



HEALTHCARE COALITIONS' CONTRIBUTIONS TO PREPAREDNESS AND RESILIENCE

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Learning Objectives

- **Understand the importance of healthcare coalitions' collaboration in emergency preparedness and response**
- **Obtain a better understanding of how HPP measures healthcare coalition preparedness and barriers**
- **Understand some of the ideas to mitigate known barriers to healthcare coalition performance**
- **Obtain a better understanding of the next steps of the NHPP**



Overview of Healthcare Coalitions

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Background & Purpose

Purpose

The Hospital Preparedness Program (HPP) enables the health care system to save lives during emergencies that exceed day-to-day capacity of the health and emergency response systems.

This is accomplished through the development of regional health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together.

Background

- **Authorizing Legislation**
 - Established in 2002 under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002
 - Pandemic and All-Hazards Preparedness Act (PAHPA) signed in December 2006.
- **Program Foci**
 - Capacity 2002-2011
 - Capabilities 2012-2016
 - Capabilities refresh 2017-2022

HPP's Evolution

2002-2011

Facility-based equipment purchases

Personal protective equipment, mobile medical units, pharmaceutical caches, other emergency supplies and equipment

2012-Present

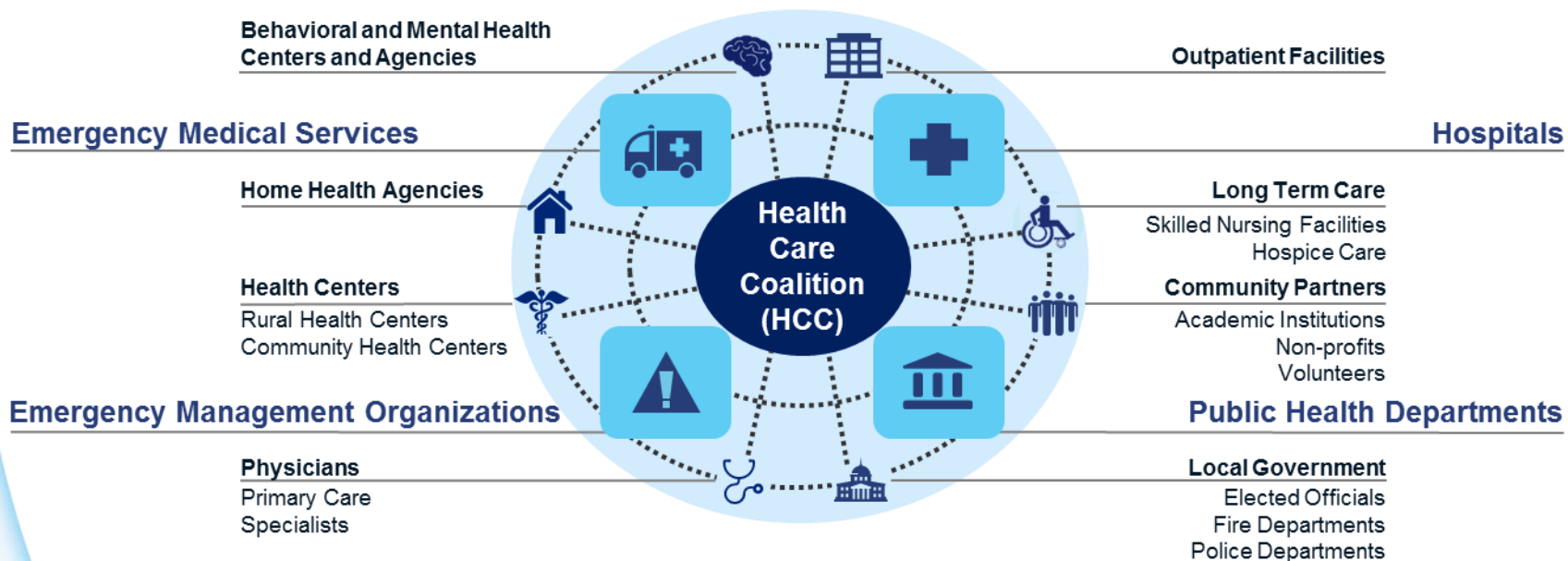
Capabilities-based approach to planning

HPP funding is used to enhance health care system planning and response at the state, local, regional, and territorial levels.

- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response Coordination
- Continuity of Health Care Service Delivery
- Medical Surge

What is an HCC?

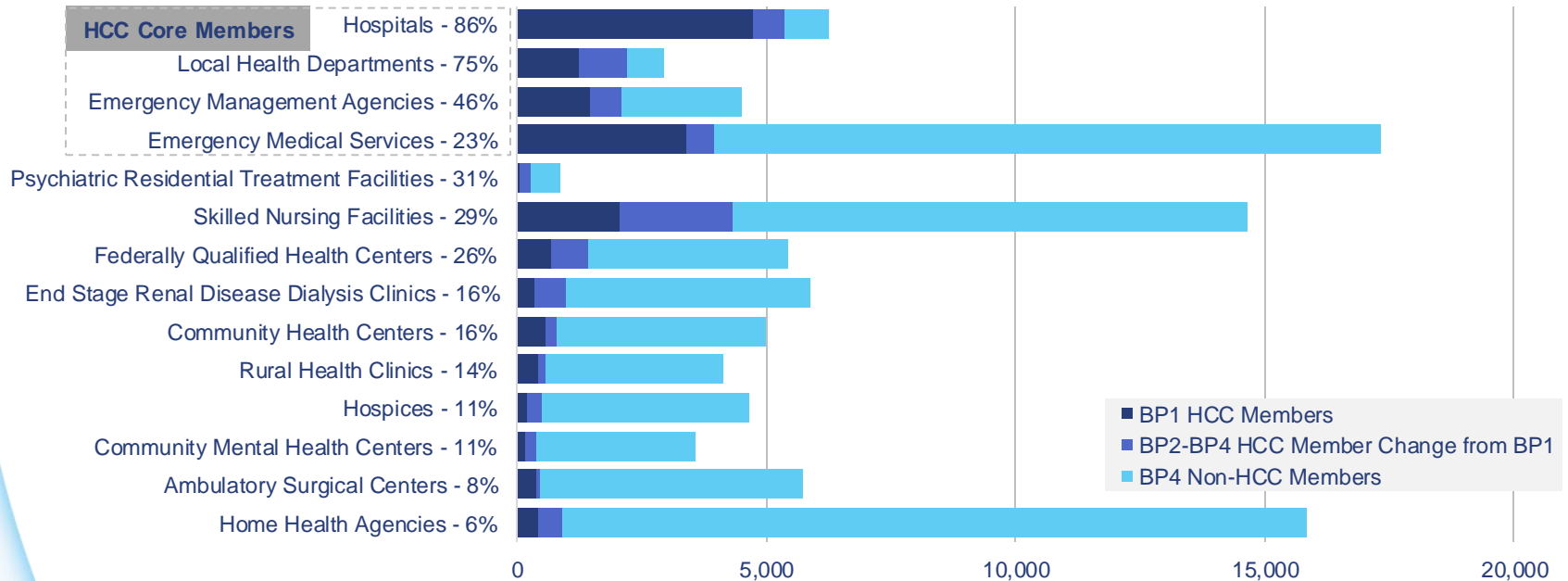
An HCC is a group of individual health care and response organizations in a defined geographic location. HCCs play a critical role in developing health care delivery system preparedness and response capabilities.



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HCCs Have Diverse and Growing Membership

There are 28,055 HCC members nationwide, a 63 percent increase from 2012.



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Evaluation of HCC Capabilities' Performance

