Healthcare Coalition Sustainment
North Carolina Disaster Symposium
Greenville, NC
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OVERVIEW

- HOW WE GOT HERE – HCC HISTORY
- ASPR HPP HCC VISION & MISSION
- GOAL HCC RESPONSE & RECOVERY
- HCC SUSTAINMENT GUIDANCE

Beginnings: Bioterrorism Hospital Preparedness Program

- September 11, 2001
- 2002-2006 Bioterrorism Hospital Preparedness Program (HRSA)
- Funded 62 awardees
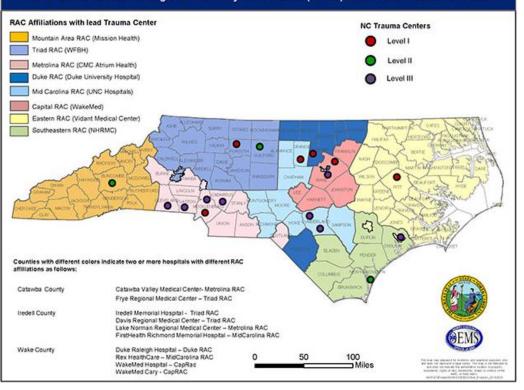- Focused on medical bioterrorism mitigation at the healthcare and EMS levels

HRSA
Health Resources & Services Administration

NC Regional Advisory Committees

- NC Leaders were thinking ahead

- In 2001, RACs were established under NC Administrative Code
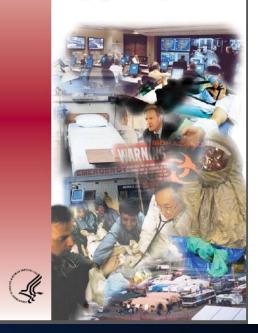
- Purpose is for regional trauma planning

North Carolina Trauma Regional Advisory Committees (RACS) with Trauma Center affiliations

RAC Affiliations with lead Trauma Center

- Mountain Area RAC (Mission Health)
- Triad RAC (WFBH)
- Metrolina RAC (CMC Atrium Health)
- Duke RAC (Duke University Hospital)
- Mid Carolina RAC (UNC Hospitals)
- Capital RAC (WakeMed)
- Eastern RAC (Vidant Medical Center)
- Southeastern RAC (NHRMC)

NC Trauma Centers
- Level I
- Level II
- Level III

Counties with different colors indicate two or more hospitals with different RAC affiliations as follows:

Catawba County — Catawba Valley Medical Center- Metrolina RAC / Frye Regional Medical Center – Triad RAC

Iredell County — Iredell Memorial Hospital - Triad RAC / Davis Regional Medical Center – Triad RAC / Lake Norman Regional Medical Center – Metrolina RAC / FirstHealth Richmond Memorial Hospital – MidCarolina RAC

Wake County — Duke Raleigh Hospital – Duke RAC / Rex HealthCare – MidCarolina RAC / WakeMed Hospital – CapRac / WakeMed Cary - CapRAC

0   50   100 Miles

Medical Surge Capacity and Capability

- In 2004, The Medical Surge Capacity & Capability (MSCC) was released
  - Attempt to provide healthcare structure
- At about the same time in 2004, The DHS – National Response Plan (NRP) was released
- In 2005, The NRP was tested during Hurricane Katrina
- In 2007, MSCC was updated to match NRP
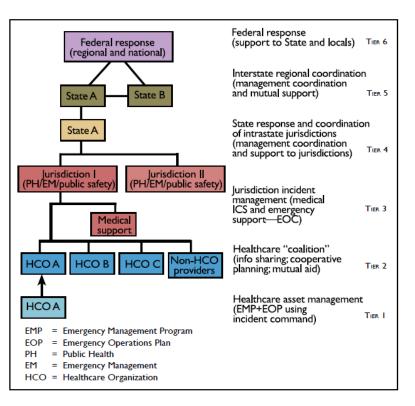
Medical Surge Capacity and Capability:

A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies

Introduction to the Healthcare "Coalition" ~ Tier 2

- The MSCC introduced the healthcare coalition
- The HCC was described as a method to support health and medical coordination during tiered response

HPP Moves to ASPR

- 2006 Pandemic All Hazards Preparedness Act (PAHPA)
- Established the Office of the Assistant Secretary for Preparedness and Response (ASPR)
- HPP was moved from HRSA to ASPR at this time
- First ASPR HPP FOA - 2007
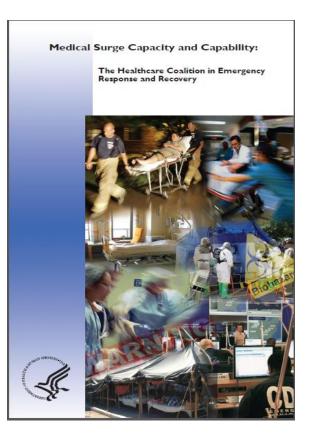
2007-2012 Partnership / Coalition Development

- 2007-2012 Funding Opportunities described HCCs as partnerships
- Coalitions were only considered a level 1 sub-capability
- 62 awardees were funded ~ +40% of 2020 funding level
- Initial focus around Cities Readiness Initiative (CRI) areas
- No reference to MSCC framework until 2010
- MSCC referenced as the standard for HCCs in 2010 due to the new MSCC handbook
- ASPR HPP adjusted FOAs accordingly for 2010 and 2011

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2009 - MSCC 2

MSCC: The Healthcare Coalition in Emergency Response & Recovery

- Provided a better HCC framework
- Emphasized need for healthcare coalitions
- First mention of sustainability
- *"The success and long-term **sustainability** of a Healthcare Coalition will depend largely on the ability to develop a cost-effective system that is **supported by senior executives** of member organizations and by the relevant jurisdictional authorities."*
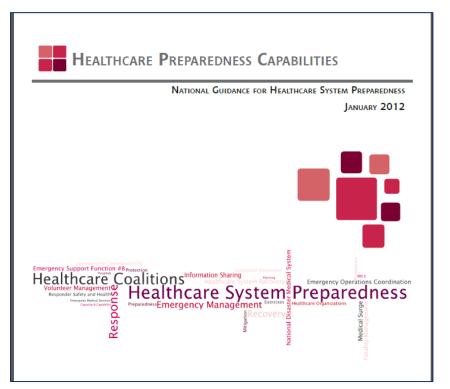
https://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/Pages/default.aspx

Medical Surge Capacity and Capability:

The Healthcare Coalition in Emergency Response and Recovery

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2012-2017 HCC Guidance

- HPP and CDC aligned
- New healthcare capabilities
- FOAs focused on HCC development
- 2013 – HPP funding cut by 40%
- One line on sustainability under organization and structure
- *"Plans for the financial sustainability of the Healthcare Coalition in the absence of Federal funding"*

https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf

Current Guidance 2017-2022

- Revised based on significant push back from public health awardees

- Fully focused on Healthcare Coalitions and Healthcare Organization preparedness

- Significant language and guidance for *healthcare coalition sustainability*

2017-2022 Health Care Preparedness and Response Capabilities

Office of the Assistant Secretary for Preparedness and Response

November 2016

https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf

2017-2022 Health Care Preparedness and Response Capabilities

Foundation for Health Care and Medical Readiness

Health Care and Medical Response Coordination

Continuity of Health Care Service Delivery

Medical Surge

https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf
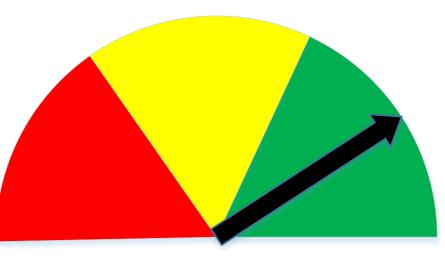
What do HCCs do?

Vision for Healthcare Coalitions

- Sustainable Healthcare Preparedness and Response Partners
  - Increased levels of ***autonomy*** – gaining independence from public health structure or other structure
  - Self-obligated healthcare response partner with ESF8
- Valued Response Asset By Healthcare & Community
  - Healthcare & Community wants you there and donates to the cause
  - Able to support healthcare response for the community
- Driven HCC Leaders and Members
  - Paid team members –preparedness and response specialists
  - Business / project managers
  - Healthcare champions
  - **Strong volunteer base** – In-Kind support is essential

Achieve a Level of Autonomy

Dependent HCC

Autonomous HCC

- A mixture of dependence and autonomy will be required for most healthcare coalitions
- Full autonomy is difficult to attain and may not be the best path
- Be Cautious!

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Autonomy vs Dependency

Autonomous HCC

- HCCs are self-obligated to support local & state ESF8
- Develop their own objectives
- Hire their own employees
- Can receive income

Dependent HCC

- HCCs are directed to support local & state ESF8
- Contractual or grant required objectives
- Other agency hires HCC employees
- Cannot receive income

Risks of Autonomy

- Independence from response structure alienates the HCC
  - Don't own, don't collaborate
- HCC stagnation
  - Leadership of the HCC becomes stagnant
  - HCC loses mission drive
  - May lose dedicated community and healthcare partners
- Potential funding decreases
  - Inadequate financial structure and income
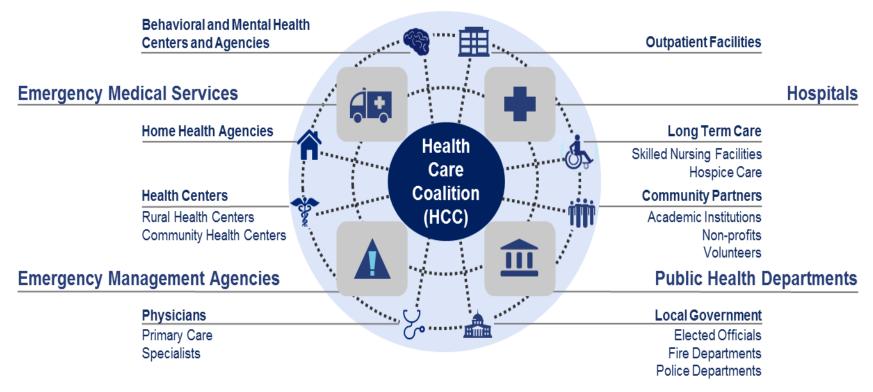 - Stakeholders don't value the HCC mission – don't buy in

HCC Mission

- The Healthcare Coalition is useful for all phases of Comprehensive Emergency Management, but its **primary mission should be to support healthcare organizations during emergency response and recovery**. An element of this mission is promoting integration of Coalition member organizations into the broader community response.

- Bottom line: Help their members respond better to meet their mission critical functions

- *The mission doesn't change whether the HCC is autonomous or dependent*

https://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/chapter2/Pages/overview.aspx

Core Membership: Enabling HCC Response

Behavioral and Mental Health Centers and Agencies

Outpatient Facilities

Emergency Medical Services

Hospitals

Home Health Agencies

Long Term Care
Skilled Nursing Facilities
Hospice Care

Health Centers
Rural Health Centers
Community Health Centers

Community Partners
Academic Institutions
Non-profits
Volunteers

Emergency Management Agencies

Public Health Departments

Physicians
Primary Care
Specialists

Local Government
Elected Officials
Fire Departments
Police Departments

Health Care Coalition (HCC)

Saving Lives. Protecting Americans.

Goal: HCC Response & Recovery

- Provide Local and State Health and Medical Support
- Provide Healthcare Information Sharing
- Provide Healthcare Resource Coordination
- Recognized as an ESF-8 Partner

Use HCC Assets for Healthcare and Community Support

Saving Lives. Protecting Americans.

Support Information & Resource Coordination

Saving Lives. Protecting Americans.

How do HCCs become sustainable?

Ensure Preparedness is Sustainable

- Promote the Value of Health Care and Medical Readiness
- Engage Health Care Executives
- Engage Clinicians
- Engage Community Leaders
- Promote Sustainability of Health Care Coalitions

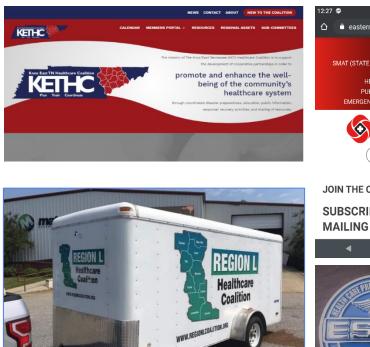# Promote the Value of Health Care and Medical Readiness

- Mission: Members should be able to articulate mission
- Benefit: Mission include role that provides direct and indirect community benefit.
- Members have shared responsibility to ensure the HCC has visibility into their activities in the region
  - Develop materials that identify and articulate the benefits of HCC activities to its members and additional stakeholders
  - Engage champions among its members and other response organizations to promote HCC preparedness efforts to health care executives, clinicians, community leaders, and other key audiences
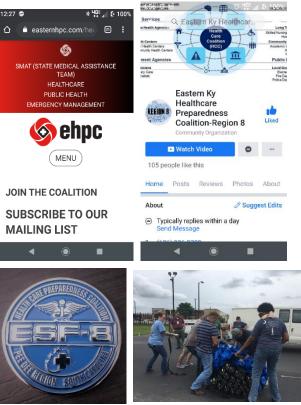
https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf

HCC Promotion

- Websites
- Social Media
- Logos
- Pamphlets
- Business Cards
- Mobile Apps
- News
- Trainings, community support events, exercises,

Executive Engagement

- Develop an interdependent relationship

- Executives promote buy-in

- Research engagement strategies (*ASPR TRACIE*)

- Effort needs to be applied in projects and structure

- TRACIE technical assistance document regarding engaging executives

- https://files.asprtracie.hhs.gov/documents/aspr-tracie-ta---hcc---engaging-executive-leadership---9-26-19.pdf

Question about Executive Engagement
Answer should be YES

- Do your executives know what the HCC is?

- Are healthcare executives requesting the HCC to support their efforts?

- Has the HCC offered a peer engagement activity for their executives?

- Are the financial reports of the HCC shared with executives?

