

# National Call on COVID-19 Related Health Care Worker Staffing Shortages

December 1, 2020

Event Transcript

**00:00:10.260**

**Jack Herrmann:** Thanks so much, Shelley, I want to thank you all for joining us today. I'm Jack Herrmann, the Acting Director of ASPR's National Healthcare Preparedness Programs. The purpose of today's sessions to discuss the challenges and issues and fulfilling request for healthcare workers during the current nationwide COVID-19 surge.

During today's meeting, we will kick off with an overview of the COVID-19 Healthcare Resilience Working Group and the impact of healthcare worker staffing shortages, as it looks today. Then we will have a representative from ASPR TRACIE, and they will, and she will share some of their great workforce shortage resources. Then we look forward to hearing from our colleagues at the US Department of Veterans Affairs to provide a Federal Supply schedule update. And then finally, we'll open the line for questions and answers from the group.

Next slide please. Before we jump into the agenda items, I would first like to provide a quick overview of the HHS Office of the Assistant Secretary for Preparedness and Response for those less familiar with the agency. ASPR's mission is to save lives and protect Americans from 21st century health security threats. ASPR was created in the wake of Hurricane Katrina by the Pandemic and All Hazards Preparedness Act to lead the public health and medical preparedness for response to and recovery from disasters and public health emergencies. Since then, ASPR has evolved into an organization that collaborates with hospitals, Health Care Coalitions, biotech firms, community members, state, local, tribal and territorial governments, and other partners across the country to improve readiness and response capabilities from the public health and healthcare perspective. It's also the lead for the emergency support function eight, which is public health and medical services, and ASPR coordinates the mechanisms of assistance in response to an actual or potential public health and medical disaster. Next.

The National Healthcare Preparedness Program, which is a branch within the ASPR organizational unit, and is responsible for the Hospital Preparedness Program cooperative agreement and other healthcare systems and workforce activities that fortify the nation's healthcare preparedness and response capacity. And the healthcare preparedness program or the National Healthcare Preparedness Program really spans these four areas. We have a number of initiatives. Our primary recipients for our cooperative agreement are the 50 states, 8 U.S. territories and freely associated states, and four metropolitan areas, New York, LA, DC and Chicago. These, by statute, are the jurisdictions that ASPR funds in an effort to strengthen and build a healthcare preparedness across the country. So just wanted to you to see that information about ASPR for those who may not be aware. And so, what I'd like to do now is a move on to our first presentation on the Healthcare Resilience Working Group and an overview of the impact of healthcare worker staffing shortages. And turn to Joselito Ignacio who's the Deputy for the COVID-19 Healthcare Resilience Working Group.

**00:03:59.310**

**Joselito Ignacio:** Yep, thank you so much Jack. Good afternoon, everyone, and thank you for the opportunity to speak on behalf of Dr. Sim, our work group lead, and the members of our working group. So ASPR has been on the forefront of the COVID-19 response since this disease started

overseas. One element of those efforts was to stand up a task force, now considered working group, dedicated to healthcare resilience during and after the pandemic. The Healthcare Resilience Working Group is an interagency response mechanism that was established in January and onto now to respond to COVID-19. It is interagency in the sense that we have quite a diverse group of folks with representatives from ASPR, CDC, FEMA, HRSA, NIH, FDA, CMS, and DoD. One of our primary jobs is to not only work with our federal partners, but also to work with state, local, territorial and tribal governments, as well as our engagements on an almost daily basis with a private sector healthcare system to find ways to reduce or minimize morbidity, mortality and ensure the safety of our healthcare workforce. Next slide.

So after starting in January, with four work streams on health care delivery, behavioral health, at risk individuals, and telemedicine, the work group expanded to its current operating structure broken up into four vertical teams that covers the spectrum of delivery of care to functional teams data analytics and external engagement that support those four vertical teams. And then we have support teams focused on workforce, behavioral health of the of the health care community, telemedicine, and supply preservation, with a focus on personal protective equipment and finding ways to extend the ration of PPE during a time when resources were very limited and to very much extent still is. We also have liaison with the various agencies depicted on the slide who not only maintain situational awareness of what we're doing in healthcare resilience, but also share relevant information from their respective organizations to inform our workgroup priorities. Next slide.

