

Understanding & Advancing the Health Center Role in Local Emergency Response



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Public Health Preparedness Project

- Centers for Disease Control & Prevention (CDC)
- National Nurse-Led Care Consortium (NNCC)
 - Kristine Gonnella, Director, Training & Technical Assistance
- Research & Evaluation Group (R&E) at Public Health Management Corporation (PHMC)
 - Kelly Thompson, Policy Analyst
- Emergency Mgmt. Advisory Coalition (EMAC)
 - Co-Chairs, Tina Wright & Alex Lipovtsev

Panelists



Tina Wright

Director of Emergency Management
Mass. League of Community Health Centers
Chair, PCA Emergency Management Advisory
Coalition



Christina Brito-Tigerina

Clinical Care Coordinator
Texas Assoc. of Community Health Centers



Thomas Knox

Director of Emergency Preparedness
and Education Programs
Florida Assoc. of Community Health Centers

Today's Objectives

1. Discuss community resilience and its impact on health centers.
2. Highlight the value of health care coalitions, and identify how health centers can become involved.
3. Demonstrate diverse opportunities for health centers to play key roles in local emergency response.

POLL #1

What is your role at the Health Center?

- Administrator
- Clinician
- Case Manager/Coordinated Care Professional
- Other
- Not a part of a Health Center

Why assess public health emergency preparedness at health centers?

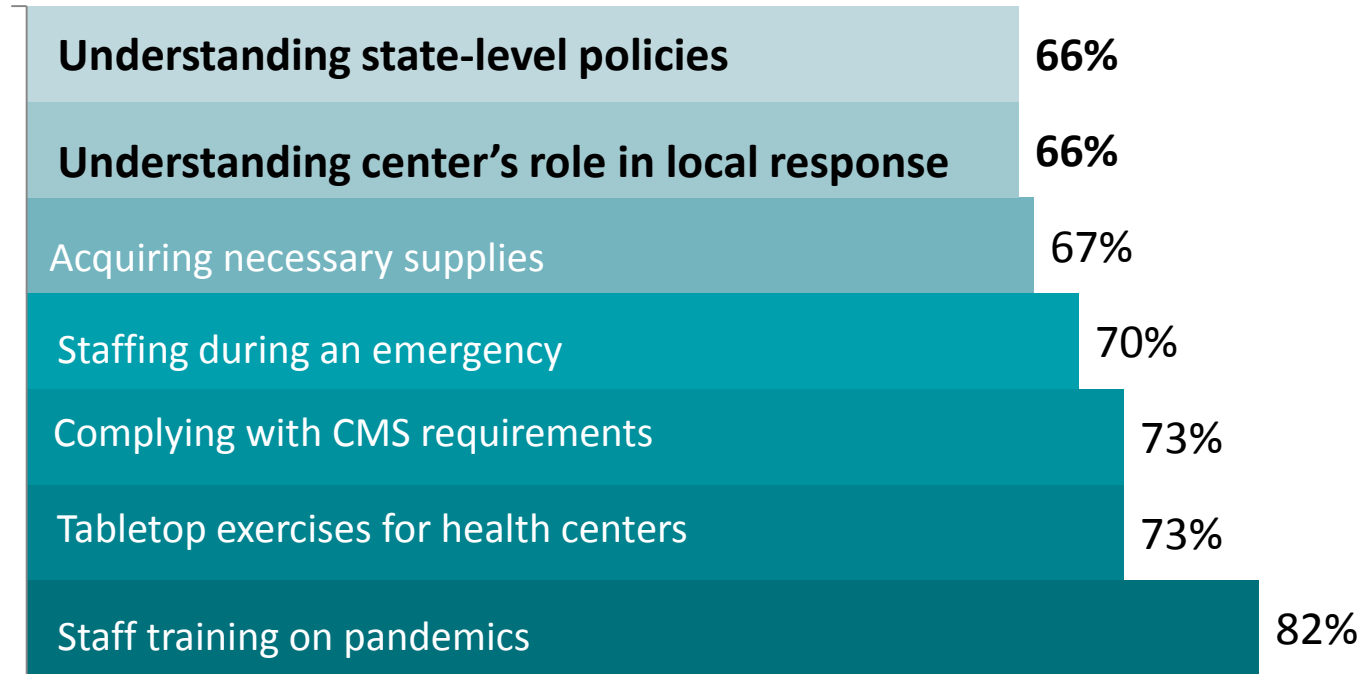
- Health centers – as primary care providers and trusted members of their communities – must be prepared to respond to emergencies, and will be relied upon for medical care and other support services.
- Health centers have the opportunity to identify and decrease the impact of disease outbreaks (ex. influenza) with screening and treatment protocols.

