ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Total	.....	.....	.....	.....	608

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2011–1743 Filed 1–26–11; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[OCIIO–9978–N]

The Consumer Operated and Oriented Plan (CO–OP) Advisory Board, February 7, 2011

AGENCY: Office of Consumer Information and Insurance Oversight (OCIIO), HHS.

ACTION: Notice of meeting.

SUMMARY: Pursuant to Section 1322 of the Affordable Care Act entitled, "Federal Program to Assist Establishment and Operation of Nonprofit, Member-Run Health Insurance Issuers," this notice announces the second meeting of an advisory committee to the Secretary in accordance with the Federal Advisory Committee Act. The meeting is open to the public. The purpose of the meeting is to assist and advise the Secretary and Congress through the Department of Health and Human Services' (the Department's) Office of Consumer Information and Insurance Oversight (OCIIO) on the Department's strategy to foster the creation of qualified nonprofit health insurance issuers. Specifically, the Committee shall advise the Secretary and Congress concerning the award of grants and loans related to Section 1322 of the Affordable Care Act. In these matters, the Committee shall consult with all components of the Department, other Federal entities, and non-Federal organizations, as appropriate; and examine relevant data sources to assess the grant and loan award strategy to provide recommendations to OCIIO. Notice of this meeting is given under the Federal Advisory Committee Act.

DATES: *Meeting Date:* February 7, 2011 from 8 a.m. to 5 p.m., Eastern Standard Time (e.s.t.).

Deadline for Meeting Registration, Presentations and Comments: February 3, 2011, 5 p.m., e.s.t. *Deadline for Requesting Special Accommodations:* February 3, 2011, 5 p.m., e.s.t.

ADDRESSES: *Meeting Location:* Jurys Hotel (also known as Dupont Hotel), 1500 New Hampshire Ave., NW., Washington, DC 20036.

Meeting Online Access: To participate in this meeting via the Internet, go to *http://www.readyshow.com/* and enter participant code 49888151.

Meeting Phone Access: To participate in this meeting via phone, please dial into the toll free phone number 1–888–299–4099, and provide the following code to the operator: VW82526.

Meeting Registration, Presentations, and Written Comments: Brian Chiglinsky, Office of Consumer Information and Insurance Oversight, HHS, 200 Independence Avenue, SW., Washington, DC 20201, 202–260–6090, Fax: 202–260–6108, or contact by e-mail at *brian.chiglinsky@hhs.gov.*

Registration: The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register by contacting the Analyst at the address listed in the **ADDRESSES** section of this notice or by telephone at number listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice, by the date listed in the **DATES** section of this notice.

FOR FURTHER INFORMATION CONTACT: Brian Chiglinsky, 202–260–6090. Press inquiries are handled through OCIIO's Press Office at (202) 690–6343.

SUPPLEMENTARY INFORMATION:

I. Background

The purpose of the meeting is to assist and advise the Secretary and Congress through the Department of Health and Human Services' (the Department's) Office of Consumer Information and Insurance Oversight (OCIIO) on the Department's strategy to foster the creation of qualified nonprofit health insurance issuers. Specifically, the Committee shall advise the Secretary and Congress concerning the award of grants and loans related to Section 1322 of the Affordable Care Act, entitled "federal program to assist establishment and operation of nonprofit, member run health insurance issuers." In these matters, the Committee shall consult with all components of the Department, other federal entities, and non-federal organizations, as appropriate; and examine relevant data sources to assess the grant and loan award strategy to provide recommendations to OCIIO.

II. Meeting Agenda

The committee will hear testimony from a number of individuals with experience and expertise in the market for health insurance and nonprofit cooperative health issuers. OCIIO intends to make background material available to the public no later than two (2) business days prior to the meeting. If OCIIO is unable to post the background material on its Web site prior to the meeting, it will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on OCIIO's Web site after the meeting, at *http://www.hhs.gov/ociio.*

Oral comments from the public will be scheduled between approximately 3 p.m. to 4 p.m. Individuals or organizations that wish to make a 3-minute oral presentation on an agenda topic should submit a written copy of the oral presentation to the contact at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice. The number of oral presentations may be limited by the time available. Persons attending OCIIO's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled open public comment session, OCIIO will take written comments after the meeting until close of business. Individuals not wishing to make a presentation may submit written comments to the contact at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

Individuals requiring sign language interpretation or other special accommodations must contact the DFO via the contact information specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice by the date listed in the **DATES** section of this notice.

