



United States Department of

Health & Human Services

Office of the Assistant Secretary for Preparedness and Response (ASPR)



# **HHS/ASPR/OPEO Hospital Preparedness Program (HPP)**

**An Overview**

**Past, Present, Future**

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HPP Field Officer  
Region I – New England**



## ● **Overview Objectives**

- Review the history and current status of the Hospital Preparedness Program (HPP) in the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR)
- Discuss the HPP Role in the Disaster Cycle highlighting Preparedness Planning for Medical Surge Capacity and Capability (MSCC) and the MSCC Tiered Response
- List and define the Capabilities Monitored by HPP
- Explain the Project Officer (PO) Field Officer (FO) Roles and Responsibilities
- Explore future strategies and challenges for the HPP going forward



# HPP Past.....Our “Roots”

## Public Health Security and Bioterrorism Preparedness and Response Act of 2002 focused on “Capacity”

- Post 9/11 surge in preparedness
- Signed June 2002 (Public Law 107-188)
- \***HRSA** National Bioterrorism Hospital Preparedness Program
- Bioterrorism Focus along with other public health emergencies
- Initiated a “**Capacity**” building program focus





## HPP Present....changing with the times

- ❖ **Pandemic and All-Hazards Preparedness Act (PAHPA) focuses on “Capability”**
  - Signed December 2006 (Public Law 109-417)
  - Created the Assistant Secretary for Preparedness and Response
  - Hospital Preparedness Program (HPP) transferred to **ASPR**
  - Shift to All-Hazards Focus
  - Initiated a “**Capability**” building program focus
  
- ❖ **PAHPA Goals as outlined in Section 2802(b), “Activities supported by (HPP) funds must help awardees meet the following goals”:**
  - Integration
  - Medical
  - At-Risk Individuals
  - Coordination
  - Continuity of Operations





## Hospital Preparedness Program

- The Hospital Preparedness Program (HPP) enhances the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies through the administration of grants to States and by providing guidance and technical assistance to develop the capability and capacity to respond to medical surge.
- <http://www.phe.gov/preparedness/planning/hpp/pages/default.aspx>
- The **HPP goal** is to ensure awardees use funds to maintain refine and to the extent achievable, enhance the **capacities** and **capabilities** of their healthcare entities and for exercising and improving all-hazards preparedness plans, including for pandemic influenza



- **ASPR Vision**

“A nation prepared to prevent, respond to and reduce the adverse health effect of public health emergencies and disasters.”

- **HPP Mission Statement**

“To ready hospitals and other healthcare systems, in collaboration with other partners, to deliver coordinated and effective care to victims of terrorism and other public health emergencies.”

- **HPP Grant is Governed by Mandatory Formula Awards**

- State/Territory Departments of Public Health, and Directly Funded Metro Areas (LA, Chicago, NYC, and DC); 62 Total Awardees



# United States Department of Health & Human Services

## Office of the Assistant Secretary for Preparedness and Response (ASPR)



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Chair, Departmental Appeals Board

Assistant Secretary for Public Affairs

Administrator, Agency for Toxic Substances and Disease Registry (ATSDR)

Director, Program Support Center (PSC)

