ASPR Hospital Association Recipient Webinar Transcript
September 21, 2023
Call Transcript

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Matt Heller: I will now pass it over to Jennifer Hannah, who will open today's call.

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Jennifer Hannah: Thank you, Matt, and good afternoon, everyone. I am Jennifer Hannah, Director of the ASPR Office of Health Care Readiness, and before I hand it over to our first presenter, I would like to provide a brief overview of what we will cover today. Next slide, please.

First, I will begin by providing a few updates relating to ASPR's health care readiness programs. Next, the team at the National Emerging Special Pathogens Training and Education Center, or NETEC, will provide an update from their annual report and on progress with the National Special Pathogen System, or NSPS. Afterward, Kristen Finne, Director of the HHS emPOWER Program, will present an overview of the emPOWER program. Next slide, please.

I'd like to begin today's webinar with a couple of administrative updates. First, as all you know, the Year 3 Hospital Association end of year recipient data collection concluded last Friday, September 15. We're excited that you submitted your data, and we're excited as well to soon be looking through the data to gain a more detailed picture of the work you have all been doing over the past year.

Next, I would like to share that our office will soon be releasing a Request for Information, or RFI, in the Federal Register on Health Care Readiness Programs and Activities. The RFI will be released later this fall and we will welcome your responses to inform the forthcoming Notice of Funding Opportunity for the Hospital Preparedness Program that will be released later this year.

Additionally, the new National Health Care Preparedness and Response Capabilities continue to be finalized by our office. We finished incorporating the feedback we received from the pre-decisional draft review and are currently preparing the draft clearance review with an anticipated release later this year.

Finally, we will be examining the future cadence of these Hospital Association recipient webinars. Due to the growing size of the Office of Health Care Readiness portfolio and the large number of recipients, our office is examining the frequency of webinars across the board. It continues to be extremely important to us to engage with you all, and we will continue to maintain all of our communication channels for recipients, including our regular cadence for all-recipient webinars. Of course, whenever there is something pressing where we will need to convene a webinar, we will continue to schedule calls specific to hospital association recipients. Before we move on, I'll pause for any questions.

And just a reminder you can either enter your question into the chat, or you can raise your hand and ask your question live.

Okay, I’m not seeing any questions right now. I will pass it to Aneesh Mehta and Shelly Schwedhelm from the NETEC team for their presentation. Aneesh and Shelly.

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Aneesh Mehta: Well, thank you so much, and really thankful to Jennifer Hannah and her team and the Deloitte team for inviting us here from NETEC to talk about what we have been doing and where we're moving forward with the National Special Pathogen System, as Jennifer mentioned earlier. Next slide, please.

So, I'm really honored to be here today representing a large group of individuals. So, my name's Aneesh Mehta. I'm one of the principal investigators for NETEC, along with Vikram Mukherjee at New York City Bellevue, and John Lowe from University of Nebraska Medical Center. And I’m also joined by my distinguished colleague, Shelly who is leading much of the development and strategy initiative for the NSPS. Many of you who are on this call heard her give an update just a few weeks ago, and so we'll do just a general overview of that. And Shelly and I want to spend time answering your questions and hearing your thoughts. I do also want to highlight our amazing group of Activity Directors Angie, Sharon, Jocelyn, and Lauren, who really are the bedrock of the work that we do within NETEC, and what we are building for in the future.

So, NETEC, really, thanks to ASPR’s support, is setting the gold standard across the United States and actually helping develop the gold standards in other developed and developing systems around the world for special pathogens preparedness and response within the health care setting. Where we hope to build from here and really grow the work that we've been doing is the National Special Pathogen System of Care.

What we hope that what this strategy and implementation will do is to really transform the readiness in the health care ecosystems across the country, building on what we have been doing, but really expanding, so that every health care system has a good level of preparedness for special pathogens, and can recite our mantra in NETEC, which is “identify, isolate, and inform.” Next slide, please.

So, this is our mission and vision statement. And I'll let you guys read that on your own. But I really want to talk just a few minutes about what we deliver, and really importantly, Angie Vasa from Nebraska leads this amazing group of people that go out to all the hospitals within our network and any other hospital within the United States that really wants to assess where they are in special pathogens training and preparedness, and we do consultations with them. We do drills with them, and we can also do remote consultations. We can look over their protocols with them and help them with any of those questions, and we tap into a group of experts across the country from our 13 *Level One Sites* in addition to Federal partners and industry partners who may be able to bring knowledge to bear to help all these hospitals and health care settings.

Led by Sharon Vanairsdale, we also have a wonderful team that develops training and education materials. We do in person classes. We do on-site skills training in special pathogens, PPE, but we also do online webinars. We have resources that are on our website that can be downloaded and used by anyone in the United States and anywhere in the world.

