

ASPR Health Care Readiness Cooperative Agreements All-Recipient Webinar Transcript
March 8, 2023
Call Transcript

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Megan Wassef: I will now pass it over to Jennifer Hannah, who will open today's call.

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Jennifer Hannah: Thank you, Megan, and good afternoon. Everyone. Thank you for joining us today, As Megan's already stated, I'm Jennifer Hannah, the Director of ASPR's Office of Health Care Readiness. Before I hand it over to our first presenter, I would like to provide a brief overview of what we will cover today. Next slide, please.

I will begin by providing a few updates relating to ASPR's Health Care Readiness Programs. Then, Jessica Porras, from ASPR's Immediate Office, will provide an overview of ASPR's Reorganization and ASPR's Strategic Plan. Next, Rachel Lehman, the Acting Director of ASPR TRACIE, will share information on current and upcoming resources that ASPR TRACIE has put together. Afterwards, we will be sharing one of the new Hospital Preparedness Program, or HPP, impact videos. Finally, we will leave some time at the end for general questions from the audience. Next slide.

I'd like to begin today's webinar with a few administrative updates. As you may know, the Health Care Preparedness and Response Capabilities are currently undergoing an update to reflect insights learned during recent response efforts and describe what is most critical to save lives and ensure health care continues to function during a disaster. Many of you may remember that we have provided a brief preview of those Capabilities. Well, the updated Capabilities have been drafted, and will be shared with a broad range of partners in the coming months for feedback. We look forward to your input and will be sure to share more information as the process continues.

Finally, we continue to execute on activities from the FY 2023 Omnibus. I don't believe, since we last met that we shared what those funding levels were for those programs that are part of our Portfolio, but for the Hospital Preparedness Program, for FY 2023 the funding level is \$240 million. For the Regional Emerging Special Pathogen Treatment Centers, or RESPTCs, it is \$21 million. For the National Emerging Special Pathogen Training and Education Center, the funding level is \$7.5 million, and then finally rounding us out is \$7 million for the Regional Disaster Health Response System. So, we will be working to execute that funding before the end of this fiscal year, and more information will be forthcoming for each of those individual programs. We are also looking forward to the release of the FY 24 President's Budget, which is expected in mid-March. I will now pass it over to Jessica Porras to present more on ASPR's Reorganization and ASPR Strategic Plan.

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Jessica Porras: Thank you, Jennifer, I hope you can hear me. Okay. So, my name is Jessica Porras. I'm in the front office as a Senior Advisor here at ASPR. I've been here about 4 months, and even though I'm new to ASPR I'm not new to HHS. I was with CDC for 5 years, and CMS for 9 years. So I've been working in the department for a long time. I know that you've probably been walking hand in hand on a lot of the challenges we faced recently, as the last few years

have been unprecedented between fighting the ongoing COVID-19 pandemic, combating the Mpox outbreak, supporting Operation Fly Formula and deploying multiple personnel and resources to states affected by hurricanes and tornadoes and various disasters. ASPR has worked on more high consequence, no fail missions than ever before. And we know that this is not going to end. You know, health security threats exist within a complex, global and ever-changing environment, and that's what we're living with every day. So, even though ASPR works to achieve its mission to assist the country and preparing, for responding to, and recovering from public health emergencies and disasters, we also know that we have to remain nimble and ever vigilant and learn also from all of our experiences. Next slide.

So that's why we thought it was important to release our Strategic Plan from 2022 to 2026. Next slide, please.

So, what's strategic planning? And why are we doing this? The process of strategic planning itself is meaningful, especially in the world that we live in at ASPR where we're constantly focusing on responding. Sometimes it's good to take a step back from our day-to-day operations and ask where we're headed, what our priorities are, and where we should be going. So, the process was helpful in, you know, serving as a focal point to align our collective efforts. And you know, even just the planning for the Strategic Plan, meant looking at stakeholder input that we'd received, looking at executive orders, looking at GAO recommendations, reports such as the National Academy of Science, Engineering, and Medicine, and then also looking at strategic plans like the HHS Strategic Plan and the BARDA Strategic Plan. Another step that we took, that was really impactful and super important, was we talked to our team, our workforce. We did this by conducting one on one interviews where we looked at challenges and successes. We held several town hall sessions. Next slide, please.

