

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIT Policy Committee Advisory Meeting; Notice of Meeting

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice of meeting.

This notice announces a forthcoming meeting of a public advisory committee of the Office of the National Coordinator for Health Information Technology (ONC). The meeting will be open to the public.

Name of Committee: HIT Policy Committee.

General Function of the Committee: to provide recommendations to the National Coordinator on a policy framework for the development and adoption of a nationwide health information technology infrastructure that permits the electronic exchange and use of health information as is consistent with the Federal Health IT Strategic Plan and that includes recommendations on the areas in which standards, implementation specifications, and certification criteria are needed.

Date and Time: The meeting will be held on May 30, 2012, from 4:00 p.m. to 6:00 p.m./ Eastern Time.

Location: This is a virtual meeting. For up-to-date call-in information, go to the ONC Web site, <http://healthit.hhs.gov>.

Contact Person: MacKenzie Robertson, Office of the National Coordinator, HHS, 355 E Street SW., Washington, DC 20201, 202-205-8089, Fax: 202-260-1276, email: mackenzie.robertson@hhs.gov. Please call the contact person for up-to-date information on this meeting. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

Agenda: The committee will hear reports from its workgroups and updates from ONC and other Federal agencies. ONC intends to make background material available to the public prior to the meeting on its Web site, at <http://healthit.hhs.gov>.

Procedure: ONC is committed to the orderly conduct of its advisory committee meetings. Interested persons may present data, information, or views, orally or in writing, on issues pending before the Committee. Written submissions may be made to the contact person on or before two days prior to the Committee's meeting date. Oral comments from the public will be scheduled in the agenda. Time allotted for each presentation will be limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled public comment period, ONC will take written comments after the meeting until close of business on that day.

ONC welcomes the attendance of the public at its advisory committee meetings. If you require special accommodations due to a disability, please contact MacKenzie

Robertson at least seven (7) days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App. 2).

Dated: May 7, 2012.

MacKenzie Robertson,

FACA Program Lead, Office of Policy and Planning, Office of the National Coordinator for Health Information Technology.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-12-0814]

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 at (404) 639-7570 or send an email 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

CDC Cervical Cancer Study (CX3)(OMB No. 0920-0814, exp. 6/30/2012)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is the only organized national screening program in the United States that offers breast and cervical cancer screening to underserved women. Current NBCCEDP screening standards for cervical cancer include an annual Pap test until a woman has had three consecutive normal Pap tests, at which time the Pap test frequency is reduced to every three years.

An alternative cervical cancer screening strategy involves administration of both the Pap test and a human papillomavirus (HPV) DNA test. Because persistent, carcinogenic HPV is strongly predictive of cervical cancer, this strategy, called HPV co-testing, can be used to identify women

who should be screened frequently for signs of cervical cancer. HPV co-testing can also be used to extend the screening interval for women who are low risk, i.e., both cytology negative and HPV negative. HPV co-testing is recommended by national organizations, but health care providers have been slow to adopt it or to use the results of HPV testing to modify the frequency of cervical cancer screening with the Pap test.

CDC is currently conducting a pilot study in 15 clinics in Illinois to examine the effects of an educational intervention aimed at improving patient and provider understanding of HPV co-testing (CDC Cervical Cancer Study (CX3)). The specific aims of the study are to: (1) Assess whether provider and patient education leads to extended screening intervals for women who have negative screening results; (2) identify facilitators and barriers to acceptance and appropriate use of the HPV test and longer screening intervals; (3) track costs associated with HPV testing and educational interventions; and (4) identify the HPV genotypes among this sample of low income women. Secondary goals of the study are to: (1) Assess follow-up of women with positive test results and (2) determine provider knowledge and acceptability of the HPV vaccine.