We have a wonderful group who are focused on research within the special pathogens’ domain, led by Lauren Sauer. And this is a group that puts together the ability for us to learn how we're

doing our work. They've also put together clinical trials so that when a special pathogen hits our shores, we have something ready to go to, to not only be able to care for the patient, but to very quickly add to the national and international knowledge base for that particular pathogen. And that really came to bear multiple times in the last several years, where we were the launch partner for the NIH studies which studied Remdesivir for COVID and we're really proud that the leadership of NETEC in research led to the first two FDA approved medications for the treatment of COVID in the United States, and now approved in multiple countries in the world.

And one of our newest developments, and we really laud ASPR's vision on this, is to make sure that the work that we were doing with our hospitals here in the United States was tapping into knowledge and building on knowledge from international partners and also contributing our work to our international partners. And so, the last few years we've built these robust international partnerships and programs group that has developed a network of hospitals, investigators, health care administrators, and importantly, public health partners in each one of these countries that are all thinking about how we coordinate our care when a special pathogens event occurs. And really proud to see Jocelyn and her team really leading this effort and really getting a lot of international recognition for it.

I will also point out, and Shelly does a great job of talking about this, the work of NETEC and ASPR's vision is really finding resonance in our Federal funders and our elected representatives, and as you can see in the Appropriations Act of 2023, we at NETEC have been directed because of this previous work to be the coordinating body for the NSPS, and hopefully expand and make a more robust and integrated system that really will help all health care systems around the country be ready for special pathogens emergencies much like the trauma network that has grown over the last couple of decades in the United States. Next slide, please.

So, and thank you to Shelly for posting our annual report in the chat, if you guys want to click on that link, you'll learn more about what we have been doing over the last couple of years and where we hope to go. This slide shows what I what is titled the future expansion, but really is the expansion that we are doing right now. And so, really trying to integrate the work in the foundation into this Coordinating Body for the NSPS and you can see the six primary domains of our services, and that includes communications and coordination, monitoring, and evaluation – again, building on what we're already doing with hospitals and health care systems. We're expanding our research and knowledge sharing, as we've learned during COVID, it's critically important that health care systems and our communities have people with authoritative knowledge, the truth that they can go to, and also where they can go to ask questions and know where they'll get good answers from.

In order to enable this, we're continuing to tap into data streams across our health care systems. Using multiple technologies to achieve that data, but also to analyze that data, make that data available to ASPR and to our partner hospitals, and hopefully, as we move forward, to all health care systems in the United States. Importantly, part of what we've learned from COVID is that the patient level data is important. But the system level data is important. So, understanding how many beds are available, what staffing is like in our hospitals, what are our critical resource needs and availability, and how we use our supply chains to fill gaps when emergencies occur. These are all data streams that we are building upon to make a very successful networked approach for the NSPS.

Building on our work in NETEC, we're continuing to put out and update standards and guidance for special pathogens care. And now, really trying to make that guidance tiered, as we'll show in our slides of our tiered system. Making guidance that will help every tier or every level of our health care delivery system within the NSPS and to be able to achieve that, we will have to continue to evolve our training and education modalities so that we reach all those levels of health care systems and health care workers and continuously receive feedback from them on which of these training and education modalities are working for them. So, we can continue to evolve for future needs. Next slide, please.

And I think this is a moment for us to stop, because I know so many of you listened to my wonderful colleague Shelly give this a more in-depth talk about the NSPS just a few weeks ago. So, I think our Deloitte colleagues are going to put up a poll to see how many people were on that call, so that we can guide our conversation in our in our presentation moving forward. So, if you don't mind taking a few moments just to answer this yes or no question. And Shelly, while we're waiting for those answers, any additional material or anything I missed that you want to mention before we do the quick overview of the NSPS?

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Shelly Schwedhelm: With that, I just think, you know, it's a real opportunity to keep socializing what we're working towards. And I do want to recognize that in 2014 through about 2016, into 2017, CDC and ASPR initially after the Ebola virus outbreak in West Africa, back in 2014, did take the opportunity, you know, to create a tiered structure. But I think just like a lot of the things that happen, you know, in our country, we sort of respond and then it kind of goes away. But I think that's the reality of all of the international travel that happens. We're only a plane ride away from whatever the next thing is. And we've even in the last year, and had 2 such outbreaks, such as Marburg and Sudan ebolavirus from other countries that we really had to take notice of given travel to the U.S. So, there's a good opportunity around doing some additional work to rebuild this tiered structure with the four levels. So, I'll let you keep going here. Aneesh, it looks like we have some opportunity to go into a little bit more detail here. But anybody who has questions who did attend when I presented a few weeks ago, please be ready to ask those here shortly. Thank you.

