

November 2023



2023 Survey of Pediatric Care Coordination Centers

2023 SURVEY OF PEDIATRIC CARE COORDINATION CENTERS November 2023

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EXECUTIVE SUMMARY

In March and April of 2023, the Deployable Assets Domain of the Pediatric Pandemic Network (PPN) conducted a nation-wide survey to identify the current landscape of pediatric care coordination centers. The survey lays the foundation for the identification of care coordination center best practices, a precursor to the development of a care coordination center model. The survey's goal was to catalog structures, policies, and practices appropriate for regional or national implementation. This survey revealed one key remark:

State Departments of Health are the focal point for the creation and sustainment of care coordination centers. By quickly managing limited resources, multiple states were able to create care coordination centers in response to Covid-19.

As a tool, care coordination centers have a demonstrated ability to leverage and guide the use of over-taxed resources. To fully capitalize on the concept of care coordination centers, models and best practice guides must be developed and implemented.

BACKGROUND

In support of an overarching Deployable Assets domain specific grant objective to **“Conduct a concurrent evaluation of Pediatric Medical Care Coordination Centers (PMOCCs) to identify structures, policies, and practices appropriate for regional or national implementation,”** the workgroup conducted a landscape survey of twelve care coordination centers. As a flexible, expert management tool, a pediatric care coordination center can accomplish the critical task of capitalizing and sharing pediatric resources and expertise. **A goal of the workgroup is to use the survey results to develop a pediatric care coordination center model for use at PPN hubs or state departments of health.**

Step one of developing a care coordination model is to identify and understand the current landscape, capabilities, and best practices. Additionally, modeling of care coordination centers requires identification of the multi-disciplinary teams instrumental in their creation. Towards that end, the survey was designed to gather the full spectrum of information available on existing care coordination centers.

METHODOLOGY

The survey population consisted of twelve care coordination centers throughout the nation. Centers were identified through a series of outreach solicitations to subject matter experts familiar with care coordination centers. One response was submitted per identified center. The survey was conducted as a web-based questionnaire using the Google Forms application. Questions were a mix of multiple choice, yes/no, and limited character, free-text queries. A typical question was: **Who were the core stakeholders instrumental in the creation of the center? (Select all that apply).**

As a landscape survey, individual respondents were not contacted and solicited to submit a survey response. Rather, PPN Deployable Assets team members gathered publicly available information on the centers from websites, annual reports, state legislation, articles of incorporation and designated affiliates. Team members then submitted a survey response based upon the collected information. In the absence of detailed information, select questions were left blank.

RESULTS

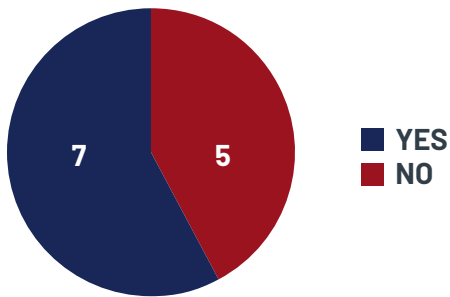
PPN Landscape Survey of Care Coordination Centers

The landscape survey was organized into five survey sections: administrative, Process of Creation, Staff, Center Capabilities, and integration into State's National Incident Management System (NIMS). Survey section one asked two administrative questions gathering the center's name and person submitting the survey. Section one is omitted from this report to de-identify survey responses. Section two asked five questions to solicit the stakeholders and the process of the center's creation. The ten questions of section three focused on the center's staff, their qualifications, and authorities. Survey section 4 solicited the center's functions and capabilities. And the four questions of section five captured the center's relationship with its state NIMS.

Please note that the numbers in the following analysis charts and graphs are numbers of responses.

