

June 12, 2023

Dawn O'Connell Assistant Secretary for Preparedness and Response U.S. Department of Health and Human Services 200 Independence Avenue SW Washington, DC 20201

Dear Assistant Secretary O'Connell:

On behalf of the 87,000 members of the American College of Surgeons (ACS), thank you for your leadership in updating the *Health Care Preparedness and Response Capabilities*. The ACS is a scientific and educational association of surgeons, founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

Large-scale events pose numerous challenges for health systems, including fragmented command structure; lack of effective communication between agencies, clinicians, and facilities; inadequate and fragmented data concerning patient location and condition; limited or absent medical surge capability; limited integration of public health with acute private and public health sector care; inadequate integration between local and federal emergency management systems; and lack of ability to coordinate and track patient movement. To address issues with coordination during the earliest days of the COVID-19 pandemic, trauma leaders in some states established Regional Medical Operation Coordination Centers (RMOCCs) to align and coordinate health systems.

ACS supports the approach outlined in the *Capabilities* to integrate Medical Operations Coordination Centers (MOCCs) but suggests that ASPR consider the importance of daily coordination as part of the update. We believe RMOCCs can and should function daily to expeditiously coordinate healthcare needs for patients with time-sensitive conditions (e.g., severe injury, heart attack, and stroke) and transfer of patients who may need to move urgently between healthcare facilities to optimize outcomes. A coordinated healthcare system at baseline will be able to scale up immediately during a disaster or other mass population event without the need for additional resources to initiate.

We thank ASPR for the thoughtful approach in reviewing the existing programs and systems of care and establishing a framework for the future. ACS believes that it is critical to incorporate the lessons learned from the pandemic into a robust, inclusive, and coordinated infrastructure to strengthen preparedness and response for future mass population events and would welcome the opportunity to meet with you to discuss further. If you have any questions, please contact Amelia Suermann, asuermann@facs.org. We look forward to working with you to realize the promise of a truly coordinated system.

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CHICAGO HEADQUARTERS 633 N. Saint Clair Street Chicago, IL 60611-3295 T 312-202-5000 F 312-202-5001 E-mail: postmaster@facs.org

WASHINGTON OFFICE 20 F Street NW, Suite 1000 Washington, DC 20001 T 202-337-2701 F 202-337-4271 E-mail: ahp@facs.org Eileen Bulger, MD, FACS

Sincerely,

Medical Director for Trauma Programs