2011-2016 Public Health Emergency Preparedness Capabilities: Opportunities for Clinician Engagement with State and Local Public Health Departments

Clinician Outreach and Communication Activity (COCA) Conference Call

January 25, 2012

Office of Public Health Preparedness and Response
Division of Emergency Operations

Objectives

At the conclusion of this session, the participant will be able to accomplish the following:

- Understand CDC's capability-based methodology for determining priorities for state/local public health preparedness and response
- Describe types of current public health preparedness activities being considered between public health departments and clinical providers
- Identify opportunities for clinicians to develop and support a shared engagement of public health preparedness capabilities at the state or local level

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Today's Presenter

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2011-2016
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Section 1

PHEP COOPERATIVE AGREEMENT OVERVIEW

Public Health Emergency Preparedness (PHEP) Cooperative Agreement

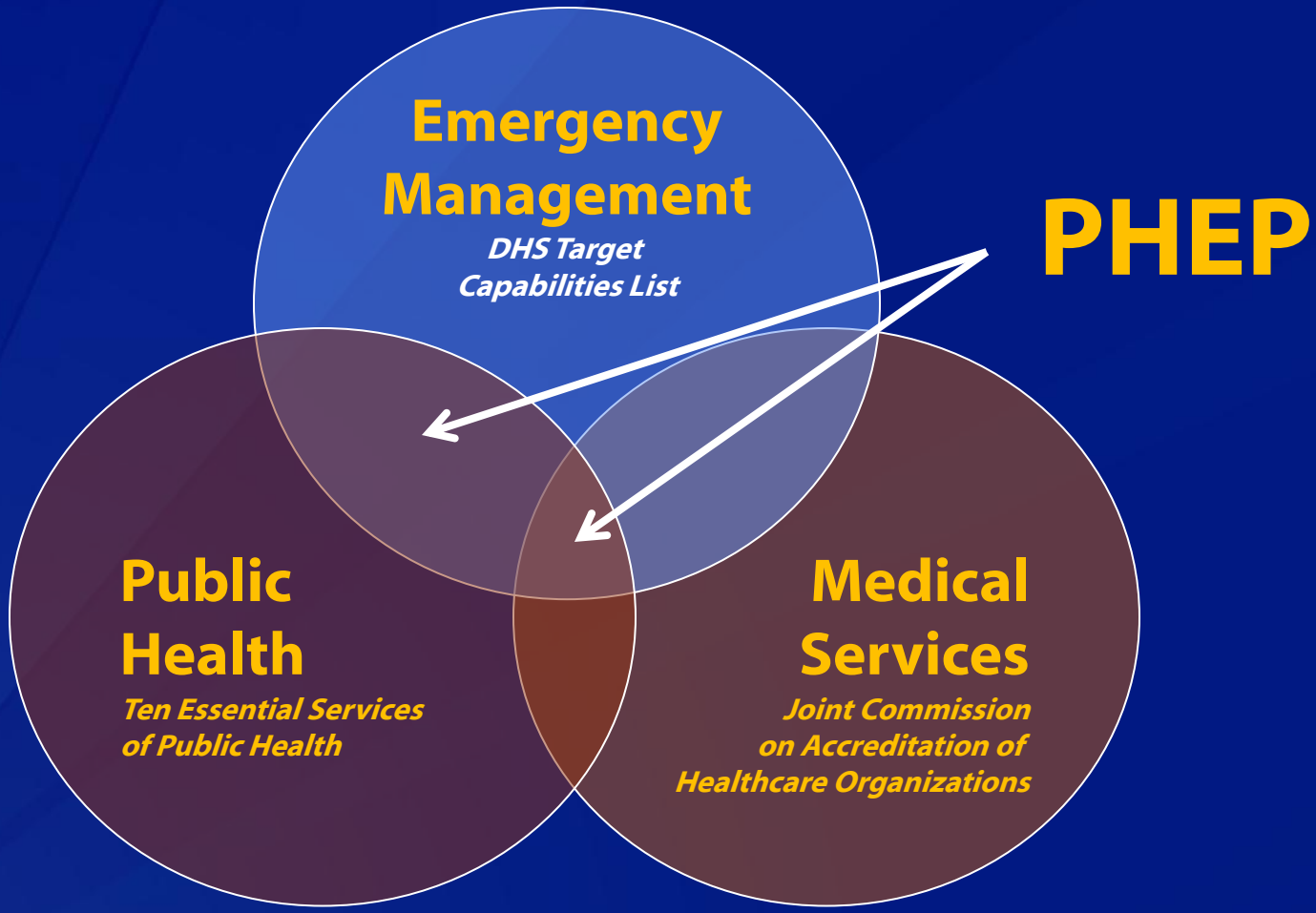
- Established in 1999 as a $40 million competitive grant with a bioterrorism focus and 53 awardees
- Managed by the Division of State and Local Readiness (DSLR) within CDC's Office of Public Health Preparedness and Response (OPHPR)
- Today, the PHEP cooperative agreement supports all-hazards preparedness nationwide
  - Formula-based, providing more than $7 billion as of FY 2010
  - $698,259,211 in fiscal year 2010 funding
  - 62 awardees: 50 states, 4 localities, 8 territories and freely associated states
- New program announcement began August 2011

