NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

Building Surge Capacity for Health Centers

Thursday, April 25th, 2:00pm ET

Presenters

Dr. Anita Patel
Team Lead
CDC's Pandemic Medical Care and Countermeasures

Alexander Lipovtsev
Director
CHCANYS' Emergency Management Program

Tina Wright
Director
Emergency Management at MassLEAGUE

National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services

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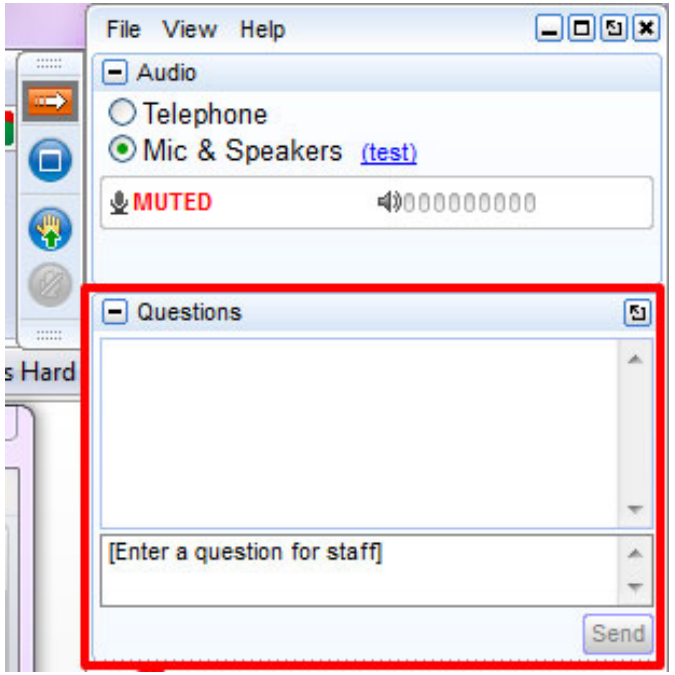
a PHMC affiliate

Questions Welcomed

To ask a question or make a comment for our panelists, type it into the **Questions** pane in the Go To Webinar control panel.

We'll address all audience questions during Q&A!



NATIONAL NURSE-LED CARE CONSORTIUM
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Building Surge Capacity for Community Health Centers

April, 2019

Anita Patel, PharmD, MS
Senior Advisor, Pandemic Medical Care and Countermeasures Lead
National Center for Immunizations and Respiratory Diseases
Centers for Disease Control and Prevention

US Hospitals are Critical to public health

5,500

January 2015

Seasonal flu overwhelms medical facilities

What if there's a pandemic?

FOX 5 KVVU-TV LOCAL. LAS VEGAS.

Flu epidemic prompts Valley hospitals to declare internal disaster

Posted: January 14, 2015 7:04 PM EST Updated: Jan 15, 2015 11:51 AM EST

lehighvalleylive.com

Rapid spread of flu keeping emergency rooms 'very busy' in the Lehigh Valley

January 2, 2015 at 7:00 AM

Lake Wylie Pilot

Charlotte hospitals, doctors' offices 'slammed' with flu patients

By Karen Garloch
December 31, 2014

JOURNAL-NEWS

CONTINUING COVERAGE: FLU OUTBREAK

Flu epidemic puts pressure on medical clinics

By Hannah Poturalski
January 2, 2015

Deadly Flu Stomping SE Michigan

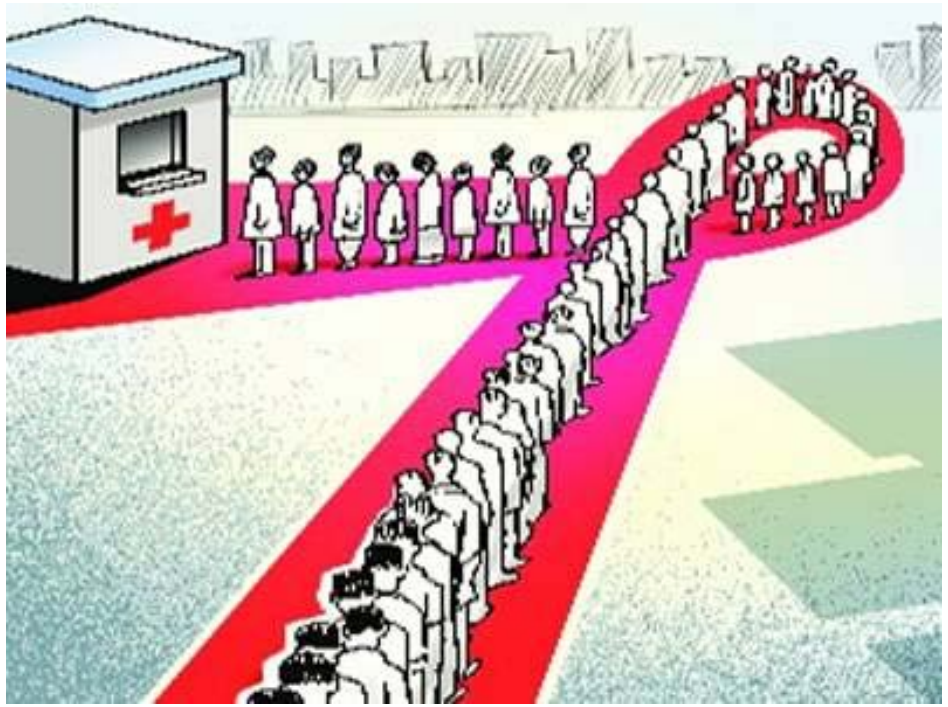
January 3, 2015

DEADLINE DETROIT
HOMEGROWN MEDIA REVOLUTION

A Mild-to-Moderate Pandemic – 2009 H1N1

Long wait times … Reduced access to care …
Increased risk of illness and death ….

How do we avoid this during a public health response?



Need to Plan for Public Health Responses Beyond Just Hospitals

What about the rest of the system?

