Dated: October 27, 2010.

**Carol Walker,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2010–27601 Filed 11–1–10; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30-Day–11–0307]**

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call 404–639–4604 or send comments to Carol Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Gonococcal Isolate Surveillance Project (GISP), (OMB No. 0920–0307)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

CDC is requesting a 3-year extension without change for this project. The objectives of GISP are to monitor trends in antimicrobial susceptibility of *Neisseria gonorrhoeae* strains in the U.S. and to characterize resistant isolates. Monitoring antibiotic susceptibility is critical since *Neisseria gonorrhoeae* has demonstrated the consistent ability to gain antibiotic resistance. GISP provides critical surveillance for antimicrobial resistance, allowing for informed treatment recommendations.

This project involves 5 regional laboratories and 30 sexually transmitted disease (STD) clinics operated by the local health departments around the country. The STD clinics submit up to 25 gonococcal isolates per month to the Regional laboratories to measure susceptibility to a panel of antibiotics. Limited demographic and clinical information corresponding to the isolates are submitted directly by the STD clinics to CDC.

During 1986–2009, GISP has demonstrated the ability to effectively achieve its objectives. The emergence of resistance in the United States to penicillin, tetracyclines, and fluoroquinolones among N. gonorrhoeae isolates was identified through GISP. Increased prevalence of *fluoroquinolone-resistant N. gonorrhoeae* (QRNG), as documented by GISP data, prompted CDC to update the treatment recommendations for gonorrhea in CDC's Sexually Transmitted Diseases Treatment Guidelines, 2006 and to release an MMWR article stating that CDC no longer recommended fluoroquinolones for treatment of gonococcal infections. There are no costs to respondents other than their time. Respondents receive Federal funds to participate in this project. The total annual burden is estimated to be 8,568 hours.

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|---|
| Clinic | Form 1 | 30 | 240 | 11/60 |
| Laboratory | Form 2 | 5 | 1,440 | 1 |
| | Form 3 | 5 | 48 | 12/60 |
| Total | | 40 | | |

Dated: October 27, 2010.

**Carol Walker,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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**BILLING CODE 4163–18–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: "AHRQ Grants Reporting System (GRS)." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on August 31st, 2010 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 December 2, 2010.

**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* (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.*

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

*AHRQ Grants Reporting System (GRS)*

AHRQ seeks to renew the Agency's Grants Reporting System (GRS), a systematic method for its grantees to report project progress and important preliminary findings for grants funded by the Agency. This system was first approved by OMB on November 10, 2004 (OMB Control Number 0935–0122). The system addressed the shortfalls in the previous reporting process and established a consistent and comprehensive grants reporting solution for AHRQ. The GRS provides a centralized repository of grants research

progress and additional information that can be used to support initiatives within the Agency. This includes future research planning and support to administration activities such as performance monitoring, budgeting, knowledge transfer as well as strategic planning.

The overall intent of the GRS project is to establish and document a systematic process that provides grantees with the ability to submit critical information in a timely manner throughout the lifecycle of a grant. In addition, the GRS project includes an infrastructure that is scalable and flexible to support information exchange throughout the Agency.

The GRS is based on a review of the previous processes that supported the solicitation and submission of data associated with patient safety grants. Following this review, a recommended process was prepared and presented to AHRQ stakeholders. The project team developed an initial system that addresses the immediate needs of the stakeholder community.

The project team, in conjunction with the stakeholder community will establish follow-on activities which will expand the capabilities of the initial system to meet the longer term goals of the project as directed by the executive management team of the agency. The specific activities that were accomplished in the short term and those established for the longer term are outlined below.

*Short-Term Objectives*

The following initial objectives for the GRS project have been:

- Establish and document a systematic process which supports the voluntary reporting of project progress and important preliminary findings associated with patient safety research grants
- Collect, document, and prioritize the long-term objectives of the GRS
- Establish an infrastructure that satisfies the short-term objectives of the project and can be leveraged to meet the long-term objectives and anticipated expansion
- Establish an automated user-friendly resource that will be used by grantees, regardless of mechanism, for reporting to AHRQ
- Establish an automated user-friendly resource that will be utilized by Agency staff for preparing, distributing, and reviewing reporting requests to patient safety grantees
- Ensure that the necessary security requirements are established and implemented in order to maintain the intellectual property or publication rights of grantees
- Establish a solution that is consistent with the AHRQ enterprise architecture model and aligned with AHRQ systems development standards.

*Long-Term Objectives*

The AHRQ project team will continue to enhance the GRS to establish a single, common reporting system for research related activities by:

- Enhancing the initial system as necessary to accommodate features not addressed by the short-term solution.
- Modifying the short-term solution to address new requirements and refine existing functionality for use across the agency for other programs and mechanisms.
- Expanding the deployment of the system to accommodate additional grants programs and other agency information exchange mechanisms.

