NATIONAL HEALTHCARE PREPAREDNESS PRESENTATION SUMMARY

Dr. David Marcozzi, MD

Evidence Based Decision Making: Program to Policy

Friday, July 24, 2009

About the Speaker: Dr. Marcozzi is from the Emergency Care Coordinating Center (ECCC). Dr. Marcozzi heads up the ECCC, which is within the Office of the Assistant Secretary for Preparedness and Response (ASPR).

A) Discussion Topics/Presentation Points:

- The ECCC focuses on translating data into policy and practices.
- Data needs to be used to inform us about where we are going with policy and with practices so we know how we can improve and where we need to make those improvements and adjustments.
- The Pandemic and All hazards Preparedness Act and the President Act 21 outline the national health security strategy and shall include an evaluation made by the state, local, Federal, tribal communities as to their preparedness based on evidenced based benchmarks set objectively.
- We have to think about how we do things from an evidence- based approach, by law.
- The HPP is supposed to feed into those evidence- based approaches that will feed into Congress and what they see and hear will affect and shape policy.
- Why is communications always number one? Show me the evidence that affects that communication and we can affect policy.
- We have come a long way, but we still need to get further.
- You need to tell us what gaps you see and how we can help you address those gaps because that is how we change affect.
- Do you buy a car before you do the research? No, but we had some emergencies/events that forced us to buy the car right away and now we are driving the car down the highway and trying to fix the engine as we go (that is my analogy for the situation we are in currently).

B) Question and Answer Session: Open to all participants

1. Q: Can you give us an example of policy that came from data from any source? R: One challenge is training and education. With multiple audiences training and education in terms of preparedness that has not been addressed. It was a consensus that if people were informed in a more standard way it would make things easier with regard to preparedness. At some universities they are trying to train people so that when they go out into the field there is some uniformity in terms of the education and training that staff receive.
2. Q: Diversion is a political animal. How do we develop measures that will work for everyone so that you have a dashboard that works and informs everyone? With respect to diversions, what may work in one small community may not work in a large one, so how to you standardize that and still keep people informed in real time about what is going on? R: That is a great question. I don't know if there is one definitive marker to use, I think it is a combination of them, help us get there and discern which benchmarks are the most important.
3. Q: How can we increase those costs, because we know that emergency management is about people and getting boots on the ground and with the grant restrictions on administrative costs we can't get the people we need on the ground. R (Knebel): That is not really for us to comment on.
4. Q: In Texas there is not enough money to give to each hospital to even make a difference, so we divide it up into trauma areas and the administrative costs really hinder us from making an impact, we don't have the money to buy the equipment etc. that we need, so we do a regional approach to make best use of funds. R (Knebel): That is a great example of how policy affects what happens on the

ground, you made a policy decision about what to do with your dollars to best help people.

5. Q: What do you see as the new administration's definition of preparedness? At the program level we are asked to increase preparedness by 50 percent, but what does that mean? R: That is a complex question. I commend the VA for their efforts in that area. We are looking at capabilities, not necessarily capacity that is the question, are we faster, leaner etc.? You have to get us the evidence to guide us. We need the outcomes/measures/data/benchmarks that say if we are 50 percent better or not. R (Knebel): That is a policy decision that will drive things in the direction that they have to be, using capabilities as the approach and integrating that with the jurisdiction approach is what we need to tap into.
6. Q: At higher levels in the Federal government people think they're doing well, but at the local level people don't think they are doing well in terms of the H1N1 outbreak, it happened in Boston and in NJ. Though HPP and the driving for communication is one thing that we have done well, we all worked together.
7. Q: For communication it would be nice if someone acted as a clearinghouse for mass message distribution, including dispersing messages in multiple languages for our immigrant populations.