

\$19.2 billion to meet the goal of meaningful use of certified EHRs for each person in the United States by 2014. The HITECH Act builds on existing federal efforts to encourage health IT adoption and use, and contains provisions that are expected to promote the widespread adoption of health IT among health care providers. Health IT experts agree that HITECH stimulus funds are likely to improve how physicians practice medicine for

Medicare and Medicaid beneficiaries and, ultimately, for advancing patient-centered medical care for all Americans. However, there is an evidence gap about patients' preferences and perceptions of delivery of health care services by providers who have adopted EHR systems in their practices.

The goal of the Patient Perceptions of the Delivery of Health Care through the Use of an Electronic Health Record (Patient Perceptions of EHR) Study is to

help policymakers understand how primary care practices' use of electronic health records (EHRs) affects consumers' satisfaction with (1) their medical care, (2) communication with their doctor, and (3) coordination of care. The research questions for the proposed Patient Perceptions of EHR Study are motivated by a concern that patients may have negative experiences as practices begin to use EHRs.

#### ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Screening and Recruitment Form for Primary Care Practices.	Staff at Primary Care Practices .....	42	1	15/60	10.5
Patient Survey .....	Patients at Primary Care Practices	840	1	15/60	210
Patient Focus Group .....	Patients at Primary Care Practices	20	1	1.5	30
Total .....	.....	.....	.....	.....	250.5

**Seleda Perryman,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0344; 30-day notice]

#### Agency Information Collection Request, 30-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

**Proposed Project:** HavBED Assessment to Prepare for Public Health Emergencies—OMB No. 0990-0344—Reinstatement with change—Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO).

**Abstract:** The Office of the Secretary (OS) is requesting clearance by the Office of Management and Budget to extend data collection regarding the status of the health care system. ASPR/OPEO received expedited clearance for data collection during the 2009-H1N1 pandemic. Since September 2009 HHS has collected data on bed availability, health care system resource needs such as ventilators and health care system stress such as implementation of surge strategies. These data have proven useful to ASPR in fulfilling its responsibilities for preparedness and response.

Pursuant to section 2811 of the PHS Act, the ASPR serves as the principal

advisor to the Secretary on all matters related to Federal public health and medical preparedness and response for public health emergencies. In addition to other tasks, the ASPR coordinates with State, local, and tribal public health officials and healthcare systems to ensure effective integration of Federal public health and medical assets during an emergency. ASPR's National Hospital Preparedness Program (HPP) awards cooperative agreements to each of the 50 states, the Pacific Islands, and US territories (for a total of 62 awardees) to improve surge capacity and enhance community and hospital preparedness for public health emergencies. These 62 awardees are responsible for enhancing the preparedness of the nation's nearly 6000 hospitals. These awards are authorized under section 391C-2 of the Public Health Service (PHS) Act.

For this data collection the situation will dictate how often the data will be collected using the web-based interface known as HAvBED. For a large scale emergency, data will be collected nationally from all 62 HPP awardees to include all 6000 hospitals in HAvBED system. For smaller scale events, data collection will be targeted to individual states or regions. Data may also be gathered during exercises. Notifications for data collection are sent to the affected states through the HPP program staff. The data gathered from the hospitals are reported to the HHS Secretary's Operations Center to inform situational awareness and national preparedness.

## ANNUAL ESTIMATED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses/ respondent	Average burden hours per response	Total burden hours
Hospital staff (Training) .....	6,000	1	1	6,000
Hospital staff (data collection) .....	6,000	102	1	612,000
State/Territory Preparedness staff (training) .....	62	1	1	62
State/Territory Preparedness staff (data collection) .....	62	102	3	18,972
Total .....	.....	.....	.....	31,154

**Seleda Perryman,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-NEW; 30-day notice]

### Agency Information Collection Request. 30-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

**Proposed Project:** Evaluation of Medicare Personal Health Records Choice Pilot—OMB No. 0990-NEW—Office of the Assistant Secretary for Planning and Evaluation.

**Abstract:** Since 2003, HHS has worked toward the goal of establishing electronic, longitudinal health records for Americans that can be accessed safely, across the internet, and anytime and anywhere by patients, doctors, and other health care providers. In addition to electronic health records (EHRs), where health information is created, stored and accessed mainly by health care organizations and practitioners, personal health records (PHRs), electronic, patient-centered applications and services, are gaining increasing recognition and momentum. Current PHR business models represent broad and varied uses, from disease management to health promotion, with sponsors consisting of commercial vendors, health plans, employers, and health care providers. We know very

little about why consumers, and specifically Medicare beneficiaries, elect to use PHRs and what functionality they want from a PHR. Understanding these needs will be critical if HHS and the Centers for Medicare & Medicaid Services (CMS) are to pursue PHRs as a tool to empower consumers to manage their health and have the capability to link to their provider's EHR.

In January 2009, CMS launched a new program in Arizona and Utah, the *Medicare PHR Choice Pilot* (PHRC). This pilot encourages Medicare fee-for-service (FFS) beneficiaries to take advantage of the newer, more robust Internet-based tools for tracking their health and health care services. This is the first pilot to offer a choice of PHRs to Medicare FFS beneficiaries, including PHRs with additional functionality and direct data linkages for the consumers. Pilot participants can choose among GoogleHealth™, NoMoreClipboard™, PassportMD™, and HealthTrio™, competitors in the open PHR market.

HHS' Office of the Assistant Secretary for Planning and Evaluation (ASPE) has contracted with Mathematica Policy Research to conduct an evaluation of this pilot program, including a PHR enrollee user satisfaction survey to assess barriers, facilitators, and satisfaction with the PHRs. A self-administered paper-and-pencil instrument will be the primary data collection mode for the PHRC user satisfaction survey, with telephone followup for mail nonrespondents. The one-time data collection field period is expected to be 12 weeks in Fall 2010.

## ESTIMATED ANNUALIZED BURDEN TABLE

Forms (if necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Self-administered questionnaire .....	Medicare beneficiaries .....	500	1	25/60	208
Total .....	.....	500	.....	.....	208