

transfer system would have a direct and material adverse effect on the ability of other service providers to offer similar services. First, these private-sector service providers could provide (and some do provide) receiver control features to their participants. Second, the Fedwire securities transfer service does not compete directly with these service providers, since it either transfers securities not eligible for these other service providers or provides a complementary settlement service. Finally, given the Federal Reserve Banks' provision of intraday credit as a part of the securities settlement process, an automated reversal feature would likely provide some added flexibility and benefit to certain Fedwire participants in managing their receipt of securities transfers.

By order of the Board of Governors of the Federal Reserve System, April 8, 1998.

William W. Wiles,

Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Invitation to Submit Guidelines to the National Guideline Clearinghouse

AGENCY: Agency for Health Care Policy and Research, HHS.

ACTION: Notice.

SUMMARY: The Agency for Health Care Policy and Research (AHCPR) invites organizations, professional societies, and other developers of clinical practice guidelines to submit completed guidelines for inclusion in the World Wide Web-based National Guideline Clearinghouse (NGC).

The AHCPR, in partnership with the American Association of Health Plans (AAHP) and the American Medical Association (AMA), is sponsoring the development of the NGC to promote widespread access to guidelines by the health care community and interested individuals. The NGC is designed to be a comprehensive data base of clinical practice guidelines. Availability on the Web is scheduled for Fall 1998.

Data on each guideline will include: (1) A structured abstract containing information about the guideline and its development; (2) a comparison of guidelines covering similar topics, showing areas of similarity and differences; and (3) the full text of the

guideline (when available) or links to full text (when not) and investigation on how to obtain the full text guideline. In addition, the NGC will have a topic-related electronic mail forum for registered users to exchange information on clinical practice guidelines, their development, implementation, and use.

DATES: Guidelines will be received on an ongoing basis by ECRI at the address below. ECRI, a nonprofit health services research organization, will perform the technical work of the NGC, under contract with AHCPR.

ADDRESSES: Organizations interested in contributing to the NGC should submit two hard copies of each guideline and related background information in typed format and electronic (if available), including name, address, phone, and e-mail address of a contact person to: Vivian Coates, NGC Project Director, ECRI, 5200 Butler Pike, Plymouth Meeting, PA 19462-1298.

FOR FURTHER INFORMATION CONTACT: Jean Slutsky, NGC Project Officer, Center for Practice and Technology Assessment, Agency for Health Care Policy and Research, Suite 310, Willco Building, 6000 Executive Boulevard, Rockville, Maryland 20852, telephone (301) 594-4015, fax (301) 594-4027, e-mail: jslutsky@ahcpr.gov.

SUPPLEMENTARY INFORMATION:

Background

Under Title IX of the Public Health Service Act (42 U.S.C. 299-299c-6), AHCPR is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. AHCPR accomplishes these goals through scientific research and through promotion of improvements in clinical practice, including prevention of diseases and other health conditions, and improvements in the organization, financing, and delivery of health care services.

Increased interest in improving the quality of health care, reducing uncertainty and unnecessary variability in health care decision making, as well as rising health care costs, have stimulated a marked growth over the past 5 years in the development and use of clinical practice guidelines. Yet, many health providers, plans, systems, and purchasers have difficulty gaining access to and keeping abreast of the many clinical practice guidelines now available.

Clinical Practice Guideline Definition

The NGC employs the definition of clinical practice guideline developed by the Institute of Medicine:

"Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances."

Institute of Medicine. (1990). *Clinical Practice Guidelines: Directions for a New Program*, M.J. Field and K.N. Lohr (eds.) Washington, DC: National Academy Press (page 38).

Criteria

A clinical practice guideline must meet all of the following criteria to be included in the NGC:

1. The clinical practice guideline contains systematically developed statements that include recommendations, strategies, or information that assists physicians and/or other health care practitioners and patients make decisions about appropriate health care for specific clinical circumstances.
2. The clinical practice guideline was produced under the auspices of medical specialty associations; relevant professional societies, public or private organizations, government agencies at the Federal, State, or local level; or health care organizations or plans. A clinical practice guideline developed and issued by an individual not officially sponsored or supported by one of the above types of organizations does not meet the inclusion criteria for the National Guideline Clearinghouse.
3. Corroborating documentation can be produced and verified that a systematic literature search and review of existing scientific evidence published in peer reviewed journals was performed during the guideline development. A guideline is not excluded from the National Guideline Clearinghouse if corroborating documentation can be produced and verified detailing specific gaps in scientific evidence for some of the guideline's recommendations.
4. The guidelines is English language, current, and the most recent version produced. Documented evidence can be produced or verified that the guideline was either developed, reviewed, or revised within the last 5 years.

Dated: April 6, 1998.

John M. Eisenberg,

Administrator.

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