Other places that people receive health care:

- Long term care facilities
- Assisted living
- Home care
- Urgent care, retail care clinics
- Community health centers

Today's Discussion

Will focus on improving surge capacity for community health centers

EMERGENCY
MANAGEMENT
ADVISORY
COALITION

Building Surge Capacity for Community Health Centers: The Unexpected

Tina T. Wright & **Alex Lipovtsev**
Chair & Co-Chair

Massachusetts League of Community Health Centers

CHCANYS

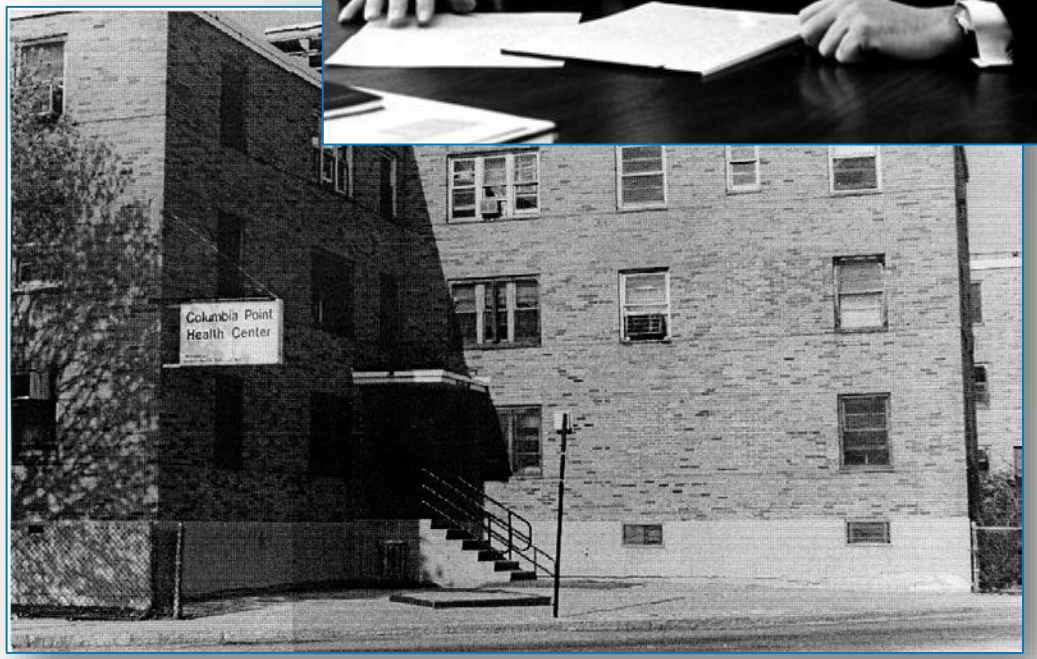
Health Centers as "Community Responders"

Founding of the First Two Health Centers in the Nation:

Physician-activists
Count Gibson &
H. Jack Geiger

Boston, MA & Mound Bayou, Mississippi

https://www.chcchronicles.org/histories



A Massachusetts Example

Massachusetts League of Community Health Centers

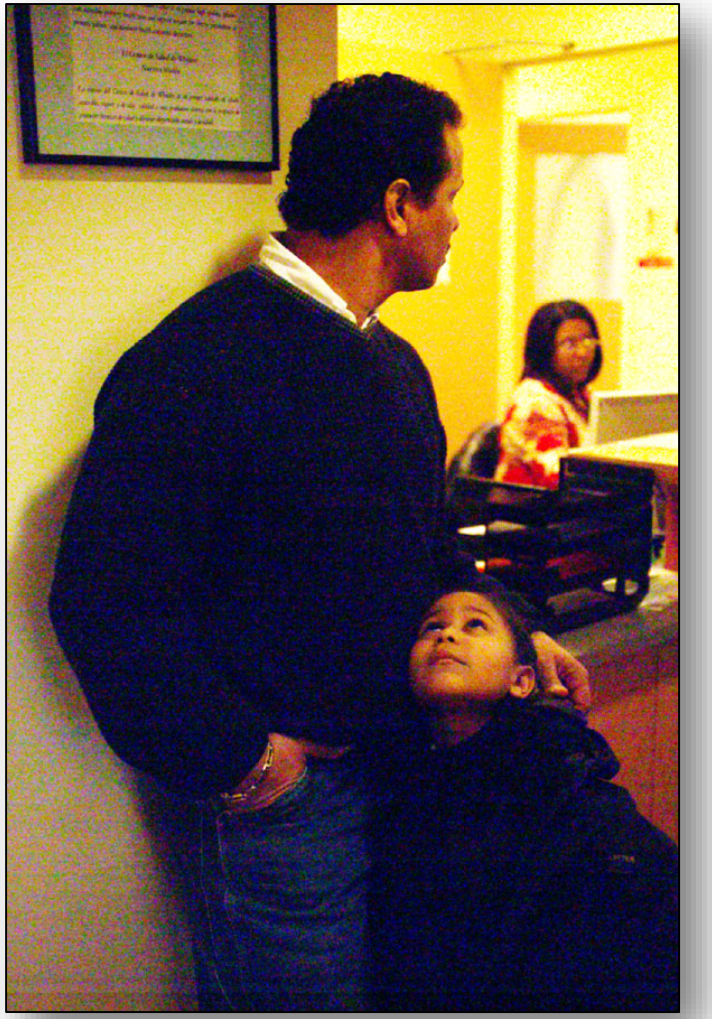
As champions for the community, health centers foster a level of grassroots emergency preparedness that reaches deep into the underserved and vulnerable populations they care for daily. The scope and depth of their response is tremendous. The state's community health centers not only play a significant role in maintaining the health of communities, we are recognized as critical and essential partners in local, statewide and national emergency response.

Today, health centers are more than primary care providers – we are **community responders**.

How do CHCs respond to emergencies?

- Surveillance of unusual outbreaks and diseases
- Education of community and patients
  - Internal staff education, clarification and identification of staff roles
- Vaccination and mass prophylaxis

How do CHCs respond, cont.



- Strengthen capacity to address post-event public demands, i.e. behavioral/mental health, culturally competent care
- Outpatient surge capacity and triaging systems
- Integrated role in local and regional emergency response efforts

How have CHCs been integrated in emergency management?

