

## GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090-0262]

### General Services Administration Acquisition Regulation; Information Collection; Identification of Products With Environmental Attributes

**AGENCY:** Office of the Chief Acquisition Officer, GSA.

**ACTION:** Notice of request for comments regarding a revision to an existing OMB clearance.

**SUMMARY:** Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the General Services Administration will be submitting to the Office of Management and Budget (OMB) a request to revise and approve an extension of a currently approved information collection requirement regarding identification of products with environmental attributes. The clearance currently expires on April 30, 2009.

*Public comments are particularly invited on:* Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate and based on valid assumptions and methodology; and ways to enhance the quality, utility, and clarity of the information to be collected.

**DATES:** Submit comments on or before: February 9, 2009.

**FOR FURTHER INFORMATION CONTACT:** Mr. Warren Blankenship, Procurement Analyst, Contract Policy Division, at telephone (202) 501-1900 or via e-mail to [warren.blankenship@gsa.gov](mailto:warren.blankenship@gsa.gov).

**ADDRESSES:** Submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Regulatory Secretariat (VPR), General Services Administration, Room 4041, 1800 F Street, NW., Washington, DC 20405. Please cite OMB Control No. 3090-0262, Identification of Products with Environmental Attributes, in all correspondence.

#### SUPPLEMENTARY INFORMATION:

##### A. Purpose

General Services Administration (GSA) requires contractors submitting Multiple Award Schedule Contracts to identify in their GSA price lists those products that they market commercially that have environmental attributes. The identification of these products will enable Federal agencies to maximize the use of these products to meet the

responsibilities expressed in statutes and executive orders.

##### B. Annual Reporting Burden

*Respondents 18,000.:*

*Responses per Respondent: 1.*

*Annual Responses: 18,000.*

*Hours per Response: 5.*

*Total Burden Hours: 90,000.*

*Obtaining Copies of Proposals:*

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501-4755. Please cite OMB Control No. 3090-0262, Identification of Products with Environmental Attributes, in all correspondence.

Dated: November 19, 2008.

**Rhonda Cundiff,**

*Acting Director, Office of Acquisition Policy.*

[FR Doc. E8-29050 Filed 12-8-08; 8:45 am]

BILLING CODE 6820-61-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Health Care Research and Quality

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Agency for Health Care Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request the Office of Management and Budget (OMB) to allow the proposed information collection project: "Overcoming Barriers to Expanded Health Information Exchange (HIE) Participation in Indiana." In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on June 10th, 2008 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by January 8, 2009.

**ADDRESSES:** Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (Attention: AHRQ's desk officer) or by e-mail at [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) (attention: AHRQ's desk officer).

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](mailto:doris.lefkowitz@ahrq.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

"Overcoming Barriers to Expanded Health Information Exchange (HIE) Participation in Indiana."

AHRQ, through its contractor, the Regenstrief Institute at Indiana University, proposes to assess the barriers to participation in health information exchange (HIE) in Indiana. The Regenstrief Institute will use its experience to date working with a variety of organizations to establish specific barriers to engagement in HIE cited by stakeholders, define the barriers and evaluate them.

The Regenstrief Institute will develop and implement a questionnaire and survey process to identify barriers that may exist throughout the State of Indiana to participation in the Indiana Network of Patient Care (INPC). The INPC is a local health information infrastructure that includes information from five major hospital systems (fifteen separate hospitals), the county and State public health departments, and Indiana Medicaid and RxHub. The INPC began operation seven years ago and is one of the first examples of a local health information infrastructure.

This research will elicit and aggregate feedback from large and small physician groups, as well as hospitals, throughout the State of Indiana. The goal is to identify the gaps in understanding, barriers and disconnects that may exist with providers' adoption of, and membership in, the INPC. The relationship between the stakeholders involved in the Indiana HIE is governed by a contract between the participants. The Regenstrief Institute, acting on behalf of the participants, created and operates the exchange, including serving as the custodian of the data.

