Regional Disaster Health Response System

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ASPR Region I
Health Care Preparedness: An ASPR Priority

- Strong Leadership
- Medical Countermeasures Enterprise
- Regional Disaster Health Response System
- Public Health Security Capacity

Why do we need a new approach?

Casualty estimates for **21st Century threats** (and some old threats) far exceed the capacity and capability of the current health care system.

Health care preparedness and response is **fragmented** and **uncoordinated** across jurisdictions.

NDMS and HPP require updating to meet current challenges.
New Madrid Earthquake

- Significant impacts
  - 126,575 square miles of impact area
  - 44 million people impacted in eight states
  - 86,000 casualties and 20,000 hospitalizations
  - 3,700 deceased
  - 2.1 million individuals in shelters
  - More than 150 hospitals destroyed
- Severe infrastructure disruption
- Estimated shortages: 100 DMATs/16 FMS

Regional Ground Shaking Intensity from NMSZ Earthquake Scenario
Existing Health Care Preparedness Activities
Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule

The CMS Emergency Preparedness Rule established national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional, and local emergency preparedness systems.

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<th>Effective: November 2017</th>
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<td>Risk assessment and emergency planning</td>
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Hospital Preparedness Program

$255 million for each fiscal year 2014-2017; $265 million for fiscal year 2018-2019

62 awardees – health departments in all 50 states, the District of Columbia, 3 localities, all U.S. territories and freely associated states (HPP does not directly fund hospitals)

476 HCCs nationwide

31,000 HCC members nationwide

HPP Cooperative Agreement Funding Allocations

Not including supplemental appropriations

Budget Period (BP) 5 data, except BP4 data for PR and USVI (current as of January 31, 2018)
HPP Develops and Sustains Health Care Coalitions

A health care coalition (HCC) is a group of individual health care and response organizations in a defined geographic location. HCCs play a critical role in developing health care preparedness and response capabilities.
2017–2022 Health Care Preparedness and Response Capabilities

Foundation for Health Care and Medical Readiness

Health Care and Medical Response Coordination

Continuity of Health Care Service Delivery

Medical Surge
Regional Disaster Health Response System (RDHRS) Overview
Key Elements of a Potential Regional Disaster Health Response System

- Aware
- Ready
- Resourced
- Responsive
- Regional

Regional Disaster Health Response System
Building Regional Surge Capacity

Region

State Coalition

State Coalition

State Coalition

State Coalition

State Coalition

Region

Radiation / Nuclear

Burn / Pediatric / Infectious Disease

Trauma Systems

Regional Disaster Health Response System (RDHRS) “Notional”
Improve Regional Coordination

• Regional Structure
  • Sharing of resources across jurisdictions
    ➢ Medical EMAC
  • Common plans, procedures, and policies
  • Localized centers of excellence that can provide expertise for complicated injuries/illnesses
**Expand Response Partners**

- **Responsive**
  - Expand the capacity and capabilities of health care system
    - Expand NDMS hospital membership
    - State Medical Assistance Teams (SMAT) in each state
      - Increase response team capacity by ~100% and also increase care capability
  - Use telemedicine and mobile teams to provide subject matter expertise across the system
  - Engagement of EMS
  - Better engagement of VA and DoD
    - VA sponsored teams, training
  - Training of civilian community
Enhance Awareness

- **Situational Awareness**
  - Collecting and sharing information on a daily basis
  - Developing essential elements of information for operational decision-making
  - Regional and state-level operations centers to collect and analyze data
  - Using databases to assess population health demographics in affected areas to inform response
Ensure Readiness to Respond

• **Focus on readiness**
  - Readiness standards
    - Training in chemical, biological, radiological, nuclear, and explosives and in Incident Command System principles
    - Standardized protocols, procedures, policies
  - Readiness exercises evaluated by ASPR
  - Designation as a “Response-Ready” coalition
Improve Federal Programs

• **Modernization of National Disaster Medical System (NDMS)**
  - Better-trained teams
  - Incorporation of EMS
  - Increase number of NDMS hospitals

• **Integrate the Medical Reserve Corps**

• **Update HPP**
  - Direct funding to entities other than state health departments
  - Use of enhanced risk-based formulas
RDHRS Demonstration Projects

Goal of the new cooperative agreement:
Improve the clinical specialty and medical surge capabilities necessary in response, while focusing specifically on building and maturing the partnerships that are required to coordinate patient and resource movement to support medical response and ensure medical surge capacity at the local, state, and regional levels.

Demonstration projects will:

1. Address health care preparedness challenges
2. Establish best practices for improving disaster readiness across the health care delivery system
3. Show the potential effectiveness and viability of a RDHRS
Two Initial RDHRS Pilots Selected

**NEBRASKA MEDICINE**

**MASSACHUSETTS GENERAL HOSPITAL**

Sites will build systems that exhibit the following 5 capabilities:

- **Build** a partnership for disaster health response
- **Align** plans, policies, procedures related to clinical excellence in disasters
- **Increase** statewide and regional medical surge capacity
- **Improve** statewide and regional situational awareness
- **Develop** readiness metrics and conduct an exercise to test capabilities
RDHRS and NDMS

• Unity of Command: we are all one system of ESF-8 response
  ▪ Interoperable at all levels
    ✓ Enhanced surge capacity
    ✓ Faster response
  ▪ Improved communication and situational awareness
    ✓ Targeted, effective deployment of NDMS assets
    ✓ A better prepared regional structure
RDHRS and NDMS

• Current DMATs will remain federal assets
  ▪ States/Regions may choose to stand up DMAT-like capabilities: SMATs
  ▪ These will not replace NDMS assets, but will complement them
  ▪ NDMS will not be used as a regional resource (unless requested through normal ESF-8 channels)
• Training and interoperability between SMATs and DMATs
Questions?