Transcript from April 28, 2021: Improving the Resilience of U.S. Health Care Systems for Future Pandemics

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00:00:04.950 --> 00:00:14.490
Andrea Lapp: Welcome to today's webinar improving the resilience of US healthcare systems for future pandemics, our moderator Anita Cicero will now begin.

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00:00:16.770 --> 00:00:29.820
Anita Cicero: Thank you welcome good morning everyone thanks for joining us today for the Capitol Hill steering committee on pandemic preparedness and health, security, my name is Anita Cicero and i'm deputy director at the Johns Hopkins Center for health security.

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00:00:30.900 --> 00:00:38.640
Anita Cicero: The Capitol Hill steering committee for those of you who are new to it has 10 bipartisan honorary Senate and House co chairs.

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00:00:38.970 --> 00:00:44.940
Anita Cicero: As well as five founding members who previously served in either the House of Representatives or the administration.

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00:00:45.690 --> 00:00:52.260
Anita Cicero: All of our honorary leaders, as well as our Center are committed to making the country more prepared for health security threats.

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00:00:52.860 --> 00:01:02.850
Anita Cicero: We manage the from our Johns Hopkins Center for security we manage the Steering Committee, and these webinars are all made possible, with the support of the open philanthropy project.

7
00:01:03.450 --> 00:01:04.410
Senator Cardin: i'm not hearing you.

8
00:01:06.810 --> 00:01:09.480

Anita Cicero: Can others hear me Andrea are you able to hear me.

9
00:01:09.690 --> 00:01:10.590
Yes.

10
00:01:11.610 --> 00:01:18.210
Anita Cicero: Okay, so perhaps you could have helped Senator carden.

11
00:01:19.230 --> 00:01:21.870
Anita Cicero: Yes, he get his audio working yes.

12
00:01:32.490 --> 00:01:38.760
Anita Cicero: Okay, I see some other others are able to hear Senator carden are you able to have your audio working.

13
00:01:47.130 --> 00:01:50.520
Anita Cicero: Okay, thanks it's good to get feedback that others can hear.

14
00:01:53.490 --> 00:01:58.560
Senator Cardin: Tristan you can hear me, but I cannot hear you i'm not sure what the problem is, I can try a different connection.

15
00:02:00.180 --> 00:02:01.470
Anita Cicero: Okay, thank you.

16
00:02:03.270 --> 00:02:05.430
Andrea Lapp: check your check your audio.

17
00:02:16.980 --> 00:02:19.200
Anita Cicero: Just proves that this happens to all of us.

18
00:02:34.140 --> 00:02:35.280
Anita Cicero: Are you able to hear.

19
00:02:46.530 --> 00:02:48.030
Andrea Lapp: we're calling his office.

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00:02:48.600 --> 00:02:49.560
Anita Cicero: Okay, great.

21
00:02:51.960 --> 00:02:56.880
Anita Cicero: And Andrea should I, I guess, I should wait for for the issue to be resolved and then we'll.

22
00:02:56.880 --> 00:02:57.510
Andrea Lapp: jump yeah he.

23
00:02:57.750 --> 00:02:59.370
Andrea Lapp: looks like he's directing again.

24
00:02:59.760 --> 00:03:01.320
Anita Cicero: Okay terrific thanks.

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00:03:02.460 --> 00:03:03.840
Recording in progress.

26
00:03:06.810 --> 00:03:07.740
Andrea Lapp: Can you hear me.

27
00:03:08.790 --> 00:03:14.520
Andrea Lapp: Yes, can you hear us, I can let me get rid of this one Okay, you can go ahead and either.

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00:03:14.880 --> 00:03:15.510
Great.

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00:03:16.590 --> 00:03:24.540
Anita Cicero: Thank you, Senator sorry for for the issue there and i'll skip the beginning for you, but I, but I was about to tell the group.

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00:03:25.320 --> 00:03:33.300
Anita Cicero: That today's discussions will be focused on hospitals and healthcare systems and the challenges they face during the pandemic.

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00:03:34.260 --> 00:03:43.860
Anita Cicero: Over the past years we have seen the past year we've seen that public and private hospitals and healthcare systems have experienced staff equipment.

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00:03:44.190 --> 00:03:58.980
Anita Cicero: supply shortages, many have struggled to provide access to care and rural areas and and many have lacked data coordination that has has set back the response so today we're going to discuss.

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00:03:59.490 --> 00:04:16.890
Anita Cicero: discuss how the federal government can assist in addressing these kinds of problems experienced by our healthcare institutions during the pandemic, but also to think about future pandemics and preparedness for future health emergencies and what, if anything, needs to be done systematically.

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00:04:18.090 --> 00:04:36.120
Anita Cicero: or regionally or otherwise, to help our healthcare system respond very quickly so for our discussion today we're joined by our newest honorary senate co chair Senator Ben Carson and three experts from the field.

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00:04:36.810 --> 00:04:46.680
Anita Cicero: And those include Dr Eric toner who's a senior scholar at our Johns Hopkins Center for health, security, Dr Connie saver price, whose chief medical officer at Denver health.

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00:04:47.490 --> 00:04:55.140
Anita Cicero: And beth malden whose deputy Commissioner in the office of emergency preparedness and response at the New York City Department of Health and mental hygiene.

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00:04:55.980 --> 00:05:04.680
Anita Cicero: So now here to give opening remarks as Senator Ben Carson from Maryland the Senator was first elected to Congress in 2006.

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00:05:05.040 --> 00:05:12.780
Anita Cicero: He believes access to quality, affordable care should be a right, not a privilege, especially during a public health emergency like coven 19.

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00:05:13.290 --> 00:05:22.410
Anita Cicero: And he's a strong supporter of the affordable health care act and was responsible for the elevation of the National Institute from minority health disparities at NIH.

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00:05:22.950 --> 00:05:34.590
Anita Cicero: he's also a strong supporter of increases and funding for federally qualified health care centers and health information technology so we're very honored to have you today, Senator card, and thank you so much for joining us.

41
00:05:35.610 --> 00:05:49.830
Senator Cardin: Well, first, thank you for having me i'm a huge fan of Johns Hopkins and any being associated with Johns Hopkins i'm very proud to represent Johns Hopkins in the United States Senate so Center and Center for health, security is a key.

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00:05:50.310 --> 00:06:02.280
Senator Cardin: part of our overall public health strategy Johns Hopkins data is the gold standard in regards to covert information and its work in regards to the.

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00:06:03.900 --> 00:06:10.680
Senator Cardin: Public health and medicine and dealing with good at 19 is made this pandemic, one in which we are much.

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00:06:11.340 --> 00:06:28.020
Senator Cardin: We have much brighter days ahead of us so congratulations to all associated with this, and thank you for putting together this task force i'm pleased to be to join you on this today you're talking I take it, about the hospital's readiness, let me just point out.

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00:06:29.310 --> 00:06:36.990
Senator Cardin: That the tragedy we had here is that we weren't ready and because we were not ready to deal with this pandemic.

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00:06:37.740 --> 00:06:48.000
Senator Cardin: The numbers that the hospital's had to deal with were unmanageable the predictability of supplies was uncertain are the.

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00:06:48.900 --> 00:06:51.390
Senator Cardin: leadership from the Federal Government was lacking.

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00:06:51.870 --> 00:07:05.790
Senator Cardin: So you were really on your own and you try to scramble and get whatever you could, in order to deal with the circumstances of your own individual institution, whereas we didn't have a national strategy and plan in place.

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00:07:06.300 --> 00:07:10.890
Senator Cardin: And as you pointed out, this is not going to be the last pandemic.

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00:07:11.550 --> 00:07:19.770
Senator Cardin: This is not going to be the last variant being discovered that presents a challenge for us, we know we're still in the midst of this pandemic.

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00:07:20.040 --> 00:07:28.830
Senator Cardin: We still have variants that we are not certain as to how effective, we are stopping and we don't know how long the.

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00:07:29.700 --> 00:07:41.910
Senator Cardin: Vaccines last and and what we need, as far as boosters or what are the long term impacts of those who have suffered go back 19 so there's a lot of information out in regards to the current.

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00:07:42.180 --> 00:07:50.820
Senator Cardin: pandemic that we don't have answers to at the same time, we have to recognize that the next health pandemic could very well be.

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00:07:51.840 --> 00:07:58.890
Senator Cardin: around the corner or maybe it's 10 years from now, or maybe it's 100 years from now, but we need to be prepared to deal with this so.

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00:07:59.580 --> 00:08:11.010
Senator Cardin: When we take a look, what do we need to do, let me just lay out a few things first, we obviously need to be have platforms developed for vaccinations and vaccines.

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00:08:11.340 --> 00:08:17.550
Senator Cardin: And for therapeutics and, quite frankly, if you're looking at one of the bright spots in the coven.

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00:08:18.510 --> 00:08:26.430
Senator Cardin: was the fact that those platforms that we had for vax vaccine development and therapeutics were put in place.

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00:08:26.880 --> 00:08:35.880

Senator Cardin: Very quickly, and were able to get very positive results, so that was one of the positive aspects of the preparation for the pandemic.

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00:08:36.600 --> 00:08:42.180
Senator Cardin: Not knowing when it would strike we got to make sure that we continue that type of work and, quite frankly.

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00:08:42.480 --> 00:08:51.720
Senator Cardin: If you look at what Congress did in the appropriations in the last Congress and what we've done so far, under President Biden.

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00:08:52.080 --> 00:09:05.130
Senator Cardin: We have taken steps to provide significant resources and vaccine a therapeutic to develop a vaccine development a therapeutic drugs development, so we, this is one area where I do think we're doing.

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00:09:05.820 --> 00:09:15.660
Senator Cardin: Taking the steps necessary, we also have to deal with the supply chain, this was a major problem for the hospitals, you know that you couldn't get your pee pee you couldn't get your testing equipment.

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00:09:16.170 --> 00:09:23.460
Senator Cardin: You couldn't get your ventilators it there was different needs and different times, but one thing was clear.

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00:09:23.940 --> 00:09:34.530
Senator Cardin: The supply chain protections we're not here in the United States, we have to take steps to make sure that never ever happens again in the United States that we have adequate.

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00:09:34.890 --> 00:09:44.430
Senator Cardin: supplies to deal with medical equipment to deal protective equipment to deal with testings deal with therapeutics to deal with facts and vaccinations, we need to have all of that.

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00:09:44.970 --> 00:09:51.810
Senator Cardin: there's a bill that was introduced by Senator baldwin which i've joined the medical supply transparency and delivery act.

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00:09:52.050 --> 00:10:04.890
Senator Cardin: I just call that to your attention because I think Congress will be taking legislative steps to protect the supply chain and, quite frankly, just that bill now moving forward on competitiveness that will also deal with supply chain issues.

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00:10:05.490 --> 00:10:12.900
Senator Cardin: broader than just the medical supplies for a pandemic, but the deal for national security concerns on having a supply chain.

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00:10:14.190 --> 00:10:19.650
Senator Cardin: We have to recognize that a pandemic is a global pandemic, this was global.

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00:10:20.040 --> 00:10:28.200
Senator Cardin: And yes, we have to take care of the people of America that's our principal responsibility, but we have to take care of the people of America by recognizing.

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00:10:28.560 --> 00:10:36.270
Senator Cardin: that we not only have humanitarian global concerns it's parochial to us to get the pandemic under control.

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00:10:36.510 --> 00:10:45.720
Senator Cardin: Globally, because it'll come back to us, so we have to be a leader in the international community by what we do at home and by our participation globally so.

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00:10:46.080 --> 00:10:59.520
Senator Cardin: The World Health Organization has its problems, we need to work with it refine it and make sure we have a global institution that can deal with this and we have to contribute to the global efforts I joined.

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00:10:59.970 --> 00:11:08.370
Senator Cardin: With Senator bennet and a letter to the administration, urging them to take steps to engage the international community and to help the international community.

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00:11:08.670 --> 00:11:16.800
Senator Cardin: i've also joined the Sander ish and Murphy in legislation, the global health security and diplomacy act that recognizes that we have.

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00:11:17.250 --> 00:11:29.640

Senator Cardin: The responsibility to work with the global community, and I was pleased to see that President biden's making a certain amount of the astra zenica vaccines available to the global marketplace.

77
00:11:30.210 --> 00:11:46.530
Senator Cardin: But perhaps the most to most glaring deficiencies that we saw in dealing with pant with the curve at 19 that we have to prepare make sure it never happens again and the hospital's took on the brunt of that failure, one is health disparities.

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00:11:47.580 --> 00:11:55.890
Senator Cardin: We have we have problems before coven 19 with health disparities and coven 19 unmasks just how.

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00:11:57.600 --> 00:12:02.640
Senator Cardin: Challenging we are in underserved communities to provide adequate health care needs.

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00:12:04.140 --> 00:12:16.620
Senator Cardin: I was proud to author in the affordable care act i'm pretty pleased that you mentioned that in my introduction, but I authored the National Institute for minority health and health disparities and the minority health offices and all of our health departments.

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00:12:17.760 --> 00:12:25.710
Senator Cardin: We need to make a concerted effort to make sure that we have access to care and all communities and that's not that's not.

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00:12:26.220 --> 00:12:44.970
Senator Cardin: True, today, so we have to deal with the basic disparities that exist because at 19 pointed out that they're even deeper than we thought i'd join Senator Menendez the coven 19 health disparity act that specifically looks at how we deal with pandemics during.

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00:12:46.170 --> 00:12:53.790
Senator Cardin: With with underserved communities, we have the clinical trial act that deals with the inequities we have in clinical trials and minority communities.

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00:12:54.420 --> 00:13:04.170
Senator Cardin: Center department and I introduced legislation dealing with the vaccine awareness campaign so that we have a real outreach to minority communities in regards to vaccines that was incorporated.

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00:13:04.800 --> 00:13:16.680
Senator Cardin: In the American rescue plan, we have to make sure that we deal with broadband because telehealth is a access to care and underserved communities do not have the same access to high speed internet we have.

86
00:13:16.950 --> 00:13:25.350
Senator Cardin: These are all issues that we have to deal with the workforce issue that that they're more minorities in the frontline workforce, we have to recognize and provide.

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00:13:25.680 --> 00:13:35.670
Senator Cardin: The the support that they need to protect them at a much higher level than we did, and the list goes on and on and on, but we need a direct strategy.

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00:13:36.090 --> 00:13:48.270
Senator Cardin: To deal with health disparities in this country, and I must tell you, I think the by the administration is focused on this, I can tell you, our committees are focused on this, whether it's whether it's in health or whether it's in policing or whether it's an.

89
00:13:49.740 --> 00:13:58.620
Senator Cardin: Option entrepreneurship we've got to deal with systemic challenges we have in America, the second key failure that we have to correct.

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00:13:59.010 --> 00:14:15.660
Senator Cardin: That once again the hospitals fear the blunter brought up and that is effective national leadership we have to take the federal government, the President United States needs to take control of the challenge with clear messaging.

91
00:14:16.740 --> 00:14:32.190
Senator Cardin: Honest messaging consistent messaging using all tools at her his disposal to provide what is needed to deal with the pandemic and to give clear direction, whether it's a hospital a local government.

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00:14:32.730 --> 00:14:43.980
Senator Cardin: A school you got to have clear direction coming from the top, and that was missing in this pandemic and it's something we have to correct.

93
00:14:44.430 --> 00:14:58.260

Senator Cardin: We also have to have a high level coordinating entity and we had one under the National Security Advisor that was disbanded but President trump, we need to reconstitute that and make sure it functions every.

94
00:14:58.890 --> 00:15:15.240
Senator Cardin: Every year, whether a pandemic exist or not to do the type of exercises next is necessary to make sure we're properly prepared for the next health crisis, so we have a lot of challenges, I want to thank the hospital leadership for stepping up and and and never.

95
00:15:17.790 --> 00:15:28.110
Senator Cardin: Stepping away from the challenges in some cases, it was totally overwhelming and you stayed there, and you provided the services at great personal risk great financial sacrifice and you were there.

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00:15:28.830 --> 00:15:39.360
Senator Cardin: We were blessed I know that was true in Maryland and around the nation we need your input all stakeholders have to be involved, make sure we're properly prepared in this country.

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00:15:41.700 --> 00:16:00.750
Anita Cicero: Thank you so much, Senator and thank you for really leaning into all of these issues and energetically proposing legislation to try to to deal with the many issues that were revealed during the pandemic and in terms of capability and shortcomings, I wonder if.

98
00:16:01.770 --> 00:16:18.930
Anita Cicero: If you have any views on what the appropriate role of cms could be in helping healthcare institutions be better prepared or what what is their role during the pandemic and what should they be doing thinking about you know future health emergencies.

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00:16:19.890 --> 00:16:24.870
Senator Cardin: Well it's a great question and a CB cms has to be a little bit more nimble.

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00:16:25.770 --> 00:16:34.980
Senator Cardin: they're pretty rigid at times because of the nature of the Agency and the challenges that they have in the budget restrictions that they have.

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00:16:35.400 --> 00:16:45.420
Senator Cardin: As we went through this pandemic, we needed to get flexibility that was very true until health and we did see some flexibility and telehealth, of course, Congress provided some additional.

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00:16:45.870 --> 00:16:55.860
Senator Cardin: tools to make that available on rate relief during the pandemic, because the model that was used what didn't work and we had to.

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00:16:56.280 --> 00:17:10.350
Senator Cardin: figure out how we could perhaps provide temporary help on the on the financial front and I think cms also had to have a direct role and dealing with the related issues when supply chain, particularly.

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00:17:10.830 --> 00:17:20.850
Senator Cardin: We needed cms to be a constructive partner and making sure, for example, hospitals and healthcare providers receive the type of support they needed in order to carry out.

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00:17:21.660 --> 00:17:33.060
Senator Cardin: Their stress mission during the cove at 19 so cms absolutely can play a critical role and that's why I say you need you need leadership at the top.

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00:17:33.540 --> 00:17:51.000
Senator Cardin: it's tough for the administrator a cms to do a lot of things if that person doesn't have the support of the President United States doesn't have the support a secretary of health doesn't have the support that is necessary to empower strong leadership during her crisis.

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00:17:52.530 --> 00:17:57.120
Anita Cicero: Okay, thank you, and do you have time for one more question sure okay um.

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00:17:58.050 --> 00:18:07.200
Anita Cicero: You know, as you know, we know we're in a national race against the the variant and and because the pandemic is not controlled in other parts of the world, I think that.

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00:18:07.770 --> 00:18:27.450
Anita Cicero: You know the the fleet fleeing from the variant is going to continue for some time, so is that are there any authorities or resources that you think Congress could supply that could help health systems stay ahead of deal with the variant and any searches that result from it.

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00:18:28.980 --> 00:18:38.610
Senator Cardin: So I don't know the exact amount of money that we have appropriated to deal with this issue but it's in the 10s of billions of dollars.

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00:18:39.240 --> 00:18:44.220
Senator Cardin: To deal with research to deal with identifying a variance.

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00:18:44.970 --> 00:18:54.840
Senator Cardin: Identifying therapeutics identifying modifications of vaccines, so that they're available as you i'm sure are aware we're working on the next generation of vaccines.

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00:18:55.410 --> 00:19:04.800
Senator Cardin: We are doing the research right now in regards to the variance to make sure that the vaccines are effective and they're not how they need to be modified, or whether we need boosters are.

114
00:19:05.130 --> 00:19:16.110
Senator Cardin: All the different areas that are being looked at, we have a few different platforms of vaccines we're monitoring the differences, so far, all have been effective, including dealing dealing with the variance so.

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00:19:17.550 --> 00:19:29.610
Senator Cardin: So it's a great question, but I can tell you I really do think the Congress has appropriated the resources so it's not a money issue.

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00:19:30.900 --> 00:19:41.040
Senator Cardin: there's a certain amount of time necessary in order to be able to evaluate, as you know, but you can't bring a product to market without having.

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00:19:41.460 --> 00:19:49.110
Senator Cardin: This the facts necessary to support its its effectiveness and safety and that takes time.

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00:19:49.770 --> 00:20:05.700
Senator Cardin: And you need large enough groups so that you have credible information and variants don't always give you that time or number necessary for the type of scientific backup to allow us to make progress quickly.

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00:20:06.120 --> 00:20:14.850
Senator Cardin: And yes, we have platforms available but variants are not necessarily fit into the platform that we already have so it's.

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00:20:15.570 --> 00:20:24.840
Senator Cardin: it's a long answer to tell you that I think the resources are there it's a challenge, and we had the best scientists in the world, working on it.

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00:20:25.320 --> 00:20:40.560
Senator Cardin: and give them the credit do, as I said in the beginning there's one bright spot from covert 19 it was the amazing work done by our scientists on getting a vaccine to market quickly and getting therapeutics to market quickly.

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00:20:41.580 --> 00:20:41.850
Senator Cardin: and

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00:20:41.880 --> 00:20:51.000
Anita Cicero: Fair points all thank you so much, Sir, for joining us we really appreciate your participation and your leadership in the steering committee so.

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00:20:51.180 --> 00:20:52.140
Anita Cicero: Thank George much.

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00:20:52.440 --> 00:20:58.650
Senator Cardin: We look forward to your your work and, again, thank you all for everything you do stay safe and let us know how we can help Thank you.

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00:20:59.130 --> 00:20:59.670
Anita Cicero: Thank you.

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00:21:02.070 --> 00:21:11.310
Anita Cicero: Okay, now we are going to turn to our first panelist my colleague Dr Eric toner who's a senior scholar at the Johns Hopkins Center for health security.

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00:21:11.730 --> 00:21:18.450
Anita Cicero: At the Bloomberg School of Public Health Eric is an internist and he practiced emergency medicine for 23 years.

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00:21:18.810 --> 00:21:27.630
Anita Cicero: His primary research interests or health care preparedness for catastrophic events pandemic influenza and medical response to bioterrorism.

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00:21:28.020 --> 00:21:37.620
Anita Cicero: And during this pandemic, he has authored numerous policy reports and journal articles, including those dedicating describing hospital preparation approaches.

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00:21:37.980 --> 00:21:46.860
Anita Cicero: estimating national PP he needs and proposing an ethical framework for allocation of scarce coven 19 vaccine so Eric over to you.

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00:21:47.820 --> 00:21:57.450
Eric Toner: Thanks Anita it's great to have this opportunity to speak on this important topic, let me say first of all, I agree with all the challenges mentioned by Senator carden.

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00:21:58.050 --> 00:22:02.880
Eric Toner: But we should also recognize that the two to two decades of work.

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00:22:03.870 --> 00:22:16.770
Eric Toner: It has been done on healthcare emergency preparedness and the Federal programs that have supported it, they have paid off in many ways, and so I like to start off talking by the about them about this progress.

135
00:22:17.460 --> 00:22:24.060
Eric Toner: So when I got into this field that a specialty and from healthcare emergency management barely existed.

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00:22:25.200 --> 00:22:30.780
Eric Toner: And now we have a nationwide Qadri of professional healthcare emergency managers.

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00:22:32.100 --> 00:22:38.910
Eric Toner: There is now someone at every hospital who focuses on this at least part time that did not exist before.

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00:22:39.630 --> 00:22:49.080
Eric Toner: The national incident management system and the healthcare incident command system were created and help to work with a cross country had been trained in it so it's now routine.

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00:22:49.770 --> 00:22:59.190

Eric Toner: hospital emergency operations plans or we just called Sasha plans have been made much more rigorous and they're a pandemic accesses and most of them.

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00:22:59.880 --> 00:23:10.530
Eric Toner: hospitals have stockpile emergency respiratory protection devices healthcare coalition's have risen across the country to coordinate local preparedness response.

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00:23:11.310 --> 00:23:25.020
Eric Toner: The concept of crisis standards of care was developed and widely promulgated and eventually cms issued a preparedness rule that requires all medicare and medicaid providers to meet certain minimum standards.

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00:23:25.980 --> 00:23:37.320
Eric Toner: But all of this wasn't enough and, as we saw and as Dr Center occurred and mentioned, and many of these challenges faced during the coven response were anticipated.

