

17-02

STATEMENT OF POLICY

Healthcare Coalition Structure

Policy

The National Association of County and City Health Officials (NACCHO) acknowledges that healthcare coalitions (HCCs) are important emergency planning and response networks that provide timely information and may support coordination during a public health emergency. Due to the varying size and needs of different communities and local health departments, the structure and membership of HCCs cannot be strictly prescribed. NACCHO recommends the following entities as essential agencies to participate in an HCC:

- Emergency management department/organization
- Emergency Medical Services (EMS)
- Hospitals/hospital system
- Public health

HCCs can grow and evolve overtime to include necessary and appropriate membership to meet the demands of their communities. The following is a non-exhaustive list of partner organizations that may be included as members in a Coalition:

Emergency Management Sector:

- Offices of Emergency Management

Government Sector

- Local government
- Federal entities (e.g., U.S. Department of Veterans Affairs)
- State government

Healthcare Sector

- Behavioral health providers
- Community Health Centers
- EMS providers
- Federally Qualified Health Centers/clinics
- Healthcare providers
 - Primary care providers
- Hospitals and health systems
 - Hospital emergency departments
- Long-term care/skilled nursing/assisted living providers



- Mental health providers
- Pharmacies
- Private entities associated with healthcare (e.g., hospital associations)
 - Specialty service providers (e.g., dialysis, pediatrics, urgent care, blood centers, hospice)
- Surgical centers

Public Health Sector:

- Environmental health
- Local/regional public health
- Public health clinics
- State public health department (including state labs)
- Tribal public health

Support Services Sector

- Community-based organizations
- Community Emergency Response Teams (CERT)
- Faith-based organizations
- Fatality management services
- Fire services
- Law enforcement
- Medical examiner/coroner
- Medical Reserve Corps
- Non-governmental organizations (e.g., American Red Cross, Salvation Army)
- Nonprofit organizations
- Private organizations (e.g., businesses, durable medical equipment companies)
- Public affairs/public information officers
- State labs
- Volunteer Medical Organizations

Other Partners

- Childcare facilities
- Military
- Schools/school districts
- Tribal

Justification

In 2002, the Office of the Assistant Secretary for Preparedness and Response (ASPR) released the Hospital Preparedness Program (HPP) Cooperative Agreement. This grant opportunity provides funding and technical assistance to help local and territorial public health departments enhance surge capacity and improve community and healthcare system preparedness. HPP grant recipients, state and local health departments, have received over \$4 billion dollars to support regional healthcare system preparedness by utilizing and implementing the Healthcare Preparedness Capabilities. The development and utilization of HCCs has become an HPP programmatic priority and is outlined in the Healthcare Preparedness Capabilities and referenced

in the Public Health Emergency Preparedness Capabilities. Generally, an HCC includes representation from the local acute care hospitals, public health departments, emergency management agencies and EMS within the geographic area of the coalition.¹ Nationally, 83% of hospitals, 64% of local health departments, 42% of emergency management, 39% of psychiatric residential treatment facilities, 28% of skilled nursing entities and 26% of EMS participate in HCCs.³ HCCs provide an integrated approach in a variety of capacities to healthcare system preparedness, response, and recovery.²

Healthcare Coalition Scope

Effective health and medical emergency response requires collaborative planning across a wide range of organizations. A healthcare coalition is a network of health and medical organizations and their respective public and private sector response partners that serves as a multi-agency coordinating and planning group within a defined region. HCCs leverage the expertise of partners to strengthen Emergency Management and Emergency Support Function (ESF) #8 preparedness, response, and recovery activities.² Coalitions can serve several purposes, including increasing information sharing and situational awareness to inform decision making and resource allocation and assisting in a coordination of response among participating organizations during a public health emergency. HCCs also play a major role in planning, training, and exercising all components involved in a possible response, and enhancing the health and medical system planning at the state, local, regional and territorial levels.⁴

The specific roles and responsibilities of HCCs during emergency response and recovery vary based on specific regional needs. As a result, it is up to planners throughout the ESF #8 system to establish specific and appropriate coalition responsibilities, if designated, during an emergency response. The following are priorities ASPR has designated as possible objectives for HCCs during an emergency, which may be completed through the ESF #8 system during activation in incident response and recovery:

- Facilitate information-sharing among participating healthcare organizations and with jurisdictional authorities to promote common situational awareness.
- Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among coalition members, and supporting the request and receipt of assistance from local, state, and federal authorities.
- Facilitate the coordination of incident response actions for the participating healthcare organizations so that incident objectives, strategy, and tactics are consistent for the healthcare response.
- Facilitate the interface between the healthcare coalition and relevant jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge.⁴

Several local health departments have utilized HCCs for a number of preparedness planning and response activities, including pharmaceutical and mass fatality management, as well as reviewing infection control policies and procedures.⁴

Healthcare Coalition Membership

As health and medical and emergency management planners develop the core objectives of an HCC, they determine its makeup and size. ASPR has developed the following principles to guide decisions on which organizations should be included as official members of an HCC:

- Participation may involve a variety of partners that have a role in managing or supporting health and medical organizations.
- Participants may be able and willing to commit the necessary resources to enhance preparedness and establish the response capacity to fully support incident response, either through the HCC or the ESF #8 system.
- Participating organizations may be day-to-day business competitors, but must agree that fair representation should be assured for all Coalition member organizations.
- Participation in the HCC must be voluntary.⁵

Utilizing the criteria above, ASPR has designated that the following healthcare organizations should participate in an HCC:

- Hospitals, integrated healthcare systems, managed care groups that deliver healthcare services, community health centers, outpatient clinics, specialty healthcare services including dialysis and surgery centers, and other point of service healthcare organizations.
- Specialty hospitals that provide services in a geographic area.
- Federal medical facilities that operate in a geographic area, including Department of Defense and Veterans Administration (VA) medical centers, as well as federally-funded community health centers, clinics, or other facilities.⁵

In a 2014 survey that was distributed to almost 5,000 hospitals nationwide, of the responding hospitals, 95% participated in an HCC. Most of these coalitions were in the early stages of development and were primarily led by public health agencies and hospitals. The participants in these HCCs were generally from public health, emergency management, emergency medical services and hospital associations.⁶

Healthcare Coalition Benefits

The HCC structure demonstrates how health and medical partners in a region can partner together to address the many challenges a community may face. As a result, coalitions enable the health and medical community to partner with emergency management to optimally prepare for all challenges.⁷ Coalition members must be committed to actively participating in HCC activities and to communicating with all partners as well as within their own agencies. Coalition effectiveness is not dependent on the way in which the coalition forms, evolves and functions, but rather on leadership and the members' degree of commitment.¹

HCCs offer many benefits to participating organizations and the communities they serve. Partners are given the opportunity to actively participate and guide regional emergency preparedness planning, access timely information and resources during a response, advise public officials on policy matters, and establish best practices and protocols among participating agencies, and improve/build existing processes and trainings. HCCs are needed in communities to address emergency preparedness and response challenges that cannot be addressed by individual organizations or agencies acting alone.¹

References

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Record of Action

Proposed by NACCHO Surge Management Workgroup

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