

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; HIT Standards Committee; Notice and Publication of Committee Recommendations to the National Coordinator for Health Information Technology

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice of committee recommendations and invitation for public input.

SUMMARY: This notice publishes recommendations made by the HIT Standards Committee (Committee) at its public meeting on August 20, 2009, and invites public input on the recommendations at the Committee's next meeting on September 15, 2009. The Committee is a Federal advisory committee to the Office of the National Coordinator for Health Information Technology (ONC).

Name of Committee: HIT Standards Committee.

General Function of the Committee: To provide recommendations to the National Coordinator on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption, consistent with the implementation of the Federal Health IT Strategic Plan, and in accordance with policies developed by the HIT Policy Committee. Sections 3003(b)(4) and (e) of the Health Information Technology for Economic and Clinical Health (HITECH) Act requires ONC to publish the Committee's recommendations to the National Coordinator in the **Federal Register** and on ONC's Web site.

Contact Person: Judith Sparrow, Office of the National Coordinator, HHS, 330 C Street, SW., Washington, DC 20201, 202-205-4528, Fax: 202-690-6079, e-mail: judy.sparrow@hhs.gov.

Recommendations: During the August 20, 2009, meeting, the Committee's recommendations focused on the following areas: Clinical Quality, Clinical Operations, and Privacy and Security. All recommendations may be found at <http://HealthIT.hhs.gov/standardscommittee>. In addition, specific URLs for each recommendation have been listed below.

I. Clinical Quality

A. Background

The Clinical Quality recommendations pertain to the

appropriate standardized performance measures that correspond to the HIT Policy Committee's 2011 Meaningful Use Measures. The recommendations include 30 quality performance measures and the data types required for each, of which National Quality Forum (NQF)-endorsed measures can either be retooled for use in an Electronic Health Record (EHR) or will require attestation for the foreseeable future.

B. Recommendations

http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_880489_0_0_18/2011%20Measure%20Recommendations_Clinical%20Quality%20Workgroup_08202009.pdf.

II. Clinical Operations

A. Background

The Clinical Operations recommendations focus on standards for 2011 Meaningful Use, including quality data reporting, messaging formats, and all the vocabularies necessary for semantic interoperability.

B. Recommendations

http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_880490_0_0_18/Ferguson_Clinical%20Operations%20WG%20Recommendations%20Revised%20Summary.pdf.

III. Privacy and Security

A. Background

The Privacy and Security recommendations focus on authentication, authorization, auditing and secure data transmission standards as well as Meaningful Use measures related to HIPAA compliance.

B. Recommendations

http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_880497_0_0_18/PRIVACY%20AND%20SECURITY%20STANDARDS%20APPLICABLE%20TO%20ARRA%20REQUIREMENTS.pdf.

Procedure: Individuals wishing to make comments on the Committee's August 20, 2009, recommendations may present oral comments at the Committee's next meeting on September 15, 2009, from approximately 1 p.m. to 2 p.m./Eastern Time, at the Omni Shoreham Hotel, 2500 Calvert Street, NW., Washington, DC 20008. Comments will be limited to two (2) minutes per person. A separate notice announcing this meeting has been published in the **Federal Register** and provides additional information.

Authority: Sections 3003(b)(4) and (e) of Health Information Technology for Economic

and Clinical Health (HITECH) Act, Title XIII of Division A of the American Recovery and Reinvestment Act of 2009 (ARRA), Public Law 111-5.

Dated: September 9, 2009.

Judith Sparrow,

Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. E9-22062 Filed 9-14-09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Minority Health

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of Minority Health.

ACTION: Notice of meeting.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (DHHS) is hereby giving notice that the Advisory Committee on Minority Health (ACMH) will hold a meeting. This meeting is open to the public. Preregistration is required for both public attendance and comment. Any individual who wishes to attend the meeting and/or participate in the public comment session should email acmh@osophs.dhhs.gov.

DATES: The meeting will be held on Tuesday, October 20, 2009 from 9 a.m. to 5 p.m. and Wednesday, October 21, 2009 from 9 a.m. to 1 p.m.

ADDRESSES: The meeting will be held at the Doubletree Hotel, 1515 Rhode Island Ave., NW., Washington, DC 20005.

