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T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Next Generation Healthcare Coalitions: Learning and Evolving from COVID-19

December 8, 2021

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ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



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- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form ([ASPRtracie.hhs.gov](https://asprtracie.hhs.gov))



1-844-5-TRACIE



- 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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Resources

- [Healthcare Coalition Engagement in COVID-19 Assessment Infographic](#)
- [ASPR TRACIE COVID-19 Resources Page](#)
- [ASPR TRACIE Healthcare Coalitions Resources Page](#)



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**Richard Hunt, MD, FACEP, Senior Medical Advisor, ASPR National
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Meghan Treber, MS, Senior Director, Emergency Preparedness, ICF

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How Did HCCs Respond to COVID-19?

- ASPR promoted HCCs as a coordination model for healthcare emergency preparedness and response.
- ASPR TRACIE assessed the engagement of HCCs in the healthcare response to COVID-19 via a mixed methods approach.

1

February 19 - March 1, 2021
Brief survey of ASPR FPOs

3

April 14 - May 11, 2021
Online survey open to all HCCs

2

February/March 2021
Environmental scan of peer-reviewed,
pre-prints, and grey literature

4

June 22 - July 20, 2021
8 virtual focus groups with a
subset of survey respondents

Topics Explored

- HCC engagement in COVID-19 response operations
- Role in command and control
- Information sharing mechanisms
- Patient surge strategies, including the use of medical operations coordination cells (MOCCs) & alternate care sites (ACSs)
- Resource management efforts
- Implementation of crisis standards of care (CSC)
- Remaining gaps and areas of concern

ASPR Field Project Officers (FPO) Survey

- Gather their perceptions on the engagement of HCCs in the pandemic response.
- Identify jurisdictions for potential follow-up during later phases of the project.
- Inform development of the survey instrument and focus group discussion guide.

1

February 19 - March 1, 2021
Brief survey of ASPR FPOs

Environmental Scan

- Searched literature describing role of HCCs in the COVID-19 response.
 - Peer-reviewed literature and pre-prints
 - Grey literature
- Conducted too early in the ongoing response for many lessons learned or identified issues to be documented.

2

February/March 2021

Environmental scan of peer-reviewed,
pre-prints, and grey literature

Survey

- ASPR TRACIE invited identified POC for all HCCs
- 58% response rate from 186 HCCs
- Represented all 10 HHS regions – 45 states, American Samoa, and the District of Columbia
- Respondents instructed to reflect on the **healthcare delivery** aspects of the response

3

April 14 - May 11, 2021
Online survey open to all HCCs

Survey Findings

Top three factors that would help HCCs advance regional healthcare coordination:



State policies recognizing and integrating HCC response operations

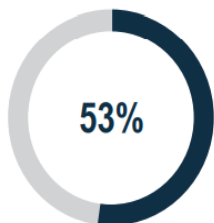


Additional federal funding



Better buy-in from hospital/other facility leadership

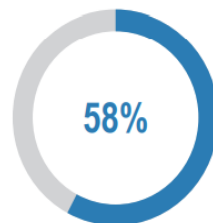
When asked about their HCC's response to COVID:



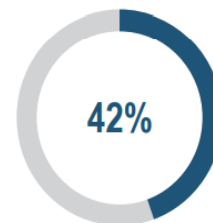
Said their members were more engaged during COVID-19 than prior to the pandemic



Noted their members interfaced with the state through the HCC



Indicated their HCC was challenged by capacity issues to the point where facilities/providers felt they were in crisis conditions



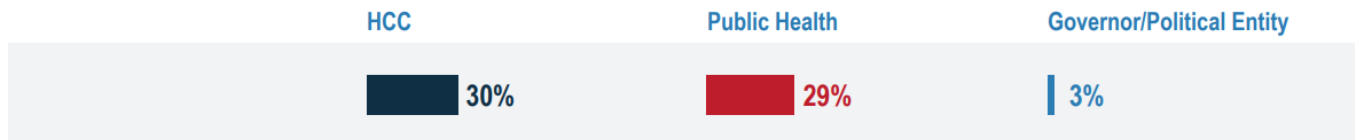
Used a MOCC or other regional mechanism to handle patient transfers