Assessment of Health Centers

Results:

- 1,376 health centers, **391 participants** (29% response rate)
- Comprehensive demographics:
 - Participant role at health center (40% CEOs; 14% safety/compliance)
 - Number of health center sites (1=12%; 2-10=68%; 11+=19%)
 - Geographical area (57% rural; 43% urban)
 - Special population funding (22% homeless; 8% public housing; 13% migrant)

Greatest preparedness training and TA needs



Source: PHMC, Public Health Preparedness Poll, 2017.

Learn more: www.nurseledcare.org

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**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate



**RESEARCH
& EVALUATION** GROUP
at PHMC

POLL #2

On a scale of 1-5 (1 being not at all ready, and 5 being completely ready), how ready is your health center to respond to a public health emergency from a pandemic or disease outbreak, such as H1N1 flu pandemic or Ebola?



EMERGENCY
MANAGEMENT
ADVISORY
COALITION

Understanding the Roles of Health Centers in Local Emergency Response

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

PCA Emergency Management Advisory Coalition

Before September 11, 2001

- Disaster happened = CHCs closed. Few envisioned a CHC role during a time of crisis
- Few requirements for emergency planning beyond occupancy fire code requirements (evacuation policies)
 - NFPA 101: Life Safety & 99: Health Care Facilities Codes
 - Exception: The Joint Commission of Accredited Healthcare Organizations had some minimum emergency preparedness requirements under the "Environment of Care"



2002 – 2013...

CHCs wanted to become involved in preparedness and response after the tragedies of 9/11, but didn't know where to begin.

Many emergencies and disasters helped pave the way for inclusion of CHCs.

- Hurricanes Katrina, Rita, Ike, Sandy, Harvey, Irma, Maria
- Tornadoes in Missouri, Mississippi, Georgia, Louisiana
- Wildfires in California, Colorado, Texas, and more
- Floods in Iowa, Texas, Miami, Vermont, Louisiana, North Carolina, California
- Mudslides in California
- Epidemics and Pandemics
- Earthquakes in Haiti, Mexico City
- Opioid crisis
- Behavioral Health and re-traumatization of survivors

Does HRSA require CHCs to be prepared for emergencies and disasters?

Various policy directives appear to support emergency preparedness work:


- ... encouraged to...
- ... should integrate...
- ... should collaborate...
- ... may want to...



BUT...

➤ **No written requirement by HRSA**

PIN 2007-15 “Health Center Emergency Management Program Expectations”

 U.S. Department of Health and Human Services
HRSABPHC
Bureau of Primary Health Care
Health Resources and Services Administration

POLICY INFORMATION NOTICE

DOCUMENT NUMBER: 2007-15

DATE: August 22, 2007


DOCUMENT TITLE: Health Center
Emergency Management Program
Expectations

TO: Health Center Program Grantees
Federally Qualified Health Center Look-Alikes
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

Health centers are a vital component of our Nation's health care safety net. As such, health centers are positioned to play an important role in delivering critical services and assisting local communities during an emergency. To do so, they must be adequately prepared to deal with emergencies including having a plan in place to prevent, prepare for, respond to, and recover from emergencies.

