

Dated: July 22, 2010.

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Control and Prevention.

[FR Doc. 2010-18626 Filed 7-28-10; 8:45 am]

BILLING CODE 4163-18-P

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:
“Eisenberg Center Voluntary Customer
Survey Generic Clearance for the
Agency for Health Care Research and
Quality.” In accordance with the
Paperwork Reduction Act, 44 U.S.C.
3501-3520, AHRQ invites the public to
comment on this proposed information
collection.

This proposed information collection
was previously published in the **Federal
Register** on May 20th, 2010 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.

DATES: Comments on this notice must be
received by August 30, 2010.

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

Eisenberg Center Voluntary Customer
Survey Generic Clearance for the
Agency for Healthcare Research and
Quality The Agency for Healthcare
Research and Quality (AHRQ) requests

that the Office of Management and
Budget (OMB) renew, under the
Paperwork Reduction Act of 1995,
AHRQ's Generic Clearance to collect
information from users of work products
and services initiated by the John M.
Eisenberg Clinical Decisions and
Communications Science Center
(Eisenberg Center).

AHRQ is the lead agency charged
with supporting research designed to
improve the quality of healthcare,
reduce its cost, improve patient safety,
decrease medical errors, and broaden
access to essential services. See 42
U.S.C. 299.

AHRQ's Eisenberg Center is an
innovative effort aimed at improving
communication of findings to a variety
of audiences (“customers”), including
consumers, clinicians, and health care
policy makers. The Eisenberg Center
compiles research results into a variety
of useful formats for customer
stakeholders. The Eisenberg Center also
conducts its own program of research
into effective communication of
research findings in order to improve
the usability and rapid incorporation of
findings into medical practice. The
Eisenberg Center is one of three
components of AHRQ's Effective Health
Care Program, see 42 U.S.C. 299b-7. For
the period 2005 until September 2008,
the Eisenberg Center was operated
through a contractual arrangement with
the Oregon Health and Science
University (OHSU), Department of
Medicine, located in Portland, Oregon.
In September 2008, the contract for
operation of the Eisenberg Center was
awarded to Baylor College of Medicine
(BCM), located in Houston Texas.

The collections proposed under this
clearance include activities to assist in
the development of materials to be
disseminated through the Eisenberg
Center and to provide feedback to
AHRQ on the extent to which these
products meet customer needs. These
materials include Summary Guides that
summarize and translate the findings of
comparative effectiveness reviews (CER)
and research reports for purposes of
summarizing research findings for
various decision-making audiences,
such as consumers, clinicians, or
policymakers. The guides are designed
to help these decision makers use
research evidence to maximize the
benefits of health care, minimize harm,
and optimize the use of health care
resources. In addition, each year of the
project the Eisenberg Center will
develop one computerized, interactive
decision aid for those clinical problems
identified from selected CERs. The
intent is for the decision aid to increase
the patient/consumer's knowledge of

the health condition, options, and risk/
benefits, lead to greater assurance in
making a decision, increase the
congruence between values and choices,
and enhance involvement in the
decision making process. Information
collections conducted under this
generic clearance are not required by
regulation and will not be used to
regulate or sanction customers. Surveys
will be entirely voluntary, and
information provided by respondents
will be combined and summarized so
that no individually identifiable
information will be released. The
Eisenberg Center will produce from 17
to a maximum of 33 Summary Guides
per audience (*i.e.*, clinician,
policymaker, consumer) per year,
depending on the information needed
for each product with each audience.

In accordance with OMB guidelines
for generic clearances for voluntary
customer surveys and Executive Order
12862, AHRQ has established an
independent review process to assure
the development, implementation, and
analysis of high quality customer
surveys within AHRQ. Specifically,
AHRQ understands that each activity
conducted must be submitted to OMB
with a supporting statement and
accompanying instruments. Information
collection may not proceed until
approved by OMB.

Method of Collection

Information collections conducted
under this clearance will be collected
via the following methods:

- *Focus Groups.* Focus groups may
include clinical professionals, patients
or other health care consumers, or
health policy makers. They will be used
to provide input regarding the needs for
products and for the development of
Decision Aids and Summary Guides.
Focus groups may also be used to test
draft products to determine if intended
information and messages are being
delivered through products that are
produced and disseminated through the
Eisenberg Center.

