ASPR TRACIE Technical Assistance

On July 20, 2017 ASPR TRACIE hosted a webinar titled, *Growing and Sustaining: A Discussion About Healthcare Coalition Financial Models*. The purpose of the webinar was to hear from a variety of speakers about different financial models, lessons learned, benefits, and challenges. The PowerPoint presentation and recording of the webinar are available at: https://asprtracie.hhs.gov/documents/aspr-tracie-hcc-financial-models-webinar.pdf.

Due to the large number of questions received during the Question and Answer (Q&A) portion, we were unable to pose and have speakers respond to all of the questions during the webinar. Questions that were not able to be answered during the webinar due to time constraints are provided below and were also sent directly to the requestor.

Q&A:

1. **For HCC's utilizing a Fiscal Agent, do you allow or cap a grant management fee paid to the agent for providing the fiscal service?**
    - South Dakota Department of Health: Up to 10% of grant funds may be allocated to the Coalition Fiduciary as an administrative fee for managing grant funds.
    - Virginia Department of Health: Each arrangement is evaluated based on services provided. Some fiscal agents provide more services than other, so each rate is individually evaluated. Generally, we allow a maximum of 10%.
    - Washoe County Health District: There is not a cap or management fee. The fiscal agent is the county and requires at least 10% for indirect. At this time the coalition has not discussed a cap. The budget was presented to the coalition and was approved.
    - Los Angeles County EMS Agency: The County receives a 10% indirect rate for all administrative services which includes finance, contracts and grants, and other admin costs.

2. **Do you have any mechanisms in place for retirement of out of date supplies, or outdated technology?**
    - South Dakota Department of Health: We try our best to do an annual review of inventory. Right now we are developing a workgroup to better address this task.
    - Los Angeles County EMS Agency: Yes see attached form. One of the staff will review the request and have follow-up discussions with requester. Once a decision is made the form is signed, copied and returned and the disposition carried out. Currently developing a policy to formalize this process. It just recently became an issue as much of our equipment is hitting the 10-14 year mark and need to be retired.
    - Missouri Hospital Association: In Missouri, where applicable, our hospitals rotate supplies through their normal hospital inventories to decrease loss due to expiration. If supplies or technologies do become outdated, we ask that they provide written documentation detailing the supplies or assets that were disposed.
    - Washoe County Health District: Not specifically for the coalition. The coalition does not own any supplies or technology. However, it has been discussed that mechanisms need to be developed so if the coalition does purchase supplies the process will already be established.

- Virginia Department of Health: We encourage our coalitions to cycle out supplies into active inventory whenever possible and backfill them with fresh supplies. Any out of date medical equipment must be disposed of with a certificate of destruction maintained.

3. **How do the Coalitions handle the activation of asset sharing during an emergency? Do they maintain a master inventory list?**
    - South Dakota Department of Health: We have Regional Caches throughout the state and use Intermedix's product, EMResource, for tracking and requesting of the inventory.
    - Northwest Healthcare Response Network (WA): As a part of our organizational role, we run a healthcare emergency coordination center (HECC) for our coalition which interfaces with healthcare organizations and liaisons with health departments and the EOCs (very similar to Tier 2 in the MSCC). We have resource requesting procedures and memoranda of agreement for healthcare orgs and coordinate this via our HECC. Happy to share if useful. Feel free to contact me directly if you'd like more information.
    - Missouri Hospital Association: Missouri has a statewide Mutual Aid Agreement signed by 95 percent of the hospitals enabling them to share and receive assets, including staff, during a real-world event. Since hospitals hold many of the regional assets, this system serves as a first-line response for immediate response. This document and structure has been used several times successfully including during the 2011 Joplin tornado and the 2015 Ferguson riots. In addition, the statewide Medical Incident Coordination Team comprised of state level partners, exercises the facilitation and distribution/assignment of our regional assets for large scale responses. This process is used in conjunction with the statewide MAA.
    - Virginia Department of Health: We maintain a master inventory list of HPP funded equipment over $5,000. For non HPP funded equipment facilities are polled for their availability. Once this information is compiled by the coalition it will be provided to the requesting facility to work directly with the other facilities.
    - Washoe County Health District: Hospital members of the coalition complete a yearly hospital survey (the coalition hopes to include non-hospitals in the near future). The survey captures resources and is shared with other hospitals. There are already agreements in place to share assets between hospitals so during normal day-to-day operations. During an emergency the coalition serves as the coordinator of assets. A master inventory is only completed once a year per the hospital survey but is limited in scope. Being from a smaller community, most partners are aware of the resources in the community.
    - Los Angeles County EMS Agency: Yes we have an agreement with all facilities that have any grant funded items. We have actually shared resources between entities several times in the last 5 years using the language in this agreement. Here is the language included in the agreement.
        - MUTUAL ASSISTANCE: During disasters private hospitals and other healthcare organizations will be called upon to provide essential services to assist the County in addressing the medical needs of the community. This mutual assistance may include expanding services at their own facility, as well as, the sharing of resources during disasters, to meet the community's

need. Hospitals participating in the HPP shall provide assistance to other healthcare entities when possible, without compromising their own facility's responsibilities. Medical Mutual Assistance shall be requested and coordinated by the EMS Agency, and the Medical and Health Operational Area Coordinator for the County. When a state of emergency is proclaimed by the Governor, an eligible Private Nonprofit organization that provides essential community services may receive state assistance for eligible activities that result in extraordinary costs.

- Yes we maintain a master inventory list. Currently developing an Inventory Management System versus the current Excel workbooks by facility. Additionally we have several policies that identify what resources are available. Not in policy but inventoried are each facilities grant funded items such as heavy duty body bags (100 per hospital x 83), PAPRs (min 15 per hospital x 83) and grant funded PPE. Here are links to the "old" policies. The "new" policies have been updated but haven't been signed off yet:
  - DRC Equipment list (x13 DRC's): http://file.lacounty.gov/SDSInter/dhs/206060_1102-2.pdf
  - Local Pharmaceutical Cache (x16): http://file.lacounty.gov/SDSInter/dhs/206070_1106.1_060114.pdf
  - Medical Surgical Supply Cache (x13): http://file.lacounty.gov/SDSInter/dhs/219557_1107.16-1-14.pdf
  - Chempack inventory (~65): http://file.lacounty.gov/SDSInter/dhs/206074_1108-1.pdf
  - Burn Equipment/Supplies and Pharmaceuticals (x 15): http://file.lacounty.gov/SDSInter/dhs/206091_1138-1.pdf

4. **Can some of the coalitions share how they are conducting their HVA over such large areas? Using specific tools? Open source? Paid services?**
   - South Dakota Department of Health: We were using the Kaiser Permanente HVA tool but are currently piloting the development of the Healthcare & Public Health (HPH) Sector risk assessment tools, with potential roll-out this fall.
   - Northwest Healthcare Response Network (WA): We used a modified Delphi approach this year. Feel free to contact me if you want a copy of report or to be connected to our staff that led this work.
   - Los Angeles County EMS Agency: Currently each facility does their own HVA and then once a year each Disaster Resource Center (DRC) region conducts a regional HVA. Those regionals HVAs are then get submitted and places as an appendix to the overall County's risk assessment. Currently most hospitals are using the Kaiser tool.
   - Missouri Hospital Association: Most of Missouri coalitions have utilized the Kaiser Permanente model, although some have modified it to fit coalition/regional plans. The coalitions also may have members and leaders involved in the THIRA process. Missouri Hospital Association staff initially facilitated the HVA process for coalitions – today most coalitions complete these independent of the MHA staff.
   - Washoe County Health District: IHCC has previously reviewed all member HVAs and discuss the common issues. The coalition is in the process of developing a mechanism to complete its own HVA in the next few months.

5. **In systems that request "sustaining member" funds, do local health departments or authorities contribute?**
    - Northwest Healthcare Response Network (WA): Not currently. We developed the model initially for healthcare organizations. We may revisit this in the future. Our next priorities are refining our model for government run healthcare partners (e.g. VA, DOD hospitals, public mental health hospitals) and developing a member model for affiliates such as private sector partners (e.g. suppliers).

6. **Do you have a sense of how many jurisdictions use some portion of PHEP funds to support their HCCs?**
    - NHPP: The Hospital Preparedness Program (HPP) does not expect PHEP awards to fund HCCs, except in select cases were some financial support could assist Local Health Department integration and coordination in HCC plans and activities. HPP funds healthcare system preparedness through HCC development and PHEP funds public health preparedness.

7. **If the awardee will not allow use of BP1 funds to establish a non-profit status, what suggestions would you provide for a Healthcare Coalition wanting to establish non-profit status?**
    - NHPP: Any HCC interested in becoming a non-profit entity should work with their state HPP program in a coordinated effort, but can also contact the NHPP Field Project Officer in their region and send an inquiry to the HPP Mailbox at HPP@hhs.gov. HPP staff will then connect the interested HCC to technical assistance resources, tools, policy, and facilitate informational calls to include the awardee and explore options.