

• Beginning with the 2023 UDS, health centers will be able to submit patient-level data in fulfillment of data elements on Tables:

- Table PBZC (Patients by Zip Code)
- Table 3A (Patients by Age and Sex Assigned at Birth)
- Table 3B (Demographic Characteristics)
- Table 4 (Selected Characteristics)
- Table 6A (Selected Diagnoses and Services Rendered)
- Table 6B (Quality of Care Measures)
- Table 7 (Health Outcomes and Disparities)

UDS+ Patient Level Reporting leverages a methodological shift in the process by which health centers submit their annual UDS report while maintaining historic UDS measures. High-quality accessible data are critical to strategically meeting the needs of patients and identifying opportunities for clinical process improvement. The growth in health information technology coupled with the increased adoption of electronic health records has transformed patient care delivery and underscored the need for secure and rapid exchange of health data between disparate systems. Health Level Seven International <sup>10</sup> developed Fast

Healthcare Interoperability Resources <sup>11</sup> (FHIR) to standardize the electronic exchange of patient data across systems. FHIR, which is the current gold standard, has the flexibility to support a variety of user needs and enhances interoperability by transmitting health data rapidly and more securely than ever before. It is important for the collection of UDS data to align with interoperability standards and reporting requirements across HHS and the healthcare industry. Leveraging FHIR to collect UDS patient-level data will improve data granularity, allow for the development of robust patient management programs, and improve equitable access to high-quality, cost-effective primary care services.

This electronic reporting mechanism will reduce reliance on manual data entry to populate the annual UDS report, in turn yielding a reduction in reporting effort burden, and will greatly increase the analytical value of UDS data for informing policy and program decision-making.

*Likely Respondents:* Likely respondents will include Health Center Program award recipients, Health Center Program look-alikes, and Nurse Education, Practice, Quality and Retention Program awardees funded

under the practice priority areas of section 831(b) of the PHS Act.

*Burden Statement:* Burden includes the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and use technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, disclosing and providing information. It also accounts for time to train personnel, respond to a collection of information, search data sources, complete and review the collection of information, and transmit or otherwise disclose the information. It will also include testing information necessary to support the UDS Test Cooperative (UTC). No more than three tests will be conducted each calendar year and no more than one hundred health centers will participate in one test. Participation is voluntary and will not affect their funding status. This sample size is sufficient to conduct a technical test and determine if the innovation should be scaled across the UDS. The total annual burden hours estimated for this ICR are summarized in the forthcoming table.

Form name	Estimated number of respondents	Estimated number of responses per respondent	Average burden per response (in hours)	Estimated total burden hours
Universal Report .....	Total: 1,505 H8Os: 1,370 LALs: 117 BHW: 18	1.00	238	358,190
Grant Report .....	Total: 438 438 Health Centers submitted one or more Grant Reports. 1: 346 2: 80 3: 12	1.24	30	16,294
UTC Tests .....	35 .....	3.00	8	840
Total .....	1,978 .....	5.24	.....	375,324

HRSA specifically requests comments on: (1) the necessity and feasibility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Maria G. Button,**

*Director, Executive Secretariat.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

[OMB No. 0906-0043-Extension]

**Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Evidence-Based Telehealth Network Program Measures**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than December 20, 2022.

<sup>10</sup> <https://www.hl7.org/>.

<sup>11</sup> <https://ecqi.healthit.gov/fhir>.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or by mail to the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443-9094.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information collection request title for reference.

*Information Collection Request Title:* Evidence-Based Telehealth Network Program Measures, OMB No. 0906-0043—Extension.

*Abstract:* This ICR is for an extension of currently approved measures for the Office for the Advancement of Telehealth’s Evidence-Based Telehealth Network Program, under which HRSA

administers cooperative agreements in accordance with section 330I of the Public Health Service Act (42 U.S.C. 254c-14), as amended. The purpose of this program is to demonstrate how telehealth programs and networks can improve access to quality health care services. This program will work to increase access to primary care, behavioral health care, and acute care services in rural and frontier communities and to evaluate those efforts to establish an evidence-base for assessing the effectiveness of tele-behavioral health care for patients, providers, and payers.

*Need and Proposed Use of the Information:* The measures will enable HRSA to capture awardee-level and aggregate data that illustrate the impact and scope of federal funding along with assessing these efforts. The measures cover the principal topic areas of interest, including (a) population demographics; (b) access to health care; (c) cost savings and cost-effectiveness; and (d) clinical outcomes.

*Likely Respondents:* The respondents would be award recipients of the Evidence-Based Telehealth Network Program.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

*Total Estimated Annualized Burden Hours:*

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Evidence-Based Telehealth Network Program Report .....	14	12	12	11	1,848
Telehealth Performance Measurement Report .....	14	1	1	5	70
Total .....	* 14	.....	.....	.....	1,918

\*HRSA estimates 14 unique respondents, each completing the two forms.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Maria G. Button,**

*Director, Executive Secretariat.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Initial and Reconciliation Application Forms To Report Graduate Medical Education Data and Full-Time Equivalent (FTE) Residents Trained by Hospitals Participating in the Children’s Hospitals Graduate Medical Education Payment Program; and FTE Resident Assessment Forms To Report FTE Residents Trained by Organizations Participating in the Children’s Hospitals and Teaching Health Center Graduate Medical Education Programs, OMB No. 0915-0247—Revision**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than November 21, 2022.

**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](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under Review—Open for Public Comments” or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft