Federal Strategies for Supporting Coalitions, Leveraging Assets, and Bringing Partners Together

Tenth Annual Directors of Public Health Preparedness Meeting

October 8, 2014
Washington, DC
ASPR Healthcare System Preparedness and Recovery Programs

- **HPP** provides grants to health departments to develop a coordinated preparedness and response health care system.
- **CIP** coordinates governmental and private partners within the health care and PH sectors to prepare for and respond to all hazards.
- **Recovery** promotes improvements in planning and operations, conducts recovery planning, and supports communities' recovery.
- **ECCC** focuses on improving day to day emergency care to ensure the healthcare system is prepared for disasters and emergencies.
- **TRACIE** is a developing resource: the Technical Resources Assistance Center and Information Exchange.
Critical Infrastructure Protection
Program Update
Critical Infrastructure Protection Partnership

- The Critical Infrastructure Protection (CIP) Program is located in ASPR’s Office of Emergency Management.
- CIP coordinates a partnership among federal, state, local, tribal, territorial, and private sector partners within the Healthcare and Public Health Sector to prepare for and respond to all hazards.
- The CIP program is organized around two primary functions:
  - Risk Management
  - Information Sharing
Sector Breakdown

- Direct Healthcare
- Health Plans and Payers
- Pharmaceuticals, Laboratories, and Blood
- Medical Materials
- Health Information Systems
- Mortuary Care
- Public Health
Recent Policy Changes

Two new policies signed by the President February 12, 2013, the day of the 2012 State of the Union Address
- Presidential Policy Directive 21 (PPD-21)
- Executive Order 13636
Presidential Policy Directive 21, Critical Infrastructure Security and Resilience

- "The Federal Government shall work with critical infrastructure owners and operators and SLTT entities to take proactive steps to manage risks and strengthen the security and resilience of the nation’s critical infrastructure…"
- "A secure, functioning, and resilient critical infrastructure requires the efficient exchange of information, including intelligence, between all levels of government and critical infrastructure owners and operators."
Executive Order 13636, Improving Critical Infrastructure Cybersecurity

- "It is the policy of the United States Government to increase the volume, timeliness, and quality of cyber threat information shared with U.S. private sector entities so that these entities may better protect themselves against cyber threats."
Information Sharing Tools

- Unclassified Information:
  - HHS/CIP Website
  - Critical Infrastructure Partnership Advisory Council (CIPAC)

- SBU / For Official Use Only:
  - Homeland Security Information Network (HSIN)

- Business Proprietary:
  - Protected Critical Infrastructure Information (PCII)

- Classified:
  - Clearance Programs
  - Classified Briefings
  - Secure Communications
Homeland Security Information Network (HSIN)

• Main platform for sharing information with state, local, tribal, territorial, and private sector partners.

• Requires registration, validation, and a password.

• New users may register by e-mailing cip@hhs.gov.
HSIN-HPH Portal Features

1. **Access to Incident-Specific Information:**
   - Access to collected incident-specific information for ongoing events through incident sites.

2. **Document Library:**
   - Recent healthcare-related and cross-sector documents provide users with critical information and situational awareness.

3. **Communication and Collaboration Tools:**
   - Toolbox houses communication and collaboration tools including contact information, a calendar (new!), discussion forum, and a webinar tool.

4. **Contact Providers:**
   - Access to analysis and intelligence products and other HPM resources from "EMS-ISR," "PMU," "HMMR," and TRIPwire.
Classified Information Sharing Tools for State Health Agencies

- Security Clearance Program
  - Offered by HHS at SECRET level
  - Three clearances available from HHS per state
- Classified Briefings
  - DPHP Annual Meeting
  - Preparedness Summit
  - CIP Sector Meetings
- COMSEC
COMSEC Program Requirements

• Organization must be a State Health Department.

• At least one person at the organization must hold a final U.S. Government Secret Clearance.

• State purchases secure voice device from General Dynamics.

• Device is a Controlled Cryptographic Item (CCI): General Dynamics must ship to HHS COMSEC office for initial encryption key load and inventory.
Secure Voice Benefits

- Stay current on classified information to help protect your state.
- Attend classified conference calls provided by multiple government agencies.
- Ability to receive classified secret information during emergencies or disasters.
- Receive information from state fusion centers.
Sectera Wireline Terminal

- Analog or digital encryptor for voice, data, and fax.
- Only a PIN is required to enter secure mode.
- Small, portable, compact, and lightweight.
- Remote areas where terrestrial communications are not available, the Sectéra provides end-to-end voice and data security communications.
- MSRP Price: $1,795
ASPR Office of Emergency Management

Division of Recovery
Who is the Division of Recovery?

