

Health and Medical Coordinating Coalitions:

*An Introduction to the
Western Massachusetts HMCC*

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The Basics

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the basics

What is an HMCC?

Health and Medical Coordinating Coalitions, or HMCCs, are a growing national trend in building healthcare system emergency preparedness and resiliency.

An HMCC is a coalition comprised of individual healthcare organizations in a specified geographic area that agree to work together to maximize surge capacity and capability during medical and public health emergencies by coordinating preparedness planning, facilitating information sharing, mutual aid, and response coordination.

Individual organizations may be private, such as a hospital, or public/governmental, such as local health departments.

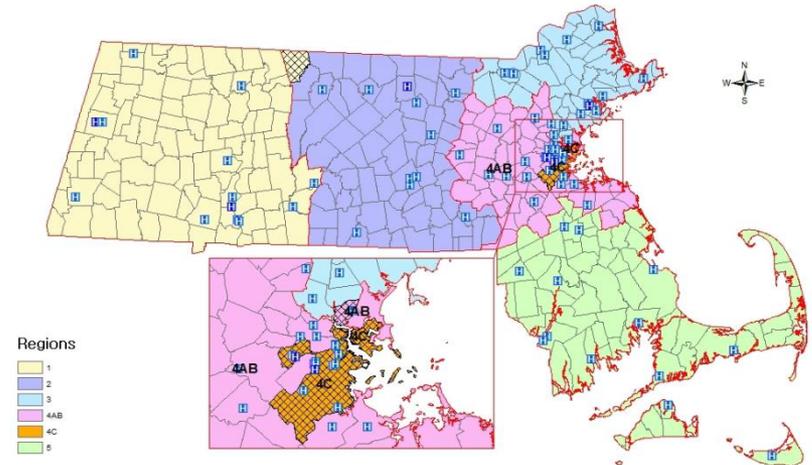
HMCCs are designed to supplement, not supplant, existing emergency response plans and procedures. They only coordinate, and do not hold statutory authority.

the basics

Coverage Area

The Region 1 HMCC geographic spread is essentially the four western Massachusetts counties (Berkshire, Franklin, Hampshire, and Hampden); however, some easternmost municipalities are located in the region 2 Coalition, namely: Orange, New Salem, Brimfield, Wales, and Holland.

All other western Mass communities are covered by the Region 1 HMCC.



the basics

Membership

HMCC's build on existing groups and structures already in place in Massachusetts.

These sub-coalitions, or disciplinary coordinating groups, will continue to exist, and feed upwards towards the larger regional HMCC.

- County-level Public Health Emergency Preparedness Coalitions
- Western MA Emergency Medical Services
- Western Region Hospital Emergency Preparedness Committee
- MassMAP

The funding for HMCC's in Massachusetts comes primarily from the MA Department of Public Health, via Federal funds from the Centers for Disease Control (CDC), and the Assistant Secretary for Preparedness and Response (ASPR).

The core disciplines currently involved in the HMCC are:

- Local Public Health
- Hospitals
- Long-Term Care Facilities
- Community Health Centers
- Emergency Medical Services (EMS)

However, any stakeholders interested in healthcare system preparedness and response are welcome to join the Region 1 HMCC!

the basics

How the HMCC “Fits”

The HMCC supplements the existing system and fills in gaps based on the situation and the need.

The Region 1 HMCC works closely with the MA DPH Office of Preparedness and Emergency Management (OPEM) and the Massachusetts Emergency Management Agency (MEMA).

Some situations might be so large and complex as to require additional assistance with coordination of situational awareness in the region, or addressing resource requests and mutual aid. This is where the Coalition would step in.

Conversely, some situations might require assistance with coordination of information and resources, but not enough to warrant full-scale activations of staff and resources by the state. Be the situation very large, or seemingly small, the Coalition exists to assist with coordination and fill in gaps.

The HMCC addresses all aspects of the Emergency Management Cycle:

**Prevention
Planning/Preparedness
Response
Recovery**

HMCC Leadership

Sponsoring Organization

Steering Committee

Disciplinary Coordination Groups

Other Partnerships

Sponsoring Organization

The Franklin Regional Council of Governments, or, FRCOG, under contract with the MA DPH OPEM, serves as the Sponsoring Organization for the Region 1 HMCC.

