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ASTHO DPHP Annual Meeting
October 28, 2015
Agenda

• HPP’s Data-Driven Innovations to Advance Health Care Preparedness
• PHEP Strategies for Building and Sustaining Public Health Emergency Management Programs
• HPP and PHEP Impact Project Update
• Implications for Next HPP-PHEP Cooperative Agreement
HPP’S DATA-DRIVEN INNOVATIONS
How Do We Use Your Data?

How does HPP funding reach Hospitals and the Health Care System?

Is the health care system better prepared?

What is needed in terms of core health care preparedness capabilities to be ready for the next event?

How does HHS monitor health care systems capabilities and capacity in preparedness?

How much money is going to X hospital in my state?
What Is the Breakdown of Spending by Capability?
Where Does the Funding Go?

Total FY2013-FY2015 Hospital Preparedness Program (HPP) Funding Allocations

Awardee direct/indirect costs that support capabilities:
- Healthcare System Preparedness: $237M (59%)
- Information Sharing: $73M (18%)
- Emergency Operations Coordination: $45M (11%)
- Medical Surge: $87M (22%)
- Volunteer Management: $31M (8%)
- Fatality Management: $16M (4%)

Cross-cutting activities that span multiple capabilities:
- $249M

Information Key:
- Funding by Health Care Capability (percentages add up to 100%)
- Health Care Preparedness Funding, Not Limited to Single Health Care Capability
Who Leads Health Care Coalitions?

Distribution of Health Care Coalition Leads:

- Local Public Health: 35%
- Hospitals Or Health Care System: 33%
- State Public Health: 12%
- Other: 9%
- Not For Profit /Independent Legal Entity (501C3, Foundation): 3%
- State Hospital Association: 2%
- Emergency Medical Care: 2%
- Local Emergency Management: 2%
HPP’s Data-Driven Innovations to Advance Health Care Preparedness

Current Project Period 2012 - 2016

- Capabilities developed in 2012 focused on aligning the HPP and PHEP programs to better integrate medical and public health systems.

- Initial measures set a high bar for performance; however, they are subjective and are not easily validated.

- Fostered collaboration among competitive health care entities through the establishment of regional HCCs across the country.

- Grant alignment reduced awardee burden, eliminated federal duplication and improved federal efficiency.

Next Project Period 2017 - 2022

- Refining Capabilities to distinguish between Medical and Public Health Activities and Reflect Changes in Health Care Delivery Systems.

- Improving Performance Measurement to be Objective, Exercise-based and Peer Assessed.

- Rightsizing HCCs to Maximize Effectiveness and Functionality.

- Refocusing HPP Funding on Health Care Entities versus Public Health Departments to Ensure Funds Target Medical Preparedness.
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In 2015, HPP conducted a needs assessment to review the completeness and clarity of the current eight health care preparedness capabilities.

The needs assessment:
- Gathered stakeholder perspectives to gauge strengths, weakness and gaps in the current capabilities
- Will inform larger scale change planned for the 2017-2022 project period
Participants appreciated alignment efforts, but did not fully understand the distinction between HPP / PHEP

- Unclear about the distinction between the health care and public health capabilities and the HPP/ PHEP programs
- Requested guidance about how healthcare preparedness capabilities work in concert with other federal preparedness efforts

Participants did not fully understand HCCs’ roles and suggested changes to guidance documents and capability structure (e.g., Special Populations)

- Requested clear, goal-oriented guidance that allows for regional flexibility
- Found National Guidance on Healthcare Preparedness Capabilities difficult to understand; too detailed for practical use
- Requested specific examples for role of HCC under each capability

Participants discussed HPP’s funding reductions and requested clear and objective metrics and measures

- Concerns about funding reductions
- Requested guidance on prioritizing capabilities and for more objectivity in measures
- Concern that current measurements may not indicate actual preparedness levels
### Needs Assessment: Health Care Preparedness Capability Rankings

<table>
<thead>
<tr>
<th>Rank Order</th>
<th>Capability</th>
<th>Percent of respondents requesting improvement and or clarity</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Health Care System Preparedness</td>
<td>33.7%</td>
</tr>
<tr>
<td>2</td>
<td>Medical Surge</td>
<td>32.6%</td>
</tr>
<tr>
<td>3</td>
<td>Emergency Operations Coordination</td>
<td>26.1%</td>
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<tr>
<td>4</td>
<td>Information Sharing</td>
<td>25.5%</td>
</tr>
<tr>
<td>5</td>
<td>Responder Safety and Health</td>
<td>31.5%</td>
</tr>
<tr>
<td>6</td>
<td>Health Care System Recovery</td>
<td>40.2%</td>
</tr>
<tr>
<td>7</td>
<td>Fatality Management</td>
<td>30.4%</td>
</tr>
<tr>
<td>8</td>
<td>Volunteer Management</td>
<td>33.2%</td>
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What Size Population Do Health Care Coalitions Cover?

Population Distribution for the Healthcare Coalitions in the United States

The healthcare coalitions are based on the BP2 data submission (July 1, 2013 - June 30, 2014) and the BP3 data is expected in Mid-late October. Population data is based on the 2010 Census, which is the most recent Census data.

Map created by OEM, HPP.
Date: 9/21/2015
How Has HCC Count Changed from BP1 to BP2 by Awardee?

Reduced
No Change
Increased

Not shown on map: Puerto Rico increased its number of HCCs by 6: BP1 (1) and BP2 (7).

Map updated by ASPR/OEM/NHPP/SHARPER on 14OCT2015.
### HPP’s Data-Driven Innovations to Advance Health Care Preparedness

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**ASPR**  
**CDC**

**HPP**  
**PHEP**

*Working Together*
STRENGTHENING PUBLIC HEALTH EMERGENCY MANAGEMENT PROGRAMS; INFORMING THE FUTURE
PHEP Budget Period 4 Capability Funding Allocations

- **Awardee Capabilities Work Plans**
  - Community Preparedness: $48.2 million
  - PH Surveillance & Epidemiological Investigation: $68.3 million
  - Public Health Laboratory Testing: $73.1 million
  - Medical Countermeasure Dispensing: $23.5 million
  - Emergency Operations Center: $26.9 million
  - Information Sharing: $28.6 million
  - Medical Materiel Management & Distribution: $17.4 million
  - Emergency Public Information & Warning: $11.0 million
  - Volunteer Management: $9.5 million
  - Mass Care: $5.2 million
  - Community Recovery: $5.8 million
  - Medical Surge: $3.9 million
  - Responder Safety & Health: $4.6 million
  - Fatality Management: $2.7 million
  - Non-Pharmaceutical Interventions: $3.3 million

- **Subawardee Work Plans**
  - Community Preparedness: $36.2 million
  - PH Surveillance & Epidemiological Investigation: $10.4 million
  - Public Health Laboratory Testing: $5.0 million
  - Medical Countermeasure Dispensing: $21.8 million
  - Emergency Operations Center: $14.2 million
  - Information Sharing: $11.4 million
  - Medical Materiel Management & Distribution: $14.2 million
  - Emergency Public Information & Warning: $10.2 million
  - Volunteer Management: $10.3 million
  - Mass Care: $10.4 million
  - Community Recovery: $8.5 million
  - Medical Surge: $6.4 million
  - Responder Safety & Health: $5.3 million
  - Fatality Management: $4.9 million
  - Non-Pharmaceutical Interventions: $3.2 million

Total (%) PHEP Award to all Capabilities = $502.1 M (82.1%)

Source: BP4 Application Budget – 5/21/15
PHEP-funded FTEs: Budget Period 1 to Budget Period 4

Data Source: BP1, BP2, BP3 & BP4 Application Data
PHEP-funded Positions and Vacancies: Budget Period 4

Number of Personnel

- Full-time positions: 1878
- Full-time - vacant/unfilled: 204
- Part-time/funded positions: 1469
- Part-time/funded positions - vacant/unfilled: 118

Data Source: BP4 Application Data
Top 10 PHEP-funded Positions: Budget Period 1 to Budget Period 4

Number of FTEs

- Planner / Evaluator
- Laboratorian (all)
- Epidemiologist (all)
- Other
- Administrative
- Admin/Clerical
- IT Specialist
- Nurse
- Trainer / Educator
- Comm Specialist

Data Source: BP1, BP2, BP3 and BP4 Application Data
Capability Status Changes: Budget Period 1 to Budget Period 4

- Emergency Public Information and Warning: 5.40%
- Emergency Operations Coordination: 4.88%
- Medical Materiel Management & Distribution: 3.15%
- Public Health Laboratory Testing: 5.60%
- Medical Countermeasure Dispensing: 3.04%
- Public Health Surveillance & Epidemiologic Investigation: 6.57%
- Information Sharing: 5.58%
- Volunteer Management: 8.20%

Data Source: 2012, 2013, 2014 and 2015 CPG Data
Capability Status Changes: Budget Period 1 to Budget Period 4

- Community Preparedness: 15.46%
- Non-Pharmaceutical Interventions: 7.40%
- Medical Surge: 7.78%
- Responder Safety and Health: 2.88%
- Mass Care: 9.77%
- Community Recovery: 12.35%
- Fatality Management: 9.20%

Data Source: 2012, 2013, 2014 and 2015 CPG Data
Preparedness and Response Continuum

- Preparedness Capabilities
- Response Components
- Health Outcomes
• Moving from preparedness planning to implementing effective public health response

• 2012-2017 PHEP cooperative agreement:
  – Building capabilities

• 2017-2022 PHEP cooperative agreement:
  – Demonstrating ability to respond
  – Working with other programs to establish more specific targets
CDC senior leaders reviewed PHEP program from April to June 2015.