- *In-person or Telephone Interviews.*
Interviews will be conducted with
individuals from one or more of the
three groups identified above. The
purpose of these interviews is to (1) to
provide input regarding the
development of Decision Aids and
Summary Guides, (2) to determine if
intended information and messages are
being delivered effectively through
products that are produced and
disseminated through the Eisenberg
Center, and (3) to engage the subject in
cognitive testing to (a) determine if
changes in topical knowledge levels can
be identified following exposure to

Eisenberg Center informational or instructional products, and (b) identify strengths and weaknesses in products and services for purposes of making improvements that are practical and feasible.

- *Customer Satisfaction Survey for the Decision Aids.* Baseline survey data will be collected on both clinician and patient characteristics, characteristics of the health care condition, and selected outcome measures such as knowledge and decisional self-efficacy. Following delivery of the decision aid, a user survey will be completed to explore subjects' impressions of the tool, including ease of use, clarity of presentation, length, balance of information, rating of interactive features, and overall satisfaction. Both clinicians and patients/consumers will be surveyed. For patients, the customer satisfaction survey will include decisional outcome measures (e.g., decisional conflict, desire for involvement in decision-making), measures of attitudes and self-efficacy, and indicators of choice intention or actual choice made. If the aid is evaluated within a clinical context, measures of physician-patient interaction will also be considered. Additionally, clinicians may be interviewed about the impact of the aid on clinical flow.

- *Customer Satisfaction Surveys for the Summary Guides.* These surveys will be offered to health care professionals, consumers, and policy makers that use the online Summary Guides. Respondents will report via Likert-type or numerical response scales how specific informational or educational products or materials influenced health care or clinical practice behaviors.

- *Follow-up CME Surveys.* Continuing Medical Education (CME) credit will be offered to physicians who wish to participate in online activities developed around the Summary Guides for clinicians. Three months after completing the educational activity, physicians will be asked to complete a

follow-up survey to assess realized changes in clinical practice, barriers to making change, and self-assessed impacts on patient care.

- *Solicited Topic Nominations.* Visitors to the Website will have the opportunity to provide information about suggested topics that might be addressed through the research and dissemination efforts of the EHC program.

- *Web site Registration.* Visitors to the Web site will be able to register personal contact information (e.g., name, email address) if wishing to receive updated information and materials as they become available.

- *Glossary Feedback Survey.* Visitors to the Website who access the health care glossary will be asked to suggest missing terms and provide additional comments on definitions or usage sentences, if desired.

This information will be used to develop, improve and/or maintain high quality products and services to lay and health professional publics.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden for the respondents' time to participate in this research. These estimates assume a maximum of 33 Summary Guides per year and separate Guides for clinicians, policy makers and consumers and are thus slight overestimates. Focus groups will be used for needs assessment and will be conducted with clinicians and consumers for development of the Summary Guides, and additionally with policymakers for those Guides in which policy recommendations are applicable. Focus groups will be conducted with no more than 1,056 persons per year and will last about 1½ hours.

Once the Summary Guides are developed they will be subjected to in-person or telephone interviews for purposes of usability and product testing with clinicians, policy makers and consumers. In-person/telephone interviews will be conducted twice with about 1,386 persons annually and will

take about 66 minutes on average. Two rounds of interviews will be conducted with all consumer representatives during product development, with a second round of interviews conducted occasionally with clinicians and policy makers, as needed.

Customer satisfaction surveys for the Summary Guides will be conducted with approximately 6,600 representatives from the audience to be targeted by the Summary Guides annually (i.e., clinician, policymaker or consumer) and will take 5 minutes to complete.

Customer satisfaction surveys will also be administered to approximately 50 clinicians and 500 patients in evaluating the Decision Aid. These surveys will take about 10 minutes to complete, and will be administered before and after implementation of the Decision Aid in the study populations.