During the first three years of the study, each participating clinic was assigned to one of two study arms. Clinics in the intervention group administered the HPV DNA tests to eligible patients, along with a multi-component educational intervention involving both providers and patients. Clinics in the comparison group administered the HPV tests, but patients and providers have not received the educational intervention. A total of 2,246 women between the ages of 30 and 60 have been recruited into the study. Baseline information collection has been completed for an initial clinic survey, a 12-month follow-up clinic survey, a baseline provider survey, patient recruitment and enrollment, and a baseline patient survey. Information collection was initiated for a 36-month follow-up provider survey and an 18-month follow-up patient survey. These activities were described in the original Information Collection Request.

In order to complete the study as planned, CDC requests one additional year of approval from OMB. Information collection will include completion of the 18-month follow-up survey for approximately 150 patients and completion of the 36-month follow-up survey for 70 providers. The final year of the study will also include focus

groups with approximately 75 providers.

Information collected through follow-up surveys of patients and providers will be used to assess changes in knowledge, attitudes, beliefs and behavior regarding cervical cancer screening. Qualitative information collected during the focus groups with providers will be used to identify

facilitators and barriers to acceptance and appropriate use of the HPV test and longer screening intervals. Findings from the CX3 study will help inform NBCCEDP standards for primary cervical cancer screening, including reimbursement guidelines for the HPV DNA test.

Participation in the CX3 study is voluntary and there are no costs to

respondents other than their time. OMB approval is requested for one year. Because the majority of information collection activities were completed in the first three years of the study, the estimated burden to respondents will decrease in the final year of OMB approval. The total estimated annualized burden hours are 135.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Patients	Follow-up Patient Survey	150	1	10/60
Providers	Follow-up Provider Survey	70	1	30/60
	Focus Group Moderator Guide	75	1	1

Kimberly S. Lane,

*Deputy Director, Office of Science Integrity,
Office of the Associate Director for Science,
Office of the Director, Centers for Disease
Control and Prevention.*

[FR Doc. 2012-11874 Filed 5-15-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-12-0566]

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 at (404) 639-7570 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of Worker Notification Program (0920-0566, Expiration 2/28/2011)—Reinstatement—National Institute for Occupational Safety and

Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Institute for Occupational Safety and Health (NIOSH), under Section 20(a)(1), (a)(4), (a)(7)(c), and Section 22(d), (e)(5)(7) of the Occupational Safety and Health Act (29 U.S.C. 669), “has the responsibility to conduct research relating to occupational safety and health relating to innovative methods, techniques, and approaches for dealing with occupational safety and health problems.” Although the research studies continued, the notification activities were discontinued after the extension ICR was not submitted to OMB before the original expiration date.

Since the Right to Know movement in the late 1970s, NIOSH has been developing methods and materials to notify subjects of its epidemiological studies. Within NIOSH, notifying workers of past exposures is done to inform surviving cohort members of findings from NIOSH studies. Current NIOSH policy dictates how and when worker notification should occur. The extent of the notification effort depends upon the level of excess mortality or the extent of the disease or illness found in the study population. Current notification efforts range from posting results at the facilities studied to mailing individual letters to surviving members of the study population and other stakeholders. Each year, the

NIOSH Industrywide Studies Branch (IWSB), Division of Surveillance, Hazard Evaluation, and Field Studies (DSHEFS) typically prepares materials for two to three completed studies. This often requires individual letters be mailed to study populations ranging in size from 200–20,000 workers each. An evaluation instrument would gauge the effectiveness of notification materials and improve future communication of risk information.

The purpose of the proposed Reader Response Postcard is to obtain feedback from workers that would improve the quality and usefulness of the Institute’s worker notification activities. The actual number of notifications required in a given year cannot be known in advance. Each year, the NIOSH IWSB, DSHEFS, typically prepares materials for two to three completed studies. This often requires individual letters be mailed to study populations ranging in size from 200–20,000 workers each, averaging 8,000/yr. Researchers from NIOSH propose to routinely include a Reader Response postcard with notification materials to assess the value and usefulness of said materials. The Reader Response postcard was tested internally and the average time to complete was 10 minutes. We are requesting approval for three years. Participation is voluntary and there is no cost to respondents except for their time. The total estimated annual burden hours are 1,333.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses	Avg. burden per response (hours)
Reader Response Card	8,000	1	10/60