ASPR TRACIE assessed the engagement of healthcare coalitions (HCCs) in the healthcare response to COVID-19 and found the following:

- HCCs should continue to lead regional healthcare preparedness and response coordination.
- They are an important building block in the overall healthcare system response.
- Information sharing is an essential role of HCCs and their situational awareness efforts support resource management decisions and response actions.
- HCCs need empowerment to achieve their missions.
- HCCs can perform patient load balancing efforts if they have support and the ability to scale up to their state.
- While flexibility is needed to achieve their mission, HCCs also need consistency in expectations.
- Funding is needed to support adequate staffing and enable flexibility.
- HCCs need time to reflect on and incorporate lessons learned from the pandemic.

These findings are based on a mixed method approach that included:

1. Brief survey of ASPR FPOs: February 19 - March 1, 2021
2. Environmental scan of peer-reviewed, pre-prints, and grey literature: February/March 2021
3. Online survey open to all HCCs: April 14 - May 11, 2021
4. 8 virtual focus groups with a subset of survey respondents: June 22 - July 20, 2021
5. Virtual key informant work session: November 8, 2021

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)

WORK SESSION: 16 participants
- Comprised of participants from earlier phases of the project, members of ASPR TRACIE’s Subject Matter Expert Cadre, and representatives of ASPR’s Regional Disaster Health Response System pilots

OVERALL PROJECT OBSERVATIONS

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.
- Align CSC planning with state frameworks and shift 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.
**KEY SURVEY FINDINGS**

When asked about their HCC’s response to COVID:

- 53% said their members were more engaged during COVID-19 than prior to the pandemic.
- 52% noted their members interfaced with the state through the HCC.
- 58% indicated their HCC was challenged by capacity issues to the point where facilities/providers felt they were in crisis conditions.
- 42% 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:

- State policies recognizing and integrating HCC response operations (65%)
- Additional federal funding (41%)
- Better buy-in from hospital/other facility leadership (38%)

**BEFORE THE PANDEMIC**

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

<table>
<thead>
<tr>
<th>Entity</th>
<th>HCC</th>
<th>Public Health</th>
<th>Governor/Political Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Led some or nearly all decisions &amp; provided input/influence on others</td>
<td>30%</td>
<td>70%</td>
<td>75%</td>
</tr>
<tr>
<td>Had about as much influence as other entities</td>
<td>27%</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>Limited/minimal/no input or influence on decisions</td>
<td>33%</td>
<td>13%</td>
<td>15%</td>
</tr>
</tbody>
</table>

**DURING THE PANDEMIC**

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

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