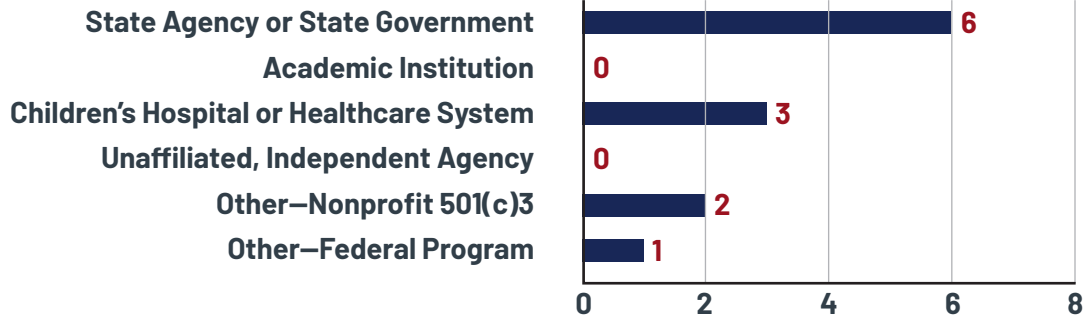
QUESTION 3*

Was the center created based upon a state directive or order?



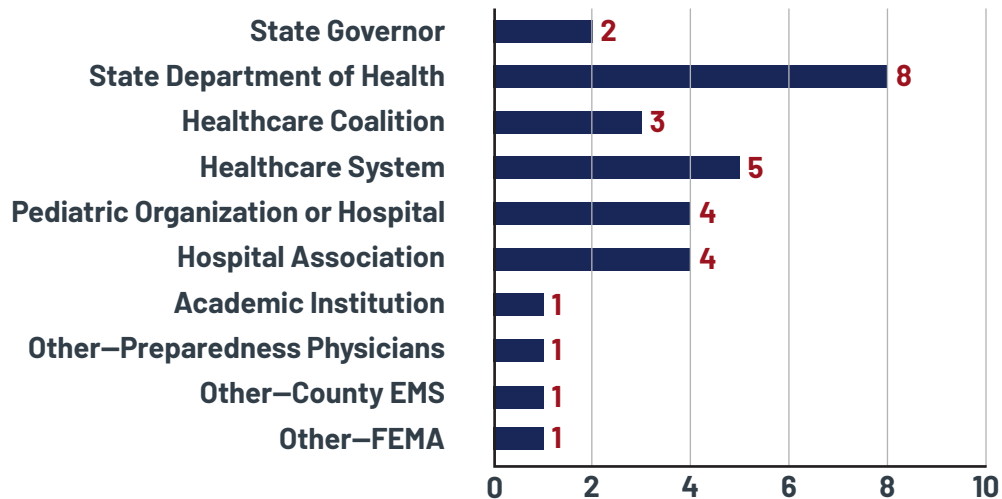
QUESTION 4

Please select the type of affiliation of the center



QUESTION 5

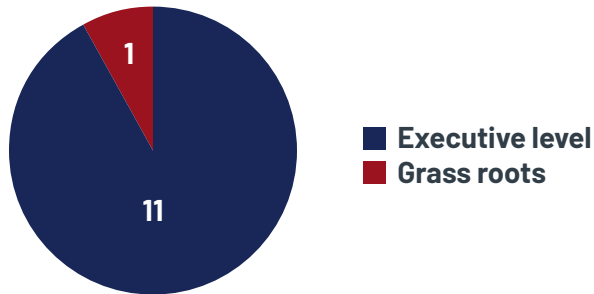
Who were the core stakeholders instrumental in the creation of the center? (Select all that apply).



* Please note that questions 1 and 2 were for informational purposes only and did not require analysis.

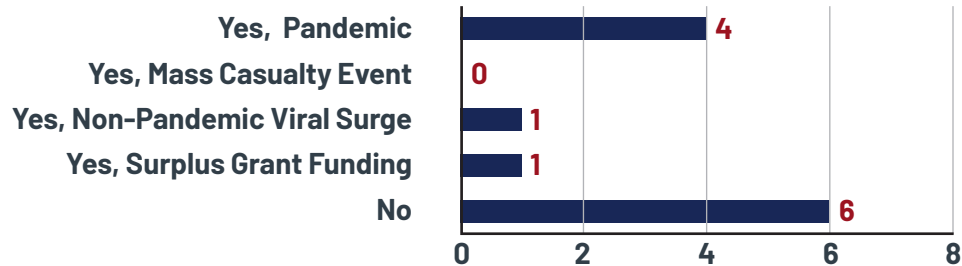
QUESTION 6

Did the genesis for the center's creation occur at an executive level then progress from top down or did the genesis occur at grass roots and progress bottom up?



