

**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:

“Voluntary Customer Survey Generic Clearance for the Agency for Healthcare Research and Quality.” 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 January 25th, 2011 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 May 2, 2011.

**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**

Voluntary Customer Survey Generic Clearance for the Agency for Healthcare Research and Quality

Executive Order 12862 directs agencies that “provide significant services directly to the public” to “survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services.” This is a request for the Office of Management and Budget (OMB) to re-approve for an additional 3 years, under the Paperwork Reduction Act of 1995, the generic clearance for the Agency for Healthcare Research and Quality (AHRQ) to survey the users of AHRQ’s work products and services, OMB control number 0935–0106.

Customer surveys will be undertaken by AHRQ to assess its work products and services provided to its customers, to identify problem areas, and to determine how they can be improved. Surveys conducted under this generic clearance are not required by regulation and will not be used by AHRQ to regulate or sanction its customers. Surveys will be entirely voluntary, and information provided by respondents will be combined and summarized so that no individually identifiable information will be released. Proposed information collections submitted under this generic clearance will be reviewed and acted upon by OMB within 14 days of submission to OMB.

In accordance with OMB guidelines for generic clearances for voluntary customer surveys and Executive Order 12862, AHRQ: (1) Has established an independent review process to assure the development, implementation, and

analysis of high quality customer surveys within AHRQ; (2) will provide periodic progress reports on the conduct of surveys under the generic approval, summarizing the actual burden; (3) will provide OMB with copies of the survey instruments for inclusion in the docket; and, (4) will notify OMB of any significant changes in proposed survey instruments.

**Method of Collection**

The information collected through focus groups and voluntary customer surveys will be used by AHRQ to identify strengths and weaknesses in products and services to make improvements that are practical and feasible. Information from these customer surveys will be used to plan and redirect resources and efforts to improve or maintain a high quality of service to the lay and health professional public.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated total burden hours for the respondents. Mail surveys are estimated to average 15 minutes, telephone surveys 40 minutes, web-based surveys 10 minutes, focus groups two hours, and in-person interviews are estimated to average 50 minutes. Mail surveys may also be sent to respondents via email, and may include a telephone non-response follow-up. Telephone non-response follow-up for mailed surveys does not count as a telephone survey. The total burden hours for the 3 years of the clearance is estimated to be 10,150 hours.

Exhibit 2 shows the estimated cost burden for the respondents. The total cost burden for the 3 years of the clearance is estimated to be \$340,127.

**EXHIBIT 1—ESTIMATED BURDEN HOURS OVER 3 YEARS**

Type of information collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Mail/email* .....	15,000	1	15/60	3,750
Telephone .....	600	1	40/60	400
Web-based .....	15,000	1	10/60	2,500
Focus Groups .....	1,500	1	2.0	3,000
In-person .....	600	1	50/60	500
<b>Total .....</b>	<b>32,700</b>	<b>na</b>	<b>na</b>	<b>10,150</b>

\* May include telephone non-response follow-up in which case the burden will not change.

**EXHIBIT 2—ESTIMATED COST BURDEN OVER 3 YEARS**

Type of information collection	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Mail/email .....	15,000	3,750	\$33.51	\$125,663

## EXHIBIT 2—ESTIMATED COST BURDEN OVER 3 YEARS—Continued

Type of information collection	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Telephone .....	600	400	33.51	13,404
Web-based .....	15,000	2,500	33.51	83,775
Focus Groups .....	1,500	3,000	33.51	100,530
In-person .....	600	500	33.51	16,755
Total .....	32,700	10,150	na	340,127

\* Based upon the average wages for 29–000 (Healthcare Practitioner and Technical Occupations), “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

Information collections conducted under this generic clearance will in some cases be carried out under contract. Assuming the contract cost per survey are \$50,000–\$100,000, and for each focus group are \$20,000, total contract costs could run \$720,000 per year.

### 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 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: March 17, 2011.

**Carolyn M. Clancy,**  
Director.

[FR Doc. 2011–7430 Filed 3–30–11; 8:45 am]

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**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.

This proposed information collection was previously published in the **Federal Register** on January 27th, 2011 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 May 2, 2011.

**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: AHRQs desk officer).

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#### 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