The Regenstrief Institute will survey three key stakeholder groups in the State of Indiana: Small hospitals, small physician practices (less than 5 providers) and large physician practices (greater than 20 providers) to identify barriers for each of these groups to participate in a HIE in general, and specifically the INPC. It is difficult to predict the barriers that will be identified, but based on their experience to date, anecdotal evidence suggests that

the cost of interfaces and the management attention needed to participate will be the two major barriers. The findings will be used to create approaches to engage specific entities to participate in their statewide HIE.

This project is being conducted pursuant to AHRQ's statutory mandates to conduct and support research, evaluations and initiatives to advance information systems for health care improvement (42 U.S.C. 299b-3) and to promote innovations in evidence-based health care practices and technologies by conducting and supporting research on the development, diffusion, and use of health care technology (42 U.S.C. 299b-5(a)(1)). This project is also being conducted pursuant to a modification to an earlier AHRQ request for proposals entitled "State and Regional Demonstrations in Health Information Technology" (issued under contract 290-04-0015).

**Method of Collection**

To ease the burden on the participating health care providers a Web-based questionnaire will be used. An initial screener interview will be conducted by telephone to describe the purpose of the survey and the survey process and to request the hospital's or physician practice's participation in the survey. After a hospital or practice agrees to participate, a communication packet will be sent by e-mail to the contact person identified during the telephone screening. The communication packet includes: (a) An

HIE description and definition; (b) description of the INPC, its mission, overall direction, and other relevant background information; and (c) purpose for the contact, estimated time required to complete the Web-based questionnaire and a link to the questionnaire.

Responses to the survey are expected from about 20 hospitals and 40 physician practices of each size. Two to three individuals from each hospital will be asked to respond to the questionnaire. For physician practices, one person from each practice will be asked to respond: A practice manager, director of technology, or person occupying a similar role.

Following the completion of the Web-based questionnaire, respondents will be re-contacted by telephone for a follow-up interview. The purpose of the follow-up interview is to determine the steps necessary to overcome the barriers to HIE identified in the Web-based questionnaire. A structured interview guide has been developed with standard questions for the telephone follow-up.

The data will be aggregated, analyzed and a final report will be prepared that focuses on the following major topic areas:

- a. General perceptions on electronic sharing of health information;
- b. The extent to which electronic health information sharing exists in the contact's current environment;
- c. Barriers to the adoption and implementation of electronic health information sharing and, specifically, INPC; and

d. Recommendations for addressing and resolving issues preventing the adoption of HIE (general as well as entity-specific recommendations).

This information will assist AHRQ's mission to advance "the creation of effective linkages between various sources of health information, including the development of information networks." 42 U.S.C. 299b-3(a)(3). A seventy-five percent (75%) response rate is anticipated.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this research. A screener interview will be completed once by each of the 20 hospitals and 80 physician practices and is expected to require about 5 minutes to complete. The Web-based questionnaire will be completed by an average of 3 persons from each of the 20 hospitals and by one person from each of the 80 physician practices and will take about 10 minutes to complete. The telephone follow-up interview will be conducted with each person that completed the Web-based questionnaire and is expected to last about 15 minutes. The total burden hours for the participating health care providers is estimated to be 66 hours.

Exhibit 2 shows the estimated annualized cost burden to the responding health care providers based on their time to participate in this research. The total cost burden is estimated to be \$3,074.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Screener .....	100	1	5/60	8
Web-based Questionnaire .....	100	1.4	10/60	23
Telephone Follow-up Interview .....	100	1.4	15/60	35
Total .....	300	na	na	66

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Screener .....	100	8	\$46.58	\$373
Web-based Questionnaire .....	100	23	46.58	1,071
Telephone Follow-up Interview .....	100	35	46.58	1,630
Total .....	300	66	na	3,074

\* Based upon the average of the "Wage estimates, mean hourly" for the following occupation codes and titles: 11-101/Chief executives; 13-0000/Business and financial operations occupations; 15-1071/Network and computer systems administrators; 29-1062/Family and general practitioners; 11-9111/Medical and health services managers, from the "May 2007 State Occupational Employment and Wage Estimates, Indiana; Occupational Employment Statistics, U.S. Department of Labor, Bureau of Labor Statistics, [http://www.bls.gov/oes/current/oes\\_in.htm](http://www.bls.gov/oes/current/oes_in.htm)."

