An Introduction to Health and Medical Coordinating Coalitions

Webinar Transcript

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Mary Clark: Good afternoon. This is Mary Clark at the Mass Department of Public Health Emergency Preparedness Bureau. I'd like to thank you for joining me this afternoon for an introduction to Health and Medical Coordinating Coalitions. Over the next hour, we will provide you with some basic information about Health and Medical Coordinating Coalitions, about the process we will be going through over the next nine months or so to discuss those coalitions and develop what a model will look like for Massachusetts.

We will hear from some local experts about their experience with coalitions and the work they have done. And then we will have some time for questions and answers at the end of the session.

As you're going along, you will note as you're looking at the presentation, there is a box on the side for you to write questions in. So as we're going along, when questions come up for you, please feel free to write them in, and we have staff here who will be consolidating them. We will answer whatever we can at the end of the presentation. We will also be developing a frequently asked questions document that will be posted when this webinar is archived and will be updated regularly.

If you don't have questions during the course of the presentation, there will also be an opportunity to ask questions through the website once the webinar is posted. And we will continue to add those to our frequently asked questions list, and we will update that regularly.

So, with that, I think I'd like to get started for today's presentation. Again, what we're going to talk about today is work that we plan to undertake over the course of this next year to enhance the medical and health capacity across the disaster management cycle. So we're looking at working on enhancing our capacity to plan for, respond to, recover from, and mitigate against disasters that have health and medical consequences.

We are doing this work based on the experiences we've had over the past years in responding to emergencies that have affected the commonwealth. We are also responding to changing federal requirements that are focusing on the development of healthcare coalitions--which will be a key component--the response capacity, and the ability of states to plan for and respond to emergencies.

In preparation for the stakeholder discussions that we will be having over the course of this year, we have worked with the Boston University School of Public Health to do an extensive literature review and research on models across the country so that those can inform our discussions. We have also begun discussions with key leaders in

Massachusetts as we have looked at pulling together information that we think will be helpful as people begin to consider the development of Health and Medical Coordinating Coalitions. And with this webinar, we are just beginning the process of moving out across the state, meeting with the existing coalitions and with other disciplines that we will be working with over the course of this planning process.

So to give you a little background, Health and Medical Coordinating Coalitions will be entities that will be responsible for coordinating health and medical planning response, recovery, and mitigation in each of the regions. These will do a number of activities, including all hazards planning, supporting, response and recovery activities, coordinating information during emergencies, and working with DPH around emergencies and response.

For the purposes of this discussion, Health and Medical Coordinating Coalition will be the model for healthcare coalitions in Massachusetts, which will meet the requirements under federal guidance for the development of healthcare coalitions who would have this role.

This slide will really give you a graphic idea of the background and the underlying rationale for going through this process. First, as you know, we have worked over the past 10 years with federal funding, focusing primarily on planning for emergencies, being prepared for emergencies, and putting the plans in place and purchasing the equipment that we might need to support a response nationally. The federal guidance is moving in the direction of activities across all of the disaster cycles. So they are looking to us to provide regional health and medical capacity to be able to respond to emergencies effectively.

Locally, we have, as we know, as we developed the regional coalitions back in 2003 and 2004, there isn't an existing functioning county structure across the state, which is often the basis for these activities in other states. So we need to look at developing regional structure or making sure we have regional structure in place that will fit the Massachusetts model. We also have seen from the emergencies that have happened over the past years the need to really begin to integrate public health and medical information and activities and to be able to build regional capacity to help with support to the local communities, to help with gathering information, and to help with passing that information along to DPH during an emergency and during the activation of the State Emergency Operation Center. What we have seen is that with funding going down and with the demands on each of the communities, that working regionally through an integrated model, we believe we can accomplish a much more enhanced model than we could if we were working individually in communities and separate disciplines.

What I'm going to do now, we have asked Dr. Paul Biddinger from Harvard School of Public Health and Mass General Hospital to provide some information for us. Paul couldn't be here today, but he has recorded a presentation, and we are going to share that with you to give you his perspective on Health and Medical Coordinating Coalitions. Could we please launch the video?

Paul Biddinger: This is Paul Biddinger from the Harvard School of Public Health and Massachusetts General Hospital. I'm very sorry that I can't be with you today to join the webinar live, but I'm honored to have the opportunity to speak with you all about regional coalitions and their further development.

I think this is a very exciting time in the state to build upon years of tremendous work and progress that have already been made. And I think, really, from my perspective as a

practicing emergency physician and emergency manager, I think there really are three arguments to be made in support of the continued development of regional coalitions.