- Based in Washington, DC
- Division Director (1) – Esmeralda Pereira
  - H&SS RSF National Coordinator
  - Policy and Program Direction and Oversight
- Program Analysts (5)
  - Regional Recovery POCs
  - HHS OPDIV/StaffDIV and Inter-Agency POCs
  - Pre-designated H&SS RSF Field Coordinators
  - SME Assignments
    - Behavioral Health
    - Research and Evaluation
    - Children in Disasters
What Does Recovery Do?

Mission/Vision/Goals

- **Promote** systematic improvements in...recovery planning and operations
  - Technical assistance
    - Opportunities for collaboration with other ASPR components, federal depts/agencies (HQ & region) and non-governmental

- **Conduct**...recovery planning
  - Policy and planning development
    - Pre and post-disaster recovery planning support
    - Highlighting connectivity with healthcare across sectors

- **Coordinate** federal...efforts to support communities’ recovery...
  - Field operations
    - NDRF activations and coordinating entity for Health and Social Services RSF
How Can Recovery Support You?

- Principal focus on our customer service base – YOU!
- Activities on the Horizon
  - Continued HPP TA support
    • Regional visits and “hands-on” conversations or training
  - Developing tools to assist framework development
    • Partnership & promoting planning documents
  - Establishing regional partnerships with higher education community for planning support
    • Within and across schools of practice (Econ Dvlpmt, Infra)
  - Identifying Peer-to-Peer Partnership and Mutual Disaster Support Opportunities
  - Advocating for healthcare as critical to post-disaster community recovery

ASPR: Resilient People. Healthy Communities. A Nation Prepared
The Emergency Care Coordination Center
Mission: To lead the U.S. Government’s efforts to create an emergency care system that is patient- and community-centered, integrated into the broader healthcare system, high quality, and prepared to respond in times of public health emergencies.
"If you can't do it day to day, you can't do it on game day."

Nicole Lurie, MD, MPH
KADM USPHS, Assistant Secretary for Preparedness and Response
• USG wide advisory panel to inform the actions of the ECCG

• HHS participants: HRSA, CMS, NIH, SAMHSA, AHRQ, ONC, OASH

• USG participants: DOT/NHTSA, VA, DOD, DHS
ECCC Activities

- Patient & Community Centered Care
  - Hospital capabilities initiative
  - Patient Centered Emergency Care Priorities
    - Integrated into the broader healthcare system
      - Acute unscheduled care
        - Health Affairs issue
        - Acute care model contract
      - Out of hospital care
        - EMS & Health Information Exchanges
        - Community Paramedicine legal review
    - High Quality Emergency Care
      - National Quality Forum (NQF) engagement
      - Population based planning and outcomes
“The Emergency Care Coordination Center of the US Department of Health & Human Services has been charged by the federal government with examining regionalization models of emergency care. An initial step toward de facto regionalization could be categorization of emergency facilities.”
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HIE to Support Disaster Response and EMS Operations

June 11, 2014
Expanding the Roles of Emergency Medical Services Providers: A Legal Analysis
### ECC Activities

- **Patient & Community Centered Care**
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- **High Quality Emergency Care**
  - National Quality Forum (NQF) engagement
  - Population based planning and outcomes
NQF engagement

• National Quality Forum is the primary standards-setting organization for performance measurement.
• Multiphase project to identify and develop performance measures of regionalized emergency medical care systems (REMCS)

Phase 1. Environmental scan, framework development, and metric analysis
Phase 2. Examination of the intersection between ED crowding and preparedness.
• “When considering both ED crowding and preparedness measurement, it is vital to closely consider the unit of measurement (i.e., individual, hospital, healthcare system, healthcare coalition, or region).

• “In order to ensure accountability at multiple levels, it is important that measures of ED crowding, boarding, preparedness and response also include some measures encompassing the region so that hospitals and health systems engage in an environment that not only fosters cooperation but also competition.”

• “Under this banner, hospitals would have an incentive to work together for the greater cause of improving ED quality and flow, while ensuring a local area is prepared in the event of a disaster or mass casualty event.”
The relative risk of death increased at a rate of 3.4% for each 10-minute increase in time to trauma care (95% CI 2.4%–4.4%). Counties without access to trauma care within 60 minutes had higher rates of injury death when compared to counties with access to trauma care within 60 minutes (OR 1.24, 95% CI 1.18–1.30).
Healthcare Coalitions:
National Distribution

BP I Data Submission (July 1, 2012-June 30, 2013)

The counties in grey are filled with the same solid color representing the coalitions within those counties seeing to.
White space indicates no coalition coverage.

