



ASPR

ASPR: Building Coalitions to Prepare the Nation

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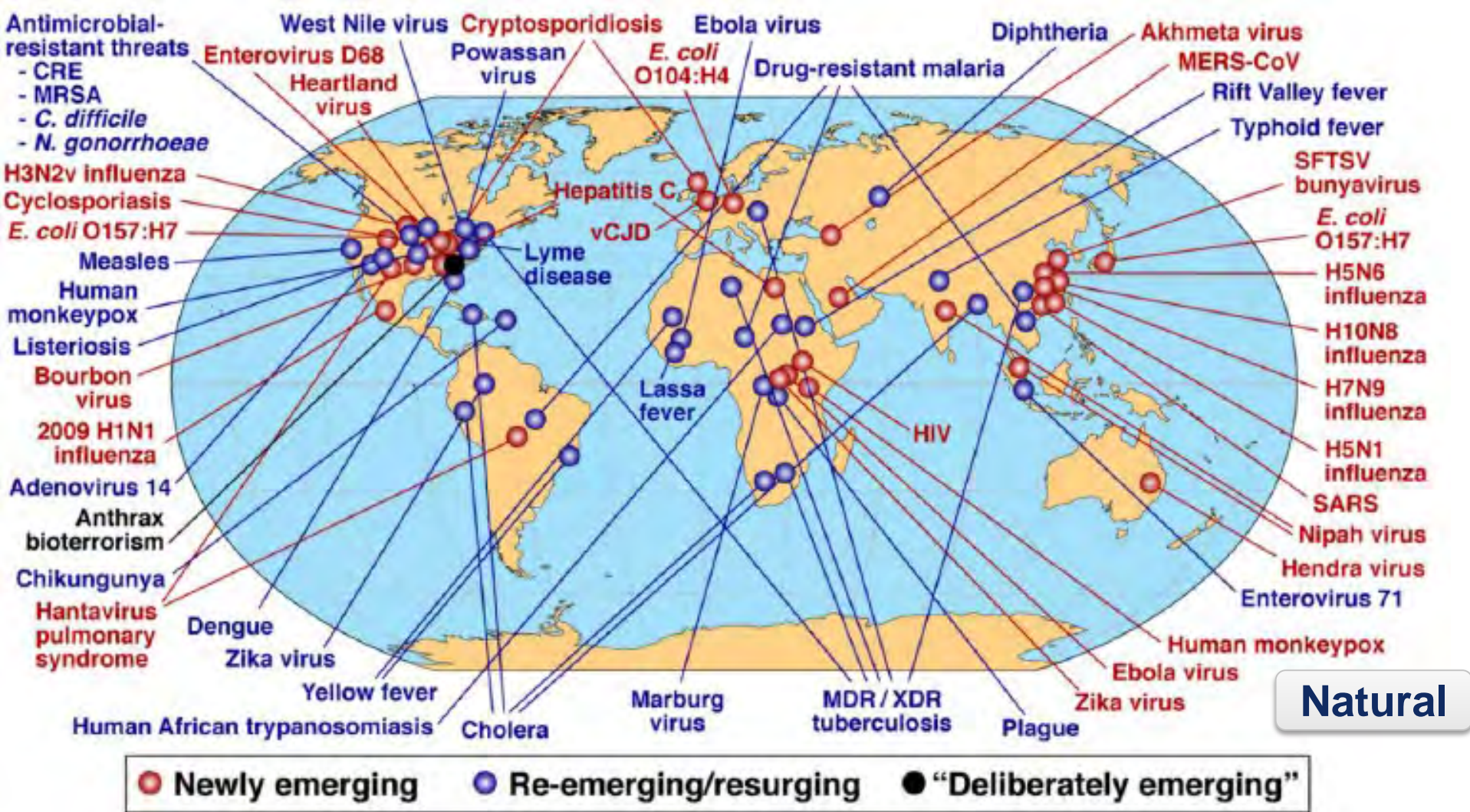
ASPR Mission

