:john.pilotte@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:** The PGPD rewards physicians for improving the quality and efficiency of health care services delivered to Medicare fee-for-service beneficiaries. Mandated by Section 412 of the Benefits Improvement and Protection Act of 2000, the PGPD seeks to: (1) Encourage coordination of Part A and Part B services, (2) promote efficiency through investment in administrative structure