Access the recorded webinar here:
https://attendee.gotowebinar.com/recording/3784528203051147779

Q&A: https://asprtracie.hhs.gov/documents/aspr-tracie-ta-coalition-financial-models-webinar-qa.pdf

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Growing and Sustaining: A Discussion About Healthcare Coalition Financial Models

July 20, 2017

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Melissa Harvey, RN, MSPH
Director, National Healthcare Preparedness Programs, HHS ASPR

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John Hick, MD
Hennepin County Medical Center and HHS ASPR

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Webinar Objectives

- Learn about different HCC financial models
- Discuss financial models lessons learned, benefits, and challenges

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Virginia Department of Health

Patrick Ashley, CEM, State Hospital Coordinator

Bob Mauskapf, MPA, Colonel, USMC (ret), Director, Office of Emergency Preparedness

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Virginia Healthcare Coalitions

- Six regional healthcare coalitions across Virginia
  - Follows Hospital Trauma Regions
- Geographically Diverse
- VDH emphasize Public / Private Partnerships
- Close relationship between Public Health and Hospital Preparedness program

Financial Model Overview

- Virginia has always placed significant value in placing resources as close to the situation as possible
- VDH has stringent financial controls to ensure money is used appropriately in partnerships
- Virginia has three financial models in place:
  - 501c3
  - Fiscal Agent
  - Consolidation by State Hospital Association

Key Benefits Experienced

- By partnering with existing systems, overhead is kept low
- Fiscal agents allow HCC to operate as separate entity, without having to run organizational infrastructure
  - Partnering with VDH EMS Councils allows for consistency between VDH funded regional entities, and leverages existing and new partnerships.
- Significant Autonomy of Coalitions

Key Challenges Faced/ Issues/ Lessons Learned

- Public / Private partnerships are key
- Using existing regions and organizations leverages relationships already formed
- Fiscal independence is key to a healthy coalition.

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South Dakota Healthcare Coalition

Alexandra Little, Regional Public Health Preparedness Coordinator,
South Dakota Department of Health

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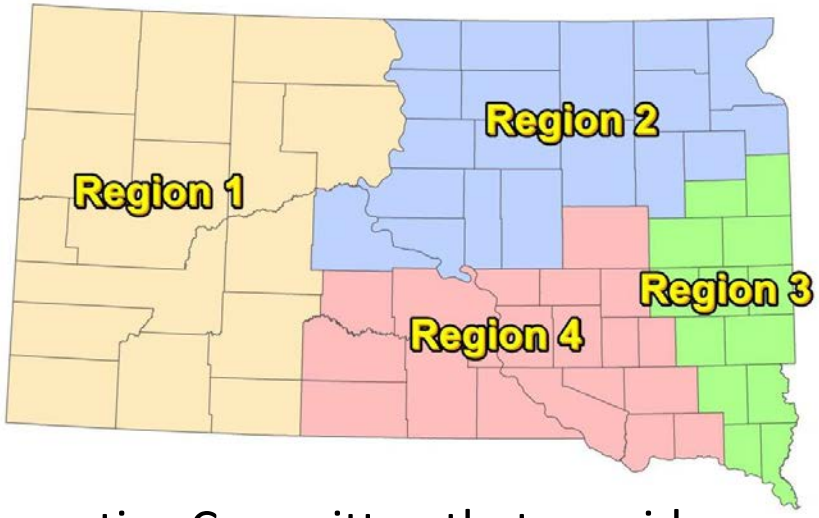
South Dakota Healthcare Coalition (SDHC)

- One statewide healthcare coalition comprised of four regional healthcare coalitions for planning and responding to an event.



- Each Planning Region has an Executive Committee that provides leadership for the Region and budget decisions.

- Regional Fiduciary Agent from each Planning Region monitors reporting expenditures, grant requirements and compliance, and expends funds as directed by the Executive Committee.

Advantages/Benefits

- Efficient means for decision making.
- Supports the concept that each Region is unique yet promotes Statewide Projects.
- Promotes identification and meeting the needs of each Region.
- Accountability and Communication among the Executive Committee, DOH, and SDHC Membership.

Disadvantages/Challenges

- Difficult to find an organization/individual(s) willing to take on additional duties.
- Discontinuation of base award grants means added duties for the fiduciary for reimbursement to SDHC members.

