Hospital Preparedness Program (HPP)-Public Health Emergency Preparedness (PHEP) Recipient Business Meeting

July 26, 2023

Hospital Preparedness Program (HPP) Agenda

1. National Health Care Preparedness and Response Capabilities
2. Fiscal Year (FY) 2024 – 2028 Hospital Preparedness Program (HPP) Notice of Funding Opportunity (NOFO) Updates
3. Administrative Updates

National Health Care Preparedness and Response Capabilities

Richard C. Hunt, MD, FACEP
Senior Medical Advisor
Office of Health Care Readiness
HHS ASPR

Objectives of the Capabilities Update

The updated National Health Care Preparedness and Response Capabilities (Capabilities) provide the attributes required for health care to **save lives and continue to function** in advance of, during, and after a response.

The Capabilities have been updated to:

- Address **insights learned during COVID-19**, while maintaining an **all-hazards approach**
- **Speak to all entities** with health care preparedness and response functions
- **Foster equity** in preparedness, response, and recovery functions, and address the needs of at-risk individuals
- Improve the **usability of the document** to best meet the needs of the field

Guiding Principles

1. **Driven by health care challenges**
2. **Informed by external and ASPR audiences**, including those on the front lines of health care preparedness and response
3. **Forward thinking** to address shifts in health care that may affect future preparedness, response, and recovery efforts

National Health Care Preparedness and Response Capabilities

Incident Management and Coordination	Information Management	Patient Movement and Distribution	Workforce	Resources	Operational Continuity	Specialty Care	Community Integration
A health care delivery system with incident management practices and structures that **integrate health care into the jurisdictional response and use clinical expertise to inform the delivery and continuity** of patient care and clinical operations at all levels.	A health care delivery system where all partners can **access, analyze, use, and report essential incident and health care system capability and capacity** in a timely and consistent manner.	Patients are **efficiently and equitably transported, transferred, and distributed** across a region to best support patient care needs and optimal use of available resources.	A **resilient, adequately resourced, protected, trained and supported health care workforce** that is fully staffed for daily needs and ready to deploy during a response to provide safe patient care.	A health care delivery system that has **scaled plans to maintain and use the necessary resources (e.g., space, staff, and supplies)** and is prepared to provide the highest quality, most consistent, and equitable patient care possible during disasters.	Health care organizations have **resilient and interoperable systems, structures, and business operations** to maintain continuity of patient care despite physical, support system (including utilities), and digital infrastructure compromise or failure.	A health care delivery system that coordinates and communicates with partners to **effectively deliver, expand, and prioritize specialized medical and surgical care** in response to a disaster.	A health care delivery system that takes a **whole community approach** to meet the health needs of its residents across the continuum of care in an equitable way before, during, and after disasters.

Current Stage of the Update

PHASE 1: UPDATED DOCUMENT OUTLINE AND LISTENING SESSIONS

- Identified priorities for the document based on challenges and lessons from recent responses experienced by the health care workforce across the spectrum of care
- Hosted 15+ listening sessions to collect feedback on list of proposed topics for the updated document

PHASE 2: DRAFT DEVELOPMENT AND FOCUS GROUPS

- Developed initial draft of the updated Capabilities
- Held seven capability-specific focus groups with 64 subject matter experts to discuss the capability's desired outcome, objectives, and activities
- Revised content based on focus group input

PHASE 3: DETAILED REVIEW AND DRAFT REVISION

- Shared the draft Capabilities for a full offline review with 65 individuals with relevant and diverse knowledge and expertise across the capability topic areas and audiences
- Revised the draft based on input
- Revised format for readability/ease of use

PHASE 4: PRE-DECISIONAL REVIEW

- Shared the draft Capabilities with a broad group of 3,000+ partners on critical updates before release
- Revising and finalizing draft for clearance based on feedback

Overview of Capabilities Pre-decisional Draft Review Period

Of the 3,000+ reviewers that received the document…

104 UNIQUE INDIVIDUALS SUBMITTED COMMENTS*

30 Professional / Advocacy and Clinical Association Organizations	**20** Patient Advocacy Group Reviewers	**12** State Reviewers	**10** Federal Reviewers
11 Health System / Hospital Association Reviewers	**6** Local County Health Department, EMS Agency, or Fire Reviewers	**3** Coalition Reviewers	**12** Other*

**Some submitted on behalf of their orgs or other individuals*

***refers primarily to responses provided in a private/individual capacity.*

623 COMMENTS RECEIVED

- **204** **Critical Comments**: missing elements critical to saving lives and ensuring health care continues to function
- **312** **Substantive Comments:** addresses information that is factually incorrect, incomplete, or misleading
- **106** **Resource Additions:** providing additional publicly available resources to support implementation of the corresponding activity

Key Takeaways from Written Feedback (1/2)

WHAT WE HEARD

- **These are the right national capabilities needed to save lives and keep health care functioning**
  Reviewers, especially those from health care organizations and members of the health care workforce, confirmed that these were the crucial capabilities for saving lives and ensuring continuity of the health care system before, during, and after a response.

- **Workforce makes sense as its own Capability**
  Reviewers from health care organizations and the health care workforce appreciated our highlighting the critical importance of supporting and augmenting the workforce during a response.

- **The Capabilities should keep the emphasis on patient care coordination through constructs, such as Medical Operations Coordination Centers (MOCCs)**
  Reviewers from health care organizations stressed that constructs such as MOCCs will support lifesaving mitigation of surge during a response.

- **Tackling patient care coordination and health care workforce will be challenging**
  Many reviewers acknowledged that the activities supporting patient care coordination and workforce augmentation will be a challenge to achieve, but noted they were critical for saving lives and supported their inclusion.

Key Takeaways from Written Feedback (2/2)

WHAT WE HEARD

- **Entities lack sufficient resources, authorities, and accountabilities to achieve these capabilities**
  Several comments noted that individual entities alone do not have sufficient resources, authorities, or accountabilities to conduct many of the activities listed in the Capabilities.

- **Document needs to clearly highlight that no one entity is responsible for the activities listed in the document**
  Many reviewers acknowledged that, while individual entities may face challenges obtaining the resources, authorities, or accountabilities to conduct these activities, they are possible through shared responsibility and coordination across all levels of health care. Reviewers noted the importance of clearly highlighting this throughout the document.

- **Resources provided in the document will help implementation**
  Reviewers noted that the inclusion of resources supported implementation of the activities and provided ~100 additional resource materials that we are in the process of incorporating.

Fiscal Year (FY) 2024 – 2028 HPP NOFO Updates

Jennifer Hannah
Director
Office of Health Care Readiness
HHS ASPR

FY 2024 – 2028 HPP NOFO Development

As the Fiscal Year (FY) 2019 – 2023 HPP project period comes to an end, the Office of Health Care Readiness (OHCR) is reflecting on the project period and undertaking activities to prepare for the FY 2024 – 2028 HPP cooperative agreement.

Ongoing
Preparation for FY 2024 – 2028 HPP Cooperative Agreement

- **Document analysis:** Analyzing ASPR and OHCR strategic documents and relevant reports to gather latest insights
- **NOFO planning and development:** Reviewing existing funding opportunity announcement (FOA) activities, performance measures, and feedback to date
- **Funding formula:** Exploring updates to the statutorily required funding formula
- **Program administration**: Identifying areas for updates, such as the definition of Recipient Level Direct Costs (RLDC), and opportunities to drive coordination across ASPR Health Care Readiness portfolio programs