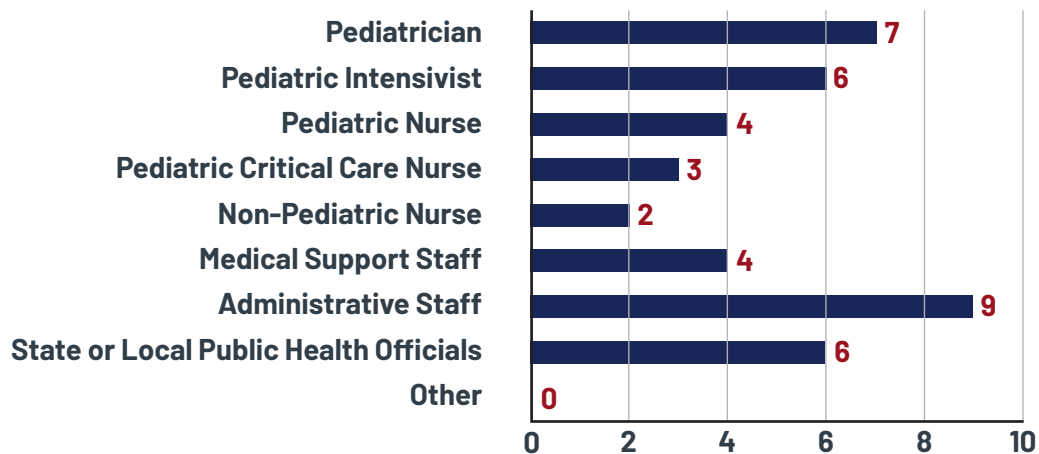
QUESTION 7

Was there an event that motivated the creation of the center? (Please specify which type of event).

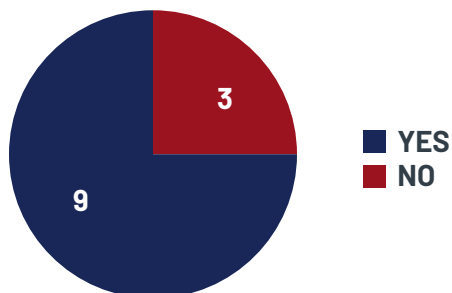


QUESTION 8

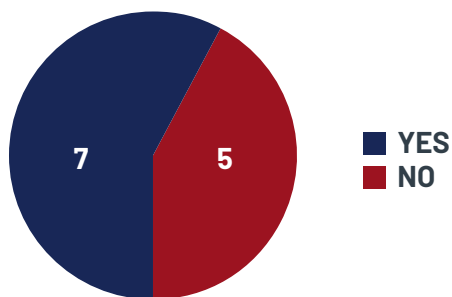
Select the types of staff operating the center. (Select all that apply).



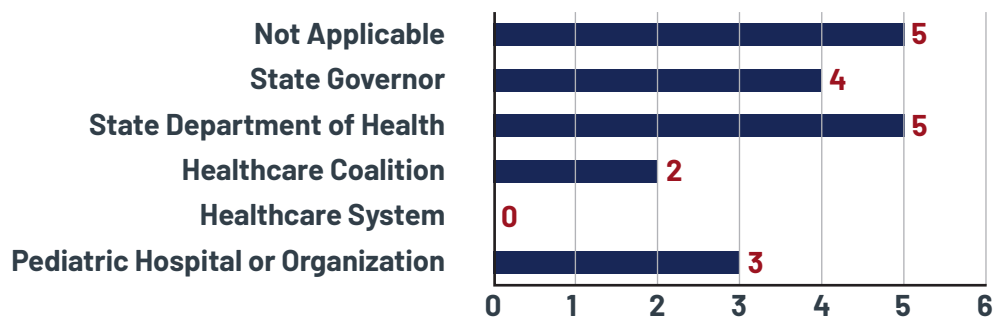
QUESTION 9
Does the center operate 24 hours a day?



