TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN, BY ANTICIPATED DATA COLLECTION METHODS—Continued

	Number of respondents	Frequency of response	Hours per response	Total hours
Screening for Health Professional Individual In-Depth Interviews	1,000	1	10/60	167
TOTAL (Physician and Other Health Professional)	17,708	....	....	3,560
TOTAL (Overall)	34,316	....	....	6,878

Mary Forbes,
Paperwork Reduction Act Clearance Officer, Office of the Secretary.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New; 30-day notice]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of

automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov,* or call the Reports Clearance Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202–395–5806.

Proposed Project: Research Evaluation and Impact Assessment of ARRA Comparative Effectiveness Research Portfolio—OMB No. 0990–New-Assistant Secretary Planning and Evaluation (ASPE).

Abstract: Researchers and policymakers have emphasized the need for research on effectiveness of health care interventions under real-world conditions in diverse populations and clinical practice settings, that is, comparative effectiveness research (CER). The American Reinvestment and Recovery Act of 2009 (ARRA) expanded Federal resources devoted to CER by directing $1.1 billion to the U.S.

Department of Health and Human Services (HHS) for such research.

ARRA also called for a report to Congress and the Secretary of HHS on priority CER topics by the Institute of Medicine (IOM). The report presented priority CER topics and recommendations to support a robust and sustainable CER enterprise. In addition, ARRA established the Federal Coordinating Council on Comparative Effectiveness Research (FCCCER) to help coordinate and minimize duplicative efforts of Federally sponsored CER across multiple agencies and to advise the President and Congress on how to allocate Federal CER expenditures.

This project seeks to evaluate and assess the products and outcomes of ARRA-funded CER investments and the impacts of those investments on the priority topics recommended by IOM and on the categories and themes of the FCCCER framework. The primary goals of this evaluation are to (1) conduct an initial assessment of the ARRA CER portfolio, cataloguing how CER funding was invested to achieve the vision of the FCCCER and assessing initial impact from the perspective of various stakeholders; and (2) lay the groundwork for future CER investments by identifying investment opportunities, evidence gaps and lessons learned.

ESTIMATED ANNUALIZED BURDEN HOUR TABLE

Instrument	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total hour burden
Attachment B: Survey (PSLA)	Principal investigators and project directors.	730	1	20/60	243
Attachment C: In-depth interviews (PSLA).	Principal investigators and project directors.	50	1	1	50
Attachment D: Survey (SSLA)	Key stakeholders: health care providers.	600	2	15/60	300
Attachment D: Survey (SSLA)	Key stakeholders: health care organization administrators.	600	2	15/60	300
Attachment D: Survey (SSLA)	Key stakeholders: patients/consumers.	600	2	15/60	300
Attachment E: Focus group (SSLA)	Members of the general public	60	2	2	240
Attachment F: In-depth interviews (SSLA).	Stakeholders: health care providers	10	1	1	10
Attachment G: In-depth interviews (SSLA).	Stakeholders: health care organization administrators.	10	1	1	10

ESTIMATED ANNUALIZED BURDEN HOUR TABLE—Continued

Instrument	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total hour burden
Attachment H: In-depth interviews (SSLA).	Stakeholders: patients/consumers ...	10	1	1	10
Attachment I: In-Depth interviews (SSLA).	Stakeholders: employers and payers	10	1	1	10
Attachment J: In-Depth interviews (SSLA).	Stakeholders: researchers	10	1	1	10
Attachment K: In-Depth interviews (SSLA).	Stakeholders: developers of health innovations.	10	1	1	10
Total	....	2,700	....	....	1,493

Mary Forbes,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011–12338 Filed 5–18–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5502–N]

Medicare Program; Accelerated Development Sessions for Accountable Care Organizations— June 20, 21, and 22, 2011

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces the first of four accelerated development sessions (ADSs) that will provide executives with the opportunity to learn about core functions of an Accountable Care Organization (ACO) and ways to build their organization's capacity to succeed as an ACO. This 3-day, in-person ADS is to help new ACOs deliver better care and reduce costs. We invite all new or newly emerging ACOs to register a team of senior executives to participate.

DATES: *Meeting Dates:* Monday, June 20, 2011, 1 p.m. to 7:15 p.m., central standard time (c.d.t.); Tuesday, June 21, 2011, 8 a.m. to 5:45 p.m., (c.d.t.); Wednesday, June 22, 2011, 8 a.m. to 12 p.m. (c.d.t.).

Deadline for Meeting Registration: All teams must register by Monday, June 20, 2011.

ADDRESSES: *Meeting Location:* The first ADS will be held at the Doubletree by Hilton, Minneapolis-Park Place, 1500 Park Place Boulevard, Minneapolis, MN 55416. *Meeting Registration:* Individuals and teams wishing to participate must

complete the online registration located at *https://acoregister.rti.org.* Potential participants are also strongly encouraged to complete the comprehensive planning tool discussed in section III of this notice before arriving to the meeting.

FOR FURTHER INFORMATION CONTACT: Additional information is available on the registration Web site at *https://acoregister.rti.org.* Click on "contact us" to send questions or comments via e-mail. Press inquiries are handled through the CMS Press Office at (202) 690–6145.

SUPPLEMENTARY INFORMATION:

I. Background

Section 1115A of the Social Security Act (the Act), as added by section 3021 the Affordable Care Act, established the Center for Medicare and Medicaid Innovation (Innovation Center) for the purpose of examining new ways of delivering health care and paying health care providers in ways that can save money for Medicare and Medicaid while improving the quality of care for our beneficiaries. Through accelerated development sessions (ADSs), the Innovation Center will test whether intensive shared learning activities will expand and improve the capabilities of provider organizations to coordinate the care of a population of Medicare beneficiaries more effectively than organizations that do not participate in the ADSs. Well coordinated care can improve beneficiaries' quality outcomes and reduce the growth of Medicare expenditures.

Completion of the ADS will not be a factor for selection or participation in a CMS ACO program. It is intended to provide new ACOs with the opportunity to learn from their peers about essential ACO functions and various ways to build capacity needed to achieve better care for individuals, better population health, and lower growth in health care expenditures.

II. Session Participant Information and Agenda

Faculty at each ADS will be senior leadership from organizations that have already developed many of the characteristics of an ACO, and other experts in ACO core competencies— practitioners with first-hand experience with what is working and not working in the field. Each will offer a focused curriculum on core competencies for ACO development within four main areas: leadership and priority-setting; the clinical and operating challenge of transforming care delivery, including use of health IT; the managerial and financial challenge of assuming and managing risk; and meeting patient needs while reducing the total cost of care. Individual sessions and faculty will help participants complete corresponding sections of a comprehensive ACO implementation plan, including defining ACO goals and an action plan for establishing ACO core competencies.

Each participating team should consist of two to four senior-level leaders (including at least one executive with financial/management responsibility and one with clinical responsibility). Participants are also asked to attend future Web based seminars and complete a full ACO implementation plan as part of the broader ADS initiative to facilitate on-going learning and evaluation.

The agenda for the first ADS is available online at *https://acoregister.rti.org.*

III. Completion of Planning Tool and Session Registration Information

Registrants need to complete the registration form in order to participate in an ACO ADS. Potential participants are also strongly encouraged to complete a comprehensive planning tool, which will allow them to take full advantage of the hands-on learning activities during the ADS. The