Jennifer Hannah: Good afternoon and thank you for joining us today. I am Jennifer Hannah, the Deputy Director of ASPR’s National Healthcare Preparedness Programs Branch. It is my pleasure to be with you all today as we connect on a variety of disaster response topics. Before I go over the agenda for today’s call, I’d like to provide some updates regarding the Cooperative Agreement Accountability and Management Platform, or CAAMP. CAAMP is open to complete the end-of-year report, and the deadline is July 31. The next CAAMP training session and office hours is scheduled for tomorrow, June 18 from 1:00 to 3:00 PM ET. If you need the calendar invite for the session, please contact Kate Gorbach, kgorbach@deloitte.com, and I’ll make sure they enter Kate’s email into the chat. Reach out to your Project Officer or Kate if you need further assistance. Also, please join the “Community Collaboration” page on CAAMP. You can get there by going from the Navigation bar to “Collaboration” to “Community Collaboration.” Move your setting to “Weekly Digest” or “Every Post” so that you get email updates when there are announcements. We also highly recommend joining the group for your region. You can get there by going from the Navigation bar to “Collaboration” to “Groups” for Region-specific announcements.

ASPR would like to hear your thoughts and feedback on the frequency of these meetings. We know that we’ve been conducting these meetings now for a little over a year since the inception of the Hospital Association Cooperative Agreement. Please complete the poll on your screen, and feel free to share your suggestions in the chat box. We will give you a few minutes. Should ASPR continue to hold Hospital Association Recipient Meetings on a monthly basis? It is multiple choice: yes, no they should be held more frequently, and no they should be held less frequently. As stated, if you have any suggestions about the meeting cadence, please enter that information into the chat box. We will give everyone a minute or so to complete that poll. Thank you, we will now close the poll. We will be taking the results of your responses into consideration for future planning for our calls. Thank you for your responses. During today’s call, Shayne Brannman will first share some updates from ASPR TRACIE. Next, I will share the Hospital Association Mid-Year Performance Measure Analysis. Then, CDR Thomas Christl, Infrastructure Analysis and Partnerships Branch Chief in the HHS ASPR Division of Critical Infrastructure Protection, will present on the 100-Day Review and Strategy to Address Vulnerabilities in U.S. Supply Chains. Finally, we will have some time at the end for questions from the audience. I will now pass it over to Shayne Brannman.

Shayne Brannman: Thank you Jennifer, and good afternoon HA shipmates. It's always nice to be with you and I hope everyone is starting to take some very well-deserved vacation and taking care of themselves. It's been a long haul and we want to make sure that you do everything possible to take care of yourselves and your families while in the service of others. I have just a few resources I'd like to draw your attention to from ASPR TRACIE. Earlier this week we distributed an Express Newsletter. Many of you on today’s call participated in our Be a COVID Vaccine Champion webinar, and we had a couple thousand folks download the recording of that webinar in addition to a thousand folks who participated in the live webinar. We just concluded a question and answer document from that webinar, those were the questions we couldn’t get to, and that document is now posted. It gives more information about how to support and enhance COVID vaccinations and some strategies. Also included in the
Our latest presentation in our Health Care operations during COVID-19 speaker series is on The Role of Respiratory Therapists during COVID-19 and highlights the American Association for Respiratory Therapists during COVID-19. These have really been heralded heroes in many of the hospitals not only performing respiratory therapy but enhancing other services like proning patients and enhancing their role. If you have a health care entity that you want us to feature in the speaker series, contact me or ASPR TRACIE and tell us something you want to hear about or something you think has been a big success during COVID-19 and we're happy to coordinate that for your as well, so please don't be bashful. The one on respiratory therapists is worth a quick review. Last but not least, for those of you who are involved in Health Care Coalitions, ASPR TRACIE just released the Infectious Disease Surge Plan Annex Tabletop Toolkit that Jennifer asked us to develop. These are just templates, you don't have to follow them but you can do a quick comparison to see if your template is hitting all the points. If you have any questions about that toolkit, please reach out to myself or the ASPR TRACIE crew because we are here to serve you on a daily basis. Last but not least, thank you for your continued support of ASPR TRACIE especially during the last 18 months. Thank you to Jennifer for all your work with HPP and ASPR and thank you for this opportunity. Back to you, ma'am.

