

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Small Health Care Provider Quality Improvement Program

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

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA’s ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than July 22, 2024.

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 Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Joella Roland, the HRSA Information Collection Clearance Officer, at paperwork@hrsa.gov or call (301) 443–3983.

SUPPLEMENTARY INFORMATION:
Information Collection Request Title: Small Health Care Provider Quality Improvement Program, OMB No. 0915–0387—Revision.

Abstract: This program is authorized by the Public Health Service Act, section 330A(g) (42 U.S.C. 254c(g)). This

authority permits the Federal Office of Rural Health Policy (FORHP) to award Small Health Care Provider Quality Improvement (SHCPQI) grants that expand access to, coordinate, and improve the quality of basic health care services, and enhance the delivery of health care, in rural areas. Specifically, FORHP may award grants to provide for the planning and implementation of SHCPQI activities, including activities related to increasing care coordination, enhancing chronic disease management, and improving patient health outcomes.

The purpose of the SHCPQI Grant Program is to provide support to rural primary care providers for implementation of quality improvement activities. The goal of the program is to promote the development of an evidence-based culture and delivery of coordinated care in the primary care setting. Additional objectives of the program include improved health outcomes for patients, enhanced chronic disease management, and better engagement of patients and their caregivers. Organizations participating in the program are required to use an evidence-based quality improvement model, perform tests of change focused on improvement, and use health information technology (HIT) to collect and report data. HIT may include an electronic patient registry or an electronic health record and is a critical component for improving quality and patient outcomes. With HIT it is possible to generate timely and meaningful data, which helps providers track and plan care. HRSA collects information from grant recipients that participate in this program using an OMB-approved set of performance measures and seeks to extend its approved information collection.

A 60-day notice was published in the **Federal Register** on February 5, 2024, 89 FR 7724–25. There were no public comments.

Need and Proposed Use of the Information: For this program, performance measures were drafted to provide data to the program and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993. These measures

cover the principal topic areas of interest to FORHP, including: (1) access to care, (2) population demographics, (3) staffing, (4) consortium/network, (5) sustainability, and (6) project specific domains. All measures will speak to FORHP’s progress toward meeting the goals set. FORHP collects this information to quantify the impact of grant funding on access to health care, quality of services, and improvement of health outcomes. FORHP uses the data for program improvement and grantees use the data for performance tracking. No changes are proposed from the current data collection effort, but FORHP estimates fewer respondents to align with the current cohort of grantees and an increase in the average burden per response to account for new personnel.

FORHP received feedback from awardees that personnel changes result in additional training needs for new hires, leading to a longer average time to complete the SHCPQI Performance Improvement and Measurement Systems form. As a result of this feedback, the estimated average burden increased from 8 hours to 13.5 hours per response.

Likely Respondents: The respondents will be the grant recipients (program grantees, not patients who receive health care services) of the SHCPQI 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
SHCPQI Performance Improvement and Measurement Systems	21	1	21	13.5	283.5

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Total	21	21	283.5

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: Generic Information Collection Request for Health Resources and Services Administration Stakeholder Gatherings

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 August 20, 2024.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, Maryland 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 or call Joella Roland, the HRSA Information Collection Clearance Officer, at (301) 443–3983.

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

Information Collection Request Title: Umbrella Generic Information Collection Request for Information

Collections Related to HRSA Gatherings, OMB No. 0906–xxxx–New.

Abstract: HRSA conducts gatherings for various purposes, including conferences, meetings, workshops, webinars, trainings, communities of practice, focus groups, and other in-person or virtual gatherings for individuals and organizations that are interested in HRSA programs. To ensure that HRSA has sufficient information to plan, convene, administer, and evaluate the effectiveness of these gatherings, HRSA must collect information from potential attendees, such as contact information, organizational information, logistical information (e.g., preferred delivery methods), accommodation needs, and feedback about the gathering’s content. Furthermore, HRSA may conduct a test of knowledge to see what attendees know about the subject matter before or during the meeting or focus group. After the gathering concludes, attendees may be asked to complete an evaluation form and/or a test of knowledge to measure the gathering’s effectiveness. In some instances, attendees may also apply and/or submit an abstract for prescreening to be selected for attendance.

An illustrative, but not exhaustive, list of examples of standardized information collection activities related to HRSA gatherings include:

- **Registration Forms:** Information collected includes name, contact information, organization/affiliation, demographic information (age, race or ethnicity, occupation, and location), and attendee accommodation needs.
- **Application Forms for panels, posters, or other presentation formats:** For application forms, information collected also includes title, author(s), organization/affiliation, and presentation abstract, in addition to the information contained in the registration form.
- **Focus Groups:** Information collected includes attendee/presenter responses to standard questions regarding topics posed to smaller groups during HRSA gatherings.
- **Pre-/Post-Gathering Forms:** Information collected includes attendee/presenter preferences, feedback, pre-/post-meeting questions, and tests of

knowledge in response to standard questions.

Need and Proposed Use of the Information: The purpose of collections under this umbrella generic information collection is to gather appropriate information to plan, administer, and evaluate HRSA gatherings. While HRSA can evaluate the general need for and the overall practical utility of such information collection in advance, HRSA may not be able to determine the details of the specific individual collections until a later time. The planning for these gatherings is often on a quick timeline and the standard timeline to comply with a full request under the Paperwork Reduction Act could inhibit HRSA’s ability to collect information to inform these activities. The information collected is expected to be voluntary, low-burden, and uncontroversial. Therefore, an umbrella generic is requested to allow for quick turnaround requests for similar information collections related to these activities.

As this Generic Information Collection Request for HRSA Stakeholder Gatherings will focus on the awareness, understanding, attitudes, preferences, or experiences of HRSA customers or other stakeholders (e.g., funding recipients and their delivery partners, potential funding applicants) relating to existing or future services, products, or communication materials, the Fast Track Process should apply to this information collection. Therefore, HRSA requests OMB provide a response on individual generic information collections within 5 business days.

Likely Respondents: Attendees and presenters at HRSA conferences, meetings, workshops, webinars, trainings, communities of practice, and other in-person, virtual, or hybrid gatherings. Attendees and presenters may include HRSA funding recipients, individuals seeking to participate in a HRSA-funded program, members of the public who utilize HRSA-funded resources, contractors, researchers, and other members of the public. Responses to any information collections under this Generic Information Collection Request for HRSA Stakeholder Gatherings are not required to obtain or retain any benefit.