

Estimated Annual Costs to the Federal Government

This project will last for one year and is estimated to cost the government \$120,000. The scope of work includes the development of the survey instruments and data collection (\$90,000), and data analysis (\$10,000) to establish specific barriers to HIE participation cited by stakeholders and to define and evaluate them (\$20,000).

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 functions 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 on the information to be collected; and (d) ways to minimize the burden of the collection of information on 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: December 1, 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, Department of Health and Human Services.

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) allow the proposed

information collection project: "Establishing Benchmarks for the Medical Office Survey on Patient Safety." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (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. One comment was received. This notice differs from the previous notice in that the number of respondents was increased by 150 respondents and the burden hours were reduced by 1,488 hours. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by January 8, 2009.

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

"Establishing Benchmarks for the Medical Office Survey on Patient Safety"

The ambulatory Medical Office Survey on Patient Safety (SOPS), an adapted version of AHRQ's Hospital Survey on Patient Safety Culture (HSOPSC), was developed in 2005 to measure specific components of patient safety culture in the ambulatory setting. A pilot study (OMB #0935-0131) assessed and refined the psychometric properties of specific survey items, and a final version of SOPS is now ready for public dissemination. However, in order for the survey to be most useful to ambulatory medical offices in identifying areas of relative strength and weakness in patient safety culture, reliable benchmarks to which a practice's responses can be compared need to be established.

AHRQ has determined, through discussions with potential end-users of SOPS, including leaders of physician and other provider groups, that an

ambulatory practice is unlikely to have confidence in SOPS benchmarks unless the benchmarking data are based on responses derived from offices with similar characteristics. Office characteristics thought to have a potential effect on SOPS responses include practice size, provider specialty mix, and use of electronic information technology. A separate survey to collect information about these practice characteristics has been developed and was tested and refined as part of the pilot study.

In order to establish SOPS benchmarks that can be tailored with respect to specific practice-related characteristics, survey responses from a large sample of practices stratified by these characteristics are required. AHRQ therefore intends to recruit and administer SOPS to ambulatory medical offices that have been selected on the basis of practice characteristics. In addition, AHRQ intends to collect from these practices evaluative information about administrative barriers and facilitators to survey participation as well as a description of how the office used (or plans to use) the survey results to enhance patient safety culture. These data will inform future efforts by AHRQ to maximize the use of SOPS and the utility/value of survey results to ambulatory practices across the country.

This project is being conducted pursuant to AHRQ's statutory mandates to (1) promote health care quality improvement by conducting and supporting research that develops and presents scientific evidence regarding all aspects of health care, including methods for measuring quality and strategies for improving quality (42 U.S.C. 299(b)(1)(F)) and (2) conduct and support research on health care and on systems for the delivery of such care, including activities with respect to quality measurement and improvement (42 U.S.C. 299a(a)(2)).

Methods of Collection

A purposive sample of 400 outpatient medical offices will be identified and recruited. The goal is for the sample to be proportionately distributed with regard to three practice characteristics: Office size (number of physicians and employed staff); provider specialty mix (single- vs multi-specialty); and extent to which electronic health information tools are used. All physicians and employed staff in the practices will be asked to complete the SOPS. Additionally, one office manager for the practice will be asked to complete the Office Characteristics Survey. Since higher response rates have been demonstrated when paper-based

(compared to electronic) surveys are administered to busy ambulatory clinicians, SOPS will be administered in paper form. Standard non-response follow-up techniques such as reminder postcards and distribution of a second survey will be used. Additionally, all respondents will subsequently be asked to complete a Web-based evaluation assessing barriers and facilitators to survey completion, and the intended use(s) of survey data. Individuals and organizations contacted will be assured of the confidentiality of their replies under 42 U.S.C. 924(c).

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated burden hours for the medical offices' time to

participate in this one-time data collection. It is anticipated that an average of 10 persons (about 3 physicians and 7 staff) in each of the approximately 400 medical offices will respond to the survey, resulting in a maximum of 4000 responses (approximately 1,200 physicians and 2,800 staff). The Medical Office Survey on Patient Safety (MO-SOPS) and post survey evaluation will be completed by both physicians and staff, while the Office Characteristics Survey will be completed by the office manager at each of the participating medical offices. Standard techniques such as using a cover letter of support from the medical office, reminder postcards, and

distribution of a second survey will be used to achieve the target response rate.

The MO-SOPS survey and Office Characteristics survey each require approximately 15 minutes to complete. All staff will be asked to complete the MO-SOPS, however only the office manager will need to complete the Office Characteristics Survey. Additionally, the Post-Survey Evaluation, which will take an estimated 15 minutes to complete, will be distributed to all respondents electronically. It is estimated that the total annualized respondent burden for completing the surveys will be 2,100 hours.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Survey name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
MO-SOPS Survey	400	10	15/60	1,000
Office Characteristics Survey	400	1	15/60	100
Post-Survey Evaluation	400	10	15/60	1,000
Total	1,200	na	na	2,100

Exhibit 2 shows the estimated annualized cost burden based on the respondent's time to participate in this

project. Based on the burden hours and hourly rates of physicians and staff, the

total annualized cost burden is estimated at \$58,662.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Survey name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
MO-SOPS Survey	400	1,000	\$27.44	\$27,440
Office Characteristics Survey	400	100	37.82	3,782
Post-Survey Evaluation	400	1,000	27.44	27,440
Total	1,200	2,100	n/a	58,662

*For the SOPS and Post-Survey Evaluation the wage rate is the national average wage for "healthcare practitioner and technical occupations." For the Office Characteristics Survey the hourly wage is the national average wage for "medical and health services managers." 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

The total cost to the Government for conducting this research will be approximately \$340,000. This estimate includes the costs of medical office identification and recruitment; data collection and aggregation; shipping, inputting and cleaning of data; analysis and report writing.

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: December 1, 2008.

Carolyn M. Clancy,

Director.

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