- Reviewed current status, coordination with other CDC programs, and developed recommendations to further strengthen overall public health impact of the PHEP program across three objectives.

1. Enhance day-to-day public health impact of the PHEP program

2. Assure accountability of PHEP investments

3. Identify opportunities for continued program development
Implementation Approach

- DSLR is collaborating with CDC subject matter experts to develop more specific guidance for PHEP Budget Period 5 and for new project period (2017-2022), including development of targets and benchmarks
  - Informatics
  - Epidemiology/Surveillance
  - Laboratory testing
  - Healthcare system response
Stakeholder Workshop

• Stakeholder meeting held in June to obtain input on strategy for describing and measuring impact

• Participation from ASTHO DPHP Executive Committee and small number of other PHEP and HPP stakeholders

• Communications and government relations experts also participated to help craft messages
The Hospital Preparedness Program (HPP) enables the health care system to save lives during emergencies that exceed day-to-day capacity of the health and emergency response systems.

This is accomplished through the development of regional health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together.

HCCs collaborate to ensure that each member has the necessary medical equipment and supplies, real-time information, communication systems, and trained health care personnel to respond to an emergency.

These regional efforts help each patient receive the right care at the right place at the right time.

As the only source of federal funding that supports regional health care system preparedness, HPP promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery.
HPP Communications Strategy Development

HPP is developing a communications strategy by leveraging subject matter expertise in strategic communications and public relations

- Strategies and initiatives underway:
  - Consistent **key message and impact statement**
  - **Success story** development and dissemination strategies
  - Proactive and regular **external stakeholder engagement**
  - **Improved budget justification materials** for outreach to White House and Congressional policymakers
  - **Essential data visualizations** to demonstrate HPP reach and impact nationally

- Other strategies may include:
  - Enhanced web and social media presence for HPP
  - Annual awardee data profiles and national health care preparedness data roll-out materials and reports
  - Communications pacing schedule to maximize impact and effectiveness
So what?
PHEP Post-9/11 Impact on State and Local Public Health

Since the events of 9/11, the PHEP program has:

• Established a nationwide structure to lead and coordinate the public health and healthcare sectors during responses

• Instituted public health emergency management systems in all 50 states and select local and territorial public health departments capable of leading or supporting public health responses

• Developed a nationwide system capable of rapidly distributing and dispensing lifesaving emergency medical supplies to the public
Since the events of 9/11, the PHEP program has:

- Developed **nationwide laboratory and epidemiologic surveillance systems** capable of faster detection and identification of public health threats

- Established **resilient communities** capable of preparing for, withstanding, and recovering from public health threats

- Developed the **public health emergency preparedness and response workforce** at state and local levels capable of mitigating the health effects of public health threats
Percentage of Public Health Emergency Response Systems Funded by PHEP Cooperative Agreement

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**Percent**

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<thead>
<tr>
<th></th>
<th>PHEP-funded Percentage</th>
<th>Other Funding Percentage</th>
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<tbody>
<tr>
<td>LRN-B</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>LRN-C</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Risk Communications</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>Emergency Operations</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>Epidemiology FTEES</td>
<td>76%</td>
<td>24%</td>
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**DSLRI Priority 1 (P1): Strengthening state and local response systems**
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<thead>
<tr>
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<tbody>
<tr>
<td>Emergency Operations: ICS structure with preassigned roles in place</td>
<td>5%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Operations: Ability to notify and mobilize staff/ emergency communications systems in place</td>
<td>20%</td>
<td>98%</td>
</tr>
<tr>
<td>Emergency Operations: Operational response plans complete</td>
<td>22%</td>
<td>95%</td>
</tr>
<tr>
<td>Epi/Lab: Platform to share electronic laboratory reporting</td>
<td>22%</td>
<td>95%</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
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<td>----------------------</td>
</tr>
<tr>
<td>Medical Countermeasures: Sufficient storage/distribution capability</td>
<td>0%</td>
<td>98%</td>
</tr>
<tr>
<td>Medical Countermeasures: Inventory management system</td>
<td>2%</td>
<td>92%</td>
</tr>
<tr>
<td>Medical Countermeasures: Pre-identified points of dispensing sites</td>
<td>2%</td>
<td>100%</td>
</tr>
<tr>
<td>Medical Countermeasure: Plans developed</td>
<td>2%</td>
<td>100%</td>
</tr>
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IMPLICATIONS FOR NEXT HPP-PHEP PROJECT PERIOD
FOA Development

- Work underway now to plan for new HPP-PHEP funding opportunity announcement (FOA)
  - Capabilities evaluation and revisions
  - Development of new evaluation strategies
  - HPP coalition rightsizing analysis
  - Funding formula refinements
  - IT system development
  - FOA content development and alignment of HPP and PHEP strategies
Awardee Feedback

• What has worked well?
• What do we need to continue?
• What should we consider changing?