



## Healthcare Coalitions (HCCs) and Regional Medical Coordination Frequently Asked Questions

### General

#### 1. What is a Healthcare Coalition?

A healthcare coalition is a group of healthcare organizations, public safety and public health partners that join forces for the common goal of making their communities safer, healthier and more resilient. Healthcare coalitions support communities before, during and after disasters and other health-related crises. A complete Assistant Secretary of Preparedness and Response (ASPR) description of an HCC can be found [online](#).

#### 2. What is the purpose of healthcare coalitions (HCCs)?

The purpose of an HCC is to coordinate how public health, healthcare institutions, and first responder agencies, such as police, fire and emergency medical services (EMS), will manage their efforts to enact a uniform and unified response to an emergency, including a mass casualty or other catastrophic event.

#### 3. How are HCCs different from what we have now?

For the past several years, we have focused on developing plans, training and exercising, and equipping our partners with response tools. We now need to focus on coordination of the broader emergency response system through regional medical coordination by HCC partners. In several parts of Wisconsin, we already have HCCs. We would like to further develop and enhance coordination with existing partners and engage new partners not previously involved in emergency planning, response and recovery efforts.

#### 4. Is there currently something missing from our response groups, that will be present in HCCs?

Yes. Each HCC needs to establish a regional medical coordination system within the new health emergency regional boundaries.

#### 5. What are the responsibilities of a regional medical coordination system?

Responsibilities of a regional medical coordination system include:

- collection and collation of regional health information
- situation awareness
- monitoring of health care system performance and capacity
- support to health care system logistic requests in coordination with state and local agencies

#### 6. Why is it important to establish regional medical coordination?

Establishment of the regional medical coordination system is consistent with the Assistant Secretary of Preparedness and Response (ASPR) federal guidance and what several other states have established. The regional medical coordination system will help to close critical gaps in medical surge capacity, and

continuity of operations, and enhance coordination with emergency physicians in the development and refinement of HCCs.

**7. Which partners should be involved in HCCs?**

In addition to hospitals, public health, emergency medical services, emergency management and trauma, HCCs should consider including the following emergency response partners: clinics, long-term care facilities, tribes, mental and behavioral health providers, community and faith-based partners, specialty service providers (e.g., dialysis, pediatrics, woman's health, stand-alone surgery, urgent care), support service providers (e.g., laboratories, pharmacies, blood banks, poison control), primary care providers, community health centers, and other appropriate partners.

**8. Why are we moving to HCCs?**

In Wisconsin, multidisciplinary partners have been working in collaboration for over a decade to prepare for emergencies. In order to increase the efficiency and effectiveness of emergency response, Wisconsin has begun to shift from funding specific agencies/entities for preparedness to focusing on strengthening a regional response and recovery system using an HCC. The Assistant Secretary for Preparedness and Response has directed that funding be used to further establish, enhance, and refine HCCs to build this system. The ASPR Program has also developed Healthcare Coalition Program Measures that all states are accountable for accomplishing.

**9. Who will lead each HCC?**

Each HCC should have a board and staff that lead HCC activities. At a minimum, HCC staff will include a medical director, healthcare coalition coordinator, and trauma coordinator.

**10. How many HCCs will there be?**

There will be seven health emergency regions that follow the current Wisconsin Hospital Emergency Preparedness Program regional boundaries.

**11. How many HCCs should I participate in?**

Partners should participate in the HCC that relates to your daily preparedness and emergency response activities. Partners may participate in more than one health emergency region.

**12. When will the HCCs start?**

Although we haven't had formal HCCs at the regional level, in several parts of Wisconsin, we already have local partnerships similar to HCCs. We would like to further develop and enhance coordination with existing partners and engage new partners not previously involved in emergency planning and response efforts. Formalized HCCs will begin on July 1, 2015.

**13. Will hospitals receive flexible funding from ASPR/WHEPP?**

As of July 1, 2015, hospitals will no longer receive flexible funding from ASPR/WHEPP. Hospitals may receive funding through HCCs, but will no longer receive flexible or cafeteria funding directly from the program. Funding will be distributed directly to the seven HCCs.

**14. Where will HCC funding come from?**

Initially, HCC funding will come from ASPR, through the Wisconsin Hospital Emergency Preparedness Program (WHEPP). As HCCs evolve, funding may come from other sources.

**15. Will establishment of HCCs affect the PHEP funding that goes to LPHAs?**

Along with other healthcare partners, local public health jurisdictions will play an active leadership role in the development and sustainment of HCCs. Public health departments are critical to the healthcare coalition for the provision of legal authority, dispensing medicine and vaccines, public messaging, mass fatality management, and sheltering during communicable disease or environmental health issues, disasters, or emergency responses. Public Health Emergency Preparedness (PHEP) funding, including funding that goes to local public health agencies (LPHAs), may be used to fund activities involving HCCs.

**16. Will there be requirements that are linked to funding?**

Yes. Each HCC is required to meet the ASPR program measures, staffing requirements, and regional medical coordination guidelines to receive funding. The Division of Public Health will identify objectives and requirements that must be fulfilled by each HCC.

**17. What are the Healthcare Coalition Program Measures that HCCs must complete?**

The Assistant Secretary for Preparedness and Response has articulated several HCC program measures, including development of a strategic plan, recovery plan, and mass fatality management, and demonstration of ability to: 1) monitor patient acuity and staffed bed availability in real-time, 2) off-load patients, 3) on-load patients, and 4) track and document patient movement. The complete list of HCC program measures can found [online](#).

**18. What will the governance structure be for HCCs?**

Each HCC will determine their governance through a strategic planning process. The HCC will have by-laws and a multidisciplinary board. At a minimum, the board should consist of hospitals, public health, emergency management, trauma, and emergency medical services representatives, led by a medical director and project coordinator.

**19. Should HCC work to be self-sustaining? Could HCCs seek to establish themselves as [501\(c\)\(3\)](#) organizations?**

Yes. HCCs are encouraged to develop strategies for long-term sustainability and maintenance of HCCs.

**20. What is a Medical Coordinating Center (MCC)?**

Nationally, many states have developed medical coordinating centers (MCCs) as a part of the HCC model. The MCCs serve as the “response” arm of the healthcare coalition. Disaster MCCs can be virtual or located at a facility. Some of the activities of a disaster MCC may include: monitoring and alerting Healthcare coalition partners in an emergency, the coordination and use of hospital beds in a large-scale emergency, providing situational awareness during a disaster to all response partners, providing clinical consultation and coordination (such as in burn and medical surge capacity), coordination and the movement of medical supplies in a response, serving as a centralized communications hub, and establishing memorandums of understanding with HCC partners for a response.

**Regions**

**21. What are the health emergency regions?**

The health emergency regions are based on the Wisconsin Hospital Emergency Preparedness Program boundaries. Trauma will be part of the regions along with Emergency Medical Services (EMS). Public Health will participate in the seven health emergency regions as well for emergency planning.

**22. How many HCCs will there be in each health emergency region?**

There will be one healthcare coalition per region.

**23. What is the benefit of aligning the health emergency regions?**

Regional alignment of health emergency regions is the first step in moving toward regional healthcare coalitions in Wisconsin. This will provide a formal collaboration among healthcare organizations and public and private sector partners organized to better prepare for and respond to an emergency, mass casualty or catastrophic health event.