Dated: February 7, 2011.

Carol E. Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–3084 Filed 2–10–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–0234]

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) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Ambulatory Medical Care Survey (NAMCS) (OMB No. 0920–0234 exp. 07/31/2012)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the utilization of health care provided by nonfederal office-based physicians in the United States. This revision is to notify the public of significant changes proposed for NAMCS for the 2011–2013 survey period. A three-year clearance is requested.

NAMCS was conducted annually from 1973 to 1981, again in 1985, and resumed as an annual survey in 1989. The purpose of NAMCS, a voluntary survey, is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physician offices and hospital outpatient and emergency departments. The NAMCS target universe consists of all office visits made by ambulatory patients to non-Federal office-based physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are engaged in direct patient care. In 2006, physicians and mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) practicing in community health centers (CHCs) were added to the NAMCS sample, and these data will continue to be collected. NAMCS provides a range of baseline data on the characteristics of the users and providers of ambulatory medical care. Data collected include the patients' demographic characteristics, reason(s) for visit, provider diagnoses, diagnostic services, medications, and visit disposition.

The President's fiscal year 2011 budget requests that Congress consider a budget increase for this survey for 2011. If the budget increase is approved by Congress, an increase in the sample size of approximately 1,000 physicians and 30,000 visit records is requested. NCHS is also increasing the sample by 500 physicians funded through the Patient Protection and Affordable Care Act (ACT) of 2010. Currently NAMCS produces national and regional estimates. These increases will greatly improve the ability to track providers' practice patterns, including their adoption and meaningful use of health information technology (HIT).

A supplemental mail survey on the adoption and use of electronic medical records (EMRs) in physician offices was added to NAMCS in 2008, and will continue. These data were requested by the Office of the National Coordinator for Health Information Technology (ONC), Department of Health and Human Services, to measure progress toward goals for EMR adoption. The mail survey will collect information on characteristics of physician practices and the capabilities of EMRs used in those practices. To complement the EMR mail survey, NCHS plans to introduce a provider-based mail survey to assess physician workflow before and after EMR implementation. The EMR workflow mail survey is also sponsored by ONC and will evaluate the progress of meeting the President's goal for most Americans to have access to an interoperable electronic health record by 2014.

Scheduled to begin in 2012, a proposed asthma supplement will be administered to primary care physicians, physicians likely to see asthma patients, and all CHC providers. This supplement will provide a more accurate picture of the uptake and implementation of specific asthma management guidelines. Also beginning in 2012, questions are being added to the NAMCS induction form to collect information on the frequency of referrals and use of complementary and alternative medicine (CAM) by conventional providers. These questions will show the extent to which conventional providers are integrating CAM into their treatment plans.

In 2011, NAMCS will include an additional sample of 300 physicians to pretest the asthma supplement, CAM questions, and computerized assisted interviewing instruments that will mimic current NAMCS forms. If the pretest is successful, NCHS will add the new CAM items, asthma supplement, and computerized instruments for data collection beginning in 2012.

Users of NAMCS data include, but are not limited to, Congressional offices, Federal agencies, State and local governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners.

There is no cost to respondents other than their time to participate. The total estimated annualized burden hours are 12,179.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Hours per response
Core NAMCS:				
Office-based physicians/CHC providers ..	Physician Induction Interview (NAMCS–1)	5,012	1	28/60
Community Health Center Directors	Community Health Center Induction Interview (NAMCS–201).	104	1	20/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Hours per response
Office-based physicians/CHC providers/staff.	Patient Record form (NAMCS–30)	1,017	30	11/60
Office/CHC staff	Pulling, re-filing Patient Record form (NAMCS–30).	893	30	1/60
Office-based physicians/CHC providers/staff.	Asthma Supplement	669	1	15/60
Office-based physicians	EMR/EHR Mail Survey	5,460	1	20/60
Office-based physicians	Physician Workflow Survey	2,982	1	20/60
Pretest NAMCS forms:				
Office-based physicians	Physician Induction Interview (NAMCS–1)	100	1	35/60
Office-based physicians	Asthma Supplement	100	1	15/60
Office-based physicians/staff	Patient Record form (NAMCS–30)	100	30	14/60

Dated: February 7, 2011.

Carol E. Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–3083 Filed 2–10–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–11–11CB]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (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. Written comments should be received within 60 days of this notice.

Proposed Project

SEARCH for Diabetes in Youth Study—New—Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Diabetes is one of the most common chronic diseases among children in the United States. When diabetes strikes during childhood, it is routinely assumed to be type 1, or juvenile-onset, diabetes. Type 1 diabetes (T1D) develops when the body's immune system destroys pancreatic cells that make the hormone insulin that regulates blood sugar. People with type 1 diabetes must have daily insulin injections to survive. In the last two decades, type 2 diabetes (T2D), formerly known as adult-onset diabetes, has been reported among U.S. children and adolescents with increasing frequency. Type 2 diabetes begins when the body develops a resistance to insulin and no longer uses the insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce sufficient amounts of insulin to regulate blood sugar.

Reports of increasing frequency of both type 1 and type 2 diabetes in youth have been among the most concerning aspects of the evolving diabetes epidemic. Unfortunately, reliable data on changes over time in the U.S., or even how many children in the U.S. had type 1 or type 2 diabetes, were lacking. In response to this growing public health concern, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) funded the SEARCH for Diabetes in Youth Study.

The SEARCH for Diabetes in Youth Study began in 2000 as a multi-center, epidemiological study, conducted in six geographically dispersed Study Centers that reflected the racial and ethnic diversity of the U.S. Phases 1 (2000–2005) and 2 (2005–2010) were designed collaboratively by the research sites to produce estimates of the prevalence and incidence of diabetes among youth age < 20 years, according to diabetes type, age, sex, and race/ethnicity, and to characterize selected acute and chronic complications of diabetes and their risk factors, as well as the quality of life and quality of health care. Phases 1 and 2 of SEARCH have contributed substantially to understanding of the etiologic and clinical dimensions of childhood diabetes that relate to classification of diabetes. However, critical questions remain regarding ongoing trends in incidence of childhood diabetes, as well as the rationale and sustainability of public health surveillance systems for diabetes in youth.

Phase 3 of the SEARCH for Diabetes in Youth Study will build on previous efforts, with some changes to the data collection procedures developed during Phases 1 and 2. Phase 3 brings together major and timely facets of childhood diabetes research: An epidemiologic component that assesses temporal trends in the incidence of diabetes in youth; a pathophysiologic component addressing the natural history of diabetes in youth; a health services research component to evaluate the processes and quality of care for youth with diabetes; and a public health perspective on case classification of diabetes in youth.

As authorized by section 301 of the Public Health Service Act (42 U.S.C. 241), CDC seeks OMB approval to collect de-identified case-level information from SEARCH study sites.