*60% of these MOCCs did *not* exist prior to the pandemic

Survey Findings – Continued

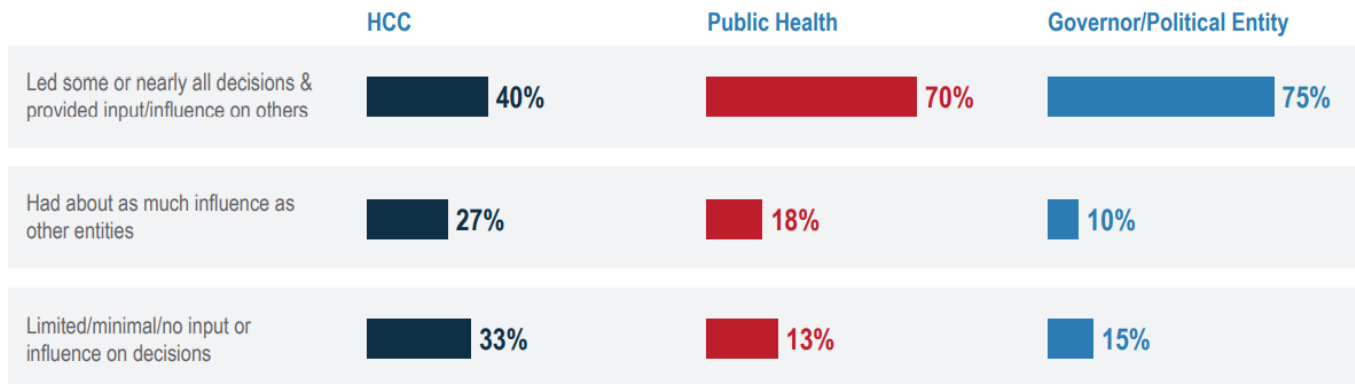
BEFORE THE PANDEMIC

Respondents expected the following entities to coordinate healthcare response during an emergency:



DURING THE PANDEMIC

Respondents rated the contributions of the following entities during the healthcare response



Focus Groups

- ASPR TRACIE invited a subset of survey respondents to participate in one of eight focus groups.
- 33 participants represented 29 HCCs in 25 states in all 10 HHS regions.

4

June 22 - July 20, 2021

8 virtual focus groups with a subset of survey respondents

Project Findings

Strengths

- » Identified information sharing as their most important function during the pandemic.
- » Brokered the acquisition and distribution of needed supplies.
- » Filled a crucial role in supporting less resourced members.
- » Drove consistency of response policies in their communities.
- » Played an important coordination role and supported unified command.
- » Leveraged strong relationships built through years of joint planning.
- » Found ways to add value to the overall response in the communities they serve.

Areas of Opportunity

- » Explore promising practices related to MOCCs and provide guidance on their application to future emergencies.
- » Shift the CSC focus from scarce resource allocation to supporting provider decision-making.
- » Define urban versus rural expectations for response roles.
- » Avoid “planning for the last disaster.”

Challenges

- » Sustaining member engagement once the crisis ends.
- » Addressing immediate and long-term staffing concerns – both the resilience and availability of staff.
- » Clarifying local, state, and federal executive branch expectations of HCC roles.
- » Providing flexibility in how HCCs can achieve federal program requirements.



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John Hick, MD, Hennepin Healthcare

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Virtual Key Informant Work Session

- November 8
- 16 participants
 - Individuals who participated in earlier phases of project
 - Members of ASPR TRACIE SME Cadre
 - Representatives from ASPR's Regional Disaster Health Response System (RDHRS) pilot sites
- 8 invited observers

Virtual Key Informant Work Session Objectives

- Inform 3 overarching questions:
 - How should HCCs be structured to effectively lead regional healthcare system preparedness and response efforts?
 - What are the primary roles that HCCs should perform?
 - What roles do HCCs play in certain special scenarios?