So, this slide shows a little bit, you know, of the contextual documents that we looked at when we were working on our Strategic Plan. Next slide.

Working on the Strategic Plan also gave us the opportunity to look at our mission, our vision, who we serve, and just see whether it still resonates the same today, as when we wrote it, and it did. Next slide.

That also included our values. We took a look, and I think we might have reordered them a little bit, but these still seem to resonate with who we are as an organization and as a culture for our organization. Next slide.

So, the Strategic Plan focuses on achieving and maintaining excellence in our preparedness, response, and recovery work by being an organization that learns and innovates, leaves no one behind, communicates clearly, and takes care of its people. Those were really the things that we thought about as we were drafting the Strategic Plan and working on the final words to make sure that those things were clear.

So, these are, in general, the four goals. The first one's preparedness. ASPR has to be prepared to execute public health and medical missions and response to a wide variety of threats and hazards. This process involves a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action to ensure an effective response. The next goal is our response goal. ASPR works to equip the health care delivery system for response and recovery, provides surge and behavioral health support, and also, public health supplies needed for patient care during disasters, especially for people with disabilities, older

adults, children, underserved communities, and institutional settings. ASPR also supports the distribution of critical medical countermeasures and other public health supplies to mitigate threats. The next goal which you know is very important, especially given who I'm speaking with today, is focused on partnerships. A successful public health emergency or disaster response is contingent on strong partnerships with key stakeholders.

This includes partners at the federal, state, local, tribal, and territorial levels, including other governmental agencies, community-based nonprofit, private sector organizations and our global partners. And last, but not least, I sometimes think this goal should be first but it's a workforce readiness goal. ASPR's success is due to the dedication of the public servant's work for ASPR. And so we want to continue to invest in a workforce model that attracts and retains top talent. Next slide.

It just because we've got the drafted this strategic plan doesn't mean we're done. Now that we've articulated our strategic direction and goals, we're working across ASPR to find what we need to do to implement. So the idea is that this is not a document that just ends up on a bookcase. We are going through a process with all of our colleagues and ASPR. We're calling it a roadmap, and it's going to include you know what activities, roles and responsibilities, current and future programs, performance measures, milestones, and funding. What do we need to do in order to achieve these goals? And our plan is to have this roadmap completed by summer, so we can then start tracking quarterly, and making sure we're hitting these targets to achieve our goals. Next slide.

I won't spend a lot of time on this slide, but it's sort of a takeaway slide. I actually have it up on my desk, and it's just a reminder of you know what our mission and vision, our values, our goals, and every once in a while, when I'm feeling a little bit slightly lost or overwhelmed it. It's good to take a look at it and make sure that we're on track. Next slide.

So in addition to the Strategic Plan; we've also gone through a reorganization. Next Slide. As I've mentioned before, you know, we've changed a lot in the 5 years since our last reorganization. We've gone through a lot. We spent the last 3 years, responding to once in a lifetime pandemic, several disease outbreaks, hurricanes, and countless public health emergencies. So, in recognition of this work we were elevated from a Staff Office to an agency within HHS last summer. And that is a process we're going through right now. It'll give us more tools to hire the best and the brightest, hopefully give us more resources to, so that we can continue to work on our programs and strengthen our partnerships. But you know we're not the same organization we were in 2018, and our structure needs to reflect that growth and maturation. So that was a part of the reason for the reorganization. This reorganization establishes a structure that accounts for our expanded mission, addresses our new capabilities, prioritize a program accountability, and it's also clear and straightforward, and its naming conventions. Next Slide.

So the following are some of the key elements of our reorganization. So the Strategic National Stockpile, whose work has grown significantly in scale and scope, is now its own Office, reporting to the ASPR. Before, it was 3 levels down in the Office of Response, and it's one of our largest line items, so it made sense for it to be a standalone Office. In addition, when DoD left Operation Warp Speed at the end of 2021, the H-CORE program was founded and added to ASPR, but not officially. Now H-CORE is reflected in an organizational structure, and it's an Office reporting directly to the ASPR. In addition, throughout the pandemic ASPR was tasked

with securing the public health supply chain and expanding the industrial base to ensure that PPE and other critical supplies could be manufactured in the United States. This program is now its own office, reporting to the ASPR, and it's called the Industrial Base Management and Supply Chain Office. Next slide.

