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Highlights

Highlights of GAO-21-600, a report to congressional addressees

August 2021

COVID-19

HHS's Collection of Hospital Capacity Data

Why GAO Did This Study

The magnitude of the COVID-19 pandemic has underscored the importance of having quality data to help the federal government understand the health care system's capacity to provide care and to inform the allocation of resources. HHS launched HHS Protect in April 2020 to capture hospital capacity data. Throughout the public health emergency HHS has made changes to how information is collected and used.

The CARES Act includes a provision for GAO to report on its ongoing COVID-19 monitoring and oversight efforts. GAO was asked to examine HHS's implementation of HHS Protect. In this report, GAO describes (1) HHS's implementation of HHS Protect hospital capacity reporting requirements and the challenges experienced by reporting entities; (2) HHS's and stakeholders' use of the data, if at all; and (3) lessons learned about ensuring the collection of quality hospital capacity data during a public health emergency.

GAO reviewed agency guidance and HHS Protect hospital capacity dashboards and reports, and interviewed HHS officials as well as officials from three states that report or reported directly to HHS Protect on behalf of their hospitals. These states were selected for variation in geography and the mix of rural and non-rural hospital facilities. GAO also interviewed officials from public health stakeholder groups including hospital associations, epidemiological associations, and local health organizations. GAO provided a draft of this report to HHS for review and comment. HHS had no comments on the report.

View GAO-21-600. For more information, contact Jessica Farb at (202) 512-7114 or farbj@gao.gov.

What GAO Found

During the COVID-19 pandemic, the Department of Health and Human Services (HHS) made frequent and significant changes to the collection of hospital capacity data. In April 2020, HHS created a new data ecosystem—HHS Protect—to capture, among other things, national- and state-level data on inpatient and intensive care beds in use, supplies of personal protective equipment (PPE), and COVID-19 treatments. Subsequently, HHS changed the methods through which data could be reported to HHS Protect and also changed reporting requirements. According to HHS officials, this was done to capture more complete data and to capture more information, such as data on influenza-related hospitalizations and COVID-19 vaccines administered. Reporting entities said they experienced multiple challenges implementing the changes, including a lack of clarity on the requirements and logistical challenges such as having to adapt their systems to provide the data. As HHS made changes, HHS issued updated guidance to clarify reporting requirements.

HHS uses hospital capacity data to identify and address resource shortages and to inform the public. For example, according to HHS officials, HHS has used the data to provide assistance such as staff resources or supplies in 40 states. Additionally, HHS has shared the hospital capacity data to inform the public. However, public health stakeholders told GAO they have relied on state and local data for their purposes rather than data from HHS Protect. For example, epidemiological association officials said their members relied on state and local data for case investigation because they contained more detailed information and did not use HHS Protect data on hospital capacity. According to HHS officials, some states that may not be collecting their own data rely on HHS Protect capacity data to inform their public health response to the pandemic.

HHS agency officials and stakeholders identified the need for stakeholder engagement and improved communication among key lessons learned to better ensure the collection of quality hospital capacity data during a public health emergency. For example, HHS officials told GAO that there is a need for dialogue and external validation to ensure data quality and accuracy. They also noted that the need for a system like HHS Protect will continue beyond the COVID-19 pandemic. Officials GAO interviewed from stakeholder organizations and selected states noted that increased collaboration and communication—as well as more time to implement changes—would have facilitated the implementation of the changes to the data collection process. These lessons learned are consistent with GAO's January 2021 recommendation that HHS engage with stakeholders to review and inform the alignment of ongoing data collection and reporting standards through establishing an expert committee. HHS agreed with the recommendation, but as of June 2021, the department has not implemented it.