

Dated: July 22, 2010.

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Reports Clearance Officer, Centers for Disease  
Control and Prevention.

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## 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:  
“Eisenberg Center Voluntary Customer  
Survey Generic Clearance for the  
Agency for Health Care Research and  
Quality.” In accordance with the  
Paperwork Reduction Act, 44 U.S.C.  
3501-3520, AHRQ invites the public to  
comment on this proposed information  
collection.

This proposed information collection  
was previously published in the **Federal  
Register** on May 20th, 2010 and allowed  
60 days for public comment. One  
comment was 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 August 30, 2010.

**ADDRESSES:** Written comments should  
be submitted to: AHRQs OMB Desk  
Officer by fax at (202) 395-6974  
(attention: AHRQ's desk officer) or by e-  
mail at [OIRA\\_submission@omb.eop.gov](mailto: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](mailto:doris.lefkowitz@AHRQ.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

Eisenberg Center Voluntary Customer  
Survey Generic Clearance for the  
Agency for Healthcare Research and  
Quality The Agency for Healthcare  
Research and Quality (AHRQ) requests

that the Office of Management and  
Budget (OMB) renew, under the  
Paperwork Reduction Act of 1995,  
AHRQ's Generic Clearance to collect  
information from users of work products  
and services initiated by the John M.  
Eisenberg Clinical Decisions and  
Communications Science Center  
(Eisenberg Center).

AHRQ is the lead agency charged  
with supporting research designed to  
improve the quality of healthcare,  
reduce its cost, improve patient safety,  
decrease medical errors, and broaden  
access to essential services. See 42  
U.S.C. 299.

AHRQ's Eisenberg Center is an  
innovative effort aimed at improving  
communication of findings to a variety  
of audiences (“customers”), including  
consumers, clinicians, and health care  
policy makers. The Eisenberg Center  
compiles research results into a variety  
of useful formats for customer  
stakeholders. The Eisenberg Center also  
conducts its own program of research  
into effective communication of  
research findings in order to improve  
the usability and rapid incorporation of  
findings into medical practice. The  
Eisenberg Center is one of three  
components of AHRQ's Effective Health  
Care Program, see 42 U.S.C. 299b-7. For  
the period 2005 until September 2008,  
the Eisenberg Center was operated  
through a contractual arrangement with  
the Oregon Health and Science  
University (OHSU), Department of  
Medicine, located in Portland, Oregon.  
In September 2008, the contract for  
operation of the Eisenberg Center was  
awarded to Baylor College of Medicine  
(BCM), located in Houston Texas.

The collections proposed under this  
clearance include activities to assist in  
the development of materials to be  
disseminated through the Eisenberg  
Center and to provide feedback to  
AHRQ on the extent to which these  
products meet customer needs. These  
materials include Summary Guides that  
summarize and translate the findings of  
comparative effectiveness reviews (CER)  
and research reports for purposes of  
summarizing research findings for  
various decision-making audiences,  
such as consumers, clinicians, or  
policymakers. The guides are designed  
to help these decision makers use  
research evidence to maximize the  
benefits of health care, minimize harm,  
and optimize the use of health care  
resources. In addition, each year of the  
project the Eisenberg Center will  
develop one computerized, interactive  
decision aid for those clinical problems  
identified from selected CERs. The  
intent is for the decision aid to increase  
the patient/consumer's knowledge of

the health condition, options, and risk/  
benefits, lead to greater assurance in  
making a decision, increase the  
congruence between values and choices,  
and enhance involvement in the  
decision making process. Information  
collections conducted under this  
generic clearance are not required by  
regulation and will not be used to  
regulate or sanction customers. Surveys  
will be entirely voluntary, and  
information provided by respondents  
will be combined and summarized so  
that no individually identifiable  
information will be released. The  
Eisenberg Center will produce from 17  
to a maximum of 33 Summary Guides  
per audience (*i.e.*, clinician,  
policymaker, consumer) per year,  
depending on the information needed  
for each product with each audience.

In accordance with OMB guidelines  
for generic clearances for voluntary  
customer surveys and Executive Order  
12862, AHRQ has established an  
independent review process to assure  
the development, implementation, and  
analysis of high quality customer  
surveys within AHRQ. Specifically,  
AHRQ understands that each activity  
conducted must be submitted to OMB  
with a supporting statement and  
accompanying instruments. Information  
collection may not proceed until  
approved by OMB.

#### Method of Collection

Information collections conducted  
under this clearance will be collected  
via the following methods:

- **Focus Groups.** Focus groups may  
include clinical professionals, patients  
or other health care consumers, or  
health policy makers. They will be used  
to provide input regarding the needs for  
products and for the development of  
Decision Aids and Summary Guides.  
Focus groups may also be used to test  
draft products to determine if intended  
information and messages are being  
delivered through products that are  
produced and disseminated through the  
Eisenberg Center.