Clinicians that have completed CME accrediting requirements and are requesting CME credit will be asked to complete the follow-up CME Survey three months following completion of the online activity. This data collection will be completed with about 1,320 clinicians annually and will require 5 minutes to complete.

Approximately 2,500 solicited topic nomination forms will be completed annually by healthcare professional and consumer visitors to the Website and will require about 5 minutes to complete. Website Registration will be completed by all persons wanting to stay up-to-date with the latest information from the Eisenberg Center, about 6,000 annually, and requires about 5 minutes to complete. The Glossary Feedback Survey will be completed by about 200 persons annually that access the glossary and takes 5 minutes to complete. The total burden hours are estimated to be 6,203.

Exhibit 2 shows the estimated annualized cost burden associated with the respondent's time to participate in this research. The cost burden is estimated to be \$290,227 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Type of data collection	Number of respondents	Number of response per respondent	Hours per response	Total burden hours
Focus Groups	1,056	1	1.5	1,584
In-person/Telephone Interviews	1,386	2	1.1	3,050
Customer Satisfaction Surveys for the Decision Aid	550	2	10/60	184
Customer Satisfaction Surveys for the Summary Guides	6,600	1	5/60	550
Follow-up CME Surveys	1,320	1	5/60	110
Solicited Topic Nominations	2,500	1	5/60	208
Web site Registration	6,000	1	5/60	500
Glossary Feedback Survey	200	1	5/60	17

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of data collection	Number of respondents	Number of response per respondent	Hours per response	Total burden hours
Total	19,612	na	na	6,203

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Type of data collection	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Focus Groups	1,056	1,584	\$48.98	\$77,584
In-person/Telephone Interviews	1,386	3,050	46.82	142,801
Customer Satisfaction Surveys for the Decision Aid	550	184	25.53	4,698
Customer Satisfaction Surveys for the Summary Guides	6,600	550	39.55	21,753
Follow-up CME Surveys	1,320	110	77.64	8,540
Solicited Topic Nominations	2,500	208	48.07	9,999
Web site Registration	6,000	500	48.07	24,035
Glossary Feedback Survey	200	17	48.07	817
Total	19,612	6,203	na	290,227

* Based upon the mean and weighted mean wages for clinicians (29–1062 family and general practitioners), policy makers (11–0000 management occupations, 11–3041 compensation & benefits managers, 13–1072 compensation, benefits & job analysis specialists, 11–9111 medical and health service managers, 13–2053 insurance underwriters and 15–2011 actuaries) and consumers (00–0000 all occupations). Focus groups include 528 clinicians (\$77.64/hr) and 528 consumers (\$20.32/hr); in-person/telephone interviews includes 528 clinicians, 330 policy makers (\$39.91/hr) and 528 consumers; customer satisfaction surveys for the decision aid includes 50 clinicians and 500 consumers; customer satisfaction surveys for the summary guides includes 1,650 clinicians, 1,650 policy makers and 3,300 consumers; follow-up CME surveys includes 1,320 clinicians; solicited topic nominations include 1,125 clinicians, 250 policy makers and 1,125 consumers; website registration includes 2,700 clinicians, 600 policy makers and 2,700 consumers; glossary feedback survey includes 90 clinicians, 20 policy makers and 90 consumers, National Compensation Survey: Occupational wages in the United States May 2008, “U.S. Department of Labor, Bureau of Labor Statistics.”

Estimated Annual Costs to the Federal Government

The maximum cost to the Federal Government is estimated to be \$1,439,003 annually.

Exhibit 3 shows the total and annualized cost by the major cost components.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development	\$1,019,970	\$339,990
Data Collection Activities	735,405	245,135
Data Processing and Analysis ..	1,889,505	629,835
Project Management	557,380	185,793
Overhead	114,750	38,250
Total	4,317,010	1,439,003

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 healthcare research and healthcare 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: July 19, 2010.

Carolyn M. Clancy,
Director.

[FR Doc. 2010–18413 Filed 7–28–10; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–0580]

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 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Public Health Performance Standards Program Local Public Health Governance Assessment (OMB 0920–0580 exp. 8/31/2010)—Extension—Office of State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC).