

or to fund efforts in support of a COMPETES Act challenge submission.

(9) Applicants must agree to provide the federal government an irrevocable, royalty-free, non-exclusive worldwide license for one year, given that they are prize winners. HHS has the right to distribute copies, display, create derivative works, and publicly post, link to, and share the work or parts thereof.

An individual or entity shall not be deemed ineligible because the individual or entity used federal facilities or consulted with federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

Challenge participants will be expected to sign a liability release as part of the contest registration process. The liability release will use the following language:

By participating in this competition, I agree to assume any and all risks and waive claims against the federal government and its related entities, except in the case of willing misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from my participation in this prize contest, whether the injury, death, damage, or loss arises through negligence or otherwise.

*Amount of the Prize:* The final challenge winner will be provided a monetary cash prize totaling \$50,000. The winning solution will be promoted by ODPHP, and will live on healthfinder.gov.

*Basis Upon Which Winner Will Be Selected:* Challenge submissions will be judged by a panel selected by healthfinder.gov with relevant expertise in health IT, health literacy, and prevention. Winners will be selected based on the following criteria:

1. Usability and Design;
2. Health Literacy Principles;
3. Focus on Prevention and Wellness;
4. Evidence of Co-design with Users;
5. Innovation in Design;
6. Functionality/Accuracy; and
7. healthfinder.gov Look and Feel.

*Award Approving Official:* Don Wright, Deputy Assistant Secretary for Health, Office of Disease Prevention and Health Promotion.

*Additional Information:* www.healthfinder.gov contains prevention and wellness information based on health literacy principles. Challenge participants will draw from existing information provided on healthfinder.gov and collaborate directly with health professionals and/

or end users to build their application. They will have access to healthfinder.gov's content syndication tool and application programming interface (API). For more information, visit <http://healthfinder.gov/contentssyndication>.

Dated: November 30, 2012.

**Don Wright,**

*Deputy Assistant Secretary for Health, Office of Disease Prevention and Health Promotion.*

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**BILLING CODE 4150-32-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Announcement of Requirements and Registration for "Mobilizing Data for Pressure Ulcer Prevention Challenge"

**AGENCY:** Office of the National Coordinator for Health Information Technology, HHS; *Award Approving Official:* Farzad Mostashari, National Coordinator for Health Information Technology.

**ACTION:** Notice.

**SUMMARY:** According to the Agency for Healthcare Research and Quality (AHRQ), each year more than 2.5 million people in the United States are affected by skin breakdowns that cause pain, increased risk for serious infection, and increased health care utilization. The National Pressure Ulcer Advisory Panel (NPUAP) serves as the authoritative voice for improved patient outcomes in pressure ulcer prevention and treatment through public policy, education and research, and publishes resources and documents at [www.npuap.org/index.html](http://www.npuap.org/index.html). AHRQ has published an acute care toolkit for prevention of pressure ulcers at [www.ahrq.gov/research/lrc/pressureulceroolkit/putool7b.htm](http://www.ahrq.gov/research/lrc/pressureulceroolkit/putool7b.htm). Many of today's electronic documentation systems require nurses to enter oversimplified text narratives or check boxes. Even when documentation systems include standard terminology, the data is locked inside proprietary software.

Development of a mobile health application (app) for iPhone, iPad, or Android devices that implements standards for documenting and exchanging health information about pressure ulcers will facilitate meaningful information exchange and improve the patient experience and coordination of care across the healthcare continuum while reducing health care costs. A mobile health app would support nurses, in partnership with patients, families, caregivers and the multidisciplinary health care team,

to reduce the incidence and severity of pressure ulcers.

There are two goals for the Mobilizing Data for Pressure Ulcer Prevention Challenge. First, the development of a standard bedside pressure ulcer assessment tool, and second, the broader goal to promote the integration of nursing content into common information models and Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT). With documentation tools that include common information models and standard terminology for structured representation of appropriate nursing knowledge, nurses achieve the ability to track changes in patient status and to exchange information to improve continuity of care.

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (Pub. L. 11-358).

**DATES:** Effective on December 5, 2012. Challenge submission period ends April 29, 2013, 11:59 p.m. et.

**FOR FURTHER INFORMATION CONTACT:** Adam Wong, 202-720-2866.

**SUPPLEMENTARY INFORMATION:**

#### Subject of Challenge Competition

The "Mobilizing Data for Pressure Ulcer Prevention Challenge" is a multidisciplinary call to develop a mobile health app to facilitate observation and documentation for prevention, early detection and appropriate management of pressure ulcers in clinical settings. The app is intended to encourage the use of information exchange standards. The challenge will demonstrate the value of common models and terminologies and promote the continued integration of nursing content into SNOMED CT, as well as the development of common clinical information models of interest to nursing.

