

**FEDERAL RESERVE SYSTEM****Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company**

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than January 3, 2017.

A. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. *Steven L. Bihlmaier, Osborne, Kansas, and Douglas D. Bihlmaier, Dairen, Connecticut*; to acquire shares of Osborne Investments, Inc., of The Farmers Bank of Osborne, both of Osborne, Kansas and thereby acquire shares and for approval as a member of the Bihlmaier Family Group. In addition, Cheryl A. Bihlmaier, Osborne, Kansas, as a member of the Bihlmaier Family Group, to retain shares of Osborne Investments, Inc.

Board of Governors of the Federal Reserve System, December 14, 2016.

**Yao-Chin Chao,**

*Assistant Secretary of the Board.*

[FR Doc. 2016-30499 Filed 12-19-16; 8:45 am]

**BILLING CODE 6210-01-P**

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 19, 2017.

A. *Federal Reserve Bank of New York* (Ivan Hurwitz, Vice President) 33 Liberty Street, New York, New York 10045-0001. Comments can also be sent electronically to

*Comments.applications@ny.frb.org:*

1. *PCSB Financial Corporation*, Yorktown Heights, New York; to become a bank holding company by acquiring 100 percent of the voting shares of PCSB Bank, Brewster, New York.

2. *Community Bank System, Inc.*, Dewitt, New York; to acquire 100 percent of Merchants Bancshares, Inc. and thereby indirectly acquire Merchants Bank, both of South Burlington, Vermont.

Board of Governors of the Federal Reserve System, December 15, 2016.

**Yao-Chin Chao,**

*Assistant Secretary of the Board.*

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loan holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the HOLA (12 U.S.C. 1467a(e)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 10(c)(4)(B) of the HOLA (12 U.S.C. 1467a(c)(4)(B)). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 13, 2017.

A. Federal Reserve Bank of Atlanta (Chapelle Davis, Assistant Vice President) 1000 Peachtree Street NE., Atlanta, Georgia 30309. Comments can also be sent electronically to *Applications.Comments@atl.frb.org:*

1. *Community First Bancshares, MHC, Covington, Georgia*; to become a mutual savings and loan holding company, and Community First Bancshares, Inc., to become a mid-tier stock savings and loan holding company, by acquiring 100 percent of Newton Federal Bank, all of Covington, Georgia.

Board of Governors of the Federal Reserve System, December 14, 2016.

**Yao-Chin Chao,**

*Assistant Secretary of the Board.*

[FR Doc. 2016-30498 Filed 12-19-16; 8:45 am]

**BILLING CODE 6210-01-P**

**FEDERAL RESERVE SYSTEM****Formations of, Acquisitions by, and Mergers of Bank Holding Companies**

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

**FEDERAL RESERVE SYSTEM****Formations of, Acquisitions by, and Mergers of Savings and Loan Holding Companies**

The companies listed in this notice have applied to the Board for approval, pursuant to the Home Owners' Loan Act (12 U.S.C. 1461 *et seq.*) (HOLA), Regulation LL (12 CFR part 238), and Regulation MM (12 CFR part 239), and all other applicable statutes and regulations to become a savings and loan holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a savings association and nonbanking companies owned by the savings and

**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 "Generic

*Clearance for the Collection of Data Through ACTION III Field-Based Investigations to Improve Health Care Delivery.*" In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by February 21, 2017.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

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 emails at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

*Generic Clearance for the Collection of Data Through ACTION III Field-Based Investigations To Improve Health Care Delivery*

The Agency for Healthcare Research and Quality (AHRQ) is requesting OMB approval of a generic clearance for purposes of conducting field-based research to improve care delivery in diverse health care settings. More specifically, AHRQ seeks this clearance to support timely and meaningful answers to research questions investigated through AHRQ's ACTION Program. ACTION III research produces field-based, stakeholder-informed knowledge about ways to improve care delivery, and real-world-driven implementation and dissemination of evidence across diverse care settings. A generic clearance to support expedited performance of ACTION III research activities would enable us to more efficiently meet agency goals while fully meeting the intent and requirements of the Paperwork Reduction Act in a timely manner.

Collection of the information described in this request is essential to supporting AHRQ's mission, which is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work with HHS and other partners to make sure that the evidence is understood and used. More specifically, in support of this mission, AHRQ initiates and oversees projects with the following overarching aims:

- Expand knowledge about how specific changes to processes or

structures of care delivery might improve care quality;

- Develop and test interventions, strategies, tools, trainings and guidance for putting that knowledge into practice;
- Disseminate and implement evidence-based practices across diverse care settings

This study is being conducted by AHRQ through its contractor, WESTAT, pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of health care services and with respect to quality measurement and improvement. 42 U.S.C 299a(a)(1) and (2).

**Method of Collection**

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

- Interviews—Interviews (telephone or in-person) will be conducted with clinical or management staff from diverse health care settings, patients, or other providers or recipients of care with the purposes of: Expanding knowledge about how specific changes to processes or structures of care delivery might improve care quality; obtaining stakeholder-informed input about how and why an intervention or strategy will or won't work in a particular real world setting; identifying contextual factors that facilitate or impede implementation of complex system interventions or evidence-based practices; identifying needs and challenges of intended users of tools and/or beneficiaries of trainings and other resources.

- Small discussion groups/Focus groups—Small discussion groups/Focus groups will be conducted with providers or recipients of care from diverse health care settings with the purposes of: Obtaining stakeholder-informed input about how and why an intervention or strategy is or is not working in a particular real world setting and identifying needs and gaining user/beneficiary feedback on value and limitations of prototype redesigned care processes, tools, resources or trainings.