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00:23:38.580 --> 00:23:48.480
Eric Toner: Including the fact that over the years, most hospitals have devoted minimal effort and money to emergency preparedness only enough.

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00:23:49.290 --> 00:24:00.870
Eric Toner: To meet the Joint Commission accreditation standards and the cms preparedness rule few hospitals have invested a great deal more money and generally emergency preparedness.

145
00:24:01.920 --> 00:24:08.820
Eric Toner: programs lose in the budget battles with revenue generator generating programs, and in most hospitals.

146
00:24:10.530 --> 00:24:27.390
Eric Toner: For the most part HP P Funk, the hospital piranhas funds, no longer fun hospitals directly instead they they fund healthcare coalition's and statewide programs and the http budget is half of what it was at the onset of the program in 2003.

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00:24:28.680 --> 00:24:41.400
Eric Toner: Facilities offices practices outside of hospitals have been not very engaged in emergency preparedness and there's been very little success so far and attracting them into coalition's.

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00:24:42.540 --> 00:24:48.420
Eric Toner: On the other hand, it's not reasonable to expect every community hospital to the wealth period for all hazards.

149
00:24:48.900 --> 00:25:01.620
Eric Toner: And this has led to interest in a tiered national system of hospitals like that created for Ebola and being trialed now in three http demonstration projects in Boston omaha and Denver.

150
00:25:03.240 --> 00:25:15.210
Eric Toner: And the pandemic has highlighted some new challenges as well, first, I mentioned that operational planning for crisis standards of care was never completed in most eighth and hospitals.

151
00:25:15.660 --> 00:25:23.850
Eric Toner: And this resulted in considerable confusion and inappropriate application of crisis standards in in some situations.

152
00:25:25.380 --> 00:25:39.690
Eric Toner: Secondly, bi directional communications and information flow was challenging in most her head communities, neither the US Government nor their bedside clinicians had the information they needed during the height of the of the surge.

153
00:25:41.160 --> 00:25:54.960
Eric Toner: And Senator card and mentioned, we learned that the supply chain is long and fragile and the US Government has had limited insight into it and few tools to use to adjust it.

154
00:25:56.250 --> 00:26:07.740
Eric Toner: So what can we do to build a more resilient healthcare system here are a few specific recommendations, first of all, we have to incentivize greater emergency preparedness in all hospitals.

155
00:26:08.940 --> 00:26:20.340
Eric Toner: By adding a carrot to the stick, that is, the cms preparedness rule, and I believe that a small increase in cms reimbursement for meeting specific metrics.

156
00:26:20.820 --> 00:26:31.320
Eric Toner: would provide a significant incentive, along with this, we need to strengthen the hospital requirements, the cms rule, so they are more consistent with the joint Commission standards.

157
00:26:32.310 --> 00:26:44.610
Eric Toner: We need to expand the tiered regional disaster healthcare system that is now being trialed from three locations to 10 a one in each hhs region.

158
00:26:45.180 --> 00:26:58.020
Eric Toner: and build and maintain this system with a new, separate funding line from HP I believe that the core http funding should be maintained to support health care coalition's.

159
00:26:59.340 --> 00:27:12.480
Eric Toner: I believe, as PR should fund research into revisiting crisis standards of care guidance and eventually provide requirements and funding through http support the implementation of this guidance at the state and local local level.

160
00:27:13.890 --> 00:27:23.280
Eric Toner: I believe, as per through http should create planning scenarios, to provide hospitals with a roadmap of what is expected of them with regards to prepare us.

161
00:27:24.090 --> 00:27:37.950
Eric Toner: And finally, asked for a should conduct enter a reassessment of the SNS in the context of the entire supply chain ecosystem and improve government visibility into an influence over the medical supply chain system.

162
00:27:39.630 --> 00:27:46.800
Eric Toner: So in conclusion, when I look back over 20 years in this field, I see a lot of progress but it's been slow incremental.

163
00:27:47.370 --> 00:28:04.110
Eric Toner: That pandemic should serve as a wake up call finally fix the problems of an apparent for so long and to address a new problem so incurred by Cobra 19 it will take time it'll take sustain federal commitment and including funding to enact these changes, thank you.

164
00:28:05.700 --> 00:28:14.700
Anita Cicero: Thanks so much Eric and thanks for this specific recommendations there our next panelist is Dr Connie saber price.

165
00:28:15.480 --> 00:28:24.540
Anita Cicero: connie's the chief medical officer Denver health and a professor of medicine in the division of infectious diseases at university of Colorado school of medicine.

166
00:28:25.200 --> 00:28:33.720
Anita Cicero: Prior to becoming a CMO she served as the chief of infectious diseases and the medical director of infection control and prevention at Denver health.

167
00:28:34.620 --> 00:28:49.230
Anita Cicero: she's board certified in internal medicine infectious diseases and medical Microbiology her research and clinical interests focus on healthcare epidemiology and methods to prevent and detect emerging in anti microbial resistant infections.

168
00:28:49.920 --> 00:29:06.660
Anita Cicero: She has expertise in outbreak management and served as a consultant to public health authorities around the world on controlling other emerging infections, including mers SARS and Ebola so Connie over to you thanks so much for joining us today.

169
00:29:07.590 --> 00:29:17.340
Connie Savor Price: Great Thank you can everyone hear me, yes, great so like Dr toner i'll start with acknowledging some of our successes in this response.

170
00:29:18.450 --> 00:29:30.630
Connie Savor Price: As we heard many hospital setup telemedicine, for the first time and hhs took steps to make it easier to provide the service services and cms issued.

171
00:29:31.770 --> 00:29:40.050
Connie Savor Price: temporary measures make it easier for us to be able to build be reimbursed for these services so that was a great success in in this effort.

172
00:29:41.010 --> 00:29:49.260
Connie Savor Price: I also witnessed unprecedented collaboration between competing hospital systems, for instance in Colorado our systems.

173
00:29:49.680 --> 00:29:56.790
Connie Savor Price: CMOs chief medical officers, representing 98% of the lives in our State had daily conference calls.

174
00:29:57.570 --> 00:30:10.020
Connie Savor Price: Just to troubleshoot capacity issues align our visitors policies and assistant search capacity through a centralized transfer centers throughout our state to assist, especially the rural areas when they were getting hit hard.

175
00:30:11.400 --> 00:30:25.530
Connie Savor Price: We also developed a new respect for infection prevention we've seen the lowest incidence of respiratory viruses and influenza this season, probably because of some of the measures we put in place for coven 19.

176
00:30:27.120 --> 00:30:41.310
Connie Savor Price: We also saw hospitals really step up to provide some of the functions traditionally live by public health and we've seen a lot of this in our mass vaccination clinics run by many of our health systems.

177
00:30:42.390 --> 00:30:46.860
Connie Savor Price: We saw healthcare workers and first responders assistant search capacity.

178
00:30:47.550 --> 00:30:54.960
Connie Savor Price: Efforts you know outside of their training and showed that we can actually deploy these new models of care or.

179
00:30:55.380 --> 00:31:03.240
Connie Savor Price: enhance models of care that some of our disaster preparedness has informed in the past and we actually were able to execute on this.

180
00:31:03.990 --> 00:31:20.460
Connie Savor Price: We saw improved use of technology, some places Raven using robots to help assist in patient care and extend those critical care physicians to be able to monitor patients, and I see us not only extending their reach, but also limiting the use of P, p.

181
00:31:21.720 --> 00:31:30.840
Connie Savor Price: And then, as referenced earlier we stood up and executed on clinical trials of novel therapies, as well as new vaccines was an unprecedented speed.

182
00:31:31.710 --> 00:31:42.210
Connie Savor Price: But the missed opportunities were very real and we need to make sure that we learn from this and asked on this in the future, so one of the articles that really.

183
00:31:43.020 --> 00:31:52.740
Connie Savor Price: resonated with me was one by Dr Eric Schneider published in the New England Journal last July, and he talks a lot about our deficiencies and testing and, as we know.

184
00:31:53.310 --> 00:31:57.600
Connie Savor Price: Testing was delayed in January in February, almost non existent.

185
00:31:58.260 --> 00:32:09.870
Connie Savor Price: As the CDC initially distributed a faulty test and then failed to allow us to use other tabs either developed by our local labs or by the World Health Organization, that was working fairly well.

