



EMERGENCY  
PREPAREDNESS  
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# **An Introduction To Health And Medical Coordinating Coalitions**

September 11, 2013

# INTRODUCTION

- Enhancing health and medical capacity across the disaster management cycle
- Responding to changing federal requirements
- Based on extensive literature review and national research
- Discussions with key leaders
- Beginning of a planning process



# A COMPREHENSIVE, INTEGRATED REGIONAL APPROACH TO PREPAREDNESS AND RESPONSE

- Health and Medical Coordinating Coalitions (HMCC) are entities that will coordinate health and medical planning, response, recovery, and mitigation activities in each region
- HMCC =Healthcare Coalitions



# HMCC RESPOND TO CHANGING NATIONAL PRIORITIES, BUILD REGIONAL CAPACITY TO SUPPORT LOCAL NEEDS

## Nationally

CDC and ASPR focus on preparedness planning, changing funding models



Development and funding of regional health and medical capacity to prepare for, respond to, recover from, and mitigate the impact of disasters

## Locally

Absence of statewide regional structure to coordinate information & resources during an emergency



A more integrated model of emergency preparedness and response across the Commonwealth



# POTENTIAL BENEFITS

- Enhanced capacity for disaster management
- Resourced to provide 24/7/365 staffing
- More accurate and timely situational awareness
- Increased regional responsibility for deliverables
- Streamlined communications with ESF-8
- Access to regional support



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# SUPPORTING ARGUMENTS FOR COALITION DEVELOPMENT

- 24/7/365 Response Capacity
- Consistency of Capabilities Across Regions
- Continued Integration of Health Disciplines in Coordinated Planning and Response

# ACTIVE ENGAGEMENT BY CORE DISCIPLINES

- Core Disciplines
  - Community health centers and ambulatory care providers
  - EMS
  - Hospitals
  - Local public health
  - Long-term care
- Other healthcare disciplines
  - Dialysis centers, urgent care, pharmacies, home health agencies
  - Mental and behavioral health providers





# OTHER PARTNERS

- Emergency management
- Public safety



# EXISTING REGIONAL APPROACHES

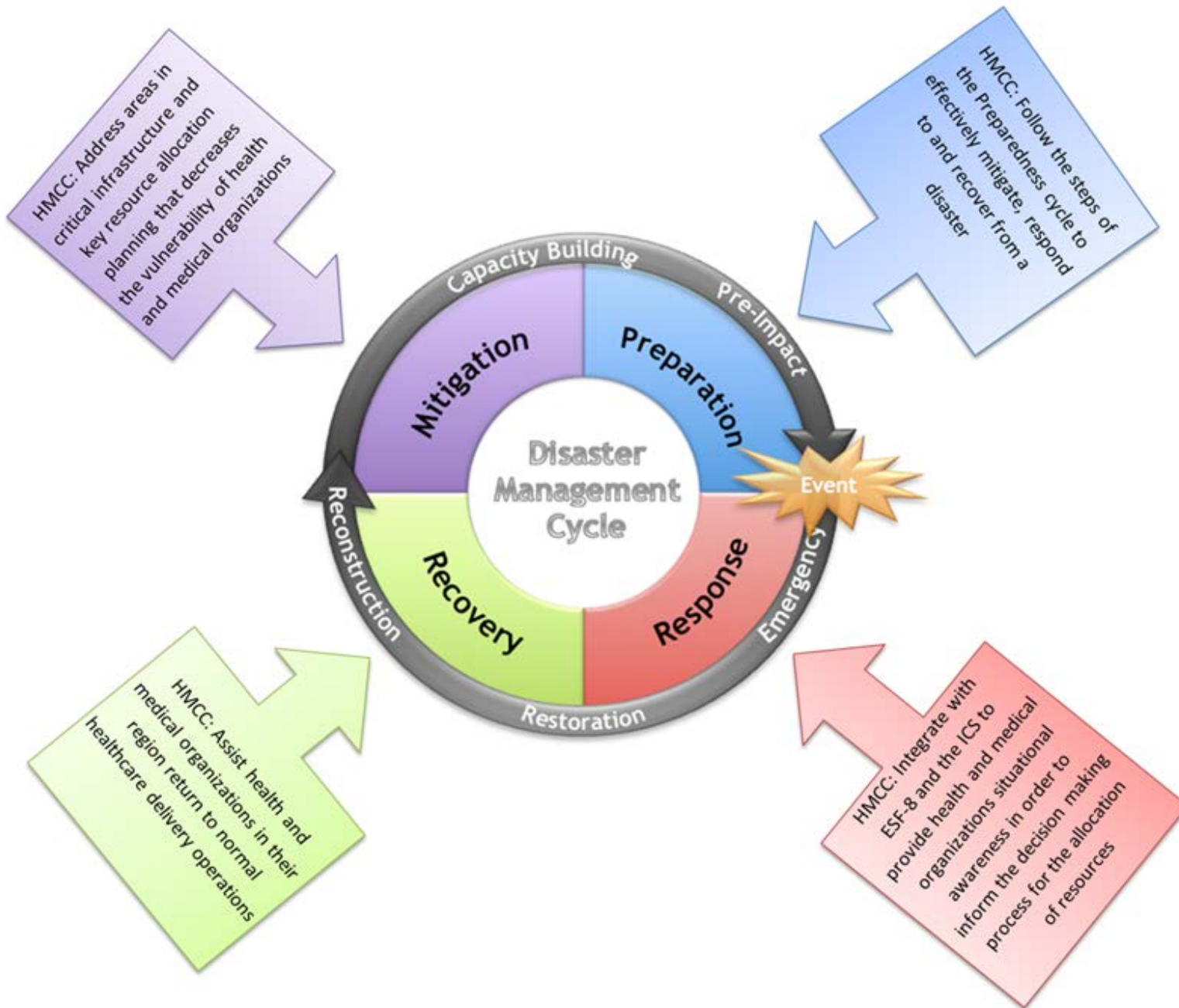
- Legacy Entities
  - Central Mass: Regional Medical Coordination Committee
  - Boston: Boston Healthcare Coalition
- Other Regional Efforts
  - Western Mass: Regional Medical Coordinating Group
  - Cape and Islands: MACC
  - Long-term Care: MassMAP



# HMCC: BUILDING ON THE GAINS WE'VE MADE

- Support effective cross-jurisdictional, multi-discipline planning for incidents too large in scale for a single jurisdiction or that grow beyond the capabilities of local response resources
- Address new, more specific federal expectations for public health and healthcare system preparedness and response capabilities and disaster management
- Incorporate and build on the gains made by the work of existing coalitions





# THIS DIAGRAM IDENTIFIES THE HMCC ROLE ACROSS THE DISASTER CYCLE



# WHAT WILL AN HMCC DO?

- Conduct regional all-hazards planning
- Develop and maintain emergency response capacity with roles filled through identified staffing complemented with voluntary response elements (e.g., public health mutual aid, MRC)
- Support a coordinated health and medical response with a regional point of contact for communication
- Coordinate information sharing for situational awareness and a common operating picture



# WHAT WILL ORGANIZATIONS IN HMCC DO?

- Continue to develop and maintain organization plans
- Coordinate plans with HMCC
- Represent your organization to the HMCC
- Represent the HMCC to your organization
- Participate in HMCC planning and exercises



# “REAL WORLD” EXAMPLES

- Marathon bombing response
- 2013 Region 2 Hospital Strike preparations to support patient care



**City of Worcester**  
**Division of Public Health**  
Region 2



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**DIRECTOR**

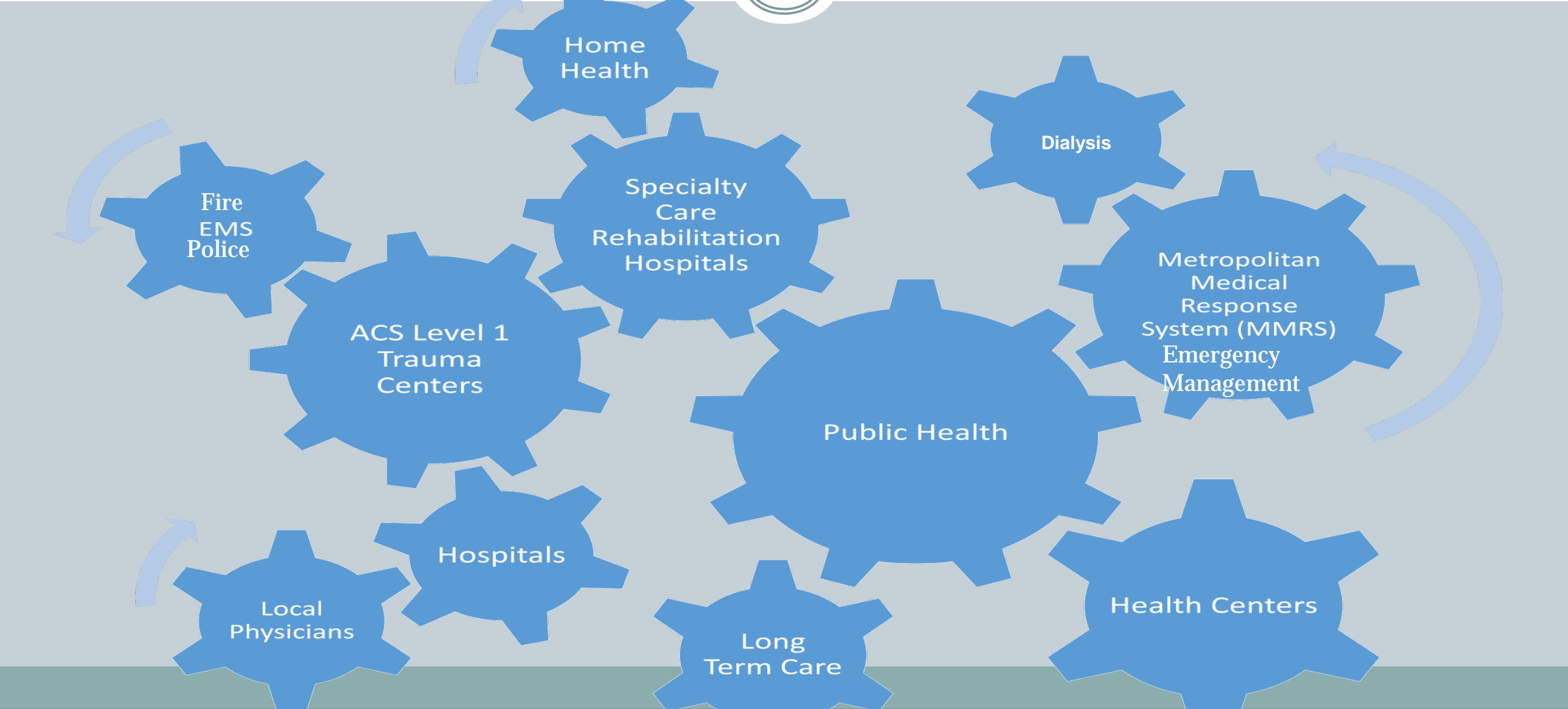


# Region 2 History



- **May 2002 - Metropolitan Medical Response System (MMRS)**
- **2003 - Public Health Emergency Preparedness (PHEP)**
- **January 2009 - Partnership for the Enhancement of Regional Preparedness (PERP)**

# Region 2 Collaboration



# Region 2 H&M Coalition Strengths



- **Mutual Aid**
  - Currently 10 acute care hospitals, 3 health centers, 2 specialty care rehabilitation hospitals, 74 long term care facilities and 68 local boards of health are members of regional mutual aid
- **Regional Medical Coordination Center (RMCC)**
  - Patient placement, patient tracking, transportation, resource/equipment/staff needs, local/state liaison
- **Situational Awareness**
  - WebEOC , mutual aid plan website, Listservs

# Region 2 H&M Coalition Strengths



- **Networking & Relationship Building**
  - Stakeholder meetings, workshops, drills, exercises
- **Unified Vision & Strategic Plan**
  - Regional multi-disciplinary mitigation, preparedness, response, recovery
  - Identification of strengths, challenges and gaps
    - ✦ Region 2 HVA Conference September 2013

# Region 2 Events



- **June 2013 – Worcester HazMat Incident**
  - Situational Awareness at Scene
  - Worcester Health Care Situational Awareness
    - ✦ POC, bed availability, facility capabilities
- **May 2013 – UMass Hospital Potential Labor Action**
  - Hospital Situational Awareness (local and regional)
    - ✦ POC, capabilities, bed capacity, transportation vehicles
  - Census Reduction Support
    - ✦ Regional Medical Coordination Center: Patient placement, transportation and tracking
- **February 2013 – Blizzard Nemo**
  - Regional health and medical situational awareness
    - ✦ Information Flow: WebEOC, listservs, mutual aid plan website

# Contact Information



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# WHAT HAPPENS NOW?

- September/October 2013
  - EPB and BUSPH attend meetings for each coalition to provide information and take questions
  - EPB meetings with stakeholders from health and medical disciplines
- November 2013-June 2014
  - Facilitated multi-discipline meetings in all regions
  - Technical assistance for development of HMCC



# A PHASED TRANSITION TO NEW STRUCTURES

HMCC Milestones	
By end of budget period (BP) 2 (June 30, 2014)	Identification of participating entities Proposed Governance plan
By Fall 2014 (mid BP3)	Release of HMCC RFR
By end of BP 3 (June 30, 2015)	HMCC operations established 24-7 regional point of contact established
During BP 4 (June 30, 2016)	Regional health and medical operations plan developed Begin exercising HMCC operational plans
By end of BP 5 (June 30, 2017)	Exercised all HMCC operational plans Fully operational





# Q&A



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For more information, including the ability to download The Case for Change document, recordings and transcripts of the webinar delivered on September 11<sup>th</sup>, and a copy of this presentation visit:

[www.bu.edu/sph-coalitions](http://www.bu.edu/sph-coalitions)