

Federal services and programs. It will include the creation of personas, customer journey maps, and reports and summaries of customer feedback data and user insights. It will also provide government-wide data on customer experience that can be displayed on *performance.gov* to help build transparency and accountability of Federal programs to the customers they serve.

Method of Collection

GSA will collect this information by electronic means when possible, as well as by mail, fax, telephone, technical discussions, and in-person interviews. GSA may also utilize observational techniques to collect this information.

Data

Form Number(s): None.
Type of Review: New.

B. Annual Reporting Burden

Affected Public: Collections will be targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future. For the purposes of this request, "customers" are individuals, businesses, and organizations that interact with a Federal Government agency or program, either directly or via a Federal contractor. This could include individuals or households; businesses or other for-profit organizations; not-for-profit institutions; State, local or tribal governments; Federal government; and Universities.

Estimated Number of Respondents: 2,001,550.

Estimated Time per Response: Varied, dependent upon the data collection method used. The possible response time to complete a questionnaire or survey may be 3 minutes or up to 2 hours to participate in an interview.

Estimated Total Annual Burden Hours: 101,125.

Estimated Total Annual Cost to Public: \$0.

C. Public Comments

GSA invites comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection 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 on

respondents, including through the use of automated collection techniques or other forms of information technology. Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Beth Anne Killoran,
Deputy Chief Information Officer.

[FR Doc. 2020-12560 Filed 6-9-20; 8:45 am]

BILLING CODE 6820-34-P

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: "*Generic Clearance for Questionnaire and Data Collection Testing, Evaluation, and Research for the Agency for Healthcare Research and Quality.*"

DATES: Comments on this notice must be received by 60 days after date of publication of this notice.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email 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 email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Generic Clearance for Questionnaire and Data Collection Testing, Evaluation, and Research for the Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality (AHRQ) requests that the Office of Management and Budget (OMB) reapprove generic pre-testing Clearance 0935-0124 for three years to

facilitate AHRQ's efforts to (1) employ evaluation-type methods and techniques to improve AHRQ's current data collection and estimation procedures, (2) develop new collections and procedures, including toolkits, and (3) revise existing collections and procedures. AHRQ believes that developing, testing, and evaluating data collection and estimation procedures using survey methods and other techniques in anticipation of agency-sponsored studies can improve its information collection efforts, and the products it develops and allow AHRQ to be more responsive to fast-changing developments in the health care research field. AHRQ uses techniques to simplify data collection and estimation procedures, reduce respondent burden, and improve efficiencies to meet the needs of individuals and small business respondents who may have reduced budgets and staff.

This clearance request is limited to research on data collection, toolkit development, and estimation procedures and reports and does not extend to the collection of data for public release or policy formation. The current Clearance (0935-0124) was granted on November 3, 2017, and expires on November 30, 2020.

This generic clearance will allow AHRQ to draft and test toolkits, survey instruments and other data collection and estimation procedures more quickly and with greater lead time, thereby managing project time more efficiently and improving the quality of the data AHRQ collects. In some instances, the ability to test and evaluate toolkits, data collection and estimation procedures in anticipation of work or early in a project may result in the decision not to proceed with additional activities, which could save both public and private resources and eliminate respondent burden.

This generic clearance will facilitate AHRQ's response to a changing environment. Many of the tools AHRQ develops are made available to the private sector to assist in improving health care quality. The health and health care environment changes rapidly and requires a quick response from AHRQ to provide refined tools.

These preliminary research activities will not be used by AHRQ to regulate or sanction its customers. They will be entirely voluntary and the confidentiality of respondents and their responses will be preserved. Proposed information collections submitted under this generic clearance will be submitted for review by OMB with a response expected in 14 days.

Method of Collection

The information collected through preliminary research activities under this generic clearance will be used by AHRQ to employ techniques to (1) improve AHRQ’s current data collection and estimation procedures, (2) develop new collections and procedures, including toolkits, and (3) revise existing collections and procedures in anticipation or in response to changes in the health or health care field. The end result will be improvement in AHRQ’s data collections and procedures and the quality of data collected, a reduction or minimization of respondent burden, increased agency efficiency, and improved responsiveness to the public.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated burden hours, over the full three years of this clearance, for the respondents’ time to participate in the research activities that may be conducted under this generic clearance. Mail surveys will be conducted with about 6,000 persons (2,000 per year for three years) and are estimated to average 20 minutes. Mail surveys may also be sent to respondents via email, and may include a telephone non-response follow-up. Telephone non-response follow-up for mailed surveys is not counted as a telephone survey in Exhibit 1. Not more than 600 persons, over three years, will participate in telephone surveys that will take about 40 minutes. Web-based surveys will be conducted with no more

than 3,000 persons and will require no more than 10 minutes to complete. About 1,500 persons will participate in focus groups which may last up to two hours, while in-person interviews will be conducted with 600 persons and will take about 50 minutes. Automated data collection will be conducted for about 1,500 persons and could take up to 1 hour. Cognitive testing will be conducted with about 600 persons and is estimated to take 1½ hours to complete. The total burden over three years is estimated to be 8,900 hours (about 2,967 hours per year).

Exhibit 2 shows the estimated cost burden over three years, based on the respondents’ time to participate in these research activities. The total cost burden is estimated to be \$357,869.

