The Medical Reserve Corps

Esmeralda Pereira

Office of the Assistant Secretary for Preparedness and Response

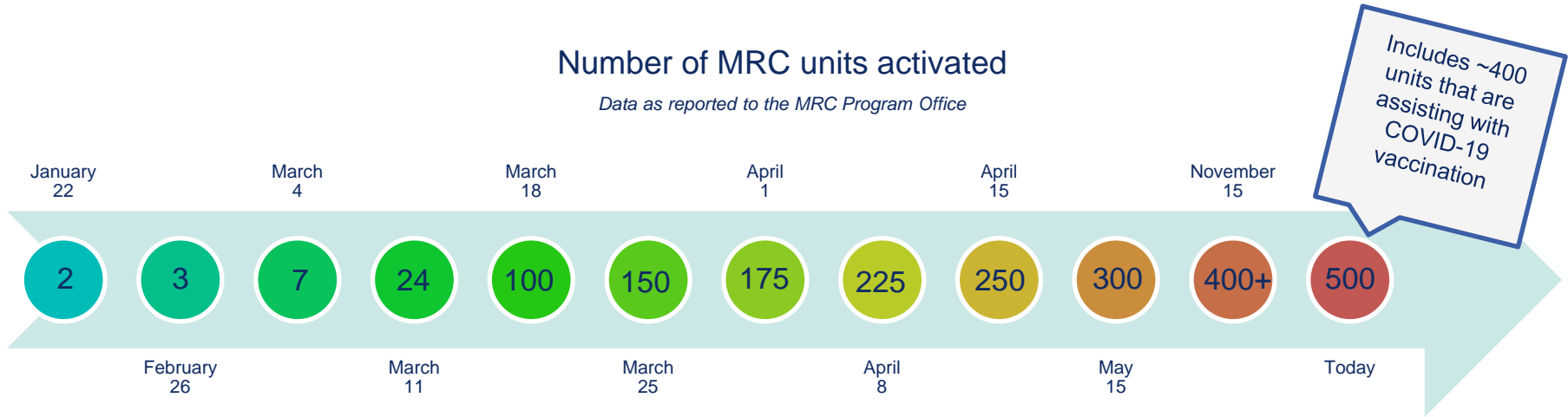## U.S. Department of Health and Human Services

May 26, 2021

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At a Glance: COVID-19 Response

Number of MRC units activated

Data as reported to the MRC Program Office

Includes ~400 units that are assisting with COVID-19 vaccination

January 22		March 4		March 18		April 1		April 15		November 15	
2	3	7	24	100	150	175	225	250	300	400+	500
	February 26		March 11		March 25		April 8		May 15		Today

Includes MRC units in 48 states, the District of Columbia, Puerto Rico, American Samoa, and the Northern Mariana Islands

Data as of April 2021

At a Glance: **2020** COVID-19 Response

Common MRC Missions

- Testing
- Epidemiology and Surveillance
- Medical Surge
- Community Screening
- Call Center Operations
- Behavioral Health
- Community Education
- Community Outreach
- Logistics
- Training
- Mass Vaccination

800,000+ volunteer hours dedicated to COVID-19 response in 2020

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We are seeking input!

- The American Rescue Plan Act of 2021 provides $100 million for the MRC program.

- On May 20, a Request for Information (RFI) posted in Federal Register
  - Seeks input regarding current strengths and needs of MRC units and stakeholders, resource gaps highlighted during the COVID-19 response, and recommendations for short- and long-term priorities for the MRC
  - Open for 30 days
  - URL: https://www.federalregister.gov/documents/2021/05/20/2021-10618/medical-reserve-corps-request-for-information

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Communications

- MRC website: https://mrc.hhs.gov

    - FY20 MRC State Highlights

    - COVID-19 report on activities in 2020

- MRC Volunteer Appreciation Week Video:

    - https://www.youtube.com/watch?v=TNEcvkiy-4U

- My contact information:

    - esmeralda.pereira@hhs.gov

    - 202-205-0065

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Data Modernization

Brittney Seiler, Senior Advisor

National Healthcare Preparedness Programs

Office of the Assistant Secretary for Preparedness & Response

U.S. Department of Health & Human Services

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Guidelines for Regional Health Care Emergency Preparedness and Response Systems

Matt Watson, Senior Advisor

National Healthcare Preparedness Programs

Office of the Assistant Secretary for Preparedness & Response

U.S. Department of Health & Human Services

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Guidelines for Regional Health Care Emergency Preparedness and Response Systems

The Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) added a new section to the Public Health Service Act, requiring ASPR to identify and provide guidelines for regional health care emergency preparedness and response systems.

PURPOSE

To **identify and provide guidelines** for regional systems of hospitals, health care facilities, and other public and private sector entities, with varying levels of capability to **treat patients and increase medical surge capacity** during, in advance of, and immediately following a **public health emergency**

GUIDELINES

Practices and protocols for hospitals and health care facilities to provide appropriate patient care with respect to:

- A **regional approach** to identifying hospitals and health care facilities based on varying capabilities and capacity
- Physical and technological **infrastructure**, laboratory capacity, **staffing**, blood supply, and other **supply chain needs**
- **Safety and personal protection of the health care workforce**, including behavioral health, psychological resilience, and training
- **Disease containment** coordinated medical triage, treatment, and transportation of patients to the appropriate hospitals or health care facilities
- Needs of **children** and other **at-risk individuals**

CONSIDERATIONS

- Input from **hospitals and health care facilities**, including **health care coalitions (HCC)**, and consultation with appropriate health care providers and professionals
- **Policy and financial requirements and implications**, including potential incentives

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Emerging Promising Practices

Based on existing programmatic material and literature reviews, successful regional programs tend to do the following:

Expand Partnerships

Develop Tiered Systems

Support Patient Movement

Leverage Technology and Data

Clearly Delineate Authority

Understand Community Needs

Offer Workforce Training

Develop Specialty Care Expertise

Promote Telemedicine

Sources

1 Regional Disaster Health Response System (RDHRS), ASPR
2 2017-2022 Health Care Preparedness and Response Capabilities
3 Medical Operations Coordination Cells Toolkit
4 ASPR TRACIE Technical Assistance: Regional Planning Considerations Survey
5 COVID-19 Vaccination Program Interim Operational Guidance Jurisdiction Operations Playbook

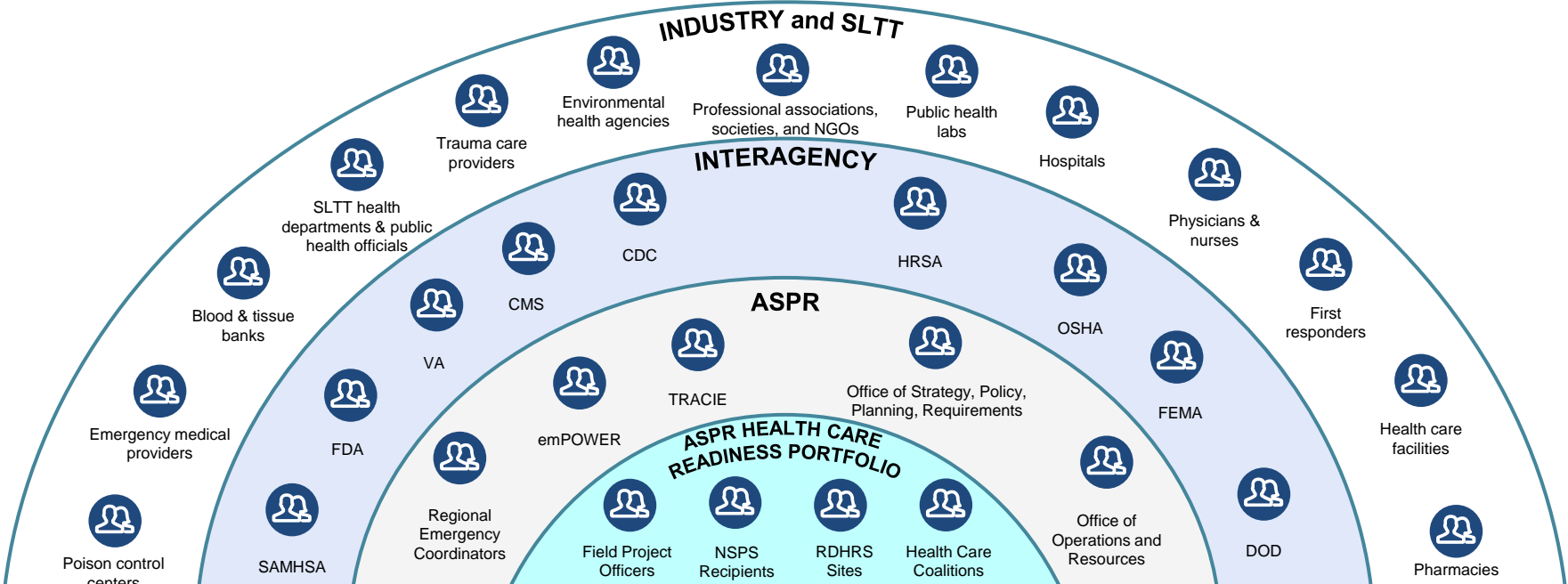6 ASPR Strategic Plan – Regional Capabilities
7 National Health Security Strategy 2019 – 2022
8 Regional Treatment Network for Ebola and Other Special Pathogens
9 RITN Concept of Operations (CONOPS)
10 Pediatric Disaster Care Centers of Excellence

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Stakeholder Engagement

ASPR will consult and engage with a variety of health care readiness stakeholders.

INDUSTRY and SLTT

Environmental health agencies · Professional associations, societies, and NGOs · Public health labs · Trauma care providers · Hospitals · SLTT health departments & public health officials · Physicians & nurses · Blood & tissue banks · First responders · Emergency medical providers · Health care facilities · Poison control centers · Pharmacies

INTERAGENCY

CDC · HRSA · CMS · VA · OSHA · FDA · FEMA · SAMHSA · DOD

ASPR

TRACIE · Office of Strategy, Policy, Planning, Requirements · emPOWER · Regional Emergency Coordinators · Office of Operations and Resources

ASPR HEALTH CARE READINESS PORTFOLIO

Field Project Officers · NSPS Recipients · RDHRS Sites · Health Care Coalitions

Note: This list is non-exhaustive and other associations, entities, and partners may be consulted and engaged as needed.

Facilitated Discussion

To submit a written response, type your response into the "Chat".
To ask a question verbally, select the "Raise Hand" icon and wait for the moderator to unmute you.

We welcome your feedback as we move forward.

For additional information please email: **hpp@hhs.gov**

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What must the guidelines address regarding information-sharing (i.e., data and situational awareness information)?

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What is your most successful practice and / or protocol that has improved your ability to coordinate emergency health care preparedness and response at a regional level?

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If we were to share a one-page summary of areas that could help with coordination, collaboration, and health care preparedness/response synchronization in your region, what are the 5 top things that should be included?

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What practices or protocols did you use during COVID-19 response to consider the needs of at-risk individuals and children?

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What incentives or policies are in place that make coordination easier or more attractive to stakeholders within your region (including cross-state coordination)?

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Are there any other considerations or challenges that we should keep in mind as we continue to develop these guidelines?

THANK YOU!

For questions or additional information please email:
hpp@hhs.gov

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Public Health Emergency Preparedness (PHEP) Update

HPP-PHEP Business Meeting

Christine Kosmos, RN, BSN, MS

Director, Division of State and Local Readiness (DSLR)

May 26, 2021

Briefing Agenda

- PHEP Operational Readiness Review (ORR) Implementation Update
  - BP 2 Requirements
  - BP 3 Requirements

- National Career Epidemiology Field Officer (CEFO) Strategy

- Discussion

PHEP OPERATIONAL READINESS REVIEW (ORR) IMPLEMENTATION

CDR David Hunter, MPH, MSW

Branch Chief, DSLR Program Implementation Branch

PHEP Operational Readiness Review (ORR) Implementation

- DSLR is currently reviewing and making modifications to the new ORR system regarding form content, function, and features.

- Changes will affect the timeline for meeting CDC requirements regarding review and approval of new IT systems.

  - **System will not open on July 1**; placed on hold until later in Budget Period 3 (BP3)

  - Training webinars that began April 21 and scheduled to continue over the next few months will be placed on hold

  - **Modified submission process for BP2 and BP3**

PHEP Budget Period 2 (BP2) Program Requirements

- DSLR is modifying the submission process for the annual PHEP Exercise documentation for Budget Period 2 (BP2)

- In August 2020, CDC waived several BP2 requirements, with the exception of the following annual requirements:

  - Critical contact sheet (CCS) updates and validation

  - Annual PHEP exercise (vulnerable populations)*

  - MCM action plans

  - PHEP technical assistance action plans

  - All LRN-B and LRN-C requirements

*Submission Requirement modified since August 2020

PHEP BP2 Program Requirement, *cont.*

Annual Requirement:	Current Method of Submission:	Change:
Annual PHEP Exercise	New online ORR system scheduled to open in Budget Period 3 (BP3). If jurisdictions are still activated for COVID19 at the conclusion of BP2, they must submit interim AAR/IPs no later than Friday, October 29, 2021, to document activities and receive credit for this exercise requirement.	Submission deadline for AAR/IPs will be extended to October 31, 2022. Jurisdictions may submit evidence for consideration to meet this requirement any time after the new ORR IT system opens until October 31, 2022. Jurisdictions should ensure that these AAR/IP documents reflect activities that were completed during BP2, even though jurisdictions will report them to CDC after the conclusion of BP2. CDC will also add relevant questions the PHEP Budget Period 2 annual progress report due in PERFORMS no later than October 29, 2021.

PHEP BP2 Program Requirement, *cont.*

All other submission requirements remain unchanged from the August 2020 updates.

Annual Requirement:	Method of Submission:
Critical Contact Sheet (CCS)	Contact DSLR project officers to validate the CCS information is accurate at a minimum of every six months.
Medical Countermeasure (MCM) Action Plans	Contact DSLR project officers to document progress. Jurisdictions where advancement of action plan activities is not feasible at this time must notify their DSLR project officers via email and indicate, "Response to COVID-19 – No New Activity."
PHEP Technical Assistance Action Plans	Contact DSLR project officers to document progress. Jurisdictions where advancement of action plan activities is not feasible at this time must notify their DSLR project officers via email and indicate, "Response to COVID-19 – No New Activity."
LRN-B and LRN-C Requirements	PERFORMS All BP2 LRN-B requirements outlined in the 2019-2024 PHEP notice of funding opportunity remain in place, along with all program requirements for the LRN chemical laboratories.

PHEP Budget Period 3 (BP3) Program Requirements

- **The following program requirements will not be required to be submitted during BP3:**
    - Jurisdictional Risk Assessment
    - All 5-year tabletop exercise requirements
    - Updated administrative preparedness plans
- Recipients whose 5-year deadline for submitting information and supporting evidence has expired or will expire during BP3 are granted an extension to BP4
- Please reach out to your project officer with any questions

PHEP ORR Implementation– Looking forward

- PHEP ORR interim guidance released in March
- Expanded PHEP ORR evaluation process will look different from previous cycles
    - Continuous process of evaluating capabilities, allowing data submission throughout the budget period
    - CDC will only review data periodically
- CDC reviews will be conducted online versus in-person site visits
- **DSLR will continue to communicate with you as we learn more about the timeline for system rollout**

CAREER EPIDEMIOLOGY FIELD OFFICER (CEFO) STRATEGY

CAPT Randolph Daley, DVM, MPH

Branch Chief, DSLR Field Assignee Service Branch

CAPT Brant Goode, RN, MPH

Deputy Branch Chief, DSLR Field Assignee Service Branch

Career Epidemiology Field Officer (CEFO) Expansion

- DSLR is proceeding to develop a national CEFO program, with at least one CEFO supporting each PHEP-funded jurisdiction

- National CEFO network will include 56 CEFOs when fully implemented in FY 2022
  - One centrally funded CEFO per state and directly funded locality
  - Two regional CEFOs to support the Caribbean and Pacific territories.

- Jurisdictions can still request a second CEFO using funds from their PHEP award by submitting a direct assistance request to their PHEP project officer

Career Epidemiology Field Officer (CEFO) Expansion

- As of May 21, DSLR has received requests from 20 PHEP jurisdictions for new centrally funded CEFO placements