In addition, several ASPR wide functions that have been buried within the organization, such as communications, policy, legislation, and stakeholder outreach, have been moved into the Immediate Office of the ASPR, so you see those at the top of the org chart, to ensure seamless coordination across the entire enterprise. If you see the light blue boxes. You can see that we've simplified some of the names of the organization. So, for example, what used to be called the incident command and control offices. And now the Office of Preparedness, and importantly, the Office of Health Care Readiness resides within that office. So that's the red box.

And that's all I have for you today. I'm happy to pause and take questions, if there are any, and you know, thank you in advance for your time. Hopefully this is the first of many conversations with all of you, and if there aren't any questions, I'm happy to send it back to Jennifer or to Megan.

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Jennifer Hannah: And just as a reminder for our folks that are on the line, as noted here on this slide, you can certainly submit a question in the chat or you can raise your hand, and we will take you off mute, and you can ask your question, live. So, if you have any questions for Jessica regarding the ASPR Strategic Plan as well as the ASPR reorg... As Jessica noted our Office, you know previously, was known as the National Healthcare Preparedness Programs Branch, and maybe you picked up on that when we changed it at the start of the call, but as Jessica stated, what was previously our Branch has been elevated now to an Office within the Office of Preparedness, so that we have the opportunity in our reporting line, to report directly to the Deputy Assistant Secretary for the Office of Preparedness. This is a really positive change for us. We simplified the name of our Office to better reflect our entire Portfolio, and not just HPP. So I think this certainly the more to come, and I think we have a hand raised with Roslyne Schulman. Roslyne, please, for free to ask your question.

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Roslyne Schulman: Thanks, Jennifer. I have a question, if you go back a couple of slides, the Industrial Base Management Office, let's see. So it sounds like part of the goal of that reorganized office is to ensure the domestic production of medical countermeasures. I just wonder if there was more if you could describe a little bit more about how you would be going about doing that. What the authorities are that you've got to take those kinds of actions, and if you need any additional authorities, I guess.

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Jessica Porras: Well, I'll say a couple of things that hopefully will be helpful. I mean, there are supply chain, there are several executive offices and national strategies that that give us some authorities. There's also the Defense Production act that gives us authorities and emergencies to be able to, you know, move quickly, and enter certain arrangements. You know this is a new office. They're starting to find their way. But I want to be really clear that you know BARDA, SNS, H-CORE. They also have a role in supply chain because they focus on vaccines and

medical countermeasures, and those things will continue. This Office will do a lot of that coordination. And then, for example, you know some of the analytics and things like that that need to continue to happen, will reside in the supply chain control tower, but also some of the work in preparedness, also kind of looks at data and does the analytics. So I hope that's helpful. There probably are other authorities involved in other authorities that we need, and we are actually going through the motions of working on that to identify what additional authorities we might need. So I think it's a new organization, and it's going through its own maturity process. I hope that's helpful.

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Roslyne Schulman: Yes, that's quite helpful. I just wanted to get a feel as this was the one I understood the least about. So it's helpful to know that you're just getting started and that you are working cooperatively with the other parts of ASPR and the federal government, that look at issues around supply chain. So thank you.

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Jessica Porras: Absolutely. And we need to also be, you know, hand in hand with FDA and CDC. With this issue as well. So we work with them as well. Thank you.

00:18:43.390 --> 00:19:17.890

Megan Wassef: And I believe we also had two in the chat. The first one was asking if we could go to slide 13, and so our team is going to go there one more time and we'll leave this up while we're reading the next question, for those who requested to take a look. The other question that came in reads "Much of what we do at the state level for SNS and MCM happens as a function of the PHEP grant instead of funding from ASPR. How does ASPR look to merge those efforts and responsibilities, especially as it relates to the work done by HCCs?"

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Jessica Porras: That is actually not a question I know the answer to, but if you will send me the question, I promise to send a response to whoever submitted the question, because I know I don't know everything, but I can find out who does know everything, and then follow up with the with the person who asked the question.

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Jennifer Hannah: I might add on to that, Jessica. For the Office of Health Care Readiness, we've been having conversations with SNS partners and specifically with the new Office within SNS, that is related to state, local, territorial, and tribal nations. So the SLTT Office with Glen Christie, and we don't have everything worked out yet, but we're looking to see how we may be able to work more closely together. What are the points of intersection? I know that SNS is very interested in committed to seeing how they can kind of reach across the aisle for health care, and specifically related to the health care coalitions. And I think that they have demonstrated that to some degree with the with the regional workshops that they've been conducting. They've been working hand in hand, not only with the ASPR regional staff, but then also with the staff from our Office, as well to identify partners from health care as well as health care coalitions to ensure that that discipline and that community is represented at those regional meetings, so that your voice will also be heard. But we know that that's just really the start of a conversation, the

start of a dialogue we know there's much more work to come. And, Megan, I believe that you said that there was another question in the chat.

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Megan Wassef: The only other one was just to view this slide, which is slide 13. So, aside from that, feel free to submit any other questions or comments in the chat. I think those had come through the Q&A.

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Jennifer Hannah: As we noted at the top, we will certainly be sharing these slides, following the meeting in a follow up email. But also we'll make sure that everyone has the link. I believe that we have been including in and highlighting it within our bulletin, but we'll certainly highlight it in the bulletin Again, regarding the ASPR Strategic Plan, so that you can have direct access to the link and read the strategic plan for yourselves as well. So again, if you have any questions, please feel free to type it in the chat, and then also for the to ask a question. But it looks like we have a question here. "What is the expectation for deployment date for these goals?"

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Jessica Porras: So our plan at the moment is to use this as a roadmap for development in order to be able to achieve these goals. And so we'd like to have that process completed by the summer, and those will have quarterly goals that we hope to meet. So then, you know, starting the summer, we'll be able to look at, you know at the strategic plan once a quarter, and just kind of see if we're continuing to progress and hit those milestones, and you know the plan is to just for the next 5 years, kind of keep this as our guiding line, and make sure that we are, you know, continue to achieve these objectives. I saw that there was another question, but I couldn't read it fast enough.

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Megan Wassef: I'm happy to read it out for you. We got another question that says, "Is there a reason for the Operation Center being housed outside of the response program on the organizational chart?" And we'll head to that slide right now.

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Jessica Porras: So I'm trying to see where did the operations center go? It's under the Office of Preparedness. And it's at very bottom for the Secretary Operation Center. So I'm not sure why it moved. I mean, it does make sense, you know, given that the work that they do, and even though it's true that they're there, you know to activate when an emergency comes up, you know, they are our eyes and ears every single day. So that's why it made sense to put them under preparedness.

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Megan Wassef: Looks like. Another question came into the chat: "How will the ASPR Strategic Plan integrate with the new draft HPP Capabilities?"

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Jennifer Hannah: This is Jennifer, and I can speak to that to some degree, is that you know we will be certainly looking to see how the plan will inform those the Health Care Preparedness and Response Capabilities. We are certainly looking for points of intersection, and as Jessica alluded to, when talking about the roadmap. We'll certainly see where our activities intersect, including Health Care Preparedness and Response Capabilities, and how they map back to the ASPR Strategic Plan to make sure that the strategic plan is cascading and informing all that we do, including the Capabilities.

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Jessica Porras: And, Jennifer, if you don't mind me adding one more piece, you know we want to have a series of stakeholder calls to talk about the strategic plan with our stakeholders, and also have an opportunity to have a dialogue with all of you, so that you can provide your feedback and ask questions. And this functions as sort of a living, breathing document.

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Megan Wassef: It looks like another question that just came through. The question is: "Why are health care coalitions not specifically mentioned in the ASPR Strategic Plan?"

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Jessica Porras: So I think we were thinking about you in spirit when we were talking about our state, local, territorial, and tribal partners. But I think you're right that we should have, you know, singled it out because the relationship is so unique and so special. So I actually I appreciate that comment. Thank you.

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Jennifer Hannah: Okay. Are there any additional questions for Jessica regarding the Strategic Plan or the reorg?

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Megan Wassef: Jennifer. It looks like one other question just came through. "Will ASPR be planning specific wording regarding the food and water restriction in the new project period documents?"

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Jennifer Hannah: Edward, we will certainly take note of that. We are still very early in the process of looking at all of the different inputs for the new notice of funding opportunity for the HPP cooperative agreement. So thanks for that comment, and we'll make sure that we document that and include that in our list of inputs. And then also what we've been capturing and calling internally our idea board for the notice of funding opportunity.

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Jessica Porras: Thank you. Everyone.