As the Sponsoring Organization, the FRCOG provides dedicated staffing to the HMCC, to allow for financial and programmatic administration.

The FRCOG supports the HMCC by:

- Providing administrative support to the Steering Committee and all other working committees, through the building and publishing of agendas and minutes
- Writing regional coordination plans and SOGS
- Serving an on-call function for emergency response coordination
- Ensuring coalition member compliance with reporting and grant management standards

Steering Committee

The Region 1 HMCC has a 10-member Steering Committee, with 2 representatives from each of the 5 core disciplines.

All Steering Committee members are selected from within their discipline, and are expected to represent the best interest of the region as a whole.

The Steering Committee will provide broad coalition oversight; they will ratify the alignment of priorities for planning and preparedness, and will work closely with HMCC staff to develop a regional Emergency Coordination Plan that meets the needs of the various disciplines and communities in Region 1.

Again, the five core disciplines are:

Hospitals

Local Public Health

Long-Term Care Facilities

Community Health Centers

Emergency Medical Services

Disciplinary Coordinating Groups

Several groups within the disciplines have already been collaborating on preparedness and response.

The HMCC serves to connect the various groups while bringing in new stakeholders to build a more resilient planning and response system.

Public Health has been funded by DPH OPEM for many years to address federal [Public Health Emergency Preparedness \(PHEP\) capabilities](#). This is accomplished by 4 sub-regional PHEP coalitions in western MA. Roughly county-based, the PHEP coalitions both collaborate and work independently to enhance Local Public Health capacity to plan for, and respond to, public health emergencies in their communities. These sub-regional PHEP Coalitions then come together to communicate and collaborate through the Western Region Advisory Group, or, the WAG. The WAG is coordinated by local DPH staff.

Hospitals have also historically received funding through OPEM for years, and have a coordinating group that includes all 10 hospitals in western Massachusetts. The hospitals address federal [Healthcare Preparedness Capabilities](#), many of which [align directly](#) with PHEP capabilities. The Western Regional Hospital Emergency Planning Committee (WRHEPC) plans joint trainings, evaluates incident responses for future improvement, and conducts joint purchasing of emergency equipment that can be shared amongst facilities. The WRHEPC is coordinated by local DPH staff.

Disciplinary Coordinating Groups

The existing disciplinary coordination infrastructure allows the HMCC to coordinate and align capabilities and capacity across disciplines.

The disciplines that do not already have coordinating groups in place will receive staff time from the HMCC to support such an effort.

Emergency Medical Services (EMS) receives some OPEM funding to coordinate [Western MA EMS](#). The EMS model is similar to public health, in that each county has a coordinating group, which feeds up to a regional western MA group. W MA EMS has full-time staffing, and this body will have representatives on the HMCC.

Long-Term Care is coordinated through the [Massachusetts Mutual Aid Plan](#), or, MassMAP, which is administered by the Massachusetts Senior Care Association. A statewide body broken down into regions, the MassMAP western region parallels that of the Region 1 HMCC.

Community Health Centers are newer to the existing statewide emergency preparedness structure, and while they have statewide coordination through the [Massachusetts League of Community Health Centers](#), they do not have a western MA coordinating body. HMCC staff will work with Community Health Center representatives on the HMCC Steering Committee to build a system to ensure regional communication and coordination amongst the 5 western Massachusetts Community Health Centers.

Other Partnerships

Though several disciplinary groups have been in place, the HMCC is a new model in Massachusetts, and we are only **in our first year of operation.**

The Steering Committee membership is currently comprised only of the five core disciplines, but that may change as time goes by. We want a coalition that is inclusive of all stakeholders, and we welcome participation from other organizations that play a role in healthcare system emergency preparedness and response.

The Steering Committee will seek to identify how we can best coordinate efforts that add value to the region without creating unnecessary overlap. As we grow more skilled as a coordinating body, we anticipate branching out our membership as needed.