186
00:32:10.800 --> 00:32:16.380
Connie Savor Price: Once testing was available to us, even then, we were unable to use it effectively because.

187
00:32:17.070 --> 00:32:23.250
Connie Savor Price: We had shortages of reagents materials and personal protective equipment in order to perform these tests.

188
00:32:23.610 --> 00:32:31.950
Connie Savor Price: So that boat that forced us to use a very narrow strategy of testing where we really just focused on healthcare workers and those in the hospitals.

189
00:32:32.880 --> 00:32:42.780
Connie Savor Price: and preventing our knowledge from really understanding the epidemiology in the Community and without this testing data we were.

190
00:32:43.110 --> 00:32:54.150
Connie Savor Price: Unable to accurately informed models that would then inform our response, so we have this unprecedented strategy of shutdowns and stay at home orders.

191
00:32:54.480 --> 00:33:11.880
Connie Savor Price: during which time people were unable to receive care for their chronic medical conditions and preventive care during that time and, to this day, we continue to see the impact of the delay in our hospital systems, Miss cancer diagnosis.

192
00:33:12.960 --> 00:33:18.870
Connie Savor Price: And an acceleration of chronic illnesses that we are still dealing with and.

193
00:33:19.260 --> 00:33:33.930

Connie Savor Price: If we want to prepare for the next pandemic, the next one, is a mental health pandemic in this country and we're seeing the impact of isolation, unemployment and sudden poverty on these populations in part because of these measures.

194
00:33:35.280 --> 00:33:54.960
Connie Savor Price: We also saw the lack of testing exacerbates the problem with our supply chain and tip when we didn't know who had coven who didn't we had to burn through that limited precious resource assuming everyone had coven during that time and so.

195
00:33:56.820 --> 00:34:09.240
Connie Savor Price: This could have been prevented we knew early on that we did not have enough P P, as early as February and that our stockpile would be inadequate to supply.

196
00:34:09.990 --> 00:34:21.990
Connie Savor Price: Our hospitals and healthcare systems with with P, and yet there was an action, we did not ramp up our production at that time and we continued to just be at the mercy of the.

197
00:34:22.320 --> 00:34:39.060
Connie Savor Price: International supply chain, during a global pandemic when we could not get the resources we needed to respond, and that was not only P P, that also impacted some of our critical medications, such as the Paralympics that we need for patients who require a ventilator.

198
00:34:40.110 --> 00:34:55.560
Connie Savor Price: and other drugs commonly used in in caring for patients and hospitals and there are baseline issues with our infrastructure that probably also made this response more difficult, so you know.

199
00:34:56.130 --> 00:35:03.990
Connie Savor Price: hospitals are businesses and are designed to run efficiently and largely at capacity at baseline.

200
00:35:04.560 --> 00:35:13.230
Connie Savor Price: We target about 85% capacity and most hospitals, probably run more at 90% even over 100% capacity at baseline.

201
00:35:13.950 --> 00:35:24.510
Connie Savor Price: they're not designed to have or incentivize to have access beds or staffing on hand, we also run lean it's our ethical responsibility to.

202
00:35:24.930 --> 00:35:46.380
Connie Savor Price: be responsible, with our resources and so when you run lean you don't keep mass Doc files on hand in case so we're also not incentivized to maintain medical stockpiles and we know that healthcare workers are shortage ready and they're burned out already even before this pandemic.

203
00:35:47.790 --> 00:35:54.150
Connie Savor Price: And then finally are underfunded disease surveillance in this country, you know we have so much big data.

204
00:35:54.540 --> 00:36:06.390
Connie Savor Price: available to us, and yet for public health, we had very spotty and inconsistent data throughout the country from you know, depending on state, depending on the jurisdiction.

205
00:36:07.050 --> 00:36:23.130
Connie Savor Price: Early data were supplied by hospital admissions data that is what we had, and we were really delayed and understanding the disparities that we later learned were very real in covert 19 because we did not have the good data that we needed.

206
00:36:24.120 --> 00:36:25.950
Connie Savor Price: That we shouldn't have had available.

207
00:36:26.520 --> 00:36:37.350
Connie Savor Price: So what can we do to build more resilient healthcare system, well, we need much more coordination and integration of the global supply chains to mitigate the impact of these pandemics and.

208
00:36:37.650 --> 00:36:46.380
Connie Savor Price: As a country, we should ensure the agility and responding to the future demand and supply shocks us perhaps through better public private partnerships.

209
00:36:46.620 --> 00:36:57.030
Connie Savor Price: or other strategies using some of the business learnings that we know to work blockchain technology, whatever it may be to influence that supply chain.

210
00:36:57.840 --> 00:37:08.130
Connie Savor Price: We need to continue to invest and incentivize and telemedicine, one of the strategies that we were able to deploy at Denver health was the hospital at home Program.

211
00:37:08.460 --> 00:37:19.470
Connie Savor Price: And telemedicine was key to that and that was a major tool for us in being able to respond to the search capacity issues that we had.

212
00:37:20.460 --> 00:37:29.100
Connie Savor Price: We need to leverage our data capabilities and big data and use this for reporting public health data and use it to address those health disparities.

213
00:37:29.550 --> 00:37:44.100
Connie Savor Price: We need to remember that infectious diseases don't obey borders and also make sure we're watching what's going on in the global end and use that heads up to then prepare and more justin time manner, we could have done that, with.

214
00:37:44.910 --> 00:37:58.620
Connie Savor Price: Notification that cove at 19 was in existence on December 31 of 2019 that would have given us, you know, a couple months of lead time to get prepared and we need to we shouldn't have responded to that.

215
00:37:59.340 --> 00:38:08.880
Connie Savor Price: We need to understand the impact of shutdowns and closures, especially impacting elective and preventive care, do we should we be doing this again in the next pandemic.

216
00:38:09.960 --> 00:38:21.000
Connie Savor Price: And we need to make sure and re examine whether the business of healthcare is aligning with our disaster preparedness goals if we want to incentivize that for hospitals, then we need to incentivize it.

217
00:38:21.840 --> 00:38:36.930
Connie Savor Price: We should better define the roles of the hospitals and public health, and who is responsible for surveillance, who is responsible for vaccinations who's responsible for contact tracing and really and make sure that we are allocating those preparedness resources.

218
00:38:38.220 --> 00:38:56.520
Connie Savor Price: Accordingly, and finally, we have pilot programs right now by gasper in these peered regional disaster healthcare systems with the three demonstration projects that Dr toner mentioned, and perhaps we need to build on and maintain the system.

219

00:38:57.570 --> 00:39:07.380
Connie Savor Price: And leverage this infrastructure, also to advance the science of preparedness, as well as emerging infectious diseases, thank you.

220
00:39:08.610 --> 00:39:16.230
Anita Cicero: Thank you so much impressive accomplishments and really daunting challenges, and we appreciate your specific recommendations.

221
00:39:17.070 --> 00:39:29.700
Anita Cicero: Some of them we touched on in terms of surveillance and diagnostics and supply chain issues and past webinars that are worth a listen for people if they'd like to look those up on on our website.

222
00:39:30.540 --> 00:39:31.860
Connie Savor Price: But thank you for your.

223
00:39:31.860 --> 00:39:42.150
Anita Cicero: Comments so next i'm going to turn to beth malden who's deputy, Commissioner, the office of emergency preparedness and response in the New York City Department of Health and mental hygiene.

224
00:39:42.690 --> 00:39:51.690
Anita Cicero: And in that role beth oversees the agency's efforts to prepare respond and recover from emergencies that impact, public health and healthcare system.

225
00:39:52.200 --> 00:40:03.690
Anita Cicero: And this includes leading preparedness planning and training and exercising supporting the healthcare system in New York City and incorporating equity and building Community resilience.

226
00:40:04.020 --> 00:40:13.770
Anita Cicero: Through programs and oversight of emergency preparedness grants she has also led efforts to national efforts to educate policymakers on.

227
00:40:14.160 --> 00:40:19.440
Anita Cicero: The importance of emergency preparedness we're very grateful that she will often.

