

Healthcare Coalition Task Force (HCCTF)

MINUTES

FEBRUARY 25-26, 2015 9:00 A.M. – 5:00 P.M.

FY 2014-2015 Q3 MEETING

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| MEETING CALLED BY | Florida Department of Health, Bureau of Preparedness and Response |
| TYPE OF MEETING | Third Quarterly Face-to-Face |
| FACILITATOR | John Wilgis and Jeanine Posey |
| NOTE TAKER | Sonji Hawkins and Christie Mathison |
| TIMEKEEPER | |
| ATTENDEES | Ben Abes, Southwest HCC; Dave Freeman, Central Florida Disaster Medical Coalition; Sonji Hawkins, Florida Department of Health; April Henkel, Florida Health Care Association; Terri Sudden, Broward County HCC; Ray Runo, Big Bend HCC; Holly Kirsch, Big Bend HCC; Thomas Knox, Florida Association of Community Health Centers; Robert Linnens, North Central Florida HCC; Kathleen Marr, Collier HCC; Mike McHargue, Florida Department of Health; Randy Ming, Coalition for Health and Medical Preparedness; Eve Rainey, Florida Emergency Preparedness Association; Thomas Robinson, Florida Division of Emergency Management; Terry Schenk, Florida Department of Health; Dan Simpson, Region 4 Health and Medical Coalition; Harvey Craven, Heartland HCC; Ann Hill, Emerald Coast HCC; John Wilgis, Co-Lead; Jeanine Posey, Co-Lead; Leigh Wilsey, North East Florida HCC; Kelly Reid, Keys Health Ready Coalition; Dan Johnson, Region 4 Administration/Financial Agt.; Sherry Kruschke, Emerald Coast HCC; Summer DeBastiani, Miami-Dade County Healthcare Preparedness Coalition; Christie Mathison, Florida Department of Health; Lynne Drawdy, Central Florida Disaster Medical Coalition; Mark O'Neill, Big Bend HCC/Florida Crisis Consortium/USF COPH; Mary Kay Burns, Florida Department of Health, Highlands/DeSoto; Harold Theus, North Central Florida HCC |

Meeting Objectives:

1. Provide an overview of Health Care Coalition (HCC) development in Florida.
2. Review and discuss the outcomes from the Strategic Planning Oversight Team (SPOT) meeting.
3. Discuss focus areas for HCC development for the remainder of FY14-15.
4. Discuss focus areas for HCC development for FY15-16.
5. Provide HCC insurance information, examples of best practice and discuss options available to HCCs in Florida.
6. Review example(s) of HCC Web sites and discuss how a coalition or the Task Force may develop a platform for Internet-based information sharing.
7. Discussion options for funding allocation methodology for FY2015-16.
8. Discuss opportunities for improving the HCC contract procurement process.
9. Discuss the continued integration of HCCs with local and state Emergency Management agencies and local/state structures.
10. Provide administrative guidance and information for balance of FY14-15 and FY15-16.
11. Provide information from Community Resilience Unit for HCC activities.
12. Review and discuss the department's alignment strategy with healthcare coalitions and the seven (7) Regional Domestic Strategic Task Forces as defined in Florida Statute.

Agenda Topics

30 MINUTES

Welcome, Opening Comments and Introductions

GROUP DISCUSSION

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| DISCUSSION | The meeting was started with introductions from the Healthcare Coalition Task Force (HCCTF) members and guests that were in attendance; followed by a safety notice. | |
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| CONCLUSIONS | The meeting began with introductions and an overview of the objectives and agenda. | |
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| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
| NA | NA | NA |

DISCUSSION

Old Business – Overview of the development of healthcare coalitions (HCC) and their roles in the future. Noted that most of the Hospital Preparedness Program (HPP) funding went to hospitals. Also noted at what point in time funding started decreasing.

Mike McHargue provided an overview of Strategic Program Oversight Team (SPOT) meeting concerning Ebola, health care preparedness program and public health emergency preparedness program.

Dan Simpson noted that he has gotten a lot of push back from Emergency Management (EM) that HCCs are NOT a response entity and is concerned with how they fit into county Emergency Support Function #8 (ESF8). He wanted to know how this was received at Florida Emergency Preparedness Association (FEPA) meeting. John Wilgis told what he took away from FEPA: that two county EMs gave a presentation on HCCs and identified HCCs as a good resource for information sharing, situational awareness and resource allocation. John Wilgis gave Scott Nelson's information that was given during FEPA, that he really can't say *where* in EM the HCCs fit, but in three years from now after the HCCs are more settled in and stabilized within partnerships it will probably look different (maybe better). John Wilgis asked Dan how we can assist with EM? Dan Simpson says that he feels that EMs is concerned that HCCs may be undermining EM's authority. EMs feels that if HCCs become successful like they should, there is concern that HCC will be "bigger" than first responders. There is also a different perspective (in HCCs) from private practice physicians, nursing homes, and other HCC partners.