Summer / Fall 2023
Engagement

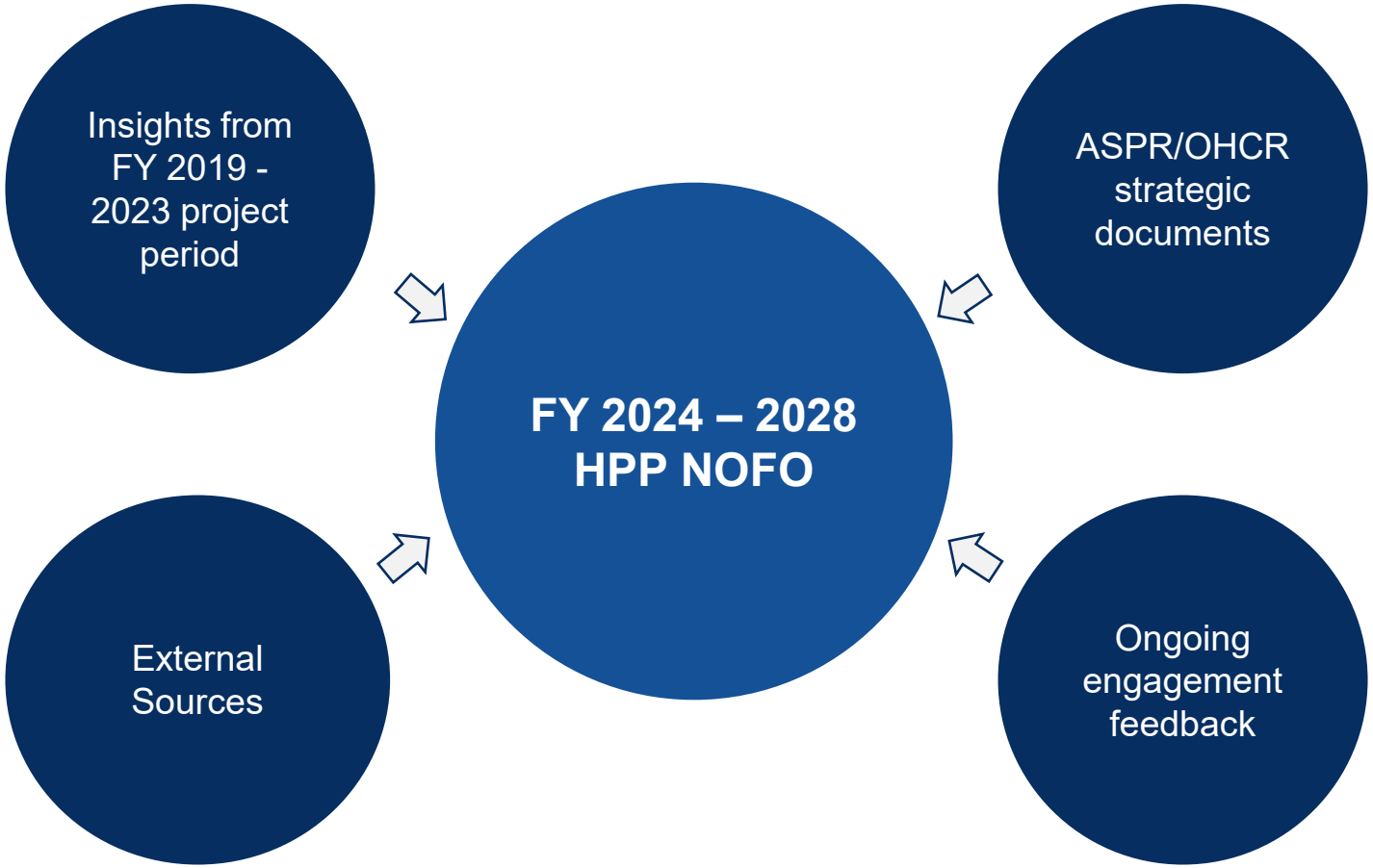
- **Engagement sessions:** Conduct sessions to gather retrospective feedback from key partners, including recipients and sub-recipients
- **Request for Information (RFI):** Publish RFI on Health Care Readiness Programs and Activities in the Federal Register to gather public input (*anticipated August 2023)*
- **Activity coordination:** Coordinate joint HPP/PHEP activities between OHCR and Division of State and Local Readiness (DSLR)

Jan / Feb 2024
Final Release

- **HPP NOFO for FY 2024 – 2028:** Will be released in January/February 2024
- **Technical assistance:** Host technical assistance calls after the NOFO is posted
- **Communications Rollout:** Distribute communications/notifications to support NOFO release

Overview of Analysis to Inform HPP NOFO Development

Ongoing analysis to inform the development of the FY 2024 – 2028 HPP NOFO includes the following inputs:



Reflections on FY 2019 – 2023 Project Period

OHCR continues to gather retrospective feedback from the previous HPP project period. From your feedback during the project period, we have heard administrative, programmatic, and strategic feedback on the program:

Administrative

Topics in this category relate to how ASPR manages the HPP cooperative agreement

- Interest in **further interagency cooperation** / coordination with requirements and data collection (e.g., coordination with CDC and FEMA specifically named)
- More **purposeful data collection** related to tangible outcomes
- Flexibility and **adaptability of exercises and activities,** as well as **staffing requirements**
- Clearer guidelines and limitations on **administrative costs, non- health care coalition (HCC) sub-recipient contracts, equipment, and supplies**
- Definition of **RLDC**

Programmatic

Topics in this category relate to how HPP operates

- Support for **health care workforce**
- Improve **patient load balancing** and surge
- Better, more **streamlined information sharing** and collaboration (e.g., foster regional relationships)
- Increase **equity** focus and **community engagement** (e.g., integrating dialysis center and post-acute care centers, as well as safety net providers, to reflect a whole-community approach)
- Balance **public-private partnerships,** collaborating with **private sector** on reporting in public health emergencies (PHE)

Strategic

Topics in this category relate to how HPP is organized and implemented

- Clarify **HCCs' purpose** and vision for HCCs
- Clarify **public health vs. health care** preparedness
- Improve coordination with **health care infrastructure** (e.g., medical supply chain, cybersecurity)
- Provide guidance around **health care coalition (HCC) membership**
- Provide clearer guidance around **when and how** HPP funds can be used for a response

Open Discussion

General Reflections:

1) Reflecting on the current FY 2019-2023 HPP project period, is there any topic not captured in the previous slide that we should consider?
2) What went well in the previous HPP project period?

Administrative:

3) RLDC are costs that recipients may retain for the management and monitoring of the HPP cooperative agreement during the project period, including costs for personnel, fringe benefits, and travel. How should this be defined?
4) How do you understand the HCC coordinator role, its purpose, and responsibilities? What are some requirements that were essential for this position?

Strategic:

5) What were successful instances of coordination for readiness and response supported by HPP in the project period? This could be across levels [e.g., regional and state, tribal, local, or territorial (STLT), or coordination with other OHCR or federal entities (e.g., HPP/PHEP joint activities, Regional Disaster Health Response System (RDHRS), National Special Pathogen System (NSPS))
6) What do you view as the role of HCCs in preparedness and response?
7) What, if any, barriers existed to recruiting HCC core members (e.g., EMS) or other partners? Were there any ways to mitigate these barriers or improve HCC member participation?

Moving Forward

We will continue to provide opportunities for engagement in the coming months to gather additional feedback on the FY 2019 – 2023 HPP FOA project period.

Future Engagement Opportunities

Small-group engagement sessions to gather retrospective feedback around selected topics with randomly selected, geographically diverse recipients

RFI on Health Care Readiness Programs and Activities will be available for public input and comment on the Federal Register in August 2023 (*anticipated*)

Administrative Updates

Jennifer Hannah
Director
Office of Health Care Readiness
HHS ASPR

Break

We will resume presentations at 2 p.m. EDT.

Centers for Disease Control and Prevention
Office of Readiness and Response

Division of State and Local Readiness Update

HPP-PHEP Recipient Business Meeting

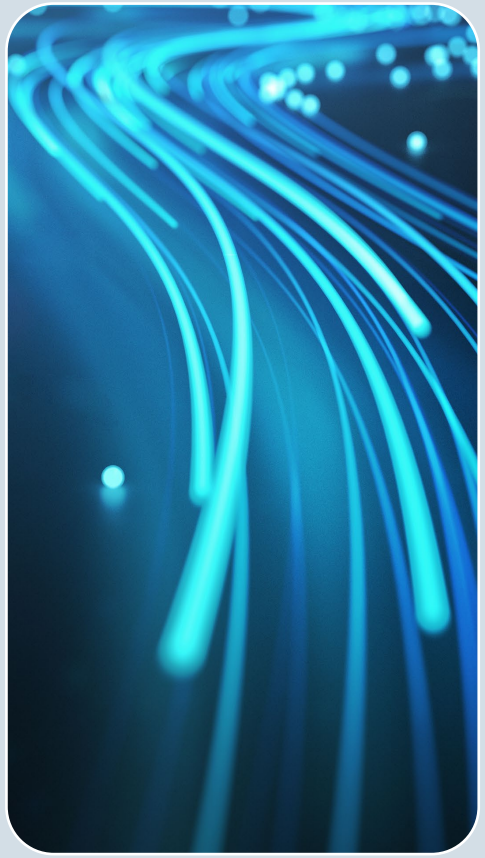
July 26, 2023

Briefing Agenda

- **Public Health Response Readiness Framework and Stakeholder Engagement**
- **Fiscal Year (FY) 2024 – 2028 Public Health Emergency Preparedness (PHEP) NOFO Development**
  - Priority Work Group Strategies
  - Logic Model and Evaluation Strategy
  - Five-year Workplan
- **DSLR IT Roadmap**

Public Health Response Readiness Framework and Stakeholder Engagement

Response Readiness Framework



Context

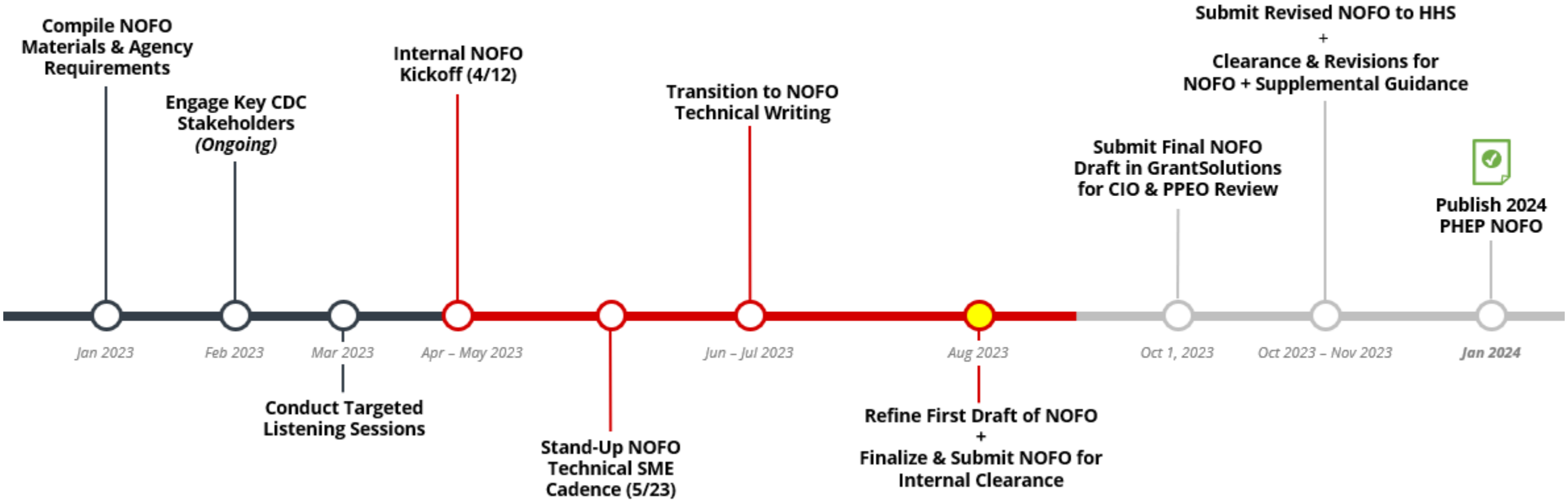
- **Future-focused strategies** that will inform next five-year PHEP cycle (fiscal years 2024 – 2028)
- Based on **lessons learned, experience, and listening**
- **SLT: "Past 4 years, we have been primarily a response program"**
- Advances PHEP program while helping to **mature existing 15 preparedness capabilities**
- Defines **excellence in response operations**
  - Evaluation will focus **on improvements in response operations** and outcomes
- **Outcome-oriented** preparedness efforts that improve response outcomes
- **Coordinated strategy** that ensures CDC, professional NGO partners and PHEP jurisdictions are working toward common goals
- **Informed by numerous sources of input**

Public Health Response Readiness Framework

2024-2028 PHEP Program Priorities

Fiscal Year (FY) 2024 – 2028 Public Health Emergency Preparedness (PHEP) NOFO Development

Projected NOFO Development Timeline



- Medical countermeasure management activities will be required
- Steps 2 and 3 can be combined

All-Threat Approach

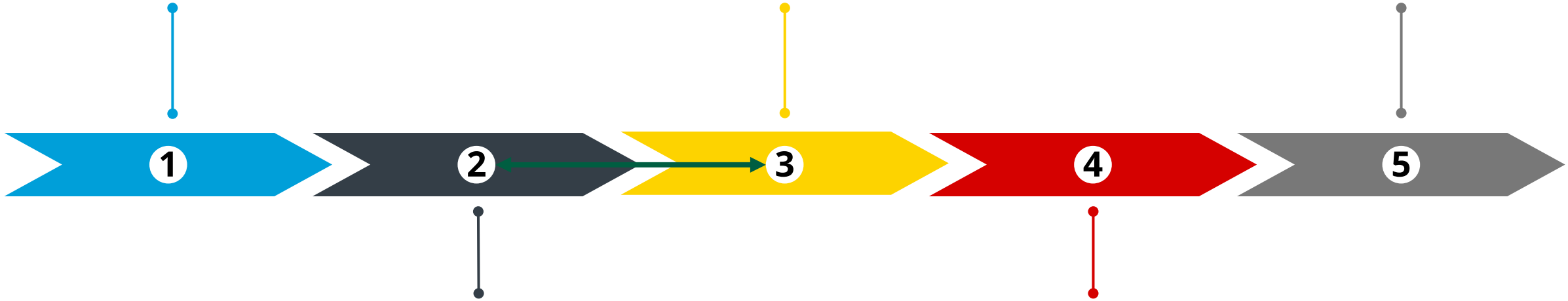
2024 NOFO

DRAFT

Conduct risk assessment and identify top 5 jurisdictional risks
- Include framework and capabilities self-assessment

Align DHS/FEMA Disaster Categories
- **C**hemical
- **B**iological
- **R**adiation/ **N**uclear
- **Other:** natural disasters or incidents where public health may play a secondary or a tertiary role (e.g., active shooter, violence, medical surge)

Develop Jurisdictional Multiyear Integrated Preparedness Plans (MYIPPs)
- Cross-cutting planning, organizing, equipping, training, and exercising (POETE) priorities



Organize jurisdictional risks by DHS/FEMA Disaster Categories
- Natural
- Technological
- Human Caused

Review "Components for Operational Readiness" briefs referencing capability resource elements for the five disaster categories
- Include specific ASPR/SNS priority program components/functions including Chempack and FMS
- Coordinate with ASPR/HPP

Logic Model for 2024-2028 Period of Performance

PHEP Proposed Logic Model – 2024-2029 Strategy 1

PROPOSED STRATEGY	OUTPUTS	IMPACTS/OUTCOMES
Strategy 1		
Strategy 1 (ST1): Apply national preparedness capabilities/domains to augment STLT all-hazard planning and improve readiness and response capacity for emerging public health threats through threat specific approach, modernized laboratory testing, and surveillance systems	**OUTPUT 1**: Refined JRA for equitable community planning that includes partner & stakeholder priorities **OUTPUT 2**: Completed exercise requirements that identify areas for improvement **OUTPUT 3**: Modernized surveillance systems to advance the timely identification of incidents or events that require public health action **OUTPUT 4**: Advanced testing capacity of public health laboratories/ networks and surveillance systems to detect and report emerging pathogens efficiently	**Outcome 1:** Improved public health (ESF8) preparedness, response, and recovery capability by following standardized emergency management practices (output 1,2,3) **Outcome 2:** Established public health recommendations and control measures for all-hazards **Outcome 3:** Earliest possible identification and investigation of public health incident or event with public health impact

PHEP Proposed Logic Model – 2024-2029 Strategy 2

PROPOSED STRATEGY	OUTPUTS	IMPACTS/OUTCOMES
	Strategy 2	
Strategy 2 (ST2): Apply national preparedness capabilities/domains to improve partnerships and whole community preparedness, response, and recovery by enhanced communication systems for timely situational awareness and risk communication	**OUTPUT 1:** Revamped communication strategies and tools **OUTPUT 2:** Developed and maintained partnerships to ensure messages and dissemination strategies are effective for the whole community	**Outcome 1:** Timely risk communication of situational awareness and risk information **Outcome 2:** Timely coordination and support of response activities with healthcare and stakeholders **Outcome 3:** Integrate equity into public health response

PHEP Proposed Logic Model – 2024-2029 Strategy 3

PROPOSED STRATEGY	OUTPUTS	IMPACTS/OUTCOMES
	Strategy 3	
Strategy 3 (ST3): Apply national preparedness capabilities/domains to improve capacity to meet jurisdictional administrative, budget, and public health surge management needs and also improve public health response workforce recruitment, retention, resilience, and mental health	**Output ST3** **OUTPUT 1:** Established mechanisms to meet administrative, workforce, and response surge requirements **OUTPUT 2:** Revamped preparedness training requirements to promote resiliency **OUTPUT 3:** Established communities of practice (CoP) focused on preparedness, response, and recovery guidance and resources	**Outcome 1:** Increase hiring and retention of surge staff and resources **Outcome 2:** Public health workforce prepared and ready to sustain public health investigations and response **Outcome 3:** Active engagement in CoPs

Strategies Public Health Response Readiness Framework (PHRRF) *	Program Monitoring	Short-term & Intermediate Outcomes	Long-term Outcomes
Public Health Response Readiness Framework identifies 10 cross-cutting priority topic areas: *1) threat-specific approach, 2) enhancing partnerships, 3) expanding local support, 4) improving administrative and budget preparedness, 5) building workforce capacity, 6) modernizing data collection systems, 7) strengthening risk communications, 8) incorporating health equity practices, 9) advancing capacity and capability of public health laboratories, and 10) prioritizing community recovery efforts**			
Strategy 1 (ST1): Apply national preparedness capabilities/domains to augment STLT all-hazard planning and improve readiness and response capacity for emerging public health threats through threat specific approach, modernized laboratory testing, and surveillance systems **Strategy 2 (ST2)**: Apply national preparedness capabilities/domains standards to improve whole community preparedness, readiness, response, and recovery by improving communication systems and partnerships to assure timely situational awareness and risk communication **Strategy 3 (ST3)**: Apply national preparedness capabilities/domains standards to improve capacity to meet jurisdictional administrative, budget, and public health surge management needs and also improve public health response workforce recruitment, retention, resilience, and mental health **PHRRF cross-cutting priority areas can be applied across all three strategies*	**Number of jurisdictions that contribute to the following outputs:** **Output ST1** • Refined JRA for equitable community planning that includes partner & stakeholder priorities • Completed exercise requirements that identify areas for improvement • Modernized surveillance systems to advance timely identification of incidents or events that require public health action • Advanced testing capacity of public health laboratories/ networks and surveillance systems to detect and report emerging pathogens efficiently **Output ST2** • Revamped communication strategies and tools • Developed and maintained partnerships to ensure messages and dissemination strategies are effective for the whole community **Output ST3** • Established mechanisms to meet administrative, workforce and response surge requirements • Revamped preparedness training requirements to promote resiliency • Established communities of practice focused on preparedness, response, and recovery guidance and resources	**Number of jurisdictions that contribute to the following outcomes:** **Short-term Outcome ST1** • Improve public health (ESF8) preparedness, response, and recovery capability by following standardized emergency management practices • Establish public health recommendations and control measures for all-hazards • Earliest possible identification and investigation of public health incident or event with public health impact • Enhance ability of public health laboratories to respond to infectious disease threats through modern methods and subject matter expertise **Short-term Outcome ST2** • Timely risk communication of situational awareness and risk information • Timely coordination and support of response activities with healthcare and stakeholders • Integrate equity into public health response **Short-term Outcome ST3** • Increase hiring and retention of surge staff and resources • Public health workforce prepared and ready to sustain public health investigations and response • Active engagement in communities of practice	**Number of jurisdictions that contribute to the following outcomes:** **Long-term Outcome ST1–4** • Earliest possible recovery and return of the **public health system** to pre-incident levels or improved functioning • Prevent or reduce morbidity and mortality **for all impacted populations** from public health incidents whose scale, rapid onset, or unpredictability stresses the public health system

Five-Year Work Plan Proposal

- Goal: Reduce administrative burden
- Concept: Require one application at beginning of period of performance with five-year work plan.
- Exploring options with CDC and DSLR subject matter experts
  - How will the budget work due to annual appropriations?
  - How can we simplify submission requirements for continuation years
    - Can we require progress report versus whole new application annually?
    - What can be submitted once at time of initial application versus annually?
    - Can this streamline evaluation?
    - How can we reduce narrative requirements in IT system?

DSLR IT Roadmap

DSLR IT Roadmap

- DSLR is developing an IT strategy to improve data collection, presentation, and utilization.
- Assessment of DSLR's existing IT systems indicate they burden staff and recipients due to the lack of interoperability across multiple systems.
- DSLR IT Roadmap proposes a modern solution to unify work management and improve efficiencies.
- Goal: Support DSLR's data modernization initiative and provide improved technology solutions and situational awareness.

