

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 preparedness and response networks that provide timely information and may support coordination during health emergencies that can escalate to a public health disaster. HCCs should create a culture of collaboration to foster community integrated planning, response, and recovery efforts. Due to the varying sizes of communities and local health department (LHD) structures, the organization and membership of HCCs should align with the current threat environment and local needs.

Healthcare Coalition Members

As health, medical, and emergency management planners of Emergency Support Function #8 develop the core objectives of an HCC, they determine its makeup and size. Within the U.S. Department of Health and Human Services (HHS), the Administration for Strategic Preparedness and Response (ASPR) has developed a guidance for Medical Surge Capacity and Capabilities¹. Within this guidance, the following principles can assist in decision-making on which organizations should be included as official members of an HCC:

- Participation may involve a variety of organizations, but each should have a primary role in medical care delivery (or some element thereof) during incident response;
- Participants must be able and willing to commit the necessary preparedness resources and establish the response requirements to fully participate during an incident response;
- Participating organizations may be day-to-day business competitors, but must agree that fair representation should be assured for all Coalition member organizations;

ASPR has stated that each HCC must include at minimum the four core members:²

- hospitals,
- public health agencies,
- emergency medical services (EMS) (including inter-facility and other non-EMS patient transport systems)
- and emergency management agencies.

Based on ASPR's guidance for HCC membership, NACCHO recommends the following entities as essential participants in an HCC:

- Emergency Management Departments/Organizations
- Emergency Medical Services (EMS)



- Hospitals/hospital systems
- Local and State Public Health Agencies

HCCs can grow and evolve over time to include a diverse membership to ensure a successful whole community response and recovery. If areas of the community are unprepared or not engaged, there is a greater risk that the healthcare delivery system will be overwhelmed.² The following is a non-exhaustive list of partner organizations that may be included as members in an HCC:

Emergency Management Sector:

- Offices of Emergency Management

Government Sector

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

Healthcare Sector

- Behavioral health providers
- Community Health Centers
- EMS providers
- Federally Qualified Health Centers (FQHCs)
- Healthcare providers
 - Primary care providers
- Hospitals and health systems
 - Hospital emergency departments
- Home health agencies (including home and community-based services)
- 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 banks, hospice, poison control centers, radiology)
- Surgical centers

Public Health Sector:

- Environmental health
- Local/regional public health
- Public health clinics



- State public health department (including state laboratories)
- Tribal public health

Support Services Sector

- Community-based organizations
- Community Emergency Response Teams (CERT)
- Faith-based organizations
- Fatality management services
- Fire services
- Law enforcement
- Local clinical laboratories
- Medical and Device manufacturers and distributors
- Medical examiner/coroner
- Medical Reserve Corps (MRC)
- Non-governmental organizations (e.g., American Red Cross, Salvation Army, etc.)
- Nonprofit organizations
- Private organizations (e.g., businesses, durable medical equipment companies)
- Public affairs
- Public information officers
- Public works
- Volunteer medical organizations

Other Partners

- Childcare facilities
- Military
- Universities
- School districts

NACCHO recommends a continued partnership between local public health and HCCs.

Justification

In 2002, ASPR released the Hospital Preparedness Program (HPP) Cooperative Agreement. This grant opportunity provides funding and technical assistance to help local and territorial HCCs enhance their surge capacity and improve community and healthcare system preparedness. Since 2002, investments distributed through HPP have improved individual healthcare entities' preparedness and have built a system for coordinated healthcare system readiness and response through HCCs.

HPP grant recipients have received \$6.8 billion dollars to support regional healthcare system preparedness by utilizing and implementing the Healthcare Preparedness Capabilities for



Healthcare Coalitions. The Public Health Service Act is the statutory authority for HPP and articulates the HCC membership for funding eligibility.³ Across the US, an HCC generally includes representation from local acute care hospitals, public health departments, emergency management agencies, and EMS within the geographic area of the coalition. ASPR reported in 2021 that 91% of hospitals nationwide participate in HCCs along with 98% of LHDs, 84% of emergency management organizations, and 47% of EMSs.⁴

Public Health Emergency Preparedness (PHEP)

Alongside the HPP, the Center for Disease Prevention and Control (CDC) released the Public Health Emergency Preparedness Program (PHEP). Their 2024-2028 Cooperative Agreement (CoAg) identifies HCCs as an essential public health partner and participant in planning, exercising, responding, and recovering from Public Health emergencies.⁵ In conjunction to this CoAg, CDC published the PHEP exercise framework guide, which has been designed to improve collaboration with emergency management, healthcare coalitions, other government sectors, and private industry within jurisdictional exercise programs. PHEP activities further the importance of LHDs as active members in their HCCs.⁶

Healthcare Coalition Scope

Effective health and medical emergency response requires collaborative planning across a wide range of organizations. An HCC is a network of health and medical organizations and their respective public and private sector response partners that, together, serve as a multi-agency coordinating and planning group within a defined geographical region.⁷ This partnership requires a whole community planning approach for all populations, including communities most impacted by disasters.

Coalitions can serve several purposes including increasing information sharing and situational awareness to inform decision making, resource allocation, and response coordination among participating organizations during a medical and/or public health emergency. HCCs also play a major role in planning, training, and exercising all components involved in a possible response. 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 whenever an HCC role is designated for an emergency response. ASPR has designated the following as possible objectives for HCCs during an emergency response, which may be completed through the ESF #8 system during activation in support of incident response and recovery:⁸

- 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 incident objectives, strategy, and tactics are consistent for the healthcare response; and,
- Facilitate the interface between the Healthcare Coalition and relevant jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge.

Healthcare Coalition Benefits

The common principles of an HCC’s operational policies and structure demonstrate 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. Coalition members must be committed to actively participate in HCC activities and to communicate in support of these HCC activities 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 administratively, but rather on leadership, operational functions, and the members’ degree of commitment.⁹

HCCs can also provide day-to-day, non-emergency benefits to their communities such as:²

- meeting regulatory and accreditation requirements,
- Enhancing purchasing power (e.g., bulk purchasing agreements)
- Accessing clinical and non-clinical expertise
- Networking among peers
- Sharing leading practices
- Developing interdependent relationships
- Reducing risk
- Addressing other community needs, including meeting requirements for tax exemption through community benefit

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. Medicare and Medicaid providers and suppliers are further incentivized to each participate in a “full-scale, community-based exercise with their local and/or state emergency agencies and HCCs and to have completed a tabletop exercise.”¹⁰ This requirement from the CMS Training and Testing Requirements of the new Emergency Preparedness Final Rule was published November 15, 2016, and implemented as of November 15, 2017.



Members of an HCC can be given access to timely information and resources during a response, advise public officials on policy matters, establish best practices and protocols among participating agencies, and improve/build existing processes and trainings. HCCs are needed in communities to address emergency preparedness, response, and recovery challenges that cannot be addressed by individual organizations or agencies acting alone.

References

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Record of Action

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