ASPR: Resilient People, Healthy Communities. A Nation Prepared
TRACIE: Purpose and Desired Outcomes

**Promote better access to information, promising practices**
**Identify and remedy knowledge gaps**
**Provide unique and complex technical assistance**

**Enhanced resiliency**
**Better customer service**
**Increased capacity and knowledge**
**Enhanced unity and consistency of effort**
**Increased cooperation, collaboration, and communication**
**Better decision-making; resource allocation**

ASPR: Resilient People, Healthy Communities: A Nation Prepared
### TRACIE: Three Components

<table>
<thead>
<tr>
<th>Technical Resources</th>
<th>Assistance Center</th>
<th>Information Exchange</th>
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<tbody>
<tr>
<td>• Self-service collection of disaster medical, healthcare and public health preparedness materials, web accessible</td>
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<tr>
<td>•Published and gray literature</td>
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<tr>
<td>•Searchable by key words and functional areas</td>
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<tr>
<td>•Subject-specific compilations</td>
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<tr>
<td>•Solicitation of material from users and SME vetting process</td>
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<tr>
<td>•Higher level of support</td>
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<td>•Requests for assistance beyond accessing previously published materials</td>
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<tr>
<td>•Access by toll-free number, email, or web form</td>
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<tr>
<td>•Support could include development of new material, development of a training program, or direct assistance by a SME.</td>
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<td>•Web-based, peer to peer discussion board</td>
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<tr>
<td>•Designed similarly to Epi-X, LLIS, HSIN, and others</td>
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<tr>
<td>•Allow open discussion in near real-time</td>
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<tr>
<td>•Can support chats, webinars, exchange of materials</td>
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<tr>
<td>•User restricted through a vetting process – password protected site.</td>
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TRACIE: Audience and Stakeholders

• ASPR Staff; focus on regional personnel
• NHPP-PHEP Awardees
• Healthcare Coalitions
• Healthcare entities, focus on CMS provider types
• Emergency managers
• Public
• Researchers
Hospital Preparedness Program
FY2014 HPP Funding Formula

Why was the formula changed in FY 2014?
HPP faced a reduction of $103 million, or 31 percent, in the FY2014 federal appropriation

Public Health Service Act Statutory Formula Requirements
A base amount + a population-based supplement + additional funding based on significant unmet need or high degree of risk

Formula considerations
Incorporate accepted terrorism risk scores, factor in risk for natural disasters, minimize cuts for all awardees to below 40 percent
FY 2014 HPP Formula At-A-Glance

Base

$500,000 or $250,000

Population

2012 US Census Data

FEMA Risk Score

• Threat
• Targeted infrastructure
• Borders: international, crossings
• Indexes: population, economic, national infrastructure, national security

Natural Disasters and Minimize Cut

Hurricanes
Earthquakes
Tornados

Capping cuts < 40%
FY 2013 State and MSA Risk Formula

Relative Score

Threat (30%)
- Domestic & International Terrorism
  - Attacks & Incidents
  - Nuclear Threat
  - Number of Suspected Terrorists Presence

Vulnerability (20%)
- Targeted Infrastructure Index (15%)
  - Border Index (10%)
    - International Borders
    - Border Crossings
    - International Flows

Consequence (50%)
- Population Index (30%)
  - Population
  - Census
  - Communities
  - Workers
- Economic Index (13%)
- National Infrastructure Index (7%)
- National Security Index (2%)

Population
- Level 1 Coast
- Level 2 Coast
- Military Personnel
- DHS Count

Consequence
- Level 1 Coast
- Level 2 Coast
- Military Personnel
- DHS Count
• Option 1: Make no changes to the formula from FY 2014 to FY 2015

• Option 2: Incorporate additional historic natural disaster data into the formula, such as severe storms, floods, fires, and drought

• Option 3: Adjust the terrorism risk component of the FEMA Risk score (orange boxes from previous slide)

• Option 4: Combination of options 2 and 3 (additional natural disaster data AND adjust terrorism component)
Demonstrate Value of HCCs to Increase Penetration Rates

National target is an additional 50,000 healthcare coalition (HCC) members by June 2017.

To achieve this goal, the Division of National Healthcare Preparedness Programs and HPP awardees must continue to collaborate to demonstrate the value of healthcare coalitions in preparedness, response, and recovery efforts.

What were the HCC penetration rates by member type at the end of budget period 1?
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