The first, I think, is that we need to move to a place where we can count on 24/7/365 response capability as well as planning capability. So much of the good work that's already been done around the state by some very, very talented people has been in the planning arena. And so much has been done with surge, with hazardous materials, with communications, with so many different issues. But unfortunately, we don't have a system yet where we can count on someone being able to respond, being able to pick up the phone, being able to manage the response 24/7/365 in all areas of the state. We've seen, again and again, with incidents this state has been through, how valuable that coalition support can be during an event, that I think we need to be able to count on it 24/7/365.

I think the second argument to be made in support of coalitions really has to do with consistency. As I've already mentioned, there's really just been an amazing amount of work that's been done across this state by some very, very talented people. But it's not the same in each region of the state, and each region does not have the same capabilities. I think, both from a local perspective, looking at what you want to be able to count on by your regional response, by your state response, you have to be able to count on consistent capabilities. And I think it obviously makes sense, also, from a state perspective, that trying to manage 351 different towns, more than 70 acute care hospitals, it's just not possible to manage the response if capabilities aren't consistent, aren't equal, at least at a baseline, across all of the regions of the state.

And lastly, I think that the third argument in support of coalition development is that we need to continue the integration among health disciplines that has been continuing for the past 10 years, that public health, hospitals, community health centers, EMS, long-term care facilities, all the players in the health response arena have really begun, obviously, to work well together for more than 10 years across the state. But it's been, again, I think, inconsistent in areas.

And we've all seen, whether it's the ice storms in western Massachusetts or tornadoes or the Boston Marathon bombing or hurricane, we've seen the value of how well the system can respond when each of the players comes together. And I think the structure of regional coalitions will really allow us to move forward with better integration across the state in areas where perhaps there's a little bit less integration with one or more of the health disciplines.

So in summary, I think it is time for the state to be able to develop coalitions that help support response, that have consistent capabilities, that everyone from the local level up from the state level down, can count on for a consistent response, and that we've a common integrated health community no matter which health discipline you participate in, that during disaster we all can come together and share communication.

So I want to thank you very much for the opportunity to join you for this webinar. I look forward to working with my partners in local emergency response around the state as coalitions develop, and I look forward to working with the state as they continue the development of this exciting initiative. Thank you very much, and take care.

Mary Clark: So Paul has provided some information based on his experience in working in Boston at Mass General as well as the work he has done at the Harvard School of Public Health. He has been part of the group that we have worked with as we think through issues and

questions that we can bring to you through the engagement process. So we appreciate the work he's done to inform the process.

So I want to talk a little about the core disciplines that will be engaged during the process of Health and Medical Coordinating Coalitions. We are looking to work with a number of disciplines that are already working together on preparedness and planning activities, often integrated within the existing regions, and we hope to build on that and bring even further integration.

So we are looking, really, at working with the core disciplines of community health centers or ambulatory care practices, emergency medical services, both public and private hospitals, long-term care facilities, and local public health. These are what we are looking at as the core discipline, but there will also be other healthcare entities that we would be engaging and working with through this process, so facilities such as dialysis centers or urgent care centers, pharmacies, home health agencies, mental and behavioral health providers, specialty hospitals--a variety of other healthcare organizations that certainly have a role in planning for responding to recovering from emergencies, and we will engage them over the course of this next year.

In addition, there will be other partners that we will be working with. The work that we do needs to be coordinated with our public safety and emergency management partners. We will be talking with them through this process and engaging them in discussion. All of the work that we do will need to be integrated with the work that is happening locally and on a regional level and on a state level in emergency management and public safety. So we will talk over this next year on how we will do that and what that will look like.

I want to talk a little about some existing approaches. This isn't, certainly, a new idea and it's not a new idea in Massachusetts. We have been working for a number of years in looking at how we build regional capacity. We don't currently have anything as broadly defined as a health and medical coalition under the federal guidance, but we have good examples of groups that have come together and are planning regionally.

One is in Central Mass. There is the Regional Medical Coordination Committee, and Derek Brindisi will be joining us in a few minutes to talk more about that. That has been in place for a number of years and has some good lessons for us. Within the City of Boston, there is the Boston Health Care Coalition, which brings together public health, hospitals, EMS, community health centers, long-term care, and other disciplines to wok and prepare the City of Boston to take care of their residents and respond to emergencies. And that's an example that we look to build on as well.