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Aneesh Mehta: Yeah, thank you, Shelly. And then, did you say we have some opportunity, maybe, to talk about the NSPS for the first time to some of you in the audience? So, looking forward to that, so we will take a little bit of time then to go over some overview of the NSPS strategy and implementation. As we're going through it, as Shelly mentioned, if you were on a previous presentation, or previously heard something about the NSPS, and already have questions, feel free to throw them in the chat as we go through these slides and when we get to the end of the slides we'll start talking about those questions, but you can also unmute yourself or raise your hand and we'd be happy to answer those questions as we move forward.

Okay, my Deloitte friends, can we move to the next slide, please?

Okay, so this is our operational model for the National Special Pathogen System of Care. We'll just call it NSPS for brevity. So, as you can see, we have the key functions. And we talked a little bit about them just a few minutes ago. But the NSPS will hopefully be the standard bearer for guidance of clinical care and hospital operations – for all health care systems in the United States. We are building upon our already established monitoring and evaluation, our research and data pipelines. Some of the other things, and we'll talk a little bit about this, really understanding different care, delivery venues, and, importantly, how we get those patients there? And how do we get our medical transportation systems ready and to do special pathogens care?

Really building upon what we're already doing, but really upgrading our communication and care coordination, and patient coordination, and data coordination, as we build out the NSPS, and one of the things that we've all learned during COVID is the importance of workforce sustainability and training and keeping our workforce engaged in everyday health care, but also special emergency events. And so, we really have a core group of nurses, physicians, and many, many others that are very focused on this workforce sustainability in the NSPS. And then what we want to make sure is that we're always having an eye towards equity. Again, anytime these special pathogens or epidemics occur, we really see that the inequity in our health care systems come out very clearly. And so, we want to make sure as we design this network, we're thinking about how we make it to minimize some of the inequity that we see in our systems. And really, make sure that the funding streams go towards not only developing a robust system, but also bridging some of these gaps across, you know, different geographic areas such as rural areas as well as those with socioeconomic inequities.

We see NETEC's role as being the coordinating body to really help operationalize this system, maintain the broader avenues of connectivity between all the health care partners, private partners, and importantly, our Federal and public health partners. In order to accomplish this, we have designed a tiered system of care, as you can see on the right side, levels one through four, and we'll get a little bit more into this as what these different levels mean. And in just a little bit…next slide, please.

So, building upon, again, the mission and vision from NETEC, we had a couple of years of development of the strategy with key partners as well as with ASPR to come up with a mission and vision for the NSPS. So, our mission is to provide a coordinated and standardized health care network that is really focused on high quality, patient-focused as well as community centered-care for patients that are suspected to have or known to have a special pathogen here in the United States. Importantly, always with an eye towards making sure that we're protecting and sustaining our health care workforce.

Our vision here is to make sure that we are saving lives through a standardized and sustained system of special pathogens care that will hopefully enable all health care personnel and the administrators that support them, to provide agile and high quality health care across the entire care continuum here in the United States.

I think we have achievable aspirational and achievable measures of success. So, our vision, we believe, can be illustrated through zero preventable deaths after a special pathogen event here in the United States, the ability to mobilize our network within two hours of any suspected special pathogens event, and to make sure that access to high quality special pathogen care is achievable for 100 percent of the U.S. population. Next slide, please.

So, this is now getting into a little bit more into how we're breaking down our levels. Importantly, we've been working with partners across the country. So, we want to make sure that every health care facility in the United States, so what we have designated as Level 4, has great ability and comfort in the ability to identify, isolate, and inform of any special pathogen event and to be able to quickly initialize stabilizing medical care and do so in a way that keeps their staff and other members of their community safe and also taps into established networks of special pathogen, patient transport that would then allow that patient to be transferred to a Level 3, 2, or 1 facility and then allow the Level 4 facilities to get back to normal operations.

Our Level 3s are what we call assessment centers currently. These are, hopefully, facilities that are widely accessible for broad range of care and they would be able, in a special pathogens event, be able to conduct a limited laboratory testing, be able to stabilize the patient and coordinate with the regional assets as well as public health partners to transfer the patient, if needed, to a treatment care facility and minimize any impact to their community and overall health care operations. Our level 2s are what we are terming our treatment centers, and these facilities will have the capability of delivering sustained, specialized care to one or more patients with suspected or infected special pathogens, and to really be the primary delivery hubs for the special pathogen care.

