authorized by Section 941 of the Public Health Service Act, 42 U.S.C. 299c. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to AHRQ’s conduct of its mission including providing guidance on (A) Priorities for health care research, (B) the field of health care research including training needs and information dissemination on health care quality and (C) the role of the Agency in light of private sector activity and opportunities for public private partnerships.

The Council is composed of members of the public, appointed by the Secretary, and Federal ex-officio members specified in the authorizing legislation.

II. Agenda

On Friday, July 13, 2012, the Council meeting will convene at 8:30 a.m., with the call to order by the Council Chair and approval of previous Council summary notes. The AHRQ Director will present her update on current research, programs, and initiatives. Following the morning session, the Council will hold an Executive Session between the hours of 12 p.m. and 1:30 p.m. This Executive Session will be closed to the public in accordance with 5 U.S.C. App. 2, section 10(d) and 5 U.S.C. 552b(c)(9)(B). This portion of the meeting is likely to disclose information the premature disclosure of which would be likely to significantly frustrate implementation of a proposed agency action. The final agenda will be available on the AHRQ Web site at www.AHRQ.gov no later than Friday, June 29, 2012.


Carolyn M. Clancy,
Director.

[FR Doc. 2012–15795 Filed 6–27–12; 8:45 am]
(RFI) is to gather information from providers of primary care and occupational medicine, vendors and creators of EHR software, and the public to inform NIOSH’s response to this and other IOM recommendations. Gathering information through this RFI will enable NIOSH to understand opportunities and challenges in collecting occupational information and how and why health care providers collect and use this information. The IOM report with the 10 recommendations can be downloaded at: http://iom.edu/Reports/2011/Incorporating-Occupational-Information-in-Electronic-Health-Records-Letter-Report.aspx.

NIOSH has released this RFI to learn about how the following types of patient work information are collected and used:

- Employment status (e.g., employed, unemployed, disabled, retired, part time/full time, shift)
- Patient’s current occupation(s)
- Patient’s current industry(s)
- Patient’s usual (longest held) occupation(s)
- Patient’s usual (longest held) industry(s)
- Employer(s) name
- Employer Address(es)
- Work-relatedness of patient’s health condition(s)
- Other information about patient’s work, such as information about exposures at work.

II. Questions of Interest

Input from primary care providers, occupational and public health specialists, EHR vendors and others with interest in the topic is sought on the questions listed below pertaining to the collection and use of work information in the clinical setting. NIOSH is interested in input both from those who are currently using EHRs as well as those who are not.

1. For providers of primary health care: When do the clinicians in your practice setting currently ask patients about their work?
   - Specifically, what information on patients’ work is collected?
   - If you currently use an EHR: Where in the health record (either paper or electronic) is patient work information stored and/or viewed? For example, is the work information entered in the ‘social history’ section of an EMR? Where would you prefer patient work information to be stored and/or viewed in the EHR?
   - Does your EHR maintain a history of the information so that you can identify how long and when a patient was in a given occupation?
   - If you currently do not use an EHR, where do you record this information in the paper record? Is it available to the care provider during the patient encounter? Is there a history of the patient’s work information available to the care provider?
   - In your clinical practice, who (which personnel) besides the clinicians collect patients’ work information (e.g., registration personnel or nursing assistants)?
   - Have those personnel been trained specifically in how to collect information about patient’s work i.e., how to gain an accurate job title etc.?
   - Do you collect work information from teenagers?
   - Do you collect work information from retirees?
   - Are questions about work routine used to provide patient care?
   - Please provide an example/description of the usefulness of patient work information in providing care to a patient.
   - Please provide any additional comments you have about collection or use of patient work information in the clinical setting.

2. For providers of occupational (specialty) health care: At your clinical facility, how is the patient’s work information collected?
   - Specifically, what information on patients’ work is collected?
   - Is the work information entered in the administrative record used for billing purposes?
   - Is patient work information collected on paper or in an EHR? Is it available to the care provider during the patient encounter?
   - Is there a history of the patient’s work information available to the care provider?
   - If you use a standardized form to collect information about patients’ work, please briefly describe its main elements.
   - In your clinical practice, who (which personnel) besides the clinicians collect (e.g., registration personnel or nursing assistants)?
   - Have the personnel been trained specifically in how to collect information about patient’s work i.e., how to gain an accurate job title, etc.?
   - Where in the health record (either paper or electronic) is the information stored? For example, is the work information entered in the ‘social history’ section?
   - What are the most important ways that clinicians can use to inform clinical care of patients?
   - Please provide an example of the usefulness of work information in providing care to a patient.

Do you have any other comments about collection or use of patient work information in the clinical setting?

3. For developers and vendors of EHR/software: Does your base/basic EHR product contain pre-ordained fields for Industry, Occupation, Employer or other information about patients’ work? If not, have you been asked to provide these fields?
   - Regardless of whether they are in the base system or added on request, how are the values in the fields for Industry, Occupation, or other work information formatted (e.g., narrative text, drop-down menus, other)?
   - Are these values coded and if so, what coding schema are used (e.g., NAICS, SOC, Census codes, user defined)?
   - To the best of your knowledge, how are the data captured in these fields used by end users of your EHR/product?
   - Please share challenges you anticipate in managing a history of employer, industry and occupation (current and usual) for multiple employment situations as both text and coded fields in your system, if your system does not already perform these functions?
   - Could your system access and retrieve information from another web-based system via web services (such as an automated coding system for coding industry and occupation)?
   - Your comments are appreciated. They will be used to improve NIOSH’s electronic health records efforts.

FURTHER INFORMATION CONTACT:

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Dated: June 20, 2012.

John Howard,
Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Supplemental Submission for OMB Review; Comment Request

Title: Mother and Infant Home Visiting Program Evaluation: Baseline collection of saliva for measuring cotinine.

OMB No.: 0970–0402.

Description: In 2011, the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA)