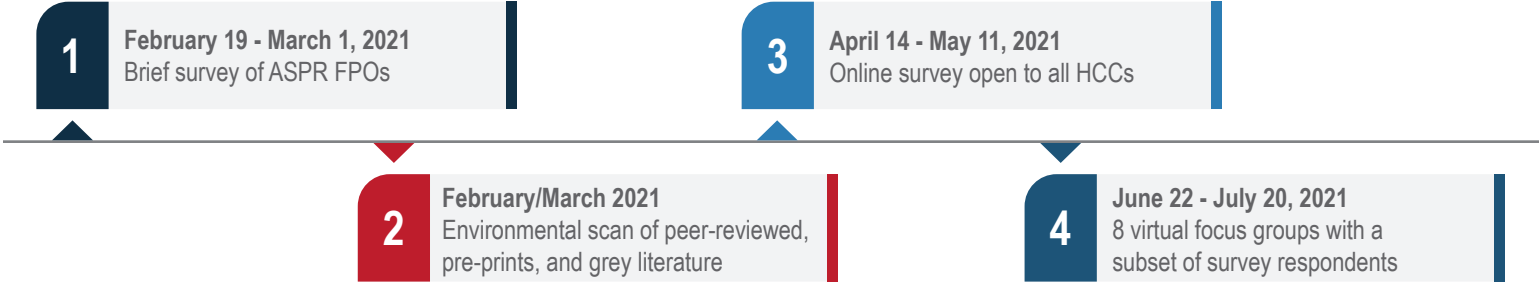


Healthcare Coalition Engagement in COVID-19 Assessment



ASPR TRACIE assessed the engagement of healthcare coalitions (HCCs) in the healthcare response to COVID-19. The mixed method approach included:



TOPICS EXPLORED

- » 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) and alternate care sites (ACSS)
- » Resource management efforts
- » Implementation of crisis standards of care (CSC)
- » Remaining gaps and areas of concern

DEMOGRAPHICS

SURVEY: 186 HCCs responded - 58% response rate

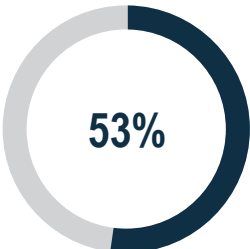
- » Geographic area covered by their HCC is mostly rural (47%), suburban (24%), urban (29%)
- » Represented all 10 HHS regions (45 states, American Samoa, and District of Columbia)

FOCUS GROUPS: 33 participants

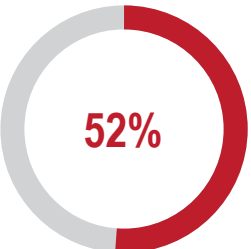
- » Geographic area covered by their HCC is mostly rural (24%), suburban (38%), urban (38%)
- » Represented all 10 HHS regions (29 HCCs in 25 states)

KEY SURVEY FINDINGS

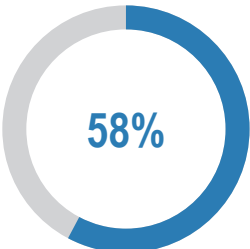
When asked about their HCC's response to COVID:



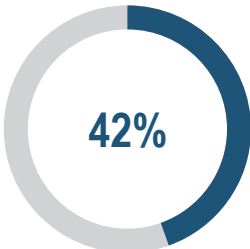
Said their members were more engaged during COVID-19 than prior to the pandemic



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

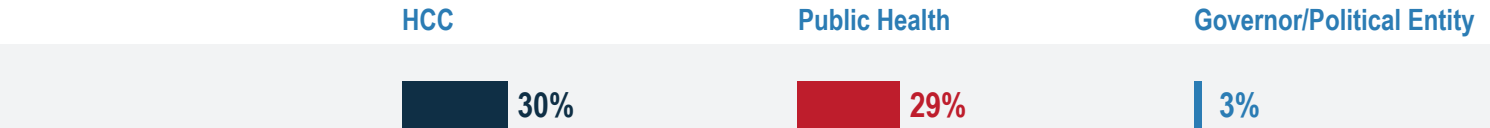
*60% of these MOCCs did not exist prior to the pandemic

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



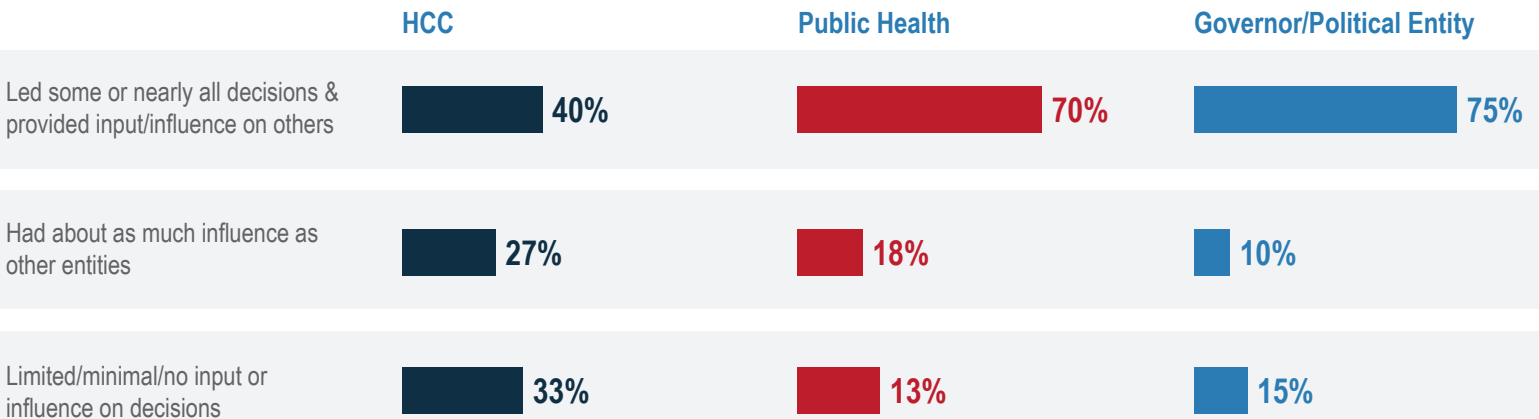
BEFORE THE PANDEMIC

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



OVERALL 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.

Review the [full report](#) for additional details.