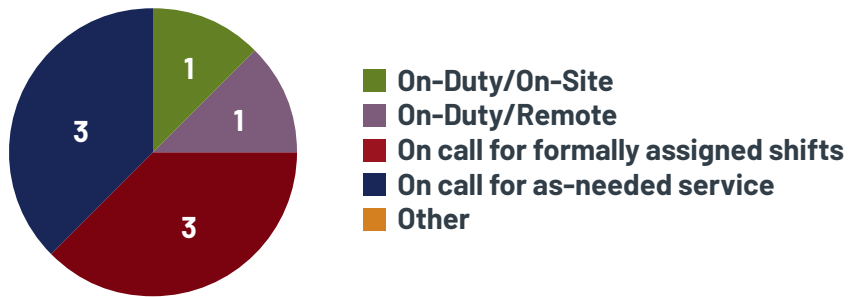
QUESTION 10
Does the center operate in response to an incident activation?



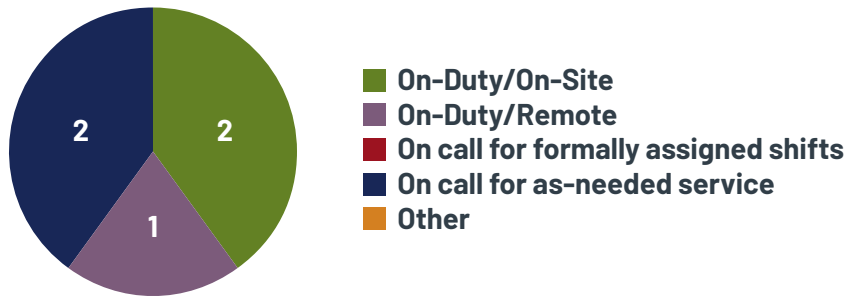
QUESTION 11
If the center operates in response to activation, who has the authority to activate the center? (Select all that apply).



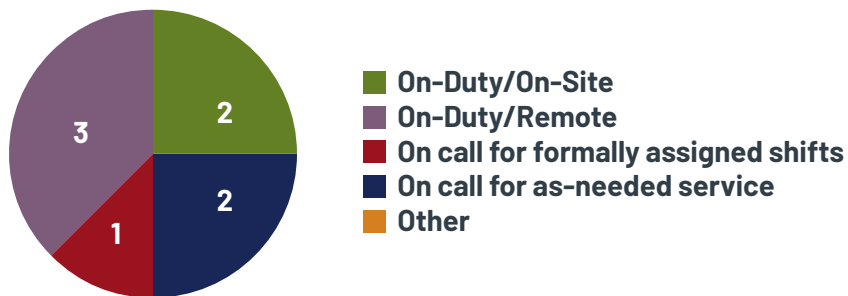
QUESTION 12
What is the nature of physician support?



QUESTION 13
What is the nature of nursing support?

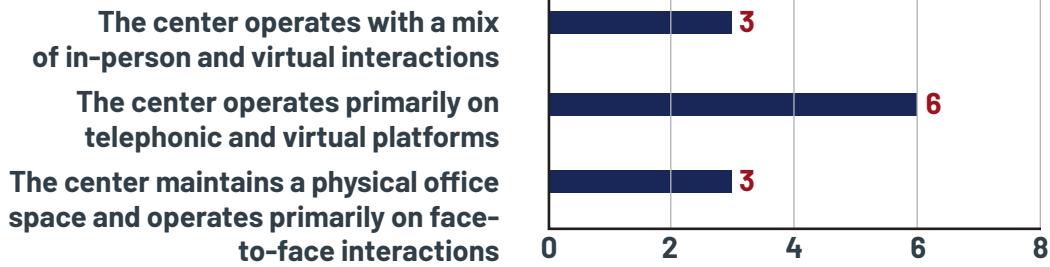


QUESTION 14
What is the nature of support for support staff?