But here are other regional efforts that folks on the phone are probably involved in, and they will also inform the work that we do and provide a foundation that we believe we can build on. In Western Mass, there is the Regional Medical Coordinating Group, which is focused initially or primarily on hospitals, but provides an excellent foundation as we began to work and bring together the disciplines that are working on preparedness and response in Western Massachusetts. Those connections are already happening. And so we hope, over the course of the next year, we can help enhance those and build on them. There's also the Multi-Agency Coordinating Center that serves the Cape and islands that has done strong work and strong regional work during a number of hurricanes and storms over the past years in terms of coordinating information and response activities across that region.

And then there's also the work related to long-term care mutual aid that has been developed through the Mass Senior Care, working with a group of consultants to develop

a statewide Massachusetts mutual aid program for long-term care facilities that has been active and effective in a number of emergencies and as a key partner, as we work through this, as we look at additional assets and resources for the healthcare system and what role they all play. So we have a number of excellent examples and suggestions to begin working from that will be part of the discussion as we go through this year.

So we really see the Health and Medical Coordinating Coalitions as the next logical step to build on the gains that we have made so far. As I mentioned earlier, we have been planning through coalitions and with our partners for 10 years now and have made increasingly important gains in preparedness as we move forward. We believe the Health and Medical Coordinating Coalitions will support an even more effective cross-jurisdictional and multidisciplinary planning process so that we can really look at developing plans, regional plans for those incidents that are too large for a single community to handle or that may grow beyond the capacity of a single community to respond to.

We know that when we are looking at large emergencies, there is generally no single community in a massive emergency that will be able to stand on its own. We will all need to be able to support communities that are affected by disasters. And the Health and Medical Coordinating Coalition will provide a regional way or regional framework for doing that.

The Health and Medical Coordinating Coalitions will also address the more specific federal expectations that we are seeing now, to move beyond planning into the other phases of response, recovery, and mitigation. We believe that this will provide regional support for doing that. And, again, it will incorporate and build on the gains that we have made through the hospital preparedness coalitions, the public health preparedness coalitions, and the work that we have done with EMS, long-term care, and community health centers.

This diagram--I'm not going to go through all of the information in this diagram, but I would can ask you to look at it. It really provides a brief description of what the role of a Health and Medical Coordinating Coalition would be in each of the phases of the disaster cycle. So this will give you some idea of what the group would do during planning or response, and it gives you some information, and I think it provides some background that will be helpful as you think about questions or you think about this process as we move into the discussion.

And I touched on this briefly, but in essence, a Health and Medical Coordinating Coalition will be a regionally based entity that will work to conduct regional all-hazards planning. It will develop and maintain response capacities. So we're looking at an organization that will have staffing, that will be identified to provide 24/7 coverage when necessary, that will have specific roles during planning, response and the other activities. That identified staffing will also be complemented with voluntary response efforts, as happens now in emergencies. So public health, mutual aid, MRC, SEARCH, the variety of voluntary organizations that provide the enormously important support that we get during responses.

The HMCC will also serve as a coordination point for the health and medical response by providing a regional point of contact. But we're really looking for a way to take information from the local community level about local needs, send that up to a regional point of contact, look at whether there are regional assets that can respond, and if not, for that regional point of contact to work with the state to find resources and assets to meet the needs of the local community or the region. In many ways, again, this is a function

that in many states a county structure would do. So we're looking at a way of creating that function in a way that will work for Massachusetts.

And then finally, the HMCC will coordinate information-sharing during a response or a recovery period. So we will have up-to-date, timely, and accurate situational awareness so that we can better develop a common operating picture so everyone is responding based on the same information and with the same operating picture.

There are a number of, we think, potential benefits for the implementation of Health and Medical Coordinating Coalitions. First, again, as I've touched on, enhanced capacity to manage health and medical events, large-scale health and medical events that require a broad response. The resources necessary to provide, through the HMCC, 24/7/365 staffing so that there is someone available for situational awareness. There is dedicated staffing not depending on volunteers or someone making staffing available to handle information. Again, more timely and accurate situational awareness to help with a response.

In addition, we are looking at, when we develop Health and Medical Coordinating Coalitions, increased regional responsibility for deliverables. We understand there is an incredible burden on local communities to do local deliverables at this point, and to the extent we can build a regional structure that can help to respond to those and handle those, we believe it will support local health and relieve some of that burden. There will be streamlined communications with the health and medical desk at the State Emergency Operations Center when that is activated in an emergency that has a health and medical consequence.

And then finally, this will provide a more organized, formal level of regional support to help local communities when they need and to begin to address regional planning for assets and resources and a response in an emergency.

There are a couple of real-world examples that I think folks are familiar with. Certainly, the Marathon bombing response this year in Boston and the surrounding communities showed the need to be able to coordinate information across multiple disciplines and multiple communities, to be able to share accurate information quickly, to be able to think about how you plan resources and make sure they are available widely. And while this was primarily located in the City of Boston, and the City of Boston was a primary lead for coordinating work within the city, there was the need to supplement capacity so that we could work for the communities outside of Boston and we could also work to make sure that the assets that were necessary for all of the communities that were affected were available. That's one of the most recent and, I think, stark examples of how working in a multidisciplinary coalition or group can help enhance our ability to respond.

There's also an example from Region 2 in work that was done in preparation for an expected hospital strike that was going to happen in Region 2. And I'm actually going to ask Derek Brindisi, who is the Director of Public Health in Worcester, and who has direct experience with the group in Worcester, the Partnership for Enhanced Regional Preparedness, which has done a lot of the groundbreaking work in preparing coalition activities and looking at how you bring together multiple disciplines to do planning and response. So I'm going to actually ask Derek to now come in and talk a little about his experience in Region 2.

Derek Brindisi: Great. Thank you, Mary. Let me start off by thanking Commissioner Bartlett and Mary Clark from the State DPH for inviting the City and the folks at the Bureaus for Public Health for organizing this event. Now, I guess to just put a little bit of this into

perspective, Mary talked a lot about, really, what this means for organizing Health and Medical Coalitions around the state, but we've done a lot of work in Region 2 over the past 10 years relative to this idea.

I'd start off by saying that the metropolitan medical response system in Worcester started in 2002 and was really a precursor to organizing both the healthcare and the public health disciplines alongside of our public safety partners. In addition, as you all know, we've had a longstanding public health emergency preparedness program in conjunction with the local hospitals through the former HRSA, now ASPA program.

But I guess I would suggest that the Partnership for the Enhancement of Regional Preparedness really brings that all together and then develops that complete system that Mary has talked so much about.

So this slide really just starts to demonstrate, one, the necessity of bringing together all of the different disciplines. What you don't see here are our public safety partners. But certainly, they have been working with us throughout Region 2 for well over a decade.

Some of the strengths that we have noticed by doing such planning over the last 10 years certainly is mutual aid. When we look at some of the work that we've been able to complete in Region 2, we have been a part of the statewide Mass Map program with our 10 acute care hospitals Region 2, our three health centers, our two specialty rehab hospitals, and then the 74 long-term care facilities have all joined to take the Mass Map idea to what we have in central Mass as an H-Map focus, where again, it brings all those varying disciplines together so that we can get a good sense of what's happening throughout the region and then we can not only plan for, but respond to, life scale events, when and if they pose a risk.

I would also say that when we look at the work of our Boards of Health in Region 2, many of you throughout the region, throughout the state--once the state was divided into regions and broke off into varying coalitions, one of our strengths in Region 2 is that we maintained a large region, and so our coalition was our region. Although we have 74 local boards of health that participate in that program, 68 of them have signed onto a regional mutual aid plan.

And as Mary mentioned earlier, I would say a bright star in Central Mass is the Regional Medical Coordinating Center, which is made up of our EMS folks, our healthcare providers, and again, our public safety officials, where when and if an event were to occur, we could stand up as RMCC, and then we can identify what are the needs in the community, conduct that assessment, and then go ahead and identify the resources that we need to respond to that event. And I'll talk a little bit about some of the real-world events that we actually use the RMCC to do just that.

And then lastly, situational awareness. As you all know, Web EOC has been in a part of all the work that we've done over the many years, but we're able to use our mutual aid website where we can get a better sense of our facility capabilities, the facility vendors and the transportation resources, when and if necessary.

And then through our regional coordinators, we have ListServs throughout the reason, where we can always make a direct contact with those local boards of health and get a better sense of the needs that they have during a real-world event.

And like I mentioned earlier, a lot of the work that we do at the local level is all about relationship-building. And so, I would argue that 10 years ago, local public health was

really not in this conversation, and this type of work was mainly driven by EMS and public safety. And so it took a long time for public health to not only get to the table, but to build those relationships. And so we've been able to do that through many various workshops and drills throughout the region.

But we see the benefits of that when we respond to real-world events and that we know the local fire chiefs and police chiefs, and it certainly makes our response that much more efficient. And then, as far as our unified vision and strategic plan, again, it goes back to what I mentioned earlier. Trying to build that complete system that focuses in on the healthcare delivery system and all of the different varying providers that are underneath there, like the hospitals and the health centers and our EMS partners, but identifying strengths and weaknesses as a unified region makes our planning and response that much more efficient in Region 2.

So I guess I'll end with some of the these real-world events that we used our preplanning and the systems that we developed over time. So just as recently as in June, we had an H2S spill in the city that was adjacent to a local nursing home, and then recognizing early on in the event that we may have to move this nursing home. We weren't sure whether or not there was going to be a plume or which way that plume would carry. We were able to work through our health and medical preparedness coordinator and our hospital preparedness coordinator so that we could identify the appropriate facility to move these patients to. And I would say within 30 to 45 minutes, we had identified a few facilities around Region 2 and had resources that were stood up to be activated when and if necessary. Fortunately, we didn't have to activate them.

As Mary alluded to earlier, the U Mass potential labor strike was another event where we worked along with our state counterparts to try to pre-think what this labor strike would mean to the local healthcare system and then put in--and then work with our regional partners on supporting what that strike, that gap, would look like.

And then lastly, I'll end with the fact that there was a nursing home in the southern part of Region 2 that had gone without power for a long period of time. And within one hour we were able to identify the locations in Region 2 where we were going to move over 120 patients. So those are the--I guess I will end with those examples of really great ways of the work that we've done over the last 10 years in building a complete system that has allowed us to be more efficient and more effective throughout Central Massachusetts.

Mary Clark: Thank you, Derek. So we're going to talk a little about what's going to happen now and what the process is over the remainder of this cooperative agreement period, which runs through 2017, or through June of 2017, and then we'll have time for questions and answers. In terms of what happens now, this is the very beginning of the discussion process, where we will be working with local health, hospitals, emergency management, and all of the partners to begin discussions about what Health and Medical Coordinating Coalitions will look like.

During September and October of this year, staff from the Emergency Preparedness Bureau and the BU School of Public Health will be attending the meetings of each coalition, both public health and hospital coalitions across the state, to provide information, to answer questions. We realize, as we go through this presentation, that this is a tremendous amount of information. So we want to provide as many opportunities as possible for people to hear it and formulate questions and get answers from us.

We don't have all of the answers at this point. So part of the process over this coming year will be answering some of those. But we look forward to coming out and meeting with the coalitions to provide the information and to see what questions are there.

In addition, the Emergency Preparedness Bureau staff is also talking with other stakeholders from health and medical disciplines. So within the department, we're working with Healthcare Quality and the Office of Emergency Medical Services, or we will be having discussions with them and engaging them over the course of this next year in what these Health and Medical Coordinating Coalitions will look like and how they will connect in preparing activities. We'll also be speaking with the Mass Hospital Association, Mass Senior Care, Mass Medical Society, the Mass League of Community Health Centers, Coalition for Local Public Health, and a variety of other organizations that support the individual disciplines that do the planning and preparedness and response activities in the state. And that will go along in parallel with the meetings that we are having with the disciplines in the region.

Beginning in November, we will be looking to facilitate multidiscipline meetings in each of the hospital preparedness regions to begin discussions and to begin looking at the assets and resources within each of those regions, identifying the gaps in those regions, thinking about how best to address those in the development of Health and Medical Coordinating Coalitions.

We recognize that the resources and assets and political boundaries in each of the regions is different. And so we will need to take that into account as we begin to talk to people about what a model will be that will work within that region. There are a number of questions that we don't have answers to yet that we will talk with people about in the facilitated discussions, as well as the single-discipline meetings we have in September and October.

Beginning in November and running through June of 2014, we will also have technical assistance available. We're working with BU School of Public Health to look at the types of technical assistance that would be useful and as we identify questions from coalitions and disciplines, looking at what some of the technical advice might be in terms of developing a model that will work for the individual regions.

I want to emphasize again that this is a phased transition to help in medical coordinating coalitions. We're in the beginning period of having discussions and looking at what the models will be. And that will be the activity that we are engaged in over the course of this budget period, which is Budget Period 2 of the cooperative agreement. Those conversations will last through the end of this year, and we will continue to have discussions, I believe, as we move into BP 3, which will start July 1 of 2014.

In the fall of 2014, we anticipate potentially, around the month of November, being able to release an RFR that will provide funding for Health and Medical Coordinating Coalitions, one Health and Medical Coordination Coalition in each of the hospital preparedness regions that will begin to undertake this work. And in each of the years of the cooperative agreement, BP 3, BP 4 and BP 5, there will be activities that will be undertaken to build the Health and Medical Coordinating Coalitions to ensure that there are regional plans in place and identification of gaps and resources.