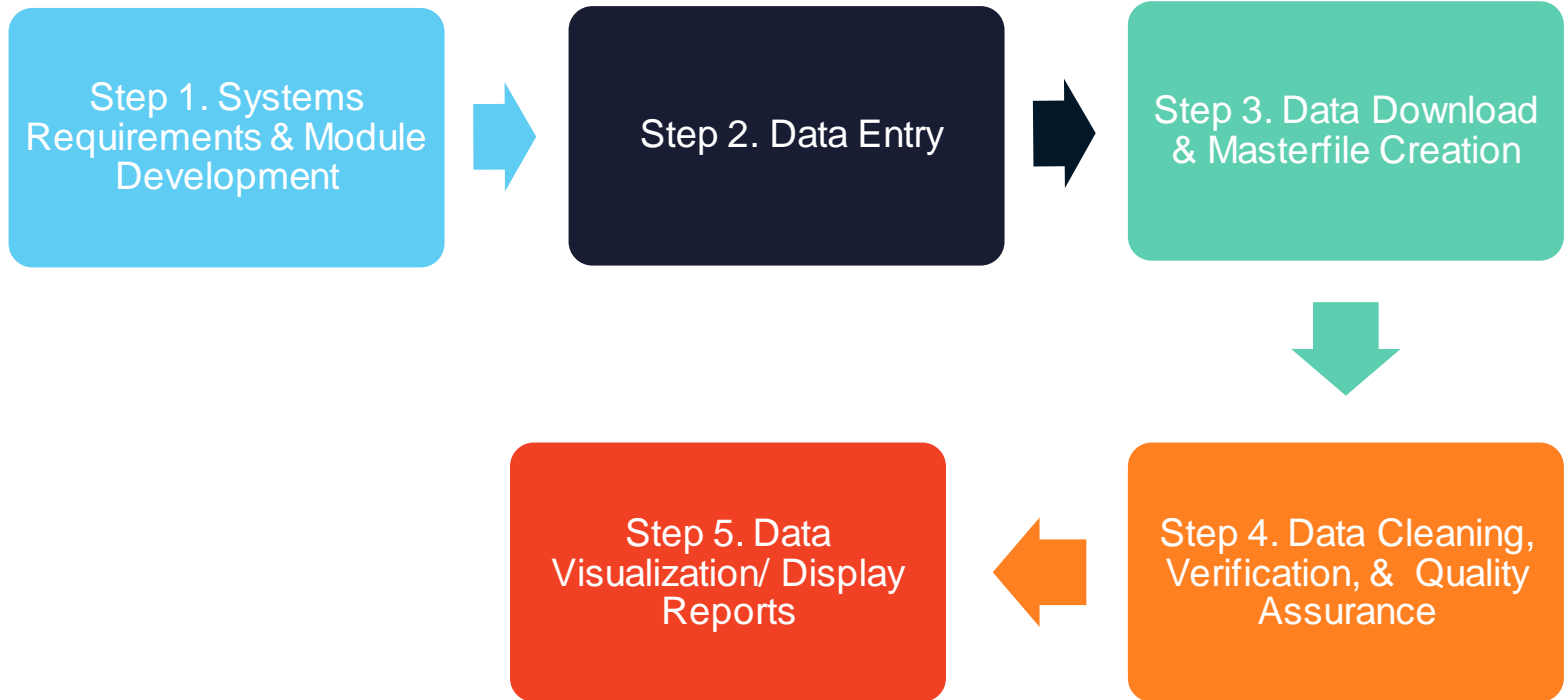
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Healthcare Preparedness Capabilities 2012-2016

- Healthcare System Preparedness
- Healthcare System Recovery
- Emergency Operations Coordination
- Fatality Management
- Information Sharing
- Medical Surge
- Responder Safety and Health
- Volunteer Management

