General Function of the Subcommittee: to provide recommendations to the HIT Policy Committee on recommendations it should consider issuing to the National Coordinator on future stages of meaningful use.

Date and Time: The Meaningful Use Workgroup will hold the following public meetings between January and March (dates past March have not yet been determined):

- Tuesday, March 8, 2011, 10 a.m. to 1 p.m./EDT;
- Tuesday, March 22, 2011, 10 a.m. to 1 p.m./EDT;
- Early April, 2011, date and time TBD.

Location: All workgroup meetings will be available via webcast; visit *http://healthit.hhs.gov* for instructions on how to listen via telephone or Web. Please check the ONC Web site for additional information as it becomes available.

Contact Person: Judy Sparrow, Office of the National Coordinator, HHS, 330 C Street, SW., Washington, DC 20201, 202–205–4528, Fax: 202–690–6079, e-mail: *judy.sparrow@hhs.gov*. Please call the contact person for up-to-date information on these meetings. A notice in the **Federal Register** about last minute modifications that affect a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

Agenda: At each meeting, the Meaningful Use Workgroup will engage in discussions regarding the recommendations it should make to the HIT Policy Committee relative to meaningful use Stage 2.

Procedure: In order to inform its deliberations, the Meaningful Use Workgroup is seeking comments particularly on proposed stage 2 measures from the public on a draft document of preliminary recommendations it has developed. Please refer to ONC's Web site at *http://healthit.hhs.gov* to access this draft document and for more information about how to submit comments.

Persons attending ONC's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

ONC welcomes the attendance of the public at its advisory committee meetings. Seating is limited at the location, and ONC will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Judy Sparrow at least seven (7) days in advance of the meeting.

ONC is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://healthit.hhs.gov* for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. 92–463, 5 U.S.C., App. 2).

Dated: January 11, 2011.

Judith Sparrow,

Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2011–885 Filed 1–12–11; 4:15 pm]

BILLING CODE 4150–45–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: "Barriers to Meaningful Use in Medicaid." 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 21, 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

Barriers to Meaningful Use in Medicaid

The Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111–5), provides for financial incentives for Medicaid providers to adopt and meaningfully use certified electronic health record (EHR) technologies. To ensure that eligible professionals (EPs) are able to qualify for and access these incentives, AHRQ proposes a two-year project with the objective of understanding the barriers that Medicaid health providers encounter along the way to achieving the meaningful use of EHRs. This proposed information collection will allow AHRQ to synthesize knowledge regarding the barriers that BPs encounter when attempting to achieve meaningful use and translate that knowledge to develop technical assistance and support implementation and use of EHRs.

Further, health care providers who serve Medicaid beneficiaries are serving many of AHRQ's priority populations: Inner city; rural; low income; minority; women; children; elderly; and those with special health care needs. The project is designed to solicit actionable recommendations on what activities can best help Medicaid providers take advantage of incentive payments, achieve meaningful use, and ultimately use health IT to improve health care for the Medicaid population. The information gathered under this project will also be used to inform the development of the Stage 2 and 3 Meaningful Use criteria.

In order to gather, analyze, and synthesize information on the barriers to the meaningful use criteria experienced by Medicaid providers this research has the following goals:

(1) Identify the barriers to eligibility for the incentive payments; barriers to adoption, implementation, or upgrading of ERR systems; and barriers to achieving meaningful use.

(2) Develop actionable recommendations to overcoming the barriers identified in #1 above, including, but not limited to, technical assistance that could be made available to Medicaid providers.

(3) Provide data to inform the meaningful use objectives being developed by the Center for Medicare & Medicaid Services (CMS) for Stages 2 and 3 of the EHR Incentive Program.

This study is being conducted by AHRQ through its contractor, RTI International, pursuant to AHRQ's statutory authority to conduct and support research to advance both training for health care practitioners in the use of information systems and the use of computer-based health records. 42 U.S.C. 299b–3(a)(2) and (6).

Method of Collection

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

(1) A screening questionnaire will be used to identify eligible participants, as part of the sampling procedure for the focus groups. Appended to the screening questionnaire is a series of questions for individuals who have agreed to participate in the focus groups, in order to collect descriptive and demographic information prior to the focus group session, and as part of the analysis plan.