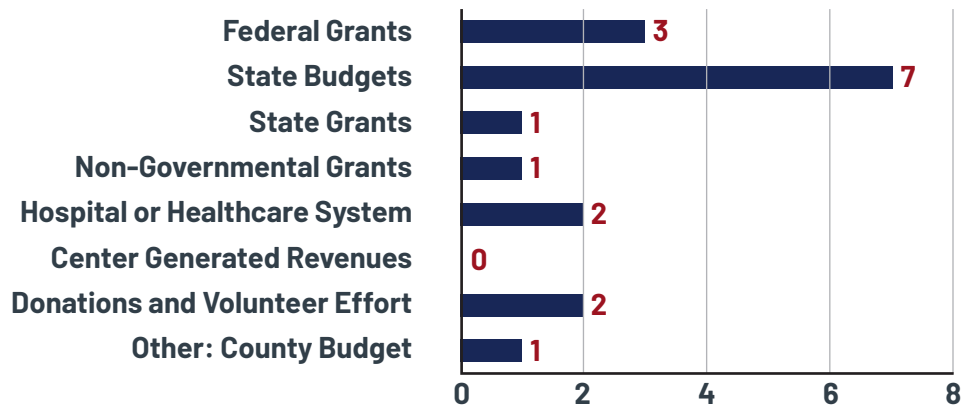
QUESTION 15

What is the nature of the working relationship of the center staff?



QUESTION 16

Please select the sources of center funding. (Select all that apply).



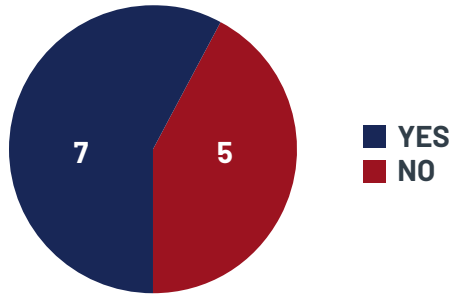
QUESTION 17

Please select the statement that best describes the term of funding for the center.



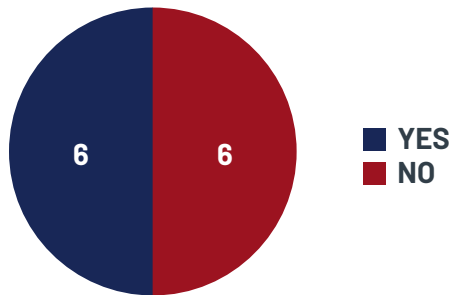
QUESTION 18

Does the center operate solely on a case-by-case basis?



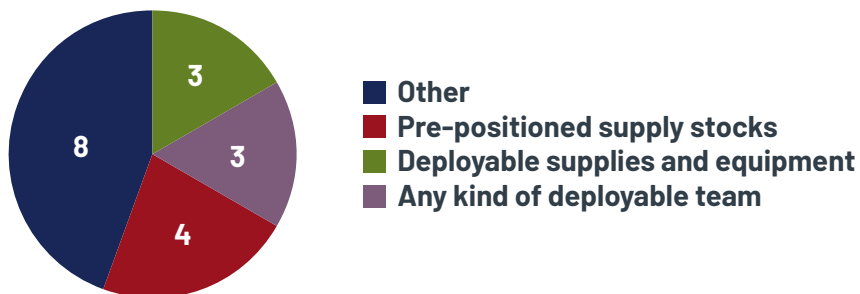
QUESTION 19

Can the center coordinate a mass casualty or patient response?