Our Level 1s are our regional treatment centers, or what we currently call our RESPTCs. These centers will have all the capabilities of a Level 2, but they will also serve as the regional resource for all the hospitals within that catchment area, providing highly specialized care delivery. So, the things like caring for pediatric patients, potentially caring employing specialized treatment methods like ECMO, but they will also be the resource for knowledge, for training and making sure that coordination of that patient care and transport occurs, and also the coordination of any research or any experimental or novel medications that need to be delivered to patients within that region. Next slide, please.

So, this is a little more build out of this model, and I really love it. Shelly has designed this slide. I really love the graphic that we show here on the right. So, this is really, what are we going to do and what will be NETEC's role in a response in this national system. So, what we have done in the past to continue to evolve as more and more outbreaks have occurred. And we have seen NETEC and ASPR take on larger roles in this response as we've gone from Ebola in 2014, through COVID, now through mpox and other outbreaks, to really evolve our ability to support health care systems across the United States.

In our discussions with our partners as well as with our elected officials, and as well as the executive branch. We see NETEC now as operating as the convener and the national coordinator for ASPR, providing situational awareness to ASPR as well as other Federal agencies, and also to the executive branch. NETEC will continue to provide just-in-time training and education and technical assistance. And we've already worked to broaden our range, to not only look at the RESPTCs and treatment centers, but to be able to really tap into and guide assessment hospitals as well as all Level 4 facilities. NETEC identifies needs from these facilities within the field. Again, health care workers working with health care workers is our one of our mottos, and sharing those insights with Federal partners as well as other facilities that are preparing to take care of these patients, and then NETEC, will continue to lead the special pathogens research network and maintain active partnership with the FDA, NIH, BARDA, as well as international authorities to develop protocols on medical countermeasures and clinical surveillance of patients with special pathogens or suspected special pathogens.

On the right is that nice graphic that Shelly has designed for us, showing NETEC in the center as the support apparatus for this integrated system of care. But really, I think what this highlights is that we'll support our RESPTCs to be able to be that regional authority, so that all the hospitals within that region they can reach out to NETEC. But they have had an established working relationship with someone in their area that understands their local contacts and can help them guide them through a special pathogens event. That's our, NSPS hub and spoke model, as we call it. Next slide, please.

So just for those of you that don't know, these are our 13 Regional Emerging Special Pathogens, Treatment Centers or RESPTCs, as we call them. The ASPR has supported them strongly over the last several years. More recently we had 10 for many years and more, but recently we had an expansion of 3 additional ones. So, you can see here in the ASPR regions, each one of our regions has at least one RESPTC, and now 3 of our regions have a second RESPTC that really bolsters our preparedness and training. Next slide, please.

So, how are we going out there now and assessing the readiness for special pathogens? So, the NETEC teams have designed what we call our special pathogen operational readiness self-assessment or SPORSA for short, and we deploy that to hospitals as well as to transport organizations around the country to see how they feel about their readiness and where their needs are, and then each one of those needs can be addressed by very specific modalities that we have designed within NETEC to bridge those gaps. And so, as you can see on the right, we have our domains that we assess for hospitals and acute care delivery sites, and then we have our domains, many of which are similar, but are designed very specifically. The questions as well as the responses, are designed very specifically for emergency medical transport teams. Next slide, please.

This is how we're using some of that data. We create an operational readiness scorecard that we deliver to ASPR as well as our partners within the RESPTC network of where we think we are, as far as readiness goes. And so, this is really a partnership with the RESPTCs. These are their data. And we want to present them in a way that's helpful to them as well as helpful to ASPR. We believe these sort of dashboards that we're creating, and these reports really help ASPR, as well as other Federal partners understand regional and national readiness for special pathogens and help us at NETEC know where we need to deploy our education as well as some technical assistance, but also hopefully helps ASPR and our other Federal partners understand where they need to allocate resources, and also when special pathogen events occur where they would need to distribute patients so that everyone can be effectively cared for with minimal impact to the overall health care delivery in the United States. Next slide, please.

Okay, I think that's the end of our overview. Of course, those of you that were on the call with Shelly know that there's a lot more work that's going on, and a lot more details that we have. But we want to stop there and just see what questions that you guys have about what we've talked about, and what additional information can we provide to you to help us build this network in a stronger and more robust, sustainable fashion, moving forward.

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Shelly Schwedhelm: And Dr. Mehta, while we're waiting for people to raise their hands a couple of comments I would make to add to the presentation today is that we have 14 health

systems or hospitals across the nation. And they're varied. And we've got at least one to two representatives from each of the 10 HHS areas across the United States.

