

before May 22, 2014. Write “FTC Generic Clearance ICR, Project No. P035201” on your comment. Your comment—including your name and your state—will be placed on the public record of this proceeding, including, to the extent practicable, on the public Commission Web site, at <http://www.ftc.gov/os/publiccomments.shtm>. As a matter of discretion, the Commission tries to remove individuals’ home contact information from comments before placing them on the Commission Web site.

Because your comment will be made public, you are solely responsible for making sure that your comment doesn’t include any sensitive personal information, like anyone’s Social Security number, date of birth, driver’s license number or other state identification number or foreign country equivalent, passport number, financial account number, or credit or debit card number. You are also solely responsible for making sure that your comment doesn’t include any sensitive health information, like medical records or other individually identifiable health information. In addition, don’t include any “[t]rade secret or any commercial or financial information which is obtained from any person and which is privileged or confidential . . . ,” as provided in Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2). If you want the Commission to give your comment confidential treatment, you must file it in paper form, with a request for confidential treatment, and you have to follow the procedure explained in FTC Rule 4.9(c), 16 CFR 4.9(c).<sup>2</sup> Your comment will be kept confidential only if the FTC General Counsel grants your request in accordance with the law and the public interest.

Postal mail addressed to the Commission is subject to delay due to heightened security screening. As a result, we encourage you to submit your comments online, or to send them to the Commission by courier or overnight service. To make sure that the Commission considers your online comment, you must file it at <https://>

<sup>2</sup>In particular, the written request for confidential treatment that accompanies the comment must include the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record. See FTC Rule 4.9(c), 16 CFR 4.9(c).

[ftcpublic.commentworks.com/ftc/genericclearancepra2](http://ftcpublic.commentworks.com/ftc/genericclearancepra2) by following the instructions on the web-based form. If this Notice appears at <http://www.regulations.gov/#/home>, you also may file a comment through that Web site.

If you file your comment on paper, write “FTC Generic Clearance ICR, Project No. P035201” on your comment and on the envelope, and mail or deliver it to the following address: Federal Trade Commission, Office of the Secretary, Room H-113 (Annex J), 600 Pennsylvania Avenue NW., Washington, DC 20580. If possible, submit your paper comment to the Commission by courier or overnight service.

Comments on any proposed information collection requirements subject to review under the PRA should additionally be submitted to OMB. If sent by U.S. mail, they should be addressed to Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Desk Officer for the Federal Trade Commission, New Executive Office Building, Docket Library, Room 10102, 725 17th Street NW., Washington, DC 20503. Comments sent to OMB by U.S. postal mail, however, are subject to delays due to heightened security precautions. Thus, comments instead should be sent by facsimile to (202) 395-5167.

The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before May 22, 2014. You can find more information, including routine uses permitted by the Privacy Act, in the Commission’s privacy policy, at <http://www.ftc.gov/ftc/privacy.htm>.

**David C. Shonka,**

*Principal Deputy General Counsel.*

[FR Doc. 2014-09173 Filed 4-21-14; 8:45 am]

**BILLING CODE 6750-01-P**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration; Delegation of Authorities

Notice is hereby given that I have delegated to the Commissioner, Food

and Drug Administration (FDA), with authority to re-delegate, the authorities vested in the Secretary of the Department of Health and Human Services under the Drug Quality and Security Act (DQSA), Public Law 113-54, insofar as these authorities pertain to the functions and operations of FDA. This delegation includes, but is not limited to, authority to communicate with state Boards of Pharmacy under Section 105 of the DQSA.

This delegation shall be exercised in accordance with the Department’s applicable policies, procedures, and guidelines.

I hereby affirm and ratify any actions taken by the Commissioner, FDA, or other FDA officials that involved the exercise of these authorities prior to the effective date of this delegation.

This delegation of authorities is effective upon date of signature.

**Authority:** 44 U.S.C. 3101.

Dated: April 11, 2014.

