

EXHIBIT 2.—ESTIMATED ANNUALIZED COST BURDEN

Form	Number of respondents	Total burden hours	Average hourly wage rate	Total cost burden
Patient Safety Organization Certification Form	100/3	17	\$29.82	\$506.94
Recertification Form	50/3	8	29.82	238.56
Disclosure Form	50/3	8	29.82	238.56
Two-Contract Requirement Form	100/3	8	29.82	506.94
Information Form	100/3	17	29.82	506.94
Patient Safety Confidentiality Complaint Form	150/3	17	29.82	506.94
Total	500/3	67	29.82	2,504.88

Estimated Annual Costs to the Federal Government**a. AHRQ**

By statute, AHRQ must collect and review certifications from an entity that seeks listing or continued listing as a PSO under the Patient Safety Act. Additional information collection is also required for entities to remain listed as a PSO (i.e., submissions regarding compliance with the two-contract requirement and reports of certain relationships between a PSO and each of its contracting providers). The cost to AHRQ of processing the information collected with the above-described forms is minimal; an estimated equivalent of only approximately 0.05 FTE or \$7,500 per year for each agency and virtually no new overhead costs.

Description	Amount
Personnel & Support Staff	\$7,500
Consultant (sub-contractor) services	0
Equipment	0
Supplies	0
All other expenses	0
Average Annual Cost	7,500

b. OCR

OCR cannot conduct its work without collecting information through its proposed complaint forms. Even if OCR did not use complaint forms and only took information orally, it would still have to capture the same information in order to begin processing a complaint. Therefore, the incremental cost to OCR of processing the information collected from the complaint form is minimal and is equivalent to only approximately 0.05 FTE or \$7,500 per year with, with virtually no new overhead costs.

Description	Amount
Personnel & Support Staff	\$7,500
Consultant (sub-contractor) services	0
Equipment	0
Supplies	0

Description	Amount
All other expenses	0
Average Annual Cost	7,500

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on the above-described AHRQ and OCR information collection to implement the Patient Safety Act 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, quality improvement 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 14, 2008.

Carolyn M. Clancy,

Director, AHRQ.

[FR Doc. E8-8440 Filed 4-18-08; 8:45 am]

BILLING CODE 4160-90-M

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: *Technical Assistance for Health IT and Health Information Exchange in Medicaid and SCHIP*. 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 February 20th, 2008 and allowed 60 days for public comment. No comments were 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 21, 2008.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (attention: AHRQ's desk officer) or by e-mail at OIRA_submission@omb.eop.gov (attention: AHRQ's desk officer).

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 e-mail at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project*Technical Assistance for Health IT and Health Information Exchange in Medicaid and SCHIP*

AHRQ proposes a three year project to (1) assess the challenges facing Medicaid and State Children's Health Insurance Programs (SCHIP) agencies nationwide as they plan and implement health information technology (health IT) and health information exchange (HIE) programs and (2) provide the agencies with technical assistance to help them overcome these challenges. Health IT refers to the set of electronic tools and methods used for managing information about the health and health care of individuals, groups of individuals, and communities. HIE refers to organized efforts at the local, state, or regional levels to establish the necessary policy, business, operating, and technical mechanisms and structures that allow, support, and promote the exchange of health care information electronically across organizations. Health IT and HIE hold great promise for improving the quality and efficiency of health care in the United States. Medicaid and SCHIP agencies, which receive federal and state funding, serve the most medically and financially vulnerable populations. More than sixty percent of Medicaid beneficiaries have one or more chronic or disabling diseases. In addition, Medicaid and SCHIP beneficiaries frequently experience gaps in eligibility for benefits that cause beneficiaries to seek care from multiple settings, which compromises the accuracy and completeness of their health care records. These populations have much

to gain from the coordination of care that can be realized from the adoption of health IT and HIE. Furthermore, as the largest health care purchaser in the United States, Medicaid can influence the adoption of health IT and HIE by providers of care. However, Medicaid and SCHIP agencies face considerable challenges in the implementation of health IT and HIE (Alfreds ST, Tutty M, Savageau JA, Young S, Himmeistein J (2006–2007). "Clinical Health Information Technologies and the Role of Medicaid." *Health Care Financing Review*, Vol. 28, No. 2, pp. 11–20).

A needs assessment of the Medicaid and SCHIP agencies in all fifty six states and territories, including the District of Columbia, will be conducted to gauge the need for technical assistance. The needs assessment will be updated in the second year of the project to assure that the program of technical assistance that is developed will be of maximum utility to the Medicaid and SCHIP agencies.

AHRQ will develop and provide a wide range of technical assistance through workshops and web-based seminars to assist Medicaid and SCHIP agencies to adopt, implement and evaluate health IT and HIE to improve the quality of care for Medicaid and SCHIP beneficiaries. Based on the results of the needs assessment, workshops, and web-based seminars, AHRQ will develop additional tools and resources, such as printed technical materials, to further facilitate the adoption of health IT and HIE among Medicaid and SCHIP agencies.