This Policy Information Notice (PIN) provides guidance on emergency management expectations for health centers to assist them in planning and preparing for future emergencies. This document is not intended to be all inclusive but rather to provide guidance so that health centers can develop and maintain an effective and appropriate emergency management strategy—including developing and implementing an emergency management plan, building existing and growing new relationships, enhancing effective and efficient communications, and ensuring that the health center can effectively operate after an emergency. The expectations set forth in this notice are intended to be an extension of PIN 98-23, “Health Center Program Expectations.”

If you have any questions or require further guidance, please contact the Office of Policy and Program Development at 301-594-4300.


James Macrae
Associate Administrator

Attachment

Policy Information Notice 2007-15

Health Center Emergency Management Program Expectations

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Form 10 of FQHC 330 Grant Application

Form 10: Emergency Preparedness Report

OMB No.: 0915-0285, Expiration Date: 1/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Form 10: EMERGENCY PREPAREDNESS REPORT		Grant Number	Application Tracking Number
Section I: Emergency Preparedness and Management (EPM) Plan			
1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Does your organization have an approved EPM plan? If Yes, date that the most recent EPM plan was approved by your Board: _____ If No, skip to the Readiness section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Does the EPM plan specifically address the four disaster phases? (This question is mandatory if you answered Yes to question 2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3a. Mitigation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3b. Preparedness	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3c. Response	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3d. Recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Is your EPM plan integrated into your local/regional emergency plan? (This question is mandatory if you answered Yes to question 2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. If No, has your organization attempted to participate with local/regional emergency planners? (This question is mandatory if you answered Yes to question 2 and No to question 4.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? (This question is mandatory if you answered Yes to question 2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Section II: READINESS			
1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Does your organization conduct annual planned drills?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Does your organization's staff receive periodic training on disaster preparedness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Will your organization be required to deploy staff to Non-Health Center	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Form 10: EMERGENCY PREPAREDNESS REPORT		Grant Number	Application Tracking Number
sites/locations according to the emergency preparedness plan for the local community?			
5. Does your organization have arrangements with Federal, State, and/or local agencies for the reporting of data?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Does your organization have a back-up communication system?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a. Internal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6b. External	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines, and medical supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g., insurance coverage for short-term closure)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Does your organization have an off-site back-up of your information technology system?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Does your organization have a designated EPM coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Why should CHCs embrace a culture of emergency preparedness?

- **Mission Driven:** CHCs are mission-driven organizations. *To provide access to high quality, cost-effective health care services to everyone, regardless of insurance status or ability to pay.*
- **Consumer Board Members:** health center patients who serve as volunteers to help support and direct their local health centers to meet the true needs of the community.
- **About 40% of companies hit by natural disasters never reopen**, according to the Labor Department. And for small businesses struck by a major storm, the chance of going under is even greater because the impact is typically two-fold — **direct physical damage** and **the loss of customers** who are also affected by the storm.

Lowell Community Health Center: Our Mission

- To provide caring, quality, and **culturally appropriate** health services to the people of Greater Lowell, regardless of their financial status.
- To enhance the health of our community and to empower each individual to maximize overall well being.

Our Motto

LCHC:

**Linking Community
to Health Care**



Always there for you.

FAMILY HEALTHCARE
NETWORK
a california health center
Your Health. Our Mission.

“Nothing about us without us”

Potential Roles of CHCs in emergencies

- Surveillance of unanticipated outbreaks and diseases
- Education of community and patients
 - Internal staff education, clarification and identification of staff roles
- Vaccination and mass prophylaxis
 - e.g. flu clinics



Potential Roles of CHCs in emergencies, cont.



