



## Capitol Hill Steering Committee on Pandemic Preparedness & Health Security



JOHNS HOPKINS  
BLOOMBERG SCHOOL  
of PUBLIC HEALTH

Center for  
Health Security

### 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.

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00:01:03.450 --> 00:01:04.410

Senator Cardin: i'm not hearing you.

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

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

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00:01:09.690 --> 00:01:10.590

Yes.

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00:01:11.610 --> 00:01:18.210

Anita Cicero: Okay, so perhaps you could have helped Senator carden.

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00:01:19.230 --> 00:01:21.870

Anita Cicero: Yes, he get his audio working yes.

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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.

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00:01:47.130 --> 00:01:50.520

Anita Cicero: Okay, thanks it's good to get feedback that others can hear.

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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.

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00:02:00.180 --> 00:02:01.470

Anita Cicero: Okay, thank you.

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00:02:03.270 --> 00:02:05.430

Andrea Lapp: check your check your audio.

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00:02:16.980 --> 00:02:19.200

Anita Cicero: Just proves that this happens to all of us.

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00:02:34.140 --> 00:02:35.280

Anita Cicero: Are you able to hear.

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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.

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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.

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00:02:56.880 --> 00:02:57.510

Andrea Lapp: jump yeah he.

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00:02:57.750 --> 00:02:59.370

Andrea Lapp: looks like he's directing again.

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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.

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00:03:06.810 --> 00:03:07.740

Andrea Lapp: Can you hear me.

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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.

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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 Sanders 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 AstraZeneca vaccines available to the global marketplace.

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00:11:30.210 --> 00:11:46.530

Senator Cardin: But perhaps the most glaring deficiencies that we saw in dealing with COVID-19 that we have to prepare to 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 COVID-19 with health disparities and COVID-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 COVID-19 pointed out that they're even deeper than we thought I'd join Senator Menendez the COVID-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 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 for Disease Control 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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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00:31:53.310 --> 00:31:57.600

Connie Savor Price: Testing was delayed in January in February, almost non existent.

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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 tests 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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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 just in 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.

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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.

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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 our website.

222

00:39:30.540 --> 00:39:31.860

Connie Savor Price: But thank you for your.

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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.

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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.

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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.

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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.

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00:41:13.470 --> 00:41:17.940

Beth Maldin: And our health care system based incredible pressures as hospitalization rates spiked.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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00:42:37.500 --> 00:42:41.940

Beth Maldin: And it's administered administered by the Assistant Secretary for preparedness and response.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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 covid 19.

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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.

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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.

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00:45:11.190 --> 00:45:20.310

Beth Maldin: During the covid 19 response years of planning together made it easier to quickly share information respond to supply shortages and access local state federal resources.

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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.

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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.

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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.

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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.

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00:46:12.960 --> 00:46:16.260

Beth Maldin: lnten dangerous shortages in medical material for the healthcare system.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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00:47:52.650 --> 00:47:57.510

Beth Maldin: Strengthening and further incentivizing healthcare coalition building and extending our coalition membership.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

