

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: Telehealth Resource Center Performance Measurement Tool OMB No. 0915-0361—Extension

Abstract: HRSA requests an extension of their Telehealth Resource Center Performance Measurement Tool. The Telehealth Resource Centers (TRC) deliver telehealth technical assistance. There are two types of HRSA TRC programs:

- Two National Telehealth Resource Center Programs focus on policy and technology.
- 12 Regional Telehealth Resource Center Programs host activities and provide resources to rural and underserved areas.

The HRSA Telehealth Resource Centers:

- Provide training and support
- Publicize information and research findings
- Support collaboration and partnerships
- Promote effective partnerships
- Promote the use of telehealth by providing health care information and education to the public and medical specialists.

The TRCs share expertise through individual consults, training, webinars, conference presentations, and the web.

Need and Proposed Use of the Information: In order to evaluate existing programs, data are submitted to HRSA’s Office for the Advancement of Telehealth (OAT) through HRSA’s

Performance Improvement Management System (PIMS). The data are used to measure the effectiveness of the technical assistance (TA). There is one data reporting period each year; during these reporting periods, data are reported for the previous twelve months of activity. Programs have approximately six weeks to enter their data into the PIMS system during each annual reporting period.

The instrument was developed with the following four goals in mind:

1. Improving access to needed services,
2. Reducing rural and underserved population practitioner isolation,
3. Improving health system productivity and efficiency, and
4. Improving patient outcomes.

The TRCs currently report on existing performance data elements using PIMS. The performance measures are designed to assess how the TRC program is meeting its goals to:

- Expand the availability of telehealth services in underserved communities;
- Improve the quality, efficiency, and effectiveness of telehealth services;
- Promote knowledge exchange and dissemination about efficient and effective telehealth practices and technology; and
- Establish sustainable TA centers providing quality, unbiased TA for the development and expansion of effective and efficient telehealth services in underserved communities.

Additionally, the PIMS tool allows OAT to:

- Determine the value added from the TRC Cooperative Agreement;
- Justify budget requests;
- Collect uniform, consistent data which enables OAT to monitor programs;

- Provide guidance to grantees on important indicators to track over time for their own internal program management;
- Measure performance relative to the mission of OAT/HRSA as well as individual goals and objectives of the program;
- Identify topics of interest for future special studies; and
- Identify changes in health care needs within rural and underserved communities, allowing programs to shift focus in order to meet those needs.

Likely Respondents: The likely respondents will be telehealth associations, telehealth providers, rural and underserved health providers, clinicians that deliver services via telehealth, technical assistance providers, research organizations and academic medical centers.

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
Telehealth Resource Center Performance Measurement Tool	14	42	588	0.07	41
	14	588	41

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.

[FR Doc. 2022-00328 Filed 1-10-22; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS-0990-0478]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Since March 29, 2020, the U.S. government has been collecting data from hospitals and states to understand health care system stress, capacity, capabilities, and the number of patients hospitalized due to COVID-19. As the COVID-19 response continues to evolve, Federal needs for data are also evolving. The data elements within the collection are being altered to best meet the needs of the current response to COVID-19. This alteration includes the addition of data elements collecting more detailed information on pediatric hospitalizations, which will help to better understand pediatric hospital surge as well as inform epidemiologic surveillance to inform potential response actions. The alteration also includes making various data elements inactive for federal data collection based on current and anticipated future federal response needs, as well as reduce burden where possible. While inactive, these data elements will still be considered as remaining part of the data collection to allow jurisdictions to continue collecting the information if it is needed for their unique response needs.

DATES: Comments on the ICR must be received on or before February 10, 2022.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice. To be assured consideration,

comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) that are accepting comments.

2. *By regular mail.* 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: Sherrette Funn, Sherrette.Funn@hhs.gov or (202) 795-7714. When submitting comments or requesting information, please include the document identifier 0990-0478-30D and project title for reference.

SUPPLEMENTARY INFORMATION: This Federal Register notice seeks public comment on the emergency revision with substantive changes recently submitted to OMB for review and approval. These comments will be reviewed and taken into consideration if the Department intends to make any revisions to the information collection request approved under [0990-0478]. Interested persons are invited to submit comments regarding the aforementioned emergency revision with substantive changes or any other aspect of this collection of information, including: The necessity and utility of the proposed information collection for the proper performance of the agency’s functions, the accuracy of the estimated burden, ways to enhance the quality,

utility and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collection: U.S. Healthcare COVID-19 Portal.

Type of Collection: Emergency revision, substantial change.

OMB No.: 0990-0478—U.S.

Department of Health and Human Services (HHS) Office of the Secretary. This notice also includes changing the data collection owner from the HHS Office of the Chief Information Officer (OCIO) to the HHS Assistant Secretary for Preparedness and Response (ASPR).

Abstract: The Unified Hospital Data Surveillance System (UHDSS) was created in 2020 to monitor COVID-19 health care system capacity and surge and inform epidemiological surveillance. The collection requires daily responses from all hospitals in the U.S., with some jurisdictions (state, local, tribal, or territorial governments) compiling submissions for hospitals within their locality.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Hospitals (excluding Psychiatric and Rehabilitation Hospitals).	HHS Teletracking COVID-19 Portal	5200	365	1.25	2,372,500
Psychiatric and Rehabilitation Hospitals.	HHS Teletracking COVID-19 Portal	800	52	1.25	52,000
Infusion Centers and Outpatient Clinics reporting Inventory & use of therapeutics (MABs).	HHS Teletracking COVID-19 Portal	400	52	0.25	5,200
Total	2,429,700

Sherrette A. Funn,
Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2022-00237 Filed 1-10-22; 8:45 am]

BILLING CODE 4150-37-P