- Strengthen capacity to address post-event public demands, i.e. behavioral/mental health
- Outpatient surge capacity and triaging systems
- Integrated role in local and regional emergency response efforts
 - e.g. Supporting emergency shelter operations to provide basic medical care

MA examples of health center EP in action:

- Boston Marathon – annually
- Haiti Earthquake in 2010
- Rare powerful tornado in 2011
- Pandemic H1N1 Influenza outbreak and mass vaccinations 2009-2011
- Severe weather - snow, rain, wind and floods
- Transformer explosion and reduction of services over a multi-day period
- Cement factory explosion that blanketed community in hazardous materials
- High media exposure during a health center crisis (risk communication) and mental health needs of staff and patients
- Utility failures and floods that caused a temporary reduction of services
- Emerging Infectious Diseases – measles, flu, meningitis, *Ebola*, *NEXT?*

Centers for Medicaid & Medicare Services



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Home > Medicare > Survey & Certification - Emergency Preparedness > Emergency Preparedness Rule

**Survey & Certification -
Emergency Preparedness**
[State Survey Agency Guidance](#)
[Health Care Provider Guidance](#)
[Lessons Learned/Archives](#)
Emergency Preparedness Rule
[Core EP Rule Elements](#)

Emergency Preparedness Rule

Survey & Certification- Emergency Preparedness Regulation Guidance

Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective

CMS rule for minimum EP requirements

- **REGULATORY REQUIREMENT** as a Conditions of Participation (CoP)/ Conditions for Coverage (CfC)
- Includes 17 provider and supplier types
- Must be “in compliance” to participate in Medicare and Medicaid
- Four core elements:
 1. Emergency plan
 2. Policies and procedures
 3. Communications plan
 4. Training and testing program (including **2 annual exercises**)
- **All-hazards Risk Assessment** tied to each focus area

About Healthcare Coalitions

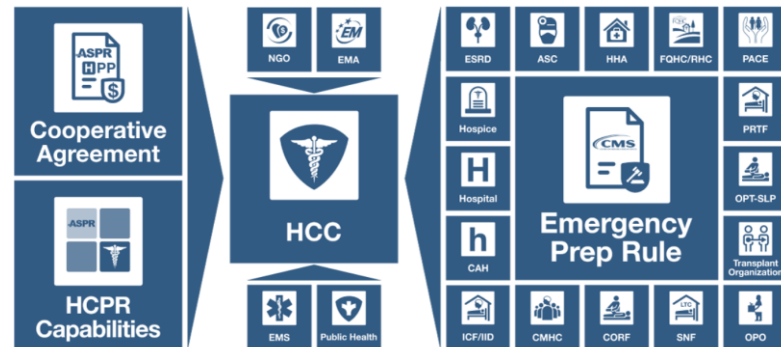
- A healthcare coalition is a group of individual health care and response organizations with a defined geographic area of service.
- Healthcare coalitions foster an environment of collaboration that helps each member be better prepared to respond to emergencies and manage planned events.
 - <http://bparati.com/Healthcare-Coalition-Business-And-Organizational-Development>

Healthcare Coalitions for Emergency Preparedness

- Part of the ASPR capabilities

A healthcare coalition (HCC), as defined in the [HHS ASPR 2017-2022 Health Care Preparedness and Response Capabilities](#), is a group of individual healthcare and response organizations (e.g., hospitals, emergency medical services [EMS], emergency management organizations, and public health agencies) in a defined geographic location that play a critical role in developing healthcare system preparedness and response capabilities. HCCs serve as multiagency coordinating groups that support and integrate with [ESF-8](#) activities in jurisdictional incident command systems (ICS).

- Various funding streams and regulations



Healthcare coalitions are funded through the Hospital Preparedness Program (HPP) Cooperative Agreement from the Assistant Secretary for Preparedness and Response (ASPR).



