

FEDERAL RESERVE SYSTEM**Formations of, Acquisitions by, and Mergers of Bank Holding Companies**

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington DC 20551-0001, not later than May 12, 2020.

A. Federal Reserve Bank of San Francisco (Sebastian Astrada, Director, Applications) 101 Market Street, San Francisco, California 94105-1579:

1. *GUVJEC Investment Corporation, Baltimore, Maryland*; to become a bank holding company by acquiring Farmington Bancorp, Bothell, Washington, and thereby indirectly acquire Farmington State Bank, Farmington, Washington.

Board of Governors of the Federal Reserve System, April 7, 2020.

Yao-Chin Chao,

Assistant Secretary of the Board.

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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 “*Evaluating the Implementation of Products by AHRQ’s Learning Health Systems to Inform and Encourage Use of AHRQ Evidence Reports*.” This proposed information collection was previously published in the **Federal Register** on February 4, 2020 and allowed 60 days for public comment. AHRQ did not receive comments from members of the public. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by 30 days after date of publication of this notice.

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

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:**Proposed Project**

Evaluating the Implementation of Products by Learning Health Systems To Inform and Encourage Use of AHRQ Evidence Reports

AHRQ’s Evidence-based Practice Center (EPC) Program has 20 years of experience in synthesizing research to inform evidence-based health care practice, delivery, policies, and research. The AHRQ EPC program is committed to partnering with organizations to make sure its evidence reports can be used in practice. Historically, most of its evidence reports have been used by clinical professional organizations to support the development of clinical practice guidelines or Federal agencies to inform their program planning and research priorities. To improve the uptake and relevance of the AHRQ EPC’s evidence reports, specifically for health systems, AHRQ has contracted with the American Institutes for Research (AIR) to obtain feedback from learning health systems (LHSs) to assist the AHRQ EPC program in developing and disseminating evidence reports that can

be used to improve the quality and effectiveness of patient care.

Even if an EPC evidence report topic addresses LHS-specific evidence needs, the density of the information in an evidence report may preclude its easy review by busy LHS leaders and decisionmakers. AHRQ understands that to facilitate use by LHSs, complex evidence reports must be translated into a format that promotes LHS evidence-based decision making and can be contextualized within each LHS’ own system-generated evidence. Such translational products, for the purposes of this notice, are referred to simply as “products.”

The purpose of this information collection is to support a process evaluation of use and implementation of two such products into LHS decisionmaking processes, workflows, and clinical care. The evaluation has the following goals:

1. Document how LHSs prioritize filling evidence gaps, make decisions about using evidence, and implement tools to support and promote evidence use in clinical care.
2. Assess the contextual factors that may influence implementation success; associated implementation resources, barriers and facilitators; and satisfaction of LHS leaders and clinical staff.
3. Provide the AHRQ EPC program with necessary insights about the perspectives, needs, and preferences of LHS leaders and clinical staff as related to decisions and implementation of products into practice.

This study is being conducted by AHRQ through its contractor, the American Institutes for Research (AIR), pursuant to AHRQ’s statutory authority to conduct and support research on, and disseminate information on, health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services. 42 U.S.C. 299a(a)(1).

Method of Collection

To achieve the goals of this project, the following data collection activities will be implemented:

1. Key informant interviews with health system leaders, clinicians and staff; and
2. compilation and coding of notes from “implementation support” meetings (“check-ins”) between an implementation facilitator and site champions who are implementing the products.