

Hospital Preparedness Program (HPP) Cooperative Agreement (CoAg) Recipient Webinar Transcript

June 23, 2021

Event Transcript

00:00:03.330 - 00:00:06.509

Maria Ramos: I will now pass it over to Jennifer Hannah who will open today's call.

00:00:09.510 - 00:00:14.190

Jennifer Hannah: Great. Thank you, Maria, and thank you all of you today for joining us. For anyone that may be new, I'm Jennifer Hannah, Deputy Director of ASPR's National Healthcare Preparedness Programs, or NHPP, Branch. It's my pleasure to be with all of you today as we connect on the COVID-19 and FY20 Performance Measures for HPP and the Regional Ebola and other Special Pathogens Treatment Centers, or RESPTCs. Before I begin, I want to thank those who submitted their HPP Cooperative Agreement Budget Period 3 Continuation Application. We greatly appreciate the time that was spent completing the application and we are currently in the middle of reviewing your submissions and working with our ASPR Grants Management Office to get those awards made as soon as possible. So, I will now provide a quick overview of what we will cover during today's webinar. Next slide please.

During today's call, the Deloitte data team will review the HPP COVID-19 supplemental funding and RESPTC FY20 and COVID-19 supplemental funding performance measures. We'll begin by reviewing the RESPTC FY20 and COVID-19 performance measures and we'll examine the categories and performance measures included in these documents. Following that, we'll review the HPP COVID-19 supplemental funding measures, looking at a high-level overview of the categories and the performance measures. Lastly, we will leave some time for questions for you all about the measures and data collection. I'll now pass it over to Peter Telaroli, who supports ASPR's National Healthcare Preparedness Programs Branch on the items related to the data and evaluation.

00:02:09.450 - 00:02:26.400

Peter Telaroli: Thank you, Jennifer, and thank you all for being here today. I'm very happy to be here to discuss with you our three sets of performance measures documents. I'm going to share my screen, and we're going to start with the RESPTC FY20 documents, so just give me a moment to get these slides. We have three sets to get through, and as I mentioned, we're going to start with the RESPTC FY20 performance measures.

These measures are divided into seven different categories, and those are based on our terms and conditions in the funding announcement. We have funding use, readiness and preparedness, capability and capacity, training measures, network development, evaluation support, and optional measures. And one thing that I want to make clear, and I will reiterate this a couple times when I go through the other performance measures documents, is that recipients and sub-recipients are only going to need to answer questions or performance measures related to activities that were funded. I'll show you that in performance measure 3, which is what we call targeted outcomes. As an example, if no training measure categories or measures or activities were funded, then the recipient or sub-recipient would not have to answer performance measure related questions related to training measures. So, we're doing it to help ease the reporting burden, and we hope that this is a successful strategy for you all. Moving forward.

For the RESPTC FY20 documents, we have a total of, I believe, 19 performance measures. There are 15 performance measures that are required performance measures related to the categories, and then there are four optional measures as well. Much of the FY20 performance

measures focus on network development. We have six performance measures related to network development in the FY20 document focusing on strategies, coordination, and initiatives to support a region special pathogens system of care. We also have interesting items related to evaluation support, readiness and preparedness, and capability and capacity as well.

Moving forward I'm actually going to do a little deep dive on some of the performance measures. So, three categories that I think are interesting and important are the network development and evaluation support, and then capability and capacity. So, what I'd like to do now is to jump into the actual document itself, and one thing I think it'll be important to do is drop the link to the FY20 performance measures on phe.gov into the chat so that you all have them. That is what I'm going to be sharing from. There's also a printable version on the website itself. So, dropping the link in the chat now, then I'm going to reshare my screen for you all to the FY20 performance measures document.

So, related to the funding use and how I talked about performance measure three, how activities are only going to need to be filled out for those that which were funded. If we go to our funding use, there is a table called "Estimated Funding by Targeted Outcomes," and this is where recipients and sub-recipients will be able to input money related to activities that were funded. So as an example, if money was spent on regional treatment centers maintenance for their continued capability and capacity for special pathogen care, then the way we would do this is that recipients or sub-recipients would then only have to answer a measure related to this. And while our data collection system decision is still pending, we'll make sure that this is something for recipients and sub-recipients to be able to do.

So, moving forward, I want to just focus quickly on capability and capacity. The way that most measures are structured are around four data items. We have required program performance measure, we have a data point, which is the question that we'll ask, the data entity, which is the entity that will be providing the information, and then just an overall calculation on how we calculated the performance measure. So, as an example for this one, percent of RESPTCs implementing activities to maintain continued capability and capacity for special pathogen care, we ask a question that is qualitative in nature and seeks to understand or have you describe how funds were used to maintain continued capability and capacity for special pathogen care. The RESPTC would be providing information related to this and then we just do a simple qualitative analysis to get a better understanding of the themes for the capability and capacity to care.

Under network development measures, as I mentioned, we have six performance measures related to this. Under here, you'll see this operational intent in every single section of the measures. What this is essentially laying out is the activities that you would see in performance measure three. So, for example, activities under network development measures can be related to supporting the continued planning, development and implementation of a national system for special pathogen patient care, including engaging state and jurisdiction special pathogen treatment centers and other health care facilities as well as supporting NETEC in their activities as a force amplifier in the region. In these performance measures that we have listed, the six here will relate back to this operational intent.

So for example, performance measure eight, successes and promising practices and continued planning, development and implementation of a national system for special pathogen patient care, is a qualitative question seeking to understand what successes RESPTCs have experienced regarding the continued planning, development, and implementation of a national system for special pathogen patient care. We would do qualitative analysis on this as well as identify the number of RESPTCs that reported success.

Another one that I'd like to focus on is performance measure 12, which relates to a regional treatment center's initiative to support the region's special pathogens system of care. And again, this is a qualitative question in nature for information to be supplied by the RESPTC. The question says, "please briefly describe the major outcomes associated with your RESPTC's initiatives to support your regions special pathogen system of care." And then again, we would look for themes and the number of RESPTCs implementing initiatives to support the region's special pathogen system of care.

Yes, we do understand that the 500 to 750-character limit is always a challenge. We do this because it's just important to be as concise as possible. In the analysis, it can be challenging to allow a larger response.

And then lastly, I'm going to look at a section related to what we call evaluation support. And so, the operational intent for this is for the collection of RESPTC evaluation and performance measures, in addition to receiving pure assessments using metrics developed by the national emerging special pathogens training and education center. So, we have two performance measures for this, one is a simple yes or no, which is "did your organization receive a readiness consultation from the national emerging special pathogens training and education center?" And the second one, "are changes attributed to participation in NETEC readiness consultations?" So this is related to what specific clinical or operational modifications were made by your facility as a result of your participation in a readiness consultation by NETEC, using the administrative supplemental funds, and this would be supplied by the RESPTC, and again, we would do a qualitative analysis on the free character response.

Finally, we do have some optional questions as well, and while the operative word here is optional, we always enjoy and value responses to these questions. They help us better to understand what is happening and what has been successful and what has been challenging. So, we have three or four questions related to this, which is looking at challenges regarding the ability to address preparedness and readiness gaps for RESPTCs, successes and promising practices in addressing preparedness and readiness gaps for RESPTCs, and then again, any recipient participation in program activities. And that's an important one, because I just want to read this, "with the 10% of funding retained by your organization, did you or the recipient participate in any of the activities allowable under the RESPTC FY20 administrative supplement?" So, this is again a free character response, and the recipient will be the one answering this question if it is applicable. So, that is the RESPTC FY20 performance measures documents from a high-level overview.

Now, I'm going to jump into the COVID-19 supplemental funding document and COVID-19 supplemental funding measures for RESPTCs as well. They're very similar to a certain degree. There's a lot of crossover between the two, but there are important differences and delineations that I'd like to make. So again, or similarly, there's eight different categories for the RESPTC COVID-19 measures. We have funding use, readiness and preparedness, capability and capacity, training measures, PPE procurement and optimization (one that is not in the FY20 measures), and then we have network development, evaluation support, and optional measures. Again, recipients and sub-recipients are only going to need to identify which activities were funded and only have to answer performance measure questions related to those activities. So, I just want to make sure that's very clear.

