NWX-OS-ASPA-0608

Moderator: Secretary's Operations Center
August 5, 2015
10:00 am CT

Coordinator: Welcome and thank you for standing by. All participants will be in a listen-

only mode for the duration of the call. During the question and answer session

if you would like to ask a question, please press Star-1. I would now like to

turn the call over to (Capt. Charles Ware). You may begin.

(Capt. Charles Ware): Good morning, everyone. Thanks for joining us. I just want to give you a

little bit of intro.

About two years ago in the summer of 2013 Unified Planning Coalition --

which is our eight states in Region IV -- was just beginning (unintelligible) on

mission ready packages. Since the RECs are guest members of the UPC

naturally we asked how we could assist in the development of that effort. So

after conversation with the UPC what we decided upon is to get a fellow, an

OS fellow and we were fortunate enough to do that with year-end dollars in

fiscal year '13 and '14.

So next we decided, "Okay, where will this fellow reside," during the same

time of which the UPC was beginning to focus on development of mission

ready packages. And Jim Craig who is the Director of Health Protection at the

Mississippi State Department of Health was also a chairman of the Executive Committee of the ASTHO Directors of Public Health Preparedness and he was key in the development of mission ready packages. He was also a part for this committee so we decided it could fit - to support the effort would be assign a fellow at the Mississippi State Department of Health.

So simply that's what we did for the past - almost two years now and shortly you'll hear about some of our work supporting that development of mission ready packages for the Unified Planning Coalition.

One of the challenges for this work was the Ebola response. It occurred during a big part of this effort, but despite that parallel effort a lot of progress has been made that you'll hear about shortly. So, Jim, are you on the phone? I know Jim is in another meeting. If not I'm going to turn it over to (Nicky) to start her presentation.

(Nicky):   Good morning. I will be talking about health and medical mission ready packages development in the region for the Unified Planning Coalition.

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As (Capt. Ware) said this project was the brainchild of the Region IV Unified Planning Coalition which is comprised of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, and Tennessee. Since 2006 the Unified Planning Coalition has convened on a quarterly basis to address disaster-related health and medical issues, and have always considered joint planning, sharing their resources and partnerships to be the cornerstone of the coalition.

Mission ready packages were identified as a regional priority because all of the partner states recognize the importance of knowing the capability of your neighbor.

The UPC envisioned the development of a resource that would allow all of the Unified Planning Coalition to have visibility on the resources and deployment capabilities of their regional partners.

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So what are mission ready packages?

There's a working definition that is applied on the EMAC Web site which is specific response and recovery capabilities that are organized, developed, trained and exercised prior to an emergency or disaster. The concept of mission ready packages joins NIMS resource typing, personnel and equipment into a document that provides preliminary deployment cost based on how thoroughly the template is filled out.

The MRP template is a copyrighted document that has been prepopulated to accommodate teams with 25, 50, 100, and up to 1500 personnel. It is important to note that you cannot redesign or alter the MRP Excel template due to its copyrighted nature.

This template can be found on EMACweb.org under Learn About MRPs and how to develop your own using the Excel template.

Next slide.

In December of 2013 I began working with the Region IV Unified Planning Coalition through an OS fellowship as (Capt. Ware) stated earlier funded by ASPR to develop mission ready packages in Region IV.

The slides ahead do not represent all of the region's mission ready packages, but rather those that I personally assisted with or developed.

Next slide.

Most of...

(Capt. Charles Ware): Look at that (unintelligible)...

(Nicky): Most of Mississippi's mission ready packages are personnel-only packages. This is due to the fact that personnel is normally one of the largest gaps during a disaster.

We also began with personnel packages first because most of these teams represent capabilities that have long existed and been exercised here in Mississippi. Mississippi's packages are continued on the next slide. And then the next slide we come to is North Carolina's mission ready packages.

Here it is important to note that North Carolina actually pioneered the first mission ready package template which means that they were the first people to try to develop an Excel spreadsheet to say how do we capture what our deployment cost are. These packages here represent capabilities that were already in North Carolina but had not been developed in terms of equipment and personnel contract pricing.

Next slide.

Also, this is Kentucky with the development of four mission ready packages. They were very early in their mission ready package development process so we started with teams that they use on a daily basis. So I assisted in developing environmental at the incident management team and EMS strike teams in Kentucky.

