

Exchange staff will facilitate communication among users and developers of innovations. However, the participation of the innovator is essential to the ability of the Health Care Innovations Exchange to foster and promote the diffusion of innovations through social learning, a central goal of this program. The level of participation can vary according to innovator interest and schedules. Innovators will be expected to respond to occasional inquiries and to join a Health Care Innovations Exchange community of practice related to the innovator's particular innovation, so that ideas can be shared in an organized instructional fashion or setting.

#### *AHRQ's Priorities*

- *Specific populations.* AHRQ is interested in identifying innovations that will help to reduce disparities in health care and health status. Populations of interest to AHRQ are low-income groups, minority groups, women, children, the elderly, and individuals with special health care needs.
- *Potential for high impact.* The Health Care Innovations Exchange will give publication or dissemination priority to innovations that are likely to have a significant effect on the overall value of health care. Impact may be defined in different ways, e.g., the innovation may affect a broad population, address a critical health issue, or demonstrate large cost savings.
- *Innovator interest in participating.* All else being equal, AHRQ will give priority to innovators who express a strong interest in becoming involved in other activities of the Health Care Innovations Exchange, such as participating in learning networks and providing commentaries.
- *AHRQ-funded innovations.* The Health Care Innovations Exchange will aim to include effective innovations that are or were funded by the Agency.

Dated: September 18, 2007.

**Carolyn M. Clancy,**

*Director.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Agency for Healthcare Research and Quality**

#### **Availability of Draft Public Health Service (PHS) Clinical Practice Guideline Update on Treating Tobacco Use and Dependence**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice for pre-publication review and comment.

**SUMMARY:** The Agency for Healthcare Research and Quality (AHRQ) announces the availability of a draft Public Health Service clinical practice guideline Update on Treating Tobacco Use and Dependence for pre-publication review. This PHS guideline update is being produced by a multidisciplinary private-sector panel of experts convened by the agencies of the Public Health Service. The expert panel will not respond to individual comments but will consider all comments in determining revisions to the guideline. **DATES:** Comments must be postmarked by October 26, 2007.

#### **Request for Draft PHS Guideline Update**

To receive a copy of the draft guideline update, requests must include: Requester's name; Affiliation (business or organization); Address (including zip code); Telephone and Fax numbers. This is a draft document. Since changes are likely to be made to the draft guideline update during the review process this draft document should not be used as a clinical practice guideline until final publication. It is anticipated that the final guideline update will be made available to the public in the spring of 2008.

You will be mailed a printed DRAFT copy of the draft guideline update and sent by e-mail: (1) An electronic form to submit any comments and (2) a short conflict of interest form to be completed by those submitting comments.

**ADDRESSES:** Written requests, including your e-mail address, should be mailed to: David Fraser, Assistant Director for Research Administration, University of Wisconsin-Center for Tobacco Research and Intervention, 1930 Monroe Street, Suite 200, Madison, WI 53711-2027.

#### **Automated Review Process**

A computerized guideline review process enables comments to be entered on a special form designed for typed entry, documentation and consideration of all comments. The form will be sent

by e-mail, with instructions, to those requesting the draft guideline update. To facilitate the review process, it is strongly recommended that reviewers use the computer form to record their comments. For technical assistance or questions regarding this input process, please follow the directions in the materials you receive.

**FOR FURTHER INFORMATION CONTACT:** For information on the PHS Treating Tobacco Use and Dependence Clinical Practice Guideline Update, please contact: CAPT Ernestine Murray, Project Officer, Agency for Healthcare Research and Quality (AHRQ), Center for Outcomes and Evidence, 540 Gaither Road, Room 6337, Rockville, MD 20850, Telephone: 301-427-1630, E-mail Address: [ernestine.murray@ahrq.hhs.gov](mailto:ernestine.murray@ahrq.hhs.gov).

**SUPPLEMENTARY INFORMATION:** In July 2006 a private-sector panel of experts was convened by the Agencies of the Public Health Service to update the PHS Treating Tobacco Use and Dependence Clinical Practice Guideline to improve the effectiveness of smoking cessation activities. A public meeting was also held in June 2007 for the panel to receive comments and information relevant to the update of the PHS guideline. The panel also reviewed and synthesized the literature on the topic and drafted a set of conclusions and recommendations based on the best available scientific data and expert judgments. A draft of these conclusions and recommendations is now undergoing peer review by a substantial number of individuals and groups who are knowledgeable about clinical treatment of tobacco dependence.

With this notice, the panel and the PHS are also making the draft guideline available to other individuals who wish to provide written review comments. After review and evaluation of the comments received, the panel will make appropriate revisions to the current draft PHS guideline update and prepare the clinical practice guideline update on Treating Tobacco Use and Dependence. Potential reviewers should note that the PHS may disclose the names of the guideline reviewers at the same time the guideline is published. The PHS may also release review comments after the guideline is published. Generally, comments will not be attributed to specific reviewers. However, attribution may be necessary or useful to indicate the validity or reliability of particularly important comments.

Dated: September 21, 2007.  
**Carolyn M. Clancy**,  
*Director.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-07-0636]

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

State-based Evaluation of the Alert Notification Component of CDC's Epidemic Information Exchange (Epi-X) Secure Public Health Communications

Network (OMB No. 0920-0636)—Extension—National Center for Health Marketing (NCHM), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

A central component of the CDC's mission is to strengthen the nation's public health infrastructure by coordinating public health surveillance at CDC and providing domestic and international support through scientific communications and terrorism preparedness and emergency response. The Epidemic Information Exchange (Epi-X) provides CDC and its state and local partners and collaborators with a secure public health communications network intended for routine and emergent information exchange in a secure environment.

Great attention has been focused on improving secure public health communications networks for the dissemination of critical disease outbreak and/or bioterrorism-related events, which may have multi-jurisdictional involvement and cause disease and death within a short time-frame.

The purpose of the information gathered during this notification proficiency testing exercise is to evaluate the extent to which new registrants and currently authorized users of the Epidemic Information Exchange (Epi-X) are able to utilize alert notification functionality to minimize or

prevent unnecessary injury or disease-related morbidity and mortality through the use of secure communications and rapid notification systems. In this case, notification alerts would be sent to targeted public health professionals through a 'barrage' of office cell phone, home telephone, and pager calls to rapidly inform key health authorities from multidisciplinary backgrounds and multiple jurisdictions of evolving and critical public health information, and assist with the decision making process. Presently, the necessity of this evaluation process is timely because of ongoing terrorism threats and acts perpetrated worldwide.

The survey information will be gathered through an online questionnaire format, and help evaluate user comprehension and facility solely with the targeted notification and rapid alerting functionalities of Epi-X. The questionnaire will consist of both closed- and open-ended items, and will be administered through Zoomerang, an online questionnaire program, or as a last resort, by telephone. Approximately 2,000 Epi-X users from every state of the union will be asked to volunteer input (in a 5-10 question format) about their experiences using the alert notification functionalities of the Epi-X communications system.

There will be no cost to respondents, whose participation will be strictly voluntary. The total estimated burden hours are 167.

**ESTIMATED ANNUALIZED BURDEN**

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Public Health Professionals .....	1,000	1	10/60

Dated: September 24, 2007.  
**Maryam I. Daneshvar**,  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. E7-19198 Filed 9-27-07; 8:45 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-07-07BR]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed project or to obtain a copy of data collection plans and instruments, call the CDC Reports Clearance Officer on 404-639-5960 or send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the

agency's estimate of the burden 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 the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

National Survey of Residential Care Facilities (NSRCF) 2008-2010—New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).