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Jennifer Hannah: Great thanks, everyone for all of your questions. And again thank you to Jessica for taking the time to be with us today. I'm sure that this won't be the last time that you

hear or receive an update regarding the strategic plan, and then, of course, as we continue to implement our transition, not only as an operating division for ASPR, but then also as these different offices to work through and settle in. And, regarding the reorg as well. So I will now pass it to Rachel Lehman to provide an overview of ASPR TRACIE's recently released resources and activities.

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Rachel Lehman: Thank you, Jennifer, and thank you for having ASPR TRACIE on today's All Recipient Webinar, we really appreciate it. Next slide

This slide highlights select newly released ASPR TRACIE resources since our last update to this group. Early this year we released the *ASPR TRACIE, 2022 In Review*, which you can find all of our new and updated resources from 2022.

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Megan Wassef: If you give us just a moment here, I believe Rachel is having some technical difficulties, so we will reconnect in just a moment.

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Jennifer Hannah: Thank you for your patience, folks. We are working through our technical issues to get our ASPR TRACIE folks back on the line to be able to provide that update.

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Audrey Mazurek: Hi, Jennifer, this is Audrey. Can you all hear me? Do you want me to try to take over? I'd hate to take over for Rachel, but if you can't get her back on, I'm happy to.

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Jennifer Hannah: Certainly, if you can, please feel free to walk through the slides; and then, if Rachel rejoins, we will certainly allow her to provide her input as well. But thank you, Audrey. Yes, please go ahead.

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Audrey Mazurek: Sure, thanks and hi, everyone. So as Rachel mentioned, we have just produced the *ASPR TRACIE, 2022 In Review*. Please do take a look at that. It provides a summary of the resources we developed last year. One that we are very proud of, and that we definitely want everyone here to check out is our new On-campus Hospital Armed Assailant Planning Considerations Checklist. It helps facilities mitigate, respond to, and recover from an active shooter or armed assailant situation. And just last week, in collaboration with ASPR's H-CORE and other leadership, we published a new resource page on medical countermeasures commercialization, that highlights the commercialization of vaccines, therapeutics, and other products developed with the support of the U.S. Government and then later transition to commercial channels. I would also like to point out that we also started recording the first videos in our speaker series focused on utility and water disruption. The first two recordings, feature health care systems that responded to water disruptions during the city of Jackson water crisis last year, and after Hurricane Ian, in Florida. We continue to update our existing resources. Most recently we updated the Partnering with the Health Care Supply Chain During Disasters.

Our Major Radiological or Nuclear Incidents, Health and Medical Implications document and our opioids FAQs. And I see that Rachel just joined. So I'll let her take the next slide.

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Rachel Lehman: Apologies. Thank you, everybody. I've been a cursed with some tech issues today and thank you for covering Audrey. Are we ready to go to the next slide?

Awesome. Okay. Thank you so much Audrey and apologies everybody. On this slide you can find a preview of some of our upcoming new and updated resources. Our Mass Casualty Hospital Capacity Expansion Toolkit is in its final round of review. The toolkit includes 4 grids to guide emergency departments, general and patients, critical care, space, expansion, and basic staffing needs and the events of patient surge. These grids are designed around no notice incidents and trauma, critical care that require a reactive, rapid response as opposed to events that evolve more slowly, such as an infectious disease outbreak. ASPR TRACIE creates kind of crosswalks and checklists for all of the provider supplier types included under the CMS Emergency Preparedness rule, and we actually completed a cross walk earlier today for one of the newer provider types, rural emergency hospitals, and we will officially announce that in the next Express. But if anyone would like to access the crosswalk, now, it is actually posted on the CMS EP Rule resource page on the ASPR TRACIE website.