- Has the HCC offered a cost-savings strategy to their executives?

- Are executives asked for advice?

HCC TASK: DEVELOP ACTIVITIES TO ADDRESS THESE

Engage Clinicians: Clinical Advisor

- Requirement
- Individual(s) should be a physician, advanced practice provider, or registered nurse
- Be from a lead or co-lead hospital or health care organization and be clinically active

- ASPR TRACIE technical assistance
- https://files.asprtracie.hhs.gov/documents/aspr-tracie-ta-hcc-clinical-advisor-resources-final.pdf
- HCCs may consider cost sharing with other HCCs
  - May be better defined as expertise sharing

Community Engagement and Benefit

- Identify and engage community members, businesses, charitable organizations, and the media in health care preparedness planning and exercises to promote the resilience of the entire community.
- Community engagement creates greater awareness of the HCC's role and emergency preparedness activities, promotes community resilience, and speeds the recovery process following emergencies.
  - How often is the HCC meeting with community leaders?
  - How often is the HCC meeting with executives?
  - Do you have multiple platforms for socializing and integrating the HCC into the community?

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Financial Considerations for Position

- ASPR recognizes this may require some HCCs to shift priorities to personnel rather than supplies/equipment in their budgets; however, ASPR believes that the value gained through the clinical and operational guidance, coordination, training, and exercise coordination these FTEs can provide is ESSENTIAL to an HCC's ongoing readiness and ability to respond. In the event the HCC has insufficient funds, recipients and HCCs should consider various funding solutions that include, but are not limited to, the following options:
  - Reevaluation of the existing HCC funding formula or boundaries
  - Formal agreement with the parent organization to utilize in-kind funding for a portion of the FTE
  - Partner with a neighboring HCC to recruit and cost-share a clinical advisor when geographically and logistically appropriate

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Task: Financial Sustainability

- Develop a financing structure aimed at expanding financial options for the HCC

- Determine the critical HCC functions to preserve

- Identify financial opportunities beyond federal funding (e.g., foundation, and private funding, dues, and training fees) to support or _expand_ HCC functions

- Determine ways to cost share (e.g., plan with other entities that have same requirement and share the cost for mutual benefit)

- The HCC needs to actively improve finances

- _If there is no ability to receive additional funding, then the HCC won't receive additional funding_

Finance Technical Assistance

- ASPR TRACIE Topic Collection: https://files.asprtracie.hhs.gov/documents/aspr-tracie-hcc-financial-models-webinar.pdf

Task: Develop Continuity Packages

- HCC **business continuity**: Does the HCC have a plan to meet their objectives during crisis?
- **Coordinator succession** package: Are there detailed instructions for the day-to-day requirements?
- Are there plans for **continuity with executives and community leaders?**

- DC Emergency Healthcare Coalition Healthcare Facility Business Continuity Planning Template
- https://files.asprtracie.hhs.gov/documents/dcehc-business-continuty-planning-template-508.pdf

Saving Lives. Protecting Americans.

Tasks: Sustainment Projects

- Use HPP funds for establishing a separate legal
- Buy HCC owned equipment that establishes information technology autonomy (VTC, Servers, etc.)
- Seek professional advise to establish benefit packages for HCC employees
- Procure business advise to set up HCC board of directors
- Hire productivity specialists
- Seek promotion and recruitment advise
- Develop Websites, Apps, Pamphlets, Logos, Banners, Fund-raisers**

**Fund raising activities fall into two categories. Grant funding does not allow fund raising events for donations and income. However, fund raising is allowed for meeting objectives such as exercise and training, with permission.
https://www.ecfr.gov/cgi-bin/text-idx?SID=e0b92cd91144c50c6cd04b7db41f188e&mc=true&node=se2.1.200_1442&rgn=div8

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Who does all of this?

RECOMMENDED LEADERSHIP

- HCC Board of Directors include **SENIOR LEADERS**
- **HEALTHCARE CHAMPIONS** are Essential Members of the HCC Board of Directors
- Leaders must be **OPEN-MINDED**
- Leaders **PUSH THE VISION** & **SEEK FRESH IDEAS**
- Leaders Engage in the **BUSINESS AND FINANCE OF THE HCC**
- Leaders ACTIVELY PROMOTE AND RECRUIT valued members
- **HCC Coordinators are essential members of leadership**

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The HCC Coordinator

- Required by HPP
- 100% paid position
- Preparedness and Response Specialist
- Works for the HCC
- These coordinators are essential!

- Role of the coordinator is to facilitate the planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC as well as to lead, participate in, or support the response activities of the coalition according to their plans.

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North Carolina Healthcare Coalitions

Due to the superior foresight of NC leaders and the diligent effort of the NC HCCs, NC is uniquely positioned to address the challenges of sustainability

QUESTIONS

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