



July 7, 2020

ADM Brett P. Giroir, M.D.
Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Re: Long-Term Monitoring of Health Care System Resilience RFI

Dear Dr. Giroir:

The Healthcare Leadership Council (HLC) appreciates the opportunity to comment on the Office of the Assistant Secretary for Health's (OASH) request for information (RFI) on 'Long-Term Monitoring of Health Care System Resilience.' HLC is pleased to submit this letter regarding steps to improve resilience in the health care system.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient centered approach.

The COVID-19 health pandemic has highlighted a number of challenges that have strained the resilience of the health care system. We appreciate OASH's RFI that seeks to define 'resilience' within the health care system, as well as determine the best steps to take so that the industry can improve its resilience in future health challenges. We point to the following challenges as most impactful to health resilience as well as potential solutions to better construct health resilience:

Supply Chain Challenges

The COVID-19 health pandemic has illustrated that the current supply chain for essential health care items, such as protective personal equipment (PPE) and certain

pharmaceutical drugs is insufficient to meet the challenges of increased demand. The early stages of the pandemic showed that we were unable to significantly ramp up production of these items quickly and distribute them to those in need.

The breakdown in these supply chains has shown that if one segment of the chain is unable to perform, we are at a weakened state in delivering these items. Any examination of supply chain resilience should include conversations with the private sector to leverage their experience in managing their own supply chains. The private sector stands ready to work with state and federal agencies to better develop a disaster preparedness stockpile and ensure that existing facilities, such as the Strategic National Stockpile (SNS), are properly maintained and can supply continuously speedy access to these items.

Improvements to Care Delivery

The decision by states to implement stay-at-home orders created a number of challenges to ensure that patients continued to receive necessary care for both COVID-19 and other health challenges. Greater access to telemedicine services has provided much needed flexibility in care delivery, but future conversations around resilience should ensure that providers have the mechanisms to deliver such services. Future regulatory action to expand access to telemedicine and remote patient monitoring will allow for a more mobile workforce and create a sustainable framework for these important services. Permitting greater workforce mobility is an essential change that would allow for providers to deliver telemedicine services regardless of where they are licensed to practice. While some states have allowed for such licensing waivers, more can be done to allow providers to treat patients, regardless of geographic location and increase patient access to essential services.

Data and Evidence Generation

The response to the COVID-19 health pandemic has involved an unprecedented collaboration between private industry, health researchers and state and federal health officials. To ensure that these entities have sufficient data to carry out and improve their activities, there needs to be a greater emphasis on modernized data sharing that allows all participants access to essential information. It is critical that such infrastructure be functional and up to date so this information can be shared promptly – ideally in real time. Any discussion of increased data sharing, however, should keep in mind the privacy of patients and ensure sufficient steps are taken to maintain the security of such data.

HLC would also like to highlight its forthcoming work with Deloitte and the Duke-Margolis Center for Health Policy in preparing a report with recommendations on improvements to disaster readiness and response. This report will highlight the importance of public-private partnerships and examine data gathered during the COVID-19 health pandemic to determine appropriate steps that will improve responses to future pandemics. Our work will also examine successes and difficulties the private

and public sectors had in confronting the current COVID-19 health pandemic. We look forward to sharing those findings with you at a later date.

HLC looks forward to continuing to work with you on our shared priorities. Should you have any questions please do not hesitate to contact Tina Grande at (202) 449-3433 or tgrande@hlc.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary R. Greal". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Mary R. Greal
President