July 2021 Hospital Association Recipient Webinar Transcript
July 15, 2021
Event Transcript

00:00-00:13

Catherine Fullerton: I will now pass it over to Jennifer Hannah who will open today's call.

00:14-03:18

Jennifer Hannah:

Thank you Cat and good afternoon to everyone, thank you for joining us today. As Cat already stated, I am Jennifer Hannah, Deputy Director for ASPR's National Healthcare Preparedness Programs Branch, and it is my pleasure, as per usual, to be with all of you today as we connect on a variety of disaster response topics. Before I go over the agenda for today's call, I'd like to provide a few updates regarding the cooperative agreement, accountability, and management platform or CAAMP. CAAMP is open to complete the end of year report, and the end of year report deadline is July 30. Later in this webinar Kate Gorbach will go over some common questions she's received regarding CAAMP end of year reporting. In the meantime, I'd like to remind you to join the Community Collaboration page on CAAMP, you can get there by going from the navigation bar to "collaboration" to "community collaboration." Move your settings to 'weekly digest' or 'every post', so that you get email updates when there are announcements. We also highly recommend joining the group for your region, you can get there by going from the 'navigation bar' to 'collaboration' to 'groups', for your region-specific announcement.

During today's call, I will first share some new communication resources available on the ASPR website, phe.gov. Next, Matt Watson, ASPR Senior Advisor, will present on some current issues in COVID-19 patient surge management. Then, Kate Gorbach, who leads CAAMP system support, will present some frequently asked questions regarding end of year reporting. Finally, we will have some time at the end for general questions from the audience.

I wanted to share some exciting new additions to the ASPR healthcare readiness programs webpages. Over the past several months, we have been developing new current content and communications materials to effectively communicate the breadth of our support for healthcare readiness nationwide and the impact of recipients, including you, our hospital association. A member of our team will insert the ASPR healthcare readiness programs link in the chat that's shown here. Some key materials that we recently launched include the annual report and the new regional disaster health response system webpage and fact sheet, both shown here - and our team will also enter those links in the chat and as per usual, we'll certainly share those links with you as part of our follow-up after the call when the recording becomes available. Additionally, we've developed and launched new media, such as the new Hospital Preparedness Program, or HPP, video shown here. I'll now pause while we play the new HPP video here.

Laura Hillard:

03:42-5:10

The Hospital Preparedness Program, or HPP, helps keep our nation's communities, healthy, and safe in response to emergencies like national disasters and the COVID-19 pandemic. As

one of ASPR's core healthcare readiness programs, HPP engages healthcare stakeholders from all 50 states, Washington DC, U.S. territories, and freely associated States, to establish the foundation for national healthcare readiness, promote a consistent national focus to improve patient outcomes during emergencies, support healthcare resilience, and enable rapid recovery. In 2020, ASPR administered over $230 million in funding to its 62 HPP Cooperative Agreement recipients. Since 2002, HPP investments have coordinated healthcare readiness and response through 300+ healthcare coalitions or HCCs. Health Care Coalitions are networks of individual public and private organizations in a defined geographic area that partner to prepare healthcare systems to respond to emergencies and disasters, including developing shared preparedness plans, conducting exercises, and coordinating equipment and supply needs. For example, in Maryland, in response to an increased hospitalizations and elevated demand for PPE due to COVID-19, local HCC members relied on their coalition for guidance on how to mitigate resource shortfalls. As part of a comprehensive regional disaster health response framework, HPP strengthens healthcare systems to keep our nation healthy, safe, and prepared.

Jennifer Hannah:

05:30-07:35

So, as you can see, this video is one way that we're expanding our communications to educate the public on a key ASPR program and healthcare readiness in general, and of course feel free to share this video and any of our other materials on our webpages with your networks. Finally, we've posted several new stories from the field to highlight how our recipients are making a big impact on the ground, to prepare for and respond to real incidents, emergencies, and disasters. As always, we want to hear from all of you about your hospitals and other related healthcare entities, how you are using the cooperative agreement funding to make an impact on their community, especially as it is related to the current COVID-19 response. We would love to highlight your accomplishments in materials that will go out to a diversity of audiences, including the office of management budget and members of Congress. To submit your story, you may either email the hpp@hhs.gov mailbox or fill out our new story from the field submission form, which is available on the 'healthcare readiness in action' stories from the field website and a member of our team will also insert the link directly into the chat for easy reference. Once you either send an email to our hpp@hhs.gov website or submit a story idea into our story from the field submission form, a member of our communications team will reach out to learn more.

So, thank you for listening. Hope you enjoyed the video, and we will appreciate any questions or thoughts that you may have and then of course, we'll leave some leave some time to answer your questions. Okay, not seeing any questions. I'll now pass it over to Matt Watson.

Matthew Watson:

07:41-14:12

Thank you so much Jennifer. My name is Matt Watson, I'm Senior Advisor at NHPP and what I wanted to do today was just go over at a high-level a few emerging findings and themes related to our ability to manage surges during COVID-19. I think one of the things that struck us all about the response to date, is the rate at which we've learned to care for COVID-19 patients, which was both necessary and extraordinary when you think about it. As I know all of you will recall, early in the response we had no specific therapeutics, there was a high degree of uncertainty around even basic patient management, like when to start a patient on a ventilator.

Obviously since that time, clinical management has improved dramatically. Importantly, though, the same is true at the system's level. You and your constituents really did the hard work of providing patient care, planning for, and in some cases operationalizing alternate care sites, conducted load balancing to make sure that no single facility was truly overwhelmed and in some cases, considered the implementation of crisis standards of care. Many of these important lessons and experiences either have been or are being captured in the literature, and we are being intentional about collecting those and surfacing the most important of them for our stakeholders, because we think that they're critical.

So, what I'd like to do now is just kind of take a step back and identify a few data points that may be useful as we move into the fall. One other reason we thought it would be important to touch on this is because we're observing changes in the pandemic's epidemiology and health impacts and our response to it from a health systems' perspective should keep pace. Overall, we are seeing reduced levels of disease as compared with earlier in the year, as well as fewer hospital admissions. There has been a slight uptick in the last couple of weeks, but overall, trend lines are moving in the right direction. At the same time though, we're aware that variants of concern, most notably delta, may contribute to increased transmission in regions especially where vaccine coverage may be lagging.

One recent publication that we thought was important to touch on here makes a valuable contribution regarding the relationship between patient outcomes and facility surge. Investigators at the NIH's Clinical Center recently reported that approximately one quarter of inpatient mortality experience during the COVID-19 pandemic can be attributed to surge conditions at the treating facility. This was a very striking finding to us, especially for those of us that have been studying surge as a science from a professional perspective. I won't belabor the methods of the paper but I'm happy to make that reference available to anybody who's interested, so please don't hesitate to get in touch.

The key takeaway, though, is that effectively managing surge at that facility level can save lives, it really is that simple. One implication from this work is that the ability of hospitals and health systems to conduct well-coordinated patient load balancing operations is going to continue to be vital. As I mentioned previously, if future surges largely are regional in nature, it's possible that beds will be easier to come by in adjacent states or regions, or even further afield as compared with earlier in the pandemic. So that may be an important change from the health systems perspective, so please keep that in mind and communicate that to your member hospitals as we move into the fall.

The other thing I wanted to touch on briefly is hot off the presses, and is a report released out of the Office of the Surgeon General today actually. It concerns the challenges of health-related myths and disinformation. Clearly anybody who has been following this story of the pandemic closely will understand that this has been a complex and challenging issue that we've all encountered. But from a health systems' perspective, the Surgeon General recommends that healthcare providers and organizations take the following steps:

First, to proactively engage with patients and the public on health misinformation. Second, to use technology and media platforms to share accurate health information with members of the public. And third, to actively partner with community groups and other local organizations to prevent and address health misinformation. Again, this is a challenging issue, but one that needs a wide-ranging response. Let me stop there and see if there are any questions or

comments on anything I just touched on, thank you all. Okay hearing none, I think I will pass it on to my colleague, Kate. Thank you so much, everybody.

Kate Gorbach:

14:12-23:31

Wonderful. Hi everyone, it's so good to see so many familiar names and faces. I'm going to go ahead and talk CAAMP and I'm going to go ahead and share my screen and go over the End of Year Reporting just one more time in case there are any questions. I'm going to go slow and do all the sub-recipients, do the whole thing, then go over some frequently asked questions in the process as well. I invite anyone to interrupt me with questions, either via the chat or just speak up - I'll try to pause here and there for any questions as we go along.

Great, so this is CAAMP, I've logged in. This is our DEMO account, so I'm pretending to be a hospital association right now. I'm going to open performance measures at the top in the green bar and click 'recipient.' One thing that has been happening a lot if you just make sure in the left-hand corner to always go from 'recently viewed' to 'all' or 'end of year measures'. You'll be able to see here, so I haven't created my end of year template yet. I'll go ahead and do that right now. 'New recipient measures,' my account will pop right up when I click on the search bar. The year already pre-populates and then I want to make 'end of year measures.' So go ahead and create that. One thing to remember – in order to change any answers on this form, you do need to click 'edit', so click edit and I'll start looking at my questions.

There are seven initial questions here when I start clicking 'yes', some other questions might appear asking the number of dollars and then also there may be additional questions that will pop up as well, depending on the question. One thing to note here on the recipient form for hospital associations - there's an upload file button here. I emailed every hospital association a list of their subrecipients. It's a simple template of just the sub-recipient name and then we're just interested in knowing how much grant money they received, so if you don't have that handy, let me know I'm happy to resend.

If I were to upload something here - this button still stays here, you can upload as many files as you'd like. But if you're curious about how to upload correctly there'll be a green bar at the top, then, if you go to 'related', it'll be here under notes. You can always put your attachment here as well.

So, looking on this page, I found that by going to 'related' at the top. So, there's details that have my questions here for me as the hospital association, and then 'related', you know, where my attachment would go. I also see down here that my sub-recipient measures is zero, so I haven't created my sub-recipient measures yet, so I'm going to go right ahead and do that. I can go up at the green bar for performance measures to sub-recipient and make sure to change my recently viewed to 'all'. I don't have any sub-recipient measures yet, but I'll go ahead and create those right now by clicking the blue button at the top, 'new sub-recipient measures.' As soon as I click on the search bar, the name of my recipient form will pop up, so I'll just click that. That associates all of my sub-recipients with me, the recipient.

Great, all of these are created. So, there's a couple ways to fill these in. So, I'll go ahead and open one of these forms. Now, me as the hospital association, if I know all these answers, for instance, if I know that all of my hospitals only spent their money on PPE, then I'll click "yes" for

number four (the PPE question), I'll put in a dollar amount, and select "no" or "not applicable" for the rest. The PPE question will pop up at the end, same as the recipient report, if you click yes to some of these questions, additional questions will pop up at the bottom. I'll make sure to answer all these for my sub-recipient. We don't need dollar amounts of how much was used on each type of PPE, but just in general how much was used on PPE overall, or what was used on each activity type allowed by the grant overall, and then maybe a couple of additional questions. I can drag and drop, or I can hit this arrow to go back and forth.

If I don't know the answer and I need to follow up with my hospital to figure something out, I can save. Then that will move this to 'in progress' so you can always come back to it later. Another way to fill this in is to hit send and this pop up will come up. I only created one fake contact to go with my fake hospital association. I can go to my sub-recipient, and I think it's my hospital that I created it for. I can send this to the sub-recipient, so this is populated from the list of contacts associated with each account with each hospital. So if you have more than one, it'll show up on a drop-down menu. I'm going to select the one person I have, and then I can send them the form in an Excel file. The Excel file has a lot of questions on it just because it had to encompass the tree logic from all the questions here.

When these forms are sent, it looks like it's coming from your email. So, it won't say CAAMP or HPP, it'll look like it's coming from you. If I go back to my sub-recipient page, I can see that the one I started here, this one is in progress. This one is new (the hospital one that I started), but I can see here if I change the length of these a little bit, that I sent this one. It says the name of the person that I sent it to here. You can keep track of which ones you've sent people, which ones you're filling in yourself. When the sub-recipient fills in the form, the instructions on the email say to send it back to me, Kate Gorbach, not the hospital association. I collect all the sub-recipients, and at the end of every day, I upload them to the CAAMP system from the back end. You'll know when your sub-recipient has turned in their information when this changes to "submitted" (the status).

Here's a frequently asked question: "my sub-recipient put in a dollar amount that wasn't correct. I've talked to them, I just need to edit it, how do I do that?" If you go in here, you can change the status at the top. So let's a pretend that someone submitted. This is submitted and the edit button's gone, but I need to change the dollar amount. So that'll be possible up until July 30 - all you have to do is select 'in progress' on the top progress bar and then 'mark as current status.' Then I can go in and I can edit again.

I have a big list of FAQs, I'm going to show you where they're at. I'm sure we can send it out with the meeting minutes as well. In CAAMP, if you go to "resources" at the top, the very last one, "frequently asked technical assistance," the "End-of-Year Performance Measures FAQs." This is a word document that I've been compiling with colleagues as more questions have been coming in. If you have a question, never hesitate to reach out to me, but this might help fill things in as well.

'How do I delete sub-recipients from my account?" - Let's say that I gave money to some hospitals and I just gave my whole list of all the hospitals in my state, I didn't give money to one sub-recipient and I need to delete their form. If you just let me know, I can delete that account and then delete their form. They're not deleted forever and ever, if you decide to give that hospital money in a subsequent year, we can re-add that account.

I think I hit all the frequently asked questions in my talking already. Some good things that I'll just repeat one more time. You can always see the status of your sub-recipients by going to performance measures at the top, then clicking sub-recipient. All of these will sort if you click the top part. I find that helpful to see status - sometimes when you have a big list of sub-recipients, I can see who's new, who's in progress, who's submitted. Additionally, if I'm looking for a specific sub-recipient, I can click the sub-recipient name and it will go in alphabetical order or in reverse alphabetical order, so acute care hospitals at the bottom. I find that helpful to navigate.

That is all there is for end of year performance measures. I'll pause one more time and keep sharing screen just in case there are any questions or anything I can help with. I'll also drop my email in the chat if there are any questions that you'd like to ask one-on-one, please feel free to email me, I'd be more than happy to help.

Ron Marshall:

25:00 - 25:34

This is Ryan Marshall. I was looking at your FAQs - number one it looks like if we have a sub-recipient that we gave money to up front and we contacted them and they still don't respond with details on how they spent the money or if they spent the money, are we supposed to email you those sub-recipients?

Kate Gorbach:

25:34 -25:47

Yes. That that seems to be a thing that we're running into a little bit. If you go ahead and email me, we'll get in touch with your project officer and we'll figure out a way forward.

Ron Marshall:

25:47-26:05

Okay, all right. And we've been doing that since June, so is there a deadline that we need to do that before July 30, or if we still haven't heard from them by the deadline? How soon do you need that information? Because they're still coming in occasionally as we continue to call them and email them, and I don't want to send somebody's name if we get it a week later.

Kate Gorbach:

26:20 - 26:53

I know when we send out the forms, we ask all the sub-recipients in the email that goes out to them, we ask that they return their forms by July 24th so that I can upload into the system by July 30th. So maybe by the 24th, send me the name of the sub-recipients that are non-responsive and we'll set up either some time or email conversation with the project officer to come up with a game plan to move forward with those.

Ron Marshall:

27:00

Okay, thank you.

Kate Gorbach:

27:12 – 27:20

Any other questions or anything else I can help with? Alright well hearing none, I'm going to go ahead and put my email in the chat. Please feel free to reach out if you have any questions or any technical problems of CAAMP or any questions generally, I'm happy to help triage so thank you.

Jennifer Hannah:

27:43 – 27:55

Kate, we did receive a question - it says, 'What do we do if they don't submit expenses for all the funds received?"

Kate Gorbach:

27:55 – 29:59

Good question. The reporting period for these end of year measures is from April 10, 2020 to April 9, 2021, so we only want to report on funds that were distributed and used within that time period. Anything after that will be reported in the next reporting period. So it's okay if they don't submit expenses for all the funds received, the remainder will hopefully be in the subsequent year. Good question. Thank you, Cindy.

The first tranche of funding was required to be distributed within 30 days and was required to be spent, but then the second tranche of funding did not have a time requirement. I do hope that the money was spent from that first tranche of funding and we're able to report on that funding that was received before October of last year. Note everyone has submitted expenses for that. That is a good question. If that is the case, maybe we can work on those on a case by case basis. If you want to go ahead and email me those sub-recipient names and we can work together to find a good solution on how to report on those. A lot of time has passed, so I know it can be difficult, especially with the ongoing pandemic that everyone is still responding to so we'll figure those out, I think best on a case by case basis.

I'm going to go ahead and put my email in the chat right now. Any questions, please feel free to email anytime. Thank you.

Ramos, Maria:

30:03 – 31:10

Thank you, Kate. I think from here, we are going to open it up for a general Q&A from the audience. If you have any questions for any of our speakers that that presented today, please feel free to submit those in the chat or feel free to come off mute and ask your question.

Okay, it looks like we got a question here from Renee. So it says, "Under what category should hospitals report the ASPR hospital association COVID-19 preparedness grant for the provider relief reporting? Should the grant be categorized as other assistance, description, total amount of other assistance received from other sources by the reporting entity, or by its subsidiaries included in the reporting during the period of availability?"

Jennifer Hannah:

31:11 – 31:28

This is Jennifer. Unfortunately, we're unable to answer that question, so we recommend that you reach out to the to the program that's administering the provider relief program to get explicit instructions from them how you should handle the reporting for that particular program.

Ramos, Maria:

31:29 – 31:45

Thank you, Jennifer. Diane also asked if we'd be able to post the link for the article referenced pertaining to hospital surge. So, Matt, I don't know if you have that on hand that you'd be able to share, if not, we can always include it in the follow up email as well.

Matthew Watson:

31:46 – 31:48

I have it handy, I'll share it right now.

Ramos, Maria:

31:49 - 32:39

Great - thank you.

Okay, it doesn't look like there's any raised hands or additional questions in the chat. Thanks for sharing that link, Matt. If you think of any other questions, feel free to drop those into the chat, but I think with that Jennifer, we can move on to closing remarks.

Jennifer Hannah:

32:40 – 34:38

Great, thank you Maria. Of course, thank you, as per usual, to all our presenters for their time today and for your active participation in today's meeting. Thanks to Matt for keeping sure that we always have our finger on the pulse and keep current with this continuing COVID-19 pandemic response, and then also thanks to Kate, who knows all things related to CAAMP. So please reach out to Kate as you continue to work on your end of year reports. Just a reminder again that the end of year report is due July 30, and we are here to assist you as much as much as possible in completing that report.

We would like to ask all of you that have been participating on today's call for any suggestions that you may have regarding future topics for these webinars. With every meeting, we want to make sure that what we are providing is substantive and also information that is relevant to you, so please feel free to provide us with information regarding future topics. You can either drop those in the chat or, of course, you can send those to the HPP mailbox, hpp@hhs.gov. It is important to us, of course, that you know that we keep you informed and continue to share information that is helpful to you. If you have any thoughts about future programs and future content for our programming, please drop that into the chat or send it to the HPP mailbox, hpp@hhs.gov. With that, we are going to adjourn today's meeting, but first I wanted to of course thank all of you for joining us and have a great day.

Thank you.