This spring will be releasing an Experiences from the Field resource that looks at how stakeholders and health care facilities from the Seattle area responded to the July 2021 heat wave that impacted the Northwestern U.S. And along with our partners from across ASPR, we are currently developing an LGBTQ+ Community and Disaster Preparedness and Response Topic Collection to help LGBTQ+ community members with coping and recovery from mass trauma events. This topic collection will include resources for community members, but it also includes resources for providers and first responders supporting the LGBT community after an event. I also want to note two resources we are updating. The EMS Infectious Disease Playbook where we will be adding lessons learned from COVID-19 to the playbook. And we're also updating the Healthcare Provider Shortages-Resources and Strategies for Meeting Demand document. Health care workforce sustainability is one of our priorities this year, and we're excited to update this document kind of view as a nice first step of getting started on that current work. We're also currently comprehensively updating three of our topic collections. The Utility Failures, Risk Communications, and Social Media in Emergency Response topic collections. For the Risk Communications and Social Media in Emergency Response topic collections, we are adding a section on how to address misinformation which we're really excited about. And then we have numerous upcoming New Speaker Series presentations and National Webinars that may be of interest to you all. We are putting together a national webinar to highlight the On-campus Hospital Armed Assailant Planning Considerations Documents, and it will also feature a speaker from a facility that has had an armed assailant incident. We're also planning a webinar that will focus on countering misinformation in health care and public health. And then keep an eye for our next Utility and Water Disruptions Speaker Series recordings. We'll be talking to HCA on how they manage the water outages in Texas, caused by winter storm Erie. And we're going to be continuing to release recordings from the Speaker Series throughout the spring. We will record presentations that highlight lessons learned and best practices from health care facilities on a range of topics, including the impact of rolling brownouts of blackouts at hospitals, sewer line failures, drop planning, and more.

And then, finally, the ASPR TRACIE team will be attending and presenting at the Georgia Emergency Management Summit and Training Sessions and the Preparedness Summit. So please stop by our sessions and say hi to the TRACIE team. Next slide.

And again apologies for the tech issues, and thank you to Audrey for picking up for me, and thank you for listening, and I'm happy to answer any questions you all have

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Jennifer Hannah: So just a reminder as it is on this slide. You can certainly ask a question in the chat, or you can raise your hand and answer your question. One question that folks might have from the previous presentation, is, where is ASPR TRACIE in the ASPR reorg?

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Rachel Lehman: Great question, Jennifer. So, ASPR TRACIE, is excited to have been placed into the Office of Critical Infrastructure Protection, which was previously the Division of Critical Infrastructure Protection. They also got became an office in the reorg. We're really excited to work with the CIP team, who you all may already know.

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Jennifer Hannah: Great. Thank you. Other questions for Rachel?

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Rachel Lehman: I'm hearing none, but if you guys come up with any questions, feel free to email ASPR TRACIE and we'll be ready to answer, ready to help out.

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Jennifer Hannah: Great thanks, Rachel. Apologies that you were bitten by the IT bug today, and thanks to thanks to Audrey for stepping in on the fly. But again I want to thank Rachel in the entire ASPR TRACIE team, for putting together such a timely presentation, as well as all of the helpful resources as we, I think we've all come to recognize is that they are certainly a force and a machine, with the sheer volume and the quality of the of the products and the resources that they have produced in just a very short few years. So, thanks to Rachel, Audrey and the entire ASPR TRACIE team. Next slide, please.

Back in November, our team sat down with several health care coalition representatives at the National Healthcare Coalition Conference, to discuss the impact of health care coalitions, or HCCs, and HPP funding. During these interviews, HCC representatives shared their incredibly impactful and unique perspectives on the importance of HPP funding while emphasizing the value of HCC involvement in their community planning and response. I want to take the moment to thank all of those who took the time to share their stories, making these videos possible while emphasizing the value of health care, coalition, involvement in their community planning and response.

Today we will be sharing the video that focuses on the impact of HPP Funding. This video is one of the three-part series, with the other videos highlighting the tremendous value of the trainings and exercises HCCs conduct, and the importance of HCC relationships. So I think with that, we will start the video.

[HCC Impact Video on Funding was Played]

00:44:16.780 --> 00:46:11.720

Jennifer Hannah: Great. Thank you. So thank you so much to the team. I know that there may be a little bit of a challenge as noted in the chat with being able to see it, and hopefully you were able to hear. But we just wanted to make sure that we had gave you an opportunity to kind of preview one of the videos within the series. And, as I said, hope you enjoy the video and were able to clearly see the direct impact of the HPP funding. And in the following weeks we will be publishing all 3 of the videos to the ASPR YouTube Channel, as well as the as per website, in addition to sharing them on ASPR social media platforms.

You know I could stand up, I would, but I'll give them a little clap here for all of our stars that participated in the in the videos. So again, want to thank all of those who shared their stories and making these videos possible. You know, we really wanted to create this video series to celebrate, you know, at this point now in the 20 plus years of HPP.