PHEP Program Challenges

Determining a consistent set of priorities/objectives for PHEP program awardees has been challenging due to:

- Many different stakeholders in the process
- Multiple CDC programs involved
- Few formal processes
- Congressional drivers
- Disease du jour
- Competing interests
- Limited supporting science/evidence base

Preparedness "Environment"



2011 to 2016 Program Direction

Revisions to the cooperative agreement to address and resolve challenges and issues identified during the 2005-2010 cycle

- Develop a more systematic process for subject matter expert (SME) engagement
- Align with the TCL
- Align with the National Health Security Strategy (NHSS)
- Align with the CDC Strategic Preparedness Plan
- More focus on awardee strategic planning
- More focus on formal self-awardee assessment
- More focus on defining functions and demonstrations
- More focus on developing and implementing a "change management" process to protect against annual changes to the program

PHEP Priority Determination

Homeland Security Presidential Directives (HSPD 5,8,21)

Pandemic and All-Hazards Preparedness Act (PAHPA)

National Health Security Strategy (NHSS)

National Preparedness Guidelines
Target Capability List (TCL)

CDC Strategic Goals

Capability Selection Methodology

RAND CORPORATION

Conceptualizing and Defining Public Health Emergency Preparedness

Trust for America's Health
Ready or Not

NACCHO
National Association of County & City Health Officials

Project Public Health Ready

astho™

Health Preparedness Capability Prioritization Project

** Note: Partner documents are not an exhaustive list, shown for representation purposes only*

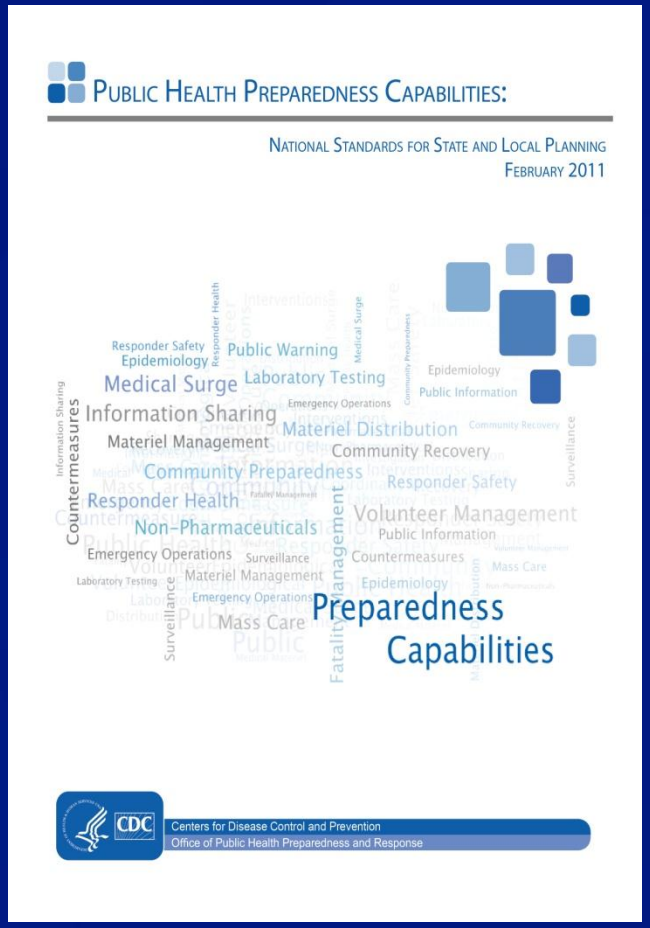
Priority Determination Process

- **Process Resulted in the Selection of 20 Public Health Preparedness Capabilities**
  - Later reduced to 15 through combining of capabilities
  - No capabilities were eliminated
- **Peer Reviewed and Validated by OPHPR's Board of Scientific Counselors**
  - September 2009