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Missouri Hospital Association

Leslie Porth, Ph.D., MPH, R.N., Senior Vice President of Strategic Quality Initiatives

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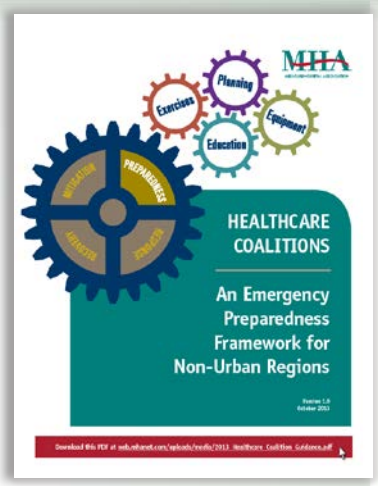
Networks and Partnerships

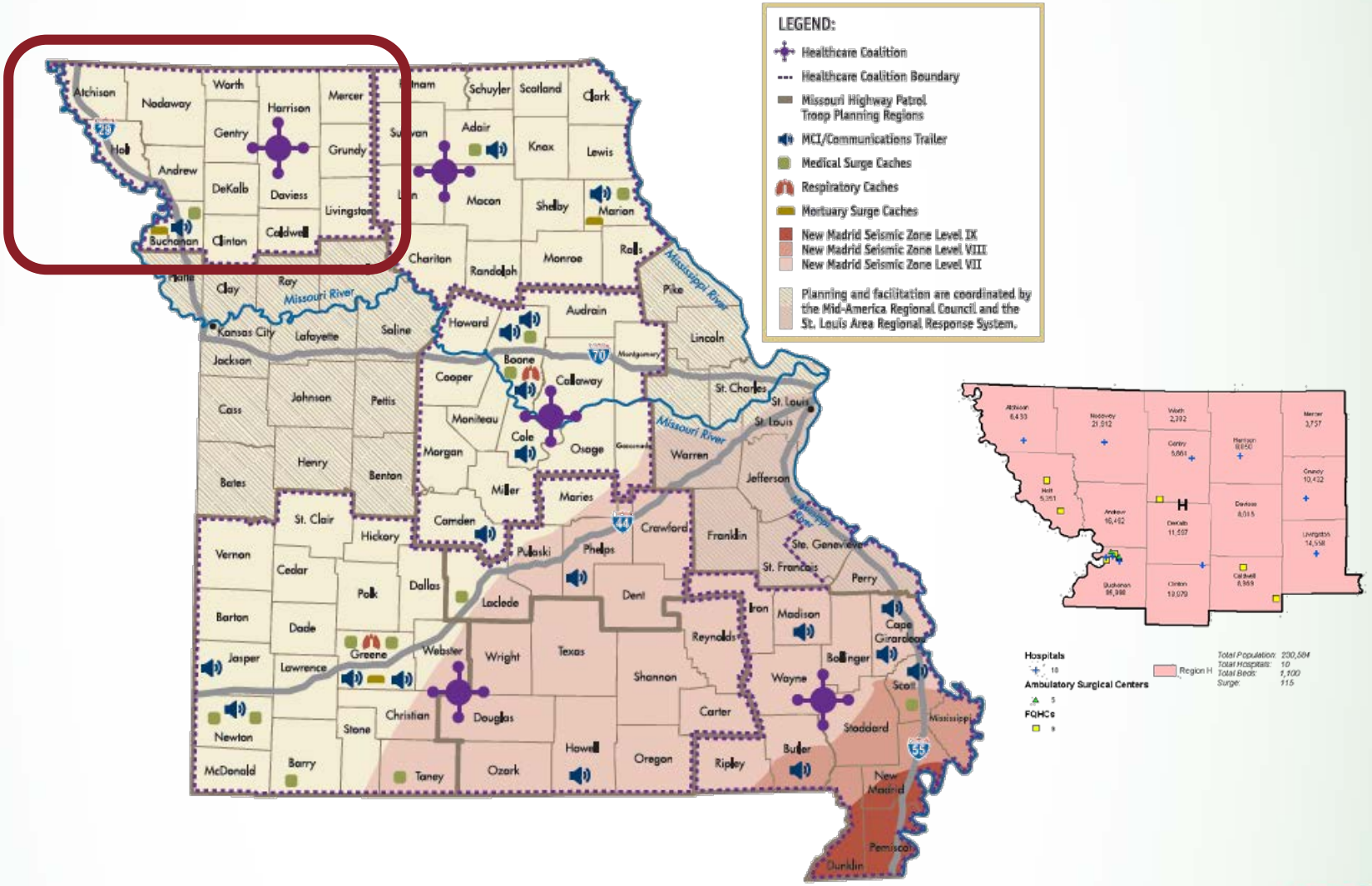


- Structure and Financial Model
  - Centralized through the hospital association
    - MHA as the fiduciary agent, convener and facilitator
  - Organized as five unique coalitions in rural Missouri
  - Standardized
    - Guidance
    - Plans
    - Purchases
    - Regional assets for communication, surge and continuity of operations

