Proposed Project

''Pilot Study of Proposed Medical Office Surveys on Patient Safety''

This activity is an expansion and refinement of AHRQ's Hospital Survey on Patient Safety Culture (HSOPSC) which was developed and released to the public for use in November 2004. Two new surveys are proposed to assess patient safety culture in outpatient medical office settings: one for clinicians (physicians, physician assistants, and nurse practitioners who diagnose, prescribe for, and treat patients) and one for medical office staff (all other non-clinician staff). The proposed new surveys will be based on the HSOPSC but also contain new and revised items as well as dimensions that are more applicable to the outpatient medical office setting. The two proposed surveys will contain some items that are the same and some items that are unique to each survey.

The instruments will be pilot tested with clinicians and staff working in 97 outpatient medical offices. The data collected will be analyzed to determine the psychometric properties of each survey's items and dimensions and provide information for the revision and shortening of the final surveys based on an assessment of their reliability and construct validity. The final surveys will be made publicly available to enable outpatient medical offices to assess patient safety culture from the perspectives of their clinicians and staff. The surveys can be used by outpatient medical offices to identify areas for patient safety culture improvement.

Methods of Collection

A purposive sample of 97 outpatient medical offices will be recruited and selected. These medical offices will represent a distribution of single-specialty offices (of various types) and multi-specialty offices, and will vary by office size (based on number of physicians in the office), as well as geographic region of the United States. Recruited medical offices will be allocated to each category in numbers roughly proportionate to the national distribution of offices in each category.

All clinicians in each medical office will be asked to respond to the clinician survey and all other non-clinician staff will be asked to complete the medical office staff survey. Since not all medical office staff have access to e-mail or the internet, paper surveys will be administered. Standard non-response follow-up techniques such as reminder postcards and distribution of a second survey will be used. Individuals and organizations contacted will be assured of the confidentiality of their replies under Section 924(c) of the Healthcare Research and Quality Act of 1999.

Estimated Annual Respondent Burden

Paper surveys will be distributed to a total of approximately 2,340 individuals from 97 medical offices (about 592 clinicians and 1,748 medical office staff), with a target response rate of 70%, or 1,638 completed surveys (414 completed clinician surveys and 1,224 medical office staff surveys). Respondents should take approximately 15 minutes to complete either survey. Therefore, we estimate that the total respondent burden for completing the survey will be 410 hours (414 completed clinician surveys multiplied by 0.25 hours per survey or 104 hours; and 1,224 completed medical office staff surveys multiplied by 0.25 hours per survey or 306 hours).

Type of respondent	Number of respondents	Number of responses per respondent	Estimated time per respondent	Estimated total respondent burden hours
Clinicians	414	1	0.25 hours	104
Medical office staff	1,224	1	0.25 hours	306
Total	1,638			410

Estimated Annual Costs to the Federal Government

The total cost to the Government for developing the clinician survey is approximately $257,000, and for the medical office staff survey is approximately $268,000. These estimates include the costs of background literature reviews, survey development, cognitive testing, pilot data collection, data analysis, and preparation of final deliverables and reports.

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 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 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 22, 2007.

Carolyn M. Clancy,

Director.

[FR Doc. 07–571 Filed 2–8–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–07–0457]

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 the CDC Reports Clearance Officer at (404) 639–5960 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) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Aggregate Reports for Tuberculosis Program Evaluation (OMB No. 0920–0457)—Extension—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination (DTBE) proposes to continue the Aggregate Reports for Tuberculosis Program Evaluation, previously approved under OMB No. 0920–0457. This request is for a 3-year clearance. There are no revisions to the report forms, data definitions, or reporting instructions. DTBE is the lead agency for tuberculosis elimination in the United States.

To ensure the elimination of tuberculosis in the United States, CDC monitors indicators for key program activities, such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected and providing therapy for latent tuberculosis infection. In 2000, CDC implemented two program evaluation reports for annual submission: Aggregate report of follow-up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection (OMB No. 0920–0457). The respondents for these reports are the 68 State and local tuberculosis control programs receiving Federal cooperative agreement funding through DTBE. These reports emphasize treatment outcomes, high-priority target populations vulnerable to tuberculosis, and programmed electronic report entry and submission through the Tuberculosis Information Management System (TIMS). No other federal agency collects this type of national tuberculosis data, and the Aggregate report of follow-up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection are the only data source about latent tuberculosis infection for monitoring national progress toward tuberculosis elimination with these activities. CDC provides ongoing assistance in the preparation and utilization of these reports at the local and State levels of public health jurisdiction. CDC also provides respondents with technical support for the TIMS software (Electronic—100%, Use of Electronic Signatures—No). The annual burden to respondents is estimated to be 226 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Report name	Respondents (state and local tuberculosis control programs)	Response format	Number response per respondent	Hrs per response
Follow-up and Treatment of Contacts to Tuberculosis Cases.	68 data clerks	50 Electronic	1	30/60
		18 Manual	1	3
	68 program managers	50 Electronic	1	30/60
		18 Manual	1	30/60
Targeted Testing and Treatment for Latent Tuberculosis Infection.	68 data clerks	50 Electronic	1	30/60
		18 Manual	1	3
	68 program managers	50 Electronic	1	30/60
		18 Manual	1	30/60

Dated: February 5, 2007.

Joan F. Karr,

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

[FR Doc. E7–2176 Filed 2–8–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–07–05CI]

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 the CDC Reports Clearance Officer at (404) 639–5960 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) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

CDC Oral Health Management Information System—New—Division of Oral Health (DOH), National Center for Chronic Disease Prevention and Public Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC seeks to improve the oral health of the nation by targeting efforts to improve the infrastructure of state and territorial oral health departments, strengthen and enhance program capacity related to monitoring the population's oral health status and behaviors, develop effective programs to improve the oral health of children and adults, evaluate program accomplishments, and inform key stakeholders, including policy makers, of program results. Through a cooperative agreement program (Program Announcement 03022), CDC provides approximately $3 million per year over 5 years to 12 states and one territory to strengthen the state's core oral health infrastructure and capacity and reduce health disparities among high-risk groups. The CDC is authorized to do this under sections 301 and 317(k) of the Public Health Service Act [42 U.S.C. 241 and 247b(k)].

NCCDPHP is currently pursuing a key initiative to improve the efficiency and effectiveness of CDC project officers who oversee the State and territorial oral health programs by developing an information system to support program management, consulting and evaluation. Information systems provide a central repository of information, such as the plans of the State or territorial oral health programs (their goals, objectives, performance milestones and indicators), as well as state and territorial oral health performance activities including programmatic and financial information.