

*NATIONAL HEALTHCARE PREPAREDNESS EVALUATION PRESENTATION SUMMARY*

**Dr. Nicole Lurie**  
**Keynote Speech**  
**Tuesday, July 21, 2009**

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**About the Speaker-** Dr. Lurie is Assistant Secretary for Preparedness and response at the US Department of Health and Human Services at HHS.

A) Discussion Topics/Presentation Points: Dr. Lurie

- I am thrilled with how many of you are here, it's great to meet new people and see old friends.
- Data are the theme and focus of this conference.
- To figure out where we are going we need to take a step back and looking at the progress we have made in health care system preparedness so far and what lessons we have learned.
- The most helpful feedback is the conversations and dialogue.
- The final goal of this conference is to understand where the program needs to go and what we need to do to evolve.
- The H1N1 epidemic is an incredible test case for where we are, how prepared we are, and what we are currently doing to prepare. This will help us learn and prepare for a possible second outbreak of H1N1 in the fall.

B) Results/Key Findings/ Conclusions: Dr. Lurie

- The first wave of H1N1 outbreak taught us that:
  1. The public was really concerned about H1N1.
  2. People went to ER departments for treatment.
  3. Those systems were overwhelmed, as was the healthcare system.
  4. Many new uninsured people in the healthcare system forces us to reflect and gather data about H1N1.
  5. Data and information are essential for communities and states to be able to take care of their people and at a federal level it makes us think about deploying the assets we have that can help and it tells us how to move forward.
  6. All health care is local.

E) Recommendations/Resources: Dr. Lurie

- My vision for the organization is still evolving, but these are some of my observations.
  1. In the field of preparedness and specifically this program, medicine and public health entities need to come together and leverage what they know and their resources.
  2. All healthcare is local.
  3. There has to be ongoing communication and coordination with communities and collaboration with all community partners to prevent confusion.
  4. Reform is coming (bills in Congress, economic changes etc.) and we need to prepare.
  5. There will be increased transparency. Technology calls for and demands that we create this transparency to protect the health of the American people.
  6. Collaboration is king. Competition is no longer effective.
  7. We need a common goal for communities to work towards.
  8. An expanded vision includes increasing involvement of other jurisdictions like emergency preparedness organizations.

F) Questions Raised/ Brainstorming Ideas: Dr. Lurie

1. Look at the priority one and two capabilities-are those the right ones still?
2. All the things we measure seem to get done, so maybe we need to reevaluate the capabilities and results and what gets done?
3. What is the easiest way to ask the health care system to list the information and data?
4. How do you reach all partners at all levels in your community?
5. How do we keep data and other information timely?
6. What are all people in your community doing?
7. How can we get the healthcare system to vaccinate all employees?
8. What are the flexibilities that various parts of the healthcare system need to have?
9. How can we better define reimbursement?
10. What is the ask list that you all can come up with for us so that we know how to help you, and move this preparedness plan forward? All these preparedness plans that we make help us be better from day- to -day. (Applause)

G) Question and Answer Session: Open to all participants

1. Q: Have you heard about any additional funding we are going to get for healthcare system preparedness? R: Many times the Federal government gives you guidance that has conflicting messages so we need to be clearer about that. I cannot tell you the specifics about if the money is going out, but I can tell you what the expectations are.
2. Q: Are there any strategies for designing a better testing process and at what point is testing no longer necessary, and at what point does the primary doctor do something with a person who presents with symptoms of H1N1? R: You need to do some level of testing because it's testing for surveillance, not management. We need to know if there are other strands evolving, especially resistant ones. We need to be particularly aware of specific groups to watch like pregnant women, kids with chronic illnesses etc. (Applause)