Submissions must include the following attributes:

- Provide an easy-to-understand and intuitive user interface
- Enter information about the pressure ulcer, including skin color, temperature, and moisture
- Capture photos of the pressure ulcer
- Generate a clinical assessment document
- Apply the following HL7 health care information systems security standards and knowledge, available at [http://wiki.hl7.org/index.php?title=Pressure\\_Ulcer\\_Prevention](http://wiki.hl7.org/index.php?title=Pressure_Ulcer_Prevention):
  - Reconciled PDF (October 2011)

with introduction ([http://wiki.hl7.org/images/e/eb/PressureUlcerPrevention\\_DomainAnalysisModel\\_Oct2011pdf.zip](http://wiki.hl7.org/images/e/eb/PressureUlcerPrevention_DomainAnalysisModel_Oct2011pdf.zip))

○ The model, Sparx Enterprise Architect ([http://wiki.hl7.org/images/4/4b/PressureUlcerPrevention\\_Oct2011\\_reconciled.zip](http://wiki.hl7.org/images/4/4b/PressureUlcerPrevention_Oct2011_reconciled.zip))

- Apply the terminology and candidate models in the LOINC® Nursing Subcommittee and the International Health Terminology Standards Development Organization (IHTSDO) Nursing Special Interest Group (SIG), available at [https://csfe.aceworkspace.net/sf/sfmain/do/viewProject/projects.nursing\\_sig](https://csfe.aceworkspace.net/sf/sfmain/do/viewProject/projects.nursing_sig)

- Collect, display and transmit content suitable for reporting for meaningful use, quality measures, research and for health information exchange with an electronic health record (EHR) and/or personal health record (PHR)

- Where applicable, use Nationwide Health Information Network (NwHIN) standards and services including, but not limited to, transport (Direct, web services), content (Transitions of Care, CCD/CCR), and standardized vocabularies

### Eligibility Rules for Participating in the Competition

To be eligible to win a prize under this challenge, an individual or entity—

(1) Shall have registered to participate in the competition under the rules promulgated by the Office of the National Coordinator for Health Information Technology.

(2) Shall have complied with all the requirements under this section.

(3) In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group, shall be a citizen or permanent resident of the United States.

(4) May not be a Federal entity or Federal employee acting within the scope of their employment.

(5) Shall not be an HHS employee working on their applications or submissions during assigned duty hours.

(6) Shall not be an employee of Office of the National Coordinator for Health IT.

(7) Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award.

(8) Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission.

An individual or entity shall not be deemed ineligible because the individual or entity used Federal

facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

Entrants must agree to assume any and all risks and waive claims against the Federal Government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from my participation in this prize contest, whether the injury, death, damage, or loss arises through negligence or otherwise.

Entrants must also agree to indemnify the Federal Government against third party claims for damages arising from or related to competition activities.

### Registration Process for Participants

To register for this challenge participants should either:

- Access the [www.challenge.gov](http://www.challenge.gov) Web site and search for the “Mobilizing Data for Pressure Ulcer Prevention Challenge”.

- Access the ONC Investing in Innovation (i2) Challenge Web site at:

- <http://www.health2con.com/devchallenge/challenges/onc-i2-challenges/>

- A registration link for the challenge can be found on the landing page under the challenge description.

### Amount of the Prize

- First Prize: \$60,000
- Second Prize: \$15,000
- Third Prize: \$5,000

Awards may be subject to Federal income taxes and HHS will comply with IRS withholding and reporting requirements, where applicable.

### Payment of the Prize

Prize will be paid by contractor.

### Basis Upon Which Winner Will Be Selected

The review panel will make selections based upon the following criteria:

- Innovation
- Design and usability, including user friendliness and attractiveness of the interface
- Use of National Pressure Ulcer Advisory Panel (NPUAP) guidance to improve pressure ulcer prevention and care
- Ease of integration with PHR/EHR interface
- Application of the HL7 Pressure Ulcer Prevention Domain Analysis Model (DAM)
- Application of the LOINC® Nursing Subcommittee and the International

Health Terminology Standards Development Organization (IHTSDO) Nursing Special Interest Group (SIG) terminology and candidate models

In order for an entry to be eligible to win this Challenge, it must meet the following requirements:

1. *General*—Contestants must provide continuous access to the app, a detailed description of the app, instructions on how to install and operate the app, and system requirements required to run the app (collectively, “Submission”).

2. *Acceptable platforms*—The tool must be designed for use with the Web, a personal computer, a mobile handheld device, console, or any platform broadly accessible on the open Internet.