Now, the COVID-19 measures have more performance measures, I believe there's about 27 in total. There's only 15 required in the FY20, and there's about 20 required for the COVID-19. And the difference we see here is really focused on training measures and PPE procurement and optimization. So, there's five or six training measures to look through that are focused on things like providing new or adapted training resources to health care facility workers on COVID-19,

the number of health care facility workers that participated in COVID-19 related trainings as well as in health care entities that were engaged outside of the acute health care system for awareness training related to COVID-19. And then, if you look at PPE procurement and optimization measures, we have performance measures 13 and 14, which are focusing on RESPTCs that increased health care supplies and RESPTCs that instituted PPE optimization strategies.

And as you can see, seven optional measures, which I will discuss in more detail when I get into the document itself. And, as I mentioned, there are some differences, so training measures, PPE procurement and optimization, and capability and capacity, and a lot of that is informed by the terms and conditions and the targeted outcomes that the measures are trying to achieve.

And so, I'm going to now drop the COVID-19 supplemental funding link on phe.gov in the chat, and there's also a printable version on this website into the chat. And then I'm going to go to that link and share my screen.

So, for the COVID-19 supplemental funding performance measures, the first thing I want to focus on is going to that funding table again, I think that's important. And again, this is where recipients or sub-recipients will be able to enter the estimated number of funding dollars used for associated activities and then our data collection system that we will have will hopefully be able to link to the activities associated with that. So, we can see these here. So again, if the recipient or sub-recipient support clinical care providers in the implementation of crisis standards of care, I think I'm on the wrong document. Yes, sorry. I got one step ahead. I'm on the COVID-19 for HPP not RESPTCs, give me one second. Okay, here we go, this is better.

So again, here's the funding outcome table. And so, for example, if regional treatment centers maintenance of the capability and capacity for COVID-19 care was funded, recipients and sub-recipients would only have to answer performance measure activities related to that item. If there is no funding related to the continued use and novel approaches for education readiness assessment activities to support COVID-19 response, then the recipient or sub-recipient would not have to answer information related to that. I do need to send the new link, that one was for the HPP, but here you go. Thank you for that.

So, scrolling down, I'm going to focus on the first capability and capacity measures because there is a different one. So performance measure 6 can be found in both the FY20 and the COVID-19 measures; however, performance measure 7 is specific to the RESPTC COVID-19 measures, which is the percent of RESPTCs implementing a 24-hour hotline or other resources to support clinical consultation and technical assistance for COVID-19. Now, this will be a multiple choice question, there will be a pick list and we asked the question, "Did your RESPTC use RESPTC COVID-19 preparedness and response activities administrative supplement funds to develop and implement new 24-hour hotline and other resources?" You'll be able to choose either, established a new 24-hour hotline, maintained or expanded the existing 24 hour hotline, or, this will also be a choice, implemented other resources to support clinical consultation technical assistance, which will be a free response question. The RESPTC will provide this information, and then, from a calculation perspective, the number of RESPTCs implementing a 24-hour hotline or other resource will be divided by the total number of RESPTCs.

I'm going to scroll quickly to the training measures. For the training measures, there are two pieces of operational intent, which are important. We have, conduct supplemental training or health care facility workers in awareness trainings to health care entities outside the acute health care system and COVID-19 patient identification assessment and treatment, and we have continued to use novel approaches for education readiness and assessment activities to support COVID-19 response, including expanding the use of media, augmented reality, virtual

reality, and technology to enhance training for staff and providing NETEC training materials to health care facilities throughout the region.

So, the way this will work is we have our performance measure, our data point, our entity, and our calculation. Performance measure 8 reads “percent of RESPTCs providing new or adapted training resources to health care facility workers on COVID-19.” You can see the different data point here, this will be a pick list, and we ask a question on which of the following topics did your RESPTC provide new or adapted COVID-19 specific trainings or resources for health care facility workers. So, if funds were spent on this activity, we provide a pick list here of possible trainings or resources from PPE optimization protocols, all the way down to intake protocols, emergency evacuation of the patient, testing specimens, among other things, and we also have an “other” free response category as well.

