

\$35.07 is an average of the administrative personnel hourly wage of \$14.53 and the clinical personnel hourly wage of \$62.52 for physicians and \$28.15 for registered nurses. The total cost burden is about \$5,492.

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	4	25	1.0	100
Telephone interviews	4	9	30/60	18
Digital Diaries	4	16	30/60	32
Collection of documentation	4	1	4	16
Total	16			166

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Data collection	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
In-person interviews	4	100	\$35.07	\$3,507
Telephone interviews	4	18	35.07	631
Digital Diaries	4	32	35.07	1,122
Collection of documentation	4	16	14.53	232
Total	16			5,492

* Based upon the average hourly wages of administrative support personnel, physicians, and registered nurses, National Compensation Survey; Occupational Wages in the United States 2005, U.S. Department of Labor, Bureau of Labor Statistics.

Estimated Annual Costs to the Federal Government

The total cost to the Federal Government for this project is \$415,000, with an average annual cost of \$207,500. This figure includes the cost of data collection, data analysis, reporting, and government oversight of the contract.

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: November 6, 2008.

Carolyn M. Clancy,
Director.

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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: "Conducting Measurement Activities in Support of the AHRQ Health IT Initiative." 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 September 19th, 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 December 10, 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_submissionomb.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@ahrg.hhs.gov*.

SUPPLEMENTARY INFORMATION:

Proposed Project

Conducting Measurement Activities in Support of the AHRQ Health IT Initiative

AHRQ-supported research has helped to demonstrate the potential of health IT to enhance health care quality and patient safety. As the lead federal research agency on the quality, safety, efficiency, and effectiveness of health care in America, AHRQ plays a central role in efforts to increase the adoption of health IT.

Consistent with its mission, AHRQ proposes to develop measures of four indicators of performance of its health IT portfolio, namely:

1. Reduction in medication errors due to adoption of electronic prescribing systems;
2. The number of persons who can access their medication information online;
3. The number of clinicians who can electronically access evidence-based prevention or treatment information; and
4. The number of clinician organizations who have adopted evidence-based decision support technologies.

While secondary data are available to calculate measures 1, 3 and 4 described above, no national data exist for measure #2. Thus, this proposed information collection relates to measure #2: The number of persons who

can access their medication information online.

This project is being conducted pursuant to AHRQ's statutory mandates to conduct and support research, evaluations and initiatives to advance information systems for health care improvement (42 U.S.C. 299b-3) and to promote innovations in evidence-based health care practices and technologies by conducting and supporting research on the development, diffusion, and use of health care technology (42 U.S.C. 299b-5(a)(1)).

Method of Collection

The data will be collected using a random-digit-dial (RDD) telephone survey of the U.S. adult population. To ensure a representative geographic distribution of the sample, the total sample will be allocated to each Census region in proportion to the total number of adults in each region. The survey will

be administered in both English and Spanish.

Estimated Annual Respondent Burden

Exhibit 1 presents the estimated annualized burden hours for the respondents' time to participate in this project. The telephone survey will be completed by 1,000 respondents and is expected to require 12 minutes to complete. The cognitive pretest interviews, which are used to refine and validate the survey instrument, will be completed by 18 respondents (9 English-speaking and 9 Spanish-speaking) and are expected to last one hour. The total burden hours are estimated to be 218 hours.

Exhibit 2 shows the estimated annualized cost burden for the respondents' time to participate in this project. The total cost burden is estimated to be \$4,205.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection	Number of responses	Number of responses per respondent	Hours per response	Total burden hours
Telephone Survey	1000	1	12/60	200
Cognitive Pretest Interview	18	1	1	18
Total	1018	na	na	218

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Data collection	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Telephone Survey	1000	200	\$19.29	\$3,858
Cognitive Pretest Interview	18	18	19.29	347
Total	1018	218	na	4,205

* Based upon the mean of the average wages, National Compensation Survey: Occupational wages in the United States 2006, "U.S. Department of Labor, Bureau of Labor Statistics."

Estimated Annual Costs to the Federal Government

We are requesting approval for a one-time, one year, data collection effort.

The estimated cost of this data collection is \$310,067, which includes the cost of developing, administering and analyzing the survey. Exhibit 3 details labor hours, operational

expenses (such as equipment, overhead, printing, and support staff), and any other expenses that would not have been incurred without this collection of information.