OCIIO is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://www.hhs.gov/ociio* for procedures

on public conduct during advisory committee meetings.

Dated: January 21, 2011.

Barbara Smith,

Associate Director, Consumer Operated and Oriented Plan Program, Office of Consumer Information and Insurance Oversight.

[FR Doc. 2011–1690 Filed 1–24–11; 4:15 pm]

BILLING CODE 4150–03–P

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: "Understanding Development Methods from Other Industries to Improve the Design of Consumer Health IT." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by March 28, 2011.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at *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 e-mail at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Understanding Development Methods from Other Industries to Improve the Design of Consumer Health IT

Consumer health information technology (IT) is the collection of tools, technologies, and artifacts that individuals can use to support their health care management tasks (Agarwal and Khuntia, 2009). Consumer health IT can play an important role in patients' efforts to coordinate their care and in ensuring that their personal values and interests help guide all clinical decisions. In order to accomplish this, consumer health IT solutions must take into account the particular needs of the consumer.

Useful consumer health IT products may enhance the quality of health care by empowering individual consumers to take a more active, effective, and collaborative role in their own personal health care. These products could provide the following capabilities to consumers:

- Information storage, archiving, and retrieval: The capabilities to search results of past examinations or lab tests, to interact with electronic versions of their health records, and identify when to seek health care services.
- Health monitoring: The capability to report data (*e.g.,* blood pressure, weight) from various locations.
- Information seeking and searching: The capability to interactively search for a wealth of health-related information.

Despite the potential power of consumer health IT, consumers have not adopted these technologies to the same degree that they have adopted technology products marketed from other consumer product industries. One reason for slow adoption is that the marketplace lacks robust tools that allow for the complexity and diversity of personal health information management (PHIM) practices. These types of practices are influenced by a variety of user and contextual factors, including demographics, personal attitudes, the goals and objectives of users, and the broad range of tasks that users wish to perform. There is no comprehensive list of problems that users encounter as they collect and reflect on personal information; this creates a barrier for design of consumer health IT tools.

New practices for the development of consumer-facing digital tools are emerging in a variety of industries. The success of information management tools in other industries offers much to be learned and applied to the health care field.

In July of 2009, AHRQ held the Building Bridges: Consumer Needs and the Design of Health Information Technology workshop. The workshop brought together leaders from multiple disciplines, including health informatics, health sciences, information science, consumer health IT, and human factors to discuss the diverse needs of different consumer groups in managing their personal health information, and how these needs could be incorporated into the design of consumer health IT solutions. The outcome of the workshop was a framework to further the design of consumer health IT systems, based on an understanding of practices that consumers use in their PHIM. The final report also included a set of recommendations for additional work in the health IT field related to research and industry and policy. Recognizing that design plays a key role in consumer use of personal tools, one research-related recommendation that resulted from the workshop was to investigate the application of design methodologies used in other industries to consumer health IT design.

This project has the following goals:

(1) To investigate the product development approaches, methods, and philosophies from a variety of industries in order to identify promising design and development techniques that will be most applicable to consumer health IT.

(2) To disseminate the project findings and recommendations to vendors and developers of consumer health IT products to assist them in developing health IT products that are consumer-focused. This study is being conducted by AHRQ through its contractors, Westat and the University of Wisconsin, pursuant to AHRQ's statutory authority to conduct and support research (1) on health care and on systems for the delivery of such care, including activities with respect to health care technologies, 42 U.S.C. 299a(a)(5), and (2) to advance the use of computer-based health records, 42 U.S.C. 299b–3(a)(6).

Method of Collection

To achieve the goals of this project the following activities will be implemented:

(1) Semi-structured interviews will be conducted with key informants identified as being experts in the design, management, and/or marketing of consumer products that are relevant to consumer health IT products. The purpose of these interviews is to gather information related to their experiences in developing consumer products, focusing on the design processes that their company uses, how they segment the market, the role of users in testing during the various product development phases, and the factors that affect the success of their product development approaches.

(2) The final report will be provided in PDF format for easy download from the AHRQ National Resource Center for Health IT Web site.

Information collected by the study will support the development of recommendations for those developers