Total Healthcare Coalitions By Awardee

Separately Funded Localities

● Los Angeles County

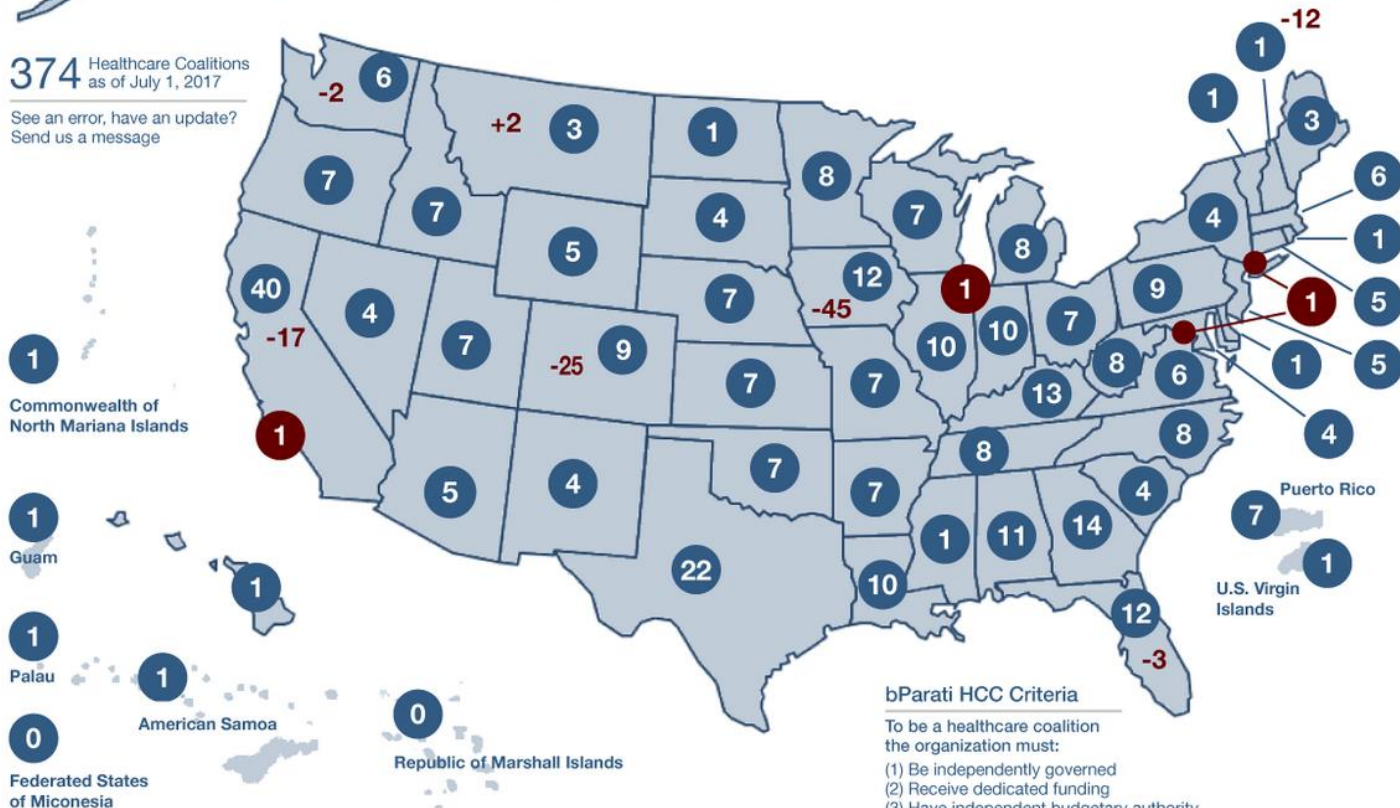
● City of Chicago

● District of Columbia

● New York City

374 Healthcare Coalitions
as of July 1, 2017

See an error, have an update?
Send us a message



bParati HCC Criteria

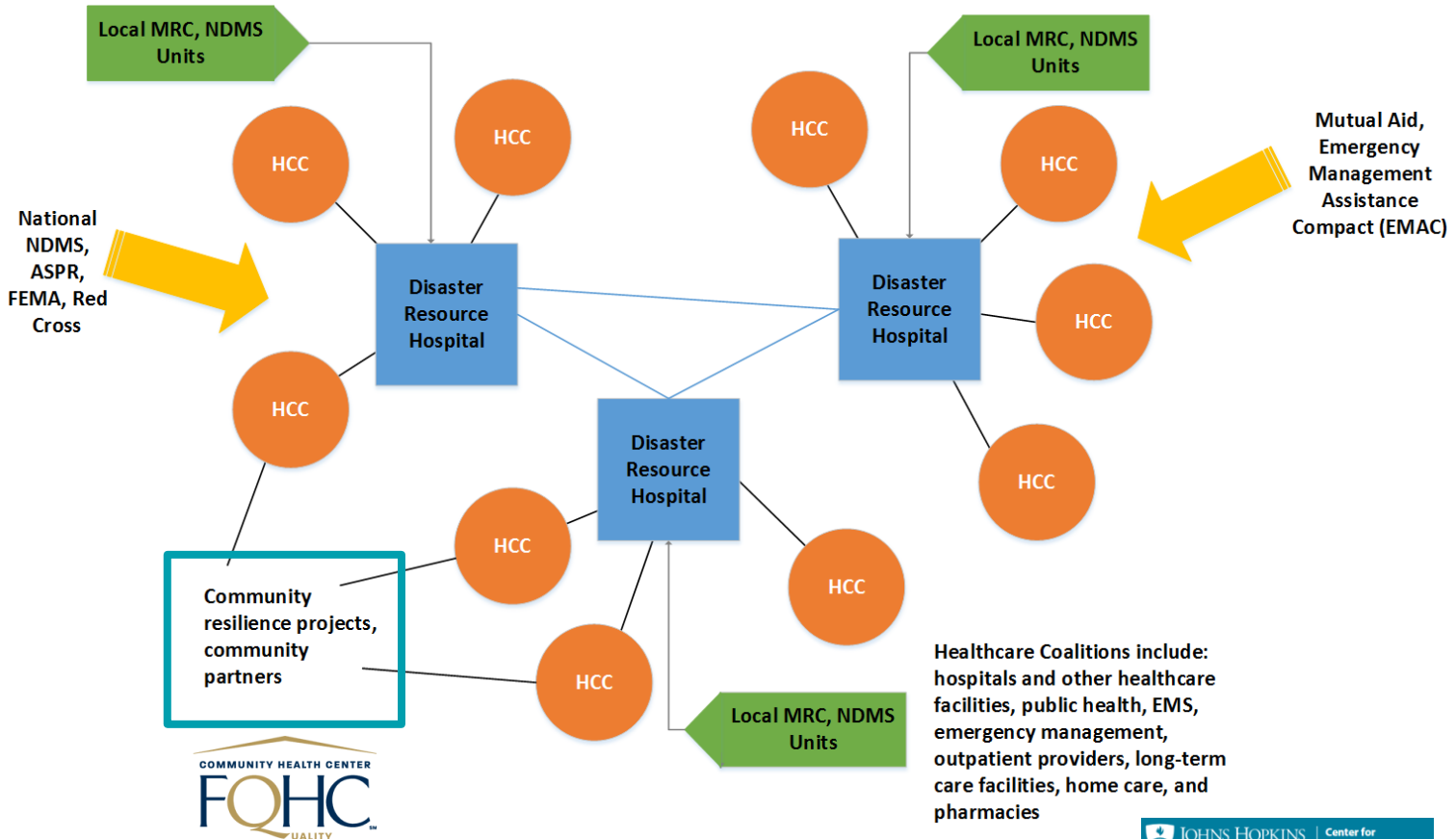
To be a healthcare coalition
the organization must:

- (1) Be independently governed
- (2) Receive dedicated funding
- (3) Have independent budgetary authority

CMS RULE EXPECTATIONS FOR COMMUNITY INTEGRATION

- ... how the facility will coordinate with the **whole community** during an emergency or disaster...
- ... ensures a facility's ability to **collaborate** with local emergency preparedness officials...
- ... **community** risk assessment...
- ... process for **cooperation and collaboration** with local, tribal, regional, State, and Federal emergency preparedness officials' efforts
- ... Facilities are encouraged to participate in a **healthcare coalition**...
- ... Participate in a full-scale exercise that is **community-based**...

New Vision for Resiliency?



POLL #3

- Does your health center have a designated lead emergency preparedness staffer? (yes/no)
- If yes, are you that emergency preparedness staffer?