(2) Nine focus groups will include 6–11 EPs per group, containing a mix of pediatricians, other physicians, dentists, nurse practitioners, and certified nurse midwives. Focus groups with community health center (CHC) and rural health center (RHC)-based providers will also include physician assistants and administrators. Four of the focus groups will include providers in private practice (excluding dentists), an additional four will include providers working in CHCs or RHCs, and the final group will be comprised of private practice dentists. Private practice dentists are being considered separately due to the fact that their practice patterns are likely to vary substantially from those of primary care physicians and non-physician providers. The purpose of these focus groups is to gather information about adoption issues (factors in the decision to adopt an EHR), implementation issues (organizational or environmental factors that facilitate EHR implementation and training), upgrade issues (challenges to transitioning to certified EHRs), and challenges to achieving meaningful use of ERRS as defined for Stage 1 in the final rule for the Medicare and Medicaid ERR Incentive Program (75 FR 44314) (particular functions that are problematic, the source of the challenge). Responses will also address topics related to participants' knowledge of the ERR incentive program and other factors that may facilitate EHR use. The focus group moderator will use a moderator's guide to guide discussion. Show cards will provide key reminders of content for discussion.

The information will be used to develop actionable recommendations to overcoming barriers to meaningful use of EHRs for Medicaid providers, including but not limited to technical assistance that could be made available to Medicaid providers. Furthermore, the data gathered through this research will inform the meaningful use objectives being developed by CMS for Stages 2 and 3 of the EHR Incentive Program. Three types of information will be collected: List of potential focus group participants, descriptive and demographic information about focus group participants, and the information gathered at each focus group related to the barriers to meaningful use. The information will be synthesized to provide information to the Federal government to inform the future meaningful use regulations and understand any disparities potentially resulting from the implementation of the incentive programs.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this research. The screening questionnaire will be completed by 300 clinicians and will take 12 minutes to complete on average. Focus groups will be conducted with not more than 89 clinicians and will last about 2 hours. The total annual burden hours are estimated to be 238 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this research. The total annual cost burden is estimated to be $15,902.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Screening Questionnaire	300	1	12/60	60
Focus Groups	89	1	2	178
Total	389	na	na	238

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Data collection	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Screening Questionnaire	300	60	66.82	$4,009
Focus Groups	89	178	66.82	11,893
Total	389	238	na	15,902

* Hourly wage rate is the weighted average of hourly rates of the types of professionals who will be participating in the focus groups. The weighted average includes the following occupational codes and wage rates: 29–1065 (Pediatricians, General), $78.67; 29–1069 (Physicians and Surgeons, All Other), $97.35; 29–1021 (Dentists, General), $76.61; 29–1111 (Registered Nurses), $32.35; 11–9111 (Medical and Health Services Managers), $40.85; 29–1071 (Physician Assistants), $41.86. Source: "National Compensation Survey: Occupational wages in the United States 2009," U.S. Department of Labor, Bureau of Labor Statistics.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total and annualized cost to the government for conducting this research. The total cost is estimated to be $424,493.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development	$79,313	$39,657
Data Collection Activities	99,464	49,732
Data Processing and Analysis	49,732	24,866
Publication of Results	38,415	19,208
Project Management	37,601	18,801
Overhead	119,968	59,984
Total	424,493	212,247

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQs information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: January 4, 2011.

Carolyn M. Clancy,

Director.

[FR Doc. 2011–410 Filed 1–14–11; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Cancer Institute Special Emphasis Panel, January 24, 2011, 5 p.m. to January 26, 2011, 5 p.m., Bethesda North Marriott Hotel & Conference Center, 5701 Marinelli RD, Bethesda, MD, 20852 which was published in the **Federal Register** on November 24, 2010, 75 FR 71713.

This notice is amending the meeting from three days to two days. The new date and time of this meeting is January 25, 2011, 8 a.m. to January 26, 2011, 5 p.m. The meeting is closed to the public.

Dated: January 11, 2011.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011–875 Filed 1–14–11; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Eye Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Advisory Eye Council, January 20, 2011, 8:30 a.m. to 12 p.m. for Open session and 1:15 p.m. to adjournment for Closed Session, National Institutes of Health, 5635 Fishers Lane, Terrace Level Conference Center, Bethesda, MD 20892 which was published in the **Federal Register** on December 8, 2010, Vol. 75; Number 235–76474.

The meeting will be on January 20, 2011, 8:30 a.m. to 11 a.m. Open session and 11 a.m. to adjournment for Closed Session.

Dated: January 11, 2011.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011–878 Filed 1–14–11; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Library of Medicine; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App), 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. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable materials, 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: National Library of Medicine Special Emphasis Panel R01.

Date: February 4, 2011.

Time: 12 p.m. to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: National Library of Medicine, 6705 Rockledge Drive, Suite 301, Bethesda, MD 20817. (Telephone Conference Call.)

Contact Person: Zoe H. Huang, MD, Scientific Review Officer, Extramural Programs, National Library of Medicine, NIH, 6705 Rockledge Drive, Suite 301, Bethesda, MD 20892–7968, 301–594–4937, *huangz@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program No. 93.879, Medical Library Assistance, National Institutes of Health, HHS).

Dated: January 11, 2011.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011–881 Filed 1–14–11; 8:45 am]

BILLING CODE 4140–01–P