So with regards to the staffing shortages, the data, the graphic on the left indicates the new daily admissions of patients with either confirm or suspected COVID-19 infection. There was a dip after peak in late July with new admissions now increasing to over 20,000 per day in the past week. On the bottom slide you can see a similar trend with the total number of COVID-19 patients in the hospital where the total COVID-19 hospitalizations are approaching 90,000 into late November. On the right, the top chart displays the percent of hospitals reporting critical staffing shortage for the first week it into our HHS protect since the July peak. A caveat that we don't have the complete months' worth of data for November at the time this was reported as a 24 November. But what you can see in the time series graph by day above and the data aggregated by month below is that the percent of hospitals reporting critical staffing shortage is similar between this July and November peaks, despite a tripling of increased daily cases. Now why our staffing shortages is not more widely reported in November. In part, this may be due to the more widespread geographic distribution of cases as of November. It may also represent regional differences in affected hospital systems. The July peak was centered in the Southeast, especially Florida, while the November peak is driven by outbreaks in regions, five, seven, and eight. Examples, Wisconsin, Illinois, and the Dakotas. The number of hospitals reporting any information on staffing shortages increased from July to October. This is due to increase compliance with reporting requirements as the HHS Protect database was deployed. This bar chart displays the 16% to 23% of hospitals with reported critical staffing shortage between July and August. A slight increase was observed during July, about 23% the highest percentage, and in November 22% the highest percentage, due to cases peaking. Next slide.

What this shows a more in a column for illustration is that where the staffing shortages are occurring. So nationally 20.3% of the facilities reporting projected staffing shortages. 30 states and territories report at least 20% of facilities have projected staffing, 18 of those report at least 20% of facilities have current and projected staffing shortages. The darker the color, the more, the higher the percentage of hospitals with staffing shortages being reported. So, you can see that there. Next slide.

So, the Healthcare Resilience Working Group had developed this COVID-19 Workforce Virtual Toolkit early in the COVID-19 pandemic to provide some resources to healthcare decision makers

on workforce specific issues. It's a comprehensive toolkit containing 13 unique resource collections on topics such as workforce surge planning, workforce resilience, workforce training resources and solutions from the field. As members of your organizations face new and recurring challenges due to the protracted nature of the COVID-19 response. This toolkit can really help members access best practices tools and resources to train, extend and protect the healthcare workforce. This toolkit is hosted on the ASPR TRACIE site, which is HHS' technical resources system center. As of October of 2020, the toolkit has accumulated 78,616 views, which is great. The toolkit is the most visited on ASPR TRACIE. The figure to right shows the workforce virtual toolkit landing page on ASPR TRACIE. Users can use the links under the resource collections to navigate to a variety of topic areas and then following this we will distribute the link to the workforce virtual toolkit, as well as a quick resource guide on HRWG, that HRWG has developed with the top from the toolkit. And then I guess we'll, we'll see of questions to the end. And I'd like to turn this now over to Shayne Brannman.

**00:11:55.650**

**Jack Herrmann:** You're on mute. You may need to come off mute.

**00:12:00.150**

**Shayne Brannman:** Sorry about that. Thanks, Captain Ignacio and good afternoon, everyone. My name is Shane Brannman. I'm the Director of ASPR TRACIE, which is the Technical Resources Assistance Center and Information Exchange that is sponsored by ASPR. Next slide.

For those that are new to ASPR TRACIE, which I think the majority, you may be new to ASPR TRACIE, we basically are broken down into three domains and as Captain Ignacio indicated, we're a technical resources center but we also have become a premier healthcare information preparedness gateway and we, again, we have three domains. Its technical resources which are a Self-Service collection of audience tailored materials and we specifically curated those materials through a wide array of subject matter experts to home in on the most promising and best information possible versus the entire landscape of resources that are out there. So, we really try to tailor it down for you to make sure that you have the Best in Show and the most valuable resources that are dispensed to ASPR TRACIE. But if you can't find through ASPR TRACIE what you're looking for, you can call us. You can email us or reach out through an online form. And we have a call center we have very trained in very experienced professionals who work daily in health care system preparedness, response, recovery. And we will tackle your technical assistance requests and get you the best virtual resources out in a very quick amount of time. So again, if you can't find what you're looking for on our website, simply contact our assistance center and we'll quickly get you the resources you need. The third domain of ASPR TRACIE requires just a small amount of information you can come into the technical resources center at any time and you don't have to provide any information you can surface, much as you want. But for the third domain, the information exchange. It's a password protected discussion among vetted users in near real time and we have several chats going on from a wide array of different constituents and have peer to peer exchanges and they share templates and plans and other materials. So, these are the basic elements of ASPR TRACIE. Again, we're a healthcare information gateway and we have the three domains. Next slide.