- **Through planning groups**
  - by town, city, region, county, state
  - by discipline – health and medical, public health, schools, long-term care, emergency management, law enforcement, emergency medical/ambulance services, etc.
  - for specific events – e.g. Boston Marathon, 4th of July, large conventions, large scale exercises
- **Through a common goal**
  - "…to provide a coordinated response to the health and medical needs of community XYX during an emergency…"

How have CHCs been integrated in emergency management efforts? cont…

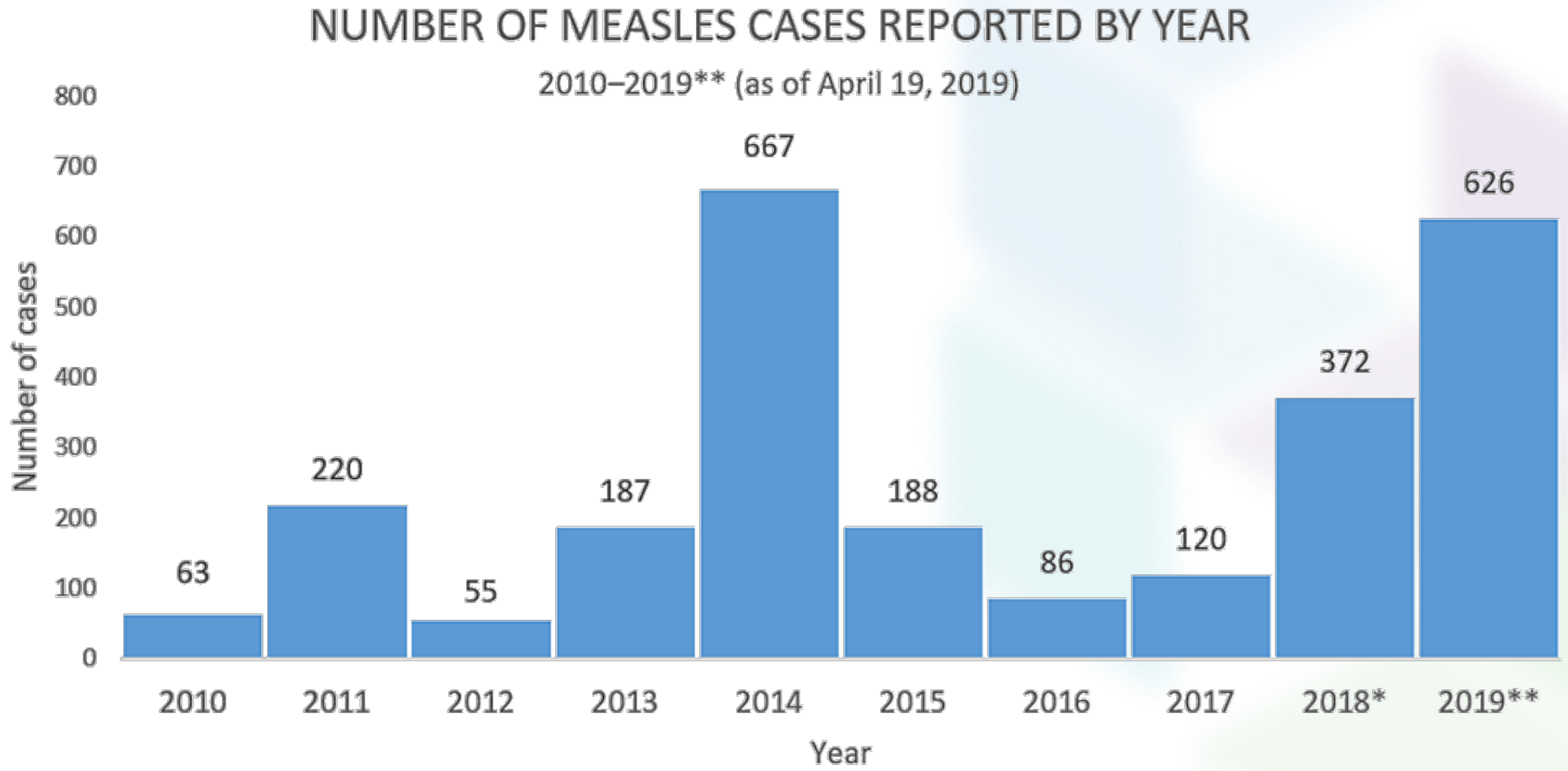
By educating others on what health centers can *and cannot* do, for example:

- "*This*" health center has a pharmacy and can distribute medications
- "*That*" health center has several clinical staff who speak Vietnamese and can translate
- "*That other*" health center has onsite digital X-ray and can take "green and yellow" patients/ walking wounded
  - ❖Health centers *cannot* care for critically wounded patients
  - ❖Health centers *cannot* be mini-hospitals

Other examples of health centers in action:

- Incoming evacuees from other national/international disasters
- Special events, e.g. Boston Marathon, Democratic National Convention, large musical festivals
- Haiti Earthquake in 2010 – culturally sensitive behavioral health
- Pandemic H1N1 Influenza outbreak and mass vaccinations clinics
- Cement factory explosion that blanketed community in hazardous materials
- High media exposure during a health center crisis (risk communication) and behavioral health needs of staff and patients
- Emerging Issues and Infectious Diseases – measles, flu, *Ebola*, *NEXT*?

Measles Cases in 2019



*Cases as of December 29, 2018. Case count is preliminary and subject to change.

Cases as of April 19, 2019. Case count is preliminary and subject to change. **Data are updated every Monday.

