

Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than February 28, 2013.

A. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. *Daryn W. Biggerstaff*, Canon City, Colorado; to retain voting shares of Canon Bank Corporation, and thereby indirectly retain voting shares of Canon National Bank, both in Canon City, Colorado.

Board of Governors of the Federal Reserve System, February 8, 2013.

Margaret McCloskey Shanks,
Deputy Secretary of the Board.

[FR Doc. 2013-03284 Filed 2-12-13; 8:45 am]

BILLING CODE 6210-01-P

GENERAL SERVICES ADMINISTRATION

[Notice-MV-2013-02; Docket No. 2013-0002; Sequence 3]

Public Availability of General Services Administration FY 2012 Service Contract Inventory

AGENCY: General Services Administration (GSA).

ACTION: Notice of Public Availability of FY 2012 Service Contract Inventories.

SUMMARY: In accordance with Section 743 of Division C of Fiscal Year (FY) 2010 Consolidated Appropriations Act Public Law 111-117, GSA is publishing this notice to advise the public of the availability of the FY 2012 Service Contract Inventories.

DATES: February 13, 2013.

FOR FURTHER INFORMATION CONTACT:

Questions regarding the service contract inventory should be directed to Mr. Paul F. Boyle in the Office of Acquisition Policy at 202-501-0324 or Paul.Boyle@gsa.gov.

SUPPLEMENTARY INFORMATION: In accordance with Section 743 of Division C of Fiscal Year (FY) 2010 Consolidated Appropriations Act Public Law 111-117, GSA is publishing this notice to advise the public of the availability of the FY 2012 Service Contract Inventories. These inventories provide information on service contract actions over \$25,000 that were made in FY 2012. The information is organized by function to show how contracted resources are distributed throughout the agency. The inventory has been developed in accordance with guidance

issued on December 19, 2011 by the Office of Management and Budget's Office of Federal Procurement Policy (OFPP). OFPP's guidance is available at: <http://www.whitehouse.gov/sites/default/files/omb/procurement/memo/service-contract-inventory-guidance>.

The GSA has posted its inventory and a summary of the inventory on the GSA.Gov homepage at the following link: <http://www.gsa.gov/gsasci>.

Dated: February 7, 2013.

Laura G. Auletta,

Acting Senior Procurement Executive & Deputy Chief Acquisition Officer, Office of Acquisition Policy, General Services Administration.

[FR Doc. 2013-03279 Filed 2-12-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: HHS-OS-18774-60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit a new Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting that ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before April 15, 2013.

ADDRESSES: Submit your comments to Information.CollectionClearance@hhs.gov or by calling (202) 690-6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, Information.CollectionClearance@hhs.gov or (202) 690-6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier HHS-OS-18774-60D for reference. Information Collection Request Title: Survey of Physician Time Use Patterns under the Medicare Fee Schedule.

Abstract: This information collection is a survey of physician providers in five specialties (internal medicine, radiology, cardiology, ophthalmology, and orthopedics) to gather information

on the clinical time spent in providing selected services as well as related information on the physician's practice.

Need and Proposed Use of the Information: The Office of the Assistant Secretary for Planning and Evaluation is currently conducting a number of studies aimed at producing evidence that will help to improve the accuracy of the Medicare Physician Fee Schedule. Under the Medicare Physician Fee Schedule, payments are based in part on the relative amount of physician work associated with each service. For a number of reasons, payment differentials for Evaluation and Management services relative to procedures, rather than narrowing, have continued to widen over time. While the fee schedule's relative values are updated to reflect changes in medical practice, technology and physician productivity, some have questioned whether the current process adequately reflects these changes. The intended data collection effort would be used to gather information on the time data that is used as an input in the fee schedule. Analyses show that even though work is defined as both time and intensity, final work values are highly correlated with the time measure, with time explaining between 80 and 90 percent of the inter-service variance in work. However, several studies suggest potential flaws in estimates of time associated with pre-, post- and intra-service work, demonstrating that the time estimates used for many services exceed actual times when objectively measured through, for example, operating room logs. The survey data will be used to inform several gaps in knowledge critical to improving the accuracy of the fee schedule, including (i) the strength of the correlation between physician-reported clinical time and fee-schedule time values for surveyed services; (ii) how consistent the relationships are across services and across specialties; (iii) whether the relationships vary across physicians in different types of practice settings, and (iv) whether this approach to gathering time data is feasible and could be scaled up for a larger effort. Likely Respondents: Practicing physicians in 5 specialties.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train

