

EXHIBIT 2.—ESTIMATED ANNUALIZED BURDEN—Continued

Form name cost	Number of respondents (agencies)	Total burden hours	Hourly wage rate	Total burden
Total	60	260	10,506

*Based upon the mean hourly wage estimate for NAICS 999000—Federal, State, and Local Government (OES designation) occupation 11–1021 General and Operations Managers, Department of Labor, Bureau of Labor Statistics.

Estimated Annual Costs to the Federal Government

The projected total cost to the Federal Government for this project is \$2,990,592 over a three-year period. The projected annual average cost is \$996,864. The projected annual cost to design and implement the needs assessment is \$180,799. The projected annual cost to develop and implement the workshops is \$271,254. The projected annual cost to develop and implement the seminars is \$98,187. The projected annual cost to analyze the data and report findings is \$132,005. The projected annual administrative cost is \$41,973, and the projected annual cost for other technical assistance support is \$272,645.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: April 14, 2008.

Carolyn M. Clancy,

Director.

[FR Doc. E8–8442 Filed 4–18–08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: “Improving Quality through Health IT: Testing the Feasibility and Assessing the Impact of Using Existing Health IT Infrastructure for Better Care Delivery.” In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on February 15th, 2008 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by May 21, 2008.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ's desk officer) or by e-mail at OIRA_submission@omb.eop.gov (attention: AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

“Improving Quality through Health IT: Testing the Feasibility and Assessing

the Impact of Using Existing Health IT Infrastructure for Better Care Delivery.”

AHRQ proposes to assess how the use of health information technology (IT) can improve care delivery and outcomes in community health centers. AHRQ is specifically interested in improving the quality of care provided in a community clinic setting through better management of laboratory information. The study will measure the impact of health IT tools on two problems: duplicate laboratory tests and the failure to follow up on laboratory test results of HIV patients and women screened for cervical cancer. In addition, AHRQ will measure the impact of health IT on compliance with evidence-based guidelines for laboratory tests. The study will also investigate whether disparities between vulnerable populations and the general population exist in both laboratory screening rates and rates of abnormal laboratory test results without follow up. To assess the extent of these problems and the impact of health IT, AHRQ will evaluate both quantitative and qualitative components. The qualitative component will use interviews with key informants in two community health centers to gather data on laboratory information processes, laboratory information communication problems and use of health IT tools.

Method of Collection

Quantitative data will be collected directly from the clinical data warehouse used by the participating community health centers to routinely collect laboratory data. The collection will be accomplished using database reports. Qualitative data will be collected through key informant interviews conducted in each of the two participating community health centers. Key informants will include physicians, nurses, medical assistants, IT personnel, and administrators. The total number of interviews to be conducted at both sites is forty-one.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours. A total of forty-one in-person interviews will be conducted with administrative and

clinical personnel: Eighteen interviews from administrative personnel and twenty-three interviews from clinical personnel. The question set is the same for both clinical and administrative personnel. The estimated time per

response is 1.5 hours for a total of 61.5 burden hours.

Exhibit 2 shows the estimated annualized cost burden for the respondents' time to provide the requested data. The hourly rate of

\$32.13 is a weighted average of the administrative personnel hourly wage of \$19.68 and the clinical personnel hourly wage of \$41.88. The total cost burden is \$1,976.

EXHIBIT 1.—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
In-person interviews	41	1	1.5	61.5
Total	41	na	na	61.5

EXHIBIT 2.—ESTIMATED ANNUALIZED COST BURDEN

Data collection	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
In-person interviews	41	61.5	\$32.13	\$1,976
Total	41	na	na	1,976

*Based upon the actual site personnel wages. Clinical personnel averages are weighted by the number of physicians, nurses and medical assistants in the sample. Administrative personnel averages are weighted by the number of administrators, lab, IT and other support personnel. Total average is weighted by relative number of administrative and clinical personnel being interviewed.

Estimated Annual Costs to the Federal Government

The total cost to the Federal Government for this project is \$393,457 over a two-year period. The average annual cost is \$196,728. The following is a breakdown of average annual costs:

Direct Costs

- Personnel—\$108,320
- Consultancies—\$24,400
- Data support—\$5,000
- Travel—\$2,575
- Supplies—\$100
- IRB review—\$125

Indirect Costs

Indirect costs (40%)—\$56,208

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the

respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: April 11, 2008.

Carolyn M. Clancy,
Director.

[FR Doc. E8-8444 Filed 4-18-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), CDC and HRSA, announces the following meeting of the aforementioned committee:

Times and Dates: 8 a.m.–5 p.m., May 20, 2008; 8 a.m.–12:30 p.m., May 21, 2008.

Place: JW Marriott Buckhead, 3300 Lenox Road, Atlanta, Georgia 30326, Telephone (404) 262-3344, Fax (404) 262-8689.

Status: Open to the public, limited only by the space available. The meeting room will accommodate approximately 100 people.

Purpose: This Committee is charged with advising the Director, CDC and the Administrator, HRSA, regarding activities related to prevention and control of HIV/AIDS and other STDs, the support of health care services to persons living with HIV/AIDS, and education of health professionals and the public about HIV/AIDS and other STDs.

Matters To Be Discussed: Agenda items include issues pertaining to (1) Hepatitis C in the United States: Prevention, Surveillance, Treatment and Care Issues; (2) CDC Division of Sexual Transmitted Diseases Prevention, External Research Review Recommendations and Plans for Response; (3) Elimination of Health Disparities—CDC's Heightened National Response and CDC's Response to HIV/AIDS among African American Men Having Sex with Men; and (4) CDC's New Integrated Partner Counseling and Referral Services Guidelines.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Margie Scott-Cseh, Committee Management Specialist, CDC, Strategic Business Unit, 1600 Clifton Road, NE., Mailstop E-07, Atlanta, Georgia 30333. Telephone (404) 639-8317, Fax (404) 639-8910.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.