https://www.cdc.gov/measles/cases-outbreaks.html

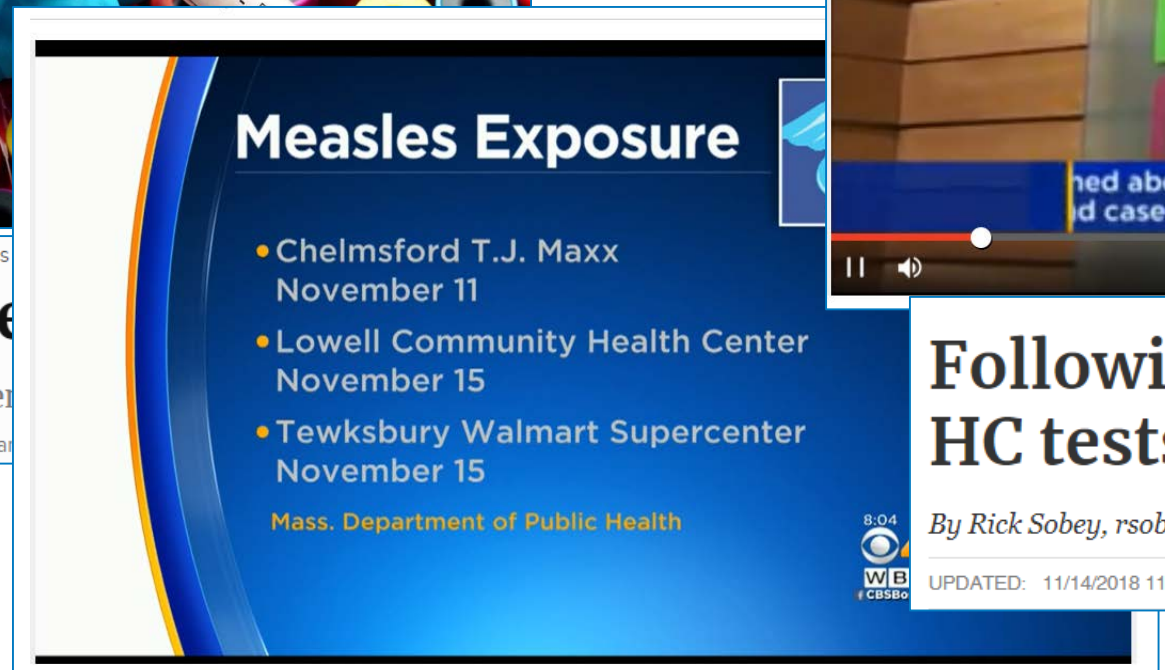
Recent example: Lowell, Massachusetts

Health & Fitness

State

The patien

By Dave Copelan



Following warning, Lowell Community HC tests hundreds for measles

By Rick Sobey, rsobey@lowellsun.com

UPDATED: 11/14/2018 11:54:48 AM EST

Measles Response
Common Operating Picture
11/13/2018

Patients seen in exposure window	
No immunization information	278
Seen in pharmacy only, no imm. info.	91
Seen in LGH only, no imm. info.	10
Fully immunized (eCW review and MIIS)	160
Total patients in exposure window*	**501**

*does no include personnel that accompanied patient

Other personnel in exposure window	
Lowell CHC Staff	52
BTG Training	15
Teen BLOCK	12
Pharmacy	7
WIC	3
Fleet Courier	1
USPS	1
FedEx	1
JMC	1
Net potential exposure	**93**

Available MMR Doses

11/12 - 0800 : 70
11/12 - 0946 : 128
11/12 - 1104 : 515
11/12 - 1256 : 675
11/12 - 1447 : 625
11/12 - 1641 : 600
11/13 - 0800 : 600
11/13 - 1700 : 425

Titer Status – as of 1715

	Orders (Drawn)	Results
11/10	51 (36)	34
11/11	232 (209)	203
11/12	23 (19)	16
11/13	13	

Post exposure f/u appointments – as of 1626

11/10	31
11/11	226
11/12	71
11/13	11

RFIs as 1700

1. Can we provide home care for suspected cases (Lowell CHC)
2. How many patients have been seen at LGH for IG (LGH)
3. How are positive results communicated to patients (immune)? (Lowell CHC)
4. How are negative or equivocal results communicated to patients (Lowell CHC)

Due Outs:

1. Imms and Titer result tracking sheet.

Recent example: Lowell, Massachusetts

What they did right:

- Performed mandatory reporting and contact tracing with local health began immediately
- Communicated with patients immediately
- Got ahead of the media with press statements, patient notifications and social media
- Coordinated collection of vaccines to offer public vaccination clinics to anyone, including partnering with other health centers
- Vaccinated 350+ people within days of the outbreak; credited with a coordinated response with hospital, public health and the health center

Measles Response
Common Operating Picture – Operational Period 12
11/20/2018

Target Population

Total patients in exposure window*	**236**

*does not include personnel that accompanied patient

Action Taken

Phone calls made:	**882**
11/10	325
11/11	557

Post exposure f/u appointments	**353**
11/10	31
11/11	226

Summary of action taken (11/9 to 11/15)

Patients immunized	54
Patients with titer (pos/neg/eq)	16
Patients with both imm. and titer	6
Patients with IVIG	UNK

Results of Action Taken

Titer Status

	Orders (Drawn)	Results
11/10	51 (36)	34
11/11	232 (209)	203
11/12	23 (19)	16
11/13	30 (29)	
11/14	23	
11/15	11	

Available MMR Doses
11/20 – 1347 : 393

Patients in exposure window with no evidence of immunity as of 11/20, contacted but have not been seen : 87

Lessons learned for resilience:

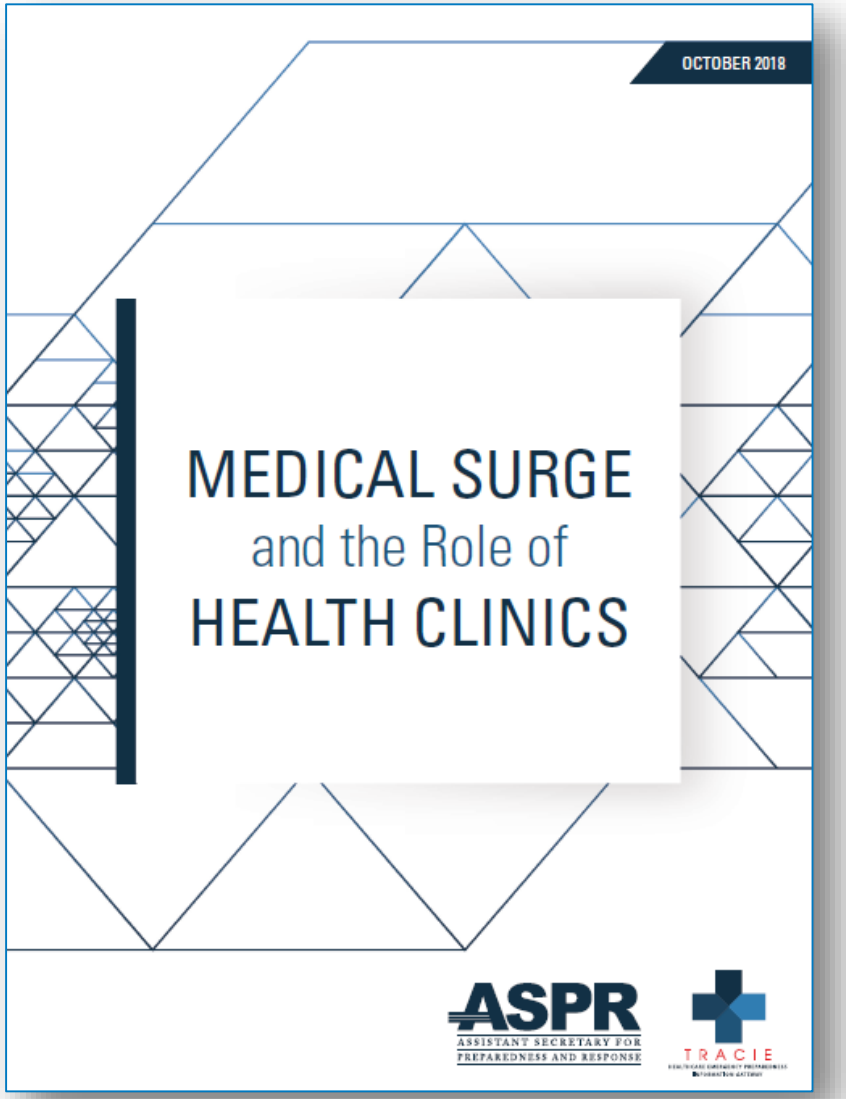
INTERNAL

- Successful timely notification of staff and patients
- Improved processes to become more efficient during and throughout the response operations
- Rapid decision-making by senior leadership and setting up Incident Command structure
- Integrated emergency response activities with regular CHC operations and minimized potential additional exposures
- Tracking and documentation of response efforts