Now, one more that I want to focus on I believe is performance measure 12, which is the percent of RESPTCs using novel approaches for education, readiness, and assessment activities to support special pathogen preparedness and response. Again, this will be a pick list, and we will ask the question “which of the following novel approaches did your RESPTC implement for COVID-19 education, readiness, and assessment activities using RESPTC COVID-19 supplemental funds”. We have two choices here and an “other” in free response, supplied by the RESPTC.

And then lastly, PPE procurement and optimization measures. We have two PPE procurement and optimization measures informed by our operational intent, which is with attention to supply chain shortages and maintaining appropriate stores and types of personal protective equipment according to CDC guidelines. So one, is understanding the percent of RESPTCs that increased health care supplies. So, if health care supplies were increased as a result of the COVID-19 supplemental funds, which supplies were bought or increased, and an “other” free response category, and this would be the RESPTC helping to provide this information. And then, the last one is just a yes or a no, percent of RESPTCs instituting PPE optimization shortages, optimization strategies, and that’s just a “yes” or “no”, and the RESPTC will be providing that.

Finally, with the optional questions again, we have seven optional questions this time, many are related to challenges and successes and changes. So, for example, we have challenges implementing infection control and triage training programs, and what specific challenges have you faced regarding your ability to train health care workers and effective infection control practices and/or triage is the data point. And we provide a pick list here for challenges that were had along with an “other” free response. We have challenges attributed to infection control and triage trainings, successes and promising practices, and procuring needed supplies and equipment, challenges in addressing preparedness and readiness gaps, successes and promising practices in addressing preparedness and readiness gaps, and RESPTC participation in disseminating clinical recommendations and then again, similar to the FY20, recipient participation in program activities. And while some of these optional questions do appear in the FY20 administrative supplement, it’s very important, as I said earlier, to be able to delineate between the FY20 funds and the COVID-19 funds. There is certainly some crossover, but we just want to make sure that it’s understood the two are separate.

So, that is the RESPTC COVID-19 supplemental funding document, and the last document that I’d like to go over are the HPP CoAg supplemental COVID-19 funds. I’m going to drop that link in the chat and then I’ll go back to the presentation.

Thank you for your patience.

So, for the HPP COVID-19 performance measures, there are nine different categories, and these are quite different from the RESPTC FY20 and COVID-19 documents. We have funding

use, administrative efficiency, Ebola and OSP CONOPS, EMS preparedness, health worker readiness, physical infrastructure, at-risk populations, crisis standards of care, and then optional measures as well. And similar to the RESPTC FY20 and COVID-19 measures, recipients and sub-recipients will only need to identify activities that were funded and will only have to respond to performance measures that were funded. So that is similar between them.

For the HPP document measures, we have 29 total measures, about 25 that can be considered as required, and then we have I believe four or five optional measures. One of the main differences here is the administrative efficiency category. And given that there were two tranches of funding in a 30-day requirement for funding to be released to SPTCs, we ask more questions in this area for administrative efficiency. So that'll be one difference between the three sets of measures. Other differences are related to some of the funding. We have preparedness measures for EMS, health worker readiness, we have crisis standards of care, for instance, and then we also have at risk population, which is another important section of our measures, and then we have optional measures as well.

So, when I go into the document, I'll probably again focus on EMS preparedness, at risk populations and crisis standards of care. Here's some examples of some of the measures so, for instance, percent of sub-recipients that increased health care supplies for EMS, percent of sub-recipients contributing to the development of crisis standards of care within their jurisdiction. So, I will transition back to our performance measures document and phe.gov now.

So, again, here are the measures. We have our funding use questions again. Again, so for example, if this first targeted outcome was not funded, recipients or sub-recipients would not have to answer performance measures related to it. However, if the second one was funded, or anything related to improving or maintaining health care worker readiness, then performance measure questions would need to be answered related to that, so that's just an important thing that I want to stress.

