

B. Need and Uses

This clearance covers the information that contractors must submit to comply with the following Federal Acquisition Regulation (FAR) requirements:

- FAR 52.248–1, Value Engineering; 52.248–2, Value Engineering-Architect-Engineer; and 52.248–3, Value Engineering-Construction.

These clauses require contractors submitting Value Engineering Change Proposals (VECP's) to the Government to provide such details as: (1) A description of the differences between the existing contract requirement and the proposed requirement, and the comparative advantages and disadvantages of each; (2) a list and analysis of contract requirements that must be changed if the VECP is accepted; (3) a detailed cost estimate showing anticipated reductions associated with the VECP; (4) a statement of the time a modification accepting the VECP must be issued to achieve maximum cost reduction, and the effect on contract completion time; and (5) identification of any previous submissions of the VECP; the agencies and contract numbers involved and previous Government actions, if known.

The Government will use the collected information to evaluate the VECP and, if accepted, to arrange for an equitable sharing plan.

C. Annual Burden

Respondents: 109.

Total Annual Responses: 218.

Total Burden Hours: 3,270.

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division by calling 202–501–4755 or emailing GSARegSec@gsa.gov. Please cite OMB Control No. 9000–0027, Value Engineering Requirements.

Janet Fry,

*Director, Federal Acquisition Policy Division,
Office of Governmentwide Acquisition Policy,
Office of Acquisition Policy, Office of
Governmentwide Policy.*

[FR Doc. 2022–03561 Filed 2–17–22; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Information: AHRQ's Proposed Patient-Centered Outcomes Research Trust Fund Strategic Framework

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice of request for information.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking input from the public on its proposed strategic framework for AHRQ's Patient-Centered Outcomes Research Trust Fund investments.

DATES: Comments on this notice must be received by April 19, 2022. AHRQ will not respond individually to responders but will consider all comments submitted by the deadline.

ADDRESSES: Please submit all responses via email to: PCORTF@ahrq.hhs.gov.

FOR FURTHER INFORMATION CONTACT:

Karin Rhodes, MD, Chief Implementation Officer, Email: PCORTF@ahrq.hhs.gov, Telephone: 301–427–1364 or 240–463–0872.

SUPPLEMENTARY INFORMATION: AHRQ is authorized under 42 U.S.C. 299b–37 to broadly disseminate patient-centered outcomes research (PCOR) findings, including incorporation of PCOR findings into health information technology focused on clinical decision support, and to train researchers in the methods used to conduct PCOR. PCOR compares the impact of two or more preventive, diagnostic, treatment, or healthcare delivery approaches on health outcomes, including those that are meaningful to patients. AHRQ's work under 42 U.S.C. 299b–37 is funded by the Patient-Centered Outcomes Research Trust Fund (PCORTF), 26 U.S.C. 9511, which was established in 2010 and reauthorized in 2019. To learn more about the PCORTF, please visit: <https://www.ahrq.gov/pcor/potential-of-the-pcortf/index.html>.

In response to the reauthorization of the PCORTF, AHRQ has developed a proposed strategic framework to guide future planning and evaluation of AHRQ's PCORTF investments (the strategic framework). The strategic framework is consistent with AHRQ's broader goal of improving the quality, safety, equity, and value of healthcare delivery.

The proposed strategic framework identifies five priorities for improving healthcare delivery that are aligned with AHRQ's mission and that have the potential to improve outcomes that patients care about. These priorities are interrelated, and all contribute to achieving the proposed strategic framework's overall vision of *equitable whole-person care across the lifespan*. The proposed strategic framework is consistent with AHRQ's Congressional authorization for investments from the PCORTF and is aligned with national health priorities.

The AHRQ PCORTF strategic framework includes a mission, vision, high-level priorities, desired outcomes, and cross-cutting strategies for advancing the desired outcomes. This framework is expected to describe and inform the portfolio of AHRQ PCORTF investments. AHRQ will use this broad framework to guide long-range planning and to guide the development of projects and investments.

AHRQ PCORTF-funded projects will be connected to components and sub-components of the strategic framework. Use of the strategic framework is intended to ensure that AHRQ's investments are coherently connected and advance the overall vision of *advancing equitable whole-person care across the lifespan*. The final strategic framework will also provide a basis for creating an evaluation framework, measuring the success of individual projects, and identifying the overall impact of AHRQ's PCORTF investments.