EXTERNAL

- Notification of local and state authorities
- Integration of external response agencies into CHC Incident Command structure
- Successfully managed risk communications with media to educate and inform those exposed
- Bringing all parties together for a comprehensive After Action Review and Improvement Planning

ASPR TRACIE Report



- Analyzed results of a survey and targeted follow-up interviews
- Focused on 2 scenarios – Infectious Disease Outbreak and No-notice Incident
- Most are part of coalition and/or local response efforts - >65%
- Participation locally was noted as a key element, wanting more joint education/ exercising opportunities

Being part of the coalition and being active means that you are part of the solution to an emergency and a part of helping continue healthcare in your area. It is a critical part of being a Health Center to be involved with your coalition.

~ Facilities Manager, Emergency Preparedness Lead, Urban, Suburban, FQHC, CHC, Health Care for the Homeless Health Centers

ASPR TRACIE Report: Future paths for CHCs

- Include PCAs to help refine CHC potential roles
- Increase awareness to external agencies of CHCs roles in
- (COOP) to lay a foundation for Coordinated Community Preparedness
- Provide support to CHCs and Healthcare Coalitions for Emergency Management Activities
- Promote active involvement of CHCs in healthcare coalitions
- Develop training strategies and technical assistance to increase
- Develop and promote mechanisms to exchange experiences and lessons learned and promote mentoring from CHCs more experienced in emergency management

Provide Resources!!!

CMS rule for minimum EP requirements

- The CMS Emergency Preparedness Final Rule outlines four core elements of emergency preparedness for 17 provider/suppliers, including RHCs / FQHCs
- Must be “in compliance” to participate in Medicare and Medicaid.

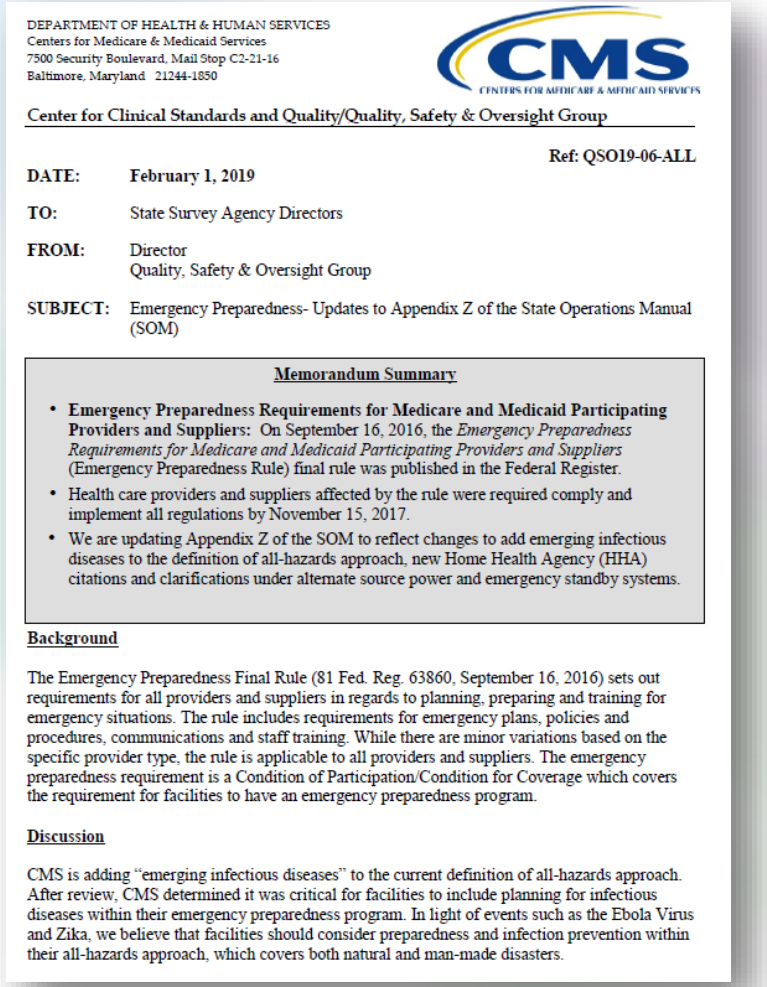
An All-Hazards Approach

The rule establishes criteria for Medicare-participating providers and suppliers to develop effective and robust emergency plans and responses utilizing an "all hazards" approach for disruptive events such as care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food.

CMS Survey & Certification Group, January 2017

CMS Survey & Certification Group Update

- On February 1, 2019, CMS updated Appendix Z of the State Operations Manual (SOM) to reflect changes to add emerging infectious diseases to the definition of all-hazards approach.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO19-06-ALL

DATE: February 1, 2019

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Emergency Preparedness- Updates to Appendix Z of the State Operations Manual (SOM)

Memorandum Summary

- **Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers:** On September 16, 2016, the *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers* (Emergency Preparedness Rule) final rule was published in the Federal Register.
- Health care providers and suppliers affected by the rule were required comply and implement all regulations by November 15, 2017.
- We are updating Appendix Z of the SOM to reflect changes to add emerging infectious diseases to the definition of all-hazards approach, new Home Health Agency (HHA) citations and clarifications under alternate source power and emergency standby systems.

