

is to improve health outcomes by developing and disseminating evidence-based information to patients, clinicians, and other decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances.

- To provide this information, comparative effectiveness research must assess a comprehensive array of health-related outcomes for diverse patient populations and sub-groups.

- Defined interventions compared may include medications, procedures, medical and assistive devices and technologies, diagnostic testing, behavioral change, and delivery system strategies.

- This research necessitates the development, expansion, and use of a variety of data sources and methods to assess comparative effectiveness and actively disseminate the results.¹

The FCC Report to Congress additionally described the criteria for prioritization of potential CER investments, a strategic framework for CER activity, and high-level priority recommendations for OS funds (<http://www.hhs.gov/recovery/programs/cer/cerannualrpt.pdf>). Because CER is inherently multi-disciplinary, the Department recognizes the importance of highlighting research that informs CER, including relevant published literature as well as ongoing research activity. To fulfill this goal the CER Inventory is intended to be a living document that will both facilitate access to CER for interested stakeholders; and assist in identifying priorities and gaps for future research. The goal is to routinize the inventory process, allow for easy updating and identifying gaps, and create a system that is sustainable. Connecting users to CER information via a publicly available, searchable online tool is an efficient approach to disseminating this breadth of information.

II. Request for Information

The Department of HHS is inviting public comment to aid in the development of the content and structure of the CER Inventory. This notice specifically requests suggestions for potential sources of information on ongoing and completed CER; ways to encourage participation in the Inventory; approaches to categorizing information; and ways to ensure that the CER Inventory is useful and sustainable.

ASPE is developing a system to catalog CER activities including ongoing and completed CER. The CER Inventory will be publicly available, and will be designed for a diverse community of stakeholders including researchers, policy makers, decision-makers, health care providers, patients, and consumers. The CER Inventory will include records (e.g., abstracts and other summary descriptive information) of CER and information related to CER, including research and resources on methods and training for CER, data infrastructure and databases to support CER, and methods and approaches for translation and dissemination of CER to help inform healthcare decisions and policies.

The information provided in response to this notice will be used to plan and develop the CER Inventory in order to ensure that it meets the needs of such users as researchers, policy makers, decision-makers, health care providers, patients, and consumers. We are seeking public comment on the following issues:

1. Sources for CER. The CER Inventory will draw electronically on existing sites (e.g., PubMed, HSRProj, and Clinicaltrials.gov) and will also permit direct entry of information. Please identify any sources of information, such as relevant sources of gray literature or research databases from private foundations, that would help meet the goals of the CER Inventory.

2. Encouraging participation/ submission. What incentives would encourage the contribution of CER research abstracts and other relevant documents into the CER Inventory?

3. Categorization. CER projects and resources should be categorized in a manner that ensures that individuals from diverse backgrounds with varying levels of technical expertise (e.g., researchers, policy makers, clinicians, and patients and consumers) can access relevant information. How might such a categorization scheme and approach be designed? Please comment on the rationale behind suggested categorization schemes.

4. Data elements. Are there specific types of data or information regarding records or descriptions of CER entered into the CER Inventory that should be captured and available to users? Please identify key data and information, if any.

5. Features. Are there features of a web-based CER Inventory that would promote long-term use among the intended audiences?

6. Sustainability. What approaches or business models would provide for a sustainable inventory over time?

7. Additional considerations. Are there potential drawbacks, unintended consequences, or other specific issues that may limit participation in the CER Inventory?

The information submitted in response to this RFI will inform the planning and development of the CER Inventory to ensure that the resource meets the needs of the intended users, is accessible, and is easy to use.

Dated: July 9, 2010.

Sherry A. Glied,

Assistant Secretary for Planning and Evaluation.