**Kathleen Sebelius,**

*Secretary.*

[FR Doc. 2014-09033 Filed 4-21-14; 8:45 am]

**BILLING CODE 4160-01-P**

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## 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: “SelectMD 2.0 Clinician Choice Experiment.” In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal**

**Register** on January, 29th 2014 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 May 22, 2014.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at [doris.lefkowitz@ahrq.hhs.gov](mailto: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](mailto:doris.lefkowitz@ahrq.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

*SelectMD 2.0 Clinician Choice Experiment*

This study builds on previous research conducted as part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program to explore new ways of integrating patient comments with other performance metrics in web-based quality reports for consumers to support their choice of physicians. Our previous consumer choice study, referred to as SelectMD 1.0 (approved by OMB on 3/8/10 under OMB Control Number 0935-0161), revealed important risks and opportunities of using patient comments that require additional research in order to develop effective guidance for report sponsors. Sponsors of performance reports in both the public and private sectors, including Federal agencies such as the Centers for Medicare & Medicaid Services (CMS), have indicated strong interest in receiving such guidance on strategies for effectively incorporating patient comments to increase consumers' use of public reports and to enhance their ability to interpret CAHPS and other performance measures.

This follow-on study (referred to as SelectMD 2.0) will use an experimental design to test different methods of incorporating patient comments along with CAHPS survey results, the Healthcare Effectiveness Data and Information Set (HEDIS)-like measures of effective clinical treatments, and indicators of patient safety in web-based physician quality reports. The study will help AHRQ understand how people choose a doctor as their regular source of medical care and advice.

The study has three stages. In the first stage, respondents will be asked some

questions about their health care experiences and how they go about choosing a doctor. In the second stage the respondents will log onto an experimental Web site that has information about a fictitious set of doctors from which to choose. Respondents will be asked to use the information on the Web site to select a doctor who they think would be the best for their health care needs. Although they will not really be selecting a doctor, they will be asked to consider the choice as carefully as if they were making it for themselves. In the third stage, following their selection of a doctor, respondents will answer a set of questions about how they made their choice of doctor, how useful they found the Web site, and how confident they were in the choice they made.

This research has the following goals:

(1) to expand on the findings from AHRQ's previous choice experiment regarding how including narrative patient comments in web-based physician quality reports influences the ways in which consumers learn about and select among clinicians, and

(2) to assess whether and how patient comments can be presented in a way that promotes learning about physician quality and complements rather than detracts from standardized measures of quality.

This study is being conducted by AHRQ through its contractors, RAND and Yale University, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

**Method of Collection**

To achieve the goals of this project the following data collections will be implemented over the three stages of the experiment:

(1) Pre-Choice Survey—The purpose of this survey is to measure the respondents' previous exposure to information on health care provider performance and how they go about choosing a physician.

(2) Experimental Web site—The purpose of this site is to present different combinations and displays of performance information that respondents will use to select a doctor. Respondents will be randomly assigned to one of eight different versions of the experimental SelectMD Web site that will vary according to the level of detail presented, how patient comments are

grouped and labeled, whether respondents can choose which and how much information to review, and whether respondents have access to live telephone assistance when making their choices.

(3) Post-Choice Survey—The purpose of the post-choice survey is to assess how respondents made their doctor selection, how useful the Web site version assigned to them was in helping to make their choice, and how confident they are in the choice they made. Responses to the post-choice survey will provide insights into which of the experimental Web site versions are more effective in supporting consumer choice of doctors and why.