So, we have a slide in our deck that shows you who's on our system of care committee building out the minimum capabilities for those levels of care for Level 1, Level 2, Level 3, and Level 4 really will be driven as sort of back to the CDC mantra, and one that NETEC has adopted of identify, isolate, inform. And the Joint Commission actually will be coming out with some new standards for the infection control chapter in January of 2024, I've been told. That really does add some context to wanting to be able to reinforce the accountability that we all have as hospitals across the nation. And you know, other health care facilities would include urgent care in our clinics to really be able to do that of that quick understanding of potentially the concern for somebody who may present with symptoms, but also travel history.

So please let us know, too, if we can help in any way related to the travel and symptom screening tools. We've done a lot of work around that topic as well. So, with that, any particular questions?

Well, we'd love to come back, as things are changing pretty frequently, and one of our goals is by the end of this fiscal year we'd like to really have big clarity by region. So, in all 10 HHS regions across the country, what is the current landscape of existing assessment hospitals and state treatment centers, some of which who have maintained their capability without funding and we really want to understand who are those existing structures. And we know quite a few of them already but really to sort of lay that out purposely. Where are the state labs? How many miles are there between all of these things to really get back to those aspirational goals of really getting somebody the care they need within a couple of hours of presenting. So a lot of work to do and with that we'll finish. And I'll put Dr. Mehta and my email in the chat for you all, so that you can have that if questions come up as we move forward. I do see one from Jared Wright. I know we need to move to our next presenter, but Jared, do you mind just putting your question in the chat, and then I'll have Matt share that out.

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Jerrod Wright: Actually, just a comment. So yeah, I'll just put that chat.

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Shelly Schwedhelm: Okay, thank you.

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Jennifer Hannah: Thank you. Aneesh. And Shelly, really appreciate the very comprehensive presentation and relevant information. And just so, you know that you always have an open door to come back and present and have discussions with all of our recipients at any time. You only just have to ask, and we certainly can make way and make time on our agenda, but really appreciate you sharing, as I said, a really comprehensive presentation. And you know, if I were, you know, I think every time that I hear anyone from the NETEC team speak, I always say,

“Wow Wow! Wow!” Because of all really, of the of the progress that has been made, especially since the initial Ebola outbreak in 2014, I would say that we are light years ahead from where we were originally, and just really appreciate all of the tremendous achievements of NETEC. So really appreciate it. So, thank you so much.

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Jennifer Hannah: We are now going to hand it over to Kristen Finney, the Director of the HHS emPOWER program at ASPR to provide an overview of the of the program. So Kristen, handing it over to you.

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Kristen Finne: Yeah. And I have to second what you said. I started out in the field of biological threat agent research back in ‘97. And this was on the top of our minds and the phenomenal work that NETEC has done is just, it's such an incredible advancement. So, thank you to all for all the work you've done. Next slide we'll dive into emPOWER.

I'm going to give a brief overview. So, basically for those that may or may not have some background with emPOWER, where did it come from? So going back, we actually have been in business for about 10 years now, we've hit a decade, hard to believe. But prior to Hurricane Sandy. We had a host of different types of disasters, where we saw individuals that were showing up and particularly overwhelming hospitals. Those were those that were dependent on different types of life, maintaining and assistive electricity, dependent medical equipment, including ventilators, oxygen, concentrators, those on dialysis and facilities, and also those that were using entropy, feeding machines, and other types of infusion pumps. But we saw many of these individuals that called 911 whenever there was an emergency, an instant emergency or disaster escalating from small instance to large and they would overwhelm not only EMS, but 911, but basically, they would show up to the hospital emergency departments, which I'm probably sure you're familiar with. Many different individuals would show up to shelters, and the public health officials and emergency management officials really had no idea that these individuals lived in their community. They had no data on it, and they were overwhelming them with specific needs. Whether it was just access to secure power to operate the equipment or different types of care, such as dialysis treatments.

So many of these individual officials kept coming and asking us, as we went out into different responses and said, is there a way that HHS can help us, and better understand? And this is at the start of the big data movement. It's so far to believe that how far we've come. And at the time we were talking we were doing a number of different projects, and such with our sister agency, the Centers for Medicare and Medicaid Services, and specifically with the Center for Medicare, and we said, is it possible that we could leverage claims data, and in our case we use prejudicated. So, it's as soon as it comes in, so it's a lot fresher versus adjudicated which goes through the longer process. But could we use this data to potentially identify an at-risk population? And could we actually leverage it with a public health authority, if ever escalated to a point where they can use this to potentially do outreach in advance of a disaster, too?

And we realized, we conducted a first in the nation exercise in the city of New Orleans in June 11, of 2013 found out that we could find that those on our like different types of concentrators and ventilators, about 93% of the time Mrs. Smith was at that house, and she had the piece of equipment and then we also replicated in upstate New York a year later. And it was 94% accurate. So, building on that we thought we had pretty decent data that we could leverage and potentially turn it into a host to different products.