Surgeon General

ADM Regina Benjamin

US Public Health Svc Commissioned Corps

Dr. Thomas R. Frieden

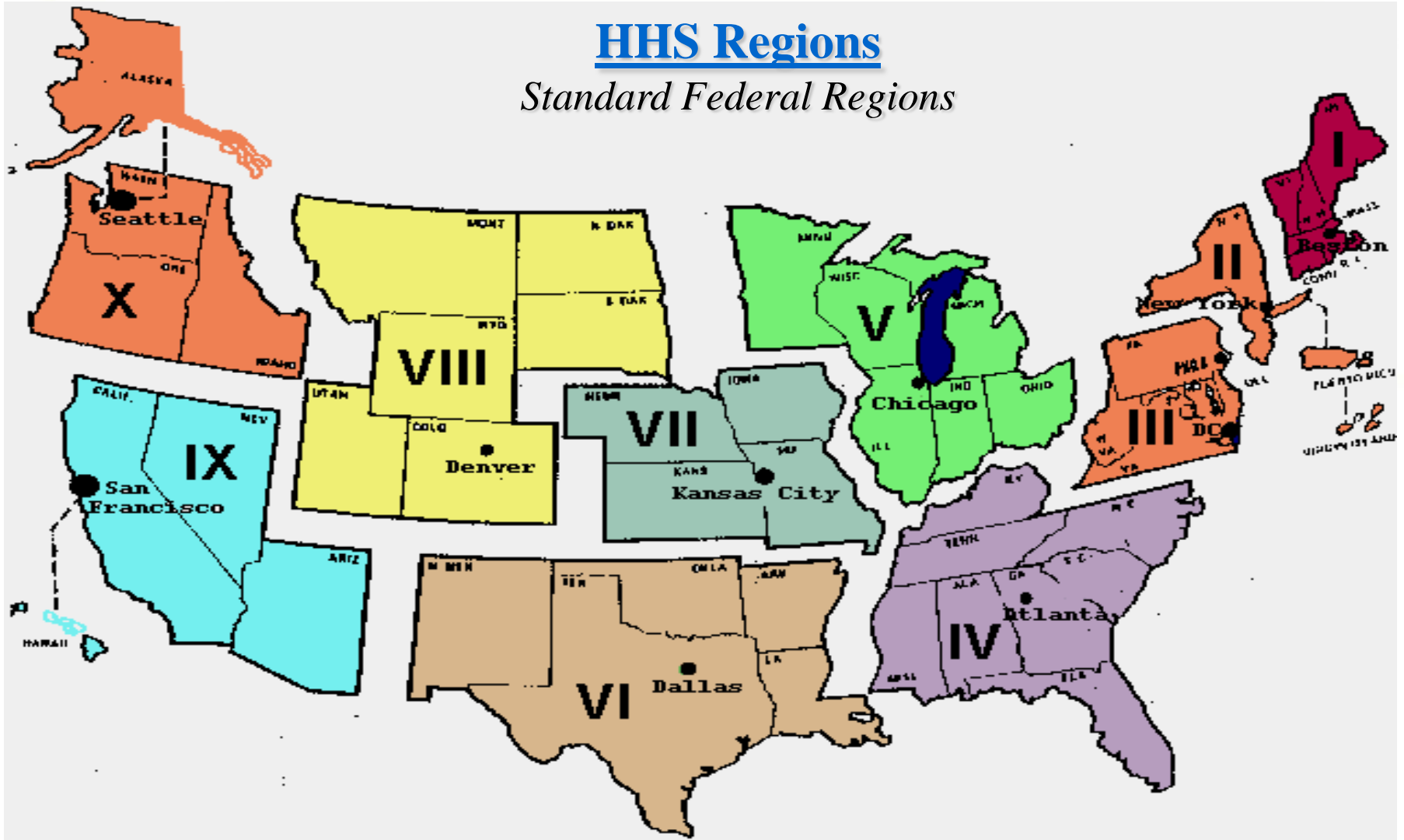
Senior Management Officials





## HHS Regions

*Standard Federal Regions*





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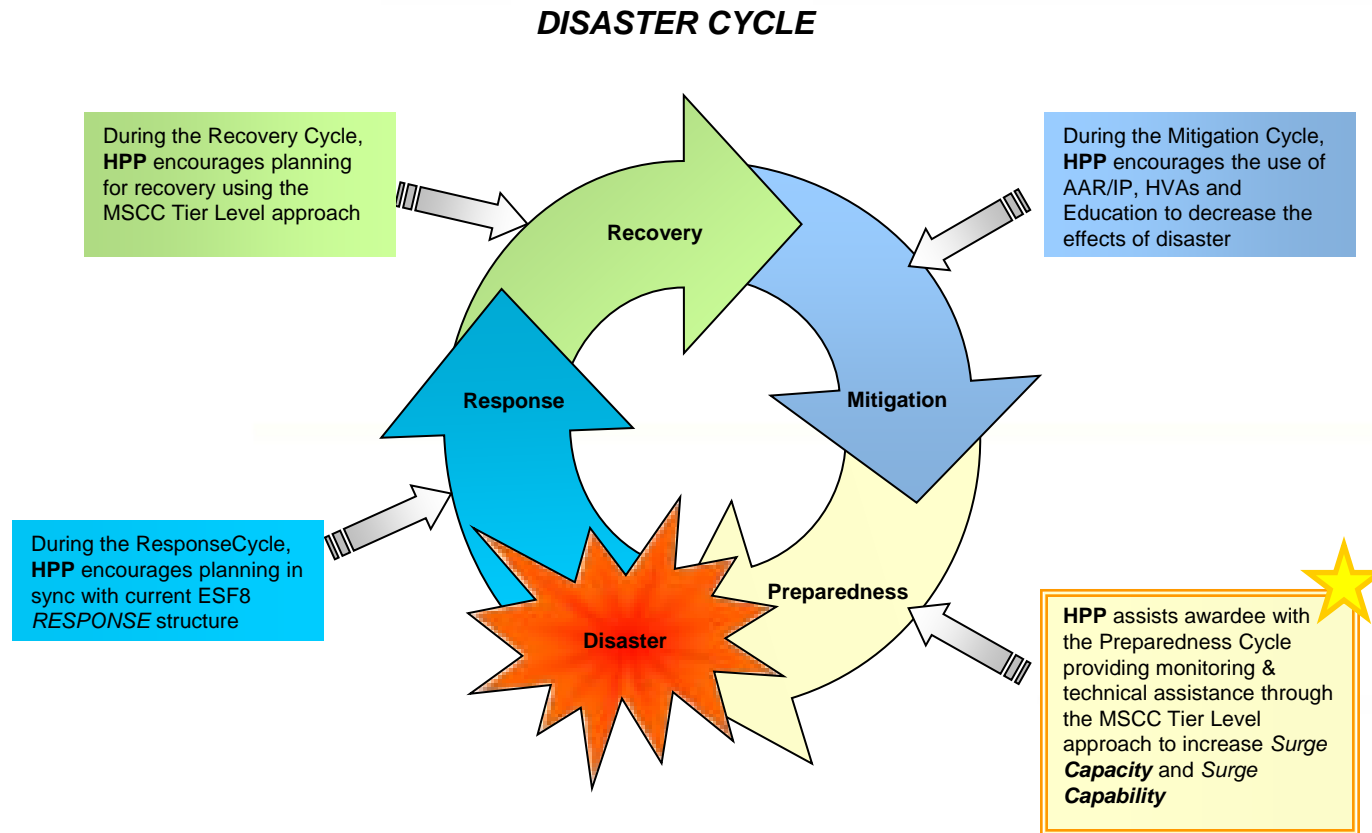
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# “All Disasters Are Local”