National Standards for State and Local Planning

Description of 15 capabilities and related functions, tasks, performance measures, and resources necessary for achieving each capability

Suggested activities for using the national standards to help public health departments organize work and identify most pressing needs



Preparedness Capabilities

	Capability Name
1	Community Preparedness
2	Community Recovery
3	Emergency Operations Coordination
4	Emergency Public Information and Warning
5	Fatality Management
6	Information Sharing
7	Mass Care
8	Medical Countermeasure Dispensing
9	Medical Materiel Management and Distribution
10	Medical Surge
11	Non-Pharmaceutical Interventions
12	Public Health Laboratory Testing
13	Public Health Surveillance and Epidemiological Investigation
14	Responder Safety and Health
15	Volunteer Management

Preparedness Capabilities Structure

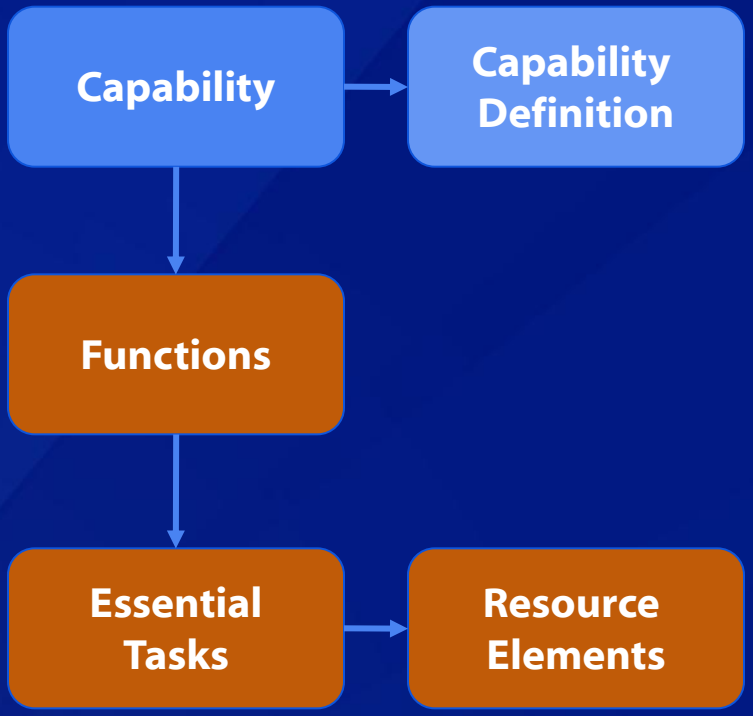
15 Preparedness Capabilities

3-5 broad "Functions" per Capability

A number of Essential Tasks for completion of each Function

Tasks form the basis for training and exercises

Tasks may appear in Capability or Demonstration Plans



Resource Elements include owning or, where applicable, having access to:

1. **Plans** (includes vulnerable populations, legal authorities)
2. **Skills and Training**
3. **Equipment and Technology**

Application Work Plan Component

Section 2

CDC EXPECTATIONS FOR PUBLIC HEALTH'S ENGAGEMENT WITH HEALTHCARE PROVIDERS

CDC Expectations for Public Health's Engagement with Healthcare Providers

- **Information Sharing**
  - Indicate how healthcare providers in the jurisdiction can exchange information:
    - electronic public health case-reporting systems
    - syndromic surveillance systems
    - immunization registries

CDC Expectations for Public Health's Engagement with Healthcare Providers

- **Medical Countermeasure Dispensing**
  - Activate mechanism(s) for individuals and healthcare providers to notify health departments about adverse events
- **Non-Pharmaceutical Interventions**
  - Establishment of agreements with healthcare providers which must include at a minimum:
    - Procedures to communicate case definitions
    - Procedures for reporting identified cases of inclusion to the health department
  - At the time of an incident, assist community partners with coordinating support services (e.g., medical care and mental health)