For many of you out there, again, we are all hazards Technical Assistance Center. So, in addition to COVID-19, we were developed five years ago, and we have a wide array of resources. But these three are specifically things that we think you might be interested in our volunteer management topic collection that talks about some of the best resources that we know on how to integrate volunteers into organizations. We also have a responder Safety and Health Topic collection, as well

as a training and workforce development topic collection. And these were developed prior to COVID-19. Next slide.

The next slide and again I'm just trying to give you a quick glimpse what ASPR TRACIE is, but these are all the resources that we currently have on TRACIE that we think are specifically tailored to what your needs might be. Again, we have an entire novel Corona resource page, but we also have a workforce virtual toolkit into Captain Ignacio talked about and for all the Healthcare Resilience Task Force, and then later call the working group. For most of their virtual resources, ASPR TRACIE is that landing page for them will be create and tailor resources on ASPR TRACIE to best promote the good work that they have continually done since early on in COVID-19 but areas such as search training resources and how to again do a wide array of different aspects of. We have a couple different articles we just did on inventory care centers and some of the lessons learned in different aspects like that. You can come into TRACIE. I don't want to overwhelm you, but we have a wide array of resources, but if you can't find what you're looking for, contact us and our staff is standing by to meet your needs and we want to make sure that we get you the best resources into your hands as quickly as possible. So, I really appreciate the opportunity to being with you today and I'm going to actively listen during the Q&A session because I want to understand what are your knowledge gaps. Because one of the last things to ASPR TRACIE does when there isn't a resource that has been developed so much of what the Healthcare Resilience Working Group of staff does we tackle very difficult issues and we develop resources, so that we can feel the knowledge gaps that are out there. So, if you have specific needs in the days ahead. Let us know and we'll be sure to closely evaluate it and see if we can contribute to closing that knowledge gap. It is now my distinct honor to turn the presentation over to Bob Satterfield who helps oversee the US Department of Veteran Affairs supply schedules. Bob, over to you, sir.

**00:17:23.160**

**Bob Satterfield:** Thank you, good afternoon ladies and gentlemen. Again, Bob Satterfield. I'm the Chief, Federal Supplies Services team at the VA. Pleased you could join me today. I manage for typical health care staffing services for providing temporary status for doctors and nurses. We don't do home care, but we do everyone else. We recently had a webinar for 6211 contractors, so I want to focus on two elements out today presentation, which are pricing flexibilities and the VHA staffing portal. Next slide please.

Under the schedule 6211, we have pricing that is a negotiated base as a national not-to-exceed rate covering all locations awarded under a contract. Expectation is that the activity can also, will negotiate a price downward that is appropriate for the location based upon the requirements or the location. Generally, pricing is adjusted based upon either EPA cost which uses CPI-U, consumer price index, or a market base changes. With COVID-19 we realized that our pricing was not allowing our facility to hire more qualified persons at a higher rate. So, we modified all of our schedule contract to allow a market differential to be negotiated at the ordering level in addition to the set price. It's a field to determine the price differential was appropriate for the location and whether it was fair and reasonable. Contractor should make sure your, your activity is aware of the pricing flexibility. We did inform our facilities via VHA leadership, but we know that sometimes each hospital may not be aware of the flexibility and is a major departure from our normal contract price where pricing is usually capped at the not-to-exceed rate. But again, we realized that the not-to-exceed rate would not allow our facilities the flexibility they need to attract and retain their temporary staff in the long haul. And we know competition between the state-level government is quite high at this point time. One thing to be mindful of that, the travel and lodging is not included in our pricing. That price for travel and lodging is to be a separate price line item for your activities, that includes federal facilities as well as state facilities. And one thing regarding our schedule is open to all federal agency. And during the pandemic, it also opened to state and local agencies as

long as the pandemic is still a declared emergency by the President of the United States of America.

Next slide please. I want to go through the VHA portal for a moment. This is the culmination of VHA-FSS collaboration for the last couple years. This is really pretty big for us. Many vendors have asked about VA requirements – what is VA's interest, what are our needs, what are our requirements. And you've been very interested in supporting VA's fight against COVID, but just need more information. Last September 2020 VHA leadership issued guidance to all VA facilities to post the upcoming requirement for temporary staffing to the VHA portal. This is a brand-new portal just launched this year. And this portal would give unprecedented visibility to our needs. The portal is very easy to use. It is presented as a map of the United States and you click on a location to see what VA requirements are. This again is a tremendous step forward in making sure that you are aware of what our future needs are so you can plan for it. At this time, the VA are going to train how to use the portal. And again, their training is rather user friendly. Next slide please.

So, with this portal, we hope it will increase their partnership with the VA and other agencies and find the program to be more user friendly. Some of the key takeaways are as follows: the portal is mandatory use VA - every facility must begin uploading their requirements to the portal. The contractor can see all labor categories organized by states, and we have information on the pricing, on the positions being sought. And that way, you're able to look at your capability and determine what you need to do in terms of being able to support the VA in their request for hiring staffing. If you find that your contract, your federal supply schedule contract, does not have a labor category or does not have a location, you can now submit a modification to us early in the process so you're ready to support VA. So instead of submitting a request for modification to your contract at the last minute as you just learn about the requirement, you now have time to submit a modification to us. We can process the modification as quickly as possible. And I think what's really most important, you're able to forecast what your needs are. So, if you realize that you don't have a certain labor category, certain provider, you can now try to acquire that provider and know where he or she would best be placed, what part of the country or what VA. So hopefully we're trying to make the unknown of our requirements of the future less unknown.

And another great point to make is that by seeing our requirements up front, early, you are able to see what our needs are and provide feedback to the activity. You know, before issued the VA must do extensive research to identify who to provide a service, what are the restrictions, what are the requirements, who's available, what they need to set aside for small business, veteran owned businesses. This will help us in identifying those areas. So, we believe this portal be very useful for you as well as for VA. And in terms of VA, we also are using it to share information among our facilities. If VA Hines sees a requirement at VA in another location, they can prep part of the location and consolidate the requirement to aggregate the requirement and leverage our buying power slightly. Next slide please.

Next I show some of the data that we display in the VHA Internet Portal. You can see you'll look at the number of FTE that's being requested, special item numbers, and most importantly, the point of contact at each facility. Many of you have asked me, who do you call when there is a need at a facility and this portal will give you that information. Next slide please.

This is a map that is on our website, at the VHA website, to be more precise. And it shows the United States, and it is an interactive map that where if you just click on any location, you will be able to see what facility requirements are any given time. And then, next slide please.

In this particular slide, this is the extract from that map where it shows one location, Roseburg, Oregon. You see they're looking to recruit or acquire two lab techs and also one phlebotomist. And

you'll see that the expected start date is April 1, 2021. And on the right-hand side on the FTE shift hours, it shows you the number of hours they're looking for. And in the spreadsheet, or in the column rather, you see the facility POC who you can contact regarding this requirement. So again, it's only a snapshot. My last view of the website they had about six or so location, and again, this will be ramped up by the VHA and all facilities will be posting the requirements. And you see this is April 1, 2021, they give you the industry four months or more to prepare, prepare for the upcoming requirement. Next slide please.

We have developed some questions that we thought you may have about the VHA portal, so I'm going to read these verbatim, for the most part, and the response that we have for you. So, first question is, how does this portal information impact the Contracting process and speed up the filling of vacancies? The portal speeds up processes by alerting local VAMCs and contracting of real time vacancies and making available locum providers market research in an easy to search, centralized location for customers and COs.

Will this tool be developed so that we can submit our "quote" directly into this tool and save time? Not at this time; ideally, the portal would be able to function as the publicizing tool, but the feasibility of that is still being discussed internally. So, at this point in time you'll still need to peruse either e-buy or beta.sam.gov for any upcoming procurement requests.