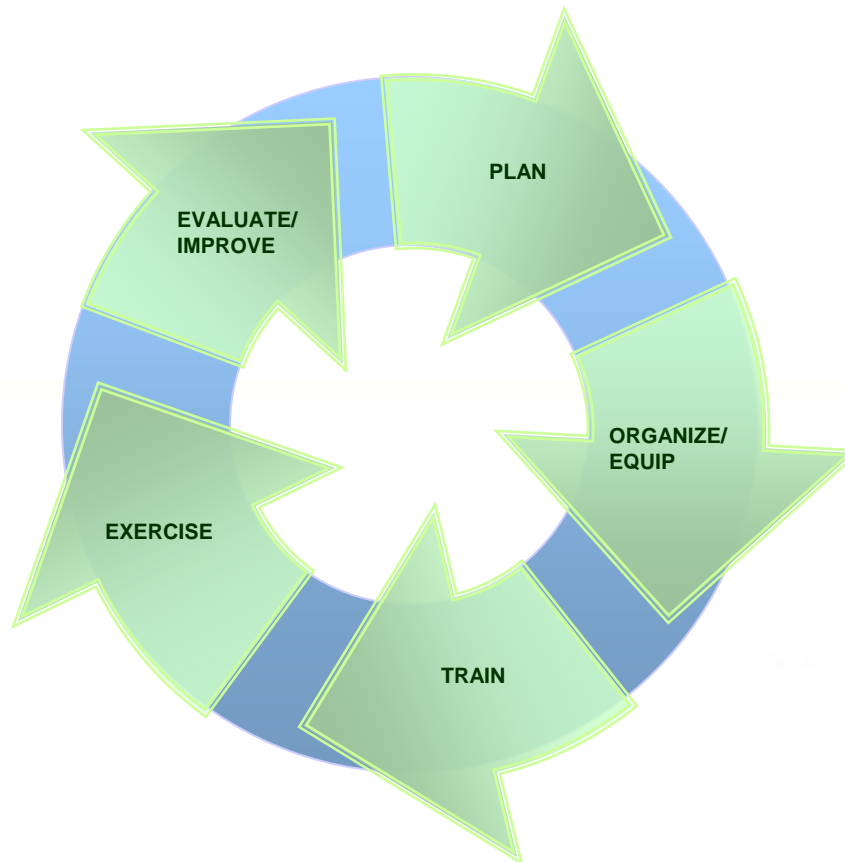


## HPP Role in the Disaster Cycle





- HPP's focus: The Preparedness Cycle

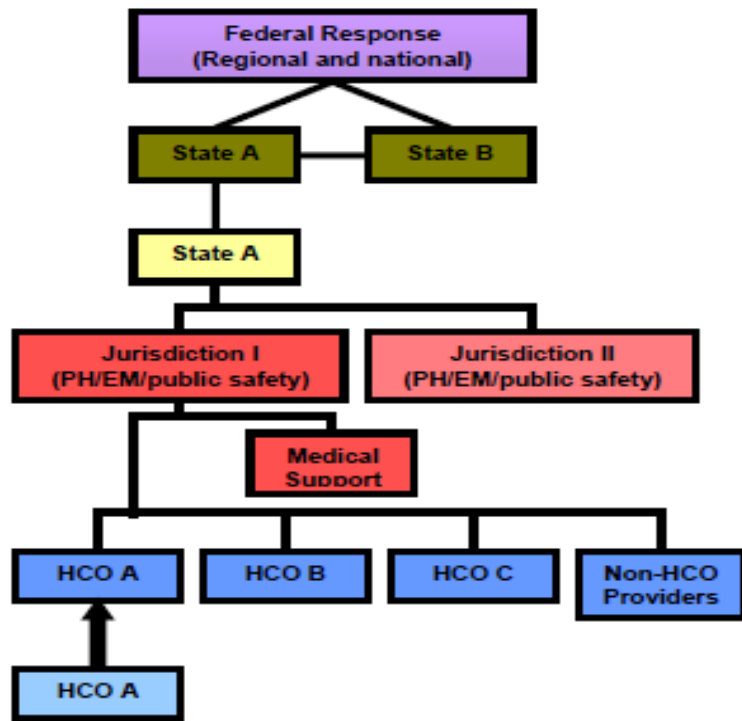




- **Medical Surge Capacity and Capability (MSCC)**
  - Medical Surge Capacity
    - ❖ Refers to the ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. The surge requirements may extend beyond direct patient care to include such tasks as extensive laboratory studies or epidemiological investigations
  - Medical Surge Capability
    - ❖ Refers to the ability to manage patients requiring unusual or very specialized medical evaluation and care. Surge requirements span the range of specialized medical services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed (e.g., pediatric care provided at non-pediatric facilities). Surge capability also includes patient problems that require special intervention to protect medical providers, other patients, and the integrity of the HCO.
- **Link to MSCC Handbook**
  - <http://www.phe.gov/Preparedness/planning/mscc/handbook/Pages/default.aspx>



## MSCC Tiers



- TIER 6: Federal Support to State, Tribal and Jurisdiction Management**
- Support to State and locals. Facilitates the request, receipt and integration of Federal public health and medical resources.
- TIER 5: Interstate Regional Management Coordination**
- Management coordination and mutual support between affected States
- TIER 4: Management of State Response**
- Management coordination and support to multi-jurisdictional response
- TIER 3: Jurisdiction Incident Management**
- Integrates jurisdiction's ICS healthcare assets with other response disciplines. Promotes Unified Command
- TIER 2: Management of a Healthcare Coalition**
- Coordination among local healthcare assets. Provides a central integration mechanism for information sharing and management coordination among healthcare assets.
- TIER 1: Management of Individual Healthcare Assets**
- Facilitates well-defined ICS to collect and process information, develop EOPs and IAPs