Next slide.

So we come to, what is the real mission of mission ready packages. One reason that the work in Region IV is different from a lot of the mission ready package work that's out here right now is that our focus has been to move past just filling out the Excel templates.

Above we've outlined the process that has to happen before one can even attempt to fill out the MRP tool. So mission profile. What are you going to do and what components are essential for the successful execution of that mission? Inventory cost. Is all of my equipment accurately reflected on my inventory along with initial cost and maintenance schedules?

Depreciation. What is the current value of my resources based on a set depreciation schedule for public health and medical equipment? And what are the total costs of my programmer capability? How much is spent yearly to stay in business?

Next slide.

After correcting the afore mentioned information, states will still need to examine, on average how many days a year is the resource used in deployment? How many days a year they're used in training?

These calculations combined with total value of your inventory, contract labor pricing and any other cost that you find essential to maintaining your program or asset and then taking into consideration dividing by the total days of use per year will provide you with a daily rate which actually represent the daily cost of staying in business. This ensures that we are able to budget for preparedness.

Next slide.

Since this project represents the collective deployment experience of eight states these were reoccurring barriers to completing the mission ready packages -- not knowing how much of the template to fill out. So, most people start it with the Excel document as their guiding document for starting the MRP process.

So folks didn't know. Do I need to fill out all of the personnel tab on the template? Do I need to fill out all of the equipment? Can I just do the first page? Can I do a narrative and not do the tool at all?

Capturing personnel costs when teams are not rostered, there are a lot of states that said, you know, we roster our teams and we're getting ready to go out the door. So how do we forecast what those costs are going to be before an actual response? And finding rates for medical equipment -- because it doesn't appear on the FEMA schedule of rates -- so how did we come up with rates for things that don't currently exist on FEMA schedule, and then how do we track our commodities?

Next slide.

So when we talk about in terms of that daily rate being represented above your program administration costs, these program administration costs are really going to anchor your program and be the main component of most of the other packages that you build. And so to do this you have to determine is there're any existing comparable rates on some of the goods you have. If there's any specialty equipment where you can find private sector rental rates we advise that you do that so that your rates can mere what this equipment is valued for in the private sector.

Next.

So all of these amounts to a value-based costing method. So what that means is that we're looking and we're valuing our inventory. How much inventory do I have and what is the cost. And then secondly, what labor will support this mission. And these are contractual labor cost.

And then in terms of budget preparedness, how do we look at the mission ready package template as being the tool that we can use for a program sustainability model as opposed to a model for reimbursement. So just submitting the expenses and getting those direct expenses reimbursed as opposed to capturing program cost and saying, "This is what I will need for my program to be sustainable to continue to provide this capability."

Next slide.

And as I said before, what this is amounting to is that we're proposing that this is a model for sustainment. So, these being the essential components, if I have everything on my inventory, if I can correctly account for what I have and the cost associated, coming up with a depreciation or using a depreciation model that is fair in terms of how public health and medical equipment depreciates,

looking at in the service life so that we're able to know when we won't be able to use our equipment anymore and forecasting those expenses, and of course making sure that we access or then train on skills that are perishable.

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So going back to personnel cost. You can do several things. You can look to median rates on the Bureau of Labor Statistics today for position. So for a nurse, for example, what is the median hourly rate for that position. Or you can go back and actually look at actual contract labor expenses.

Or you also have the option to do average cost by position. So you can go to maybe your state personnel board Web site and say, "What is the average cost or average hourly rate for this position?" And therefore some of your cost will - some of those hourly rates will be above what you're paying, some of your personnel in some of those costs will fall below.

Next slide.

So here we have an example of actual mission ready package templates that have been filled out that represent our - one of our assets. And so you see here that if you look to the top it says meds one week with seven day staffing and then the next is the meds for a week with two day staffing.

So what you can see on this side-by-side is that obviously in your first week where you're having most of your personnel on-site your in-personnel are making up the bulk of the cost. But as you move in to Week 2, your personnel cost decrease along with your equipment because you've all - the other equipment is already on site and was there for Week 1.

So for your Week 2 MRP you only are adding on the additional capabilities that you bought and if you're scaling back staff then that's reflected or you may be increasing your staff in the second week. But traditionally during the response we are tapering off personnel as opposed to increasing as the mission goes forward.

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This is a visual of the asset. So as you can see it has six treatment base, a procedure recitation bay, a mobile simulation center.

Next slide.

So using this value-based costing method which you're able to see here is that during the second week we added another asset. So this is that asset being added and the equipment that came with that. So you see that for several of the lines the (four-wheel) and mobile response trailer system -- the supply trailer was clinical equipment and the supply trailer was medical/pharmaceutical supplies -- they are listed on this MRP, but they are zeroed out at quantity because they were part of the first mission ready packages and this package only represents the add-on.

So all of these is modular. You can build your capability as you see fit or as the weeks progress to your response.

Next slide.

And everything that we wanted to talk about is that in the tool you will find a commodities tab. And in Region IV we came to the consensus that it is a (good) process for us to reflect our commodities in a cache concept because

for most of us that's the way that we acquired them -- in a cache. So as opposed to individually itemizing everything that's in the cache, for the purpose of the MRP tool you represent that as a total cache concept as opposed to using all of these lines to itemize what is in that cache.

And, of course, once - when you're doing this negotiation for mutual aid we - you are able to let the requesting state know what is in this cache. Well, for purposes of the MRP we decided that we thought it would be a better practice to just list them as being an all-inclusive rate.

Next slide.

So there's also another tab in the MRP template where you're able to capture anything that will not fall under equipment, non-expendable resources and other commodities. So, what we decided at the region was that this will be a very good place for us to capture our demobilization related expenses.

And, of course, any of those other expenses that you didn't capture on any of the other task. So here is an example of what some of our demobilization costs look like post response.

Next slide.

And so going back to the cache concept you can see the difference it would look like on the left if you itemize everything and then to the right we've done the cache concept.

Next slide.

So we would like to give credit to the Hackensack University Medical Center because we reached out - Region IV as a region we reached out to them because they have successfully used the MRP concept to seek reimbursement post disaster.

So this is what - above on the left corner you can see that this is what Hackensack Mobile Acute Care Hospital looks like. And if you look - if you take it back to the slide that you saw before, our capability in Mississippi looks a lot like Hackensack.

Next slide.

So, with this thing -- similar asset -- if you look to this page what you can see is, on the left that is New Jersey's mobile field hospital and then on the right you ca see Mississippi's mobile field hospital, and the expenses total out pretty close. And the reason why we point this out is because we want to present a consistent - a similar methodology. So, Hackensack has the same resources that we do and we were able to not working in concert with them price our packages where they came out to be pretty close to New Jersey's methodology.

So they used this value-based costing method as well. We tweaked it in terms of, you know, depreciation rates and things like that -- which are different for us. And so once we use that model you find that the same asset comes out to be priced very close.

Next slide.

So earlier I didn't show you all of the mission ready packages across Region IV but these slides going forward will present a regional snapshot of what we look like in terms of capability.

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For the emergency operation coordination we have the following packages. And this is all of the states and region for all the packages that I have access to at this time. And there are others that are still currently in development.

Next.

These are our fatality management resources.

Next slide.

Information sharing, of course.

The next slide.

Med care which we have a lot of packages developed in this area.

Next slide.

Medical surge.

And some states were already working on mission ready packages so a lot of packages that you will see from Florida were already developed and we just receive those packages and collectively bundle them. And then some states

work collaboratively with other organizations or with me to develop their mission ready packages.

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Next slide.

Next slide.

Next slide.

North Carolina was very instrumental in helping us really see how we needed to put together strike teams packages and other states are currently developing similar models as well.

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Next slide.

So, we also had an intern from the South Central Public Health Partnership and she was able to do a (SWOT) analysis for the region in terms of what we have and what we look like in terms of capability. So here you can see where we're strong with this obviously a med care, medical surge, and the other ones are listed. We do not have many packages developed in what you see under the weaknesses column -- public information and warning, information sharing, volunteer management, laboratory testing (unintelligible).

And then, there are some opportunities. So she identified that more state and regional workshop need to be developed so that folks can collaboratively look

at how we can create some best practices for putting together mission ready packages.

Next slide.

This is a very interesting quote that we found and this was taken from Craig Fugate's testimony before Congress. And he said that the ability to build a sustained capability, that can be deployed not just on a local level, but on the regional and national level as well, creating an interconnected network of local, tribal, state, regional and national capabilities to increase the security of the whole nation.

And in Region IV that has been our focus. For the past few years we have focused on building, but now we're at a place where we are saying, "How do we sustain the capabilities that you guys have provided for us and how will we continue to be able to provide those capabilities in the wake of decreasing grant funds? So how can states on their own independently of federal funds sustain capability?"

Next slide.

So, next step for us are the formation of a Region IV UPC workgroup. And we will continue to on a quarterly basis look at mission ready packages using the new concept.

So, some of these packages were developed prior to us agreeing on a model for value-based costing. So right now we're in the process of doing a massive review on our current MRPs so that we can align them with the value-based costing concept.

And from that we will continue to examine what our regional capability looks like and where are our gaps. And where we identified gaps we want to look to multistate partnerships and other - and external resources to fill those gaps. And as we continue to examine what mission ready packages are and how we can improve the process we hope that more best practices will come out of those discussions.

Next slide.

So a lot of people have been instrumental in making this happen. As I said earlier the North Carolina Department of EMS was very instrumental in laying a lot of the mission ready packages groundwork. And I reached out to them numerous times for their subject matter expertise in how to cost some of these packages.

We'd also like to thank Gary Del Moro who works for Hackensack University Medical Center for sharing with us their value-based costing method and giving us an opportunity to collaborate and talk about how we could improve that process.

The Center for Emergency Services with the University of Mississippi Medical Center was also instrumental in providing us guidance on pricing and costing method for our public health and medical equipment.

We were provided an additional intern to work on this project through the South eastern - I mean, the South Central Public Health partnership through the University of Alabama at Birmingham.

And I also sit on the national Workgroup which is the NEMA-ASTHO Mission Ready Packages Workgroup and (Lisa Peterson) who is at the helm

of that workgroup was very instrumental in providing resources -- outside resources -- that were helpful to the development of this process.

Next slide.

So in summation I would like to thank ASPR for giving me this opportunity to work on the Region IV and really to learn a lot about preparedness and to get the opportunity to sit down with states and really help them bring into focus what they want to do with mission ready packages and how this process can work best for them.

Mr. Jim Craig at the Mississippi Department of Health as my (preceptor) was very instrumental in making this in the organization a priority for us here in Mississippi and I appreciate his leadership and guidance over the last 18 months as I work through this project.

If there are any questions I will take them now.

(Charles):   All right. Thank you, (Nicky). Any questions from the field press Star-1. Star-1 to get the operator's attention and queue up. And please state your full name and your affiliation. Your full name and affiliation so we can capture it for the transcript. Are there any questions in the operation center?

Coordinator: Right now I have no questions over the phone.

(Capt. Charles Ware): Hey, (Charles), this is (Charles). Can you hear me?

(Charles):   Yes, I can hear you, (Charles). Go ahead.

(Capt. Charles Ware): I'm going to go ahead and make a (unintelligible) for the OS Fellowship program. As we mentioned earlier this idea was kind of birthed back in summer of 2013 and after deciding to proceed down this path we entered into an interagency agreement with the Department of Energy with year-end funds in September 2013.

OS was able to advertise position on October or the first business day after 1 October. We were able to get applicant certificates later in October and we interviewed also on October and OS made the offer to (Nicky) on November 6. So as we struggle with some of our HR challenges within ASPR those of us who have funds and are considering other alternatives, this has certainly been one that's worked well for us.

Coordinator: As a reminder if you would like to ask a question over the phone, please press Star-1. And please record your full first and last name. Thank you. There are no questions in queue at this time.

(Charles): Okay. Thank you, operator. Ladies and gentlemen, that concludes the special topics readiness brief for August 5. The next readiness brief schedule is the one for the last week of the month which will be the - on Wednesday at 11 o'clock the last week of August.

And you are free to drop. Thank you very much. Thank you, (Nicky). Thank you, (Capt. Ware).

(Nicky): Thank you. And if there are any questions, people can submit them to me in writing. My contact information is on the last slide. So thank you.

Coordinator: Thank you for your participation in today's conference. All participants may disconnect at this time.

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