EXHIBIT 1—ESTIMATED BURDEN HOURS OVER THREE YEARS

Type of information collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Mail/email *	6,000	1	20/60	2,000
Telephone	600	1	40/60	400
Web-based	3,000	1	10/60	500
Focus Groups	1,500	1	2.0	3,000
In-person	600	1	1.0	600
Automated **	1,500	1	1.0	1,500
Cognitive Testing ***	600	1	1.5	900
Totals	13,800	na	na	8,900

* May include telephone non-response follow-up in which case the burden will not change
 ** May include testing of database software, CAPI software or other automated technologies.
 *** May include cognitive interviews for questionnaire or toolkit development, or “think aloud” testing of prototype websites.

EXHIBIT 2—ESTIMATED COST BURDEN OVER THREE YEARS

Type of information collection	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Mail/email	6,000	2,000	\$40.21	\$ 80,420
Telephone	600	400	40.21	16,084
Web-based	3,000	500	40.21	20,105
Focus Groups	1,500	3,000	40.21	120,630
In-person	600	600	40.21	24,126
Automated	1,500	1,500	40.21	60,315
Cognitive Testing	600	900	40.21	36,189
Totals	13,800	8,900	na	357,869

* Bureau of Labor & Statistics on “Occupational Employment and Wages, May 2019” found at the following URL: https://www.bls.gov/oes/current/oes_nat.htm#b29-0000.htm for the respondents.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, 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 and health care 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: June 5, 2020.

Virginia L. Mackay-Smith,
Associate Director.

[FR Doc. 2020-12565 Filed 6-9-20; 8:45 am]

BILLING CODE 4160-90-P

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: "Evaluation of Learning Health Systems K12 Training Program." This proposed information collection was previously published in the **Federal Register** on March 12, 2020, and allowed 60 days for public comment. No comments were received from the public during this period. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by 30 days after date of publication of this Notice.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Evaluation of Learning Health Systems K12 Training Program

AHRQ, in partnership with the Patient-Centered Outcomes Research Institute (PCORI), supports an innovative institutional mentored career development program (K12) to train clinician and research scientists to conduct patient-centered outcomes research within learning health systems (LHSs). LHSs provide an environment

where science generated from health services research, patient-centered outcomes research (PCOR), and clinical research; informatics; incentives; and culture are aligned for continuous improvement and innovation. In addition, in an LHS, best practices are seamlessly embedded in the care process, in which stakeholders (*i.e.*, providers, patients, and families) are active participants in all elements, and new knowledge is captured as an integral by-product of the care experience. The following are the LHS K12 training program objectives:

- Develop and implement a training program that includes both didactic and experiential learning and embeds the scholars in training at the interface of research, informatics, and clinical operations within LHSs.
- Identify, recruit, and train clinician and research scientists who are committed to conducting PCOR in healthcare settings that generate new evidence to facilitate rapid implementation of practices that will improve quality of care and patient outcomes.
- Establish Centers of Excellence (COEs) in LHS Research Training, focusing on the application and mastery of the newly developed core LHS researcher competencies.
- Promote cross-institutional scholar-mentor interactions, cooperation on multisite projects, dissemination of project findings, methodological advances, and development of a shared curriculum.

The purpose of this evaluation is to assess the overall achievement of the LHS K12 training program's objectives, outcomes, and impact, as well as the program's value to its stakeholders. The information collected through this data collection will allow AHRQ to improve the LHS K12 program and identify whether results correspond to intentional changes in program strategy and implementation.

This study is being conducted by AHRQ through its contractor, 2M Research, pursuant to AHRQ's statutory authority to "build capacity for comparative clinical effectiveness research by establishing a grant program that provides for the training of researchers in the methods used to conduct such research." 42 U.S.C. 299b-37(e).

Method of Collection

The evaluation will include two types of data collection: (1) Semi-structured interviews with scholars who are close to completing the LHS K12 training program, their health system advisors, and program directors of each of the 11

institutions; and (2) surveys with health system advisors. The proposed data collection spans three years (2020–2023).

To achieve the goals of this project the following data collections will be implemented.

1. **Scholar Interview:** Interviews with LHS K12 scholars assess the degree of scholar embeddedness in their respective health systems and query which aspects of the training program were most and least successful.

Telephone interviews will be conducted one time with scholars who are currently enrolled but close to (within 2 to 3 months of) completing the LHS K12 training program. The total estimated number of scholars interviewed will be approximately up to 123 (or approximately 41 scholars annually).

2. **Health System Advisor Interview:** Interviews with scholars' health system advisors assess the perceived value of the LHS K12 training program to the health system and the role of health system advisors in supporting the research conducted by LHS K12 scholars. One health system advisor from each scholar's advisory committee will be interviewed by telephone. Health system advisors selected for interviews will include those with direct involvement with or knowledge of the LHS K12 scholars' research projects. Health system advisors will be interviewed once around the same time that the scholar is interviewed. The total estimated number of health system advisors interviewed will be approximately up to 116 (or approximately 39 health system advisors annually).

3. **Program Director Interview:** Interviews with LHS K12 program directors assess the perceived value of the LHS K12 training program to the health system and the role of health system advisors in supporting the LHS K12 training program. The program director of each of the grantee institutions participating in the LHS K12 program will be interviewed by telephone in the final year of the LHS K12 program. The total number of program directors interviewed will be 10 (or approximately 4 program directors annually).

4. **Health System Advisor Survey:** Pre-post surveys with scholars' health system advisors measure change in attitudes toward the role of health systems research and the importance of patient, family, and other stakeholder engagement in research. A brief survey will be administered electronically to health system advisors at two time points: Once at the beginning and conclusion of their respective scholar's