

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Demographics form	Graduate students	200	1	20/60	67
Pre-test questions	Graduate students	200	1	30/60	100
Ethics Instruction	Graduate students	200	1	4	800
Post-test questions	Graduate students	200	1	30/60	100
Post-viewing questionnaire	Graduate students	200	1	5/60	17
Interview before use of video	Faculty	10	1	6/60	1
Interview after use of video	Faculty	10	1	6/60	1
Focus groups	Graduate students	9	1	1	9
Total .....	.....	.....	.....	.....	1,095

Seleda Perryman,

Office of the Secretary, HHS PRA Clearance Officer.

[FR Doc. 2011-4114 Filed 2-23-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-New; 60-day Notice]

Agency Information Collection Request; 60-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 information collection request 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 Sherrette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60 days.

Proposed Project: Provide Services for the Dissemination of CER to Patients and Providers To Increase Adoption—OMB No. 0990-New—Office Within OS—Assistant Secretary for Planning and Evaluation (ASPE).

Abstract:

This research leverages best practices in behavior change, interaction design, and service innovation to increase the understanding and adoption of Comparative Effectiveness Research (CER) information by physicians and patients. By truly understanding the desires, behaviors and attitudes of

patients and care providers across various segments, this project can significantly improve the dissemination, translation, and adoption of evidence-based, outcomes-oriented CER findings.

Comparative Effectiveness Research (CER) aims to provide patients and their doctors with the best available evidence that has been gathered from scientific research to make effective healthcare decisions. CER provides the latest thinking and recommendations on the risks and benefits of treatment and diagnostics as well as the confidence of those recommendations. In addition, it addresses individual patient factors such as quality of life and lifestyle that are included when making decisions about medical options. Widespread adoption of CER would lead to better outcomes for medical treatment and, in some cases, reduced cost.

The purpose of this project is “to strengthen the link between evidence production and strategies for conveying this information in ways that encourage evidence-based behavior change among providers and patients. The central question is how best to get CER information to physicians and patients in a way they understand. This task is considered critical to capitalizing on the Department’s CER investment.” This will be a one year generic clearance request.

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Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Practice	Form A: Demographics for target population and colon cancer screening rates.	10	2	4	80
Healthcare Providers (Physicians, Nurse Practitioners, Physician Assistants and Nurses).	Form B: Tallies when use dashboard and/or show Web-based tool to patient in office.	40	563	1/60	375
Individual/patients	Form C: Experience Survey on web-based tool.	4750	1	3/60	238

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Healthcare Providers (Physicians, Nurse Practitioners, Physician Assistants, Nurses).	Form D: Experience Survey	40	4	1/60	3
Healthcare Providers (Physicians, Nurse Practitioners, Physician Assistants, Nurses).	Discussion Group	32	2	2	128
Individual/patients	Discussion Group	48	2	2	192
Total .....	.....	.....	.....	.....	1016

Seleda Perryman,
Office of the Secretary, Paperwork Reduction Act Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Agency Information Collection Request; 60-Day Public Comment Request

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use of automated collection techniques or other forms of information technology to minimize the information collection burden.

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Proposed Project: Research Evaluation and Impact Assessment of ARRA Comparative Effectiveness Research Portfolio (New)—OMB No. 0990-NEW—Assistant Secretary Planning and Evaluation (ASPE).

Abstract: Researchers and policymakers have emphasized the need for research on effectiveness of health care interventions under real-world conditions in diverse populations and clinical practice settings, that is, comparative effectiveness research (CER). The American Reinvestment and Recovery Act of 2009 (ARRA) expanded Federal resources devoted to CER by directing \$1.1 billion to the U.S.

Department of Health and Human Services (HHS) for such research.

ARRA also called for a report to Congress and the Secretary of HHS on priority CER topics by the Institute of Medicine (IOM). The report presented priority CER topics and recommendations to support a robust and sustainable CER enterprise. In addition, ARRA established the Federal Coordinating Council on Comparative Effectiveness Research (FCCER) to help coordinate and minimize duplicative efforts of Federally sponsored CER across multiple agencies and to advise the President and Congress on how to allocate Federal CER expenditures.

This project seeks to evaluate and assess the products and outcomes of ARRA-funded CER investments and the impacts of those investments on the priority topics recommended by IOM and on the categories and themes of the FCCER framework. The primary goals of this evaluation are to (1) conduct an initial assessment of the ARRA CER portfolio, cataloguing how CER funding was invested to achieve the vision of the FCCER and assessing initial impact from the perspective of various stakeholders; and (2) lay the groundwork for future CER investments by identifying investment opportunities, evidence gaps and lessons learned.

ESTIMATED ANNUALIZED BURDEN TABLE

Instrument	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
PSLA Web-based PI/PD survey	Principal investigators and project directors.	730	1	20/60	243
PSLA in-depth interviews	Principal investigators and project directors.	50	1	1	50
SSLA Web-based key stakeholder survey.	Key stakeholders: health care providers, health care organization administrators, and patients/consumers.	3,600	1	15/60	900
SSLA focus groups	Members of the general public	120	1	2	240