3. *No HHS or ONC logo*—The app must not use HHS’ or ONC’s logo or official seal in the Submission, and must not claim endorsement.

4. *Section 508 Compliance*—Contestants must acknowledge that they understand that, as a pre-requisite to any subsequent acquisition by FAR contract or other method, they may be required to make their proposed solution compliant with Section 508 accessibility and usability requirements at their own expense. Any electronic information technology that is ultimately obtained by HHS for its use, development, or maintenance must meet Section 508 accessibility and usability standards. Past experience has demonstrated that it can be costly for solution-providers to “retrofit” solutions if remediation is later needed. The HHS Section 508 Evaluation Product Assessment Template, available at <http://www.hhs.gov/od/vendors/index.html>, provides a useful roadmap for developers to review. It is a simple, web-based checklist utilized by HHS officials to allow vendors to document how their products do or do not meet the various Section 508 requirements.

5. *Functionality/Accuracy*—A Submission may be disqualified if the application fails to function as expressed in the description provided by the user, or if the application provides inaccurate or incomplete information.

6. *Security*—Submissions must be free of malware. Contestant agrees that the ONC may conduct testing on the app to determine whether malware or other security threats may be present. ONC may disqualify the app if, in ONC’s judgment, the app may damage government or others’ equipment or operating environment.

### Additional Information

Since the Health Level 7 (HL7) Pressure Ulcer Prevention Domain Analysis Model (DAM) does not address

the use of photographic images, the ONC invites suggestions for extending the HL7 DAM to accommodate images.

Ownership of intellectual property is determined by the following:

- Each entrant retains title and full ownership in and to their submission. Entrants expressly reserve all intellectual property rights not expressly granted under the challenge agreement.
- By participating in the challenge, each entrant hereby irrevocably grants to Sponsor and Administrator a limited, non-exclusive, royalty free, worldwide, license and right to reproduce, publically perform, publically display, and use the Submission to the extent necessary to administer the challenge, and to publically perform and publically display the Submission, including, without limitation, for advertising and promotional purposes relating to the challenge.

**Authority:** 15 U.S.C. 3719.

**Dated:** November 20, 2012.

**Farzad Mostashari,**

*National Coordinator for Health Information Technology.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-13-0214]

**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 (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**

National Health Interview Survey (NHIS), (OMB No. 0920-0214 expiration 08/31/2014)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States.

The annual National Health Interview Survey is a major source of general statistics on the health of the U.S. population and has been in the field continuously since 1957. Clearance is sought for three years, to collect data for 2013, 2014, and 2015. This voluntary household-based survey collects demographic and health-related information on a nationally representative sample of persons and households throughout the country. Information is collected using computer assisted personal interviews (CAPI). A core set of data is collected each year while sponsored supplements vary from year to year. For 2013, there are supplementary questions on cancer screening, asthma, immune

suppression, hepatitis, epilepsy, HIV testing, neighborhood characteristics, financial worries, sleep issues, and sexual identity.

Cases in a 5,000 case test were randomly assigned to receive questions on HIV testing, neighborhood characteristics, financial worries, sleep issues, and sexual identity in either CAPI or ACASI. Prevalence estimates for the sexual identity questions were compared by mode of administration. Since a documented advantage of ACASI is the enhanced level of privacy it affords, we anticipated higher prevalence estimates from this mode of administration. Estimates were similar for the two modes of administration. Therefore, the questions will be administered in CAPI, the more cost efficient mode.

In accordance with the 1995 initiative to increase the integration of surveys within the Department of Health and Human Services, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, diabetes, and access to health care. It is a leading source of data for the Congressionally-mandated “Health US” and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives.

There is no cost to the respondents other than their time. As shown below, the estimated overall average annual burden for the 2013, 2014, and 2015 surveys is 57,099 hours.

**ANNUALIZED BURDEN TABLE**

Questionnaire (respondent)	Number of respondents	Number of responses per respondent	Average burden per respondent in hours
Screener Questionnaire .....	12,000	1	5/60
Family Core (adult family member) .....	55,000	1	23/60
Adult Core (sample adult) .....	44,000	1	15/60
Child Core (adult family member) .....	17,000	1	10/60
Child/Teen Record Check (medical provider) .....	10,000	1	5/60
Supplements (adult family member) .....	60,000	1	12/60
Sexual Identity Module (adult family member) .....	44,000	1	4/60
Multi-mode study (adult family member) .....	5,000	1	30/60
Reinterview Survey .....	5,000	1	5/60
Sample Frame Test (adult family member) .....	5,000	1	30/60