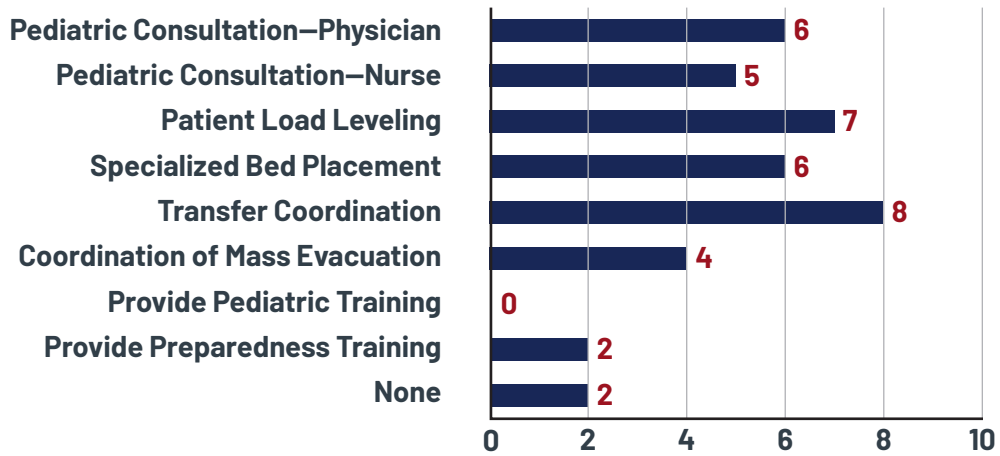


QUESTION 20

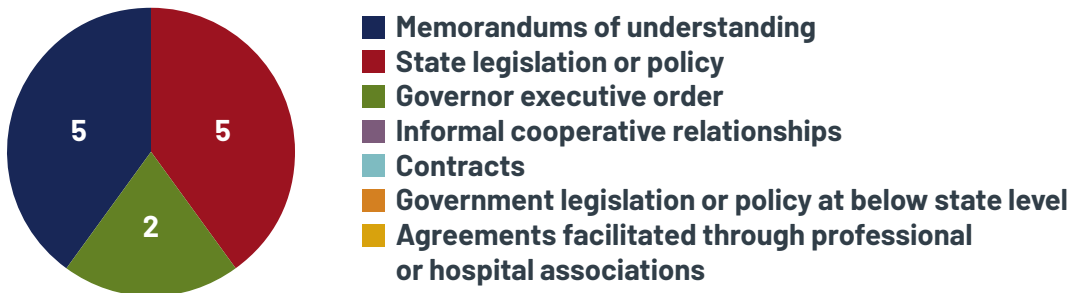
Does the center have authority to deploy any of these assets? (Select all that apply).



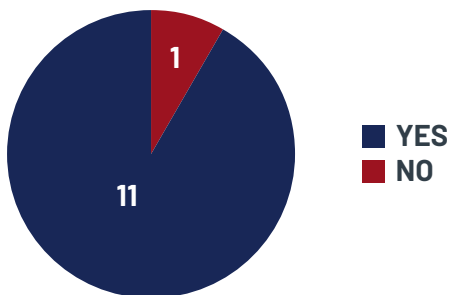
QUESTION 21
Does the center conduct any of these activities?
 (Select all that apply).



QUESTION 22
Please select the statement that best describes the center's source of authority.

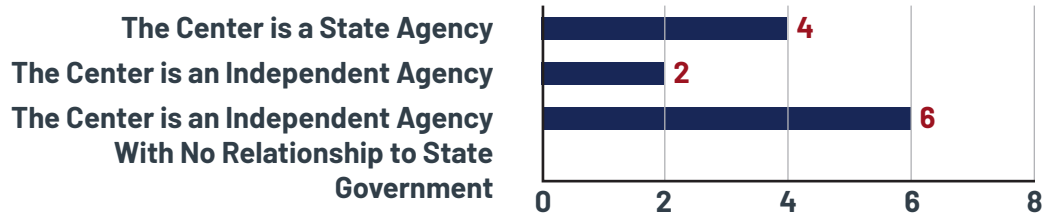


QUESTION 23
Is there a policy of Guaranteed Acceptance by a hospital contacted by the center?



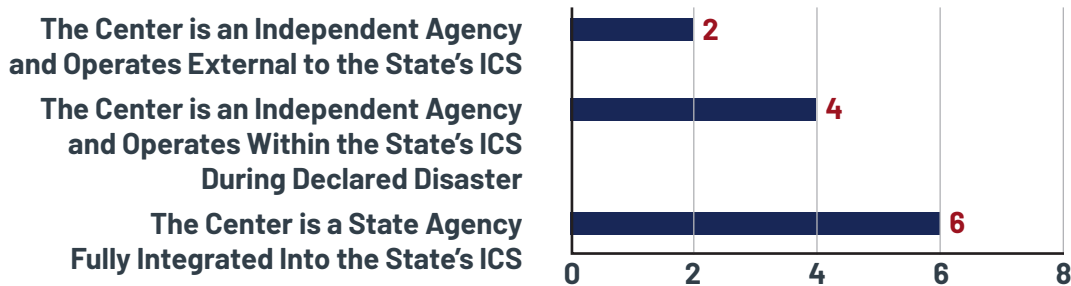
QUESTION 24

Please select the statement that best describes the relationship between the center and the state.



QUESTION 25

Please select the statement that best describes the center's integration into the state's Incident Command System (ICS).