AHRQ is seeking public comment on the proposed strategic framework for AHRQ's PCORTF investments.

BILLING CODE 4160–90–P

Strategic Framework to Guide AHRQ's PCORTF Investments

Mission:	Overarching Vision:	High-level Goal:
Synthesize and support the dissemination of evidence into practice and train the next generation of patient-centered outcomes researchers.	Equitable whole-person care across the lifespan.	Improve health outcomes by promoting high-value, safe, evidence-based, integrated, coordinated, team-based, patient-centered care, with a focus on underserved populations.

High-Level Priorities and Desired Outcomes				
A. Health Equity	B. Prevention and Improved Care of Patients With Chronic Conditions	C. Patient, Family, and Provider Experience of Care That Enhances Trust in the Healthcare System	D. High-Quality, Safe Care That is Aligned With National Health Priorities	E. Primary Care Transformation
<i>Desired Outcomes</i> 1. Reduced health disparities for AHRQ's priority populations 2. Engagement of underrepresented communities in training & implementation initiatives 3. Improved equity in access to needed care	<i>Desired Outcomes</i> 1. Increased uptake of evidence-based preventive services, early intervention, and secondary prevention 2. Decreased fragmentation of care for patients with multiple chronic conditions (MCC) 3. Co-design of innovations in care with patients and communities	<i>Desired Outcomes</i> 1. Improved patient/family engagement and reported experience of care 2. Focus on whole-person care, with attention to mental health & social determinants of health (SDOH) 3. Improved provider wellness and retention	<i>Desired Outcomes</i> 1. Transformation of healthcare organizations into learning health systems 2. Increased uptake of evidence-based practices that strengthen healthcare quality, safety, and value 3. Improved outcomes for targeted national priority conditions	<i>Desired Outcomes</i> 1. Uptake of new models of primary care, leveraging digital healthcare 2. Integrated team-based behavioral health 3. Identification and provision of needed resources for comprehensive primary care and uptake of evidence

Cross-cutting Strategies for Achieving Desired Outcomes			
• Train and support the next generation of health service researchers with a focus on team science and advancing health equity. • Develop and maintain the AHRQ infrastructure needed to synthesize and accelerate evidence to practice.	• Leverage and support innovation in digital health, clinical decision support, and new models of care. • Build data, measurement, and analytic capacity to benchmark and evaluate uptake and use of evidence in learning health systems to improve outcomes that matter to patients.	• Accelerate the uptake of evidence in practice to optimize individual and population health and achieve health equity for all. • Disseminate evidence to Federal/State/local healthcare decision makers with targeted communication strategies.	• Provide the evidence to inform policy changes needed for sustainable implementation and incorporation of evidence by healthcare systems, practices, and providers. • Evaluate the impact of PCORTF investments on care delivery, quality, costs, health outcomes, and health disparities.

BILLING CODE 4160-90-C

AHRQ hopes to receive feedback from patients, healthcare professionals, community groups, employers, health services researchers, dissemination and implementation scientists, communications experts, representatives from health systems, public and private payers, and other stakeholders.

The input received from this public comment period will be used in refining and finalizing the strategic framework. Based on the final strategic framework, AHRQ intends to develop an operational plan, which will include specific short- and long-term objectives and a formative and summative evaluation. The overall goal of AHRQ's planning process is to identify investments consistent with its PCORTF authorization that will have the greatest positive impact on health and healthcare.

AHRQ is requesting information from the public regarding the following broad questions:

1. AHRQ would like overall reactions to the strategic framework; is there any aspect of the framework that:

a. Does not promote the vision of advancing equitable whole-person care across the lifespan?

b. Does not address major challenges faced by the U.S. healthcare system?

c. Could be improved (and if so, how)?

2. AHRQ would like input on our (non-ranked) high-level priority areas:

a. Do our proposed high-level priorities miss any areas of critical importance?

b. Are any of the high-level priorities more important than others?

3. AHRQ would like input on how to target investments within high-priority areas. For example, should AHRQ focus on:

a. Specific ages/stages or apply AHRQ's investments equally across the lifespan?

b. Transitions in care?

4. AHRQ would also appreciate suggestions for applying the strategic framework. For example:

a. How can AHRQ improve the dissemination of patient-centered outcomes research evidence to decision-makers at the local, State, and Federal levels?

b. What targeted investments could AHRQ make to sustain progress towards

the strategic framework's desired outcomes?

c. What AHRQ PCORTF investments could help improve healthcare provider trust, well-being, and retention?