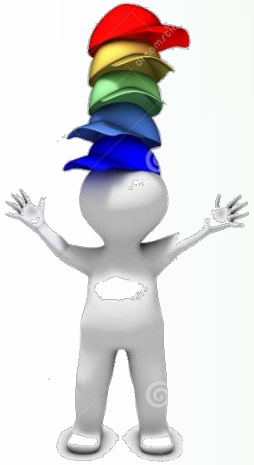
Hospital Survey	2010	2011	2012	2013	2014	2015	2016	2017
Participate in a health care coalition	43%	69%	85%	91%	92%	91%	90%	95%

Porth, L. (2015). *A comparison of regional health care structures for emergency preparedness.* http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=1329&context=dissertations

Rural America: Northwest Missouri



Reflection



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Washoe County Health District (Nevada)

Andrea Esp, MPH, CPH, CHES, Public Health Emergency Response Coordinator

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Inter-Hospital Coordinating Council (IHCC)

- Established in 1994
- Geographical Boundary: Washoe County, NV
  - 6,600 square miles
  - Population of approximately 435,000
- 46 participating agencies
  - Hospitals, EMS, LTC, Dialysis, PH, EM, Home Health, Hospice, school districts, tribes, MRC, ARC, VA, Mental Health, National Guard, Donor Network, surgery centers
- Over 230 licensed healthcare and partner agencies with the region
- Coordination of trainings, exercises and plan development

IHCC Financial Model Overview

- Fiscal agent: Local health authority (LHA)
- $279,714: Project funding for BP1
  - Only ASPR funding
- Coalition leadership provides input and final approval of budget
- Coalition financial subcommittee approvals all expenditures and scope of work progress monthly
- Expenditures directed by yearly goals and HVA

Key Benefits Experienced

- Continuity of core members
- Coalition has direct oversight
- Coalition members dedicate how funds will be spent
- Transparency across all levels
- Increased accountability of all members

Key Challenges Faced/ Issues/ Lessons Learned

- New LHA internal processes needed to be developed
  - Administration buy-in
  - Slow bureaucratic processes
- Unable to receive donations
- Only one funding source

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Northwest Healthcare Response Network (Washington)

Onora Lien, MA, Executive Director

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About the Northwest Healthcare Response Network

- Non profit healthcare coalition serving Central Puget Sound, WA
- Serve the continuum of care and coordinate with public health, emergency management and private sector
- Serve the state and PNW region's medical services epicenter

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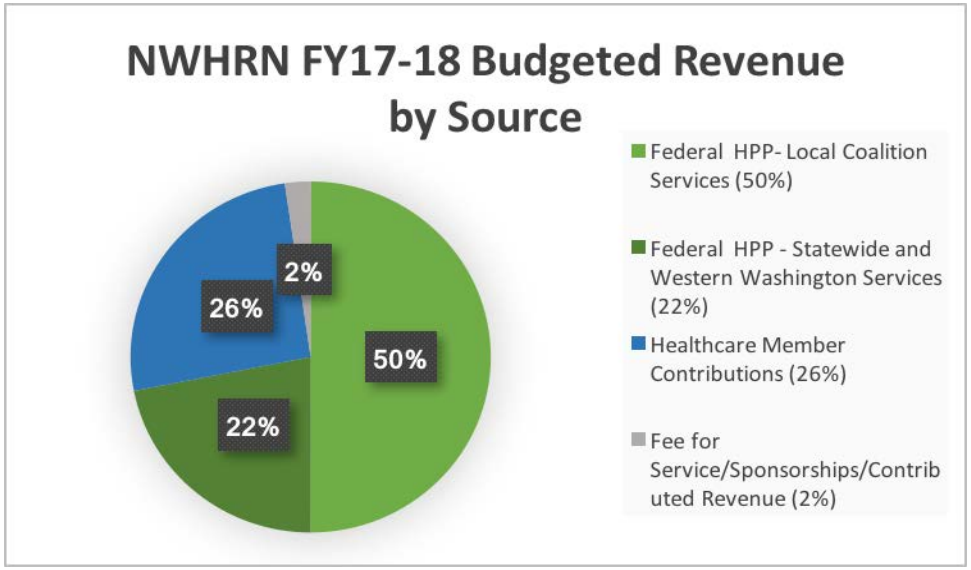
NWHRN Financial Model Overview



- Operating as a Washington State non-profit corporation and 501(c)3 since Jan 2014
- 1 of 6 coalitions in WA
- Subcontract for all HPP funding directly with DOH
- Healthcare member-contributor model
- All staff employed by NWHRN
- $ focuses on personnel for planning, training and exercise, not purchasing equipment

Benefits

- Independent governance led and driven by healthcare in collaboration with public health and other partners
  - More “neutral” and able to be adaptive to healthcare needs beyond jurisdictional boundaries
- Mission and business purpose is for larger community benefit, not just grant requirements
- As 501c3, greatest flexibility to pursue diverse revenue sources
- Some flexibility in hiring and procurement processes