And then, to meet the federal guidance by the end of the Budget Period 5, which is June 30 of 2017, Health and Medical Coordinating Coalitions will be in place with operational plans, and we will have conducted exercises to test those plans and to move

forward as we begin what will be the federal guidance and the federal funding that's available after the Budget Period 5.

We're going to have time now for questions and answers. Again, there is a box on your screen. If you have questions, if you would please type those in. We have staff here who will be coordinating them. We can answer as many questions as possible in the remaining time. Those questions that we can't answer will be moved to our frequently asked questions list and will be available soon after this presentation is uploaded and the information is available.

So can I go to the questions? I have Katy Kemen from Emergency Preparedness Bureau and John Grieb, who is here as well, helping us with the questions.

So Katy, do you want to state what the first question is?

Katy Kemen: The first one are just a few people asking, will these slides be made available after the presentation is over?

Mary Clark: Yes, these slides will be made available. We have already made available The Case for Change, which is a narrative description of the process that we're going through. These slides will be available and will be posted on your screen. Now, you should be seeing the address for the website that BU School of Public Health will be coordinating to have information of the slides, the frequently asked questions, The Case for Change, other background documents that we will put up from time to time. And that will be the place to collect all of the information and the questions, and that will be available for folks with information, but we will make the slides available.

Katy Kemen: Someone has also asked, how do you coordinate using two Web EOC systems, with healthcare on one, and communications and public safety on another? How do you communicate with public safety?

Mary Clark: That is a challenge and it's something we've worked with in a number of the responses. We have worked, I think, cooperatively with MEMA over the years to talk about how we can begin to fuse the two systems so that information will be broadly available, and that is what we anticipate continuing to do. We will be doing training for local health and others over the course of this coming year on Web EOC and providing information through the system, and we will continue to work on fusing that.

Katy Kemen: There has been a question about. saying that developing regional capacity is a great idea, but will this be a one-size-fits-all model?

Mary Clark: That's a great question. This won't be a one-size-fits-all model. There are certain specific functions that will need to happen through a Health and Medical Coordinating Coalition. What I think, as we mentioned earlier, the resources are different, the structure is different in each of the regions. We have rural regions, we have urban regions, we have a mix. And we recognize that the model will look different in some of those regions. And we are committed, through the conversations that we will be having in the regions, to look at the model that will best address the issues in each of the regions. And so long as the functions that need to happen can happen, we will work with each region to make sure that a structure goes into place that serves their needs.

Katy Kemen: The next question from Western Mass is asking, have you already selected the county that would host the regional coalition in Western Mass?

Mary Clark: No, we haven't. And I guess I want to emphasize, we are just beginning the discussions with all of our local stakeholders, and we don't have a fully formed plan for who is going to do what in each of the regions. That will be generated through the discussions in the regions as we work with you and you work together to try to identify who might best serve the needs for your region. So we don't have folks selected.

We don't have--there is no plan in place that we're not talking about at this point. We are really going to base the work that we do off of the voices that we hear through the multidisciplinary. I really strongly encourage people--we have made as deliverables for both hospitals and public health select representatives to participate in the regional dialogues. We strongly encourage your participation, because we need to hear your voice so that this will work for all of the disciplines. That will help us look at who you think would be the most appropriate entity to serve as--or to host as a Health and Medical Coordinating Coalition for your region.

Katy Kemen: The next question asks, what if an established coalition has already met one of the benchmarks you have laid out in this presentation?

Mary Clark: So we're certainly happy to talk. Again, we want to build on what exists already. We do believe there are some strong efforts that have happened in each of the regions across the state. The federal guidance is fairly specific in terms of what a Health and Medical Coordinating Coalition will need to do. So we will be having discussions about that. That will be part of the basis for the regional discussions. And if there is an organization or a region that has moved further along than others, that will certainly be a model or provide information as we're working with that region and with the others.

Katy Kemen: Someone has asked, how can a small health organization with limited resources best tie into the regional efforts?

Mary Clark: So we will be reaching out as broadly as we can to get organizations and individuals connected. I think if you want to be sure that you are connected, I would certainly encourage you to get in touch with me at the Department, because we want to be sure to include as many voices as we can. So there will actually be, through the BU website, when we put that up, there will be an e-mail address for questions or issues related to Health and Medical Coordinating Coalitions. So it may make the most sense for anyone to connect through that e-mail address with information or questions or requests to be participants in the process. That way it will be monitored by the staff at BU and we won't miss messages that come in. So when we send out follow-up information after this webinar, we will provide that e-mail address for people to contact us and ask questions or make suggestions.

Katy Kemen: Someone has asked how the various entities that exist, such as preparedness coalitions, regional emergency planning committees, and local health, what their role is in a health and medical coalition?

Mary Clark: So I think to some extent, that will be determined and discussed through the multidisciplinary discussions in each region. Clearly, each of those organizations plays a role in some aspect of the disaster management cycle. Some may be more involved in planning for activities, some respond. So I think as we look in each region, one of the activities will be beginning to catalog what the resources are, what the existing organizations are that are doing this work in addition to the public health coalition or hospital coalition. There are any other number of other entities or groups that are working together. So looking at identifying those in each of the regions, making sure that they have an opportunity to be at the table as we develop recommendations or models,

and then, as we move forward over the course of the next year, it will be looking at how to incorporate the groups under the plan that the region would put together for coordination of health and medical activities during an emergency or in preparing for emergencies.

Katy Kemen: Someone has asked, will the Health and Medical Coordinating Coalition in each region be replacing the existing emergency preparedness region?

Mary Clark: We're not looking at replacing the existing regions. And I think part of the discussion is what the role may be in a Health and Medical Coordinating Coalition of existing coalitions. As Derek pointed out, some of our regions haven't subdivided into coalitions. Some have. Some are larger than others. So part of the discussion in each region, I think, is what would be the defined role of an existing coalition? What would they do? How would we continue to support the work that we do? Those are all questions that we need to think about over the discussion and that we need to plan for as we realize--that the anticipation is that resources will continue to go down from the federal government. So looking at how we can best use the resources we have to effectively support the things that need to happen in each region. So it will be a discussion on what the coalition's role will be in those regions that have subdivided.

Katy Kemen: There are a couple of questions that talk about these being multidisciplinary and how will we ensure that the needs of each discipline and their responsibilities to their constituents are met and not lost in a multidisciplinary coalition?

Mary Clark: I think that's why it's so important that we have voices from each of the disciplines as part of the discussions. Our goal is really to develop coordinating coalitions that will identify and support the needs of each of the disciplines that are involved in preparing for or responding to, recovering from, and mitigating against health and medical disasters. Everyone has their own specific role, but each of them are integral to being able to effectively respond.

So the development of health and medical coalitions, with everyone's voice in the discussions and in the planning for them should address--should equally support the needs of each of the disciplines that's involved. But it will depend, I think, in large part--and again, on you being part of the discussion, being at the meetings. We recognize, as always, everyone has a tremendous amount of work on their plate. But it will be crucial to have voices on behalf of each of the disciplines, being part of the conversations, making recommendations, getting input from their discipline, and helping inform the process for it to work as well as we hope it will.

Katy Kemen: Someone has asked us about--that we've spoken about a list of minimum tasks of Health and Medical Coordinating Coalitions will do and that there are--we've mentioned the broad areas, and are there specific tasks that we have?

Mary Clark: There are specific expectations that have been set out, really, in the program measures and the performance measures under both the public health emergency preparedness grant and the hospital preparedness grant. And we can pull together a document that lays those out from the program measures and the performance measures that will give you a better idea of what the specific expectations are at the federal level. I want to emphasize we certainly need to meet the federal expectations and we need to do it--I'm hoping in a way that will serve the needs of communities in Massachusetts. But we will provide information and post it on the website about specific functions of the Health and Medical Coordinating Coalitions.

Katy Kemen: Someone has asked, how many health and medical coalitions will there be and who will be eligible to be lead?

Mary Clark: So we are expecting to establish one Health and Medical Coordinating Coalition in each of the six hospital preparedness regions. Generally speaking, the geographic boundaries for the hospital preparedness regions are the same as those for public health regions, except in the instance of Regions 4A and B. So we realize that will be a basis for discussion as we begin talking with the communities in Regions 4A and 4B, the public health regions. We don't have--could you remind me of the second part of that question? Sorry.

Katy Kemen: It asked, who will be eligible to be a lead entity?

Mary Clark: We don't have specific eligibility requirements at this point. Again, we look to work with the regions to identify possible candidates in their region. We do know that we will need organizations that are fiscally sound, that have the capacity to support the efforts, that would need to support some staff that would be involved in planning or response that would supplement existing staffing that we now have at the state level. So we don't have all of the qualifications for that. That would be something, as we talk with people over the course of this year and as we develop the RFR that will come out in November of next year, that we would begin to develop more clear guidance about that.

Katy Kemen: Someone has asked, will there be an opportunity to learn from out-of-state coalitions that are further along or may have experience responding to other large-scale disasters?

Mary Clark: Yes, I believe there will. We certainly have done a good bit of research and have documents that we can provide. We can also, I think, reach out to representatives from coalitions in other states. We have worked with states that have both single community coalitions, such as the MESH group in Indianapolis. We've also met with some of the other hospital districts in Indiana that have developed 501(c)(3)'s to support the work that they do. There are a number of states that have done work that have informed our discussions so far. And as we talk in the regional groups and identify questions, we will certainly reach out to the representatives from those groups and try to arrange conference calls or presentations so people can ask questions about the process that they have gone through.

I'll reinforce, though, this is a fairly new process. So it is something that many states are working on in trying to determine what will work in their existing structure. So there is a good bit of information out there, but most states are still in the position that we are in, in looking at developing a model that will work for us or for them.

Katy Kemen: Someone has asked about the opportunity--what opportunities will there be for single disciplinary conversations?

Mary Clark: So certainly, we'll begin our presentations in the single-discipline coalitions to talk about what the information is and to see what questions there are. Certainly, I would encourage disciplines to continue to work together and talk with each other. As we look within each region about what the resources and assets are, there will certainly be ongoing work with individual disciplines to identify what their assets and resources are within a particular region. And, as always, we continue to encourage people to talk together and look at what they can do to better integrate their work within a single discipline or across disciplines.

Katy Kemen: There has been a question again, about working with public health and public safety and ensuring integration and coordination.

Mary Clark: Again, our hope or our expectation is that by having multidisciplinary meetings, where we will have folks in the same room having discussions at the same table, that we will, if not eliminate the idea of silos, we will work strongly against the idea of silos. We recognize, and I think the federal guidance recognizes, that each of the individual disciplines--not only health disciplines, but public safety and emergency management--need to work together to be able to effectively respond in an emergency. There's certainly guidance from the federal level for health and medical. There's also guidance from FEMA in terms of emergency management and public safety, working in collaboration with the other response partners. So we will continue to focus on that and push that. And, I think, ask you to be sure that your discipline is well represented as we have discussions in the regions.

Katy Kemen: Someone has brought up that Massachusetts is a home rule state.

Mary Clark: It is.

Katy Kemen: And so with each community having its own emergency manager, mayor, health director and so on, how will a regional model take into account home rule?

Mary Clark: So we're certainly not looking to interfere in any way with the planning that happens in a local community or within the command and control of a local community. We're really looking at developing a regional framework or structure for providing assistance when that local community doesn't have the capacity to respond or its capacity has been exceeded.

So a key to the process over the next few years will be looking at how local plans will be coordinated with regional activities to develop a coordination mechanism. So each community continues to maintain authority and control over incidents within their own community, their assets, their resources to plan for what they need to do to respond to an emergency within their community. And what we will work toward is coordinating those existing local plans and efforts with the regional work so that we can support, through the regional work, gaps or areas in which local communities need assistance.

Katy Kemen: Do we have time for one more question?

Mary Clark: Sure.

Katy Kemen: So someone has asked, because this will be a multidisciplinary process, how will we be learning about what the other disciplines, where they are with their planning and what are they doing towards emergency preparedness?

Mary Clark: So certainly part of what we're doing now in the Emergency Preparedness Bureau is gathering background information and trying to identify the assets to the extent we can that exist in the various regions--not only our assets or not only public health and medical assets--but other assets, other groups, other coalitions. But part of the discussions, part of the multidisciplinary discussions in the regions, will be to go through a process of identifying what each of the disciplines at the table has in place, what they are planning for, what their gaps might be, how if they haven't already, can they integrate the work that they are doing? I think, as we've gone through this process, I've been impressed by the relationships that already exist in many of the regions.

Again, as Derek says, we've been doing this for 10 years, first working to bring public health to the table, and then public health working really strongly to integrate itself with what other disciplines are doing. So I look forward to finding those relationships that have been built and in looking at working in the other regions to provide support or guidance or recommendations on how they can work to enhance the relationships in their region as well.

I think that's all the time we have for questions at the webinar. Again, I want to thank everyone for taking the time to be on the webinar and to ask the great questions that we have had. We will continue to collect the questions. If we haven't had an opportunity to answer one of them, they will go on our frequently asked questions list and we will provide an answer, if we have one. Or we will clearly indicate if we don't have an answer, and we will work with the regions and the disciplines to answer that.

But we will send out follow-up information after the webinar to let you know what the e-mail address is to send in questions regarding Health and Medical Coordinating Coalitions. We will provide the slides and other documentation and frequently asked questions and continue to provide updated information.

So, again, thank you very much for being part of the conversation, and I look forward to meeting individually with many of you over September and October and then in multidisciplinary groups moving forward. Thanks again.