

Urgent Care Center Interviews

ASPR TRACIE Generic Information Collection Request
OMB No. 0990-0391

Supporting Statement – Section B

Submitted: August 22, 2017

Program Official/Project Officer

Pamela Shayne Brannman, M.S., M.A.
Director, ASPR Technical Resources Assistance Center & Information Exchange
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
200 C Street, SW, Washington DC 20024
(202) 260-9623
Shayne.Branman@hhs.gov

Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

This is a convenience sample of leadership at Urgent Care Centers across the nation. Participants will be identified through existing relationships and members of the Urgent Care Association of America. We will only interview leaders of Urgent Care Centers that are covered by Hospital Preparedness Program (HPP) healthcare coalitions, funded through the HPP Cooperative Agreement. Overall, we aim to have 30 individuals participate in the interviews with equal representation from three overarching urgent care center types (hospital-owned, large chain, and small chain/independent).

The respondents will include leadership at Urgent Care Centers. The role of the respondent will vary by type of clinic. Table B-1 presents a summary of the type of respondents at each type of Urgent Care Center. We intend to invite representatives from across the nation to participate in the interviews.

Table B-1. Types of Urgent Care Centers and Respondents

Type of Urgent Care Centers	Role of Respondent
Hospital-owned	CEO, CFO, Chief Medical Officer, or Equivalent
Large chain	CEO, CFO, Chief Medical Officer, or Equivalent
Small chain/independent	Owner, Physician, or Equivalent

2. Procedures for the Collection of Information

We have developed a semi-structured interview discussion guide (Attachment C). The interview will cover the following topics:

- Attitudes about role of Urgent Care Centers in emergency response
- Willingness of Urgent Care Centers to participate in emergency response
- Capacity of Urgent Care Centers to participate in emergency response
- Current Urgent Care Center emergency planning activities
- Legal and financial concerns about Urgent Care Center participation in emergency response

3. Methods to Maximize Response Rates Deal with Nonresponse

As stated above, we are using a convenience sample of leadership at Urgent Care Centers identified through existing relationships and membership in the Urgent Care Association of America. We anticipate that this will aid in response rates due to existing relationships and interest in the field. We will verify that potential participants lead Urgent Care Centers that are covered by healthcare coalitions funded by the HPP Cooperative Agreement before recruitment begins. We will recruit participants via email and follow up emails will be sent to non-respondents. If an entity is unavailable or does not respond we will reach out to an additional potential participant.

4. Test of Procedures or Methods to be Undertaken

The interview guide will be reviewed by ASPR, ICF, and RTI staff with expertise in this field. Following the first interview, we will debrief and make minor adjustments to improve the interviewing techniques.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Dr. Robin Weinick, Meghan Treber, and Jennifer Nieratko have provided leadership on the development of the discussion guide. Shayne Brannman, Dr. John Hick, Bonny Bloodgood, and Audrey Mazurek have provided input on the content of the discussion guide. Ms. Nieratko will lead the interviews, qualitative analyses, and summaries of the interviews under the leadership of Dr. Weinick and Ms. Treber. Dr. Hick, Ms. Brannman, and Ms. Mazurek will review and provide feedback on the development of the final report. Ms. Brannman will provide overall oversight throughout the course of the project.