**Save Lives
and Protect
Americans from
21st Century
Health Security
Threats**





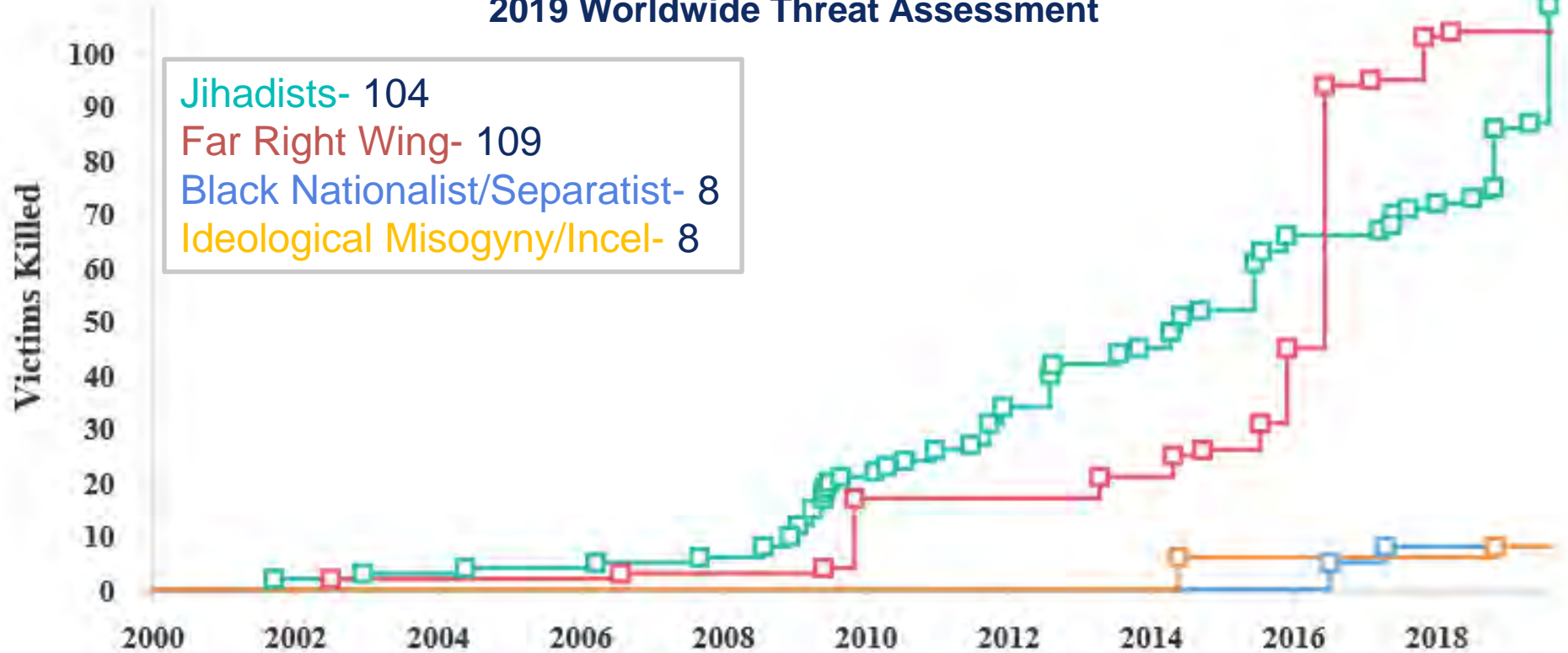
21st Century Threats – an Increasingly Complex and Dangerous World



Natural

Violent extremist activity “almost certainly will have societal effects disproportionate to the casualties and damage it causes”-

2019 Worldwide Threat Assessment



“The overall threat from weapons of mass destruction (WMD) continue to grow during 2019” – 2019 Worldwide Threat Assessment

Chemical Attacks Since 2013

Salisbury, United Kingdom
Russia attempted to assassinate Sergei Skripal using a Novichok—a military-grade nerve agent.
MAR 2018

Tbilisi, Georgia
A Russian citizen used a toxic chemical at the Tbilisi International Airport.
JUL 2018

Syria
The Syrian regime has repeatedly used chemical weapons—including chlorine and sarin—despite acceding to the Chemical Weapons Convention in 2013.
2013 - 2018

Syria and Iraq
ISIS has used sulfur mustard and toxic industrial chemicals against its opponents in Syria and Iraq.
2014 - 2017

Kuala Lumpur, Malaysia
North Korea was responsible for the assassination of Kim Jong Un’s half-brother using the nerve agent VX.
FEB 2017

Complex

Multiple Attacks ● Single Attack

Pandemic and All-Hazards Preparedness and Advancing Innovation Act

- The Pandemic and All-Hazards Preparedness and Advancing Innovation Act is the *primary legislation* authorizing ASPR
 - Establishes various programs and initiatives and submission of formal reports on specific programs and initiatives
 - Authorizes appropriations (*doesn't guarantee funding*)
 - Requires GAO review

PAHPAI: Key Provisions

- ✓ Coordinate with the Director of National Intelligence and the Department of Homeland Security on **threat assessment**
- ✓ Include potential **emergency health security threats** in future reports
- ✓ Reauthorization of authority to **temporarily reassign federally funded personnel**
- ✓ Expands use of the **Public Health Emergency Fund**, to allow use of the fund if there is a "significant potential" for a public health emergency, and not only if an emergency has been declared.
- ✓ Establishes **3 Advisory Committees**:
 - ✓ National Advisory Committee on Children and Disasters (reauthorized)
 - ✓ National Advisory Committee on Seniors and Disasters
 - ✓ National Advisory Committee on Individuals with Disabilities in Disasters

PAHPAI: Key Provisions

- ✓ Establishes guidelines for a **Regional Disaster Health Response System**
- ✓ NDMS:
 - ✓ **Direct hire authority for NDMS** – grants authority to Secretary through September 30, 2021.
 - ✓ NDMS personnel are eligible to receive **benefits** under the Public Safety Officer Benefits program
- ✓ HPP:
 - ✓ Modifies “partnership” to “coalition” and **includes emergency management organizations and emergency medical services** as required coalition members
 - ✓ **Extension of withholding period** for HPP awards
 - ✓ Inclusion of “**response**” into HPP statutory language
- ✓ Grant program for **military trauma** teams and individual military trauma care providers to work in **civilian trauma** centers

PAHPAI: Key Provisions

- ✓ Advance Authorization of Appropriations for **Project BioShield** for 10 years
- ✓ Authorizes a **Pandemic Influenza and Emerging Infectious Disease program**
- ✓ Codifies the **PHEMCE** into law
 - ✓ Modification to reporting for PHEMCE Strategy and Implementation Plan to every two years
- ✓ Expands **FOIA exemption** for locations of SNS storage, to include information on contents of the Stockpile

ASPR 2019-2020 Priorities



HPP and PHEP Programs: Separate But Aligned

- HPP and PHEP are separate but aligned public health and health care preparedness programs funded by the federal government
- **HPP builds resilience among the health care delivery system and PHEP builds resilience in public health agencies**
- ASPR's HPP FOA and CDC's PHEP NOFO remain programmatically aligned
 - Continued joint HPP and PHEP activities

HPP: Response Ready. Community-Driven. Health Care Prepared.

- The Hospital Preparedness Program (HPP) is a cooperative agreement administered by ASPR and is the **only source of federal funding for health care delivery system readiness**
- HPP prepares the health care system to save lives during emergencies that exceed day-to-day capacity of the health and emergency response systems.
 - HPP does this by **developing and sustaining regional health care coalitions (HCCs)**
 - HCCs incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together
- HPP promotes a **sustained national focus** on improving patient outcomes, minimizing the need for supplemental state and federal resources during emergencies, and enabling rapid recovery.

Evolution from Facility-Based Equipment to an HCC Capabilities-Based Approach

2002–2011

2012–2017

Facility-based equipment purchases

Personal protective equipment, mobile medical units, pharmaceutical caches, other emergency supplies and equipment



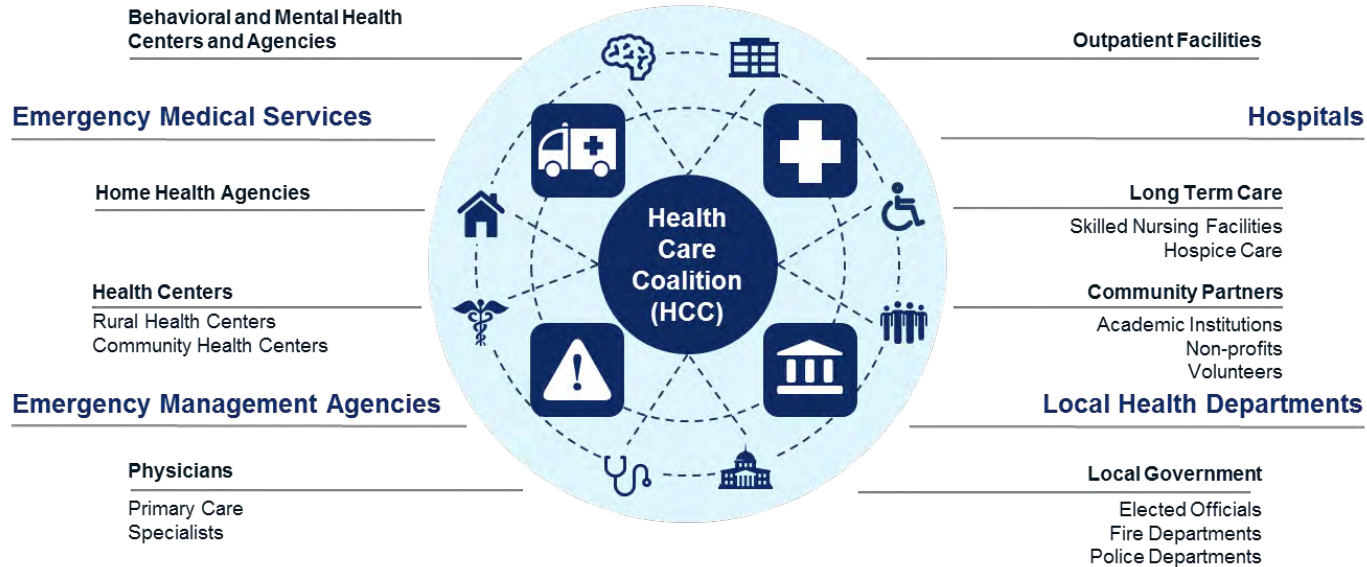
Capabilities-based approach to planning

HPP funding is used to enhance health care system planning and response at the state, local, regional, and territorial levels

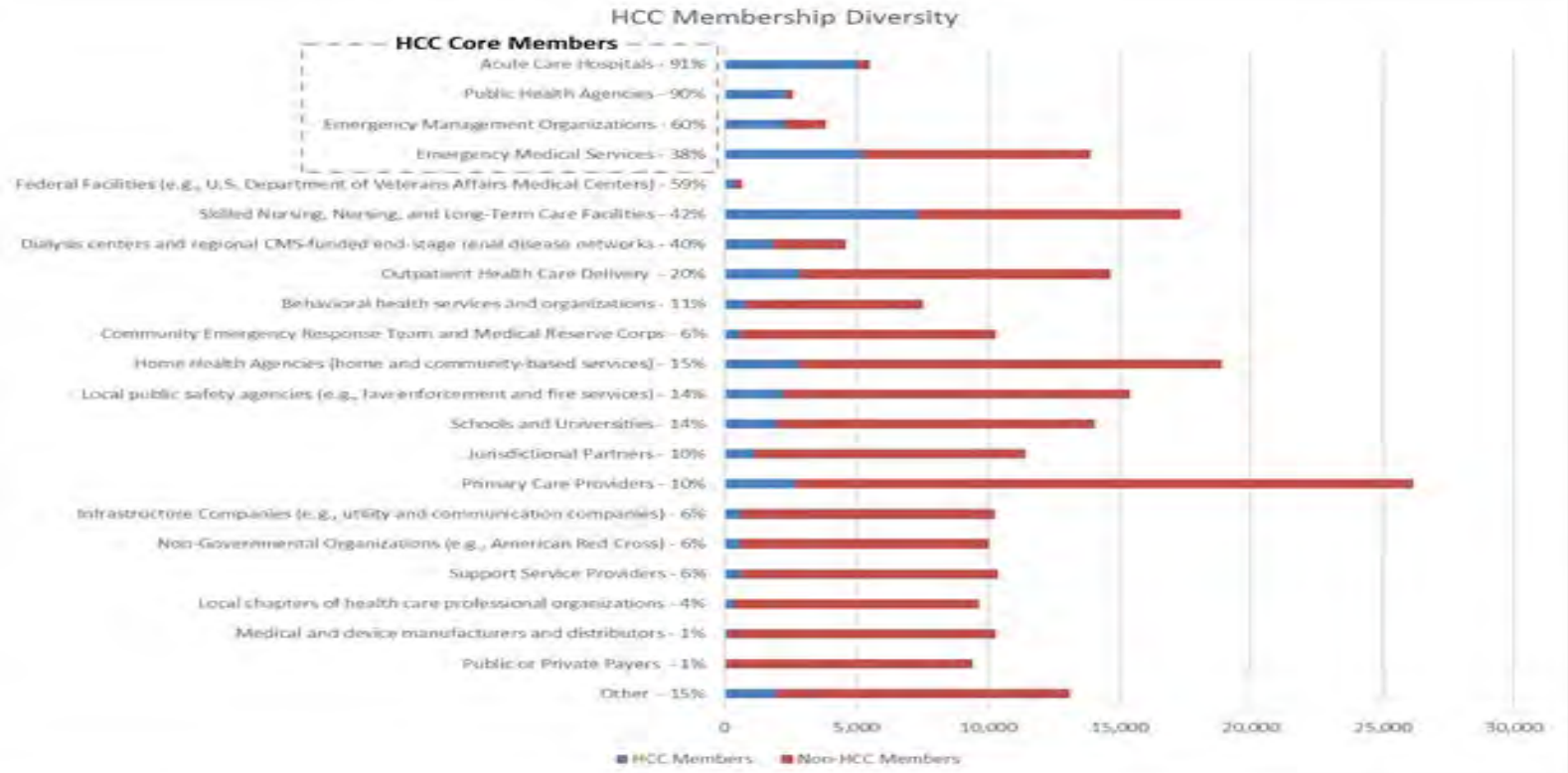
- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response Coordination
- Continuity of Health Care Service Delivery
- Medical Surge

HCCs: Coordinating a Regional Approach to Health Care and Medical Response

An HCC is a group of individual health care and response organizations in a defined geographic location. HCCs play a critical role in developing health care preparedness and response capabilities.



HCCs Have Diverse and Growing Membership



Capabilities: How are HCCs doing?

Capability Progress Scores

83%

Readiness

71%

Response

69%

Continuity

71%

Surge

Percentage of HCCs that engage health care executives to provide input, acknowledgement, and approval regarding HCC strategic and operational planning

EXECUTIVE
ENGAGEMENT

74%

Budget Period 1X CAT data current as of 1/31/2019

Planning: How are HCCs doing?

Data from the Coalition Assessment Tool (CAT)

72% of HCCs have a complete and approved **Preparedness Plan**

25% of HCCs that have a complete and approved **Response Plan**



34%

of HCCs **do not** have a documented, coordinated plan to respond to large trauma emergencies



57%

of HCCs **do not** have a documented, coordinated plan to respond to large burn emergencies



53%

of HCCs **have not** yet fully documented their information sharing procedures

NATIONAL AVERAGES

Budget Period 1X CAT data current as of 1/31/2019

HPP FOA – What's New?

- 1 Encourage additional HCC membership
- 2 Designate lead or co-lead hospital and 1 FTE
- 3 Encourage hospital partnerships with NDMS
- 4 Develop HCC specialty surge annexes
- 5 Complete HCC Surge Estimator Tool
- 6 Flexibility for geographically isolated areas (FAR 4 + 60 miles between hospitals)
- 7 Health Care Essential Elements of Information

What's New:

Encourage Additional HCC Membership

The four core members of HCCs remain the same. However, HPP encourages additional representation from these functional entities that are required to support acute health care service delivery. These are not limited to the following:

- 
- Medical supply chain organizations
 - Pharmacies
 - Blood banks
 - Long term care organizations
 - Clinical labs
 - Federal health care organizations
 - Outpatient care centers

In addition, all HCC inpatient facilities, must demonstrate **existing transfer agreements** specifically to the following specialty care centers:

- 
- Pediatric centers
 - Trauma and burn centers

What's New:

Encourage Hospital Partnerships with NDMS

Hospitals should **enter into formal agreements with the National Disaster Medical System (NDMS)** to serve as receiving facilities if they:

- 1 Meet the eligibility criteria for participation in the NDMS
- 2 Are members of HPP-funded HCCs



This is intended to improve the recipient and HCC's **surge capacity** and enhance hospital preparedness in response to a medical surge event.

What's New:

Develop HCC-Level Specialty Surge Annexes

- HCCs must develop complementary coalition-level annexes to their base surge capacity/trauma mass casualty response plan to manage a large number of **casualties with specific needs**.
- Five annexes must be developed and tested through tabletop exercises over the course of five years in this order:



What's New: Complete HCC Surge Estimator Tool

HCCs must complete the HCC Surge Estimator Tool to support coalitions in determining surge capacity. Three distinct variables drive rapid development of surge capacity and vary significantly between hospitals:

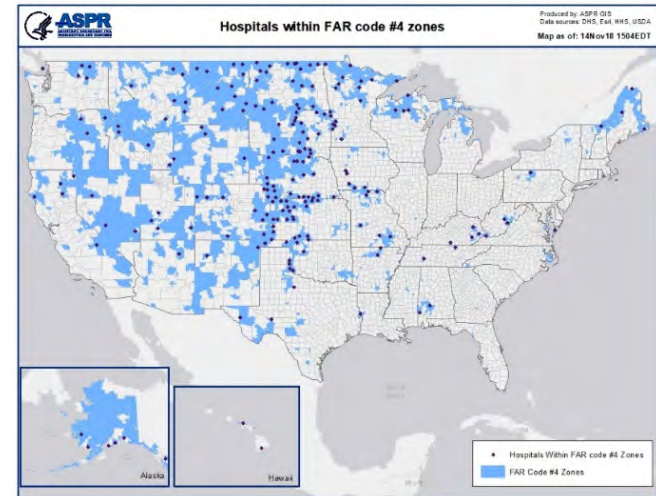
- 1 Use of **all available “staffed” beds**, including closed units that could be rapidly re-opened with appropriate staff but are otherwise equipped and appropriate for inpatient care
- 2 Use of **pre-induction, post-anesthesia, and procedural area beds** that can be used for temporary inpatient care, usually at an intermediate care (telemetry) or higher level
- 3 Ability to generate space or reduce the numbers of patients requiring evacuation by early discharge of appropriate current inpatients to support **surge discharge**

What's New: Flexibility for Geographically Isolated Areas

ASPR provides flexibility by adding additional locations to existing territory/FAR guidance

Hospitals located in geographic regions that are classified by **both** criteria below are eligible for classification as an "isolated frontier hospital" and will be offered modified objectives, activities, and funding requirements:

- Geographic US Region classified as Frontier and Remote (FAR) 4
- Greater than 60 miles from nearest hospital / inpatient facility



What's New:

Health Care Essential Elements of Information (EEI)

Recipient and HCC requirement:

- Within the first 90 days of each budget period, all recipients and HCCs must provide ASPR with updated pre-event specific EEI data corresponding to the provided template. ASPR will provide recipients with a list of all required post-event and special-event EEIs for incorporation into state, local, and HCC reporting systems.

HCC-Only Requirement:

- The HCC and its members must, at a minimum, define and integrate into their response plans procedures for sharing essential elements of information (EEIs). This includes but is not limited to:
 - The current operational status of facilities
 - Elements of electronic systems (HCC-level requirement)
 - Resource needs and availability.

What is the Future of ASPR's Hospital Preparedness Program?

Guiding Questions

- What is the best way to prepare the U.S. health care system to respond to emergencies and disasters?
- What is the ideal future state of HPP?
 - How does HPP align with the proposed *21st Century National Medical Disaster System* Framework?
 - How does HPP integrate with other specialty and coordinating programs across ASPR and the inter-agency?
 - What tools will be available to HPP recipients and other stakeholders to assist in advancing healthcare preparedness for the future?

21st Century National Disaster Medical System Healthcare Capabilities

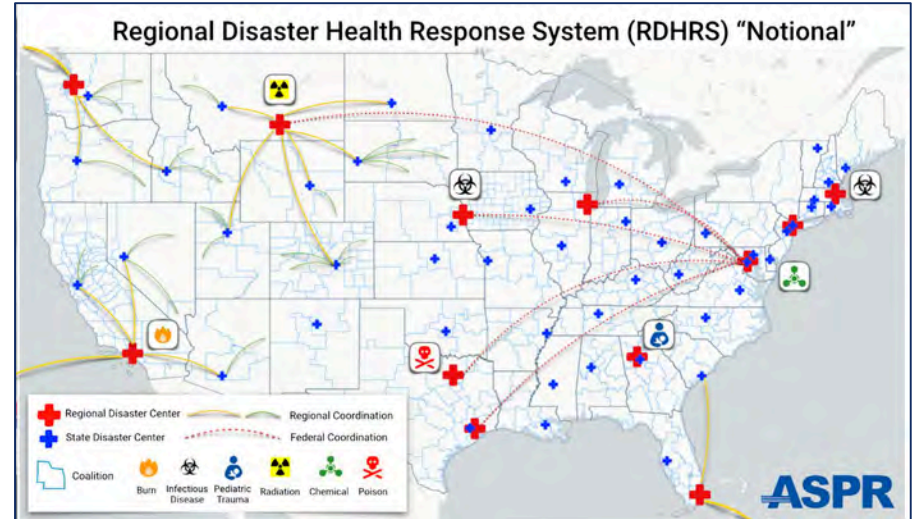
- Sufficient Surge Capacity
- Access to Specialty Care
- Healthcare Situational Awareness
- Patient Tracking and Transport

HPP and the 21st Century National Disaster Medical System

- Leverage existing HPP to align with new ‘national’ System
- Goal = **Heightened State of National All-Hazards Readiness**
 - Unity of Effort between Federal and Civilian Healthcare Sectors
 - Maximize Resources Available for Healthcare Response
- HPP Alignment with Existing Programs and Initiatives
 - Ebola/Special Pathogens Regional Network
 - Medical Countermeasure Distribution/Dispensing Project (Last Mile)
 - Emergency Care Coordination Center
 - Regional Disaster Health Response System Pilot Project
 - Pediatric Disaster Care Centers of Excellence Project
 - Other federal programs and initiatives (HHS, DoD, VA, DHS)

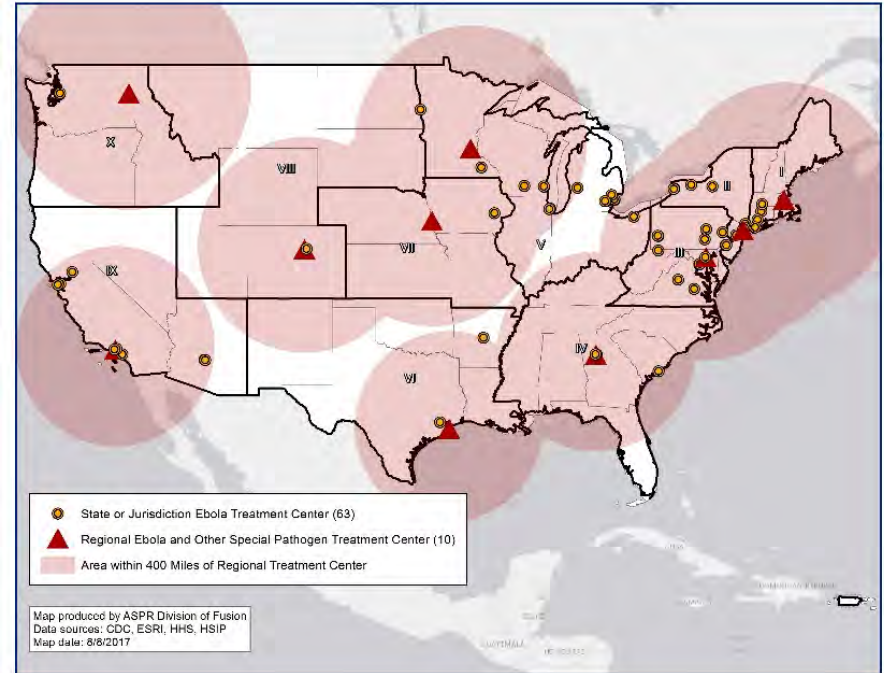
Integrate with Regional Pilot Programs

- For those jurisdictions in which a **Regional Disaster Health Response System (RDHRS)** state-level or regional entity has been identified, HCCs must integrate their planning, training, exercising and response, and evaluation and situational awareness activities.
- HPP and HCCs will not go away with the creation of a regional system.
- Regional centers will provide medical expertise and training capability for highly specialized clinical care (e.g., burn, ID, peds, radiation, chemical, and poison)



Regional Treatment Network for Ebola and Other Special Pathogens

- **A tiered, regional treatment network across the nation** for Ebola virus and other highly pathogenic infectious diseases balances **geographic need** and differences in **institutional capabilities**, and brings the health care sector together to prepare for such threats.
 - 10 regional Ebola and other special pathogen treatment centers
 - 60 state- or jurisdiction-designated Ebola treatment centers
 - 178 Ebola assessment hospitals



Investing in Infectious Disease Preparedness: Training Simulation, and Quarantine Center (TSQC)

- Developed by the Global Center for Health Security at the University of Nebraska Medical Center-(UNMC)
- Provides simulated training to teach federal health care personnel procedures in treating highly infectious diseases and a place to monitor persons who have received a high-risk exposure to a highly infectious disease, such as Ebola.
- Also includes a dedicated quarantine center, co-located on the UNMC campus with the Nebraska Biocontainment Unit.



Photo credit: unmc.edu

National Ebola Training and Education Center (NETEC)

- **Funding support from ASPR and CDC**
- **Purpose:**
 - Increase competency of the health care and public health workforce
 - Improve the capability of health care facilities to deliver safe, efficient, and effective care to patients with Ebola and other highly pathogenic infectious diseases
- **Consortium:** Emory University, University of Nebraska Medical Center/Nebraska Medicine, NYC Health + Hospitals/Bellevue
- **Activities:**
 - Educational activities
 - Resource website
 - Exercise templates and consultation
 - Technical Assistance
 - Special Pathogens Research Network
- **Increased focus:** frontline healthcare worker training



HCC Response Leadership Course

- Three-day course developed by HPP and the FEMA Center for Domestic Preparedness (CDP)
- Conducted at CDP in Anniston, Alabama
- Provides instruction and practical experience in preparing and responding to emergencies as an HCC leadership team
- Target audience: healthcare leaders and public health, emergency medical services, and emergency management professionals
- Classes include three coalitions with nine (9) participants each, for a total of 27 participants.
- All travel, lodging, and meals costs are covered for registered non-federal participants
- **NEW** for 2019:
 - CNE and CME Credits



Medical Response to Overwhelming No-Notice Mass Trauma Course

- **Purpose:** To improve clinical response to overwhelming no-notice mass trauma events
- **Content:** Developed by those who led the medical responses to Las Vegas and Pulse Nightclub shootings and Boston Marathon bombings
- **Audience:** Clinical care providers



What's New at ASPR TRACIE

- New Resources released last month (next slide)
- Developing new HPP resources for Burn Surge
- Releasing new Exchange in November on responding to chemical emergencies
- Working with CMS to reflect newly released Burden Reduction for the CMS EP Rule in our resources – Burden Reduction regulations become effective November 29, 2019

Newly Released ASPR TRACIE Resources

- Newly Released Resources:
 - [Federal Recovery Programs for Healthcare Organizations](#)
 - [Healthcare Coalition Pediatric Surge Annex Template](#)
 - Healthcare Coalition Surge Estimator Tool: [Form](#) and [Aggregator](#)
 - [Mass Casualty Trauma Triage: Paradigms and Pitfalls](#)
 - [Resource Overview Webinar 2019](#)
 - [Partnering with the Healthcare Supply Chain](#)
 - [Preparedness Modules for Nurses](#)
 - [Self Care Modules for Healthcare Providers](#)
- Dedicated Landing Page for CMS EP Rule
<https://asprtracie.hhs.gov/cmsrule>



QUESTIONS?