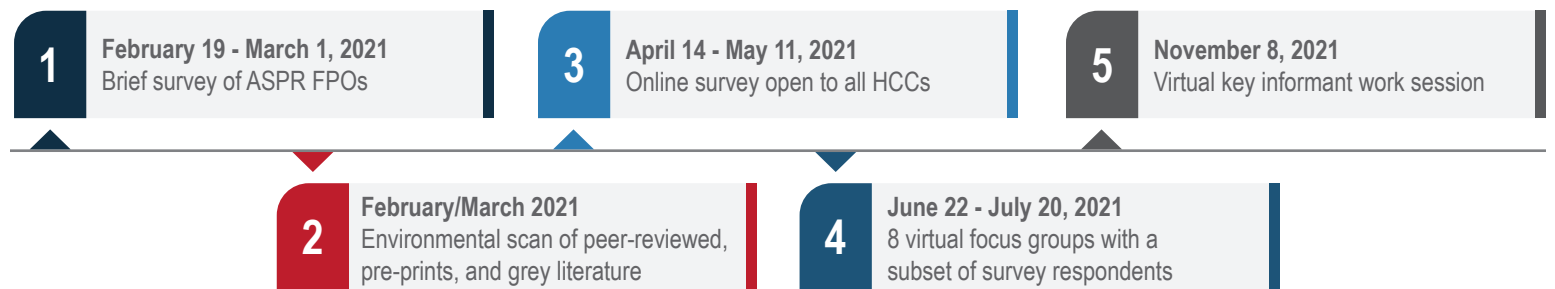


# Healthcare Coalition Engagement in COVID-19 Assessment

## 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:



## 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

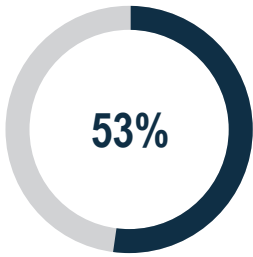
- » Explore promising practices related to MOCCs and provide guidance on their application to future emergencies.
- » Align CSC planning with state frameworks and shift focus from scarce resource allocation to supporting provider decision-making.
- » Define urban versus rural expectations for response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

### Challenges

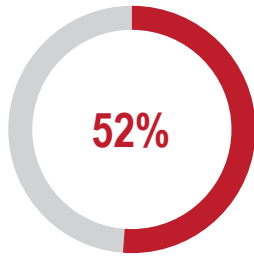
- » Sustaining member engagement once the crisis ends.
- » Addressing immediate and long-term staffing concerns – both the resilience and availability of staff.
- » Clarifying local, state, and federal executive branch expectations of HCC roles.
- » Providing flexibility in how HCCs can achieve federal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

# KEY SURVEY FINDINGS

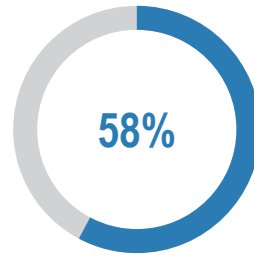
## When asked about their HCC's response to COVID:



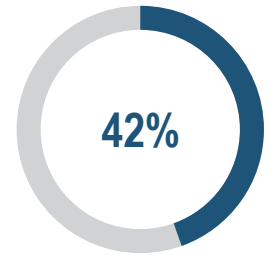
Said their members were more engaged during COVID-19 than prior to the pandemic



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



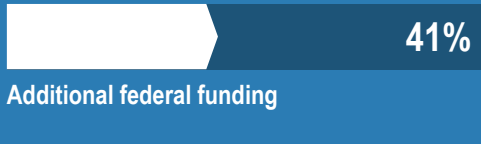
Used a MOCC or other regional mechanism to handle patient transfers

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

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



State policies recognizing and integrating HCC response operations



Additional federal funding



Better buy-in from hospital/other facility leadership

## BEFORE THE PANDEMIC

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

HCC



Public Health



Governor/Political Entity



## DURING THE PANDEMIC

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

HCC



Led some or nearly all decisions & provided input/influence on others

Public Health



Had about as much influence as other entities

Governor/Political Entity



Limited/minimal/no input or influence on decisions



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