CONCLUSIONS

In addition to several observations, analysis of survey results reveals one key takeaway: State Departments of Health are the center of gravity for the creation and sustenance of care coordination centers. Within the spectrum of stakeholders instrumental in the creation of care coordination centers, state departments of health are always involved for centers providing state-wide coordination. Centers not closely aligned with their state represented a decision to manage care coordination at a smaller regional or county level. In this regard, early and committed engagement of state department of health officials is a critical factor to a center's ultimate success.

Additional observations include:

- The main resource provided by pediatric care coordination centers is pediatric medical expertise and coordination of pediatric assets.
- Care coordination centers lean on state departments of health as a source of motivation, funding, and authority.
- Care coordination centers are operationally reactive and responsive to specific incident activation. The only centers currently operating on a full-time basis do so as carry over from initial creation in response to Covid-19.
- The distribution of centers focused on case-by-case operation nearly matched the distribution of centers focused on management of mass incidents. The value of focusing on individuals vs. the many needs further investigation.

APPENDIX A: PPN LANDSCAPE SURVEY OF CARE COORDINATION CENTERS

Section 1: Landscape Survey of Care Coordination Centers

1. Select the name of the care coordination center (Mark only one).
 - Washington MCC
 - Michigan PCCC
 - Minnesota SHCC
 - Texas MPERT
 - Arizona Surgeline
 - Los Angeles MCC
 - Other _____
 - Maryland MIEMSS C4PEDS
 - Illinois PCMS
 - Utah MCRT
 - Texas SETRAC
 - California MHOAC
 - ASPR TRACIE Toolkit
2. Name of the Person Completing the Survey Submission

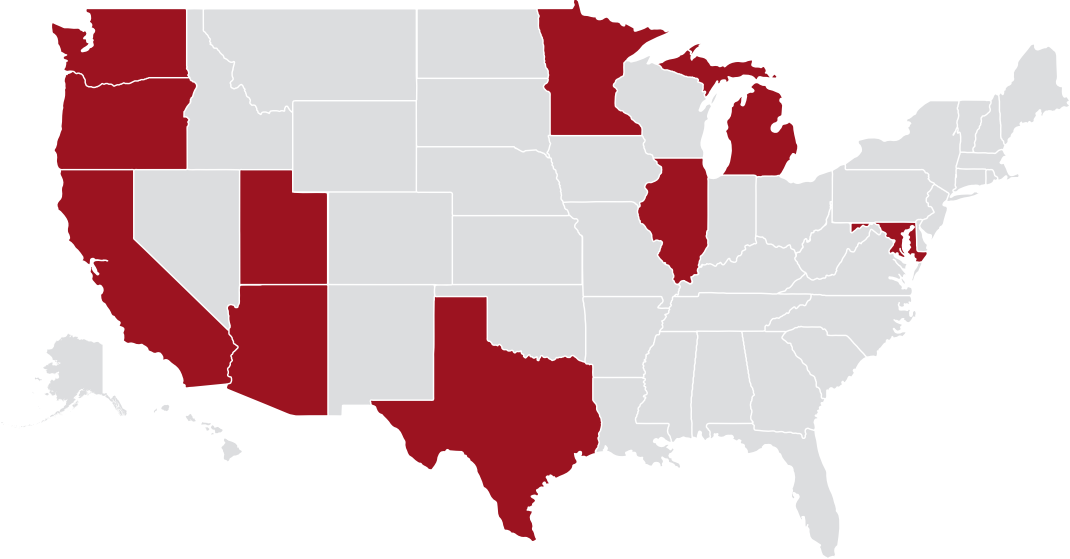
3. Was the center created upon a state directive or order? (Mark only one).
 - Yes
 - No
4. Please select the type of affiliation of the center (Mark only one).
 - State agency of connected to state government
 - Academic institution
 - Children's hospital or healthcare system
 - Unaffiliated, independent agency
 - Other _____
5. Who were the core stakeholders instrumental in the creation of the center? (Select all that apply).
 - State governor
 - State department of health
 - Healthcare coalition
 - Healthcare system
 - Specific pediatric organization or hospital
 - Hospital association
 - Academic institution
 - Other _____
6. Did the genesis for center's creation occur at an executive level then progress from top down or did the genesis occur at grass roots and progress bottom up? (Mark only one).
 - Executive Level
 - Grass Roots
7. Was there an event that motivated the creation of the center? (Please specify which type of event).
 - Yes—Pandemic
 - Yes—Mass Casualty Incident
 - Yes—Non-Pandemic Viral Surge
 - Yes—Other
 - No