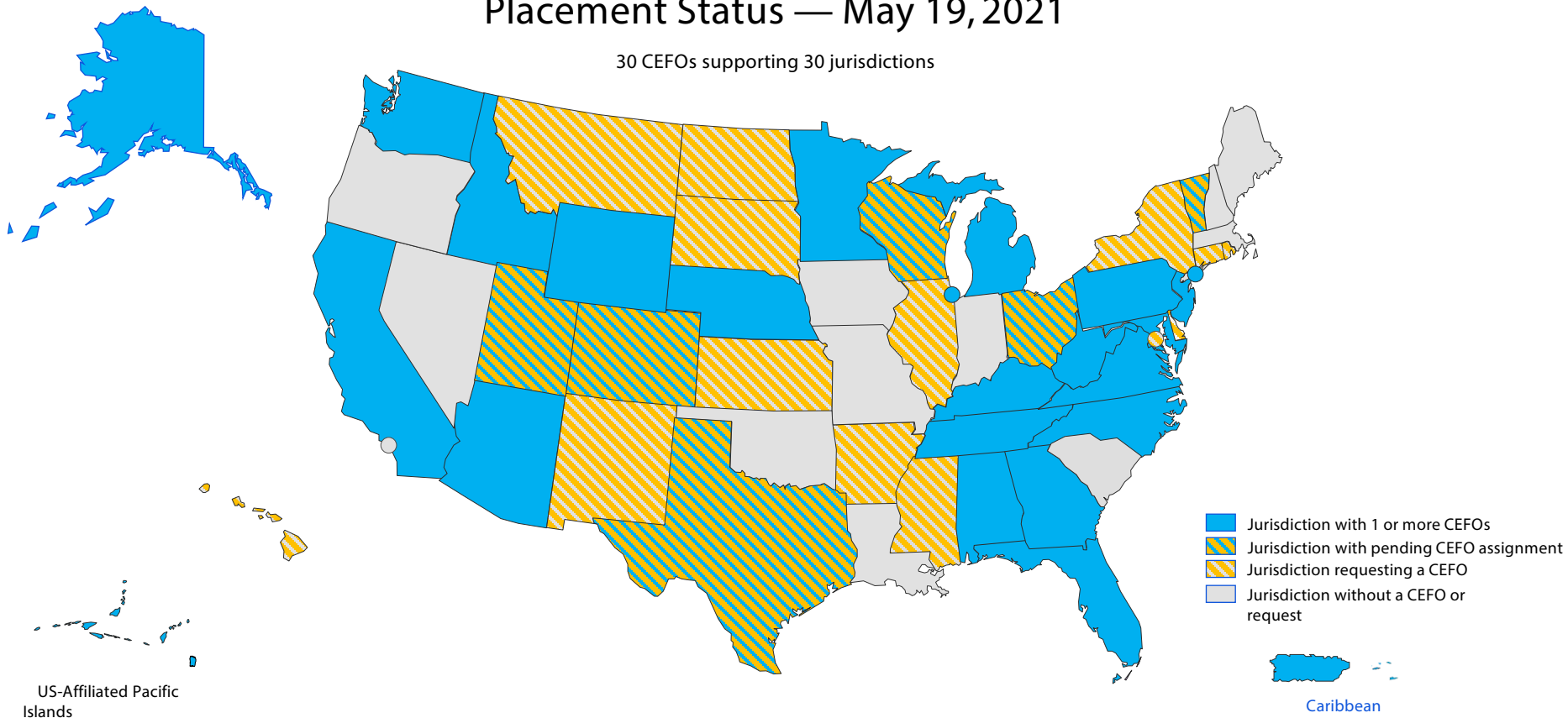|	
Arkansas	North Dakota
Colorado	New Mexico
Connecticut	Ohio
Delaware	Rhode Island
Hawaii	South Dakota
Illinois	Utah
Kansas	Vermont
Mississippi	Texas
Montana	Washington, D.C.
New York state	Wisconsin

- If your jurisdiction has not yet requested a CEFO and would like to, please direct any questions to preparedness@cdc.gov and/or your PHEP project officer

Career Epidemiology Field Officers
Placement Status — May 19, 2021

30 CEFOs supporting 30 jurisdictions

US-Affiliated Pacific Islands

Caribbean

Jurisdiction with 1 or more CEFOs

Jurisdiction with pending CEFO assignment

Jurisdiction requesting a CEFO

Jurisdiction without a CEFO or request

DISCUSSION

Joint Session– Concurrent Breakout Session Topics

- Session #1– Administrative Preparedness

- Session #2– COVID-19 Demobilization, Recovery, and Reconstitution

- Session #3– Mental Health, Behavioral Health, and Resiliency

- Session #4– Improving Engagement of Elected and Appointed Officials in Jurisdictions

Self-Selecting a Breakout Room

- View and select from a list of breakout rooms created by CDC and ASPR. Participants will be able to enter and leave breakout rooms freely.

- To Choose a Breakout Room:

  1. Click "Breakout Rooms" in your meeting controls at the bottom of your Zoom screen. This will display the list of open breakout rooms created by the host.

  2. Hover your pointer over the number to the right of breakout room you wish to join. Click "Join," then confirm by clicking "Join" again.

  3. Repeat as necessary to join other breakout rooms or click "Leave Room" to return to the main session.

Report Out and Discussion

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348   www.cdc.gov