personnel and to be able to respond to a collection of information, to search data sources, to complete and review

the collection of information, and to transmit or otherwise disclose the information. The total annual burden

hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Ineligible	45	1	.05	2.25
Eligible	600	1	.25	150
Total	645	1	.24	152.25

OS specifically requests comments on (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.

Darius Taylor,

Deputy, Information Collection Clearance Officer.

[FR Doc. 2013–03270 Filed 2–12–13; 8:45 am]

BILLING CODE 4150–45–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: “Patient-Reported Health Information Technology and Workflow.” In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by April 15, 2013.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at doris.lefkowitz@AHRQ.hhs.gov.

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 email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Patient-Reported Health Information Technology and Workflow

Health IT can improve quality of care by arraying relevant information, displaying clinical guidelines, highlighting test values of concern, calculating medication doses, and supporting clinical decisionmaking in many ways (Chaudhry *et al.*, 2006). Successful health IT implementation requires careful attention to the workflow of clinicians and others involved in care delivery. However, few studies have examined how health IT can change workflow in ambulatory physician practices. Further, in most studies that address health IT in ambulatory settings, workflow is not the main focus of the research (Unertl, Weinger, Johnson *et al.*, 2009, Carayon, Karsh, Cartmill *et al.*, 2010a). The health IT literature has not focused on sociotechnical factors, such as patient or provider characteristics, physical environment and layout; technical training and support; functionality and usability of health IT; worker roles, staff workload, stress, and job satisfaction; and communication flows. Important work that does address such factors comes mainly from inpatient settings, or from other countries where the health care system is quite different than in the U.S. (Tjora and Scambler, 2009; Ammenwerth, Iller, and Mahler, 2006; Niazkhani, Pirnejad, de Bont *et al.*, 2008; Niazkhani, Pirnejad, Berg *et al.*, 2009). Although many of these studies have concluded that changes in workflow occur when implementing different health IT applications, few

studies have actually examined how workflow changes.

In recent years there has been an increase in the use of health IT to capture patient reporting of medical histories, symptoms, results of self-testing (e.g., blood glucose levels, blood pressure), weight questions and concerns, over-the-counter medication use, and other information that patients need to share with their care providers. Health IT can elicit such information from patients, and help incorporate it into the flow of information within a physician’s practice so that the information is detailed, actionable, timely, and can be used to meet patients’ treatment goals. Gathering and integrating information from patients using health IT can include patient surveys and other pre-formatted information collection mechanisms (e-forms), secure messaging (email) between patients and their providers (Byrne, Elliott, and Firek, 2009; Bergmo, Kummervold, Gammon *et al.*, 2005); and patient portals (sometimes referred to as [electronic] personal health records or PHRs, patient portals allow patients to view portions of their medical records [e.g., view laboratory test results] and support other health-related tasks such as making appointments or requesting medication refills). The use of patient-reported information is not yet widely integrated into health IT.

This project will fill the gaps in the current literature by exploring the influence of sociotechnical factors—for clinicians and their office staff, and for patients—in capturing and using patient-reported information in ambulatory health IT systems and associated workflows. The goal of the project is to answer the following research questions:

- How does the use of health IT to capture and use patient-reported information support or hinder the workflow from the viewpoints of clinicians, office staff, and patients?
- How does the sociotechnical context influence workflow related to