Background

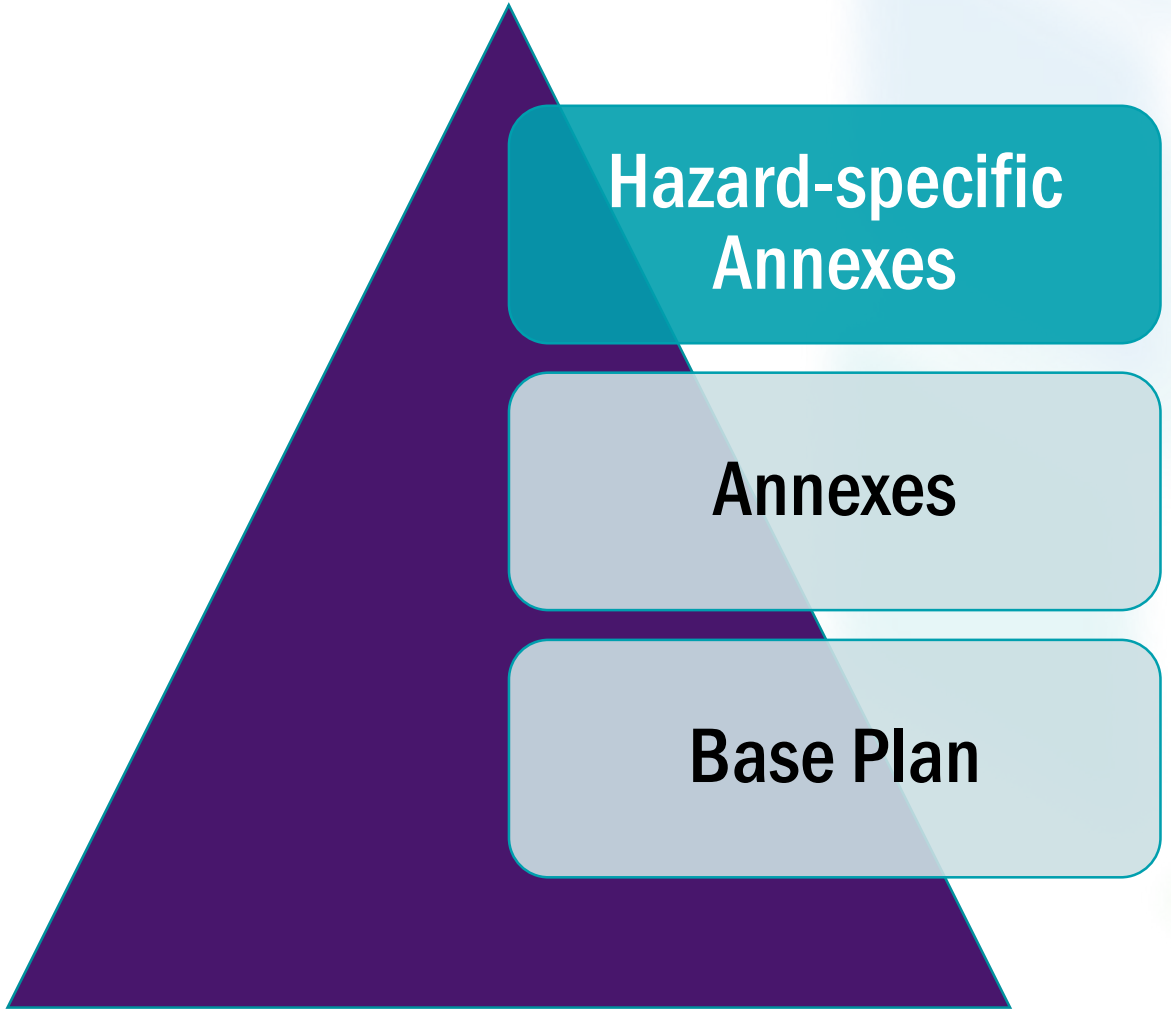
The Emergency Preparedness Final Rule (81 Fed. Reg. 63860, September 16, 2016) sets out requirements for all providers and suppliers in regards to planning, preparing and training for emergency situations. The rule includes requirements for emergency plans, policies and procedures, communications and staff training. While there are minor variations based on the specific provider type, the rule is applicable to all providers and suppliers. The emergency preparedness requirement is a Condition of Participation/Condition for Coverage which covers the requirement for facilities to have an emergency preparedness program.

Discussion

CMS is adding "emerging infectious diseases" to the current definition of all-hazards approach. After review, CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program. In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.