Ray Runo mentioned that many of the HCC partners have wanted to "play" but were not engaged. EM in some areas is realizing that the HCCs are bringing in partners other than healthcare partners, such as utility, and keeping EMs aware of situations is important. John Wilgis said that he believes health and medical areas are the Achilles heel of any response. Tom Robinson wanted to know what are the issues from the HCC side in dealing with EMs? Eve Rainey said that she sees EMs perspective, aren't the CHDs already doing what the HCCs are aiming for, learning curve by DEM/EMs, Miami-Dade rep says that they have a good relationship with EM. Dave Freeman reminded everyone that EM has a statutory requirement to review Comprehensive Emergency Management Plan (CEMP) of healthcare; HCCs will add some consistency to the meetings EMs already holds. John Wilgis said one of the functions of the task force is to be an advisory body, and how does your "voice" go up to the partners understand what we are doing. Another challenge is ESF8; there are 67 of them across Florida. ESF8 has its own geographical challenges as to what it should do to support entities in counties. John Wilgis said Regional Domestic Security Taskforce (RDSTF) Strategic Plan 2013-2017 Goal 5, especially the Public Health and Medical Services; then Goal 6 – Recovery; HPP program measures – medical surge, Continuity of Operations Plan (COOP), HCC Development assessment – goes back to the survey and where the questions come from.

Mike McHargue believes that HCCs WILL work. Gave briefing about Cindy Dick. Mike says that our (his and Cindy's) goal is transparency and she is engaged, responsive, decisive. Says that if there is an issue email Jeanine and cc him.

SPOT Update concerning Ebola, health care preparedness program and public health emergency preparedness program – SPOT has adopted the Homeland security funding process. There are more projects than funds available. HCCs were number 1 on HPP funding, two was State Medical Response Team (SMRT) and three was Medical Reserve Corp (MRC). We should focus on integrating the capabilities (example, logistics and communications). Spoke about the funding sources (HPP and PHEP). Grants application is in the process of being completed and sending for approval in April 2015. Spoke about the redirect of the funds that were allocated to the HCCs and the funds will not be reallocated. Ebola funding was used for Personal Protective Equipment (PPE) and hospital caches. Monitoring is still ongoing for Ebola across the State. We need to develop a strategic plan on what happens with the PPEs once the Ebola is no longer an issue for FL. He stressed the collaboration with emergency managers and ESF8 in explaining how the HCCs can assist; we have to practice like we play. Lynne Drawdy and Dan Simpson asked for a summary of the guidance documents that can be shared with potential partners, what is the return on investment? (John will work putting together information for satisfy this request). Lynne Drawdy mentioned that the local level needs to be a part of the planning process when it comes to projects from the State. Dan Simpson inquired on messaging with organizations (FEPA, nursing home associations, hospitals, MQA, joint commission, etc.). Kathleen Marr asked if we can bring a representative from Agency for Health Care Administration (AHCA) to speak on changes that have occurred in their agency concerning hospitals, nursing homes, ALFs, etc.

Florida Emergency Preparedness Association & Governor's Hurricane Conference 2015 – John Wilgis has been working with the organization and explaining the HCCs and their purpose. John is following up on this workshop. John asked for some suggested topics for this event; Eve Rainey spoke about the upcoming meeting; John Wilgis is part of the planning committee for the upcoming conference.

New Business – Northeast Florida Healthcare Coalition for Disaster Preparedness Website – The website was developed and maintained by the contracted Regional Planning Council for their coalition; the website maintenance fee is part of the administrative fee to the council. Leigh shared the business cards that are given to potential partners; Their general membership meetings offer trainings. Leigh mentioned that we should have a communication site/repository of information that can be shared among the HCCs (needs to be outside of the DOH network). John Wilgis shared a website (AARC Connect) that has the capabilities that the HCCs are looking for. Mike asked Jeanine to research a way for this to be developed and if the cost can be supported. It was asked who would maintain the site.

Coalition 501(c) 3 Update – Jeanine Posey: Mentioned the priority for DOH concerning the HCCs to get their 501(c) 3 status because monies can no longer go to the County Health Departments on behalf of the HCCs. This goes into effect on July 1, 2015.

Jeanine and Mike asked which HCCs need assistance with getting their 501(c)3. Jeanine wants to have all the contracts established by July, 2015.