EXHIBIT 3—ANNUAL COSTS FOR THE ESTIMATE OF THE NUMBER OF PERSONS WHO CAN ACCESS THEIR MEDICATION INFORMATION ONLINE

	Annual
Labor: 1,514 hours plus 42% fringe	123,998
Data collection: Interviewer training, sample purchase, survey administration, data entry, toll calls	30,274
Other direct costs: Computer charge, telephone/fax/teleconference, printing and duplication, travel	28,418
Indirect costs: Regular overhead, 46.5%; G&A, 21%	101,775
Contract Fee	25,602
Total	310,067

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, quality improvement and 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: November 12, 2008.

Carolyn M. Clancy,

Director.

[FR Doc. E8-27522 Filed 11-20-08; 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 implementation of the U.S. Preventive Services Task Force recommendation for prophylactic aspirin use among adults at risk for cardiovascular disease." 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.

DATES: Comments on this notice must be received by January 20, 2009.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at doris.lefkowitz@ahrq.hhs.gov.

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 implementation of the U.S. Preventive Services Task Force recommendation for prophylactic aspirin use among adults at risk for cardiovascular disease."

This proposed information collection aims to identify, test and disseminate methods to improve patient-physician communication about aspirin prophylaxis in health care systems. This project falls under AHRQ's Accelerating Change and Transformation in Organizations and Networks (ACTION) program and will be conducted for AHRQ by Abt Associates in collaboration with Geisinger Health Systems. ACTION promotes innovation in health care delivery by accelerating the development, implementation, diffusion, and uptake of demand-driven and evidence-based products, tools, strategies and findings. ACTION develops and diffuses scientific evidence about what does and does not work to improve health care delivery systems. The program emphasizes projects—that are broadly responsive to user needs and operational interests and which are expected to be generalizable across a number of settings.

In this project, a randomized controlled trial with two intervention arms and one control arm will be conducted to evaluate two interventions designed to improve physician-patient communication and decision-making regarding the use of prophylactic aspirin use among adults at risk for cardiovascular disease. Each of the three study arms will take place in one of three similar clinics.

The first intervention uses a paper "pre-visit summary" handout describing the benefits and possible harms of daily low-dose aspirin use to prevent heart attack in men and stroke in women. The handout is given to patients in the waiting room of non-emergency outpatient clinics. The content of the handout, including baseline cardiovascular event risk and the magnitude of potential benefits and

harms of aspirin use, is generated specifically for each patient using data in his or her electronic health record. The purpose of the handout is to increase the patients' knowledge of their own cardiovascular risk and increase awareness of prophylactic aspirin regimens as a treatment option. The study will assess whether the handout is effective in stimulating subsequent discussion with physicians about cardiovascular risk and aspirin.

The second intervention also uses the pre-visit summary handout, but adds a computer-based clinical decision support tool. During the patient's visit with the physician, the electronic health record software used by the physician will alert the physician of the patient's elevated cardiovascular risk and prompt the physician to discuss prophylactic aspirin use with the patient. If the physician chooses to do so, he or she can use a computer-based tool as a decision aid during the discussion with the patient. The tool displays the patient's risk of cardiovascular event (heart attack or stroke) and the potential risk-reducing effect of daily aspirin use. The tool also shows the likelihood of potential harms of aspirin use (*e.g.*, gastrointestinal bleeding). The tool is interactive and allows the patient and doctor to explore the expected effects of behavior change related to modifiable cardiovascular risk factors (*e.g.*, smoking cessation) as well as prophylactic aspirin use.

The proposed data collection supports the ACTION program mission by promoting health care quality improvement. The overall aim of the study is to explore the effectiveness of innovative health care delivery methods in improving patient health behaviors (*i.e.*, using aspirin prophylaxis). The study has been constructed to produce results that will be helpful in a broad range of clinic settings including those utilizing electronic health records and those that rely on paper-based record systems. The proposed data collection will assess the study's main outcome: initiating a discussion about prophylactic aspirin use between at-risk patients and their physicians in order to facilitate a shared decision-making process, and is therefore a necessary and integral element of the overall research study and of the ACTION program mission.

This project is being conducted pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of health care