

(ONC), Department of Health and Human Services, to measure progress toward goals for EHR adoption. The mail survey will collect information on characteristics of physician practices and the capabilities of EHRs used in those practices. Additional information on physician experiences with EHRs will continue to be collected through the Physician Workflow Supplement (PWS), which was added in 2011. The PWS collects information on experiences physicians are having with

EHRs in terms of benefits and barriers, costs, attitudes, and impact of EHRs on their clinical workflow.

In 2012, NAMCS plans on conducting a pretest for assessing the feasibility of developing nationally-representative estimates of payments for care in physician offices through the collection of Current Procedural Terminology (CPT) codes.

Users of NAMCS data include, but are not limited to, Congressional offices, Federal agencies, State and local

governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners. NCHS is seeking OMB approval to extend this survey for an additional three years.

There is no cost to respondents other than their time to participate. The total estimated annualized burden hours are 59,998.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of form | Type of respondent | Form name | Number of respondents | Number of responses per respondent | Hours per response |
|----------------------------------------------------|----------------------------------------|----------------------------------------------------------|-----------------------|------------------------------------|--------------------|
| Core NAMCS Forms | Office-based physicians/CHC providers. | Physician Induction Interview (NAMCS-1). | 16,237 | 1 | 35/60 |
| | Community Health Center Directors. | Community Health Center Induction Interview (NAMCS-201). | 2,008 | 1 | 20/60 |
| | Office-based physicians/CHC providers. | Patient Record form (NAMCS-30). | 3,248 | 30 | 14/60 |
| | Office/CHC staff | Pulling, re-filing Patient Record form (NAMCS-30). | 12,989 | 30 | 1/60 |
| | Office-based physicians/CHC providers. | Lookback module | 5,683 | 15 | 10/60 |
| | Office-based physicians/CHC providers. | Asthma Supplement | 10,554 | 1 | 20/60 |
| National Electronic Health Records Survey (NEHRS). | Office-based physicians | NEHRS form | 4,344 | 1 | 20/60 |
| Physician Workflow Survey (PWS). | Office-based physicians | PWS form | 2,645 | 1 | 30/60 |
| Pretest NAMCS Forms | Office-based physicians | Physician Induction Interview (NAMCS-1). | 17 | 1 | 35/60 |
| | Office-based physicians | Patient Record form (NAMCS-30). | 17 | 30 | 14/60 |

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Daniel Holcomb,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-12-11KA]

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 email to omb@cdc.gov. Send written

comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Use of Evidence-Based Practices for Comprehensive Cancer Control—New—National Center on Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

There have been increasing calls in the fields of public health generally and cancer control specifically for the dissemination, adoption, and implementation of evidence-based practices (EBPs). EBPs are public health practices (interventions, programs, strategies, policies, procedures, processes, and/or activities) that have been tested or evaluated and shown to be effective. However, while the development, review, and compilation of EBPs has steadily increased over

time, there is concern that the adoption and implementation of those practices, including among cancer control planners and practitioners, has not kept pace. Given the gap between the development of EBPs and their use, public health and cancer control organizations need to place greater emphasis on the promotion and dissemination of these practices among those who can use them to improve population health. While efforts to promote cancer control EBPs have increased, questions remain whether these efforts will result in widespread adoption and implementation of EBPs in the context of comprehensive cancer control (CCC) in the states, Tribes, and U.S. Associated Pacific Island Jurisdictions and territories. National Comprehensive Cancer Control Program (NCCCP) grantees may face a number of challenges to incorporating EBPs into CCC efforts in their jurisdictions. In order to address these barriers effectively and better promote the use of EBPs for cancer control, CDC would like to understand (1) how evidence-based

approaches are currently being used to develop CCC plans; (2) how CCC programs identify EBPs; (3) what EBPs have been adopted by CCC programs; and (4) what challenges and unintended consequences have been encountered in their implementation.

The purpose of the proposed project is to examine CCC planners' use of scientific and practice-based information to inform development of CCC plans and to select evidence-based interventions. CDC will sponsor two surveys among 66 key CCC stakeholders

in the NCCCP-funded states, Tribes, and U.S. Associated Pacific Island Jurisdictions and territories. The first will be a survey with the 66 Directors of the NCCCP-funded programs. The second will be a Web-based survey of key program partners/collaborators identified by the Program Directors (on average, two partners per Director, or 132 partners) as instrumental to the selection and implementation of cancer control EBPs. The surveys will identify technical assistance needs of the programs related to selection and

implementation of EBPs and will contribute to CDC's efforts to build the capacities of states, Tribes, and Pacific Island Jurisdictions and territories toward more effective efforts in cancer prevention and control. In addition, the results may lead to new insights and questions that can be addressed in future studies.

There are no costs to respondents other than their time. OMB approval is requested for one year. The total estimated burden hours are 138.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hr) |
|-----------------------|---------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------|
| NCCCP Directors | Survey Scheduling Script | 66 | 1 | 15/60 |
| | Program Directors Web Survey Questionnaire. | 66 | 1 | 30/60 |
| | Program Directors Telephone Interview Guide and Script. | 66 | 1 | 20/60 |
| NCCCP Partners | Program Partners Web Survey Questionnaire. | 132 | 1 | 30/60 |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS-10404 and CMS-10209]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections 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 function; (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.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* National Balancing Indicators Project (NBIP) Direct Service Workforce Data Collection Effort; *Use:* The overall purpose of this project is to assist CMS State Profiling Tool (SPT) grantees to collect core direct service workforce data elements by population and setting and build the infrastructure needed to track these workforce indicators over time; *Form Number:* CMS-10404 (OMB 0938-New); *Frequency:* Once; *Affected Public:* Private Sector (business or other for-profit and not-for-profit institutions) and Individuals; *Number of Respondents:* 68,160; *Total Annual Responses:* 68,160 (one-time); *Total Annual Hours:* 57,038. (For policy questions regarding this collection contact Jean Accius at (410) 786-3270. For all other issues call (410) 786-1326.)

2. *Type of Information Collection Request:* Reinstatement with change of previously approved collection; *Title of Information Collection:* Medicare Advantage Chronic Care Improvement Program and Quality Improvement Project Reporting Tools; *Use:* Section 1852e(1), (2), (3)(a)(i) of the Social Security Act and 42 CFR 422.152 of the

regulations describe CMS' regulatory authority to require each Medicare Advantage Organization (MAO) coordinated care plan that offers one or more MA plans to have an ongoing quality assessment and performance improvement program. This program must include assessing performance using standard measures required by the Center for Medicare and Medicaid Services (CMS), and reporting its performance to CMS.

MAOs will submit their Chronic Care Improvement Programs (CCIPs) and Quality Improvement Project (QIPs) using the revised CCIP and QIP Reporting Tools that are included in this collection. The tools have been redesigned: (1) To decrease the response burden through limiting the amount of narrative required and using an automated system; (2) to be more aligned with the standard QI reporting format; and (3) to improve the information provided by MAOs by using more structured reporting tools. CMS believes the new reporting tools will provide a simpler, easier way for MAOs to report the required data. The new tool will also generate consistency in reporting among plans so that collected data can be used more efficiently by CMS and the plans.

Based on feedback received during the 60-day comment period, CMS has increased the burden hours to complete each reporting tool from 5 hours to 15 hours *Form Number:* CMS-10209 (OMB # 0938-1023); *Frequency:* Yearly;