

program performance measures. The data will be used to conduct ongoing performance monitoring of the program, thus meeting program needs for accountability, programmatic decision-making, and ongoing quality assurance.

**Likely Respondents:** For the General Background, Prenatal, and Parenting Information participant-level forms, respondents include pregnant women, women of reproductive age, and men

who are served by the Healthy Start program.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and

maintaining information, and disclosing and providing information; to train personnel to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

**Total Estimated Annualized Burden Hours:**

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
General Background Form .....	*45,700	1	45,700	.30	13,710
Prenatal .....	*30,300	1	30,300	.10	3,030
Parenting .....	*30,300	1	30,300	.25	7,575
Total .....	106,300	.....	106,300	.....	24,315

\*All adult participants (45,700) complete the General Background form, and a subset of these same individuals (30,300) also complete the Prenatal or Parenting forms for total of 106,300 responses.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality and utility 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.

**Maria G. Button,**

*Director, Executive Secretariat.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

[OMB No. 0906-xxxx-NEW]

#### Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Optimizing Virtual Care Grant Program Performance Measures

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with of the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review

of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30 day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than November 21, 2022.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting "Currently under Review—Open for Public Comments" or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the acting HRSA Information Collection Clearance Officer at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443-9094.

#### SUPPLEMENTARY INFORMATION:

**Information Collection Request Title:** Optimizing Virtual Care Grant Program Performance Measures OMB No. 0915-xxxx-NEW

**Abstract:** The Health Center Program and supplemental awards for health centers are authorized by Section 330 of the Public Health Service Act (42 U.S.C. 254b). Notably, HRSA is authorized to make supplemental awards for health centers to "implement evidence-based models for increasing access to high-quality primary care services, which may include models related to

expanding the use of telehealth and technology-enabled collaborative learning and capacity building models." 42 U.S.C. 254b(d)(1)(E). Under the Optimizing Virtual Care (OVC) grant program, 29 high-performing health centers received 2-year supplemental awards to increase health care access and quality for underserved populations through virtual care such as telehealth, remote patient monitoring, digital patient tools, and health information technology platforms. Specifically, award recipients will use OVC funding to develop and implement innovative evidence-based strategies with the potential to be adapted, leveraged, and scaled across the Health Center Program to increase access to care and improve clinical quality by optimizing the use of virtual care with a specific focus on underserved communities and vulnerable populations.

The goal of the OVC grant program is to continue to support innovation that began during the COVID-19 pandemic, when health centers quickly expanded their use of virtual care to maintain access to essential primary care services for underserved communities. HRSA-funded health centers serve special and vulnerable populations facing barriers to virtual care access, such as low digital literacy, low connectivity capabilities, or limited technology access. The OVC grant recipients will serve as a model for how to increase equitable virtual care, generating and refining strategies that can be adapted and scaled across the Health Center Program.

A 60-day notice was published in the **Federal Register**, 87 FR 37874-37875 (June 24, 2022). HRSA received

comments from OVC grant recipients during this public comment period.

**Need and Proposed Use of the Information:** The information collected on OVC grant recipient activities and performance will help HRSA demonstrate, adapt, assess, and disseminate promising practices, strategies, and novel models of virtual care across the nation's health centers. The information will support an assessment that yields:

- Increased evidence of how to optimize the use of virtual care in the Health Center Program to enhance access to care and improve clinical quality for underserved communities and special and vulnerable populations.
- Maximized impact of the new OVC grant program, as a model to be adapted, leveraged, and scaled across other HRSA funding opportunities.
- Enhanced evidence base for recommendations to promote and scale virtual care innovations focused on increasing health equity specific to Health Center Program patients.

The assessment will include descriptive analyses of the data on grant recipient activities and performance, including analyses of trends over time. The analyses will inform recommendations for performance

measures that HRSA could scale across the Health Center Program and across other grant programs like the OVC grant program.

The grant recipient activities related to implementation of novel models of virtual care, including aggregate data on patients served and the services they received, will be captured via monthly progress reports. A set of health center performance measures will be captured in a bi-annual progress report and will provide insight into health equity and virtual care. Grant recipients will collect and report performance measures based on project goals and objectives that span four key population health and clinical domain areas, including (1) Increased Access to Care and Information; (2) Improve Clinical Quality and Health Outcomes; (3) Enhance Patient Care Coordination; and (4) Promote Health Equity.

Based on comments from OVC grant recipients, the average hours of burden per response for the biannual progress report has increased to 55.9 hours from 48 hours as proposed in the 60-day **Federal Register** Notice. This new burden estimate accounts for the fact that performance measures in the biannual progress report have different levels of burden per response. For

example, some measures required significant workflow changes or had more complexity. In addition, both the biannual and monthly progress reports were revised to include updated terms and definitions based on feedback collected from OVC grant recipients during the public comment period.

**Likely Respondents:** Respondents will be the 29 health centers that received supplemental awards through the OVC grant program.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
OVC Grant Monthly Progress Report .....	29	12	348	2.0	696.0
OVC Grant Bi-Annual Progress Report .....	29	2	58	55.9	3,242.2
Total .....	29	.....	406	.....	3,938.2

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (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.

**Maria G. Button,**

*Director, Executive Secretariat.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Opportunity To Co-Sponsor Office of Research Integrity Events

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** The Office of Research Integrity (ORI) announces the opportunity for non-federal public and private sector entities to co-sponsor ORI conferences, workshops, symposia, meetings, roundtables, or other such events (collectively, “Events”). ORI co-sponsors a limited number of events with non-federal entities each year. Potential co-sponsors must have demonstrated interest and experience in the responsible conduct of research or

handling allegations of research misconduct. Potential co-sponsors must be willing to participate substantively in the co-sponsored event.

**DATES:** Expressions of interest for co-sponsorship of an ORI Event may be submitted on an ongoing basis throughout the fiscal year (October 1, 2022–September 30, 2023) or beyond.

**ADDRESSES:** Expressions of interest for co-sponsorship of an ORI Event should be sent by email to [AskORI@HHS.GOV](mailto:AskORI@HHS.GOV) with “Co-sponsorship for ORI Event” in the subject field.

#### FOR FURTHER INFORMATION CONTACT:

Tracey Randolph, Program Analyst,  
Office of Research Integrity, 1101  
Wootton Parkway, Suite 240,  
Rockville, MD 20852, (240) 453–8200

**SUPPLEMENTARY INFORMATION:** ORI oversees and directs U.S. Public Health Service (PHS) research integrity