Medical Operations Coordination Centers (MOCC)

August 2024

Healthcare systems were pushed to the brink during the COVID-19 pandemic, and many continue to experience abnormal levels of strain that often impact patient census, bed availability, and the ability of tertiary care centers to accept transfers. Many states primarily use two techniques to ensure patients have the best possible access to care:

1. Load-balancing includes the movement of patients from an overloaded hospital to less burdened facilities, distributing strain more equitably. Patient load balancing can also free up beds in a specialty center for patients who require specialized care (e.g., moving less ill patients to a community hospital from a burn center to accommodate a large number of burn patients with more serious injuries).
2. Transfer management systems can help facilities receive, prioritize, and manage transfer requests. This also ensures that patients who need specific care are prioritized and transferred to a facility with the appropriate capacity and capabilities.

The centers that provide these services have been termed Medical Operations Coordination Centers, or MOCCs.[1]

What does a MOCC do?

- Monitors and balances regional healthcare capacity and integrates with emergency management, emergency medical services (EMS), and healthcare coalitions (HCCs).
- Optimally, functions as a regional hub for patient transfers on a daily basis.
- At minimum, should be able to be stood up rapidly when strain/surge conditions interfere with ability to transfer patients.
- Serves as a single point of contact for all hospitals and equalizes load during strain/surge conditions when usual referral mechanisms are overloaded.

Why are the benefits of using a MOCC?

- Matches patients to the right treatment locations as quickly as possible.
- Maintains equity of access to hospital care.
- Keeps the regional standard of care consistent; helps avoid or reduce crisis conditions that may put patients at risk.
- Ensures patients in community hospitals have access to emergent specialty care.
- Facilitates “care-in-place” consultation when transfers are not possible.
- Prioritizes transfers during high volume periods when not all requests can be met.

[1] Note that some MOCCs have or took on additional responsibilities (e.g., placing stabilized patients or those with behavioral health issues, managing EMS assets, or managing logistics such as personal protective equipment or supplemental staffing). These additional functions should be considered when planning/operating a MOCC even if the MOCC is not responsible for them.

How are MOCCs organized?

- Public – private partnership
- Trauma council, HCC, EMS regional structure, public health, healthcare operated, and other models
- All hospitals in the region served must participate to be effective.
- MOCCs may be run through existing regional coordination point (e.g., EMS dispatch) or a referral/transfer management center.

What are some characteristics of a successful MOCC?

- Adequate medical direction and administrative support
- Consultant support (e.g., pediatrics, burn, trauma)
- Documentation of hospital capabilities (including community hospitals that have some capacity for critical care/surgical services)
- Real-time data on hospital (and, ideally, EMS) capacity available
- Clear governance, policies, and procedures established with partners during "peacetime," including prioritization process for transfers
- Triggers for the MOCC to initiate load-balancing activities
- Clear procedures for when and how emergency transfers are managed when there is no available capacity (i.e., when and how transfers are compelled)
- One-stop system for requests
- Legal protections for medical decisions and advice by/through the MOCC
- Information sharing mechanism – both qualitative and quantitative – back to/among partners
- Ongoing funding through trauma, preparedness, EMS, and hospital programs

For further information, review the MOCC Toolkit.