228
00:40:20.340 --> 00:40:36.360

Anita Cicero: agree to come and speak at our events with with that kind of expertise she's also played a key role in many of the past responses, including a Bola hurricane Irene and sandy and H1 and one pandemic in 2009.

229
00:40:36.810 --> 00:40:44.970
Anita Cicero: As well as the September 11 2011 attack the World Trade Center and the subsequent anthrax letter response.

230
00:40:46.080 --> 00:40:58.350
Anita Cicero: And she's currently the incident commander of the of the response i'm also proud to say that beth is an alum of the Johns Hopkins Center for health security beth it's always great to have you thanks.

231
00:40:59.910 --> 00:41:07.470
Beth Maldin: Thank you, Anita good afternoon everyone, and thank you to the Steering Committee and the Johns Hopkins Center for health security for inviting me here today.

232
00:41:07.830 --> 00:41:13.140
Beth Maldin: i'm going to bring us all back to the spring of 2020 when New York City was the global epicenter of the pandemic.

233
00:41:13.470 --> 00:41:17.940
Beth Maldin: And our health care system based incredible pressures as hospitalization rates spiked.

234
00:41:18.330 --> 00:41:27.510
Beth Maldin: And I see utilization stored demand for personal protective equipment or P P skyrocketed and healthcare facilities move rapidly to fill staff and gas.

235
00:41:27.810 --> 00:41:32.490
Beth Maldin: To support our health care partners in New York City health departments are a pivotal coordinating goal.

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00:41:32.820 --> 00:41:42.840
Beth Maldin: Sharing real time information about the changing epidemiology providing infection control guidance facilitating information sharing and supporting the urgent need for space staff and stuff.

237
00:41:43.350 --> 00:41:49.020

Beth Maldin: Over the past 15 years the health department has worked closely with the healthcare system to prepare for the worst case scenario.

238
00:41:49.530 --> 00:41:57.870
Beth Maldin: As the local public health authority we play a unique coordinating role, bringing together the healthcare system first responders and emergency management and preparedness.

239
00:41:58.140 --> 00:42:07.710
Beth Maldin: So we can all work better together during response This role is especially important in New York City we're a high resetting do our status as a major hub for the economy, transportation and tourism.

240
00:42:08.040 --> 00:42:20.310
Beth Maldin: As well as the most densely populated city in the United States, we have one of the oldest and largest public health departments in the nation with almost 7000 employees and we have a large complex healthcare system, including 55 acute care hospitals.

241
00:42:22.260 --> 00:42:30.000
Beth Maldin: said 73 adult care facilities 100 dialysis centers and over 400 Community health centers and 183 nursing homes.

242
00:42:30.570 --> 00:42:37.230
Beth Maldin: readiness for near cities healthcare system is supported by funding from the hospital preparedness program or HP which has been mentioned before.

243
00:42:37.500 --> 00:42:41.940
Beth Maldin: And it's administered administered by the Assistant Secretary for preparedness and response.

244
00:42:42.300 --> 00:42:51.930
Beth Maldin: http is the only federal source of healthcare preparedness funding and this Eric referenced it's been a key driver to build preparedness and response infrastructure and profession across the country.

245
00:42:52.290 --> 00:43:00.810
Beth Maldin: However, the health care system readiness does not exist in a vacuum, the success of any health emergency response is dependent on the efforts of both public health and healthcare.

246
00:43:01.260 --> 00:43:12.420
Beth Maldin: As a result, to CDC public health preparedness programs also play a critical role in health care system readiness, first the public health emergency preparedness program or what we affectionately call fat.

247
00:43:12.780 --> 00:43:21.420
Beth Maldin: Has build robust public health capacity to detect diseases alert healthcare providers and pinpoint where interventions are needed to prevent morbidity and mortality.

248
00:43:21.720 --> 00:43:29.790
Beth Maldin: Second, the epidemiology and laboratory capacity program, which is about laboratory and infection control infrastructure in public health and health care facilities.

249
00:43:30.120 --> 00:43:37.590
Beth Maldin: nursing is use these funds to build resilience and readiness, however, federal preparedness funding has been significantly reduced over the past decade.

250
00:43:37.950 --> 00:43:47.550
Beth Maldin: These costs of hampered local running at a time and health emergencies are more frequent prolonged and severe within this context came the coven 19 pandemic.

251
00:43:48.000 --> 00:43:55.200
Beth Maldin: and emergency at a scale that has pushed the public health and healthcare systems to and sometimes past the breaking points.

252
00:43:55.650 --> 00:43:59.430
Beth Maldin: For the purposes of this discussion i'll highlight key lessons learned, starting with staffing.

253
00:44:00.150 --> 00:44:08.250
Beth Maldin: In the spring of 2020 our healthcare partners experienced shoots back and shortages in New York City found itself on the front lines of the pin them in.

254
00:44:08.670 --> 00:44:18.480
Beth Maldin: The health department deployed over 2000 medical reserve corps volunteers to hospitals and nursing homes, but it was not nearly enough to meet the need or reverse long standing resource gaps within the healthcare system.

255

00:44:18.930 --> 00:44:28.830
Beth Maldin: And although all healthcare systems were struggling public safety net, hospitals and nursing homes have fewer resources and less capacity of staff and private, while resource institutions.

256
00:44:29.250 --> 00:44:35.310
Beth Maldin: The hospitals that struggled the most resources, where the same facility serving the communities hardest hit by the pandemic.

257
00:44:35.790 --> 00:44:41.280
Beth Maldin: As referenced by Senator carded such an equities existed in our health care system, long before coke 19.

258
00:44:41.670 --> 00:44:48.180
Beth Maldin: However, the pandemic highlighted these disparities and how uneven levels of readiness created a system wide vulnerabilities.

259
00:44:48.570 --> 00:44:55.380
Beth Maldin: Fortunately, over the past 15 years New York City has invested http funds into building a large and inclusive healthcare coalition.

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00:44:55.770 --> 00:45:02.820
Beth Maldin: New York city's helped her coalition members represent independent hospitals large healthcare networks long term care and Community health facilities.

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00:45:03.240 --> 00:45:10.440
Beth Maldin: These partners have worked both independently and together to build response capacity at the facility coalition and healthcare system level.

262
00:45:11.190 --> 00:45:20.310
Beth Maldin: During the coven 19 response years of planning together made it easier to quickly share information respond to supply shortages and access local state federal resources.

263
00:45:20.760 --> 00:45:31.500
Beth Maldin: A primary goal of the http healthcare coalition model is to build and sustain strong working relationships between healthcare partners and local government, which improves collective preparedness and response.

264
00:45:31.950 --> 00:45:36.300

Beth Maldin: However, our current levels of federal investment achieving this goal is a significant challenge.

265
00:45:36.630 --> 00:45:42.720
Beth Maldin: For the coalition model to truly achieve its potential for parents must be integrated into day to day business of healthcare.

266
00:45:43.140 --> 00:45:52.770
Beth Maldin: A well funded healthcare preparedness program can incentivize the collaboration, coordination and communication needed to support a successful and inclusive healthcare response.

267
00:45:53.250 --> 00:46:03.990
Beth Maldin: Finally, i'll touch on medical material and specifically P, looking back this is one of the best examples of the value of federal the federal government's investment in public health and healthcare preparedness.

268
00:46:04.410 --> 00:46:12.480
Beth Maldin: In the spring of 2020 overwhelming P P demand, coupled with a just in time supply chain and years of funding cuts to the strategic national stockpile.

269
00:46:12.960 --> 00:46:16.260
Beth Maldin: lenten dangerous shortages in medical material for the healthcare system.

270
00:46:16.890 --> 00:46:26.880
Beth Maldin: Despite cuts to the SNS over the past 15 years we have wisely leverage CDC preparedness funding to build local capacity to receive store and distribute medical material.

271
00:46:27.300 --> 00:46:35.760
Beth Maldin: During the pandemic we leverage this capacity quickly scaling up the size and scope of our operation to want to run warehousing and distribution efforts around the clock.

272
00:46:36.150 --> 00:46:48.150
Beth Maldin: We developed a pee pee and ventilator allocation strategy to ensure equitable distribution of material we delivered over 53 million mass 7,000,095 30 million glossing over 3200 ventilators.