Practical Application in Local Emergency Response

Panelists



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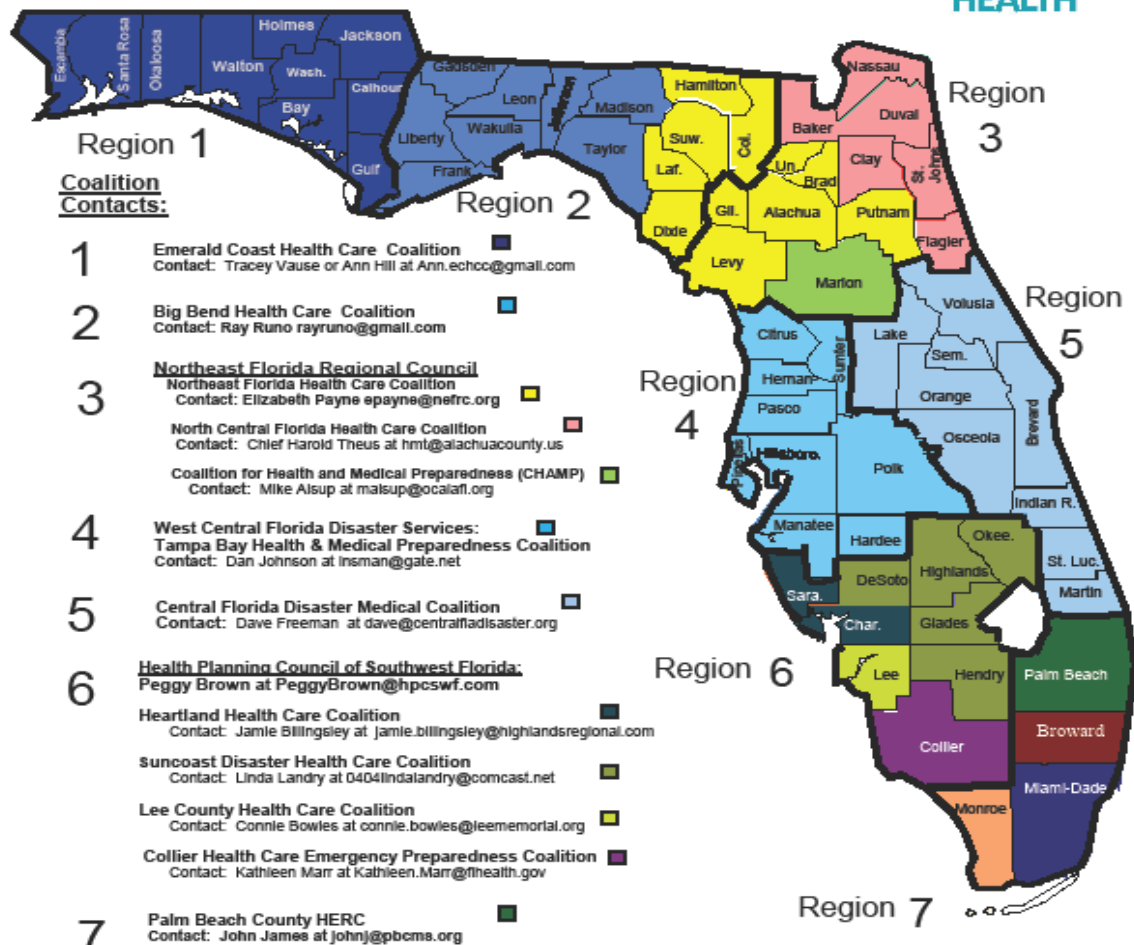


Texas Hospital Preparedness Program Coalitions



Florida Health Care Coalitions

By Regional Domestic Security Task Force (RDSTF) Region
January 2018



Questions?

Moderator:

Kristine Gonnella

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Join us for upcoming training opportunities!

“Building a Culture of Preparedness at Your Health Center”

Learning Collaborative

Beginning April 26th

Register [here](#)!

For more information on the Learning Collaborative,
please contact Emily Kane at ekane@nncc.us.