HCC Data Collection Steps

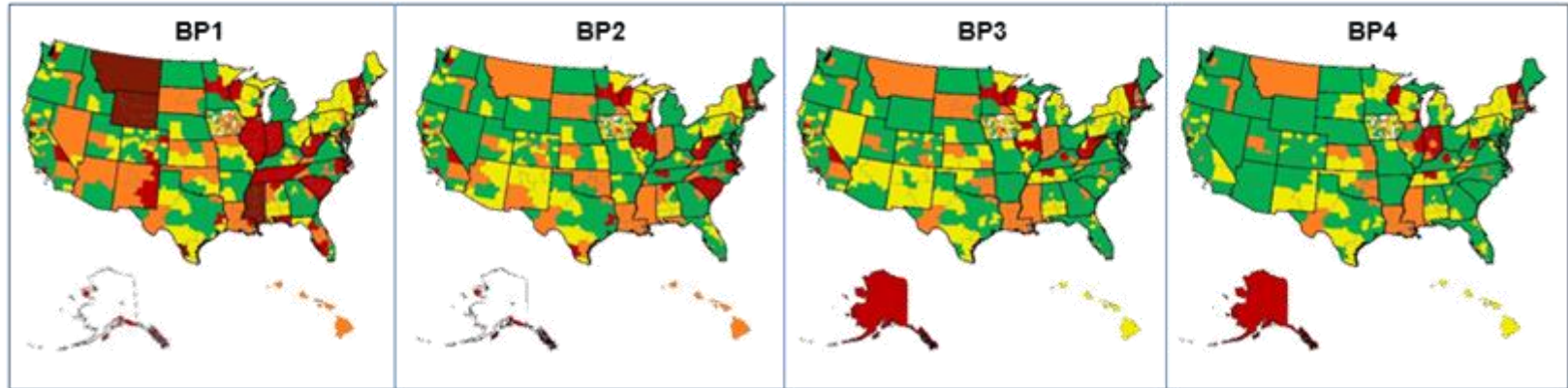




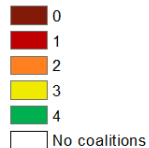
HCCs Demonstrate Progress and Success

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Core Member Participation Enhances Load-Sharing During Emergencies



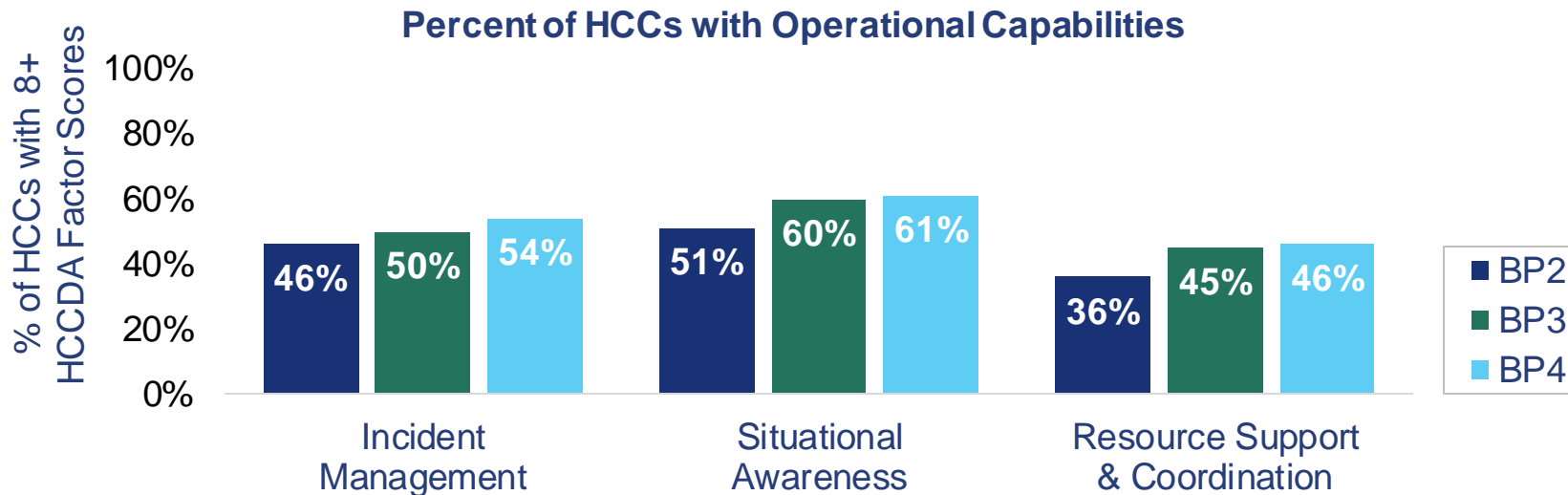
Count of Core Member Types



BP4 shows 58% of HCCs include all four core member types

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Moving From Planning Bodies To Coordinating For Response



While a greater number of HCCs are increasing their operational readiness, more than 60% of HCCs do not considered themselves response-ready.