Considerations and Lessons Learned

- As a small independent business:
  - Must implement and manage all of our own internal systems (IT, HR, Financial, Legal/Risk Management/Compliance, Program Operations)
  - Must maintain sufficient cash on hand to cover expenses (reimbursable grant) and maintain financial health as a small business
  - Start up costs can be significant depending on coalition size/budget

Considerations and Lessons Learned cont'd

- Significant time and resources needed to generate and manage new revenue. Success requires:
  - Adequate business systems
  - Non-federal revenue to finance fundraising
  - Community visibility/awareness and commitment to mission
  - Ongoing demonstration of ROI and value and good stewardship of contributors
  - Engaged and strategic governance
- $$ comes with expectations and priorities that do not always align with grant priorities

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Los Angeles County Emergency Medical Services Agency

Terry Crammer, Chief, Disaster Services, HPP Program Manager

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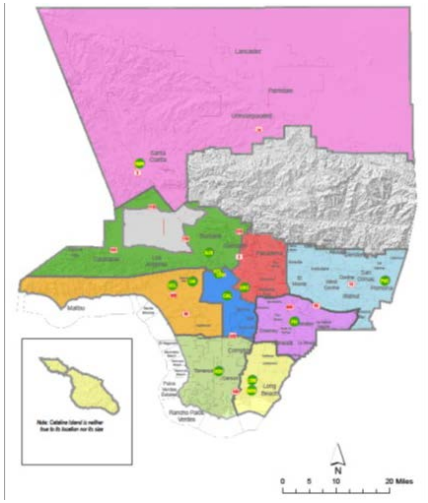
Los Angeles County HCC
Disaster Coalition Advisory Committee

- One healthcare coalition based on MHOAC response model
- 10-14 million residents, commuters and visitors
- 4,000 sq miles of urban, rural and wilderness area
- 88 cities
- Coalition Representation
  - 102 hospitals
  - 4 Local Health/Mental Health Departments
  - 71 EMS providers (Private and Public)
  - 1 EMS Agency
  - 190+ dialysis centers (ESRD Network 18)
  - 700+ long term/intermediate care facilities (CAHF)
  - 160+ Community Health Center sites (CCALAC and ACN)
  - 2 professional organizations (LACMA and HASC)
  - 250+ Ambulatory Surgery Centers (CASA)
  - 800+ Home Health and Hospice
  - 2 MRCs and 1 hospital focused surge unit
  - 8 DMACs
  - 2 emergency management offices



+ Numbers are approximate since they change frequently

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Local Government Agency as the Fiscal Agent

- Department of Health Services (Government)
- Medical Health Operational Area Coordinator (MHOAC)
- Authorized in 1980 by California Health and Safety Code sec. 1797.153
- Program includes preparedness, response, recovery and mitigation functions consistent with the State Emergency Plan, to include at a minimum developing a medical and health disaster plan, policy and procedures with its partners
- Program encompasses seventeen functions and coordination activities to assure management of medical and health resources

Key Benefits Experienced

- **Accountability**-Sound financial processes and controls are in place
- **Continuity**-Minimal overhead since staff is already in place
- **Consistency**-Reinforces existing system of planning, response and recovery i.e. MHOAC
- **Resiliency**-Additional funding resources not related to HPP or PHEP have built stronger day to day activities

Key Challenges Faced/ Issues/ Lessons Learned

- Slow bureaucratic processes with no latitude for adjustments- no flexibility
- Financial staff unfamiliar with grant requirements and deadlines
- Procurement, contract and hiring challenges
- Unable to receive donations

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Discussion with Panelists

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Does your coalition have (or are seeking) non- Hospital Preparedness Program (HPP) funding sources?

Do you track in-kind time and materials in any way?

What features of your financial model makes hiring/ purchasing easier or more difficult?

Question & Answer

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Back Up Slides

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Panelists

- **Patrick Ashley,** CEM, State Hospital Coordinator, Office of Emergency Preparedness, Virginia Department of Health
- **Terry Crammer,** Chief, Disaster Services, Los Angeles County EMS Agency
- **Andrea Esp,** MPH, CPH, CHES, Public Health Emergency Response Coordinator, Division of Epidemiology and Public Health Preparedness, Washoe County Health District (NV)
- **Onora Lien,** MA, Executive Director, Northwest Healthcare Response Network (WA)
- **Alexandra Little**, Regional Public Health Preparedness Coordinator, South Dakota Department of Health
- **Bob Mauskapf,** MPA, Colonel, USMC (ret), Director, Office of Emergency Preparedness, Virginia Department of Health
- **Deb Moeller**, Finance Director, Prairie Lakes Healthcare (SD)
- **Leslie Porth,** Ph.D., MPH, R.N., Senior Vice President of Strategic Quality Initiatives, Missouri Hospital Association