

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of class deviations from the requirements for competition and application period for the health center program.

SUMMARY: The Bureau of Primary Health Care (BPHC) is awarding funds to health centers transitioning to value-based models of care, improving the use of information in decision making, and increasing engagement in delivery system transformation.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Approximately 1,380 Health Center Program award recipients.

Amount of Competitive Awards: Approximately \$90 million will be awarded in FY 2016 through a one-time supplement.

Period of Supplemental Funding: Anticipated 12 month project period is September 1, 2016 through August 31, 2017.

CFDA Number: 93.224.

Authority: Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended).

Justification: Targeting the Nation's neediest populations and geographic areas, the Health Center Program supports more than 1,300 health centers that operate over 9,000 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. Nearly 23 million patients received comprehensive, culturally competent, quality primary health care services through the Health Center Program award recipients in 2014.

The fiscal year (FY) 2016 Health Center Program Delivery System Health Information Investment (DSHII) funding will provide formula-based, one-time support for the purchase of health information technology (health IT) enhancements to accelerate health centers' transition to value-based models of care, improve efforts to share and use information to support better decisions, and increase engagement in delivery system transformation efforts. Grant funds will help health centers make strategic investments to enhance their health IT, implement new clinical and administrative workflows, develop new reports, and better prepare providers and staff to use health IT and

data to achieve the quality, cost, and patient-centered goals of delivery system reforms. In addition, health centers that do not currently have a certified electronic health record (EHR) at all sites and in use by all providers must propose at a minimum to use DSHII funding to initiate and/or increase the number of sites and providers using a certified EHR. The investments will help health centers improve the quality and safety of services provided to the nation's most vulnerable populations.

FOR FURTHER INFORMATION CONTACT: Olivia Shockey, Expansion Division Director, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration at 301-443-9282 or oshockey@hrsa.gov.

Dated: July 18, 2016.

James Macrae,

Acting Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case:

Zhiyu Li, Ph.D., Mount Sinai School of Medicine: Based upon the evidence and findings of an investigation report by the Mount Sinai School of Medicine (MSSM) and additional analysis conducted by ORI in its oversight review, ORI found that Dr. Zhiyu Li, former Postdoctoral Fellow, MSSM, engaged in research misconduct in research that was supported by National Cancer Institute (NCI), National Institutes of Health (NIH), grant R21 CA120017. ORI found that falsified and/or fabricated data were included in the following published papers, submitted manuscript, poster presentation, and grant applications:

- Li, Z., Fallon, J., Mandeli, J., Wetmur, J., & Woo, S.L.C. "A Genetically Enhanced Anaerobic Bacterium for Oncopathic Therapy of Pancreatic Cancer." *JNCI* 100(19):1389-1400, October 2008 (hereafter referred to as "*JNCI* 2008") (Retracted 02/2010).
- Li, Z., Fallon, J., Mandeli, J., Wetmur, J., & Woo, S.L.C. "The Oncopathic Potency of *Clostridium perfringens* is

Independent of its α -Toxin Gene." *HGT* 20:751-758, July 2009 (hereafter referred to as "*HGT* 2009") (Retracted 03/2010).

- Li, Z., Fallon, J., Mandeli, J., Wetmur, J., & Woo, S.L.C. "Oncopathic Bacteriotherapy with Engineered *C. perfringens* Spores is Superior and Complementary to Gemcitabine Treatment in an Orthotopic Murine Model of Pancreatic Cancer." Submitted for publication in *Can. Res.* (hereafter referred to as the "*Can. Res.* Manuscript 2009").
- Li, Z., Fallon, J., Mandeli, J., Wetmur, J., & Woo, S.L.C. "Oncopathic Bacteriotherapy with *Cp/plc-/sod-/PVL* is Complementary to Gemcitabine Treatment for Pancreatic Cancer in Mice." Presented at the 12th Annual Meeting of the American Society of Gene Therapy, May 27-30, 2009.
- R21 CA120017-02
- R21 CA120017 Final Progress Report
- R01 CA130897-01
- R01 CA130897-01 A1
- R01 CA130897-01 A2
- R01 CA130897-01 A2 Supplemental Material
- R01 CA148697-01

The *JNCI* 2008 and *HGT* 2009 papers were retracted, and the *Can. Res.* Manuscript 2009 was withdrawn.

ORI found that the Respondent intentionally, knowingly, and recklessly engaged in research misconduct by falsely claiming to have generated recombinant *Clostridium perfringens* (*Cp*) strains, *Cp/sod-*, *Cp/sod-/PVL*, and *Cp/plc-/sod-/PVL*, to depict the effects of recombinant *Cp* strains on their ability to destroy cancer cells in a murine model, when these bacterial strains were not produced nor the data derived from them, and by falsifying histopathological data reported in fifty-seven (57) images in two (2) published papers, one (1) submitted manuscript, two (2) poster presentations, and seven (7) of Respondent's supervisor's grant applications and fabricating the corresponding nineteen (19) summary bar graphs that were based on those false images.

Specifically, Respondent trimmed and used portions of Figure 6 (right panel) of a draft R21 CA120017-01 grant application, representing an image of liver tumor two (2) days after injection of *Cp/plc-* bacteria, to represent unrelated results from different experiments in:

- Figures 5D and 7C (left panel), grant R21 CA120017 Final Progress Report
- Figure 6A, grant R01 CA130897-01
- Figures 9D and 17A (top left, middle, and right panels and bottom left panel), grant R01 CA130897-01 A1