[FR Doc. 2010-17244 Filed 7-16-10; 8:45 am]

BILLING CODE 4154-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Black Lung Clinics Program Database (OMB No. 0915-0292)—Extension

The Office of Rural Health Policy (ORHP), Health Resources and Services Administration, conducts an annual

¹ U.S. Department of Health and Human Services. Federal Coordinating Council for Comparative Effectiveness Research. *Report to the President and the Congress*. June 30, 2009. <http://www.hhs.gov/recovery/programs/cer/cerannualrpt.pdf>.

data collection of user information for the Black Lung Program, which has been ongoing with OMB approval since 2004. The purpose of the Black Lung Clinic Program is to improve the health status of coal workers by providing services to minimize the effects of respiratory and pulmonary impairments of coal miners, treatment procedures required in the management of problems associated with black lung disease which improves the quality of life of the miner and reduces economic costs associated with morbidity and mortality arising from pulmonary diseases. The

purpose of collecting this data is to provide HRSA with information on how well each grantee is meeting the needs of active and retired miners in the funded communities.

Data from the annual report will provide quantitative information about the programs, specifically: (a) The characteristics of the patients they serve (gender, age, disability level, occupation type); (b) the characteristics of services provided (medical encounters, non-medical encounters, benefits counseling, or outreach); and (c) the number of patients served. The annual

report will be updated to include a qualitative measure on the percent of patients that show improvement in pulmonary function. This assessment will provide data useful to the program and will enable HRSA to provide data required by Congress under the Government Performance and Results Act of 1993. It will also ensure that funds are being effectively used to provide services to meet the needs of the target population.

The annual estimate of burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Database	15	1	1	10	150

E-mail comments to paperwork@hrsa.gov or mail the HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 13, 2010.

Sahira Rafiullah,

Director, Division of Policy and Information Coordination.

[FR Doc. 2010-17527 Filed 7-16-10; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Data Collection Plan for the Customer Satisfaction Evaluation of Child Welfare Information Gateway.

OMB No.: 0970-0303.

Description: The National Clearinghouse on Child Abuse and Neglect Information (NCCAN) and the National Adoption Information

Clearinghouse (NAIC) received OMB approval to collect data for a customer satisfaction evaluation under OMB control number 0970-0303. On June 20, 2006, NCCAN and NAIC were consolidated into Child Welfare Information Gateway (Information Gateway).

The proposed information collection activities include revisions to the Customer Satisfaction Evaluation approved under OMB control number 0970-0303 to reflect current information needs for providing innovative and useful products and services.

Child Welfare Information Gateway is a service of the Children's Bureau, a component within the Administration for Children and Families, and Information Gateway is dedicated to the mission of connecting professionals and concerned citizens to information on programs, research, legislation, and statistics regarding the safety, permanency, and well-being of children and families.

Information Gateway's main functions are identifying information needs, locating and acquiring information, creating information, organizing and

storing information, disseminating information, and facilitating information exchange among professionals and concerned citizens. A number of vehicles are employed to accomplish these activities, including, but not limited to, website hosting, discussions with customers (*e.g.* phone, live chat, *etc.*), and dissemination of publications (both print and electronic).

The Customer Satisfaction Evaluation was initiated in response to Executive Order 12862 issued on September 11, 1993. The Order calls for putting customers first and striving for a customer-driven government that matches or exceeds the best service available in the private sector. To that end, Information Gateway's evaluation is designed to better understand the kind and quality of services customers want, as well as customers' level of satisfaction with existing services. The proposed data collection activities for the evaluation include customer satisfaction surveys, customer comment cards, selected publication surveys, and focus groups.

Respondents: Child Welfare Information Gateway customers.

ANNUAL BURDEN ESTIMATES

Instrument	Affected public	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Customer Survey	Individuals/Households	846	1	0.078	66
	Private Sector	182	1	0.078	14
	State, Local, or Tribal Governments	187	1	0.078	15
(Web site, E-mail, Print, Live Chat, and Phone).					
Publication Survey	Individuals/Households	86	1	0.052	4
	Private Sector	19	1	0.052	1
	State, Local, or Tribal Governments	19	1	0.052	1
Comment Card	Individuals/Households	300	1	0.014	4
	Private Sector	65	1	0.014	1