

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.

[FR Doc. 2016-00370 Filed 1-11-16; 8:45 am]

BILLING CODE 4165-15-P

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

for their own internal program management;

- Measure performance relative to the mission of OAT/HRSA as well as individual goals and objectives of the program;

- Identify topics of interest for future special studies; and

- Identify changes in healthcare needs within rural communities, allowing programs to shift focus in order to meet those needs.

This revised request proposes changes to existing measures. After compiling data from the previous tool over the last 3 years, the Office conducted an analysis of the data and compared the

findings with the program needs. Based on the findings, the measures were revised to better capture information necessary to measure the effectiveness of the program.

Likely Respondents: The likely respondents will be telehealth associations, telehealth providers, rural health providers, clinicians that deliver services via telehealth, technical assistance providers, research organizations, and academic medical centers.

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 Information Collection Request are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

| Form name | Number of respondents | Number of responses per respondent | Total responses | Average burden per response (in hours) | Total burden hours |
|---|-----------------------|------------------------------------|-----------------|--|--------------------|
| Telehealth Resource Center Performance Data Collection Tool | 14 | 42 | 588 | 0.07 | 41.16 |
| Total | 14 | 42 | 588 | 0.07 | 41.16 |

HRSA 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.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2016-00372 Filed 1-11-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting Announcement for the Physician-Focused Payment Model Technical Advisory Committee Required by the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015

ACTION: Notice of public meeting.

SUMMARY: This notice announces the first meeting date for the Physician-Focused Payment Model Technical Advisory Committee (hereafter referred to as "the Committee") on Monday, February 1, 2016.

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DATES: The meeting will be held on Monday, February 1, 2016, from 1:00 p.m. to 5:00 p.m. Eastern Standard Time (EST) and is open to the public.

ADDRESSES: The meeting will be held in Room 5051 of the Wilbur J. Cohen Federal Building, 330 Independence Ave. SW., Washington, DC 20201.

Meeting Registration

The public may attend the meeting in-person or listen via audio teleconference. Space is limited and registration is *required*. Registration may be completed online at www.regonline.com/PTACCommitteeMeetingRegistration. All the following information must be submitted when registering:

Name.

Company name.

Postal address.

Email address.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact the Scott R. Smith, no later than January 22, 2016 at the contact information listed below.

FOR FURTHER INFORMATION CONTACT:

Scott R. Smith, Ph.D., Designated Federal Officer, at the Office of Health Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 200 Independence Ave. SW., Washington, DC 20201, (202) 690-6870.

SUPPLEMENTARY INFORMATION:

I. Purpose

The Physician-Focused Payment Model Technical Advisory Committee ("the Committee") is authorized by the Medicare Access and CHIP Reauthorization Act of 2015, 42 U.S.C. 1395ee. This Committee is governed by the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees. In accordance with its statutory mandate, the Committee is to review physician-focused payment model proposals and prepare recommendations regarding whether such models meet criteria that will be established through rulemaking by the Secretary of the Department of Health and Human Services (DHHS) (the Secretary). The Committee is composed of 11 members appointed by the Comptroller General with staggering terms of 1, 2, and 3 years as specified in the authorizing legislation.

II. Agenda

The Committee will receive information about MACRA