

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 email address within 60-days.

Proposed Project: Request for Applicant Background Survey—OMB No. Extension-0990-0208 Assistant Secretary for Administration and Management.

Abstract: The Applicant Background Survey form will be used for the next three years by the Operating Divisions (OPDIVs). The major sub-organizations

within the Department of Health and Human Services (HHS), will collect and analyze data on race, sex, national origin, and disability from applicants for employment. Information will be collected by each of the personnel offices in the Department. The form will be used routinely by the OPDIVs when recruiting for all positions, including senior level positions and for selected job series where workforce analysis has shown evidence of low representation of minorities, women, or persons with disabilities. The results of the collection will assist the Department to determine if present recruitment sources yield qualified minority and female applicants and applicants with disabilities as required by EEOC MD 715.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response (minutes)	Total burden hours
Individuals	30,000	1	2	1,000

Terry Nicolosi,

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

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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: "Coordinating Care across Primary Care and Specialty Care Practices." 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 March 5th, 2009 and

allowed 60 days for public comment. One comment was received. The purpose of this notice is to allow an additional 30 days for public comment. This notice differs from the 60 day notice in that the Patient Satisfaction Survey has been eliminated.

DATES: Comments on this notice must be received by June 12, 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

"Coordinating Care across Primary Care and Specialty Care Practices." AHRQ proposes an evaluation of the redesign of the transitions of care between primary care and specialty care services. The purpose of the redesign is to remedy inefficiencies in the current referral processes that threaten care quality and safety, and system

efficiency. This redesign is being implemented at the Boston Medical Center (BMC), and two affiliated health centers. The evaluation will be conducted for AHRQ by its contractor, the Boston University School of Public Health (BUSPH).

Care coordination has been identified by the Institute of Medicine (IOM) as a key strategy with potential to improve the effectiveness, safety and efficiency of the health care system. At the same time, care coordination, particularly in transitions among sites of care, is often lacking. Research shows that problems in coordination of care and common failures in patients' transitioning between and among systems typically create serious quality concerns in many settings. Individuals moving across systems of care and between care providers are vulnerable to fragmented and disjointed care (Coleman *et al.*, 2004). Uncoordinated and fragmented transitions can lead to a wide range of costly problems and threats to patient safety including greater use of hospital and emergency services (Coleman *et al.*, 2004), ordering and completion of redundant tests (Coleman & Berenson, 2004), prescription and medication errors and use of poly-pharmacy by multiple providers (Coleman & Berenson, 2004). The end result is often confusion about conflicting care plans and lack of follow-up care. The aim of

this evaluation is to address this confusion and fragmentation by expanding knowledge of how to improve the experience and outcomes for patients in transitions of care between primary care and specialty practices. The initial focus is on referrals between primary care and two specialties: gastroenterology (GI) and obstetrics (OB). The redesigned referral system will be tested by implementing it in three participating primary care sites and two specialty clinics. We expect that the lessons learned from this evaluation will provide a model and tools that can later easily be tested and applied to other sites and specialties in the BMC system and provide lessons learned to other systems seeking to sustainably improve their referral systems.

This project is being conducted pursuant to AHRQ's statutory authority to conduct research and evaluations on health care and systems for the delivery of such care, including activities with respect to: The quality, effectiveness, efficiency, appropriateness and value of health care services; clinical practice, including primary care and practice-oriented research; and health care costs, productivity, organization, and market

forces. See 42 U.S.C. 299a(a)(1), (4) and (6).

The overall aims of the evaluation are to provide a rigorous assessment of the success of the redesigned referral system in meeting its improvement goals and to gain an understanding of the implementation of the redesigned system.

Method of Collection

This evaluation will include the following data collections:

- Medical record data will be used to analyze aspects of the referral process, such as percentage of items on referral forms filled in, proportion of specialty appointments made, time between referral and initial specialty appointment. Patients' personal health data will not be analyzed. The medical record data will be used to measure both the fidelity of the redesigned system within the practices and success in meeting redesign improvement goal (outcome) indicators. The medical record data will be extracted by project staff and will not impose a burden on the participating health care sites.

- Focus groups with providers, clinical staff and administrative staff will be conducted in each primary care site and in each specialty practice. The

group sessions will pursue three topics: The extent to which the new system is being used as intended; the perceived effectiveness of the new system as implemented; and the organization and culture of the clinical setting. Themes from the focus groups will be used to assess fidelity of implementation, performance outcomes and factors affecting fidelity and outcomes.

- Implementation logs and meeting notes kept by the project team throughout the redesign implementation will document the implementation process, including factors affecting the process, challenges encountered, and strategies for dealing with the challenges. This component of the evaluation will not impose a burden on the participating health care sites.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this two year evaluation. Focus groups will be conducted with about 21 clinical staff at each of the 3 primary care sites and 2 specialty care sites (Exhibit 1 shows 2.5 sites per year). Each focus group session will last about 45 minutes. The total annualized burden is estimated to be 39 hours.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Focus groups	2.5	21	45/60	39
Total	2.5	na	na	39

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in

this project. The total annualized cost burden is estimated to be \$1,463.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Focus groups	2.5	39	\$37.50	\$1,463
Total	2.5	39	na	1,463

* The hourly wage is based upon the weighted mean of the average wages for physicians (\$58.76, n=45), clinical administrative staff (\$17.64, n=30) and other clinical staff (\$25.48, n=30). National Compensation Survey: Occupational Wages in the United States, U.S. Department of Labor, Bureau of Labor Statistics. June 2007, Summary 0703, http://www.bls.gov/ncs/ocs/sp/ncblo9_1_0.pdf. Accessed December 10, 2008.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total and annualized cost for this two-year

evaluation. The total cost is \$155,110 and includes \$23,267 for project development, \$32,573 for data collection activities, \$31,022 for data

processing and analysis, \$15,511 for the publication of results, \$12,408 for project management and \$40,329 for overhead.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development	\$23,267	\$11,633
Data Collection Activities	32,573	16,287
Data Processing and Analysis	31,022	15,511
Publication of Results	15,511	7,756
Project Management	12,408	6,204
Overhead	40,329	20,164
Total	155,110	77,555

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: May 4, 2009.

Carolyn M. Clancy,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project Title: Interim Evaluation of the Bright Futures for Women's Health and Wellness (BFWHW) Initiative, Emotional Wellness Consumer Tools—NEW.

Purpose: The purpose of this project is to design and implement a three-year interim evaluation to address initial outcomes for the BFWHW emotional wellness tools targeted at consumers. The project is funded by the Health Resources and Services Administrations (HRSA), Office of Women's Health (OWH). The evaluation will seek to determine (1) the acceptability of the tools by the target audiences, (2) strategies for ensuring their ongoing use, and (3) the outcomes associated with the use of these tools in three to four selected primary care sites.

The evaluation team will work with HRSA OWH and an Expert Committee to identify the questions of interest for the evaluation plan and methodology. There will be two major components—a descriptive/process component focusing on the design and implementation of the program's intervention and an impact component focusing on the preliminary outcomes of the intervention on the target audiences and their behavioral intentions.

Respondents:

Female consumers (adolescents between the ages of 13 and 17 and adults 18 and older) who receive services from primary care sites or community service organizations will receive a written survey on site at the time of service.

Distributors of the Consumer Tools (e.g., *healthcare providers, program staff, and community stakeholders/organizations*) from the three to four selected HRSA-funded program sites will respond to a web-based written survey.

Female consumers (adolescents between the ages of 13 and 17 and adults 18 and older) who receive services from primary care sites or community service organizations will be invited to participate in a focus group.