### Estimated Annual Costs to the Federal Government

This project will last for one year and is estimated to cost the government \$120,000. The scope of work includes the development of the survey instruments and data collection (\$90,000), and data analysis (\$10,000) to establish specific barriers to HIE participation cited by stakeholders and to define and evaluate them (\$20,000).

### Request for Comments

In accordance with the above cited Paperwork Reduction Act legislation, comments on AHRQ's 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 functions of AHRQ health care research and health care 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 on the information to be collected; and (d) ways to minimize the burden of the collection of information on 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: December 1, 2008.

**Carolyn M. Clancy,**  
Director.

[FR Doc. E8-28901 Filed 12-8-08; 8:45 am]

BILLING CODE 4160-90-M

## 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, Department of Health and Human Services.

**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) allow the proposed

information collection project: "Establishing Benchmarks for the Medical Office Survey on Patient Safety." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on September 19th, 2008 and allowed 60 days for public comment. One comment was received. This notice differs from the previous notice in that the number of respondents was increased by 150 respondents and the burden hours were reduced by 1,488 hours. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by January 8, 2009.

**ADDRESSES:** Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (attention: AHRQ's desk officer) or by e-mail at [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) (attention: AHRQ's desk officer).

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#### FOR FURTHER INFORMATION CONTACT:

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at [doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

*"Establishing Benchmarks for the Medical Office Survey on Patient Safety"*

The ambulatory Medical Office Survey on Patient Safety (SOPS), an adapted version of AHRQ's Hospital Survey on Patient Safety Culture (HSOPSC), was developed in 2005 to measure specific components of patient safety culture in the ambulatory setting. A pilot study (OMB #0935-0131) assessed and refined the psychometric properties of specific survey items, and a final version of SOPS is now ready for public dissemination. However, in order for the survey to be most useful to ambulatory medical offices in identifying areas of relative strength and weakness in patient safety culture, reliable benchmarks to which a practice's responses can be compared need to be established.

AHRQ has determined, through discussions with potential end-users of SOPS, including leaders of physician and other provider groups, that an

ambulatory practice is unlikely to have confidence in SOPS benchmarks unless the benchmarking data are based on responses derived from offices with similar characteristics. Office characteristics thought to have a potential effect on SOPS responses include practice size, provider specialty mix, and use of electronic information technology. A separate survey to collect information about these practice characteristics has been developed and was tested and refined as part of the pilot study.

In order to establish SOPS benchmarks that can be tailored with respect to specific practice-related characteristics, survey responses from a large sample of practices stratified by these characteristics are required. AHRQ therefore intends to recruit and administer SOPS to ambulatory medical offices that have been selected on the basis of practice characteristics. In addition, AHRQ intends to collect from these practices evaluative information about administrative barriers and facilitators to survey participation as well as a description of how the office used (or plans to use) the survey results to enhance patient safety culture. These data will inform future efforts by AHRQ to maximize the use of SOPS and the utility/value of survey results to ambulatory practices across the country.

This project is being conducted pursuant to AHRQ's statutory mandates to (1) promote health care quality improvement by conducting and supporting research that develops and presents scientific evidence regarding all aspects of health care, including methods for measuring quality and strategies for improving quality (42 U.S.C. 299(b)(1)(F)) and (2) conduct and support research on health care and on systems for the delivery of such care, including activities with respect to quality measurement and improvement (42 U.S.C. 299a(a)(2)).

#### Methods of Collection

A purposive sample of 400 outpatient medical offices will be identified and recruited. The goal is for the sample to be proportionately distributed with regard to three practice characteristics: Office size (number of physicians and employed staff); provider specialty mix (single- vs multi-specialty); and extent to which electronic health information tools are used. All physicians and employed staff in the practices will be asked to complete the SOPS. Additionally, one office manager for the practice will be asked to complete the Office Characteristics Survey. Since higher response rates have been demonstrated when paper-based