- Implementation Logs will be used to track activities, time and resource use associated with use of tools, trainings or other resources, and to monitor progress and identify needed revisions to implementation methods.

- Recruitment and Screening calls will be used to identify and enroll individuals, groups, or organizations

that will be willing to participate in the broader research study

- Questionnaires or brief surveys will be used to capture broad, high level staff or patient level feedback on experience with tools, redesigned care processes, trainings or other resources.

- Cognitive testing of surveys, Web sites, or other resources will be used to support the development of materials that resonate and can be understood by intended users.

- Collection of published and internal documents, performance assessments, and other data or information will provide important contextual information about the specific settings of care into which new tools, resources, training, or redesigned care processes will be introduced.

AHRQ will use the proposed generic clearance to obtain field-based, stakeholder-informed input and feedback about how and why interventions or strategies designed to improve care quality (*i.e.*, safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity) do or do not work in the real world. Information collected under this clearance would be expected to increase understanding of how contextual factors and other key variables might affect the implementation and effectiveness of specific strategies, interventions or tools when utilized in particular settings. This knowledge would help health care providers and other decision-makers consider whether, when and how to use and adapt such strategies, interventions or tools to conform to their own needs and to the distinctive characteristics of the intended settings. Additionally, information collected under this clearance would be expected to increase AHRQ's understanding of contextual variables and other factors that facilitate or impede dissemination and implementation of clinical guidelines, evidence-based practices, and other research-based findings from the Patient-Centered Outcomes Research Institute (PCORI), National Institutes of Health (NIH), and other partners.

**Estimated Annual Respondent Burden**

As described above a variety of instruments and platforms will be used to collect information from respondents, though few, if any, single projects would be expected to use all the methods listed.

The average number annual burden hours per year requested (2189.5) are presented in Table 1 below, and is based on an assumed average of 5 projects per year (we rounded up the past average of 4.5 projects per year to 5). The

maximum total burden across all three years is thus 6568.5 hours.

TABLE 1—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection type	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Interviews .....	375	2	1	750
Focus Groups/Small Discussions .....	420	1.5	1.5	945
Implementation Logs .....	20	8	1	160
Recruitment and Screening .....	139	1	0.5	69.5
Cognitive Testing .....	40	1	1	40
Questionnaires/Brief Surveys .....	1,000	1	0.2	200
Collection of Internal Documents .....	25	1	1	25
<b>Total .....</b>				<b>2,189.5</b>

TABLE 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Interviews .....	250	500	<sup>a</sup> \$95.05	\$47,525.00
(Clinicians—line 1; Patients—line 2) .....	125	250	<sup>b</sup> 27.12	6,780.00
Focus Groups/Small Discussions .....	420	945	<sup>c</sup> 27.12	25,628.40
Implementation Logs .....	20	160	<sup>c</sup> 27.12	4,339.20
Recruitment and Screening .....	139	69.5	<sup>a</sup> 95.05	6,605.98
Cognitive Testing .....	40	40	<sup>c</sup> 27.12	1,084.80
Questionnaires/Brief Surveys .....	1000	200	<sup>c</sup> 27.12	5,424.00
Collection of Internal Documents .....	25	25	<sup>a</sup> 95.05	2,376.25
<b>Total .....</b>				<b>99,763.63</b>

\* National Compensation Survey: Occupational wages in the United States May 2015 “U.S. Department of Labor, Bureau of Labor Statistics:” [http://www.bls.gov/oes/current/oes\\_stru.htm](http://www.bls.gov/oes/current/oes_stru.htm).

<sup>a</sup> Based on the mean wages for 29–1069 Physicians and Surgeons, All Other.

<sup>b</sup> Based on the mean wages for 00–0000 All Occupations.

<sup>c</sup> Based on the mean wages for 29–9099 Miscellaneous Health Practitioners and Technical Workers: Healthcare Practitioners and Technical Workers, All Other.

Using average wage rates for relevant job categories from 2016 BLS data, the total annual costs associated with these data collections per year are \$116,746.13 as shown in Table 2 above, for a total cost for all three years of \$350,238.39.

#### Request for Comments

In accordance with the Paperwork Reduction Act, 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.

**Sharon B. Arnold,**

*Deputy Director.*

[FR Doc. 2016–30603 Filed 12–19–16; 8:45 am]

**BILLING CODE 4160–90–P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Agency for Healthcare Research and Quality

##### Common Formats for Reporting on Health Care Quality and Patient Safety

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (HHS).

#### **ACTION:** Notice of Availability—New Common Formats.

**SUMMARY:** As authorized by the Secretary of HHS, AHRQ coordinates the development of sets of common definitions and reporting formats (Common Formats) for reporting on health care quality and patient safety. The purpose of this notice is to announce the release of the Common Formats—Community Pharmacy Version 1.0.

**DATES:** Ongoing public input.

**ADDRESSES:** The Common Formats—Community Pharmacy Version 1.0 and the remaining Common Formats can be accessed electronically at the following HHS Web site: <http://www.pso.ahrq.gov/common/>.

**FOR FURTHER INFORMATION CONTACT:** Dr. Barbara Choo, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, Room 06N100B, Rockville, MD 20857; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1111; TTY (toll free): (866) 438–7231; TTY (local): (301) 427–1130; Email: [psa@ahrq.hhs.gov](mailto:psa@ahrq.hhs.gov).