Method of Collection

The needs assessments will be conducted by telephone or in-person interviews with the directors of each

Medicaid and SCHIP agency or with the persons designated by the director as most knowledgeable about their IT systems and planned or current health IT or HIE programs. The content of the needs assessment will be the same whether it is conducted by telephone or in person, and will be pre-populated to the extent possible with information gathered from other sources to reduce the burden on respondents, who can then simply verify that the information is correct. Workshop and seminar participants will be asked to complete a short evaluation of the material presented.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden for this three-year project. The needs assessment will be conducted with an average of thirty agencies per year and will require approximately four hours and ten minutes per agency. Approximately seven workshops will be conducted each year with five agencies participating in each. The workshop evaluations will take approximately fifty minutes to complete. On average, web based seminars will be conducted each year with twenty five agencies participating in each. The seminar evaluations will take approximately twenty five minutes to complete. The total annual burden for the respondents to provide the requested information is 260 hours.

Exhibit 2 shows the estimated annualized cost burden to the respondents for their time to provide the requested information. The total annualized cost burden is estimated to be \$10,506.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN

Data collection	Number of respondents (agencies)	Number of responses per respondent	Average burden per response hours	Total burden hours
Needs Assessment	30	1	410/60	125
Workshop evaluations	5	7	50/60	30
Web-based seminar evaluations	25	10	25/60	105
Total	60	na	na	260

EXHIBIT 2.—ESTIMATED ANNUALIZED BURDEN

Form name cost	Number of respondents (agencies)	Total burden hours	Hourly wage rate	Total burden
Needs Assessment	30	125	40.41	\$5,051
Workshop evaluations	5	30	40.41	1,212
Web-based seminar evaluations	25	105	40.41	4,243

EXHIBIT 2.—ESTIMATED ANNUALIZED BURDEN—Continued

Form name cost	Number of respondents (agencies)	Total burden hours	Hourly wage rate	Total burden
Total	60	260	10,506

*Based upon the mean hourly wage estimate for NAICS 999000—Federal, State, and Local Government (OES designation) occupation 11–1021 General and Operations Managers, Department of Labor, Bureau of Labor Statistics.

Estimated Annual Costs to the Federal Government

The projected total cost to the Federal Government for this project is \$2,990,592 over a three-year period. The projected annual average cost is \$996,864. The projected annual cost to design and implement the needs assessment is \$180,799. The projected annual cost to develop and implement the workshops is \$271,254. The projected annual cost to develop and implement the seminars is \$98,187. The projected annual cost to analyze the data and report findings is \$132,005. The projected annual administrative cost is \$41,973, and the projected annual cost for other technical assistance support is \$272,645.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, 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 health care 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 14, 2008.

Carolyn M. Clancy,
Director.

[FR Doc. E8–8442 Filed 4–18–08; 8:45 am]

BILLING CODE 4160–90–M

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: “Improving Quality through Health IT: Testing the Feasibility and Assessing the Impact of Using Existing Health IT Infrastructure for Better Care Delivery.” 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 February 15th, 2008 and allowed 60 days for public comment. No comments were 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 21, 2008.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ's desk officer) or by e-mail at OIRA_submission@omb.eop.gov (attention: AHRQ's desk officer).

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 e-mail at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

“Improving Quality through Health IT: Testing the Feasibility and Assessing

the Impact of Using Existing Health IT Infrastructure for Better Care Delivery.”

AHRQ proposes to assess how the use of health information technology (IT) can improve care delivery and outcomes in community health centers. AHRQ is specifically interested in improving the quality of care provided in a community clinic setting through better management of laboratory information. The study will measure the impact of health IT tools on two problems: duplicate laboratory tests and the failure to follow up on laboratory test results of HIV patients and women screened for cervical cancer. In addition, AHRQ will measure the impact of health IT on compliance with evidence-based guidelines for laboratory tests. The study will also investigate whether disparities between vulnerable populations and the general population exist in both laboratory screening rates and rates of abnormal laboratory test results without follow up. To assess the extent of these problems and the impact of health IT, AHRQ will evaluate both quantitative and qualitative components. The qualitative component will use interviews with key informants in two community health centers to gather data on laboratory information processes, laboratory information communication problems and use of health IT tools.

Method of Collection

Quantitative data will be collected directly from the clinical data warehouse used by the participating community health centers to routinely collect laboratory data. The collection will be accomplished using database reports. Qualitative data will be collected through key informant interviews conducted in each of the two participating community health centers. Key informants will include physicians, nurses, medical assistants, IT personnel, and administrators. The total number of interviews to be conducted at both sites is forty-one.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours. A total of forty-one in-person interviews will be conducted with administrative and