Ref: QSO19-06-ALL

Traditional Emergency Management Plan Format



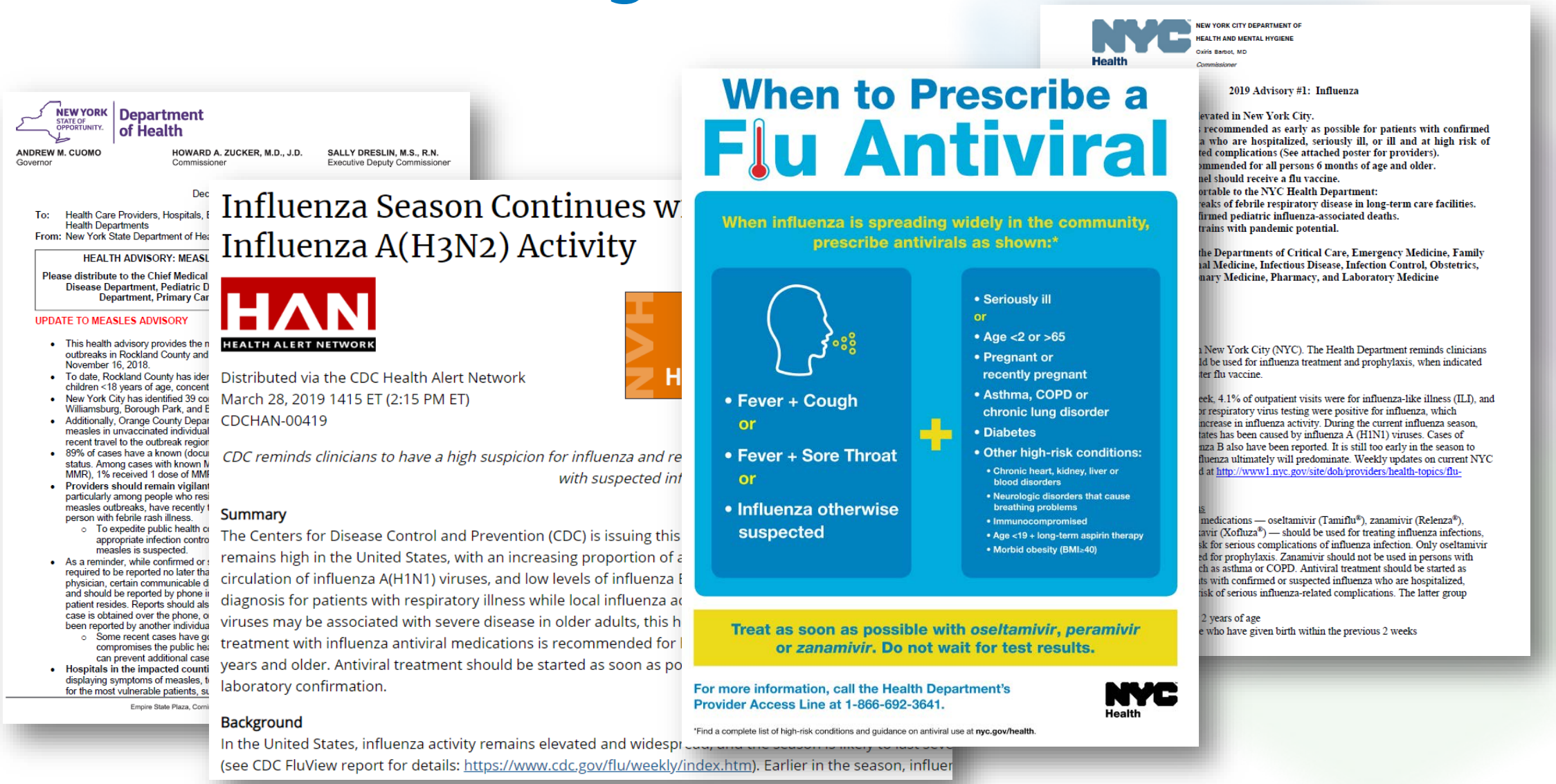
Communications Plan

- Facilitates both internal (staff & patients) and external (federal, state, local agencies) communications
- Must include a “method for sharing information and medical documentation with other healthcare providers to ensure continuity of care for patients.”
- A means of providing information about FQHC's needs and ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

CDC - Crisis & Emergency Risk Communication (CERC)

https://emergency.cdc.gov/cerc/index.asp

Are You Receiving These?



NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO, Governor — HOWARD A. ZUCKER, M.D., J.D., Commissioner — SALLY DRESLIN, M.S., R.N., Executive Deputy Commissioner

To: Health Care Providers, Hospitals, E… Health Departments

From: New York State Department of Hea…

HEALTH ADVISORY: MEASL…

Please distribute to the Chief Medical … Disease Department, Pediatric D… Department, Primary Car…

UPDATE TO MEASLES ADVISORY

- This health advisory provides the n… outbreaks in Rockland County and … November 16, 2018.
- To date, Rockland County has iden… children <18 years of age, concent…
- New York City has identified 39 co… Williamsburg, Borough Park, and E…
- Additionally, Orange County Depar… measles in unvaccinated individual… recent travel to the outbreak region…
- 89% of cases have a known (docu… status. Among cases with known M… MMR), 1% received 1 dose of MM…
- **Providers should remain vigilant** … particularly among people who resi… measles outbreaks, have recently … person with febrile rash illness.
  - To expedite public health c… appropriate infection contro… measles is suspected.
- As a reminder, while confirmed or … required to be reported no later tha… physician, certain communicable d… and should be reported by phone i… patient resides. Reports should als… case is obtained over the phone, o… been reported by another individua…
  - Some recent cases have g… compromises the public he… can prevent additional case…
- **Hospitals in the impacted counti…** displaying symptoms of measles, t… for the most vulnerable patients, su…

Empire State Plaza, Corni…

Influenza Season Continues w… Influenza A(H3N2) Activity

HAN HEALTH ALERT NETWORK

Distributed via the CDC Health Alert Network
March 28, 2019 1415 ET (2:15 PM ET)
CDCHAN-00419

CDC reminds clinicians to have a high suspicion for influenza and re… with suspected int…

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this… remains high in the United States, with an increasing proportion of a… circulation of influenza A(H1N1) viruses, and low levels of influenza B… diagnosis for patients with respiratory illness while local influenza ac… viruses may be associated with severe disease in older adults, this h… treatment with influenza antiviral medications is recommended for … years and older. Antiviral treatment should be started as soon as po… laboratory confirmation.

Background

In the United States, influenza activity remains elevated and widespr… (see CDC FluView report for details: https://www.cdc.gov/flu/weekly/index.htm). Earlier in the season, influen…

When to Prescribe a Flu Antiviral

When influenza is spreading widely in the community, prescribe antivirals as shown:*

- Fever + Cough
  or
- Fever + Sore Throat
  or
- Influenza otherwise suspected

+

- Seriously ill
  or
- Age <2 or >65
- Pregnant or recently pregnant
- Asthma, COPD or chronic lung disorder
- Diabetes
- Other high-risk conditions:
  - Chronic heart, kidney, liver or blood disorders
  - Neurologic disorders that cause breathing problems
  - Immunocompromised
  - Age <19 + long-term aspirin therapy
  - Morbid obesity (BMI≥40)

Treat as soon as possible with *oseltamivir*, *peramivir* or *zanamivir*. Do not wait for test results.

For more information, call the Health Department's Provider Access Line at 1-866-692-3641.

NYC Health

*Find a complete list of high-risk conditions and guidance on antiviral use at **nyc.gov/health**.

NYC Health — NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Oxiris Barbot, MD, Commissioner

2019 Advisory #1: Influenza

…levated in New York City.
… recommended as early as possible for patients with confirmed …a who are hospitalized, seriously ill, or ill and at high risk of …ted complications (See attached poster for providers).
…mmended for all persons 6 months of age and older.
…el should receive a flu vaccine.
…ortable to the NYC Health Department:
…eaks of febrile respiratory disease in long-term care facilities.
…firmed pediatric influenza-associated deaths.
…trains with pandemic potential.

…the Departments of Critical Care, Emergency Medicine, Family …al Medicine, Infectious Disease, Infection Control, Obstetrics, …mary Medicine, Pharmacy, and Laboratory Medicine

…n New York City (NYC). The Health Department reminds clinicians …ld be used for influenza treatment and prophylaxis, when indicated …ter flu vaccine.