Jennifer Hannah: Thank you, Shayne, and before I jump into our next agenda item, I want to thank Shayne and of course ASPR TRACIE for all of your support. I know that Shayne just gave you a snapshot of the numerous resources they have available and if you have not taken the chance to go to the ASPR TRACIE website, I strongly encourage you to take a look at that because that site has a treasure trove of resources and information that will be useful to Hospital Associations and all your members that are a part of your Hospital Associations, not limited to those who participate in this cooperative agreement.

With that, we will move into our Hospital Association Mid-Year Performance Measures Analysis. After analyzing the responses, we have some interesting takeaways to share with you today. We hoped to find out what challenges and successes you all shared this year, and how we can better support you. Today, I am going to share some successes from your peers on how they responded to the pandemic. Performance Measure ten looked at the use of Cooperative Agreement funding to provide COVID-19 triage training or resources. While the most common triage training topic area was not directly listed in our survey, results showed that 17% of respondents provided trainings on the prioritization of clinical interventions. Another 17% provided triage trainings on the assessment, transport, and treatment of COVID-19 suspected or confirmed patients. Other triage training topics included in-take protocols, rapid identification and isolation of a Patient under Investigation, or PUI, and 911 routing of patients to appropriate care settings.

Performance Measure ten also looked at the use of Cooperative Agreement funding to provide COVID-19 training on infection control. 19% of respondents conducted COVID-19 infection control trainings on PPE optimization protocols, extended use, and reuse. Another 19% provided trainings on safe treatment protocols. Other infection control training topics included transmission-based precautions, handwashing hygiene, and infection control protocols for labs.
When asked for strategies used to successfully and quickly execute subawards, eleven Hospital Associations noted direct coordination with the C-suite as a successful strategy. Nine Hospital Association responded that they used a simple and clear process. Eight Hospital Associations used conference calls or webinars to communicate information. Eight Hospital Associations also reported using email.

When asked for successful tactics used to procure needed supplies and equipment, fourteen Hospital Associations said they leveraged partnerships. Ten Hospital Associations utilized non-traditional suppliers and supplies. Eight Hospital Associations reported that they shared supplies and equipment. Finally, five Hospital Associations responded that they successfully procured needed supplies by purchasing in bulk or groups.

When asked for successes or positive outcomes for sub-recipients who updated their preparedness plan, six respondents reported increased collaboration or partnership. Six respondents also reported that guidance and/or policies were updated. Finally, five respondents reported that trainings or drills were more informed.

This was just really a snapshot of the analysis of the information for both the required performance measures, as well as those optional qualitative responses that were provided. I can't stress enough, you know how much we thank you for submitting those mid-year performance measures and responding to those questions. Your responses will certainly inform our outlook and planning moving forward. Now we've set aside a little time here to answer your questions about our analysis, and I have Pete Telaroli from our data team to assist with and answer those questions because he is a member of that data team who were the ones that were responsible for analyzing the data that was submitted. So as a reminder, if you have any questions, you can either submit your question in the chat or to ask the question verbally, you can raise your hand icon and we'll wait for the moderator to unmute you.
With that, we'll go ahead and get started. So here we have a few key messages, sort of the top line messages here and really, focusing on the fact that keeping our nation's drug supply chains secure, robust, and resilient is critical for not only our health security, but national security and economic prosperity of the country, it really is critical. Along with that, innovations in manufacturing technology, and distribution as well may help rapidly scale our manufacturing capabilities for medical countermeasures to respond to emerging threats to really shorten our supply chains, improve cost competitiveness, and increase manufacturing resilience to provide new tools to address shortages, which we all deal with on a very regular basis. So, this report and its recommendations are an important step in protecting the American people and saving lives in the next severe pandemic or other public health emergency by ensuring access to critical drug products during those emergencies and during non-emergency times. On this slide you'll see that we have a few links to some of the release materials. I dropped the links for all of those documents into the chat. If you want to go take a look at those yourself, you're more than welcome to.