8. Select the types of staff operating the center. (Select all that apply).
- Pediatrician
 - Pediatric Nurse
 - Non-Pediatric Nurse
 - Administrative Staff
 - Pediatric Intensivist
 - Pediatric Critical Care Nurse
 - Medical Support Staff
 - State or Local Public Health Officials or Staff
9. Does the center operate 24 hours a day? (Mark only one).
- Yes
 - No
10. Does the center operate in response to event driven activation? (Mark only one).
- Yes
 - No
11. If the center operates in response to activation, who has the authority to activate the center? (Select all that apply).
- Not Applicable
 - Healthcare Coalition
 - Healthcare System
 - Specific Pediatric Organization or Hospital
 - State Governor
 - State Department of Health
 - Hospital Association
12. What is the nature of physician support? (Mark only one).
- On-Duty/On-Site
 - On-Duty/Remote
 - On Call for Formally Assigned Shifts
 - On Call for as Needed Services
 - Other _____
13. What is the nature of nursing support? (Mark only one).
- On-Duty/On-Site
 - On-Duty/Remote
 - On Call for Formally Assigned Shifts
 - On Call for as Needed Services
 - Other _____
14. What is the nature of support for support staff? (Mark only one).
- On-Duty/On-Site
 - On-Duty/Remote
 - On Call for Formally Assigned Shifts
 - On Call for as Needed Services
 - Other _____
15. What is the nature of the working relationship of center staff? (Mark only one).
- The center maintains a physical office space and operates primarily on face-to-face interactions
 - The center operates primarily on telephonic and virtual platforms
 - The center operates with a mix of in-person and virtual interactions

16. Please select the primary source of center funding. (Select all that apply).
- Federal Grants
 - State Budgets
 - State Grants
 - Non-Governmental Grants
 - Hospital or Healthcare System Budget
 - Center Generated Revenues
 - Center Relies on Donations and Volunteer Effort
 - Other _____
17. Please select the statement that best describes the term of funding for the center. (Mark only one).
- Single-Year Funding
 - Multi-Year Funding of Less Than 5 Years
 - Funding for Greater Than 5 Years
 - Other _____
18. Does the center operate solely on a case-by-case basis? (Mark only one).
- Yes No
19. Can the center coordinate a mass casualty or patient response? (Mark only one).
- Yes No
20. Does the center have authority to deploy any of these assets? (Select all that apply).
- Any Kind of Deployable Team
 - Deployable Supplies and Equipment
 - Pre-Positioned Supply Stocks
 - None
21. Does the center conduct any of these activities? (Select all that apply).
- Pediatric Consultation—Physician to Physician
 - Pediatric Consultation—Nurse to Nurse
 - Patient Load Leveling
 - Specialized Bed Placement
 - Transfer Coordination
 - Coordination of Mass Evacuation
 - Provide Pediatric Training
 - Provide Preparedness Training
 - None

22. Please select the statement that best describes the center's source of authority. (Mark only one).
- Governor Executive Order
 - State Legislation or Policy
 - Government Legislation or Policy at Below State Level
 - Contracts
 - Memoradums of Understanding
 - Agreements Facilitated Through Professional or Hospital Associations
 - Informal Cooperative Relationships
23. Is there a policy of Guaranteed Acceptance by hospitals contacted by the center? (Mark only one).
- Yes
 - No
24. Please describe the statement that best describes the relationship between the center and the state. (Mark only one).
- The Center is an Independent Agency With No Relationship to State Government
 - The Center is an Independent Agency
 - The Center is a State Agency
25. Please select the statement that best describes the center's integration into the state's Incident Command Center (ICS). (Mark only one).
- The Center is an Independent Agency and Operates External to the State's ICS.
 - The Center is an Independent Agency and Operates Within the State's ICS During Declared Disaster
 - The Center is a State Agency Fully Integrated Into the State's ICS

APPENDIX B: LANDSCAPE SURVEY MAP



■ STATES WITH CARE COORDINATION CENTERS INCLUDED IN THIS SURVEY



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