HCCs are Critical to Successful Preparedness and Response Efforts



Amtrak Train Derailment

- Southeast Pennsylvania HCC
- HPP-funded systems distributed emergency room capacity notifications to HCC members 30 minutes before official city alerts
- Implemented an organized incident command structure, facilitating distribution of over 200 victims to prevent overburdening any single hospital

Aurora Bridge Duck Boat Crash

- Northwest Health Care Response Network
- Used electronic regional incident management system to track bed availability and distribution of nearly 60 patients
- Coordinated across emergency response organizations to support family reunification, including foreign nationals

Republican National Convention

- Northeast Ohio Regional HCC
- Coordinated surge support with 27 medical facilities
- Regularly surveyed health care facilities to ensure inventories of specialized equipment, contact information, blood inventories, and bed availability were up-to-date in preparation for over 20,000 Convention visitors

Success Stories are Accessible on the HPP Homepage www.phe.gov/hpp
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Research Evidence

- HCCs promote collaboration with other partners at the local level, including other healthcare facilities and EMS
 - Source: Acosta, J; Howard, S; Chandra, A; Varda, D; Sprong, S & Pines, U (2015). contribution of healthcare coalitions to preparedness and resilience. Society for Disaster Medicine and Public Health.
 - source: Toner, ES; Ravi, S; Adalja, A; Waldhorn, RE; McGintym M; & Spana, MS (2015). *Doing good by playing well with others: exploring local collaboration for emergency preparedness and response*. Health Security vol 13(4).
- Successful HCCs had strong members participation and diversity of members
 - Source: Acosta, J; Howard, S; Chandra, A; Varda, D; Sprong, S & Pines, U (2015). contribution of healthcare coalitions to preparedness and resilience. Society for Disaster Medicine and Public Health.
- Information sharing, Situational awareness, and sharing of resources through enhanced HCC coordination is fundamental to the nation's strategy for building healthcare resilience to disasters
 - Source: Toner, ES; Ravi, S; Adalja, A; Waldhorn, RE; McGintym M; & Spana, MS (2015). *Doing good by playing well with others: exploring local collaboration for emergency preparedness and response*. Health Security vol 13(4).
 - Source: Barbera JA, MacIntyre AC. The Healthcare Coalition in Emergency Response and Recovery. Washington, DC: US Dept of Health and Human Services; May 2009.

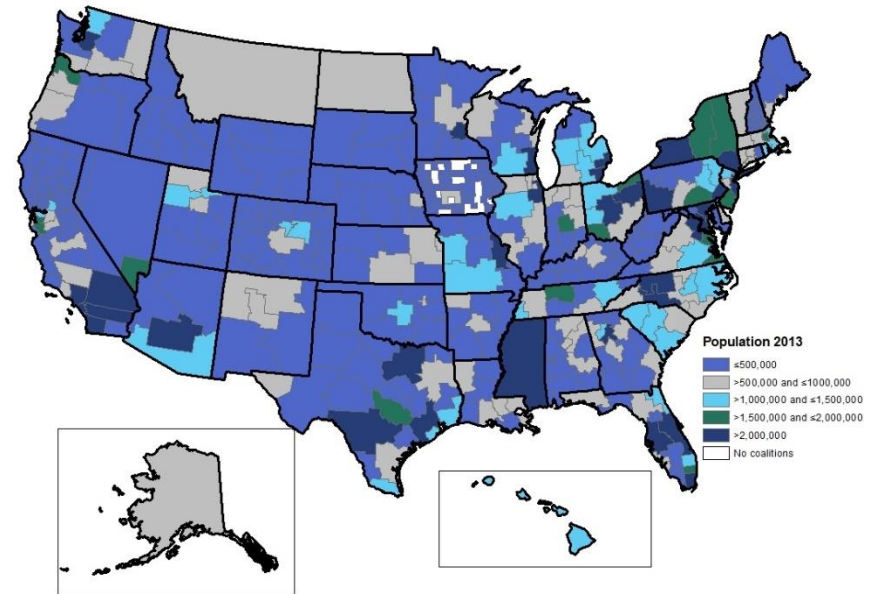
HCC Barriers/Challenges

- Funding issues
- Personnel
- Resource and technical assistance
- Administrative/ legal barriers
- Supporting infrastructure
- Organizational differences
- Health care executive engagement

Geographic Distribution and Population Coverage of HCCs in the U.S.

