Unauthorized Committees (PACs and Party Committees)

Political committees filing on a semiannual basis in 2009 are subject to special election reporting if they make previously undisclosed contributions or expenditures in connection with the New York Special General Election by the close of books for the applicable report(s). (See chart below for the closing date for each report.)

Political committees filing monthly that support candidates in the New York Special General Election should continue to file according to the monthly reporting schedule.

Additional disclosure information in connection with the New York Special Election may be found on the FEC Web site at *http://www.fec.gov/info/report_dates.shtml.*

Calendar of Reporting Dates for New York Special Election

Quarterly Filing Political Committees Involved in the Special General (03/31/09) Must File:

Report	Close of books [1]	Reg./cert. & overnight mailing deadline	Filing deadline
Pre-General	03/11/09	03/16/09	03/19/09
April Quarterly	03/31/09	04/15/09	04/15/09
Post-General	04/20/09	04/30/09	04/30/09
July Quarterly	06/30/09	07/15/09	07/15/09

Semiannual Filing Political Committees Involved in the Special General (03/31/09) Must File:

Report	Close of books [1]	Reg./cert. & overnight mailing deadline	Filing deadline
Pre-General	03/11/09	03/16/09	03/19/09
Post-General	04/20/09	04/30/09	04/30/09
Mid-Year	06/30/09	07/31/09	07/31/09

[1] The reporting period always begins the day after the closing date of the last report filed. If the committee is new and has not previously filed a report, the first report must cover all activity that occurred before the committee registered up through the close of books for the first report due.

Dated: *February 27, 2009.*

On behalf of the Commission,

Steven T. Walther,

Chairman, Federal Election Commission.

[FR Doc. E9–4651 Filed 3–4–09; 8:45 am]

BILLING CODE 6715–01–P

FEDERAL ELECTION COMMISSION

Sunshine Act Notices

AGENCY: Federal Election Commission.

CANCELLATIONS: Executive Session scheduled for February 24, 2009. Open Meeting scheduled for February 26, 2009. Executive Session scheduled for March 3, 2009. Open Meeting scheduled for March 5, 2009.

DATE AND TIME: Wednesday, March 4, 2009, at 10 a.m. and Thursday, March 5, 2009, at 2 p.m.

PLACE: 999 E Street, NW., Washington, DC.

STATUS: These meetings will be closed to the public.

ITEMS TO BE DISCUSSED: Compliance matters pursuant to 2 U.S.C. 437g. Audits conducted pursuant to 2 U.S.C. 437g, 438(b), and Title 26, U.S.C. Matters concerning participation in civil actions or proceedings or arbitration. Internal personnel rules and procedures or matters affecting a particular employee.

PERSON TO CONTACT FOR INFORMATION: Judith Ingram, Press Officer, Telephone: (202) 694–1220.

Mary W. Dove,

Secretary of the Commission.

[FR Doc. E9–4662 Filed 3–4–09; 8:45 am]

BILLING CODE 6715–01–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: ''Coordinating Care across Primary Care and Specialty Care Practices.'' In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by May 4, 2009.

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

''Coordinating Care Across Primary Care and Specialty Care Practices''

AHRQ proposes an evaluation of the redesign of the transitions of care between primary care and specialty care services. The purpose of the redesign is to remedy inefficiencies in the current referral processes that threaten care quality and safety, and system efficiency. This redesign is being implemented at the Boston Medical

Center (BMC), and two affiliated health centers. The evaluation will be conducted for AHRQ by its contractor, the Boston University School of Public Health (BUSPH).

Care coordination has been identified by the Institute of Medicine (IOM) as a key strategy with potential to improve the effectiveness, safety and efficiency of the health care system. At the same time, care coordination, particularly in transitions among sites of care, is often lacking. Research shows that problems in coordination of care and common failures in patients' transitioning between and among systems typically create serious quality concerns in many settings. Individuals moving across systems of care and between care providers are vulnerable to fragmented and disjointed care (Coleman et al., 2004). Uncoordinated and fragmented transitions can lead to a wide range of costly problems and threats to patient safety including greater use of hospital and emergency services (Coleman et al., 2004), ordering and completion of redundant tests (Coleman & Berenson, 2004), prescription and medication errors and use of poly-pharmacy by multiple providers (Coleman & Berenson, 2004). The end result is often confusion about conflicting care plans and lack of follow-up care. The aim of this evaluation is to address this confusion and fragmentation by expanding knowledge of how to improve the experience and outcomes for patients in transitions of care between primary care and specialty practices. The initial focus is on referrals between primary care and two specialties: gastroenterology (GI) and obstetrics (OB). The redesigned referral system will be tested by implementing it in three participating primary care sites and two specialty clinics. We expect that the lessons learned from this evaluation will provide a model and tools that can later easily be tested and applied to other sites and specialties in the BMC system and provide lessons learned to other systems seeking to sustainably improve their referral systems.