Key Informant Work Session Findings

- “Healthcare coalition” label OK with option for descriptive names.
- Align with existing coverage areas.
- Accountable to state/territorial government but not all health departments can support HCCs/medical response.
- Independent entity can manage but hospital leadership needed.
- Reliant on voluntary cooperation.
- Information sharing is essential; resource management may need to be elevated to state.

Key Informant Work Session Findings - Continued

- Capability needed to scale up patient load balancing.
- MOCCs require plans, visibility, authority, buy in, and staffing/expertise.
- HCCs can support state/territory-led development of CSC frameworks.
- Allocation of scarce resources requires clear roles, visibility, and common practices.
- Sufficient staffing, authority, and funding are critical.

Future Considerations for HCCs

- Continue to lead regional healthcare preparedness and response coordination.
- Important building block in overall healthcare system response.
- Essential role in information sharing.
- Empowerment needed to achieve mission.
- Support and ability to scale needed to perform MOCC functions.
- Consistency in expectations.
- Funding to support staffing and achieve deliverables.
- Time to reflect.

Next Steps

- Final report released by end of 2021
- Technical Assistance responses:
 - [COVID-19 After Action Report Resources and Examples](#)
 - [The Effect of COVID-19 on the Healthcare Incident Command System](#)
 - [COVID-19: Concerns and Opportunities for Healthcare Leadership](#)
- Ongoing collection of tools
- Recording new speaker series



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**Michelle Deland, MA, CO-CEM, MEP, Executive Director – Colorado: North
Central Region Healthcare Coalition**

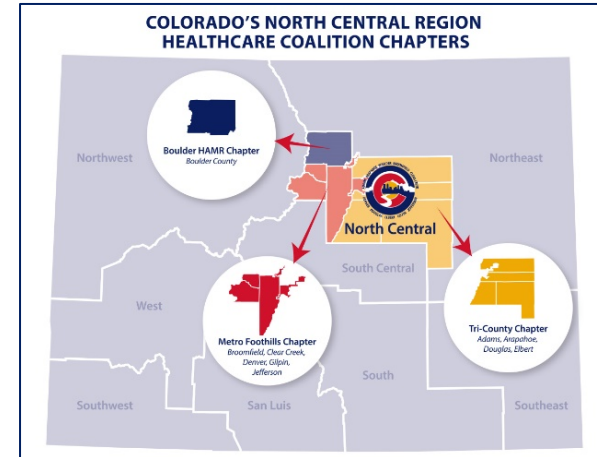
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North Central Region Healthcare Coalition: *Who We Are*

- 10 county region
- ~7,000 sq. miles of urban, rural, and mountainous geography
- Population of just under 3.3 million – 57% of the state's total population
- Includes the City and County of Denver

- 28 Acute Care Hospitals
- 4 Level 1 Trauma Centers
 - Children's Hospital Colorado – Level 1 Pediatric Trauma Center
- ~35 EMS agencies
- 9 Public Health Agencies
- 10 County Offices of Emergency Management

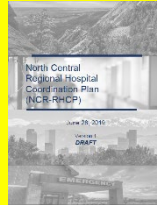


Setting the Stage: *Pre-Coronavirus*

Strong Cross-disciplinary Partnerships



Regional Hospital Coordination



Risks and Capabilities

Hazard	Threats & Hazards Scale 1-4	System Weakness 1-4	Impacts & Consequences 1-4	Risk = T x W x I
Severe Weather	High (3)	Medium (2)	Medium (2)	Guarded (12)
Utility Failure	Medium (2)	Medium (2)	High (3)	Guarded (12)
Facility Evacuation	Medium (2)	High (3)	High (3)	Elevated (18)
Communicable Diseases/Epidemics	Critical (4)	High (3)	High (4)	High (52)
Information Technology (IT) Failure, including Cyber-	Medium (3)	High (3)	High (3)	High (27)
Medical Surge	Critical (4)	High (3)	High (3)	Severe (36)