Currently there are 476 HCCs nationwide, ranging from 1 to 60 per jurisdiction.

- **Current HCC population coverage:**
- 62% of HCCs cover less than 500,000
- 19% of HCCs cover between 500,001 – 1,000,000
- 8% of HCCs cover between 1,000,001 – 1,500,000
- 3% of HCCs cover between 1,500,001 – 2,000,000
- 8% of HCCs cover more than 2,000,000



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Mitigating HCC Challenges and Barriers

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2017-2022 Health Care Preparedness and Response Capabilities

Capability	Capability Goal
Foundation for Health Care and Medical Readiness	The community's health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.
Health Care and Medical Response Coordination	Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.
Continuity of Health Care Service Delivery	Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
Medical Surge	Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

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HPP's Data-Driven Innovations to Advance Health Care Preparedness

Current Project Period 2012 - 2016

Capabilities developed in 2012 focused on aligning the HPP and PHEP programs to better integrate medical and public health systems

Initial measures set a high bar for performance; however, they are subjective and are not easily validated

Fostered collaboration among competitive health care entities through the establishment of regional HCCs across the country

Grant alignment reduced awardee burden, eliminated federal duplication and improved federal efficiency

Next Project Period 2017 - 2022

Refined Capabilities to distinguish between Medical and Public Health Activities and Reflect Changes in Health Care Delivery Systems

Improved Performance Measurement to be Objective and Exercise-based

Optimizing HCCs through Core Member Participation to Maximize Effectiveness and Functionality

Refocused HPP Funding on Health Care Entities by Limiting Awardee-Level Direct Costs to Ensure Funds Target Medical Preparedness

2017 Performance Measures

- **The 2017 Performance Measures have been finalized**
 - There are 28 measures (6 apply only to territories and freely associated states)
 - Allow HPP to objectively track trends in engagement, coordination, communication, patient care, and continuous learning
 - Collect baseline in the first budget period
- **50% of the performance measures are exercise-based**
 - 8 of the 28 measures can be captured during an approximately 4-hour Coalition Surge Test exercise
 - 2 measures can be captured during a communications exercise, defined in forthcoming technical documentation
 - 4 measures that apply to territories and freely associated states only can be captured during the Hospital Surge Test exercise



HCC Response Leadership Course Overview

- Developed by the Division of National Health Care Preparedness Programs (NHPP) and FEMA's Center for Domestic Preparedness (CDP).
- Held at CDP in Anniston, Alabama.
- Three day course provides instruction and exercise opportunities to guide coalitions in preparing and responding as a HCC leadership team.
- Target Audience: Health care leaders, public health leaders, emergency medical service leaders, emergency management professionals and public officials.
- There will be 27 participants in the class representing three HCCs with 9 participants per HCC.
- Travel, lodging, and meals will be provided for non-federal participants who are registered through CDP for the course.



ASPR TRACIE Has Many Resources to Support HCCs



TECHNICAL
RESOURCES

- Self-service collection of audience- tailored materials
- Subject-specific, subject matter expert (SME)—reviewed Topic Collections
- Unpublished and SME reviewed materials highlighting Real-life tools and experiences



ASSISTANCE
CENTER

- Personalized support and responses to requests for information and training and technical assistance
- Accessible by toll-free number (1-844-5-TRACIE (844-587-2243)), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



INFORMATION
EXCHANGE

- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer- to-peer exchange of user-developed templates, plans, and other materials

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The New CMS Emergency Preparedness Rule Creates Exciting Opportunities for HCCs

The new Centers for Medicare & Medicaid Services (CMS) rule offers HCCs and newly engaged providers a tremendous opportunity to achieve greater organizational and community effectiveness and financial sustainability.

- HPP anticipates that health care entities that have not previously engaged in community preparedness will seek to do so through participation in HCCs
- HCCs will function as an accessible source of preparedness and response best practices as newly engaged provider types adapt to the new requirements
- HPP funding may not be used by individual health care organizations to meet the requirements of the CMS rule, but may be used by HCCs to provide technical assistance to their members





Questions?