CDC Expectations for Public Health's Engagement with Healthcare Providers

- **Public Health Epidemiology**
  - Support healthcare providers to help determine cause and origin of, and definitively characterize, a public health incident
  - Establish processes and protocols to gather and analyze data from reportable condition surveillance

CDC Expectations for Public Health's Engagement with Healthcare Providers

- **Public Health Laboratory Testing**
  - Coordinate activities, gain assistance from, and/or share data to healthcare providers who may be packaging and shipping samples and subsequently receiving sample results during a response
  - Send laboratory data to healthcare providers, as permitted by all applicable laws, rules, and regulations

CDC Expectations for Public Health's Engagement with Healthcare Providers

- **Medical Surge**
  - Engage in healthcare coalitions and integrate healthcare activities into the jurisdictional response plan
  - Clearly define processes and indicators as to when the jurisdiction's healthcare organizations/health care coalitions transition into and out of conventional, contingency, and crisis standards of care

CDC Expectations for Public Health's Engagement with Healthcare Providers

- Medical Surge (continued)
  - Document participation from jurisdictional and regional pediatric providers and leaders
  - Assist or coordinate with medical facilities to assure the return of patients to their pre-incident medical environment or other applicable medical setting

Section 3

PRELIMINARY PHEP AWARDEE ENGAGEMENT REVIEW: HEALTHCARE PROVIDERS AND PUBLIC HEALTH

Community Preparedness Functions

At the highest level, what things (Functions) need to occur?

Determine Risks to the Health of the Jurisdiction	**Can the jurisdiction identify potential hazards, vulnerabilities, and risks in the community related to the public health, medical, and mental health systems?**
Build Community Partnerships to Support Health Preparedness	**Has the jurisdiction identified community partners? How have these community partnerships have been utilized to address community public health, medical and behavioral services during an incident?**
Engage with Community Organizations to Foster Social Networks	**How connected are community organizations to public health's efforts to assure public health, medical and mental health services in a community before, during, and after an event?**
Coordinate Training to Ensure Community Engagement in Preparedness Efforts	**Has the jurisdiction provided guidance to community partners to assist them regarding preparedness, response, crisis/ disaster messaging, and recovery methods for the specific risks applicable to the jurisdiction?**

Resource Elements

What things (Resources) need to be in place to accomplish the function?

Coordinate Training to Ensure Community Engagement in Preparedness Efforts

- ***(Priority)*** **Written plans should include documentation that public health has participated in jurisdictional approaches to address how children's medical and mental/behavioral health care will be addressed in all-hazard situations**
- ***(Priority)*** **Written plans should include a process and procedures to build and sustain volunteer opportunities for residents to participate with local emergency responders and community safety efforts year round, e.g., Medical Reserve Corps.**

Medical Surge Functions

At the highest level, what things (Functions) need to occur?

Assess the Nature and Scope of the Incident	**What are the needs of the incident and what are indicators for activation of surge operations? What should be the specific role of partner agencies?**
Support Activation of Medical Surge	**Which partners should be activated to provide additional health care services in response to an incident? What information should be communicated to partner agencies or to the public?**
Coordinate Jurisdictional Medical Surge Operations	**How are resource needs obtained and distributed during an incident? How are patients tracked?**
De-escalate Medical Surge Operations	**What is the process to release resources and return the system to pre-incident operations?**

Resource Elements

What things (Resources) need to be in place to accomplish the function?

Support Activation of Medical Surge

- *(Priority)* Written plans should include documentation of process or protocol how the health agency will access volunteer resources through ESAR-VHP, MRC, other programs of credentialed personnel
- ***(Priority)* Written plans should include documentation of the process how the public health agency will engage in health care coalitions and partnerships regarding when the healthcare organizations and coalitions will transition into and out of conventional versus crisis standards of care**
- *(Priority)* Written plans should include processes and protocols to identify essential situational awareness information for federal, State, local, non-governmental agencies, private sector agencies, and other ESF 8 partners.
- ***(Priority)* Written plans should include documentation of participation from jurisdictional and regional pediatric providers and leaders from a variety of settings in jurisdictional response planning**

Preliminary PHEP Awardee Review Status: Alternate Care Systems (ACS) or Alternate Standards of Care Planning

- 29 of 57 awardees reported current status related to ACS or alternate standards of care planning as "partially in place"
- **Notable examples:**
- **State A: For the past 5 years, required its funded local health departments (LHDs) and healthcare facilities (HCFs) to participate in planning for redistribution of personnel, equipment, care standards in a public health emergency**
  - In 2009 distributed its "Guidance for Alterations in the Healthcare System During a Moderate or Severe Pandemic" to LHDs, HCFs
    - Includes assumptions, legal authorities, clinical triggers, emergency medical services

Preliminary PHEP Awardee Review Status: Alternate Care Systems (ACS) or Alternate Standards of Care

- **State B: Created "Medical Surge Framework" describing the process for hospitals to request that the State Health Commissioner consider alterations to standards of care**
  - Established per state statute
  - Applies when there is a public health incident or when acute care facilities are under-resourced
  - Statute also authorizes State Health Commissioner to establish staffing, facility, screening/admission criteria, clinical standards

Preliminary PHEP Awardee Review Status: Alternate Care Systems (ACS) or Alternate Standards of Care

- **State C: Executive Law Article that requires local emergency managers to work with partners to develop written standards, processes, and indicators to move in/out of various standards of care**
  - Standards to be based upon jurisdictional risk assessment
  - Created "Allocation of Ventilators in an Influenza Pandemic" guidelines (although awardee noted guidelines untested, ethical questions unresolved)
  - Developing toolkit (templates, medical protocols, legal constructs) to assist local community partner planning

Preliminary PHEP Awardee Review Status: Alternate Care Systems (ACS) or Alternate Standards of Care

- **State D: Health Department convened state workgroup 2007-2008 of healthcare providers; initially pandemic focused, now all-hazard recommendations**
  - Scope of Practice, Standards of Care
  - Legal/liability issues
  - Staffing standards
  - Provision of care
  - Key population-based services
- **Recommendations being finalized by State Health Commissioner**

Preliminary PHEP Awardee Review Status: Planning for Pediatric Care

- **Community Preparedness**
  - 2 awardees reported engagement in pediatric mass casualty planning or expansion of critical care capacity
- **Medical Surge**
  - 21 awardees reported "partially in place" status of engaging pediatric experts/providers in pediatric surge plans
  - 16 awardees with pediatric planning "partially in place" engaged Emergency Medical Services for Children (EMSC) or related Emergency Medical Services programs as active partners
- **6 awardees who are currently engaged in altered standards of care planning reported pediatric issues are under consideration for this upcoming project period**

Notable Examples - Planning for Scarce Pediatric Resources

- State A: Member of 5-state regional mutual aid compact designed to make pediatric clinical staff, medical, supplies available within this network
- State B: As specialized pediatric care only available in its larger population centers, one large region has developed and shared "Hospital Guidelines for Management of Pediatric Patients in Disasters" with other intrastate regions
- State C: Health Department's Children's Advisory Committee developed EMSC Interfacility Transport Matrix for use by community hospitals, out-of-hospital physician decision-planning
- State D: Sole pediatric facility has designated physician liaison to consult with other healthcare facilities to help them treat pediatric patients rather than transfer them

Section 4

NEXT STEPS CONSIDERATIONS

Considerations for Public Health and Clinician Engagement

- **Clinician input is needed at a minimum:**
  - Community Preparedness
  - Community Recovery
  - Information Sharing
  - Non Pharmaceutical Interventions
  - Medical Surge
  - Responder Safety and Health
- **Clinician feedback, opportunities, and challenges:**
  - Time for office staff to send data to public health
  - Formats for receipt of data
  - Clinical protocol access
  - Healthcare continuity of business planning
  - Outlets for patient care during surge situations

Considerations for Public Health and Clinician Engagement

- **Collective partnership opportunities**
  - Operational guidance to support jurisdictions with small or absent pediatric provider populations
  - Operational guidance needed to support concept of pediatric consultant/liaison advisor to non-pediatric healthcare facilities
  - Continue to partner to develop evidence-informed practices to support operationalizing pediatric practice guidelines

Questions

For Further Information on This Topic

E-mail Us Directly: 2011PHEPCA@cdc.gov

Centers for Disease Control and Prevention
Atlanta, Georgia

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