The first answer was that you needed to actually use this ahead of time. So, trying to live a level with a public health authority on individual data during a disaster is extremely difficult. So, we need to get that data into the preparedness realm and use de-identified data, taking away all the privacy information so we could be shared with partners that you could collectively use this information, and have it so you can start anticipating, planning for, mitigating and or responding to in advance of the disaster, for the types of individuals that could show up. Next slide.

So, what do we do? We actually expanded the portfolio based on continuous feedback. So I've talked to at this point thousands of individuals over this entire decade. Since the inception of the concept of this program, I've led this initiative and worked with so many different state and local partners, hospitals, and different other health care entities that have helped really provide feedback. So we've tried to leverage that feedback wherever we could, based on funding availability and make advancements to make this a little bit better and useful to you. So the first thing we needed to do was, we understood that we needed to get the information out there. So back in 2013, it was stunning to us that we saw that there was over 2.5 million at the time, individuals that had 14 different types of electricity-dependent and medical equipment in certain cardiac devices that has now become 3.1 million and its continued to grow.

We also realized we had to get make this data readily meaningful, consumable, and actionable. We needed to have the right data in the right hands, the right tool, and the right time. So, what we created was the emPOWER map, which really was trying to be a unifying voice to say that these individuals live in the community and start to anticipate that this challenge is there, and how do we kind of transform our preparedness posture and our response posture, because with changes in Medicaid reimbursements, etc., we were transitioning to long-term support services which meant more and more of these individuals would not be in long-term care facilities, but living in the community. So the first thing we did was we created the emPOWER map and we wanted to bring more people to understand it. We updated it on a monthly basis and we also wanted to make it consumable. So, if you have your own GIS application why do you have to come to our map, take that data with you, and that's what we did with the rest service.

We also know that we had to have more detailed information. So what we created was the emergency planning de-identified data set. And I'll go a little bit detailed into that. Then, in the event of an emergency or disaster, a statutorily authorized public health authority that means type of requirements are able to request an official disclosure of an individual level data set that we can then turn around, usually within about 2 hours to that public health authority to operationalize for life saving outreach. But everybody wanted a kind of a one-stop shop for information about the tools, and we launched that in January of 2021.

Clearly everybody was really busy with COVID. So it's kind of the best kept secret. So we're socializing that around to tell people. And then we also provide technical assistance. One of the most important things is that this population touches upon all different areas of the entire spectrum of response. So partners range from health care providers to public health all the way

to volunteer organizations, to first responders, National Guard with DoD public utilities and human services as well. Next slide.

So how does that break down of that 4.5 million? So, when we actually look at this, we expanded in about 2015, to also include over the iterations of 14-15 for different types of home services as well home-based services, except for facility and dialysis. So, we have 14 million individuals that rely on 14 different types of equipment and 4 different cardiac devices. We represent, also, in that many of you are probably familiar clearly with dual eligible individuals that, based on their feedback, they're able to be enrolled and eligible, based on their poverty level, their chronic illness and disability status in a state-operated or territory operated Medicaid program. One thing to note is that emPOWER this population while the Medicare overall population runs about approximately 20% for dual eligibility, so that's really a good indicator of they're going to experience challenges and disasters, emPOWER's population is about 32%. So, they have a higher instance of really having a lot of challenges and potential barriers to them, being able to evacuate safely and need some sort of assistance. We represent that 90% of the dialysis population. There's some that don't make it in like the VA, we do have some reports that say about 51% are veterans. But overall, we have of that 4.5 million, we have about 3.1 million that rely on different types of equipment, we have also about 2.8 million combined that are oxygen tank dependent, those that rely on dialysis in the facility, those that are also temporarily impacted by and relied upon home health services based on a recent injury, illness, surgery, etc., and we also featured some home hospice populations as well, because we saw significant challenges not only for addressing their needs in a disaster, but we also knew that they required special considerations when thinking about sheltering, because particularly challenges related to the opioid epidemic and drug seeking behaviors. And many of these individuals have palliative needs. Next slide.

So most recently based on a number of different feedback from hospitals across the country, that 4.5 million, we don't double count people. So, if an individual has one or more pieces of equipment and a health care service, they only get caught counted once. So before, in many of our tools, particularly the emergency planning de-identified data set, we were able to provide breakdowns, by type of equipment type of health care services. But if you were to start to add those up, you could have duplication. So we've received a ton of feedback from different hospitals and such that said, you know, we really want you to actually control for that and give us accounts. So, we were launched in this past year, the new at-risk combinations and our data it's on the emPOWER map. It's in the de-identified emergency planning data set and it's also in our response outreach data set. So now you'll get one count based on if a person has DME and is reliant on dialysis, we won't double count against that. So, we have 5 different layers or 5 different other categories of data that we have included. Those that are on oxygen, home, oxygen tank services and have DME, etc. And you'll see here and here of how it's broken out and how it's been integrated into all of our tools. Next slide.