Stakeholders we will actively work with include:

- Public Safety
- State Emergency Management
- Municipal Emergency Management
- Dialysis Centers
- Behavioral Health
- Methadone Clinics
- Ambulatory Care Clinics

Benefits of HMCC's

[To Member Organizations](#)

[To Municipalities](#)

[To State Agencies](#)

benefits of HMCCs

For Member Organizations

The HMCC provides mechanisms for several health and medical disciplines to coordinate planning and response actions.

This level of coordination carries the benefit of member organizations projecting visible competency to the public during an emergency.

In addition, participation in the HMCC can often address accreditation and regulatory requirements for community emergency planning and other preparedness activities.

Conventional wisdom states that much of the effectiveness of emergency response is based on pre-existing relationships.

The HMCC provides a structure for a variety of health and medical stakeholders to better know and collaborate with their colleagues and neighbors - BEFORE an emergency occurs.

Be it disciplines or regions, the Region 1 HMCC can serve as a means to provide connection.

benefits of HMCCs

For Municipalities

Though each municipality has an Emergency Management Director (EMD), that individual may be pulled in many differing directions, and may need assistance in coordinating the health and medical aspects of an incident.

EMD's might be busy addressing public safety elements of a response, and require information sharing via the Coalition regarding mutual aid needs and availability, or the coordinating of conference calls to be briefed on public health implications in a health incident striking multiple communities.

The HMCC will also be able to provide greater situational awareness of the operating status of all western MA healthcare organizations, as well as specific public health information such as case definitions, ensuring local EMD's have the most up to date information.

The Region 1 HMCC will be able to provide health organizations with information from municipalities, such as:

- Situation reports describing the hazard impact on the community
- Transportation disruption, projected length of utility loss, and other data that assist healthcare organizations in planning for surge or evacuation

benefits of HMCCs

For State Agencies

MEMA region 3/4 is responsible for the 131 communities westernmost MA communities.

DPH's Office of Preparedness and Emergency Management is responsible for providing assistance to all 351 MA communities.

Our state agencies do great work during a response, but when an incident has high intensity, they can become overwhelmed by call volume and resource coordination.

Regional coordination ensures local municipalities do not get lost in the shuffle and allow the state to maintain more timely and accurate situational awareness.

With greater awareness, the state can more strategically ensure resource coordination and deployment. Everyone wins.

The Region 1 HMCC is funded by DPH and will work closely with MEMA at the state and regional level. The Coalition efforts are designed to augment, not detract from, the work of the state.

Ultimately, the HMCC's are being created by the state to provide an additional level of coordination amongst healthcare organizations, communities, regions, and the state.

HMCC Activities

Emergency Management Program

Preparedness

Response

Baseline Capacity

What Constitutes an Incident

Methods for Incident Recognition

Sample Response Actions

Emergency Management Program

The Region 1 HMCC provides structure, alignment, and coordination for a regional Health and Medical Emergency Management Program.

An Emergency Management Program addresses activities in all elements of the Emergency Management Cycle: Planning/Preparedness, Response, and Recovery.

For the purposes of simplicity, we will consider the HMCC's activities in two overarching structures: **Preparedness** (which includes planning) and **Response** (which includes recovery).

Though the activities are distinct, the two categories each inform the other: the stronger and more inclusive the planning, the more effective the response; and each and every response effort, including recovery, will inform future planning.

Preparedness

The overwhelming majority of health and medical disciplines are already engaged in a wide array of preparedness activities. The goal of the coalition is to align efforts.

By doing so, we can ensure efficiency - in both planning and in response.

Preparedness Activities the HMCC will engage in include:

- Development of a regional Emergency Coordination Plan (ECP) with functional annexes
- Aligning disciplinary planning activities
- Design of a Multi-Year Training and Exercise Program (MYTEP)
- Resource Management
- Program Evaluation and Improvement

Response

Response activities the HMCC will engage in include:

- Maintenance of baseline response capacity via 24/7 on-call duty officer structure
- Situational Awareness
- Resource Coordination
- Response Coordination

Member organizations maintain their decision-making authority during incident response.

The HMCC serves solely as a coordinating body.

Our job is to think regionally, allowing others to focus on their organizations while benefitting from a regional perspective and coordinating structure.

