DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Centers for Disease Control and Prevention (CDC)/Health Resources and Services Administration (HRSA) Advisory Committee on HIV, Viral Hepatitis and Sexually Transmitted Diseases (STD) Prevention and Treatment; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

Name: CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT)

Date and Time: February 3, 2016, 3:00 p.m.–4:00 p.m. (EST)

Place: This meeting is accessible via audio conference call.

Status: This meeting is open to the public. The virtual meeting is available via teleconference line and will accommodate approximately 100 people. Join the meeting by calling the toll free phone number at 1–800–369–3340 and providing the public participant passcode number: 4318075. Participants should call and connect 15 minutes prior to the meeting in order for logistics to be set up. Call 301–443–9684 or send an email to *sgordon@hrsa.gov* with questions. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the contact person listed below at least 10 days prior to the meeting.

Purpose: This Committee is charged with advising the Director, CDC, and the Administrator, HRSA, regarding activities related to prevention and control of HIV/AIDS, Viral Hepatitis and other STDs, the support of health care services to persons living with HIV/AIDS, and education of health professionals and the public about HIV/AIDS, Viral Hepatitis and other STDs.

Agenda: Agenda includes a discussion and vote on the ''Resolution relative to increasing federal funding for innovative HIV, STD, and viral hepatitis prevention and care programs in the context of continued Affordable Care Act implementation.'' Agenda items are subject to change as priorities dictate.

FOR FURTHER INFORMATION CONTACT: Shelley B. Gordon, Senior Public Health Analyst, Health Resources and Services Administration, HIV/AIDS Bureau, Division of Policy and Data, 5600 Fishers Lane, Room 09N154, Rockville, Maryland 20857, Telephone: 301–443–

9684, Fax: 301–443–3343, and/or email: *sgordon@hrsa.gov.*

Jackie Painter,
Director, Division of the Executive Secretariat.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.
ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this Information Collection Request must be received no later than March 14, 2016.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 10–29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call the HRSA Information Collection Clearance Officer at (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Telehealth Resource Center Performance Measurement Tool, OMB No. 0915–0361—Revision

Abstract: To ensure the best use of public funds and to meet the Government Performance Review Act (GPRA) requirements, the Federal Office of Rural Health's Office for the Advancement of Telehealth (OAT), in

collaboration with the Telehealth Resource Centers (TRCs), created a set of performance measures that grantees can use to evaluate the technical assistance services provided by the TRCs. Grantee goals are to customize the provision of telehealth technical assistance across the country. The TRCs provide technical assistance to health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations.

Need and Proposed Use of the Information: In order to evaluate existing programs, data are obtained from the Performance Improvement Measurement system (PIMs). The data are used to measure the effectiveness of the technical assistance. The tool is also used to address GPRA initiatives. There are two data reporting periods each year; during these biannual reporting, data are reported for the previous 6 months of activity. Programs have approximately 6 weeks to enter their data into the PIMs system during each biannual reporting period. The instrument was developed with the following four goals in mind:

I. improving access to needed services;
II. reducing rural practitioner isolation;
III. improving health system productivity and efficiency; and
IV. improving patient outcomes.

The TRCs currently report on existing performance data elements using PIMs. The current PIMs will continue to be used to report on new measures. The performance measures are designed to assess how the TRC program is meeting its goals to:

1. Expand the availability of telehealth services in underserved communities;
2. Improve the quality, efficiency, and effectiveness of telehealth services;
3. Promote knowledge exchange and dissemination about efficient and effective telehealth practices and technology; and
4. Establish sustainable technical assistance (TA) centers providing quality, unbiased TA for the development and expansion of effective and efficient telehealth services in underserved communities.

Additionally, the PIMs tool allows OAT to:

• Fulfill obligations for GPRA and Program Assessment Rating Tool requirements and to report to Congress the value added from the TRC Grant Program;
• Justify budget requests;
• Collect uniform, consistent data which enables OAT to monitor programs;
• Provide guidance to grantees on important indicators to track over time