*Method of Collection*

Grantees are required to enter data related to the progress of their grant funded research quarterly through a secure online interface which requires a user id and password.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden hours for the respondents. It will take grantees an estimated 10 minutes to enter the necessary data into the Grant Reporting System (GRS) and reporting will occur four times annually. The total annualized burden hours are estimated to be 333 hours.

Exhibit 2 shows the estimated annualized cost burden for the respondents. The total estimated cost burden for respondents is $11,159.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

| Form name | Number of respondents | Number of responses per respondent | Hours per response | Total burden |
|---|---|---|---|---|
| Data entry into GRS | 500 | 4 | 10/60 | 333 |
| Total | 500 | na | na | 333 |

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

| Form name | Number of respondents | Total burden hours | Average hourly wage rate * | Total cost burden |
|---|---|---|---|---|
| Data entry into GRS | 500 | 333 | $33.51 | $11,159 |
| Total | 500 | 333 | na | 11,159 |

* Based upon the average wages for Healthcare Practitioner and Technical Occupations (29–0000), "National Compensation Survey: Occupational Wages in the United States, May 2009," U.S. Department of Labor, Bureau of Labor Statistics.

**Estimated Annual Costs to the Federal Government**

The annual cost to the government is $100,000 for licensing, support and maintenance.

**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: October 19, 2010.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 2010–27571 Filed 11–1–10; 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, 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: "The Agency for Health Care Research and Quality (AHRQ) Health Care Innovations Exchange Innovator Interview and Innovator E-mail Submission Guidelines." 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 January 3, 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**

*The Agency for Healthcare Research and Quality (AHRQ) Health Care Innovations Exchange Innovator Interview and Innovator E-mail Submission Guidelines*

This request for Office of Management and Budget (OMB) review is for renewal of the existing collection that is currently approved under OMB Control No. 0935–0147, AHRQ Health Care Innovations Exchange Innovator Interview and AHRQ Health Care Innovations Exchange Innovator E-mail Submission Guidelines, which expires on March 31, 2011.

The Health Care Innovations Exchange provides a national-level information hub to foster the implementation and adaptation of innovative strategies that improve health care quality and reduce disparities in the care received by different populations. The Innovations Exchange's target audiences, broadly defined, are current and potential change agents in the U.S. health care system, including clinicians (*e.g.,* physicians, nurses, and other providers), health system administrators, health plan managers, health service purchasers, regulators, and policymakers from relevant Federal and state agencies.

To develop the target of 150 profiles per year, a purposively selected group of approximately 167 health care innovations will be selected annually for potential consideration. These 167 innovations will be selected to ensure that innovations included in the Innovations Exchange cover a broad range of health care settings, care processes, priority populations, and clinical conditions.

The goals of the Health Care Innovations Exchange are to:

(1) Identify health care service delivery innovations and provide a national level repository of searchable innovations and Quality Tools that enables health care decisionmakers to quickly identify ideas and tools that meet their needs. These innovations come from many care settings including inpatient facilities, outpatient facilities, long term care organizations, health plans and community care settings. They also represent many patient populations, disease conditions, and processes of care such as preventive, acute, and chronic care;

(2) Foster the implementation and adoption of health care service delivery innovations that improve health care quality and reduce disparities in the care received by different populations.

This data collection is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities (1) With respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services, 42 U.S.C. 299a(a), and (2) to promote innovation in evidence-based health care practices and technologies. 42 U.S.C. 299b–5.

**Method of Collection**

To achieve the first goal of the Innovations Exchange the following data collections will be implemented:

(1) E-mail submission—Based on experience during the current approval period, approximately 10% of the 167 health care innovations considered for inclusion annually, and their associated innovators, will submit their innovations via e-mail to the Innovations Exchange without prior contact (about 17 annually). Innovators who submit their innovations for possible publication through the e-mail submission guidelines process will be considered as will innovations identified by project staff through an array of sources that include: published literature, conference proceedings, news items, list servs, Federal agencies and other government programs and resources, health care foundations, and health care associations.

(2) Health care innovator interview—To collect and verify the information required for the innovation profiles, health care innovators will be interviewed by telephone about the following aspects of their innovation: health care problem addressed, impetus for the innovation, goals of the innovation, description of the innovation, sources of funding, evaluation results for the innovation, setting for the innovation, history of planning and implementation for the innovation, and lessons learned concerning the implementation of the innovation. Interviews will be conducted with innovators identified by project staff and those identified through e-mail submission.

(3) Annual follow-up reviews—After the innovation profile is published, on a yearly basis, innovators will be contacted by e-mail to review and update their profiles.

The second goal of the Innovations Exchange is achieved by serving as a "one-stop shop" that provides: