merger transaction may find additional guidance in the reported bases for FDIC approval or denial in prior merger transaction cases compiled in the FDIC's annual ''Merger Decisions'' report. Reports may be obtained from the FDIC Public Information Center, 3501 North Fairfax Drive, Room E–1002, Arlington, VA 22226. Reports may also be viewed at *http://www.fdic.gov.*

III. Evaluation of Merger Applications

* * * * *

4. *Consideration of the public interest.* The FDIC will deny any proposed merger transaction whose overall effect likely would be to reduce existing competition substantially by limiting the service and price options available to the public in the relevant geographic market(s), unless the anticompetitive effects of the proposed merger transaction are clearly outweighed in the public interest by the probable effect of the transaction in meeting the convenience and needs of the community to be served. For this purpose, the applicant must show by clear and convincing evidence that any claimed public benefits would be both substantial and incremental and generally available to seekers of banking services in the relevant geographic market(s) and that the expected benefits cannot reasonably be achieved through other, less anticompetitive means.

Where a proposed merger transaction is the least costly alternative to the probable failure of an insured depository institution, the FDIC may approve the merger transaction even if it is anticompetitive.

By Order of the Board of Directors.

Dated at Washington, DC, the 19th day of December, 2007.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. E8–2885 Filed 2–14–08; 8:45 am]

BILLING CODE 6714–01–P

FEDERAL HOUSING FINANCE BOARD

Sunshine Act Meeting Notice; Announcing a Partially Open Meeting of the Board of Directors

TIME AND DATE: The open meeting of the Board of Directors is scheduled to begin at 10 a.m. on Wednesday, February 20, 2008. The closed portion of the meeting will follow immediately the open portion of the meeting.

PLACE: Board Room, First Floor, Federal Housing Finance Board, 1625 Eye Street NW., Washington DC 20006.

STATUS: The first portion of the meeting will be open to the public. The final portion of the meeting will be closed to the public.

MATTER TO BE CONSIDERED AT THE OPEN PORTION: *Amendment to the Capital Structure Plan of the Federal Home Loan Bank of Seattle.*

MATTER TO BE CONSIDERED AT THE CLOSED PORTION: Periodic Update of Examination Program Development and Supervisory Findings.

CONTACT PERSON FOR MORE INFORMATION: Shelia Willis, Paralegal Specialist, Office of General Counsel, at 202–408–2876 or *williss@fhfb.gov.*

Dated: February 12, 2008.

By the Federal Housing Finance Board.

Neil R. Crowley,

Acting General Counsel.

[FR Doc. 08–742 Filed 2–13–08; 1:24 pm]

BILLING CODE 6725–01–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: ''*Feasibility of secure messaging for pediatric patients with chronic disease: Pilot implementation in pediatric respiratory medicine.*'' In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by April 15, 2008.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail 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 e-mail at *doris.lefkowitz@ahrq.hhs.gov*.

SUPPLEMENTARY INFORMATION:

Proposed Project

Feasibility of Secure Messaging for Pediatric Patients With Chronic Disease: Pilot Implementation in Pediatric Respiratory Medicine

AHRQ proposes to evaluate how the implementation of a secure email messaging (e-messaging) system between clinicians and adolescent patients affects: (1) Time spent by providers communicating with patients, (2) Emergency Department utilization for medication refills, and (3) qualitative satisfaction with care of the patients. The study will be conducted in the Yale University School of Medicine Pediatric Respiratory Medicine Clinic.

Several studies have evaluated the use of e-mail between providers and patients and found that it is typically satisfactory to both, has not been abused by patients, and has not been used inappropriately for urgent items. Studies have not evaluated the use of e-mailing or secure messaging by children or adolescents with chronic diseases as well as their families. The setting of chronic disease provides a natural forum for discussion about the use of such technologies since these families may need more frequent contact with their care-providers, need more frequent medication refills, and may have close relationships with their providers that encourage a communication genre such as secure messaging.

In particular, because many adolescents are comfortable with text messaging and email, the investigators hypothesize that adolescent patients themselves may feel empowered to contact their providers using this medium. This potential shift to having adolescents communicate with the providers presents two main hypotheses of interest. (1) Adolescents may be more prone to send a message that may be of an urgent nature because of the sense that messaging is''instant'' as well as a possible feeling of more privacy. This issue presents the concern that adolescents in particular could send a secure message about information that is potentially urgent in nature such as a severe asthma exacerbation or suicidal ideation. Such messages will need immediate attention. (2) Adolescents may be more apt to disclose questions about their care that they would not have otherwise brought up with the provider. By giving adolescents a medium where they feel comfortable communicating, clinicians may be able to better meet the medical and psychosocial needs of adolescents and their families.

Method of Collection

The project will include 300 patient/family participants and 138 provider participants. Data will be collected from (1) e-messaging content, to understand what children, adolescents and their parents will send in secure messages to their provider; (2) a survey, to determine the demographic characteristics of the patients and their family; and (3) qualitative interviews with patients and their families and clinic staff, to assess their attitudes and satisfaction with e-messaging.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours. Each of the 300 patient/family participants will complete a demographic survey and use the e-messaging system, sending an average of one e-message per month. Thirty of the patient/family participants will be randomly selected to participate in a qualitative interview. Each of the 138 provider participants will use the e-messaging system, responding to about twenty-six e-messages per year, and keep a pre- and post-intervention log of patient/provider communications. Ten provider participants will be randomly selected to participate in a qualitative interview. The total burden for all participants is estimated to be 2,148 hours.

Exhibit 2 shows the estimated annualized cost burden for the participants' time to participate in this study. The total cost burden for all participants is estimated to be $72,664.

EXHIBIT 1.—ESTIMATED ANNUALIZED BURDEN HOURS

Interview participants	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Patient/Family Participants:				
Demographic Survey	300	1	1	300
E-messaging	300	12	15/60	900
Qualitative Interview	30	1	30/60	15
Provider Participants:				
E-messaging	138	26	15/60	900
Qualitative Interviews	10	1	30/60	5
Pre-intervention Provider Log	138	1	6/60	14
Post-intervention Provider Log	138	1	6/60	14
Total	438	na	na	2,148

EXHIBIT 2.—ESTIMATED ANNUALIZED COST BURDEN

Interview participants	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Patient/Family Participants:				
Demographic Survey	300	300	$26.20	$7,860
E-messaging	300	900	26.20	23,580
Qualitative Survey	30	15	26.20	393
Provider Participants:				
E-messaging	138	900	43.78	39,402
Qualitative Interviews	10	5	43.78	219
Pre-intervention Provider Log	138	13.8	43.78	605
Post-intervention Provider Log	138	13.8	43.78	605
Total	438	na	na	72,664

* For Patient/Family Participants: Based upon the mean of the average wages for all occupations, National Compensation Survey, ''U.S. Department of Labor, Bureau of Labor Statistics.''

* For Provider Participants: Based upon the mean of the average wages for physicians ($65.54/hr) and nurses ($43.85/hr) in the New York, New Jersey, Connecticut and Pennsylvania region, National Compensation Survey, ''U.S. Department of Labor, Bureau of Labor Statistics.'' For Pulmonary Fellows: Based upon internal Yale University School of Medicine data.

Estimated Annual Costs to the Federal Government

The total cost to the Federal Government for this project is $399,970 over a two year period. The average annual cost is $199,985. The following is a breakdown of the average annual costs:

Direct Costs:	
Personnel	$159,488.5
Consultancies	5,475
Data support	5,336.5
Indirect Costs:	
Indirect costs	29,685
Total	199,985

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, 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: February 6, 2008.

Carolyn M. Clancy,

Director.

[FR Doc.08–659 Filed 2–14–08; 8:45 am]

BILLING CODE 4160–90–M

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: *''Improving Quality through Health IT: Testing the Feasibility and Assessing the Impact of Using Existing Health IT Infrastructure for Better Care Delivery.''* In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by April 15, 2008.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail 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 e-mail at *doris.lefkowitz@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Improving Quality Through Health IT: Testing the Feasibility and Assessing the Impact of Using Existing Health IT Infrastructure for Better Care Delivery

AHRQ proposes to assess how the use of health information technology (IT) can improve care delivery and outcomes in community health centers. AHRQ is specifically interested in improving the quality of care provided in a community clinic setting through better management of laboratory information. The study will measure the impact of health IT tools on two problems: duplicate laboratory tests and the failure to follow up on laboratory test results of HIV patients and women screened for cervical cancer. In addition, AHRQ will measure the impact of health IT on compliance with evidence-based guidelines for laboratory tests. The study will also investigate whether disparities between vulnerable populations and the general population exist in both laboratory screening rates and rates of abnormal laboratory test results without follow up. To assess the extent of these problems and the impact of health IT, AHRQ will evaluate both quantitative and qualitative components. The qualitative component will use interviews with key informants in two community health centers to gather data on laboratory information processes, laboratory information communication problems and use of health IT tools.

Method of Collection

Quantitative data will be collected directly from the clinical data warehouse used by the participating community health centers to routinely collect laboratory data. The collection will be accomplished using database reports. Qualitative data will be collected through key informant interviews conducted in each of the two participating community health centers. Key informants will include physicians, nurses, medical assistants, IT personnel, and administrators. The total number of interviews to be conducted at both sites is forty-one.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours. A total of forty-one in-person interviews will be conducted with administration and clinical personnel: eighteen interviews from administrative personnel and twenty-three interviews from clinical personnel. The question set is the same for both clinical and administrative personnel. The estimated time per response is 1.5 hours for a total of 61.5 burden hours.

Exhibit 2 shows the estimated annualized burden for the respondents' time to provide the requested data. The hourly rate of $32.13 is a weighted average of the administrative personnel hourly wage of $19.68 and the clinical personnel hourly wage of $41.88. The total cost burden is $1,976.