

Universal Numbering System (DUNS) as Primary Contractor Identification, in all correspondence.

Dated: April 17, 2009.

Al Matera,

Director, Office of Acquisition Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0302]

Agency Information Collection Request. 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect

of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60-days.

Proposed Project: Medical Reserve Corps Unit Profile and Reports

(Extension)—OMB No. 0990-0302—Office of the Secretary/Office of Public Health and Science/Office of the Surgeon General/Office of the Civilian Volunteer Medical Reserve Corps (OS/OPHS/OSG/OCVMRC).

Abstract: Medical Reserve Corps units are currently located in over 800 communities across the United States, and represent a resource of more than 170,000 volunteers. In order to continue supporting the MRC units in communities across the United States, and to continue planning for future emergencies that are national in scope, detailed information about the MRC units, including unit demographics, contact information (regular and emergency), volunteer numbers, and information about activities is needed by the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC). MRC Unit Leaders are asked to update this information on the MRC Web site at least quarterly, and to participate in a Technical Assistance Assessment at least annually. The MRC unit data collected has not changed. This OMB extension request is for 3 years.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
MRC Unit Leader	803	6	1.0	4,818

Seleda Perryman,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. E9-9420 Filed 4-23-09; 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 under the project: "Evaluation of AHRQ's Effective Health Care Program." 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.

DATES: Comments on this notice must be received by June 23, 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

"Evaluation of AHRQ's Effective Health Care Program"

AHRQ proposes to perform an evaluation of the Effective Health Care (EHC) program's governance structure, methods for engaging stakeholders and

approaches to setting national research priorities. Pursuant to Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. 108-173, the EHC program was established by AHRQ to conduct research, demonstrations, and evaluations designed to improve the quality, effectiveness, and efficiency of Medicare, Medicaid, and the State Children's Health Insurance Program. The EHC program was designed to provide effectiveness and comparative effectiveness evidence of medical treatments, therapeutics, devices and drugs to assist policymakers, health care providers, clinicians, consumers, and other stakeholders in making informed decisions. The EHC program has offered a platform for combining explicit reviews of scientific evidence on the clinical effectiveness of pharmaceuticals and other health care interventions, as well as the translation and dissemination of scientific findings into meaningful messages for a wide variety of audiences. It serves as an interface between the clinical research entities and health policy making entities. This

program also provides a critical step in AHRQ's mission to support informed decision making. In addition to its program staff, the EHC program relies on four centers to generate and disseminate evidences: the Evidence-based Practice Centers (EPCs), the Developing Evidence to Inform Decisions about Effectiveness (DECIDE) Network Centers, the John M. Eisenberg Clinical Decisions and Communications Science Center, and the Centers for Education & Research on Therapeutics (CERTs). Since the process of developing and disseminating this evidence is a complex undertaking, AHRQ has contracted with IMPAQ International, LLC and Abt Associates, Inc. (henceforth referred to as the "IMPAQ team") to perform this evaluation.

Information will be collected to identify strengths and weaknesses in the current EHC program's governance structure, methods for engaging stakeholders, and approaches to setting priorities for the research conducted by the EHC program. The second phase of the evaluation will be to contrast the EHC program with international programs of similar purpose. To implement this evaluation, the IMPAQ team will conduct the following information collections:

- (1) Key informant interviews about the governance structure of the EHC program;
- (2) An online survey of EHC center staff and EHC program users and stakeholders;
- (3) An Appreciative Inquiry workshop with EHC program staff and stakeholders;
- (4) A document review (will not impose a burden on research participants) and
- (5) Interviews with staff at international organizations of similar purpose (will not impose a burden on U.S. citizens).

The latter two activities do not require OMB approval and are not discussed further in this notice. The information collected will ultimately be used to develop a roadmap, including at least three alternative models of governance and operation, to be submitted to AHRQ

that could be used to help guide future programmatic development.

Method of Data Collection

Key Informant Interviews

Semi-structured key informant interviews will be used to understand the EHC program's governance components and structure, from the vantage point of individuals governing the program, governed by the program, contributing to the program in various capacities, or impacted by the program's activities. Thirteen EHC Research Centers Staff, two EHC Stakeholder Group Members, and nineteen EHC Program Users and Stakeholders will be interviewed about the governance structure of the EHC program.

Additional key informant interviews with twenty five EHC Program Users and Stakeholders will be used to collect more detailed information on the success or impact of the EHC program product that results from its governance element or approach, or about a specific, important governance element.

All key informant interviews will be tape recorded to improve data capture, with prior permission from the participants.