Robust Communication and Info. Sharing



Regional Disaster Health Response System



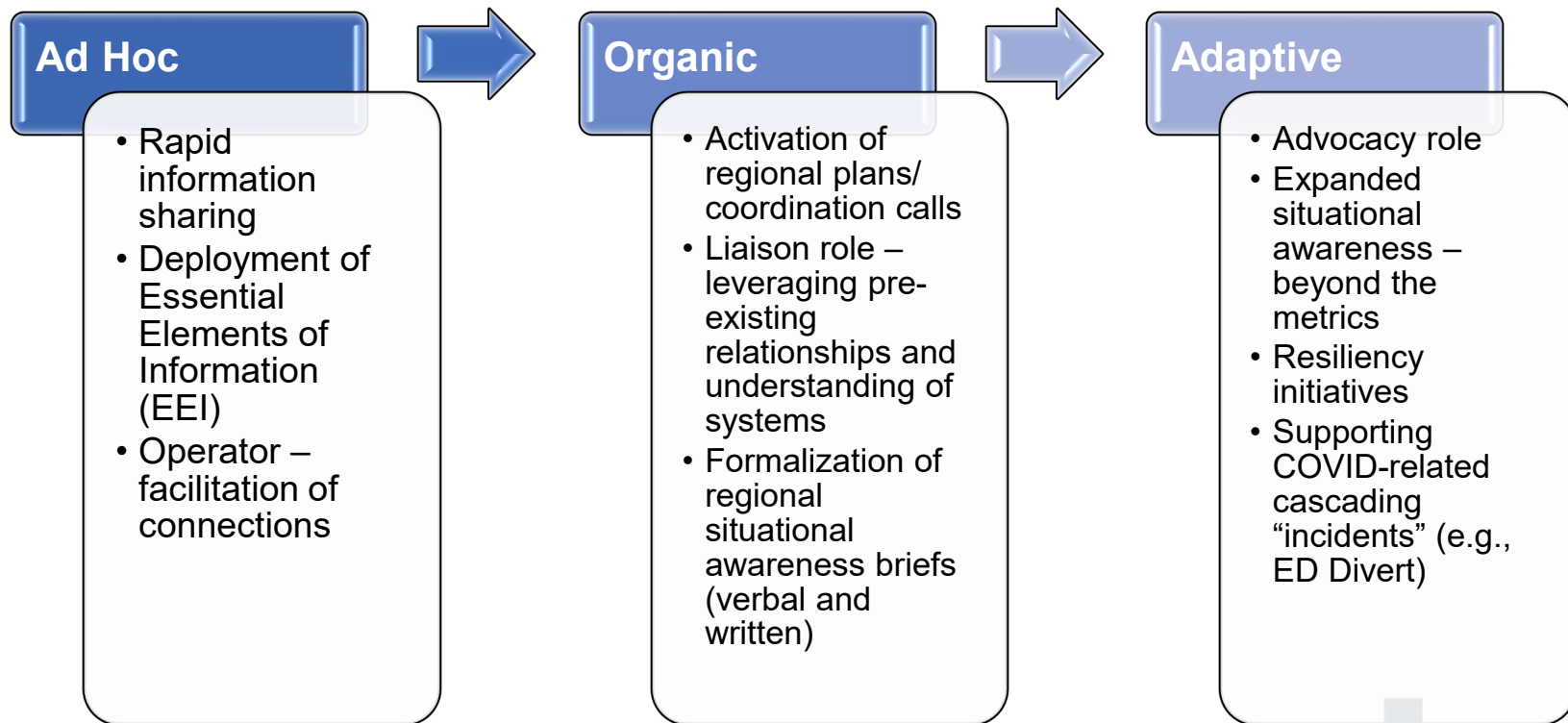
Broad Integration of Ancillary Healthcare Providers



HCC Response Plan



Operationalization: *Ad Hoc to Organic to Adaptive*



Operationalization: *Challenges and Gaps*

1. Delineation of roles and responsibilities
 - a. Public Health and Medical/Emergency Support Function (ESF) #8
 - b. "...who are you with?"
2. Lack of comparable regional response infrastructure
 - a. The concept of a regional response entity was nebulous
3. Expectations and scope
 - a. Know your lane, who needs to be driving the car, and the VIP passengers