- EMP = Emergency Management Program  
 EOP = Emergency Operations Plan  
 PH = Public Health  
 EM = Emergency Management  
 HCO = Healthcare Organization



## Cooperative Agreement Requirements

- **Overarching Requirements**
  - NIMS Compliance
  - Needs of At-Risk Populations
  - Education and Preparedness Training
  - Exercises, Evaluations and Corrective Actions
- **Level 1 Capabilities**
  - Interoperable Communications
  - Tracking of Bed Availability
  - Fatality Management
  - Medical Evacuation/Shelter in Place
  - Partnerships/Coalitions
- **Level 2 Capabilities**
  - Alternate Care Sites
  - Mobile Medical Assets
  - Pharmaceutical Caches
  - Personal Protective Equipment
  - Decontamination
  - Medical Reserve Corps
  - Critical Infrastructure Protection



# Show Me the Money!!



Fiscal Year (FY)	Cooperative Agreements (CA) (in millions)	Healthcare Facility Partnership (HFP) and Emergency Care Partnership (ECP) Programs/Pandemic Influenza (PI) Initiatives (in millions)
FY02	\$125	n/a
FY03	\$498	n/a
FY04	\$498	n/a
FY05	\$470	n/a
FY06	\$460	PI - \$75
FY07	\$415	HFP \$18/ECP \$25
FY08	\$398	n/a
FY09	\$362	PI - \$90
FY10	\$390	n/a
FY11	\$352	n/a



## **HPP Regional Representatives:**

### **HPP Project Officer (PO):**

**The PO is officially the HPP point of contact for a project area's cooperative agreement.**

- **Provides oversight to annual HPP Grant Applications**
- **Offers guidance to the HPP Grant Awardees on fiscal appropriations of grant**
- **Represents Program and the HQ level (positioned in Washington DC)**



## **HPP Regional Representatives (contd):**

### **HPP Field Officer (FO):**

**The FO is the official liaison between HPP HQ and the HPP award recipients. She responsible for assisting with partnership and coalition operational development for the region. The FO serves as the direct contact for the state health department and/or HPP state coordinator in collaboration with HPP partners and stakeholders to ensure that the most all-inclusive technical assistance on HPP capabilities is exchanged with the region.**

- Represents ASPR and the HPP in the field (positioned in the Region) and collaborates closely with PO and Regional Emergency coordinators**
- Provides technical assistance and resources to state/local partners (award recipients and beneficiaries) during site visits, exercises, training, meetings**
- Serves as the HPP LNO during response events when there is impact (or potential) to hospitals and healthcare infrastructure**



# HPP Future....where are we headed?

## Future Strategic Program Changes

- **Grant Alignment**
  - ❖ Formal collaboration with other grant programs (CDC PHEP, FEMA)
  - ❖ Improve Awardee Customer Service by making Grants more user friendly
- **Improved CA/Grant Monitoring and Technical Assistance**
  - ❖ Focus on Coalitions and building Resiliency (MSCC Tiers II and III)
  - ❖ Capabilities Based metrics that align with vulnerabilities and gaps
  - ❖ Increased ASPR presence in the Region (boots on the ground)
- **Other Initiatives**
  - ❖ More meaningful Standardized Exercises/Course of Action Reports
  - ❖ Increased Focus on At Risk Populations (ie., pediatrics)
  - ❖ Sharing Success Stories and Best Practices more
  - ❖ Recovery is back in ASPR.....what does this mean for HPP?



## Preparedness Challenges Continue

- Competing priorities for limited dollars
- Gaps in healthcare preparedness
- How to sustain with limited staff and resources
- What does Coalition really mean?
- How will ASPR HPP focus on Recovery Preparedness?
- Other challenges also





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Office of the Assistant Secretary for Preparedness and Response (ASPR)







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**Questions?**

**Thank You!**

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