So what does emPOWER not include? So, emPOWER includes anybody that's in Medicare and also we have a snapshot of the highest risk of dual eligible that are in the state-operated Medicaid plans. We do have a pilot that we have offered. It's a voluntary pilot to states that if they would like to participate and bring their Medicaid agencies to it, we can actually train and teach them how to actually replicate emPOWER in their own state-operated Medicaid system. So that way they can actually look at other adult disabled adults and children as well, and also in the children health insurance programs. We've had a number of states like North Carolina

and Oregon that have done it. Nevada has done parts of it as well, and Florida has done it as well. We don't include individuals that are in long-term care facilities because there's regulations that require them to address their needs. We don't have currently people that are in military or in private insurance plans, but we have done tests earlier on in emPOWER to try and see what that looked like. And if there was there a huge gap? What we did find is that it really did not have a significant increase in the number of at-risk individuals in the private sector, commercialized that isn't captured by Medicare. Next slide

So, like I spoke before that the emPOWER map is publicly available. It gives a total count at the power dependence level, and then also with those at-risk combinations data. And this is really a general tool to kind of help individuals anticipate that there might be an issue. We have hazard data and other information that you can see that you can track, a weather report and see is electricity dependency populations going to be impacting the zip code. And it's down to the state, county, and zip code level. Is it going to be hitting that area? So, this is really something that's a general publicly available tool that can help but I think probably is going to be helpful to have more detailed information, particularly from the hospital perspective. Next slide.

Like I said before, we do have for those that have been using our rest service, which is like an API. We can have the emPOWER map data added as a data layer in your own system. We did update that recently. So, if you do have it, please go back and make sure you check this link because we had to create a new one when we changed our system. So if not, link on it, it takes less than a minute. We have job aids also available on our website that can tell you how to do it. And it’s not a lot of thought to do to re-up and integrate it into your system. Next slide.

Also, if you're an Alexa fan, we also provide emPOWER map data also on the emPOWER AI skill on Alexa, so you can actually ask all the information that you'd be asking for on the map yourself by just asking it your prompts. And we have also a job aid on our website to talk about that, too. Next slide.

Now, like I was talking about before, you may have seen, if those for you that are working within coalitions that get our access to the emergency planning de-identified data set. This data set is sent out every single month from our regional office to the preparedness officials. They have the authorization to share this data set with any of their partners within ESF-6 that are supporting emergency preparedness, response, mitigation, recovery, or resilience activities. So, if you want access to it, those public health officials in the States have an authorization to share that to advanced, targeted planning and understanding of these populations. And like I noted before, you will see in the middle here that we've added those at-risk combinations, you'll see them. It's like a melon color. They're added at the end but if you do in this data set, have the data broken down by type of equipment, the type of health care service, and then those at-risk combinations. Next slide.

So how is emPOWER helped? emPOWER has been integrated, whether it's from de-identified the privacy protected information that's updated monthly all the way to that individual disaster data set for response outreach activities in the disaster. It is advanced, and it's been leveraged many times throughout wildfires. There's extensive work that's been done in Los Angeles County with their different incorporated cities that they have worked collaboratively with their first responders to be able to support evacuation areas. And we actually also supported during Hurricane Irma for the evacuation of dialysis-dependent populations on St. Thomas and St. Croix, when the health care infrastructure was destroyed and they needed access to those

maintaining services. It's also been used from a de-identified perspective in partnership with the public health and their partners to understand potential caches of type of equipment and resources that would potentially be needed to help support emergency preparedness and response activities in advance of a disaster. We've also even had oxygen independent populations checked in rural areas such as Goshen County, Wyoming, in recent multiple disasters that were from compounding blizzards and rural cooperative power outages. Next slide.

One of the other things that we always want to do is based on our emPOWER map is to look to see how are people using it when there's actually real time incidents and emergencies taking place. You can see here, just over numerous iterations of not only wildfire emergencies, but also public safety, shut offs in the state of California, where they preemptively turn off power to try and reduce the risk of ignition from power infrastructure in the power grid numerous different individuals have used this. You can see it in power map use, as well as many of them have used the individual data to do outreach as well. Next slide.

We also saw during the recent holiday season over the course of Christmas and years we had a deep freeze across pretty much most of the state, the country, and we saw a lot of different uses during that period of time of emPOWER. So, we're actually able to see in emergencies are people using this data and hope to understand best practices and uses. Next slide.