Scrolling to the administrative efficiency measures, there are several which I think are important, and so like I said, there is a requirement of 30 days for recipients to execute subawards to SPTCs, so we have a performance measure for that. Then we also try to capture information on how long it took to execute subawards to all other sub-recipients, and we ask this by the first tranche and the second tranche.

So, moving forward, if I go to EMS preparedness measures, the operational intent here is to develop or augment operations for coordination with EMS and interfacility transport systems and 911 public safety answering points as part of COVID-19 CONOPs planning. Now performance measure 11 is important because it asks the percent of sub-recipients that increased health care supplies for EMS, and this is for EMS only. Within section five, we also have a performance measure that asks about increased health care supplies for non-EMS. So that's one thing to take note of when filling out these measures, is that we have a question for health care supplies related to EMS, and one related to non-EMS. And similar to what you see here in our data point, we provide a pick list of allowable types of supplies for the facility or organization along with an "other" in free response. The sub-recipient would be providing this information, and then we just have the calculation column here as well.

A couple of other things that we're asking with regards to EMS, percent of sub-recipients that conducted training or exercises to improve EMS COVID-19 preparedness and response activities, and we have a list of activities here along with an "other" in free response, and again, this would be provided by the sub-recipient.

Lastly, for performance measure 13, we get percent of sub-recipients supporting implementation of surveillance systems and/or situational awareness platforms used to inform coordination with

EMS, interfacility transport systems, and other health care facilities for increasing surge capacity. Our data point looks at whether the facility or organization supports the implementation of any new surveillance systems and/or situational awareness platforms to inform or enhance coordination with EMS, interfacility transport systems, and other health care facilities. We include a pick list of things like medical operations coordination cell (MOCC), emergency operations center (EOC), incident command center (ICC) as well as information technology systems and a free response.

Scrolling up, I want to go to at-risk population measures as well. This is related from our operational intent of collaborating with multiple and diverse provider types to ensure capabilities to care for target populations. Performance measure 20 talks about the percent of sub-recipients collaborating with others to ensure capabilities to care for target populations. We ask which health care provider types were collaborated with, so, we have acute care hospitals, EMS, primary care providers and dialysis centers. Then we also have an optional section here, just for cross sector facilities or help organizations, ones that are not health care provider types. We include organizations like local law enforcement, correctional systems, and social service organizations, along with an “other” in free response to be provided by the sub-recipient.

For performance measure 21, we do look at the types of interventions implemented by sub-recipients with others to ensure capabilities to care for target populations. So, we're looking at what collaborative interventions did the facility or organization undertake with health and/or non-health facilities or organizations to support target populations. And that could range from advocacy, contact tracing, patient routing routine to care services, among others we have here, along with an “other” free response that would also be provided by the sub-recipient.

The last required section that I would like to look at is our crisis standards of care measures. And this is for supporting clinical care providers in their implementation of crisis care by developing and/or implementing crisis standards of care if necessary, with support from medical ethicists and potentially state public health officials.

So, performance measure 22 looks at the percent of sub-recipients contributing to the development of crisis standards of care within their jurisdiction. We ask that your facility or organization contribute to the development of crisis standards of care in your jurisdiction utilizing HPP CoAg COVID-19 supplemental funds. It's a yes or no, and if you answer yes, we ask what level did you contribute to the development of crisis standards of care, it could be at the local or the state level. This is a question for the sub-recipient.

We also look at the percent of sub-recipients implementing capacity development activities in preparation for possible activation of crisis standards of care. We include a pick list here with activities that can be for capacity development, and this is something that could also be provided by the sub-recipient.

Lastly, we look at the percent of sub-recipients implementing crisis standards of care. So, we ask did your facility or organization implement crisis standards of care utilizing HPP COVID-19 supplemental funding, yes or no. And if you answer no, we ask if there were any barriers that prevented your facility or organization from implementing them. We ask if yes to that question, what were the barriers. And then this is a question for the sub-recipient as well.

