

Attachment B: ASPR TRACIE Health Center Interview Discussion Guide

Discussion of Purpose and Review of Informed Consent

Thank you for agreeing to speak with me today. My name is [insert name]. I'm conducting this interview on behalf of the Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE), which I may refer to as ASPR TRACIE. I work for ICF, a contractor supporting ASPR's TRACIE project.

Purpose and Procedures

ASPR TRACIE is conducting this project to improve understanding of the role of Health Centers in supporting the health and medical response to disasters or emergencies. You are among several Health Center leaders we will be interviewing to learn your perception about the role of Health Centers in supporting the community surge response to health and medical needs during disasters or emergencies. During our discussion, we will review your responses to the online survey. I'll ask you some questions to expand upon what you shared, so we can get a fuller understanding of your perspectives on the role of Health Centers in supporting the health and medical response to disasters or emergencies. Our discussion should take 30 minutes.

Voluntary Participation

Your participation in this discussion is completely voluntary. You do not have to answer any question that you do not want to answer. You may choose not to participate or to leave the discussion at any time. We will record the discussion and my colleague [first name] is on the line to take notes. Please speak clearly to ensure proper recording.

Privacy

The digital recording and notes of the interview will be stored in a password-protected folder. The recording will be destroyed when the project is over. Only members of the project team will have access to the notes and recordings, and they will not be allowed to share them with anyone else. Your name and Health Center name will not be used in any documents written on the basis of this project. Data will be presented in aggregate so responses will not be attributed to individual participants or the centers with which they are affiliated. A final report will be posted on the ASPR TRACIE website. The research may also be submitted for publication in a peer-reviewed journal. If you have any questions about this project, you can reach out to askasprtracie@hhs.gov.

Do you agree to participate in the interview?

Preliminary Discussion

Do you have any questions for me before we begin?

I'd like to start by better understanding the type of Health Center you are affiliated with and your role.

- 1) How would you describe the Health Center where you work?
 - a) How would you describe the practice setting?
- 2) What is your role at your Health Center?
 - a) How involved are you in emergency preparedness for your Health Center? (*prompt for roles and responsibilities related to emergency preparedness*)
 - b) How involved are you in emergency responses for your Health Center? (*prompt for roles and responsibilities related to emergency responses*)

Health Center's Role in Emergency Response

- 3) You indicated your Health Center [does/does not] have a role in addressing healthcare needs caused by an infectious disease outbreak and/or a sudden onset or no notice incident. What do you think the role of your Health Center would be in those scenarios?
- 4) *If participant indicated their Health Center would contribute differently depending on the different scenarios ask for explanation.*
- 5) You indicated [factor] might pose an obstacle or challenge to your involvement in an emergency response. Can you explain why that might be a barrier for your involvement?
 - a) Are there other obstacles that might prevent your center from assisting in an emergency situation?
 - b) *If participant indicated they would face different obstacles depending on the scenarios ask for explanation.*
- 6) *If participant indicated that factors that would initiate their involvement in the response differed based on the scenarios ask for explanation.*

Health Center's Infrastructure and Scope of Emergency Response

- 7) Has a disaster or major disease outbreak occurred in your area in the last five years? If so, please describe.
 - a) How did your Health Center participate in the response?
 - b) Did you make any changes to your policies, procedures, or protocols based on that experience?

- 8) *[If participant indicated yes it would be possible to modify your existing space to accommodate additional patients].* How would you modify your physical space and manage your resources to handle a large influx of patients above normal operating conditions?
- 9) You indicated your Health Center [could modify space, supplement staff, extend operating hours, or had disaster supplies] How long could you maintain those emergency responses? *(prompt for 1-12 hours, 12-24 hours, 1-3 days, or more)*
- 10) Can you describe the protocols or agreements you have in place with other healthcare providers to accept referrals of patients with minor illness or injury?
 - a) Do these agreement covers referrals during an emergency?
 - b) *If participant indicated they don't have a plan or protocols for accepting referrals of patients with minor illness or injury* – What is the reason your Health Center doesn't have one?

Emergency Preparedness: Procedures and Collaborations

- 11) What types of preparedness exercises has your Health Center conducted?
 - a) What scenarios have you tested?
 - b) You indicated you have not tested [insert function] – Why not?
- 12) Has your staff received emergency preparedness training?
 - a) If no: Why have they not been trained?
 - b) If yes: What has the training focused on?
- 13) To what extent do you participate in emergency preparedness activities with your local healthcare coalition, health department, emergency management agency, hospital, or other partners?
 - a) What support would you need from these partners to effectively participate in an emergency response for an infectious disease outbreak?
 - b) What support would you need from these partners to effectively participate in an emergency response for a sudden onset or no notice incident?
 - c) Which concerns you more: Your ability to adequately respond to a slow evolving emergency like an infectious disease outbreak or a sudden onset/no notice emergency?
 - d) What is the specific scenario that concerns you the most?
 - e) How interested is your Health Center in participating in more emergency preparedness activities?
 - f) What would motivate your Health Center to become engaged in other preparedness activities?

Legal and Financial

- 14) In what ways would you envision your process for seeking reimbursement for services rendered during an emergency being different than how you normally bill for services?
- 15) Do you have any concerns about your liability or malpractice coverage for services rendered during an emergency? If so, please describe.

- 16) What challenges, if any, has your Health Center encountered in meeting the requirements of the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule?
- a) How have you overcome those challenges?

Thank you. Those are all of the questions I have for you today. Is there anything else you'd like to share that you believe will be helpful to our project?

Your feedback today was extremely valuable and we appreciate your willingness to share your insights. As I mentioned at the beginning, this is one of several interviews that we will be conducting. Your name and Health Center name is not connected to your responses. We will analyze the collected data across all interviews for major themes and trends. We will then document our findings in a report. Thanks again for taking time out of your busy day to share your feedback.