The results of this study will be used to develop recommendations for helping consumers to better understand and more effectively use complex information to select health care providers, with the aim of making performance information less burdensome and more accessible, useful, and transparent to the public. In particular, the study findings will inform the design and content of the growing number of web-based reports on provider performance incorporating patient comments along with other measures of quality. By adding to the evidence base on the types and combination of information that are most salient and useful to consumers in choosing among provider options, the study will make a significant contribution to improving current reporting initiatives. In addition, the simulated web-based reports will be made available as examples for other report developers to use.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this experiment. The portion of the experiment involving respondent participation will take place over a period of approximately two months, once OMB approval has been received. All participants will complete the pre-choice survey, which is estimated to take 10 minutes. To assess the impact of their exposure to the SelectMD Web site, several questions on the initial pre-choice survey are replicated on the post-choice questionnaire. To reduce the likelihood that respondents will simply repeat the answers that they provided on the pre-choice survey (in an effort to appear consistent), it is essential to allow some time to elapse between the two surveys. Consequently, participants will not have access to the SelectMD Web site until one week after completing the pre-choice survey. Since

we expect that about 5% of participants taking the pre-choice survey will not return to participate in the experiment one week later, the number of respondents initially required is 5% higher (1,575) than the full sample of 1,500 required for the experiment. We estimate based on our previous

experience with the SelectMD 1.0 experiment that participants will require about 10 minutes to review the information on the Web site and select their preferred physician from the set of doctors available. The average time required to complete the post-choice survey is estimated to be 20 minutes.

Consequently, respondents will average about 40 minutes completing all three phases of the study.

Exhibit 2 shows the respondents' cost burden for their time to participate in this experiment. The total cost burden is estimated to be \$22,297.

## EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hour per response (min/60)	Total burden hours
Pre-Choice Survey .....	1575	1	10/60	263
Time on Website (Choosing MD) .....	1500	1	10/60	250
Post-Choice Survey .....	1500	1	20/60	500
Total Hours .....	4,575	na	na	1,013

## EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Pre-Choice Survey .....	1575	263	\$22.01	\$5,789
Time on Website (Choosing MD) .....	1500	250	22.01	5,503
Post-Choice Survey .....	1500	500	22.01	11,005
Total Cost .....				22,297

\* Based upon the national mean hourly wage for all occupations from the "May 2012 Occupational Employment and Wage Estimates", U.S. Department of Labor, Bureau of Labor Statistics.

*Request for Comments*

In accordance with the Paperwork Reduction Act, 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 health care research and 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: April 9, 2014.

**Richard Kronick,**  
AHRQ Director.

[FR Doc. 2014-09168 Filed 4-21-14; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Food and Drug Administration**

[Docket No. FDA-2014-N-0374]

**Postmarketing Requirements for the Class-Wide Extended-Release/Long-Acting Opioid Analgesics; Public Meeting; Request for Comments**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of public meeting; request for comments.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing a public meeting to obtain stakeholder input on the design and conduct of the postmarketing requirements (PMRs) for the class-wide extended-release/long-acting (ER/LA) opioid analgesic drug products to further assess the serious risks of misuse, abuse, hyperalgesia, addiction, overdose, and death associated with their long-term use.

FDA is seeking input on these issues from stakeholders, including patients, academia, researchers, State and other Federal regulators, health care organizations, health care providers, the pharmaceutical industry, and others from the general public.

**DATES:** The public meeting will be held on May 19 and 20, 2014, from 8 a.m. to

5 p.m. Individuals who wish to present at the meeting must register by May 9, 2014. See section III under the **SUPPLEMENTARY INFORMATION** section for information on how to register to speak at the meeting.

**ADDRESSES:** The public meeting will be held at FDA's White Oak Campus, 10903 New Hampshire Ave., Bldg. 31 Conference Center, the Great Room (Rm. 1503), Silver Spring, MD 20993-0002. Participants must enter through Building 1 and undergo security screening. For parking and security information, please refer to <http://www.fda.gov/AboutFDA/WorkingatFDA/BuildingsandFacilities/WhiteOakCampusInformation/ucm241740.htm>.

Submit either electronic or written comments by June 19, 2014. Submit electronic comments to <http://www.regulations.gov>. Submit written comments to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Identify all comments with the docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** Janelle Derbis, Center for Drug Evaluation and Research, Food and Drug Administration, 20 North Michigan Ave., Suite 510, Chicago, IL 60602, 312-596-6516, FAX: 312-886-