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David A. Shive,

Chief Information Officer.

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GOVERNMENT ACCOUNTABILITY OFFICE

Request for Medicaid and CHIP Payment and Access Commission Nominations

AGENCY: U.S. Government Accountability Office (GAO).

ACTION: Request for letters of nomination and resumes.

SUMMARY: The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) established the Medicaid and CHIP Payment and Access Commission (MACPAC) to review Medicaid and CHIP access and payment policies and to advise Congress on issues affecting Medicaid and CHIP. CHIPRA gave the Comptroller General of the United States responsibility for appointing MACPAC's members. GAO is now accepting nominations to MACPAC that will be effective May 1, 2017. Letters of nomination and resumes should be submitted no later than February 24, 2017 to ensure adequate opportunity for review and consideration of nominees prior to appointment of new members. Nominations should be sent to the email or mailing address listed below. Acknowledgement of submissions will be provided within a week of submission. Please contact Will Black at (202) 512-6482 if you do not receive an acknowledgement.

ADDRESSES:

Email: MACPACappointments@gao.gov.

Mail: U.S. GAO, Attn: MACPAC Appointments, 441 G Street NW., Washington, DC 20548.

FOR FURTHER INFORMATION CONTACT:

GAO: Office of Public Affairs, (202) 512-4800. Public Law 111-3, Section 506; 42 U.S.C. 1396.

Gene L. Dodaro,

Comptroller General of the United States.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Information—Learning Healthcare Systems

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

ACTION: Request for Information.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking information from healthcare delivery organizations about current challenges they are facing and solutions they are implementing as they seek to become learning healthcare systems. AHRQ is also seeking to identify opportunities such organizations see for the Agency to assist them in this work—for example by summarizing best practices, creating training materials, developing standardized metrics, and/or convening learning networks.

DATES: Submission deadline on or before February 28, 2017.

ADDRESSES:

Email submissions:
LearningHealthSystem@AHRQ.hhs.gov.
Mailing Address: Learning Healthcare Systems, Office of the Director, Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Brigid Russell, Office of the Director, LearningHealthSystem@AHRQ.hhs.gov, 301-427-1886.

SUPPLEMENTARY INFORMATION: The mission of the Agency for Healthcare Research and Quality (AHRQ) is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other public and private partners to make sure that the evidence is understood and used. The Agency strives to meet this mission by investing in research and generating needed evidence that supports disseminating tested practices, creating materials to teach and train health care systems and professionals to catalyze improvements in care, and developing measures and data used to track and improve performance. To learn more about the Agency, visit AHRQ.gov.

The National Academy of Medicine (formerly the Institute of Medicine or IOM) has described a learning healthcare system as an organization that “is designed to generate and apply the best evidence for the collaborative healthcare choices of each patient and

provider; to drive the process of discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care.”¹

Several trends within healthcare delivery are increasing the potential for the development of learning healthcare systems including the consolidation of ambulatory, in-patient, and post-acute care settings of care into integrated delivery systems, the evolution of health information systems, and increased attention to population health management. AHRQ is interested in understanding how healthcare professionals and organizations in the United States are currently working to become learning healthcare systems and in identifying high-leverage opportunities for the Agency to support this transformation.

Healthcare delivery organizations, both small and large, can function as learning healthcare systems, systematically gathering and creating evidence and applying the most promising evidence-based practices to improve their care delivery. AHRQ wants to better understand the process by which organizations and professionals select evidence to implement and the strategies used to move evidence into everyday practice. AHRQ is interested in hearing from the full range of healthcare delivery organizations including individual ambulatory practices, community health center networks, hospitals, individual components (such as departments) within larger organizations, networks of practices, accountable care organizations, and integrated delivery systems.

Specific questions of interest to the Agency include, but are not limited to:

- How are learning healthcare systems utilizing their own data to inform clinical and organizational improvements in healthcare delivery, design, and efficiency?
- Are learning healthcare systems using their own data to inform strategies to address population health and healthcare disparities?
- What methodological and/or data quality issues have been encountered by the health care delivery organizations in generating evidence utilizing their own data?
- How do learning healthcare systems ensure that evidence either generated from their own data and/or adopted from external research is applied in a

¹ Institute of Medicine/National Academy of Medicine. *The Learning Healthcare System: Workshop Summary*. Olsen L, Aisner D, McGinnis JM, eds. Washington, DC: National Academies Press; 2007.