Response

Baseline Capacity

The core of an effective HMCC response is to ensure a rapid means of shifting from non-emergency to emergency states.

HMCC staff will rotate shifts as on-call duty officers to ensure two functions are continuously in place:

1.) Rapidly receive information and notify HMCC members of an emergency .

The duty officer will work with other Coalition staff, as well as DPH OPEM staff, to identify if a potential or actual situation warrants a notification to Coalition members.

2.) Determine if additional HMCC actions are necessary.

Beyond notifications of potential or actual situations, the duty officer will work with both Coalition staff and the Coalition Steering Committee to decide upon recommended courses of action by the Coalition.

Again, this is not telling members what to do, but working collaboratively to identify if a joint response element is needed and desirable.

Response

What Constitutes an Incident for the HMCC?

The Regional Emergency Coordination Plan (ECP) outlines the triggers that could characterize an incident for the HMCC.

Incident characteristics might be:

- Sudden or slow onset
- Insidious or obvious onset
- Short duration or long-duration

An event that requires a member organization to trigger their own internal Emergency Operations Plan could constitute an incident for the HMCC, as on-call staff would then monitor the incident for escalation and possible HMCC-level response.

Methods of Incident Recognition

Incidents might be identified by:

- an individual health or medical organization
- jurisdictional authorities (EMD's, fire, police, public health) who have critical information on an incident with health and medical implications
- a neighboring HMCC's own activation (Worcester County)
- A request of activation by state-level authorities (MEMA, DPH/OPEM)

Response

Sample Activities of HMCC response include, but are not limited to, the following:

Provide situational awareness amongst and/or between member organizations and jurisdictional authorities by offering notification that an event is happening, and procuring/offering incident-related information that is not otherwise readily available.

Facilitate the coordination of response actions amongst member organizations if requested by the Coalitions' responding members or by jurisdictional authorities. This might be integrating response within coalition membership, or integrating the Coalitions' response with jurisdictional response.

Disseminate resources needs, and help match organizations that request mutual aid or other assistance with organizations that can provide that assistance.

HMCC response is based on assumptions that:

- Member organizations maintain their decision-making sovereignty
- Decisions made by the Coalition during an incident response are made by consensus or are recommendations. Each organization will determine individually how they will respond to an incident and whether they will activate emergency procedures

HMCC Activities

[Spring 2016](#)

[Summer\Fall 2016](#)

[Winter 2016-2017](#)

[Spring 2017](#)

hmcc activities

Spring 2016

In the Spring of 2016, the HMCC staff and Steering Committee:

- ✓ Shifted the HMCC website from a planning focus to a standing coalition focus
- ✓ Created educational materials about the Region 1 HMCC
- ✓ Ratified Coalition Principles of Operation
- ✓ Built a standing Steering Committee meeting schedule
- ✓ Voted in Steering Committee Officers
- ✓ Commenced construction of Emergency Coordination Plan
- ✓ Participated in design of OPEM sponsored annexes (*MCM & Surveillance*)
- ✓ Prepared for a tabletop exercise in June of OPEM sponsored annexes

hmcc activities

Summer\Fall 2016

Throughout the summer and fall of 2016, the HMCC staff and Steering Committee will:

- Commence planning for Budget Period 5 (fiscal year 17) deliverables
- Continue development of Emergency Coordination Plan
- Evaluate regional Hazard Vulnerability Analysis and Action Plan
- Review state MYTEP (multi-year training and exercise plan)
- Build a Coalition MYTEP
- Identify the work of standing committees

hmcc activities

Winter 2016-2017

Later into the calendar year and into the next, the HMCC staff and Steering Committee will:

- Complete Emergency Coordination Plan
- Commence resource inventory within region
- Identify additional functional annexes to augment the Emergency Coordination Plan
- Recruit for and initiate standing committees

hmcc activities

Spring 2017

Next spring, the HMCC staff and Steering Committee will:

- Conduct a functional exercise of Emergency Coordination Plan
- Complete resource inventory for region
- Build functional annexes to Emergency Coordination Plan
- Commence planning for Budget Period 1 (fiscal year 18) deliverables

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