If we are already on FSS, do we have to submit a quote or is that information already being pulled from our existing contract based on our availability report? As you know, ever week or two, I send a survey to every 621I contractors asking for your availability of your providers to give a good gauge of what's available to VA ordering facilities. FSS contract prices are 'ceiling prices,' so you still need to submit a quote once the RFQ is publicized with your specific proposed price/key personnel. And again, the goal is that you offer a price that is representative, you know, preferred for the location based on their requirements and the geographic location. Typically, in normal timeframe, a lower price in a national contract fee price that we negotiate in the base contract.

Is there a process for vendors to submit suggestions on how to make it more efficient? Currently, there is not a portal functionality to submit suggestions at this point in time. However, we welcome suggestions. Please send your suggestions to [FSS.help@va.gov](mailto:FSS.help@va.gov).

And the next slide. So, these are the points of contact. Mr. Shearer, my Director and my team lead. And again, want to provide a very quick recap of what we shared earlier with our community. If there's any questions, feel free to give us a call or an email. Happy to assist. Again, we appreciate your support of the VA and the federal government's fight against COVID-19. Thank you very much. And now I turn it over to Jack.

**00:29:28.080**

**Jack Herrmann:** Thanks so much, Bob, and thank you to all of our presenters today. We now would like to take questions and provide answers. While you're writing out your questions in the chat box or raising your virtual hand to ask a live question, I'd like to thank everyone who filled out the brief questionnaire in preparation for this call.

The majority of those who responded indicated that they're finding and hiring qualified healthcare professionals in a timely manner, with the majority taking an average of eight to 14 days. The most solicited healthcare professionals requested include registered nurses, nurse practitioners, respiratory therapists, certified nursing assistants, and physicians. Key challenges include competitive hiring with other firms, limited availability of certain health care worker clinical specialties, and healthcare workers willingness to relocate. Staff turnover has been low with approximately greater than 80% of healthcare workers hired staying on until the end of the contract

period. We look forward to hearing more about these challenges and also welcome your questions or comments that you have for the speakers on let's also, I believe.

We're going to put, if we haven't already, the link to the survey. If you've not filled out the survey, please feel free to do so, we are asking that we limited to one survey per company represented on the call. If you're not quite sure if your colleague has filled out the survey, go ahead and fill it out anyway. And we'll adjust for that on the end, once we start analyzing the data. But thank you all in advance for participating in that survey. So, let's see if we have questions here.

**00:31:27.000**

**Shelley Rollet:** We do have a couple questions in the chat that have come in, William Kent asked how quickly can you process a modification to our FSS schedule to add a particular state that we don't currently have?

**00:31:40.740**

**Bob Satterfield:** Thank you, sir. This is Bob Satterfield once again. Our typical timeframe under normal circumstances, 60 calendar days to process a modification to any of our contracts. Within COVID-19, we expediting as quickly as we can any modification request. It depends upon whether you're adding, depends on the quality of modification that you submitted to us and of course our workload. We are not going to fix a day to do a add mod to your contract. I can't guarantee a certain number of days. At the outset, I probably recommend about thirty days, and that depends upon again the quality modification, the back and forth communication between our office your organization and what they provide to support your request. We are we still required that you show that you have the capability of supporting that location by providing invoices and other proof that you have done so in the past. Where we have relaxed our requirement, we're not asking for two or three invoices to show that you are making placement, but at least one or two in that location. Or if you have a copy of your commercial agreement or another government counter where you're actually making payment under that can support your request. If you are submitting a modification, to respond to a requirement from VA or any other agency, I recommend you do send me an email, give me a call, to discuss that request. And we can make sure that your mod is expedited as quickly as possible. Hope that answered your question a little bit.

**00:33:25.020**

**Jack Herrmann:** Thank you very much. Let's also move on to Murray Shalom's question because it would also be for Bob. Is there a national tracker for healthcare employees' waivers (i.e., allowing temporary nursing licenses and out of state license holders, etc.)? Are you aware of anything?

**00:33:49.650**

**Bob Satterfield:** So, no, not aware of anything. What we have seen it there back and now we're national tracker. I am aware of a website that we did a little while ago that showed the various states that were issued waivers to providers that were fully licensed and had license in different things, to work in different things. I could probably share that information after the presentation, but I am not aware of an aggregated database. I'm looking for it right now as we're speaking. Now, under our, under the VA contract, any provider that licensed can work in any VA facility once they meet the requirements and passed the VA the standards. The issue comes then if where you try and work in a state facility, non-federal facility whether they will accept your license. But most states have relaxed their requirements to allow for cross transfer between states. Again, I can try to find that document I have and share with the group after the meeting.

**00:35:15.510**

**Jack Herrmann:** Thank you very much, Bob. Let me jump up if I can to Shakira Freckleton's question, which is will your organization be involved with the rollout of the vaccine? As many of you probably watch on TV, Operation Warp Speed and the Center for Disease Control are the primary leads, if you will in the vaccine strategy and all activities related to the implementation of that strategy in the distribution of the vaccine. Where ASPR's role is, is ensuring that the strategy includes the interests of the healthcare sector. And so what we have been doing in collaboration with Operation Warp Speed and the CDC is reaching out to various stakeholders, acute healthcare systems, long-term care, different various professional disciplines in an effort to educate and informed inform them on the current strategy and proposed process, and then ensuring that they have a voice to OWS and CDC on any potential impacts, challenges, barriers in the implementation, in the execution of the strategy. It's important to understand that each state health department, in essence, is responsible for their jurisdiction's vaccine strategy and working together with all the various entities to ensure that there is a robust distribution and dispensing plan in order to meet the vaccine priorities which are currently in discussion. So, as I said, ASPR per se is not the lead of the vaccine strategy, but we are a supporting entity and ensuring that the healthcare sector is represented in that strategy.

I'm moving on to Susan Salka's question about insights regarding the potential TREAT Act and what can you all do that be helpful in support of this important though. Susan, I don't have a lot of information on the TREAT Act. I understand what it is intended to do. I don't know if our VA colleagues will have any thoughts or suggestions on this particular, Bob or Dan?

**00:37:58.770**

**Bob Satterfield:** Not from Bob. Sorry.

**00:38:00.870**

**Jack Herrmann:** Yeah, so, you know, Susan, I think, you know, we are monitoring this just like everyone else. And, you know, obviously groups like yourself from the outside, outside of the federal government have a strong voice and, you know, obviously, who your potential elected officials are and those who are instrumental for whether or not this bill proceeds and encourage you to continue voicing those interests. Certainly, feel free to email us and make us aware of any specific interest that you have. And certainly, we can take those into consideration with others that come into us and help inform, whatever role we may have.

Shakira Freckleton also had a question about most of the VA opportunities are still SDVOSB set aside. Do you anticipate opening those opportunities for large business? We partner with quite a number of SDVOSB however we prefer to work directly with the VA. Bob?

**00:39:15.900**

**Bob Satterfield:** And thank you, the short answer is no. We're required by regulation to look at each procurement and determine if there is a competition at the small disabled veteran level first, and I always get the acronym wrong, before we open the procurement to unrestricted. So, by law, we cannot change the way we look at procurement. Always going to be first veteran owned businesses, small veteran owned businesses and then we look at other categories. If they determine there are not sufficient small veteran-owned businesses, etc., then they can document contract file, they can determine there is no adequate provider or source and then they can expand to other economic category or metric. So, at this point in time, I don't see where they're going to change that. But again, it comes down to the criteria and they decide what is best for their facility.

**00:40:45.840**

**Jack Herrmann:** Thank you for that, Thanks Bob for your previous response. And I think we have another one for you from Arpit Paul. Are we correct in understanding that all the staffing needs will be released via solicitations one buy or beta.sam.gov or can we also reach out to individuals/agencies to support their staffing needs?

**00:41:07.980**

**Bob Satterfield:** Well, the solicitation will still be issued via either GSA e-buy system, that's for all businesses who are a federal supplier services contractor and also issued through beta.sam. Majority will be issued through e-buy if they are going to use the federal supply schedule program as a resource for their requirement. If they're going or market, if they determine that the federal supply schedule program is not the best source for their requirement for whatever reason, then they'll probably go through beta.sam. You can talk to the facility individually and see what their needs are, what their requirements are to get it to get a early handle on what's going on, but they still have to the follow the regulations and publicizing procurements, looking at set aside to small business owners, vendors. So there's no question. You can speak to them, but they'll still, they will still follow the user procurement rules of going through either e-buy or beta.sam. And I hope that answers the question.

**00:42:27.300 --> 00:42:28.770**

**Jack Herrmann:** Yes, so thank you very much, Bob. Let's we got a number of messages and questions in here. So, I'm going to move on, given the time. Susan Salka also asked, is there any discussion regarding the ability to increase VISA availability for RN's to come to the US on a temporary or permanent basis to assist during this difficult time? Susan, this is a great question, which obviously extends out to other professional disciplines beyond just, just nursing. ASPR Healthcare Resilience Working Group certainly has been aware of this issue right from the beginning of the COVID-19 response. As we were anticipating staffing shortages early on we had discussions with the White House and other components of HHS to look at this issue. As you probably see it hasn't been resolved yet. We're also working with professional associations workers in these disciplines on this issue as well. Let me just turn to Bob and see if there are any specific activities that his group is working on in regards to these visa issues.

**00:43:46.080**

**Bob Satterfield:** Unfortunately, Jack. No, we're not. I'm not aware of any activity that our group is working on or even our office as a whole.

**00:44:01.000**

**Jack Herrmann:** And I you know, I appreciate that this is, you know, a very challenging issue, Susan, and we have been raising to the senior leadership level the range of challenges within here as we look at the staffing shortages that we're currently face to the project that we're going to be faced with over the coming weeks and months. And obviously the challenge of using U.S. trained healthcare professionals who currently reside outside of the United States, the challenge of utilizing healthcare professionals who are trained outside of the United States that may be living in the United States and all the permutations they're in. So you know we believe we have a good understanding of the issue, if you will, but happy to entertain any other information that you share want to share with us that we can continue to pass on to senior leadership that that may be able to present an open window to further address this, this challenge. So, thank you for that.

Okay moving on, Richard Thompson writes under the current circumstances with COVID-19 spiking across the country what is your contingency plan for traveling staff? Let me first see, Bob, do you have any input on this?

**00:45:33.360**

**Bob Satterfield:** No, I don't.

**00:45:35.370**

**Jack Herrmann:** Yeah, and I would have to say, right, it's a moment we don't have specific information to share on this, though, recognizing obviously that traveling individuals in the context of an emerging pandemic is a challenge. I think, the other is that, you know, there are likely staffing shortage needs right in the jurisdictions where these individuals with so the need to travel folks across the country or in various parts of the country may be dependent on the individual specialties, obviously where your contracts reside, and any travel restrictions that that might be imposed. But at this point I don't have any definitive information which is to share with you will certainly take that back for consideration.

Moving on to Ramon Villegas. Do you have any current needs for PTs and OTs nationwide so we can help our employees who have been displaced due to COVID? Again, I'll leave that to Bob, I'm not sure if you have any?

**00:46:53.100**

**Bob Satterfield:** I don't have any specific information regarding those types of providers. Just to give a brief thing. I work with our Veterans Administration office and then find what the needs are and what I can do it is take the question back to our VHA folks and let them see if they can address it for us. In our particular area, our primary responsibility is developing the contracts used by our customers and our agencies. But we have a very good rapport with our VHA folks the last two years, and our partnership that we are trying to make sure that we can assist with identifying where the need is. And one of the great advantages of the portal that has been developed is to show where the need is nationwide. But I will take the question back to our VA folks and see if I can get an answer for y'all.

**00:47:52.770**

**Jack Herrmann:** Thank you, Bob. Mark Hanoski asked, can you share the website that shares the flexible rates during these COVID times? I'm not sure if anybody put their link in the chat box yet. But Bob is that a website you can share?

**00:48:11.670**

**Bob Satterfield:** A let me clarify a little bit. The federal rates are not, there's not one rate for flexibility. The way the schedule is designed, we award a contract on a national basis, the pricing covers every location that a vendor has been awarded for a particular labor category and the national not-to-exceed rate for the entire country. And we identify the state that has the highest cost, a price appropriate for the higher cost state, taking into account determination and other factors. So, one national not-to-exceed price. We realize that each location has unique requirements, you know, based on geography or particular location or providers. So, we expect our activity to negotiate price appropriate for that location and usually it is a downward price, a lower price. With COVID-19, we modified all our contracts to allow each or activity to negotiate a price differential that's unique or appropriate for their location so that flexibility rate or price differential will vary by location based upon their own activity's particular need so that there is no lift, per se, for each location. So if you are a vendor seeking to respond to a Request for Quotation under, under the federal supply program, make sure that the activity is aware they have the flexibility to add a price on top of the not-to-exceed rate if the labor category, if the location, if the requirement warrants it and the CO thinks that's an appropriate price. So, it does require some facility, it require the facility to recognize they have the authority to negotiate price is higher than not-to-exceed rate by adding that differential. But it's not a set price across the country. We realized that we cannot

negotiate 240 some different prices across the country. That that's not something that we are capable of doing. Hopefully that kind of clarifies the differential, the flexibility we incorporate into our contracts.

**00:50:46.260**

**Jack Herrmann:** Thank you, Bob.

**00:50:49.020**

**Dan Shearer:** Jack, this is Dan, and Bob, you're doing a great job answering the questions of everybody. This market differential is really an acquisition and flexibility in support of the pandemic. So really what we were seeing is New York City staffs were overwhelmed and then in order to get somebody willing to come into a hotspot of COVID, prices started going up for certain labor categories. And so really what this is, is if COVID is causing market conditions that require higher labor rates to get people into that situation. Sometimes it's because of competitive forces between hospital systems and the government system versus private and sometimes it's just because no one wants to do that job. Okay, so I just want to reinforce in Bob's explanation that this is pandemic support related higher prices. It's not a recipe to or a way to all of a sudden start trying to get higher prices for the services that you normally provide it's really geared towards COVID pandemic support impacted staffing shortages and I appreciate that little extra time to respond on that. Thank you.

**00:52:15.300**

**Jack Herrmann:** And thank you, Dan. I think that's important context to provide here that the Federal government has been since the declaration occurred in March has been looking at ways to be more flexible in the context of the challenges that we are experiencing today and anticipated that we would be experiencing throughout the pandemic. And so, this is an example of some of those flexibilities that you know will have time limitations on them but appreciate that additional info again. We're getting, we have about four minutes left. And we have a number of questions still in the chat box. Let me just verify with Shelley were able to capture these and potentially can give these to our subject matter experts and provide a response when we post the slides in the audio recording. Is that correct,

**00:53:17.130**

**Shelley Rollet:** That's correct.

**00:53:18.930**

**Jack Herrmann:** Okay, great. Um, just a couple things. Shayne, you may be able to take this, is there opportunity to submit leading practices to be included in toolkits from our lessons learned and mobilizing credentialing onboarding travel professionals and supporting caregivers virtually with mental, emotional and physical wellbeing. So, the whole capturing of lessons learned.

**00:53:41.190**

**Shayne Brannman:** Thanks, Jack. Yeah, that's one of our fortes, especially something that's near and dear to Jack Herrmann's heart is that we're very concerned about force health protection and the stress that's being placed in burden on healthcare professionals and we have an Exchange newsletter that's coming out next week. Again, if you sign up for ASPR TRACIE, you'll be included on that distribution. But to Jack's point, we use a wide array of almost 1000 different subject matter experts in a wide array of different domains to identify and curate and share the most promising practices and best lessons learned and try to call that out and we have several examples of that.

And again, maybe the best way is for you to come into ASPR TRACIE and we can give you a very tailored response in a very short period of time. Thanks Jack, over.

**00:54:33.300**

**Jack Herrmann:** Thank you, Shayne. And let me say the Secretary has asked us to specifically reach out to our partners to get a kind of an anecdotal sense of where our partners, feel the government can be assisting in reducing a healthcare worker burnout and fatigue. We know the top of the list is usually things like providing more PPE, providing additional testing, address staffing shortages, more funding, but, you know, beyond that, because those are considerations we're looking at already, are there other ways that the government can be instrumental in helping relieve the burden and fatigue of health care workers across the country? And so, if you have specific ideas that you're gleaning from your programs or from your clients that you're working with, feel free to pass those on. We are one minute out from the top of the hour. I want to thank everyone for being on today's call and appreciate your time and input. Remember, if you've not filled out the survey, please do so. Shelley, maybe we can go to the last slide. And if we can. If you have any questions, please feel free to email us at [hpp@hhs.gov](mailto:hpp@hhs.gov) or feel free to email me directly - happy to take those questions or issues. So, thank you again and want to wish everyone a safe and pleasant evening. Take care. Thank you.