

Integration of the Medical Reserve Corps and the Emergency System for Advance Registration of Volunteer Health Professionals

Background

The Medical Reserve Corps (MRC) and the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) each represent key national initiatives of the U.S. Department of Health and Human Services (HHS) to improve the nation's ability to prepare for and respond to public health and medical emergencies. The MRC is housed in the Office of the U.S. Surgeon General; ESAR-VHP is based in the Office of the Assistant Secretary for Preparedness and Response (ASPR).

The MRC is a national network of community-based volunteer units that focus on improving the health, safety and resiliency of their local communities. MRC units organize and utilize public health, medical and other volunteers to support existing local agencies with public health activities throughout the year, and with preparedness and response activities for times of need. One goal of the MRC is to ensure that members are identified, screened, trained and prepared prior to their participation in any activity. While MRC units are principally focused on their local communities, it is clear that MRC volunteers could be vital to the success of response efforts in a statewide or national disaster as well.

The National ESAR-VHP program provides guidance and assistance for the development of standardized State-based programs for registering and verifying the credentials of volunteer health professionals in advance of an emergency or disaster. Each State program collects and verifies information on the identity, licensure status, privileges, and credentials of volunteers. The establishment of State programs built to a common set of National standards gives each State the ability to quickly identify and assist in the coordination of volunteer health professionals in an emergency. State ESAR-VHP programs are intended to serve as the statewide mechanism for tying together the registration and credential information of all potential health professional volunteers in a State. States may include non-health professional volunteers in their registries. These systems should include information about volunteers involved in organized efforts at the local level (such as MRC units and SNS volunteer teams) and the State level (such as NDMS/Disaster Medical Assistance Teams (DMAT) and State Medical Response Teams). The programs also allow for a ready pool of volunteers by providing mechanisms for the recruitment and registration of individual health professionals who are willing to help in an emergency, but prefer not to be part of a unit structure such as MRC or DMAT. State ESAR-VHP programs could provide a single, centralized source of information to facilitate the intra-State, State-to-State, and State-to-Federal deployment or transfer of volunteer health professionals.

This document outlines the benefits and recommendations for integration of MRC and ESAR-VHP. It is clearly understood, however, that there is variability amongst MRC units and differences between the approaches taken by State ESAR-VHP programs. While the Federal programs can provide guidance, it is up to the MRC and ESAR-VHP leaders to best determine the mechanisms that will work for their local and State jurisdictions.

Vision for Integration

Develop a unified and systematic approach for Local-State-Federal coordination of volunteer health professionals, in support of existing resources, to improve the health, safety and resiliency of local communities, States, and the Nation in public health and medical emergency responses.

Benefits of Integration

There are significant advantages to integrating local MRC volunteer resources and state ESAR-VHP programs. Integration will:

- Strengthen local and state coordination by establishing integrated procedures and clarifying roles and responsibilities in the management and utilization of volunteers during an emergency.
- Increase surge capacity by ensuring Local-State-National coordination of volunteers within a tiered response system.
- Allow for the maximum use of volunteer health professionals' skills and expertise.
- Minimize duplications of effort in identifying, registering, screening and managing volunteer health professionals.
- Improve resource planning and allocation which reduces costs for local, State and Federal governments.
- Increase the resiliency of local communities and States, making them less dependent on Federal resources.

Recommendations for Integration: Although there are significant advantages to integrating these local and State resources, MRC units and ESAR-VHP programs need to work collaboratively to ensure successful integration. Recommendations include:

- All States should have an ESAR-VHP State Coordinator and an MRC State Coordinator. If possible, these positions/roles should be filled by the same person. However, in states where the two coordinators are different individuals, it is essential that the programs work collaboratively.
- MRC and ESAR-VHP should be included in local and State response plans.
- MRC units and ESAR-VHP programs should coordinate activities and share responsibility for identifying and recruiting potential volunteers.
- The State ESAR-VHP program should be responsible for developing and implementing the mechanisms for registration and credentials verification.
- MRC units should use the State ESAR-VHP program for registering and verifying the credentials of their members.
- All volunteer health professionals who register directly with the State ESAR-VHP program should be informed of MRC units in their area and encouraged to join.
- If there are interested volunteers, but no current MRC units in their vicinity, the State ESAR-VHP program should notify local public health and other authorities and encourage them to establish an MRC unit. New MRC units should address identified gaps in coverage areas and should not duplicate or compete for membership with existing MRC units.

- There should be written State-level policy regarding information sharing between the ESAR-VHP program, MRC units and other local authorities.
- Training and preparing volunteers for activation at the local level should be the responsibility of the MRC, in coordination with their local and State response partners. (Recommendations regarding training for activations outside of the local jurisdiction are under development.)
- Tracking, training and preparing volunteer health professionals who are not affiliated with a local MRC unit or another local/State response organization should be the responsibility of the State ESAR-VHP program.
- MRC units, ESAR-VHP programs and local/State response partners should coordinate activities and share responsibility for the development of coordinated notification, activation, mobilization and demobilization procedures for local, intra-State and State-to-State deployments.
- State requests for the activation and deployment of MRC volunteers should require a sign-off/approval of their local MRC unit leader to ensure that local needs are met first and to prevent impingement on the autonomy of the MRC.