DSLR IT Roadmap

- DSLR IT Roadmap project assessed DSLR's existing IT systems:
  - PHEP Operational Readiness Review (ORR) Reporting and Tracking System (PORTS)
  - Preparedness Emergency Response System for Oversight, Reporting and Management Services (PERFORMS)
  - Research Electronic Data Capture (REDCap)
  - Online Technical Assistance Application (On-TAPP)
  - Online Technical Resource and Assistance Center (On-TRAC) and business processes
- The IT Roadmap project identified new technological capabilities and solutions to maximize system automation, interoperability, and to improve processes and increase efficiencies.

Break

We will resume at 2:50 p.m. EDT.

Improving Federal Preparedness Coordination

Chris Kosmos
Director
Division of State and Local Readiness

Breakout Room Discussion Questions

Question 1: During the process of NOFO and program development, what three areas would you like to see ASPR and CDC work on collectively to inform the next HPP and PHEP NOFOs?

Improving Federal Preparedness Coordination

Jennifer Hannah
Director
Office of Health Care Readiness
HHS ASPR

Emergency Preparedness Grant Coordination (EPGC) Working Group Background

Former Purpose Statement:

The EPGC Working Group was created to serve as a forum for participating agencies to **discuss and align grant programs** to better support national strategies and optimize the nation's preparedness investments in homeland security, public health, and health care.

1 MOU Outcome 1: Grant Program Policies

Coordinate policy guidance and documents, including assuring consistency of grant guidance with national emergency preparedness strategies and priorities.

2 MOU Outcome 2: Grant Reporting Mechanisms and Evaluation

Develop tools and resources to coordinate grant program performance measures, including coordinated peer review assessments and identification of mutual and complementary functional capability targets.

3 MOU Outcome 3: Grant Administration/Management

Coordinate post-award administration activities and ensure activities reflect established policies and regulations, including information sharing, co-presentation at national conferences/ meetings; coordination of programmatic support (e.g., technical assistance, announcement planning, application evaluation negotiation, post-award monitoring, closeout); and site visits.

Emergency Preparedness Coordination Working Group Relaunch

Former Working Group members recently reconvened for the first time since 2020, to begin updating and reshaping the Working Group.

Relaunch activities include:

Draft New Purpose + Objectives

Establishing baseline EPC Working Group purpose and objectives that support the expanded vision

Identify Potential Priorities

Categorizing topic areas for the year ahead, which will help us achieve our objectives.

Invite New Members

Considering additional members to become a part of the Working Group, given their relevance to our coordination activities.

Host Formal Kickoff

Convening current and new members to discuss and validate updated purpose, objectives, and vision, before beginning recurring meetings.

Working Group Membership

Below are the participants involved in the original working group. ***Are there any additional organizations to consider adding?***

EPGC Working Group Members

- ASPR
- FEMA
- CDC
- NHTSA
- HRSA

Potential EPC Working Group Members

- ASPR
- FEMA
- CDC
- NHTSA
- HRSA
- VA
- NIH
- SAMHSA
- CMS

Introduction to Breakout Room Discussion

Breakout Room Discussion Questions

Question 1: During the process of NOFO and program development, what three areas would you like to see ASPR and CDC work on collectively to inform the next HPP and PHEP NOFOs?

Question 2: While considering reconvening a federal coordination group as a joint effort across the federal family, what specific areas would you like to see ASPR and CDC work on to improve coordination and alignment?

Breakout Room Instructions

Once prompted, please join the breakout room for your regions.

Instructions for Joining Breakout Rooms: When the breakout rooms open, find your region's room and click "Join." You will then be added to the breakout room. This might take a few moments. Following are the room assignments.

Room 1: Regions 1 and 2
Room 2: Regions 3 and 4
Room 3: Regions 5 and 6
Room 4: Regions 7 and 8
Room 5: Regions 9 and 10

Breakout Room Discussion Recap

Question 1: During the process of NOFO and program development, what three areas would you like to see ASPR and CDC work on collectively to inform the next HPP and PHEP NOFOs?

Question 2: While considering reconvening a federal coordination group as a joint effort across the federal family, what specific areas would you like to see ASPR and CDC work on to improve coordination and alignment?

Thank you for your participation!