



Agency Recommendation Summary

Washington State’s healthcare system is comprised of multiple entities including national, state-wide, local, independent, and small facilities that do not have a centralized resource coordinating equitable and quality care in response to COVID-19. The Department of Health (DOH) contracted with the Washington Medical Coordination Center (WMCC) to provide services that connect all healthcare facilities, ensuring maximum clinical coordination and equitable distribution of patients across jurisdictional boundaries and healthcare organizations. Funding is requested to continue WMCC’s critical services of balanced patient placement so facilities can operate at a capacity that will reduce straining of provider resources thereby increasing patient care.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Operating Expenditures						
Fund 704 - V	\$428	\$855	\$1,283	\$0	\$0	\$0
Total Expenditures	\$428	\$855	\$1,283	\$0	\$0	\$0

Decision Package Description

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) developed the Hospital Preparedness Program (HPP) to support health care delivery system efforts to save lives during emergencies and disasters, such as COVID-19. The COVID-19 pandemic created an urgent need for COVID-19 patient placement to most equitably and efficiently match patient needs to available resources throughout Washington State. ASPR provided the only source of federal funding for the health care delivery system to assist with capacity management, readiness enhancements, improvement of patient outcomes, and minimizing the need for supplemental state resources during emergencies. This one-time COVID emergency funding was used for these efforts over the first year of the pandemic and is now exhausted.

As the COVID-19 pandemic progressed, Washington State had an urgent need to implement a centralized resource to connect all statewide providers via one system that coordinates balanced, quality care throughout the state. As a result, DOH contracted with Harborview Medical Center to operate the Washington Medical Coordination Center (WMCC) that manages the placement of COVID-19 patients requiring acute emergency department or inpatient hospital care in an equitable manner throughout the state. As state residents are susceptible to contracting COVID-19, these critical services are needed to balance patient placement to individual or multiple hospitals with sufficient capacity, preventing the strain of resources of any single hospital or small group of hospitals and impacting the ability to provide care to patients.

Although WMCC was adapted from the Disaster Medical Coordination Center (DMCC) model that activates these services for only short-term acute incidents, WMCC is an on-going, long-term service that supports all Washington State healthcare facilities. WMCC’s services are coordinated by experienced medical professionals, located in medical facilities, that have firsthand knowledge of available resources and required logistics needed for capacity management and patient care.

The DOH is currently paying \$4,751 per transferred patient. We estimate 15 patients will be transferred per month from January 2022 through June 2025 based on past actual transfers. Harborview employs four full-time nurses to coordinate the transfer of patients. These nurses also field calls regarding the potential transfer of many more patients; these calls currently exceed 200 per month. Calls that don’t result in an actual transfer are equally important and labor intensive. The transfer coordination team puts in many hours attempting to find the correct bed availability and aligning it with the correct type of transportation. Transportation for patients positive with a highly infectious disease is still a rare resource for many rural parts of the state. While this coordination is happening many things could happen that would result in no transfer: the requesting hospital might have a bed come open, a local resource that was previously unable to help before the issue was escalated might now be able to help, a patient’s care needs might change, etc. Because of the lack of acute bed availability, the risk of transferring patients in acute need, and the costs associated with transferring these patients, the expertise of nurses and doctors are needed to properly assess the need.

If WMCC's services are discontinued, non-medically trained DOH staff will have to assume the work without having a centralized structure in place, or the trained medical personnel to consult on the various medical needs of patients and available resources. This may result in:

- Increased response time for critical patient care that may increase the odds of a patient having a negative outcome;
- A decrease in the number of cases receiving assistance resulting in hospitals nearing or reaching capacity and potentially having to institute crisis standards of care;
- Inability to medically discuss patient information with the referring provider which will make identifying specific patient medical needs and available resources difficult if not impossible;
- Assistance not being available 24 hours per day which will cause a delay in transfer coordination, which in turn will delay effect delaying access to a bed for another patient at the location who needs it; and
- Other important work not being completed as staff are redirected to this effort.

DOH requests funding from January 2022 through June 2025 to continue the contractual engagement with the WMCC to increase efficient management and maximization of scarce hospital resources to ensure COVID-19 patients are provided with timely, equitable, and quality, life-saving care that contributes to improved patient outcomes.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

N/A

Detailed Assumptions and Calculations:

See 2021-23 Q5-PL WMCC FNCal

Workforce Assumptions:

Contract management efforts will be performed by existing staff within existing resources.

How is your proposal impacting equity in the state?

The Department of Health (DOH) contracted with the Washington Medical Coordination Center (WMCC) to provide services that connect all healthcare facilities, ensuring maximum clinical coordination and equitable distribution of patients across jurisdictional boundaries and healthcare organizations. Funding is requested to continue WMCC's critical services of balanced patient placement so facilities can operate at a capacity that will reduce straining of provider resources thereby increasing patient care.

Strategic and Performance Outcomes

Strategic Framework:

The DOH contracted with the Washington Medical Coordination Center (WMCC) to centrally manage the equitable placement of COVID-19 patients and reduce the impact to resources of any one healthcare entity, in direct response to the Governor's Proclamation 20-05 declaring a state of emergency due to COVID-19 and which directed state agencies to use all resources necessary to prepare for and respond to the outbreak. As the pandemic continues, DOH will continue to support this highest priority of the state.

Employing WMCC to equitably manage COVID-19 patients' placement with providers statewide relates to DOH's strategic goal of Data, Information, and Technology Innovations by centralizing medical entities' resource data to reduce the risk of demand exceeding capacity within the healthcare system and to better support the healthcare outcomes of patients.

Performance Outcomes:

The WMCC estimates assisting with 15 patient movement cases per month, or 90 cases total from July 2021 – December 2021. These estimates do not reflect other critical work involved in the statewide and or regional coordination including phone assistance. As of June 2021, calls have exceeded 200 per month. Each call requires an action/response, but not all require a patient movement.

DOH does not have the medically trained staff to coordinate patient movements or answer calls, therefore WMCC has four dedicated nurses working full time to manage call volume 24/7.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

N/A

Legal or Administrative Mandates:

Department of Health’s contracting with the Washington Medical Coordination Center (WMCC) to centrally manage the equitable placement of COVID-19 patients and reduce the impact to resources of any one healthcare entity, was in direct response to the Governor’s Proclamation 20-05 declaring a state of emergency due to COVID-19 and which directed state agencies to use all resources necessary to prepare for and respond to the outbreak.

Stakeholder Response:

Washington hospitals and local fire and EMS transport services

Changes from Current Law:

N/A

State Facilities Impacts:

N/A

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	\$3	\$7	\$10	\$0	\$0	\$0
Obj. B	\$2	\$3	\$5	\$0	\$0	\$0
Obj. C	\$422	\$843	\$1,265	\$0	\$0	\$0
Obj. E	\$1	\$2	\$3	\$0	\$0	\$0

Agency Contact Information

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