

Dated: April 3, 2018.

Lori Roche,

Acting Deputy Director, Division of the Executive Secretariat.

[FR Doc. 2018-07176 Filed 4-6-18; 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; Telehealth Resource Center Performance Measurement Tool, OMB No. 0915-0361, Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, 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 ICR must be received no later than June 8, 2018.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail Lisa Wright-Solomon, HRSA Information Collection Clearance Officer, Room 10-29, 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 Lisa Wright-Solomon at 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 requirements, the 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 provide customized 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 submitted to OAT through HRSA's Performance Improvement Management System (PIMS). The data are used to measure the effectiveness of the technical assistance. There are two data reporting periods each year; during these biannual reporting periods data are reported for the previous six months of activity. Programs have approximately six 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:

1. Improving access to needed services,
2. reducing rural practitioner isolation,
3. improving health system productivity and efficiency, and
4. improving patient outcomes.

The TRCs currently report on existing performance data elements using PIMS. 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, and
3. Promote knowledge exchange and dissemination about efficient and effective telehealth practices and technology.

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:

1. Determine the value added from the TRC Cooperative Agreement;
2. Justify budget requests;
3. Collect uniform, consistent data which enables OAT to monitor programs;
4. Provide guidance to grantees on important indicators to track over time

for their own internal program management;

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

6. Identify topics of interest for future special studies; and

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

This renewal request proposes changes to existing measures. After compiling data from the previous tool over the last three years, OAT conducted an analysis of the data and compared the findings with the program needs. Based on the findings, the measures are being revised to better capture information necessary to measure the effectiveness of the program. The measure changes include: Additional demographic details from organizations requesting technical assistance, streamlined methods of inquiry, additional topics of technical assistance aligning with the current telehealth landscape, streamlined types of services provided by the grantees, deletion of client satisfaction survey results, and deletion of telehealth sites developed as a result of grantee technical assistance.

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 ICR 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
Total	14	588	41

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.

Dated: April 3, 2018.

Lori Roche,

Acting Deputy Director, Division of the Executive Secretariat.

[FR Doc. 2018-07175 Filed 4-6-18; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Tick-Borne Disease Working Group

AGENCY: Office of HIV/AIDS and Infectious Disease Policy, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) announces the fourth "on-line" meeting of the Tick-Borne Disease Working Group (Working Group) on May 10, 2018, from 8:30 a.m. to 6:30 p.m., Eastern Time. For this fourth meeting, the Working Group will focus on the findings and basis for the draft reports from the work of the six Subcommittee Working Groups that were established on December 12, 2017. These subcommittees were established to assist the Working Group with the development of the report to Congress and the HHS Secretary as required by the 21st Century Cures Act. The subcommittees are:

1. Disease Vectors, Surveillance and Prevention (includes epidemiology of tick-borne diseases);
2. Pathogenesis, Transmission, and Treatment;
3. Testing and Diagnostics (including laboratory-based diagnoses and clinical-diagnoses);

4. Access to Care Services and Support to Patients;
5. Vaccine and Therapeutics; and
6. Other Tick-Borne Diseases and Co-infections.

DATES: May 10, 2018, from 8:30 a.m. to 6:30 p.m., Eastern Time.

ADDRESSES: This will be a virtual meeting that is held via webcast. Members of the public may attend the meeting via webcast. Instructions for attending this virtual meeting will be posted one week prior to the meeting at: <https://www.hhs.gov/ash/advisory-committees/tickbornedisease/index.html>.

FOR FURTHER INFORMATION CONTACT:

James Berger, Office of HIV/AIDS and Infectious Disease Policy, Office of the Assistant Secretary for Health, Department of Health and Human Services; via email at tickbornedisease@hhs.gov or by phone at 202-795-7697.

SUPPLEMENTARY INFORMATION: The Working Group invites public comment on issues related to the Working Group's charge. Comments may be provided over the phone during the meeting or in writing. Persons who wish to provide comments by phone should review directions at <https://www.hhs.gov/ash/advisory-committees/tickbornedisease/meetings/index.html> before submitting a request via email at tickbornedisease@hhs.gov on or before May 3, 2018. Phone comments will be limited to three minutes each to accommodate as many speakers as possible. A total of 60 minutes will be allocated to public comments. If more requests are received than can be accommodated, speakers will be randomly selected. The nature of the comments will not be considered in making this selection. Public comments may also be provided in writing. Individuals who would like to provide written comment should review directions at <https://www.hhs.gov/ash/advisory-committees/tickbornedisease/meetings/index.html> before sending their comments to tickbornedisease@hhs.gov on or before May 3, 2018.

Background and Authority: The Tick-Borne Disease Working Group was established on August 10, 2017, in accordance with section 2062 of the 21st Century Cures Act, and the Federal

Advisory Committee Act, 5 U.S.C. App., as amended, to provide expertise and review all HHS efforts related to tick-borne diseases to help ensure interagency coordination and minimize overlap, examine research priorities, and identify and address unmet needs. In addition, the Working Group will report to the Secretary and Congress on their findings and any recommendations for the federal response to tick-borne disease prevention, treatment, and research, and addressing gaps in those areas.

Dated: April 2, 2018.

James Berger,

Office of HIV/AIDS and Infectious Disease Policy, Alternate Designated Federal Officer, Tick-Borne Disease Working Group.

[FR Doc. 2018-07217 Filed 4-6-18; 8:45 am]

BILLING CODE 4150-28-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Nursing Research; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Council for Nursing Research.

The meeting will be open to the public as indicated below, with attendance limited to space available. 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 in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The journals as potential titles to be indexed by the National Library of Medicine and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the journals as potential titles to be indexed by the National Library of Medicine, the disclosure of