So where can you find out about how we actually use emPOWER and practical use cases and other tools? So, like, I said before, we actually created really detailed job aids. So, we know that a lot of times people may not be experts on understanding oxygen dependency. But they're trying to use this information, whether it's a GIS analyst and emergency management agency that's trying to help public health or hospital staff that may be actually trying to operationalize this and create awareness. You know, awareness based on search planning and getting an understanding. So, what we've actually done is create detailed job aids that tell you exactly how you could use these tools, what is in the information, how you can use it? Things to understand how we actually protect privacy, what our de-identification methods are. So, you understand that and examples of how it might be applied in a disaster. So those are readily available. You can hyperlink to that. And we continue to update our emPOWER and action site; it actually has an interactive map. We're collecting a lot of different vignettes. We're also collecting more stories from the field of practical uses of emPOWER.

We do encourage you, if you have been using emPOWER, and you have examples of how you've used it to please reach out to us and let us know, because we would love to capture that and promulgate that across community, because we have lots of people that ask us for what peer experiences have been with the data. Next slide.

Like I said before, we have all these different things we also do have frequently asked questions. We also have free web-based online training, too on our site. So, if you want to get a debrief on understanding the different tools and information you can go right there, and you can do that at your own ease. Next slide.

Most recently we partnered with a Centers for Medicare and Medicaid Services program for Durable Medical Equipment and also for prescriptions and oxygen. We recently relaunched this training. It's a train-the-trainer tool, but on the right hand side you'll see links. These resources are fact sheets that can be handed out to a Medicare beneficiary, particularly explaining to them. So, if they show up in their equipment's not working, it actually tells them exactly who to

call and Medicaid and Medicare to be able to get that equipment either repaired or replaced as well. Next slide.

And here's a number of other topic collections that talk about dependency on utilities, electricity, dependency, access to functional needs and other also additional trainings for building capacity as well. Next slide.

Now, I'll open it up to questions. I know we're right at the end. Happy to take questions. You can also…if you go to the next slide…you'll see on the bottom, right-hand side my contact information. Please feel free to reach out by email anytime, and we're happy to ask questions and have any follow-up presentations or discussions if necessary. Thank you.

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Jennifer Hannah: Thank you, Kristen, and if anyone has any questions just as a reminder, please feel free to drop those in the chat or raise your raise your hand, and while questions are being queued up, just want to thank Kristen for presenting today. emPOWER truly, is one of those tools that has filled a critical gap and does save lives. So Kristen I almost had a question, and then you answered my question with two of your slides, to see how emPOWER has been used, and one of the things that really resonated with me, and that I noticed on the slide is that in many of those use cases that lifesaving was used a number of times, lifesaving evacuations, and so on, and so forth. And you know so if you haven't had an opportunity to check out the emPOWER map and as well as the great resources and data that Kristen has provided an overview, this is your opportunity to do that. But just want to thank you, Kristen. I mean, I think I've known you since the beginning of this particular program, and to see the growth and continuous advancements with this has really been incredible. So, this is a wonderful tool. For those of you don't know, Kristen is the front, the back, the side, and the face of emPOWER.

But again, if you have any questions, please feel free to drop those in the chat and raise your hand. If you have any questions for Kristen, and she said, you can certainly reach her offline as well.

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Kristen Finne: And if there's other tools and resources that we could be developing to help, and but particularly from the lens that you're asking from your viewpoint, please let us know. And again, wherever I can, you know, funding availability can be sometimes a little bit of a challenge, but wherever I can I do take that feedback, and I will work to try and address the needs that you have. So, the at-risk combinations were one we were able to squeeze in there. But others, if you let me know that's something else that helps me to prioritize and raise with leadership so I can go and seek out more support to basically address any updates, as I can.

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Jennifer Hannah: thank you again, Kristen. I know we have 1 min left on today's agenda and for our meeting. So, if you have a burning question that you just had and it can't wait or that you

have a desire to ask, please go ahead and drop that in the chat or, as I said, raise your hand, and we will answer your question. If you think of things a little bit later, and don't want to necessarily ask your question during this time you can always send an email to the HPP mai box, which is HPP@HHS.gov, and we will ensure that someone responds to your question.

Okay. So I'm not seeing any questions, nothing in the chat, no hands raised, so we'll go ahead and move towards concluding our webinar. But before, just want to thank all of our presenters for taking their time today and to all of you for your participation in today's meeting as a reminder, we invite you to share stories, any stories that you have regarding how you are using ASPR funding to make a positive impact on your communities. And if you have a story to share fill out our stories from the field submission form or reach out to your assigned field project officer for more information, and a member of team will drop the story from the field submission form link in the chat for easy reference.

We look forward to hearing about the great work that all of you are doing and thank you again for attending today and have a wonderful day, everyone. Thank you.