This project is being conducted pursuant to AHRQ's statutory authority to conduct research and evaluations on health care and systems for the delivery of such care, including activities with respect to: the quality, effectiveness, efficiency, appropriateness and value of health care services; clinical practice, including primary care and practice-oriented research; and health care costs, productivity, organization, and market forces. See 42 U.S.C. 299a(a)(l), (4) and (6).

The overall aims of the evaluation are to provide a rigorous assessment of the success of the redesigned referral system in meeting its improvement goals and to gain an understanding of the implementation of the redesigned system.

Method of Collection

This evaluation will include the following data collections:

□ Medical record data will be used to analyze aspects of the referral process, such as percentage of items on referral forms filled in, proportion of specialty appointments made, time between referral and initial specialty appointment. Patients' personal health data will not be analyzed. The medical record data will be used to measure both the fidelity of the redesigned system within the practices and success in meeting redesign improvement goal (outcome) indicators. The medical record data will be extracted by project staff and will not impose a burden on the participating health care sites.

□ Patient satisfaction survey will be administered to selected patients twice during the project. The questionnaire will be designed to assess patient experience in the referral system. Only patients with referrals to obstetrics or gastroenterology specialists will receive the questionnaire. These two questionnaires are essentially identical and vary only by the type of specialist seen; for the purpose of this clearance request they are treated as identical. Results from the first survey will provide baseline data; results from the second survey will provide the basis for assessing change over time and fidelity to the new system design.

□ Focus groups with providers, clinical staff and administrative staff will be conducted in each primary care site and in each specialty practice. The group sessions will pursue three topics: the extent to which the new system is being used as intended; the perceived effectiveness of the new system as implemented; and the organization and culture of the clinical setting. Themes from the focus groups will be used to assess fidelity of implementation, performance outcomes and factors affecting fidelity and outcomes.

□ Implementation logs and meeting notes kept by the project team throughout the redesign implementation will document the implementation process, including factors affecting the process, challenges encountered, and strategies for dealing with the challenges. This component of the evaluation will not impose a burden on the participating health care sites.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this two year evaluation. The patient satisfaction survey questionnaire will be completed by a total of 600 patients prior to the referral process redesign and 600 patients after the completion of the redesign (Exhibit 1 shows 300 per year). The questionnaire is estimated to take 6 minutes to complete. Focus groups will be conducted with about 21 clinical staff at each of the 3 primary care sites and 2 specialty care sites (Exhibit 1 shows 2.5 sites per year). Each focus group session will last about 45 minutes. The total annualized burden is estimated to be 99 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this project. The total annualized cost burden is estimated to be $2,620.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Patient satisfaction survey	300	2	6/60	60
Focus groups	2.5	21	45/60	39
Total	302.5	na	na	99

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Patient satisfaction survey	300	60	$19.29	$1,157
Focus groups	2.5	39	37.50	1,463
Total	302.5	99	na	2,620

*The hourly wage for the patient surveys is based on the national average wage. The hourly wage for the focus groups is based upon the weighted mean of the average wages for physicians ($58.76, n=45), clinical administrative staff ($17.64, n=30) and other clinical staff ($25.48, n=30). National Compensation Survey: Occupational Wages in the United States, U.S. Department of Labor, Bureau of Labor Statistics. June 2007, Summary 07–03, *http://www.bls.gov/ncs/ocs/sp/ncblO9lO.pdf*. Accessed December 10, 2008.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total and annualized cost for this two-year evaluation. The total cost is $155,110 and includes $23,267 for project development, $32,573 for data collection activities, $31,022 for data processing and analysis, $15,511 for the publication of results, $12,408 for project management and $40,329 for overhead.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development	$23,267	$11,633
Data Collection Activities	32,573	16,287
Data Processing and Analysis	31,022	15,511
Publication of Results	15,511	7,756
Project Management	12,408	6,204
Overhead	40,329	20,164
Total	155,110	77,555

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, quality improvement and 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: February 24, 2009.

Carol M. Clancy,

Director.

[FR Doc. E9–4515 Filed 3–4–09; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–08AR]

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) 639–4766 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 Cervical Cancer Study (CX3)—New—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. Screening policies for cervical cancer in the program include an annual Pap test until a woman has had three consecutive normal Pap tests. However, human papillomavirus (HPV) DNA testing is not currently a reimbursable expense under NBCCEDP guidelines, therefore adopting HPV DNA testing along with Pap testing in women over 30 could help the program better utilize resources by extending the screening interval of women who are cytology negative and HPV test negative, which is estimated to be 80–90% of women.

CDC proposes to conduct a pilot study at 18 clinics in the state of Illinois in order to assess the feasibility, acceptability and barriers to use the HPV DNA test in conjunction with Pap