Operationalization: *A Time for Reflection**

- **Sustain:** NCR HCC's foundation, built on planning and preparedness initiatives, is critical to effective operationalization
- **Sustain:** NCR HCC Response Plan priorities: information sharing, situational awareness, resource identification/coordination
- **Sustain:** Redundancy in staffing and clinical expertise through Clinical and Physician Advisor
- **Continue to Build:** HCC as a building block of expanding healthcare emergency preparedness and response infrastructure (e.g., RDHRS, Medical Operations Coordination Cell)

*almost



Operationalization: *A Time for Reflection**

- **Lesson Learned:** Flexibility and adaptability of an operationalized HCC
- **Lesson Learned:** Clear delineation of roles and responsibilities and/or capabilities – documented, trained, and exercised at all levels
 - This includes contingencies for just-in-time training
- **Lesson Learned:** Criticality of comprehensive and early integration of ancillary healthcare/post-acute care
- **Lesson Learned:** Consistency

*almost





COLORADO
North Central Region
Healthcare Coalition

Thank You!

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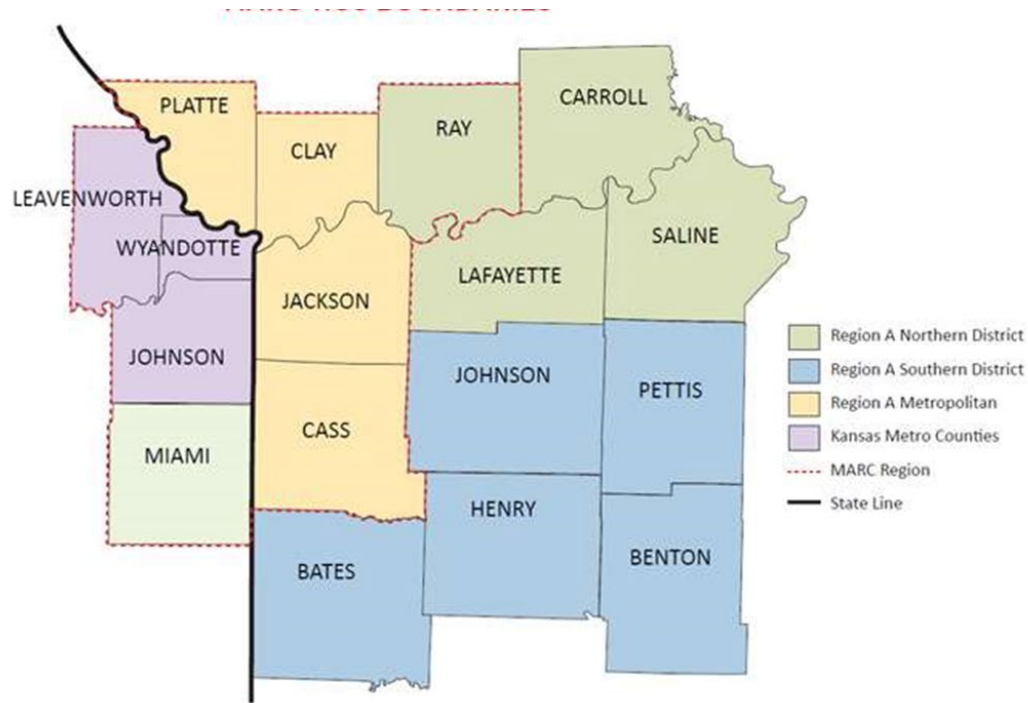
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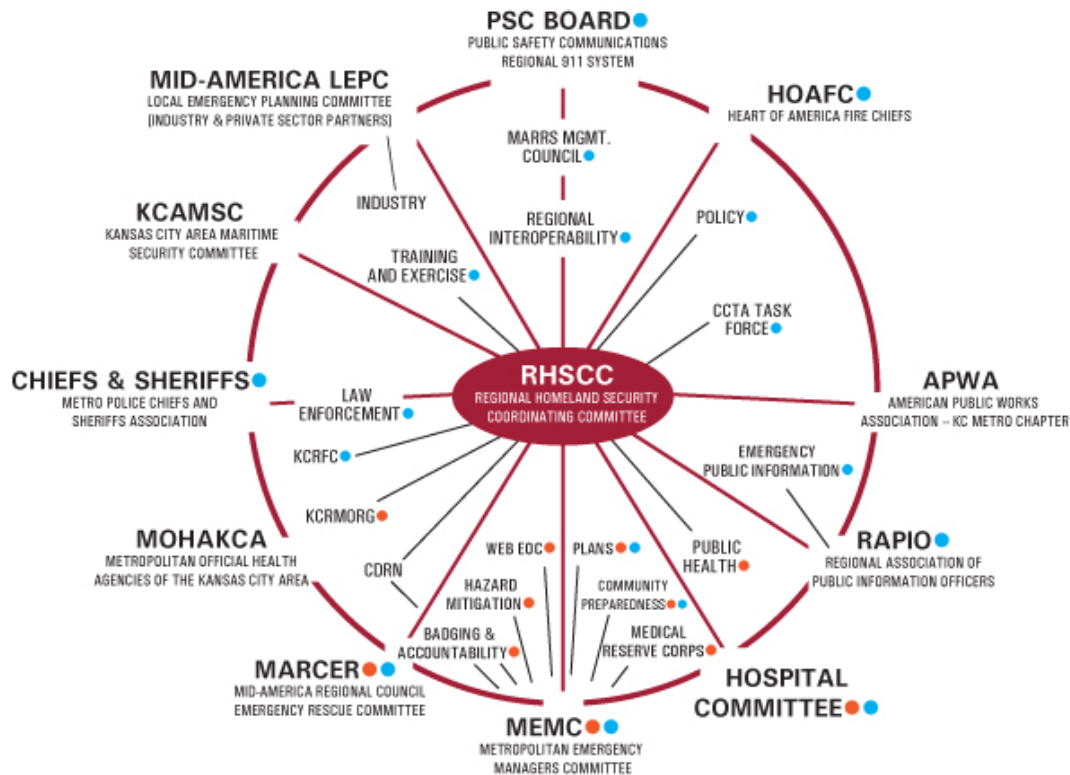