FOR FURTHER INFORMATION CONTACT: Ms. Monica A. Baltimore, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852. Phone: 240-453-2882 Fax: 240-453-2883.

SUPPLEMENTARY INFORMATION: In accordance with Public Law 105-392, the ACMH was established to provide advice to the Deputy Assistant Secretary for Minority Health in improving the health of each racial and ethnic minority group and on the development of goals and specific program activities of the Office of Minority Health.

Topics to be discussed during this meeting will include health care reform: social determinants that affect health in minority populations; standardized cultural competency education, training and mechanisms for evaluation; and research on health disparities and their causes, as well as other related issues.

Public attendance at the meeting is limited to space available. Individuals

who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person at least fourteen (14) business days prior to the meeting. Members of the public will have an opportunity to provide comments at the meeting. Public comments will be limited to three minutes per speaker. Individuals who would like to submit written statements should mail or fax their comments to the Office of Minority Health at least seven (7) business days prior to the meeting. Any members of the public who wish to have printed material distributed to ACMH committee members should submit their materials to the Executive Secretary, ACMH, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852, prior to close of business October 13, 2009.

Dated: August 31, 2009.

Garth Graham,

Deputy Assistant Secretary for Minority Health, Office of Minority Health, Office of Public Health and Science, Office of the Secretary, U.S. Department of Health and Human Services.

[FR Doc. E9-22078 Filed 9-14-09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-09-0607]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of

Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

The National Violent Death Reporting System (NVDRS)—[OMB# 0920-0607, exp.01/31/2010]—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Violence is an important public health problem. In the United States, homicide and suicide are the second and third leading causes of death, respectively, in the 1-34-year-old age group. Unfortunately, public health agencies do not know much more about the problem than the numbers and the sex, race, and age of the victims, all information obtainable from the standard death certificate. Death certificates, however, carry no information about key facts necessary for prevention such as the relationship of the victim and suspect and the circumstances of the deaths, thereby making it impossible to discern anything but the gross contours of the problem. Furthermore, death certificates are typically available 20 months after the completion of a single calendar year. Official publications of national violent death rates, e.g. those in Morbidity and Mortality Weekly Report, rarely use data that is less than two years old. Public health interventions aimed at a moving target last seen two years ago may well miss the mark.

Local and Federal criminal justice agencies such as the Federal Bureau of Investigation (FBI) provide slightly more information about homicides, but they do not routinely collect standardized data about suicides, which are in fact much more common than homicides. The FBI's Supplemental Homicide Report system (SHRs) does collect basic information about the victim-suspect relationship and circumstances, like death certificates, it does not link violent deaths that are part of one incident such as homicide-suicides. It also is a voluntary system in which

some 10-20 percent of police departments nationwide do not participate. The FBI's National Incident Based Reporting System (NIBRS) addresses some of these deficiencies, but it covers less of the country than SHRs, still includes only homicides, and collects only police information. Also, the Bureau of Justice Statistics Reports do not use data that is less than two years old.

CDC therefore proposes to continue a state-based surveillance system for violent deaths that will provide more detailed and timely information. It taps into the case records held by medical examiners/coroners, police, and crime labs. Data is collected centrally by each state in the system, stripped of identifiers, and then sent to the CDC. Information is collected from these records about the characteristics of the victims and suspects, the circumstances of the deaths, and the weapons involved. States use standardized data elements and software designed by CDC. Ultimately, this information will guide states in designing programs that reduce multiple forms of violence.

Neither victim families nor suspects are contacted to collect this information. It all comes from existing records and is collected by state health department staff or their subcontractors. Health departments incur an average of 2.0 hours per death in identifying the deaths from death certificates, contacting the police and medical examiners to get copies of or to view the relevant records, abstracting all the records, various data processing tasks, various administrative tasks, data utilization, training, communications, etc. Public agencies working with NVDRS states incur an average of 0.5 hours per death to retrieve and then refile records.

This revision is a request to allow 10 new state health departments to be added to the currently funded 17 if funding becomes available. This may bring the total to 27 by the year 2012. There are no costs to respondents other than their time. The total estimated annual burden hours are 67,500.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Departments	27	1,000	2.0
Public Agencies	27	1,000	30/60