…eek, 4.1% of outpatient visits were for influenza-like illness (ILI), and …r respiratory virus testing were positive for influenza, which …ncrease in influenza activity. During the current influenza season, …tates has been caused by influenza A (H1N1) viruses. Cases of …nza B also have been reported. It is still too early in the season to …fluenza ultimately will predominate. Weekly updates on current NYC …d at http://www1.nyc.gov/site/doh/providers/health-topics/flu-…

…medications — oseltamivir (Tamiflu®), zanamivir (Relenza®), …avir (Xofluza®) — should be used for treating influenza infections, …sk for serious complications of influenza infection. Only oseltamivir …ed for prophylaxis. Zanamivir should not be used in persons with …ch as asthma or COPD. Antiviral treatment should be started as …ts with confirmed or suspected influenza who are hospitalized, …risk of serious influenza-related complications. The latter group …

…2 years of age
…e who have given birth within the previous 2 weeks

Subscribe to Health Alerts!

- Centers for Disease Control (CDC) – http://emergency.cdc.gov/han
  - CDC's Health Alert Network (HAN) is CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.
- Your State / Local Health Department

Priority Telecommunications Services (PTS): GETS and WPS

GETS

Government Emergency Telecommunications Service

WPS

Wireless Priority Service

Requesting GETS and WPS

- Designate a GETS/WPS Point of Contact (POC) for your organization
- POC establishes GETS and WPS account online using www.dhs.gov/gets or www.dhs.gov/wps or by contacting the Priority Telecommunications Service Center at 1-866-627-2255
- POC requests GETS and WPS for an initial group of users/key functions/locations through the online system
- POC distributes GETS Cards and confirms WPS activations

Direct Relief – Safety Net Support Program

Eligible partner facilities order online from Direct Relief's pharmaceutical inventory. Orders are reviewed by a Direct Relief pharmacist and delivered free of charge.

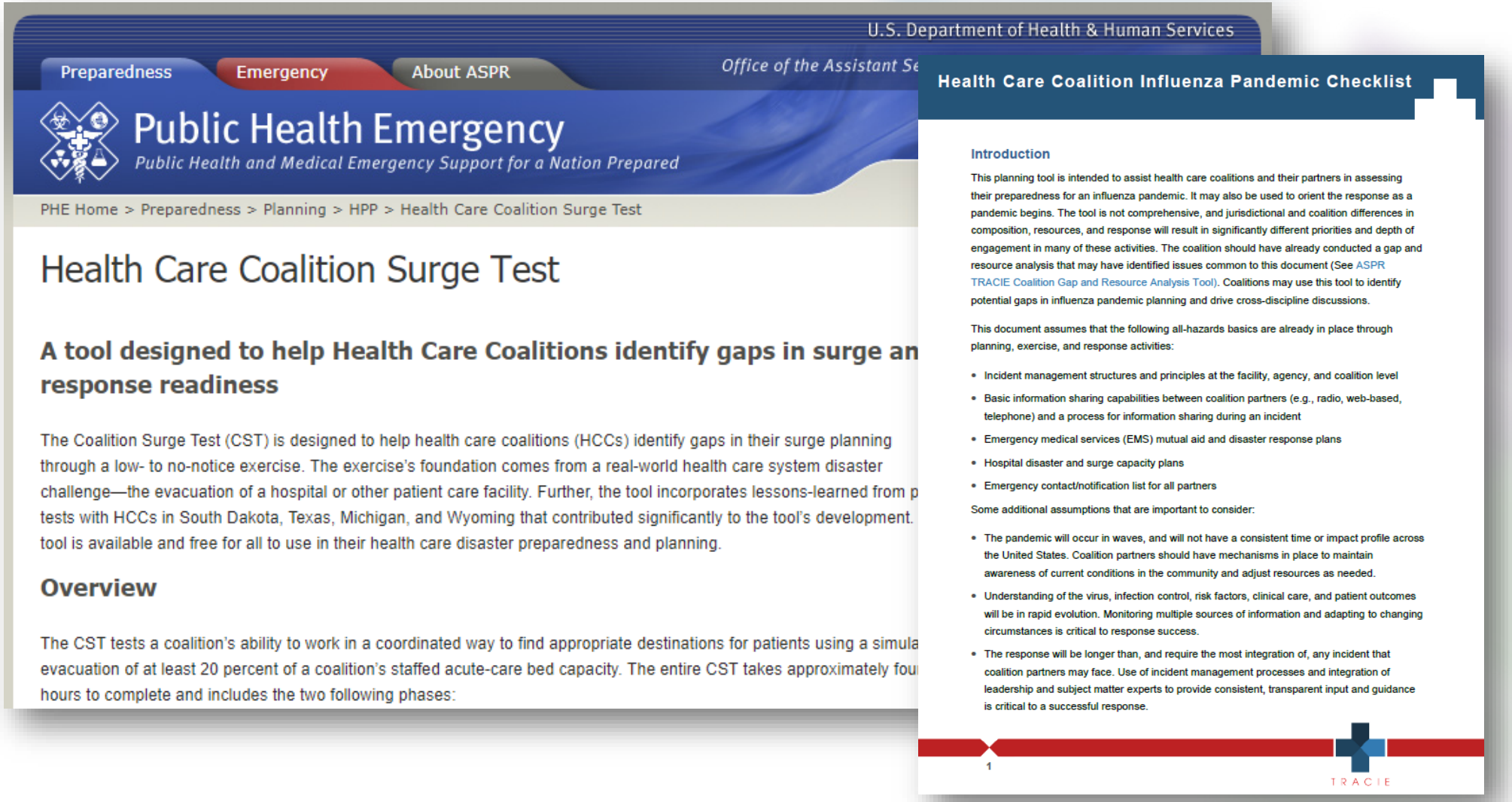
Eligibility Requirements

Your organization must:

- Have federal 501(c)(3) non-profit tax-exempt status
- Be a qualified facility that provides health care to patients regardless of their ability to pay (i.e. FQHC, FQHC Look-Alike, Free Clinic, Community-Based Clinic, etc.)
- Comply with all State Board of Pharmacy regulations in storing and dispensing medications
- Have a Medical Director with valid state license
- Dispense donated products to patients within the United States

https://www.directrelief.org/

Health Care Coalition Surge Test



https://www.phe.gov/Preparedness/planning/hpp/Pages/coaltion-tool.aspx

EMERGENCY MANAGEMENT ADVISORY COALITION

Questions?

Thank you!

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Chair, PCA EMAC

Massachusetts League of Community Health Centers

Alexander Lipovtsev
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Co-Chair, PCA EMAC

CHCANYS


Final Questions
NATIONAL
NURSE-LED CARE
CONSORTIUM
a PHMC affiliate