So again, just thanks everyone for helping us to make these videos, and they will be available very, very soon. With that we still have a few minutes before the top of the hour, so we'll certainly open up the line for any other questions, either for our presenters or for ASPR. In general, we'll do our best to provide you with the response. If we don't have an answer, we'll take it back and follow up with an answer, and if we still don't have an answer, we'll dig a little bit deeper to be able to find that answer as well.

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Megan Wassef: And Jennifer, it looks like we had a question coming through the Q&A. The question is asking, "is the NDMS exercise requirement outlined in the FOA for this project period, an FSE or a TTX requirement?"

00:46:27.480 --> 00:48:39.730

Jennifer Hannah: If a member of my team is on, I believe that is the FCC Requirement. I don't have them right in front of me, right now, but we'll check that and follow up. But I believe is that the NDMS FCC. And I did receive a question that was sent to me directly, regarding an update regarding the BP5 JRA requirement, and we will be making sure that we provide information, I think, from our last HPP-PHEP joint call, there was a question. The question was a part of our informational call for the BP5 HPP cooperative agreement, regarding that JRA requirement. So same as CDC PHEP, we are waving the BP5 JRA requirement, and we will make sure that we provide language. I know also for our HPP recipients – I know that there was also a question regarding the crisis standards of care health care coalition exercise, if you could use a real-world response or specifically the COVID response, and we've stated that you could, with the parameters, that of course, you need to work with your Field Project Office to ensure that it qualifies to meet that particular requirement, and as well meets all of those requirements that were laid out as a part of that specific health care coalition exercise to be able to validate the CSC CONOPS. So we'll make sure that we provide language there as well regarding that flexibility which we discussed after the release of that Continuation Guidance for BP5 for the HPP cooperative agreement.

00:48:41.550 --> 00:48:51.430

Megan Wassef: Jennifer. A few other questions that came through the Q&A. The first being: “Will ASPR ask for additional funding for HPP in the next project period?”

00:48:54.380 --> 00:50:27.790

Jennifer Hannah: I’m assuming that’s for the FY 2024 through FY 2028. That really is, as you know, subject to appropriation. So we will see what we receive in our appropriations for FY 2024 so that we can best determine what the funding level for the HPP cooperative agreement will be, at the start of that project period, with that first budget period throughout the five-year cycle. So unfortunately, I don’t have an answer for that right now. That really is up to Congress. And I see something here in the chat which says, Did you miss a crisis standards of care question? Nope, you didn’t miss a question regarding that. I was just providing a highlight question that we had received, I guess that was February 8, when I believe that we conducted the informational call for the HPP BP5 Continuation Guidance. There was a question at that time if the COVID response could be used to meet the crisis standards of care CONOPS health care coalition validation exercise. So we’ll make sure we share that language, and that flexibility for that particular requirement for which is for BP5.

00:50:30.290 --> 00:50:46.410

Megan Wassef: Jennifer. Another question that came through the Q&A. Someone asked, “Are the HPP directors expected to attend the summit? I’m assuming they’re referring to the Prep Summit in this case? Is it now a requirement? The joint letter was confusing and sent too late for some jurisdictions to plan participation.”

00:50:48.480 --> 00:50:57.410

Jennifer Hannah: You know the Prep Summit is one of those mandatory requirements, but certainly understand if there are extenuating circumstances that will not allow you to attend. So please just let your field project officer know.

00:51:18.600 --> 00:51:29.830

Megan Wassef: And looks like another question that came through asking, “When do you plan to send the updates to the requirements that you previously mentioned?” We are currently working on our work plan and would like to use our time wisely.

00:51:33.260 --> 00:52:46.960

Jennifer Hannah: We will work to try to get that out within the next couple of weeks. It’s probably going to be very challenging to get that language into our bulletin for this coming Monday, don’t want to promise that, and then not deliver it, but give us a couple of weeks, so that we can make sure that we have the language documented appropriately and be able to share that we’ll push it out through our field project officers. But then also we’ll document that flexibility in our in our bulletin for everyone as well as we’ll push it out also on the HPP listserv so we can make sure that everyone receives that information.

And just a reminder: You can certainly answer questions into that to the chat, or you can raise your hand, and ask your question, live.

00:52:50.120 --> 00:53:02.450

Megan Wassef: And it looks like there is another question that came through asking, “Will there be a Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement year-end reporting requirement this year?”

00:53:04.660 --> 00:54:11.580

Jennifer Hannah: There will at the end of the budget period. We'll share information about that data collection for the Hospital Association awards. So there is still that requirement. If those of you remember from last year, from the previous budget period, you were able to, you know, respond. If you did not conduct any activities or distribute any funding for that budget period, we will collect the same information at the end of this budget period. And I believe that Paul Link responded to an earlier question regarding the FCC exercises. So Paul stated, “The FCC Exercise question was, let's see, tabletop versus a full-scale exercise is not specified in the FOA.”

00:54:16.230 --> 00:54:38.820

Megan Wassef: Jennifer. Another question came through the Q&A. They asked “For FY 24 appropriations should take into account. Inflation Vendors reflect inflation in their current costs and salaries, and those are increasing. Plateau funding represents a net decrease in HPP Funding, and therefore capabilities. How is this reflected in education to legislators?”

00:54:44.520 --> 00:56:23.380

Jennifer Hannah: You know we specific guidance for how we develop the budget request is a part of the OMB justification, as well as the Congressional Justification. And we certainly do our very best to convey; while we're highlighting the accomplishments, but also to be able to convey what potentially, maybe, some of the challenges, as well as a part of that also our senior leadership does have the opportunity to provide budget briefing to our, to our staffers as well, and we try to incorporate, You know language within the talking points. When asked for our specific offices as well ASPR specific programs.

And Megan. I do see a question here asking “Does ASPR have any plans to create a response, grant mechanism similar to CDC Crisis Grant approved but unfunded mechanism?” We do not have a plan at this point in time or this juncture to create a crisis grant very similar to our colleagues at CDC.

00:56:25.900 --> 00:56:36.100

Megan Wassef: Jennifer. Another question that came through the Q&A. Someone said, “I may have missed this, but in the event of missing the NCE deadline, how should we proceed to allocate those funds?”

00:56:39.210 --> 00:57:24.710

Jennifer Hannah: Is that related to the to the HPP cooperative agreement? Unfortunately, I believe the question was submitted anonymously. But if this was your question, if you could share in the chat. That would be great. And we have our ASPR Grants Management, Chief Grants Management officer on the line to respond to specific questions related to no cost extensions. If we can get some clarity on that specific question.

00:58:01.850 --> 00:58:22.190

Megan Wassef: And it looks like we had another question come in relating to the crisis standards of care. The question is from Edward Bell. He asked “What will, ASPR’s instructions be for those recipients to sub recipients who will not be able to conduct a CONOPS for the crisis standards of care. This is a chance that we will be allowed to publicly share our new crisis standards of care.”

00:58:26.600 --> 00:58:29.750

Jennifer Hannah: I'm sorry, Megan, could you repeat that one again?

00:58:32.630 --> 00:58:50.910

Megan Wassef: Sure, sorry, and it, and it looks like there was a there was a typo and he just resubmitted. So the question should read: “What will ASPR’s instructions be for those recipients or sub recipients who will not be allowed to conduct a CONOPS for the crisis standards of care? This is a chance that we will not be allowed to publicly share with our new crisis standards of care.”

00:58:51.990 --> 01:00:52.110

Jennifer Hannah: You know I’m going to take that one into consideration and think about that one a little more. But thank you for asking that question, and we'll certainly document that one and thank you for highlighting. But you know that potential challenge. But I see that actually we're at the at the top of the hour. So sorry to stop the great questions that are coming in and into the chat. Please feel free, you know, to continue to send questions to the HPP Resource mailbox, which is, which is hpp@hhs.gov. And certainly please reach out to your assigned field project officer for any programmatic questions that you have, and reach out to your assigned Grants Management specialists, if you have questions that are specifically rated to Grants Management.

But again, want to thank all of our presenters for their time today, and to all of you for your active participation in today's meeting. As a reminder, we invite you to share any stories regarding how you or your members hospitals are using ASPR funding to make a positive impact on their communities. If you have a story to share, please fill out our Stories From the Field Submission Form or reach out to your FPO for more information. A member of our team will drop the Story From the Field Submission Form link in the chat for easy reference. Thanks everyone for joining our quarterly. I think we're a little bit off. I'll schedule with our quarterly All Recipient Cooperative Agreement Webinars, and just once again, thanks, everyone and have a wonderful day. Thank you.