5. How can AHRQ have the greatest impact and success at achieving the vision and mission of the strategic framework?

a. What is the most effective way to ensure the *sustainability* of initiatives that seek to enhance the integration of patient-centered outcomes research findings into practice?

b. What complementary partnerships and collaborations (both public and private) would increase the impact of AHRQ's PCORTF investments?

c. What will be the best way of measuring progress and the overall impact of AHRQ's PCORTF investments?

6. Is there anything else you would like to share regarding the strategic framework?

AHRQ is interested in all of the questions listed above, but respondents are welcome to address as many or as few as they choose and to address additional areas of interest not listed. It is helpful to identify which question a particular answer is a response to.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas identified in response to it. AHRQ will use the information submitted in response to this RFI at its discretion and will not provide comments to any responder's submission. However, responses to the RFI may be reflected in future solicitation(s) or policies. The information provided will be analyzed and may appear in reports. Respondents will not be identified in any published reports. Respondents are advised that the Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. No proprietary, classified, confidential, or sensitive information should be included in your response. The contents of all submissions will be made available to the public upon request. Materials submitted must be publicly available or able to be made public.

Dated: February 15, 2022.

Marquita Cullom,
Associate Director.

[FR Doc. 2022-03551 Filed 2-17-22; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92-463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—SIP22-004, Disability and Health Data

Collaborative: Using Data to Promote the Health and Wellness of People with Disabilities.

Date: May 3, 2022.

Time: 11:00 a.m.–6:00 p.m., EDT.

Place: Teleconference.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Jaya Raman, Ph.D., Scientific Review Officer, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Highway, Mailstop S107-B, Atlanta, Georgia 30341, Telephone: (770) 488-6511, Email: JRaman@cdc.gov.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit,
Office of the Chief Operating Officer, Centers
for Disease Control and Prevention.

[FR Doc. 2022-03554 Filed 2-17-22; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA-PS-22-001, Implementing Pre-Exposure Prophylaxis for HIV Prevention in Syringe Service Programs; RFA-PS-22-002, Implementation Research on Telehealth Strategies To Support Retention in Care and Treatment Among Antiretroviral Therapy (ART) Patients and Pre-Exposure Prophylaxis (PrEP) Clients and RFA-PS-22-004, Understanding HIV/STD Risk and Enhancing PrEP Implementation Messaging in a Diverse Community-Based Sample of Gay, Bisexual, and Other Men Who Have Sex With Men in a Transformational Era; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP) *RFA-PS-22-001, Implementing Pre-exposure Prophylaxis for HIV Prevention in Syringe Service Programs; RFA-PS-22-002, Implementation Research on*

Telehealth Strategies to support Retention in Care and Treatment among Antiretroviral Therapy (ART) Patients and Pre-exposure Prophylaxis (PrEP) Clients; and RFA-PS-22-004, Understanding HIV/STD Risk and Enhancing PrEP Implementation Messaging in a Diverse Community-Based Sample of Gay, Bisexual, and Other Men Who Have Sex with Men in a Transformational Era.

Date: March 30, 2022.

Time: 10:00 a.m.–5:00 p.m. (EDT).

Place: Teleconference.

The meeting was published in the **Federal Register** on February 4, 2022, Volume 87, Number 24, page 6562–6563.

The meeting is being amended to remove *RFA-PS-22-002, Implementation Research on Telehealth Strategies to Support Retention in Care and Treatment among Antiretroviral Therapy (ART) Patients and Pre-exposure Prophylaxis (PrEP) Clients* and should read as follows:

RFA-PS-22-001, Implementing Pre-exposure Prophylaxis for HIV Prevention in Syringe Service Programs and RFA-PS-22-004, Understanding HIV/STD Risk and Enhancing PrEP Implementation Messaging in a Diverse Community-Based Sample of Gay, Bisexual, and Other Men Who Have Sex with Men in a Transformational Era.

The meeting is closed to the public.

For Further Information Contact: Gregory Anderson, M.S., M.P.H., Scientific Review Officer, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, CDC, 1600 Clifton Road NE, Mailstop U8-1, Atlanta, Georgia 30329, Telephone: (404) 718-8833, Email: GAnderson@cdc.gov.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit,
Office of the Chief Operating Officer, Centers
for Disease Control and Prevention.

[FR Doc. 2022-03555 Filed 2-17-22; 8:45 am]

BILLING CODE 4163-18-P