Online Survey

A structured, web-based online survey of EHC program Research Centers Staff and EHC program Users and Stakeholders will be used to gather information about the EHC program. The survey will provide a robust view of the EHC governance system by providing feedback from a broad group of individuals whose work is related to the program. Specifically, the survey will collect data about these individuals' engagement and involvement with the EHC program; perceptions of the program's governance; experiences with the development, production, dissemination, and use of EHC products; and their beliefs regarding the quality and nature of the collaborative work, including public-private partnerships, being done within centers, across centers, and between centers and stakeholders.

Appreciative Inquiry Workshop

Small- and large-group discussions as part of an Appreciative Inquiry workshop will be designed to encourage EHC decision-makers (AHRQ staff, EHC program staff, AHRQ project officers for each of the Research Center networks, principal investigators or other representatives from each of the Research Center networks) and key program stakeholders or users to consider and decide which are the preferred alternative governance models or elements for which roadmaps should be developed. Appreciative Inquiry (AI) approach is an organizational development process that engages individuals within an organization in renewal, change, and focused performance. The AI approach focuses on successes and opportunities to improve things by looking forward, rather than looking back on the problems or issues. The AI workshop is expected to facilitate consensus among decision-makers to contribute to the endorsement of the roadmap(s), and to encourage utilization of the evaluation findings. The workshop will involve a creative thinking process that will build on existing successes, identify and rank preferred alternatives, and ultimately develop a plan to strengthen the EHC program's governance system.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents to participate in this evaluation. Key informant interviews will be conducted about the governance structure of the EHC program and will last about one hour. The on-line survey will be completed by 95 EHC program Research Centers Staff and 170 EHC Program Users and Stakeholders and will require about 15 minutes to complete. The Appreciative Inquiry workshop will be conducted with 20 participants and will last about 6 hours. The total burden hours are estimated to be 246 hours. Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to participate in the evaluation. The total cost burden is estimated to be \$6,137.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Activity name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Key Informant Interviews with EHC Research Centers Staff	13	1	1	13
Online Survey with EHC Research Centers Staff	95	1	15/60	24
Key Informant Interviews with EHC Stakeholder Group Members	2	1	1	2
Key Informant Interviews with EHC Program Users and Stakeholders	19	1	1	19
Online Survey with EHC Program Users and Stakeholders	170	1	15/60	43

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Activity name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Key Informant Interviews with EHC Program Users and Stakeholders to Develop Cases	25	1	1	25
Appreciative Inquiry Workshop	20	1	6	120
Total	344	(¹)	(¹)	246

¹ Not applicable.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Activity name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Key Informant Interviews with EHC Research Centers Staff	13	13	\$54.27	\$706
Online Survey with EHC Research Centers Staff	95	24	54.27	1,302
Key Informant Interviews with EHC Stakeholder Group Members	2	2	43.52	87
Key Informant Interviews with EHC Program Users and Stakeholders	19	19	46.73	888
Online Survey with EHC Program Users and Stakeholders	170	43	46.73	2009
Key Informant Interviews with EHC Program Users and Stakeholders to Develop Cases	25	25	46.73	1,168
Appreciative Inquiry Workshop	20	120	51.14	6,137
Total	344	246	(¹)	12,297

* Wage rates were calculated using the following data: (1) For the Governance Interviews and the Online Survey with EHC Research Centers Staff the hourly rate is a weighted average for physicians (\$58.76 per hour) and medical and health services managers (\$37.82); (2) for the Governance Interviews with EHC Stakeholder Group Members the hourly rate is the rate for average for medical and health services managers (\$37.82); (3) for the Governance Interviews and the Online Survey with EHC Program Users and Stakeholders the hourly rate is a weighted average for physicians (\$58.76 per hour), general and operations managers (\$43.52 per hour), medical and health services managers (\$37.82 per hour), and social and community service managers (\$24.73 per hour); (4) for the Workshop the hourly rate is a weighted average for physicians (\$58.76 per hour) and general and operations managers (\$43.52 per hour) from 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.

¹ Not applicable.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated cost of this one year data collection for the evaluation of the EHC program, including the cost of developing the methodology and data collection instruments, collecting and analyzing the data, publishing the results, etc. The work will be carried out by IMPAQ International and Abt Associates under contract to the Agency for Healthcare Research and Quality.

EXHIBIT 3—ESTIMATED ANNUAL COST * TO THE FEDERAL GOVERNMENT

Cost component	Total cost
Project Development	\$137,901
Data Collection Activities	179,172
Data Processing and Analysis	170,577
Publication of Results	63,686
Project Management	97,236
Total	648,572

* Please note the costs include fully loaded costs (overhead, G&A).

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 15, 2009.

Carolyn M. Clancy,
Director.

[FR Doc. E9-9245 Filed 4-23-09; 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: "Building an Implementation Toolset for E-Prescribing." 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