The overall objective here was again to address pharmaceutical supply chain vulnerabilities. And so, by way of background, in February of this year, President Biden signed the Executive Order 14017 which recognizes that America needs resilient, diverse, and secure supply chains to ensure economic prosperity and our national security. Part of that order was to direct the immediate launch of a 100-day review and a strategy development process to address vulnerabilities in supply chains for key product categories which includes pharmaceuticals. That 100-day pharmaceutical review and report was led by HHS and its recommendations have been submitted to the President for consideration. HHS and ASPR continue to steadfastly work on addressing pharmaceutical supply chain vulnerabilities and to develop an action plan based on four key pillars that were announced in this report by the Biden-Harris administration. These four pillars are identified here, and I'll just go into a little bit of additional detail as to the efforts that we anticipate going into supporting these pillars as we move forward. So the first is to boost local production and to foster international cooperation. To achieve this, some of our activities are going to need to leverage the Defense Production Act as well as current public private partnerships to establish a consortium for advanced manufacturing and to be able to onshore domestic essential medicines production. HHS is also going to assemble a consortium of public health experts, including emergency medicine and critical care in government, nonprofit, and the private sector to review the FDA's essential medicines list, that is available on FDA's website, and to come up with recommendations for 50 to 100 drugs that are most critical to have available at all times for U.S. patients, because of their clinical need, and also because of the lack of a therapeutic redundancy. This is what's referred to as the critical drug list. This also will be supported by trying to determine a potential volume that could be stockpiled or manufactured during an emergency. Using surges during the COVID-19 pandemic is one metric to enable that analysis and this is going to have a particular focus on sterile injectables with that analysis as well. Finally, the last element for supporting this pillar is to collaborate with trading partners to develop supply chains that are both diverse and complimentary.

So, moving on to the second pillar, which is research and development that establishes innovative manufacturing processes and production technologies to strengthen our supply chain resilience. Some of the activities to support this objective are to develop fully integrated and smaller footprint platform technologies that will reduce supply chain demands for raw materials to increase domestic pharmaceutical manufacturing surge capacity and, more broadly, improve technological capabilities that can lead to manufacturing of accurate pharmaceutical ingredients and supportive care products.
HHS has committed $60 million from the American Rescue Plan to develop novel platform technologies to increase domestic manufacturing capacity. The benefit there is greater production domestically that will help reduce reliance on global supply chains for medications that are in shortage, particularly during times of crisis. Additionally, HHS is going to create an internal task force with experts from FDA and ASPR to increase our capacity to support development, evaluation, and, where possible, implementation of novel manufacturing technologies and processes. So that task force is looking to form partnerships with domestic manufacturers to establish advanced manufacturing technologies, making them more mainstream. HHS is also planning to develop a strategy to facilitate a wider adoption of those novel methods for commercial production of pharmaceuticals, which does include biologics such as monoclonal antibodies and vaccines as well.

So the third pillar is to create a robust quality management maturity to ensure consistent reliable drug manufacturing quality performance. Some of the supporting activities here include creating a program. HHS will be creating a program with a rating system to recognize and reward manufacturers for quality management maturity, and that focuses on continuous improvement, business continuity plans, and early detection of supply chain issues. This rating system will evaluate the robustness of a manufacturing facility’s quality management system and can be used to inform purchasers about the state of and a commitment to quality management maturity for the facility and making those drugs that they are considering buying or that they already are buying. Pharmaceutical companies could at their discretion disclose the rating of the facilities, where their drugs are manufactured as well.

So the fourth and final pillar is to leverage commercial data to improve supply chain resilience. Activities to support this pillar include establishing a new initiative to collect additional supply chain data to improve surveillance oversight and supply chain resiliency. There are several critical sources of new data that we feel are necessary to support this including, drug manufacturing volume information and reporting, enhanced registration and listing requirements for manufacturers, distribution data on prescription drugs and certain biologic products, requiring manufacturers to notify FDA of an increase in demand, and requiring labeling of those pharmaceutical ingredients and the finished drug product labeling them to include original manufacturer information. This section, in particular, implementation is going to require statutory changes, as well as close consultation with industry and other stakeholders, but I think it's safe to say this information will enable HHS to conduct a more comprehensive risk assessment of the US pharmaceutical supply chain and that, in turn, can support legislative and executive branch efforts to ensure that what we're trying to do is adequate and help the adequacy and the resiliency of the supply chain.

So that's just a quick overview of some of the elements of the 100-Day Report and the strategy before to address vulnerabilities in the US medical supply chain. As you can see, there's a lot of work associated with the strategy and it's going to take strong collaboration and cooperation to accomplish that so as I mentioned the beginning, I put the links that are in the slides in the chat as well. And with that I said, I'm happy to try and entertain any questions. Unfortunately, I'm not sure I'll be able to answer too many of them, but otherwise, thank you very much for your time.

Zoe Kovatchis: Thank you so much for that presentation, and again as a reminder, to submit your written questions you can put them in the chat or if you'd like to unmute and ask your question verbally, please raise your hand and we will go ahead and unmute you.
Thomas Christl: You are more than welcome.

Zoe Kovatchis: I did see a question in the chat from Susan Bergner that says: who will receive this report and its findings?

Thomas Christl: So that is a good question, and certainly if anyone else on the call has more direct information on this, I admit that there are several different executive order-related activities with different reports, and each of those has, I believe, a different anticipated level of distribution and so I'm afraid I'm not well-versed enough in all of the distinguishing reports to be able to tell you exactly how widespread these will be distributed, but I would say that the 100-Day Report is one of the links that I posted. You can get that report itself, but some of the underlying foundational documents will likely not be made public.

Zoe Kovatchis: Thank you, TJ. I see another question in the chat from Jill that says: we have a supply chain committee that I would like to share this with. Is that okay, and can we share your contact information?

Thomas Christl: So, certainly you can reach out, as I mentioned. In addition to this work with the executive order on supply chains, my division and I manage the Health Care and Public Health Sector partnership, which also has some regular supply chain activities that we're working on. They're kind of ramping up, so I would certainly welcome any outreach or please feel free to reach out to me. Then, depending on what specific interests there are, we can try to help put you in touch with the right people that's not our group.

Zoe Kovatchis: Thank you, and another question in the chat from reads: thank you for the overview of the pharmaceutical supply chain, however, we are seeing more and more supply chain issues beyond pharmaceuticals, blue top blood collection tubes and today it is sterile pipette tips, how are other supply chain issues being addressed?

Thomas Christl: Sure, and certainly not alone. We've seen ongoing supply chain issues, and this does, I will say, kind of reach a bit beyond my expertise and my particular involvement. We do know that there are groups within HHS that are tracking the supply chain issues that are gathering reports from various sources. The issue of the pipette tips being linked back at least partially to disruptions in plastic resin production from the storms in Texas earlier this year, so there are groups that are tracking those types of concerns or issues. That does not reside within my division, though, so I'm afraid I am not overly well-versed in what they're doing or how they're collecting any information or what they're doing to act on that. I can share that there are groups that are dedicated to looking at these issues and trying to identify solutions for them.
Zoe Kovatchis: Thank you. Since we do have extra time, I would like to open it up for any general questions that you all may have. Feel free to write those in the chat or raise your hand. I do have a question in the chat from Kathy Baker that says: when is the annual financial reporting due?

Jennifer Hannah: Thank you for that question. I think we're going to have to follow up with our ASPR Grants Management to get you that exact date of when that's due. We'll make sure that we share that information and make sure that ASPR Grants Management send that to all of you. Typically, the annual FFR is due 90 days after the end of the budget period, and we know that the current budget period ended on April 9 of this year and 90 days later, would be July 9 of this year. I did see another question that came up that asked: was that report be available in PMF? Yes, it should be available in PMF so likely, you will receive an email, I believe, or some type of notification from PMF or when that that report is available for completion.

Zoe Kovatchis: I do have another question in the chat that says: is the Tangible Property Report also required to be filed for the year?

Jennifer Hannah: That's one of those questions, again, that we'll have to follow up with Grants Management, but I believe that you are not required to complete the Tangible Property Report. We'll confirm with ASPR Grants Management and make sure that we get that information out to everyone.

So as we're waiting for other questions put potentially coming to the queue just want to remind everyone again about the CAAMP training session and office hours that are scheduled for tomorrow from 1:00 PM to 3:00 PM Eastern Time. Again, if you do not have the calendar invite for that, please reach out to Kate Gorbach for that information, and we'll ensure that the calendar invite is forwarded to you. If you have any questions regarding CAAMP, please feel free to reach out to your assigned project officer or Kate for any assistance. The end of your report deadline for that end of year progress report is July 30 in a little bit more than a month or so.

Zoe Kovatchis: I don't see any more questions in the chat at this time. I'd like to hand it back over to Jennifer to close today's meeting.

Jennifer Hannah: Thank you, and actually before I jump into the next slide, I just want to thank our presenters Shayne Brannman and CDR Christl for their great presentations and active participation in our call this month. We greatly appreciate your participation. As always, we want to hear from all of you about how your hospitals are using cooperative agreement funding to make an impact on their communities, especially as it related to the current COVID-19 response. We would love to highlight your accomplishments in materials that will go out to a diversity of audiences, including the Office of Management and Budget and members of Congress. We are particularly interested in stories related to: health equity, climate change and climate resilience, including stories about storm, wildfire, or flood
preparedness activities, supply chain, including the acquisition of key resources such as PPE, activities taken on during COVID-19 that could have positive impacts for future responses, innovations or lessons learned during the COVID-19 response; and finally, any coordination you have done with any other HPP recipients or programs, including other Hospital Associations, Regional Disaster Health Response System (RDHRS) sites, Hospital Preparedness Program, or HPP, recipients, Health Care Coalitions (HCCs), The National Special Pathogens Training and Education Centers (NETEC), and/or Regional Ebola and other Special Pathogen Treatment Centers (RESPTCs) or state and jurisdiction Special Pathogen Treatment Centers, or any use of emPOWER resources. To submit your story, you may either email the hpp@hhs.gov mailbox or fill out our new Story from the Field Submission Form, which is available on the Health Care Readiness in Action: Stories From the Field website. Our team will also insert the link directly in the chat for easy reference. A member of our communications team will reach out to learn more.

I'd like to thank all of your for joining, and I'd like to ask for before we go offline if you have any suggestions regarding future topics for these webinars. It is important to us that we keep you informed and continue to share information that is of interest, and that is helpful to you. If you would please take a couple of moments to share your suggestions in the chat. While we’re waiting, I believe there was another question came in: how soon can we apply for a no-cost extension for the COVID HPP supplemental funding? If you were talking specifically about the HPP program and a no-cost extension, instead of requesting a no-cost extension, HPP recipients can request to carry over the COVID supplemental funds into their HPP FY 2021 Budget Period 3 continuation awards. That request can be submitted after July 1, which is the start date of the Budget Period 3. If the question is related specifically to Hospital Association COVID funds, you are not required to request a no-cost extension, because the budget period and the project period for the Hospital Association cooperative agreement is five years. So, your funding is available the entire five years of the of the project period. I hope I answered that question appropriately but if not, please feel free to reach out and send an email to the hpp@hhs.gov mailbox and we'll make sure that we respond to that question. So just a reminder, if you have anything in the information that you want us to share on this call within the chat or topics for future calls, please provide that information in the chat or if nothing comes to mind right now you can certainly send us an email at the hpp@hhs.gov mailbox.

We got one suggestion, which all of you may have seen, from Jill Vickery: wildfire coordination and management with providers and public resources. Just so you know, these calls aren’t necessarily limited to just COVID-19 topics if there's other things that you would like to hear about. Very similar to what we talked about today regarding the supply chain information that is of interest in a broader sense, please feel free to request those topics. ASPR is small but we cover a lot of a lot of territory and there's a lot of great things that are going on within the organization and we'll be more than happy to be able to share as much information with you. At this point I'm not necessarily going to belabor the call, but as I said, if you have any questions, need any information, if you want to provide us with any topic suggestions, please feel free to send those to the hpp@hhs.gov mailbox. I know all of you are very, very busy people so again, thank you for your participation. I know it's probably a little bit early, but I know that the Independence Day July 4 holiday is approaching very fast, but, before we do that we got a question here: someone in our COVID team is managing the one-year HPP supplemental funds separately from the normal five year funds, we are seeking additional time for the COVID portion. Will the process be the same? The carry over request process is the same for regardless of the cooperative agreement program, with the exception of the Hospital Association awards. So, for all awards other than the Hospital Association awards, regarding the COVID funding, recipients will need to request a carry over. We included that information regarding how to submit a carry over request with the follow up from the All Recipient Webinar.
If you did not see that information, please feel free to email us at the hpp@hhs.gov mailbox and we'll make sure that we get that information out to you. We usually put the information in the Bulletin as well. Again, just want to thank everyone. Wishing you and your families a very safe, socially distanced, and COVID-free Independence Day July 4 holiday. Thank you for joining us and have a great day, everyone.