273
00:46:48.600 --> 00:46:56.520

Beth Maldin: We made over 4000 deliveries to countless providers, we responded in real time to live state your request from facilities with dangerously low supplies.

274
00:46:56.880 --> 00:47:03.870
Beth Maldin: And we supported local production of pee pee supplies approving facials and gowns designed from the brooklyn navy yard and fashion designers in New York City.

275
00:47:04.470 --> 00:47:11.610
Beth Maldin: This federally supported local public health capacity, provided a critical lifeline to protect healthcare workers during the first wave.

276
00:47:12.180 --> 00:47:21.810
Beth Maldin: So, as I reflect back on how we can do this better as a nation, I believe we need to focus on big systemic change First, we need a national vision for ready and resilient public health.

277
00:47:22.050 --> 00:47:28.050
Beth Maldin: and healthcare system that is able to withstand both day to day stresses and major emergencies like coven 19.

278
00:47:28.440 --> 00:47:35.580
Beth Maldin: Such a vision should include significant improvements to healthcare infrastructure that create safe spaces for staff and patients for all hazards.

279
00:47:36.000 --> 00:47:42.480
Beth Maldin: Investments in safety net facility so all healthcare stakeholders stakeholders need baseline levels of preparedness and resiliency.

280
00:47:42.930 --> 00:47:52.290
Beth Maldin: Rebuilding public health and healthcare workforce and making it prepared and flexible recruiting a diversity of skill sets and providing training programs that support this.

281
00:47:52.650 --> 00:47:57.510
Beth Maldin: Strengthening and further incentivizing healthcare coalition building and extending our coalition membership.

282
00:47:57.810 --> 00:48:03.330
Beth Maldin: To all corners of the healthcare system so just substance abuse home care and mental health treatment facilities.

283
00:48:03.750 --> 00:48:09.900
Beth Maldin: and sustained investment to modernize public outdated the surveillance systems for rapid detection of new house.

284
00:48:10.740 --> 00:48:17.610
Beth Maldin: Second, the Federal Government must provide increased sustained and flexible funding for public health and healthcare system preparedness.

285
00:48:18.210 --> 00:48:24.990
Beth Maldin: cogan 19 has illustrated that public health and healthcare are critical components of national security and should be funded us such.

286
00:48:25.380 --> 00:48:33.390
Beth Maldin: FAB nh PP or cornerstones of national preparedness, however, significant declines and federal funding have left jurisdictions without the resources.

287
00:48:33.690 --> 00:48:41.580
Beth Maldin: To address new and emerging threats, and although http is important it's never been sufficient to fund the level of readiness, the health care system needs.

288
00:48:41.910 --> 00:48:49.020
Beth Maldin: Therefore, the Federal Government must also advance models and incentivize investment in health care system readiness, including cms reimbursement.

289
00:48:50.250 --> 00:48:59.760
Beth Maldin: Lastly, we must ensure domestic supply chain viability for essential medications and medical material, as well as rebuilt and maintain the federal state and local stockpiles.

290
00:49:00.180 --> 00:49:06.720
Beth Maldin: The Federal Government must play a leading role in developing this domestic supply chain, as well as fun and sufficiently maintain the SNS.

291
00:49:07.170 --> 00:49:17.130
Beth Maldin: As it's a critical component of federal state and local response, in closing, as both Eric and Connie mentioned, the country has made important progress to prepare the public health and healthcare system.

292

00:49:17.520 --> 00:49:22.500
Beth Maldin: However, insufficient investments have left many vulnerabilities that this pandemic easily exploited.

293
00:49:22.980 --> 00:49:29.130
Beth Maldin: there's still much more work to be done to build resilient systems that keep people healthy and safe in a rapidly changing world.

294
00:49:29.520 --> 00:49:39.420
Beth Maldin: A strong and lasting partnership between public health and healthcare fostered by federal support is central to guide this ongoing work and to emerge out of this pandemic stronger than before.

295
00:49:39.870 --> 00:49:45.330
Beth Maldin: on behalf of New York City, thank you to the steering committee for the opportunity to provide feedback and participate in this event.

296
00:49:50.040 --> 00:50:01.710
Anita Cicero: Thank you so much beth really appreciate your your comments and suggestions and now we're going to we have a little bit of time left and we're going to turn to the Q amp a portion of today's webinar.

297
00:50:02.250 --> 00:50:12.720
Anita Cicero: One of our founding members former congresswoman Susan brooks is on the line, and I understand commerce home and brooks you have a question so we'll turn it to you first and then open it up to the floor.

298
00:50:13.710 --> 00:50:26.220
Susan Brooks: Thank you so much, and thanks to the excellent panelists I was incredibly involved in the last reauthorization of Papa the pandemic all hazard preparedness act.

299
00:50:26.640 --> 00:50:38.190
Susan Brooks: And i'm really grateful for your recommendations going forward, I do have a couple of questions, I think, to Eric and beth talked about coalition's.

300
00:50:38.910 --> 00:50:49.620
Susan Brooks: receiving the funding, rather than hospitals, I don't believe that was necessarily what Congress intended and so i'm obviously.

301

00:50:50.130 --> 00:51:06.030
Susan Brooks: that's just talked about the incredibly important work done by the New York City coalition so i'm curious if other coalitions around the country were equally successful, or should we be more specific as to how hospitals.

302
00:51:06.660 --> 00:51:27.570
Susan Brooks: should be receiving funding for hospital preparedness grants and then Secondly, are you hearing of states around the country beginning to invest in their own strategic stockpiles, rather than constantly and solely relying on the federal national strategic national stockpile.

303
00:51:31.020 --> 00:51:32.880
Eric Toner: Well i'll i'll start.

304
00:51:34.710 --> 00:51:40.110
Eric Toner: You know I think we don't yet know how well coalition's other than New York City.

305
00:51:42.240 --> 00:51:47.850
Eric Toner: Prepare or respond to the pandemic I think that's an area that it needs.

306
00:51:49.290 --> 00:51:49.950
Eric Toner: Research.

307
00:51:51.330 --> 00:51:56.010
Eric Toner: anecdotally we've heard of some examples where things went pretty well.

308
00:51:57.030 --> 00:52:14.580
Eric Toner: But we don't know whether it's representative of coalition's nationwide I would say that a severe pandemic, like the one that we have experienced is is not necessarily the kind of disaster that coalition's were really designed for.

309
00:52:16.080 --> 00:52:19.230
Eric Toner: But, nonetheless, we need, we need to look into it.

310
00:52:20.940 --> 00:52:22.830
Eric Toner: I would say, with regards to.

311
00:52:24.180 --> 00:52:29.850

Eric Toner: Whether the HP should fund hospitals directly as they did at the very onset of the Program.

312
00:52:31.560 --> 00:52:43.440
Eric Toner: I think, without current level of funding that would be a mistake there's not enough money in the program to fund 5000 hospitals to the level that they need to be funded.

313
00:52:45.300 --> 00:52:50.460
Eric Toner: I think that they are providing a significant amount of money that supports coalition's.

314
00:52:52.110 --> 00:53:03.810
Eric Toner: But I think with limited funds, we should probably keep the funding pretty much as it is and and that's why I suggested that there should be a separate funding line.

315
00:53:04.380 --> 00:53:16.680
Eric Toner: To hospitals and I think most appropriately that one should come from cms that's where hospitals care about, and there are previous examples of how we can fund.

316
00:53:17.760 --> 00:53:19.890
Eric Toner: work that we want hospitals to do by.

317
00:53:21.120 --> 00:53:31.020
Eric Toner: adding a little bit of a few cents to each of their medicare and medicaid reimbursement so that's the approach that I would favor.

318
00:53:32.250 --> 00:53:33.480
Eric Toner: beth do you want to add to that.

319
00:53:34.590 --> 00:53:35.220
Beth Maldin: um yeah.

320
00:53:38.670 --> 00:53:39.060
Beth Maldin: I.

321
00:53:39.180 --> 00:53:45.750
Beth Maldin: agree with a lot of what Eric said, and I think you know, the current levels of funding would not.

322
00:53:46.770 --> 00:53:54.600
Beth Maldin: The amount of money each facility would get would be so small that they couldn't actually do anything significant with it, I think the larger issue is that the.

323
00:53:55.290 --> 00:54:03.660
Beth Maldin: The amount of funding that is in the ACP program really needs to be significantly increased, and then we can have a conversation about from how to balance.

324
00:54:03.900 --> 00:54:13.980
Beth Maldin: Both what goes to facilities and how we support coalition's coalition's are incredibly important because it gets everyone to the table, we need to work as a jurisdiction together to solve these problems.

325
00:54:14.850 --> 00:54:25.620
Beth Maldin: I also I think cms incentivize incentive payments and building this into sort of the regular payment structures is really important in terms of stock piles.

326
00:54:26.670 --> 00:54:35.760
Beth Maldin: there's been a lot of conversations over the past few years about the SMS and how it wasn't adequately funded, I know that it was.

327
00:54:36.090 --> 00:54:43.920
Beth Maldin: Maybe not restocked after each one and one and as new supplies were added to the SNS funding wasn't increased to maintain all the.

328
00:54:44.280 --> 00:54:52.800
Beth Maldin: All the new material and then the cycles are constantly at the federal state and local level, I know, New York City has invested, we had a stockpile.

329
00:54:53.250 --> 00:54:59.430
Beth Maldin: Before this response, certainly not sufficient to meet this type of pandemic and the SMS was critical.

330
00:54:59.970 --> 00:55:06.150
Beth Maldin: But that's a question I think that's a question we're all grappling with both on the healthcare and the public health side what's the right scale.

331

00:55:06.390 --> 00:55:20.040
Beth Maldin: Of stockpiling that needs to occur, and I also think that's why it's so important that we have a domestic supply chain that we can turn over and support us medical medication and material if needed in the future.

332
00:55:21.810 --> 00:55:30.450
Anita Cicero: I thank you and my colleague Margaret Miller has been monitoring the Q amp a so Margaret you're I think you're trashing the questions for us.

333
00:55:31.020 --> 00:55:44.820
Margaret Miller: i'm going to start with one for the panelists here from a colleague at hhs thinking about resilience, including the individual and system wide adjustments that we made for this response, what do you think is going to stay and what is going to sunset when we reach a new normal.

334
00:55:46.620 --> 00:55:47.970
Margaret Miller: Dr price, maybe we can share with you.

335
00:55:48.300 --> 00:55:57.600
Connie Savor Price: yeah happy to answer that so you know I mentioned telemedicine couple of US mentioned telemedicine, and I think that is here to stay and I think it's to.

336
00:55:57.990 --> 00:56:06.180
Connie Savor Price: The better mental health care, overall, not only for preparedness, but for everyday work, so I think that's here to stay, I think some of the.

337
00:56:06.870 --> 00:56:18.990
Connie Savor Price: infection control measures, you know if you think about the AIDS epidemic, the last great you know, one of the last great epidemics, that a pandemic that occurred in this world, you know that changed how we.

338
00:56:19.710 --> 00:56:34.650
Connie Savor Price: handle blood borne pathogens glove use became routine after HIV was discovered I foresee that masks will continue to be part of our usual uniform every day and that.

339
00:56:35.700 --> 00:56:45.780
Connie Savor Price: every patient will be seen and examined using a procedure mask to prevent that next emerging infection from spreading before we know it's here.

340
00:56:47.430 --> 00:57:04.140
Connie Savor Price: And you know I wonder about visitors policies as well hospitals are pretty porous if you will people kind of come in and out, and I do wonder if will continue to be a little more restrictive in how we allow people into our facilities.

341
00:57:05.400 --> 00:57:17.610
Connie Savor Price: I think the collaboration as well, will be important, I mean one thing we learned in this, as we all got to talk to each other better, whether it's hospitals engaging more with their coalition's.

342
00:57:18.510 --> 00:57:38.040
Connie Savor Price: You know, dealing with some of the downstream that you know how do you get somebody out of the hospital during a pandemic, when the sub acute nursing facilities and accepting coven patients or whatever it may be, we have to have more dialogue between the whole continuum of care and.

343
00:57:39.390 --> 00:57:44.070
Connie Savor Price: And I think with each other as well how to hospitals collaborate between systems.

344
00:57:44.640 --> 00:57:53.940
Connie Savor Price: I was surprised at how organically that came together in my state, but I would love to see that emulated elsewhere, but I do hope that is here to stay.

345
00:57:54.600 --> 00:58:05.760
Connie Savor Price: And then you know, a new philosophy on what is the incentives for these systems around whether we stockpile or not, what is our obligation for surveillance.

346
00:58:06.960 --> 00:58:10.800
Connie Savor Price: and defining those roles between public health and hospitals, a little bit more.

347
00:58:12.480 --> 00:58:21.960
Margaret Miller: Right, thank you and we have a question for beth, how do we best ensure an explicit equity focus in future pandemic preparedness planning and response efforts.

348
00:58:24.120 --> 00:58:35.160
Beth Maldin: I think it's being really intentional from our from the star in our preparedness and our planning, I think we learned a lot of lessons from Kobe.

349
00:58:36.180 --> 00:58:42.990
Beth Maldin: None of them are really a surprise, I think we need to look at who's under shirt.

350
00:58:43.770 --> 00:58:44.550
Beth Maldin: day to day.

351
00:58:44.580 --> 00:58:48.450
Beth Maldin: And those are the people who are going to need we're going to be most impacted by an emergency.

352
00:58:48.690 --> 00:59:02.940
Beth Maldin: and had the most significant consequences both the facilities and the individuals in those communities, so we really need to go into our planning with that mindset, I also think just also related to the previous question, you know, really.

353
00:59:02.940 --> 00:59:05.460
Beth Maldin: thinking carefully about how we.

354
00:59:05.460 --> 00:59:19.350
Beth Maldin: Support kongregate care facilities to be more resilient a moving forward, I think that needs to be there, particularly vulnerable, and they do not always get the needed attention and funding to support that work.

355
00:59:25.440 --> 00:59:33.510
Margaret Miller: Okay, great and i'm Dr Ryan, who is also a founding member on our Steering Committee is going to do the final question so Steve i'm handing it over to you now.

356
00:59:34.080 --> 00:59:40.440
Stephen Redd: Thank thanks very much and thanks everybody for a for a great panel my question has to do with the.

357
00:59:42.240 --> 00:59:43.500
Connie Savor Price: it's really how should.

358
00:59:44.250 --> 00:59:58.260

Stephen Redd: policymakers address the disparity of financial resilience among healthcare systems, some healthcare systems are very successful have a lot of resources and quite a few are very.

359
00:59:58.260 --> 00:59:59.850
Stephen Redd: stressed at baseline.

360
01:00:00.180 --> 01:00:05.520
Stephen Redd: So how do we, how does, how should that be incorporated into into plans to be more resilient in the future.

361
01:00:05.640 --> 01:00:06.390
Oh.

362
01:00:07.710 --> 01:00:17.610
Connie Savor Price: Well i'll take that as an initial stab at that you know Denver health is a public safety net institution very small operating margin.

363
01:00:18.540 --> 01:00:31.800
Connie Savor Price: But a lot of us are very dependent on the seed funding through cms, and so the recommendation, Dr toner may resonated with me that may be a way to.

364
01:00:32.700 --> 01:00:47.160
Connie Savor Price: help bridge that gap, most of us will take more medicaid dollars than some of the more profitable systems that don't so that might be one way to address it, as well as just specific provisions for those safety net hospital.

365
01:00:51.480 --> 01:01:12.450
Anita Cicero: Okay, we are about at the hour, so I just wanted to thank all of our panelists for your good suggestions and and there's a lot of meat there in terms of those recommendations, so a lot to plan around going forward and also wanted to thank.

366
01:01:13.500 --> 01:01:28.080
Anita Cicero: A founding Member Susan brooks and Stephen read for joining today, as well as Senator cardin's remarks, thank you all for joining, and please do join us at our next next webinar, which is scheduled for May 25, and so we will see you next month.

367
01:01:29.100 --> 01:01:29.940
Anita Cicero: Thanks very much.

For additional information on the Capitol Hill Steering Committee, please contact centerhealthsecurity@jhu.edu.