Finally, I do want to take a look at the optional measures. We have four or five different optional measures here. For topic areas that weren't quite included in these measures, so we ask a question related to the coordination with long term care facilities and other health care providers for interfacility transport. We ask about promoting health care resilience among health care facility workers and what types of interventions were provided, any successes and promising practices for fatality management, successes and promising practices in procuring needed

supplies and equipment, and then any recipient participation in program activities. And these are all of the optional measures for the HPP COVID-19 Supplemental funds.

Let me stop sharing my screen and let me just check on the PowerPoint, but I believe that is the last section. We are going to jump into a Q&A now. So, I will pause, and I see there has been some activity in the chat, but if anyone would like to ask a question, go ahead now and I can go ahead and answer them, if I can.

00:33:29.580 - 00:33:48.300

Maria Ramos: Pete, I did just see one question that I think hasn't been answered yet, and another one just came in. The first one was regarding what the difference is between all of these measures. Are these three different sets of measures for the same type of funding?

00:33:48.840 - 00:34:07.980

Peter Telaroli: No, these are three sets of measures for three different types of funding. So, we have one set of measures for the RESPTC FY20 administrative supplement funding, one set of measures for the RESPTC COVID-19 supplemental funding, and then one set of measures for the HPP COVID-19 cooperative agreement supplemental funding.

I do see a question from John Holman that says, "are all PMs required for both recipients and sub-recipients?" No, only the organization or entity type in that data entity column, so it'll say recipient or sub-recipient, will be responsible for that performance measure.

00:34:39.570 - 00:34:43.230

Maria Ramos: And it looks like we have another question, "what is the due date for these reports"?

00:34:45.120 - 00:34:46.230

Peter Telaroli: That is a good question. Jennifer, you can correct me if I'm wrong here, but I think we haven't finalized the due date yet.

00:34:54.480 - 00:35:03.600

Jennifer Hannah: That's correct, we haven't finalized the due date, recognizing that these measures, and especially the budget period, is aligned with the budget period of your parent cooperative agreement for both your HPP and your RESPTC cooperative agreement and knowing that the performance measures for those parent cooperative agreements are due toward the end of September timeframe. So what we don't want to do, is to pile these on top of the due dates for those measures, so we're looking at an extended period of time that we would collect these measures that have been described here so as not to overburden you with responding to measures for your HPP cooperative agreement and anything that was related to the to the RESPTC cooperative agreement as well. So the due dates will be announced a little bit later.

00:36:08.130 - 00:36:21.150

Maria Ramos: Great, thanks Jennifer. We also did have a question come in the chat, "will recipients be entering performance measures on behalf of their sub-recipients, or will the sub-recipients enter their own information into the new system"?

00:36:24.300 - 00:36:34.950

Lauren Egbert: I am happy to take that one. Thanks, Karen, for the question. I think that the goal will be as I said in the chat here, the systems are currently under consideration, but our goal would be to have the sub-recipients be able to provide their own information. We'll be able

to provide additional information about the data collection system soon and be able to either confirm or deny that but, but that that would be the goal to try to limit the burden.

00:36:56.970 - 00:37:15.780

Maria Ramos: We also have a question that came in from John, “if we request carryover for the HPP COVID funds and they are mostly unspent thus far, will we be able to postpone completing the performance measures until after Budget Period 3”?

00:37:19.920 - 00:37:33.390

Jennifer Hannah: I’ll take that one. You should go ahead and respond for the work that you have completed within the current 12 month budget period, recognizing that there may still be activities to complete or to carry out, and also that you would be carrying over funds into the next budget period. But for the work that you have completed during the current budget period, we do recommend and highly encourage you to report out on those activities.

00:37:56.340 - 00:38:09.930

Maria Ramos: Thanks Jennifer. We have a question from Sherry. She asked, “what is the RESPTC cooperative agreement? I know our state has received COVID-19 supplemental and core HPP funds.”

00:38:12.120 - 00:38:24.060

Jennifer Hannah: The RESPTC cooperative agreement is actually the old HPP Ebola Part B, just the evolution of the naming convention of the cooperative agreement. When we refer to the RESPTC, we are talking about the original HPP Ebola Part B cooperative agreement, which was awarded to the 10 regional Ebola and other special pathogen treatment centers across the HHS region.