- **In-person or Telephone Interviews.**  
Interviews will be conducted with  
individuals from one or more of the  
three groups identified above. The  
purpose of these interviews is to (1) to  
provide input regarding the  
development of Decision Aids and  
Summary Guides, (2) to determine if  
intended information and messages are  
being delivered effectively through  
products that are produced and  
disseminated through the Eisenberg  
Center, and (3) to engage the subject in  
cognitive testing to (a) determine if  
changes in topical knowledge levels can  
be identified following exposure to

Eisenberg Center informational or instructional products, and (b) identify strengths and weaknesses in products and services for purposes of making improvements that are practical and feasible.

- *Customer Satisfaction Survey for the Decision Aids.* Baseline survey data will be collected on both clinician and patient characteristics, characteristics of the health care condition, and selected outcome measures such as knowledge and decisional self-efficacy. Following delivery of the decision aid, a user survey will be completed to explore subjects' impressions of the tool, including ease of use, clarity of presentation, length, balance of information, rating of interactive features, and overall satisfaction. Both clinicians and patients/consumers will be surveyed. For patients, the customer satisfaction survey will include decisional outcome measures (e.g., decisional conflict, desire for involvement in decision-making), measures of attitudes and self-efficacy, and indicators of choice intention or actual choice made. If the aid is evaluated within a clinical context, measures of physician-patient interaction will also be considered. Additionally, clinicians may be interviewed about the impact of the aid on clinical flow.

- *Customer Satisfaction Surveys for the Summary Guides.* These surveys will be offered to health care professionals, consumers, and policy makers that use the online Summary Guides. Respondents will report via Likert-type or numerical response scales how specific informational or educational products or materials influenced health care or clinical practice behaviors.

- *Follow-up CME Surveys.* Continuing Medical Education (CME) credit will be offered to physicians who wish to participate in online activities developed around the Summary Guides for clinicians. Three months after completing the educational activity, physicians will be asked to complete a

follow-up survey to assess realized changes in clinical practice, barriers to making change, and self-assessed impacts on patient care.

- *Solicited Topic Nominations.* Visitors to the Website will have the opportunity to provide information about suggested topics that might be addressed through the research and dissemination efforts of the EHC program.

- *Web site Registration.* Visitors to the Web site will be able to register personal contact information (e.g., name, email address) if wishing to receive updated information and materials as they become available.

- *Glossary Feedback Survey.* Visitors to the Website who access the health care glossary will be asked to suggest missing terms and provide additional comments on definitions or usage sentences, if desired.

This information will be used to develop, improve and/or maintain high quality products and services to lay and health professional publics.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden for the respondents' time to participate in this research. These estimates assume a maximum of 33 Summary Guides per year and separate Guides for clinicians, policy makers and consumers and are thus slight overestimates. Focus groups will be used for needs assessment and will be conducted with clinicians and consumers for development of the Summary Guides, and additionally with policymakers for those Guides in which policy recommendations are applicable. Focus groups will be conducted with no more than 1,056 persons per year and will last about 1½ hours.

Once the Summary Guides are developed they will be subjected to in-person or telephone interviews for purposes of usability and product testing with clinicians, policy makers and consumers. In-person/telephone interviews will be conducted twice with about 1,386 persons annually and will

take about 66 minutes on average. Two rounds of interviews will be conducted with all consumer representatives during product development, with a second round of interviews conducted occasionally with clinicians and policy makers, as needed.

Customer satisfaction surveys for the Summary Guides will be conducted with approximately 6,600 representatives from the audience to be targeted by the Summary Guides annually (i.e., clinician, policymaker or consumer) and will take 5 minutes to complete.

Customer satisfaction surveys will also be administered to approximately 50 clinicians and 500 patients in evaluating the Decision Aid. These surveys will take about 10 minutes to complete, and will be administered before and after implementation of the Decision Aid in the study populations.

Clinicians that have completed CME accrediting requirements and are requesting CME credit will be asked to complete the follow-up CME Survey three months following completion of the online activity. This data collection will be completed with about 1,320 clinicians annually and will require 5 minutes to complete.

Approximately 2,500 solicited topic nomination forms will be completed annually by healthcare professional and consumer visitors to the Website and will require about 5 minutes to complete. Website Registration will be completed by all persons wanting to stay up-to-date with the latest information from the Eisenberg Center, about 6,000 annually, and requires about 5 minutes to complete. The Glossary Feedback Survey will be completed by about 200 persons annually that access the glossary and takes 5 minutes to complete. The total burden hours are estimated to be 6,203.