Kansas City Metro & Missouri Region A



Health Care Coalition

- Metro
 - Multiple Hospital Systems
 - 43 Emergency Departments
 - 23 facilities with general population inpatient capacity
 - 2 Veterans facilities
 - 1 dedicated pediatric facility
 - 10 Public Health Agencies
- Northern & Southern Districts
 - 8 Hospitals
 - 8 Public Health Agencies
- Region wide
 - 59 EMS agencies
 - Dozens of local Emergency Management Agencies



● - HEALTH CARE COALITION PARTICIPANT

● - CCTA TASK FORCE PARTICIPANT

Success: Information Sharing

- Multi-Agency Coordination Group (MAC)
 - MAC-S
 - Response synopsis
 - Ongoing situational updates
- Data Sharing
 - [Kansas City Region COVID-19 Data Hub](#)
- Ground Truth
 - Multiple situational awareness calls throughout the week and with varying stakeholders

Success: Collaboration

- Engaged, committed stakeholders who:
 - Understand the value of a robust coalition
 - Have built relationships over time
 - Are committed to the success of the region
- Collaborative problem solving over competition.

Challenge: Getting to the Table

- Lack of understanding from high-level decision makers regarding role and benefits of HCC
 - Duplication of efforts
 - Access to data and planning

Challenge: Jurisdictional Differences

- State line challenges
 - Vaccination
 - Guidance
 - Public health authority
 - Resources
- Jurisdictional differences

Challenge: Human Resources

- Collaboration takes time.
 - How can we increase/sustain high-levels of engagement when ALL stakeholders are beyond capacity?
 - How can we ensure all have a voice and seat at the table, without increasing demands on time?
- We need more hands on deck.

What is Our Role as an HCC?

1) Space

Creating the actual or theoretical space for collaboration

2) Staff

Camaraderie, trust, honesty, mutual understanding, and respect

3) Stuff

Planning, training, exercises, resources, technical assistance

Contact

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Question & Answer



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