Mike mentioned that we need to start the process of getting the contract information to the HCCs so the contracts will be in place by July 1, 2015. Kathleen Marr mentioned some of the frustration on purchasing needed equipment because of the language in the contract. Jeanine mentioned that there are more restrictions when the funding is going through the CHD. Dan Simpson mentioned doing a MOA with his fiduciary agency and was asked to stop by the legal department in Tallahassee. Dan would like a clear understanding on what needs to be done for him to proceed. Lynne Drawdy mentioned that there is an issue with the interpretation of rules and deliverables for the HCCs and State.

Disaster Behavioral Health – Mark O'Neill gave a presentation that provided updated information on the Florida Crisis Consortium. John Wilgis and Jeanine Posey will get contact information to the HCCs regarding Disaster Behavioral Health.

Funding Opportunity Announcement (FOA) FY 2015-2016 – Mike McHargue asked that the HCCs think “regionally” when it comes to planning, exercising and collaboration. John Wilgis asked what are the roles of the HCC task force and SPOT because both seem to have the same members and cover the same objectives. John Wilgis will send the FOA PowerPoint presentation to all HCC leads. John Wilgis, Dan Simpson (Funding Allocation) and David Freeman (EM/ESF8 Integration) gave a summary of the break-out session from 2/25/15. Dan Simpson recommended that we use the existing formula and evaluate after the 2015-2016 contract year. David Freeman will use the Governor's Hurricane Conference to have a conversation with attending emergency managers on how the HCC can work with them and enhance their operations. He is also seeking the assistance from FEPA to start that information sharing on HCC. Would like to establish an inventory of capabilities. HCC can have a discussion with the hospitals on sharing information and resources. Mike McHargue and Jeanine Posey (with medical surge unit staff) will work on **Developmental Factors for HCCs** and have a draft available to discuss on the next conference call in March, 2015.

EMResource – Mike is asking each agency to become familiar with this system and please use it. The State wants to support the end-user in using this system. Mike would like more participation from regional administrators on conference calls (the last call there was only 1 administrator on the call). The names of the regional administrators have been sent to the Regional co-chairs. The State is trying to improve the relationship with AHCA. April Henkel mentioned that they are in contact with AHCA concerning registering in the system and technical questions; April also would like the opportunity to test the system on ‘blue sky days’; **long term facility drills are being requested.** Regional administrators will need to be part of this process. Lynne Drawdy mentioned that Region 5 is using the system for more than just reporting of events. Need to be more in-depth with regional administrators and individuals that are willing to be trained and commit to using EMResource. David Freeman mentioned that emergency managers have other systems that compliment EMResource and other systems. Mike asked if there are enough administrators to support the healthcare facilities. David Freeman mentioned that there needs to be more administrators to support the depth for this system. Ray Runo mentioned a way to get partners on board with Everbridge and EMResources – information sharing and receiving alerts from both systems.

Open Discussion - The Task Force is a support mechanism for the HCCs and provides the outlet for discussion between other HCCs. Task Force should be used to assist the HCC for funding priorities. Do not want the Task Force to be used to approve HCC projects. Serves as a workgroup and information sharing among members. Can provide an educational component to the meeting. John Wilgis asked should the Health and Medical Co-chairs be part of the Task Force? The attending co-chairs say yes to be part of the Task Force meeting. Each region should be represented at this meeting. The information that is shared at the Task Force meeting helps the process for the SPOT meeting. Should come up with goals and objectives that the Task Force can focus on. Suggest each region to have a report on their progress, failures, etc. John Wilgis spoke on the required risk assessment and the different models to achieve this deliverable. He also asked if there are other priorities that the members would like the Task Force group to focus on. What are the concerns with the HCC getting insurance coverage? Liability Insurance is needed to protect the directors and officers (board of directors). There are different types of insurance and the HCC should do some research to determine what is needed, i.e. Director and Officer Insurance.

Spoke on Multi-Year Training Exercise Plan (MYTEP) and how some agencies are working with their local emergency manager and others are not. John Wilgis is researching the virtual discussion board and the cost; asked the group to help with this process and he will be the point person. Kathleen Marr asked if the frequency of the face-to-face meeting could change to three times a year. A motion was made and carried. Meetings will now be every 4 months.

| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
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| Intent/Operational Role of Healthcare Coalitions/Summary of 19 HCCDA Factors | Jeanine Posey | March 2015 |
| COOP/COG Training | Jeanine Posey | March 2015 |
| Document Repository | Mike McHargue/Samantha Cooksey | March 2015 |
| Meeting Summary | Jeanine Posey | March 2015 |
| Share PPT presented, FOA BP4, Distribute DBH PPT, Share CMS Rule, Paul Links PPT | Jeanine Posey | February 2015 |
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| DISCUSSION | |
| CONCLUSIONS | |
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| OBSERVERS | None |
| RESOURCE PERSONS | |
| SPECIAL NOTES | None |