00:38:50.550 - 00:38:51.300

Maria Ramos: Thanks Jennifer. And the last question we have here is “if recipients performed these activities but didn’t necessarily fund them through the COVID-19 supplemental, is there a way to reflect those achievements in the reporting”?

00:39:08.640 - 00:39:17.130

Peter Telaroli: That is a good question. There may be a way to do that with an optional measure where we talk about recipient program participation, but if it wasn’t funded through the COVID-19 supplemental funding for either the HPP or RESPTC, I’m not sure we would want it to be listed there. But we can think about that, and I can provide a better answer because I’m not entirely sure.

00:39:42.300 - 00:39:49.290

Lauren Egbert: My understanding about this is that it’s great to include that information in terms of how recipients were able to respond through these activities or conduct some of these activities. When reporting on the HPP cooperative agreement, I think if folks haven’t received specific funding through these three lanes, then you won’t need to be providing performance measures for those. And so potentially, by providing impact stories or stories from the field and other qualitative inputs into the HPP CoAg end of year data collection, that would really be the best process to provide that information. Appreciate the question.

00:40:37.950 - 00:40:39.330

Maria Ramos: Great, thank you. That was the last new question we had come in, but just to summarize some of the questions we received throughout Pete’s presentation, there were a

couple questions regarding the new platform for data collection. We are in the process of considering and developing that data system and so we'll provide more information as soon as we're able to, and anticipate that data collection in the fall.

It looks like that's the last question we have in the chat right now. Just a reminder, you can submit written questions through the chat, or if you prefer to ask a question live, feel free to raise your hand, and we're happy to unmute you.

00:41:38.610 - 00:41:40.470

Peter Telaroli: Did anyone not get their question answered? [indistinct chatter.] Yes, I believe you can say that those are the three areas.

00:42:01.980 - 00:42:07.290

Jennifer Hannah: And there is another question that came in during the chat and it was, "will be a webinar for sub-recipients on this topic?" What we anticipate is that when we are able to provide the details regarding the data collection system that we'll be using, then we'll be able to provide and we'll have several training sessions as well as office hours for how to complete and respond to the measures.

00:42:36.990 - 00:42:42.150

Maria Ramos: And just for awareness as well, we will plan to share a PDF of these slides but also the links to the online PDF documents of each of these performance measures sets so that you have them available.

I don't see any other questions come through the chat. Certainly, if there's any others, you can feel free to send them to the HPP mailbox at hpp@hhs.gov, and your question will be routed to the proper POC to have that answered.

I think with that, Jennifer, we can pass it over to you to close out today's webinar.

00:43:54.390 - 00:44:11.640

Jennifer Hannah: Great. Thank you, Maria. Big thanks to Pete for walking us through these measures. The team has put in a great deal of time, as well as our SPPR evaluation team in contributing to the development of these measures.

I've got one last minute question, "will this new tool replace the CAT?" No, it will not replace the CAT. The CAT isn't going anywhere for now. I'm hoping you're asking that question because you love the CAT, but no, it's not going anywhere, and it won't replace the CAT.

But anyway, again, thanks to Pete and the data team, as well as our SPPR evaluation team, and many of our staff that have contributed and assisted with developing these measures. Thanks to all of you for joining us today and meeting with us.

As stated, if you have any questions regarding the performance measures following today's session, please email the HPP mailbox at hpp@hhs.gov, and our team will connect you with the appropriate point of contact for more information.

As always, and I think we end every call this way, but, as always, we would love to hear about how you, your health care coalition, in this instance, your special pathogen treatment centers and regional Ebola and other special pathogen treatment centers are using the cooperative agreement funding to make an impact on your communities. So please fill out our story from the field submission form, send a quick note to your project officer, or email the HPP mailbox at hpp@hhs.gov. Our team will insert the link to the Story From the Field Submission Form for easy reference. And there it is. And with that, as I stated, thank you again for joining us and have a great day. Thank you.