Exhibit 2 shows the estimated annualized cost burden associated with the respondent's time to participate in this research. The cost burden is estimated to be \$290,227 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

| Type of data collection                                    | Number of respondents | Number of response per respondent | Hours per response | Total burden hours |
|--|-----------------------|-----------------------------------|--------------------|--------------------|
| Focus Groups .....   | 1,056                 | 1                                 | 1.5                | 1,584              |
| In-person/Telephone Interviews .....                       | 1,386                 | 2                                 | 1.1                | 3,050              |
| Customer Satisfaction Surveys for the Decision Aid .....   | 550                   | 2                                 | 10/60              | 184                |
| Customer Satisfaction Surveys for the Summary Guides ..... | 6,600                 | 1                                 | 5/60               | 550                |
| Follow-up CME Surveys .....                                | 1,320                 | 1                                 | 5/60               | 110                |
| Solicited Topic Nominations .....                          | 2,500                 | 1                                 | 5/60               | 208                |
| Web site Registration .....                                | 6,000                 | 1                                 | 5/60               | 500                |
| Glossary Feedback Survey .....                             | 200                   | 1                                 | 5/60               | 17                 |

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Type of data collection | Number of respondents | Number of response per respondent | Hours per response | Total burden hours |
|-------------------------|-----------------------|-----------------------------------|--------------------|--------------------|
| Total .....             | 19,612                | na                                | na                 | 6,203              |

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

| Type of data collection                                    | Number of respondents | Total burden hours | Average hourly wage rate* | Total cost burden |
|--|-----------------------|--------------------|---------------------------|-------------------|
| Focus Groups .....   | 1,056                 | 1,584              | \$48.98                   | \$77,584          |
| In-person/Telephone Interviews .....                       | 1,386                 | 3,050              | 46.82                     | 142,801           |
| Customer Satisfaction Surveys for the Decision Aid .....   | 550                   | 184                | 25.53                     | 4,698             |
| Customer Satisfaction Surveys for the Summary Guides ..... | 6,600                 | 550                | 39.55                     | 21,753            |
| Follow-up CME Surveys .....                                | 1,320                 | 110                | 77.64                     | 8,540             |
| Solicited Topic Nominations .....                          | 2,500                 | 208                | 48.07                     | 9,999             |
| Web site Registration .....                                | 6,000                 | 500                | 48.07                     | 24,035            |
| Glossary Feedback Survey .....                             | 200                   | 17                 | 48.07                     | 817               |
| Total .....  | 19,612                | 6,203              | na                        | 290,227           |

\* Based upon the mean and weighted mean wages for clinicians (29–1062 family and general practitioners), policy makers (11–0000 management occupations, 11–3041 compensation & benefits managers, 13–1072 compensation, benefits & job analysis specialists, 11–9111 medical and health service managers, 13–2053 insurance underwriters and 15–2011 actuaries) and consumers (00–0000 all occupations). Focus groups include 528 clinicians (\$77.64/hr) and 528 consumers (\$20.32/hr); in-person/telephone interviews includes 528 clinicians, 330 policy makers (\$39.91/hr) and 528 consumers; customer satisfaction surveys for the decision aid includes 50 clinicians and 500 consumers; customer satisfaction surveys for the summary guides includes 1,650 clinicians, 1,650 policy makers and 3,300 consumers; follow-up CME surveys includes 1,320 clinicians; solicited topic nominations include 1,125 clinicians, 250 policy makers and 1,125 consumers; website registration includes 2,700 clinicians, 600 policy makers and 2,700 consumers; glossary feedback survey includes 90 clinicians, 20 policy makers and 90 consumers, National Compensation Survey: Occupational wages in the United States May 2008, “U.S. Department of Labor, Bureau of Labor Statistics.”

**Estimated Annual Costs to the Federal Government**

The maximum cost to the Federal Government is estimated to be \$1,439,003 annually.

Exhibit 3 shows the total and annualized cost by the major cost components.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

| Cost component                   | Total cost  | Annualized cost |
|----------------------------------|-------------|-----------------|
| Project Development .....        | \$1,019,970 | \$339,990       |
| Data Collection Activities ..... | 735,405     | 245,135         |
| Data Processing and Analysis ..  | 1,889,505   | 629,835         |
| Project Management .....         | 557,380     | 185,793         |
| Overhead .....                   | 114,750     | 38,250          |
| Total .....                      | 4,317,010   | 1,439,003       |

**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 healthcare research and healthcare 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: July 19, 2010.

**Carolyn M. Clancy,**  
Director.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day–10–0580]

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

National Public Health Performance Standards Program Local Public Health Governance Assessment (OMB 0920–0580 exp. 8/31/2010)—Extension—Office of State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC).