NATIONAL HEALTHCARE PREPAREDNESS EVALUATION PRESENTATION SUMMARY

Dr. Cynthia Hansen, Moderator

Leveraging Resources through Partnerships

Friday, July 24, 2009

About The Speaker- Dr. Sebastian Heath, VetMB, PhD – FEMA; Susan Larsen – CMS

A) Discussion Topics/Presentation Points: Susan Larsen

- The information sharing that goes back and forth is great because it can help us meet the needs of the population at large.
- Hurricane Katrina taught us to work together with our emergency preparedness responders more effectively for both large and small -scale disasters.
- After Hurricane Katrina CMS launched an All Hazards Approach Initiative.
- In 2006 CMS did a study and from that study CMS learned that most states did not have a system in place to track the effectiveness of their providers and there needed to be a system in place to gather information about the status of providers.
- The expectation is that state agencies are collaborating with other agencies so we don't have a silo effect.
- While we were designing our pilot we were aware of the economic climate and wanted states to get a system in place but we also wanted to stay out of the way of states that already had systems in place.
- As a result we came up with the CMS Emergency Preparedness Resource Inventory (EPRI) Pilot.
- Key points about EPRI:
    1. It's a web -based system that is activated by a state in the event of an emergency.
    2. Providers can log in and respond to emergencies.
    3. States can log in and track who is responding during an emergency.
    4. State agencies can send reports to emergency coordinators and other key personnel.
    5. State agencies can review data after an emergency.
    6. System is very secure and easy to use since people are not using it on a daily basis, but only when activated during an emergency.
    7. It includes two provider pages. One for hospitals and one for other providers.
    8. The hospital page works like the HAVBED system and we are working to coordinate that with them so that it updates the hospital's HAVBED system as well as ours.
    9. This is a free system we are offering to states so that should help with spreading the word about it and increasing the number of users.
- DHS and the HHS coordinating committee- that is what we are here to talk about today so that you get that information and leverage it into building stronger partnerships when you get back home.
- HSPD-21 is the document that guides the work of the HHS and the DHS coordination committee.
- Our charge is that the Secretary of HHS and the Secretary of HS will develop a process for coordinating Federal grant programs for public health and medical health.
- Our 5 activities/goals are:
    1. To work collaboratively to resolve grantee issues
    2. Work on developing a matrix of HHS-DHS programs that fund the public/medical preparedness activities and programs
    3. Look for gaps, and overlaps in programs
    4. Streamline processes and requirements
    5. Promote effective examples of state, regional and local models that are working.
- Short term priorities/goals for the next year are:
    1. Include extra departmental subject matter experts in the future grant guidance process
    2. Describe the interface between the HHS and the DSHA grants/cooperative

3. Develop educational materials so that everyone can understand what everyone else is doing, which will foster coordination and partnerships
4. Continue to develop the matrix
5. Develop common terminology for medical and health preparedness
6. Develop compatible exercise and programs funded by DHS and HHS grants, aligning requirements based on AAR.

B) Discussion Topics/Presentation Points: Dr. Heath

- The Federal Emergency Management Agency "(FEMA)'s mission is to support our citizens and first responders to ensure that as a nation we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards."
- When people think of FEMA they usually think of logistics, disaster assistance and disaster logisitics.
- There are three types of grants that we administer in the Preparedness Grant Programs Division:
    1. Overarching Homeland Security Programs that provide funding for a broad set of activities in support of the four homeland security mission areas and the goals of:
    i. Protect
    ii. Prevent
    iii. Respond
    iv. Recover
    2. Targeted infrastructure protection programs for specific critical infrastructure protection initiatives within identified jurisdictions
    3. Assistance to Firefighters Grants
- All these grants add up to about $7 billion that is dispersed through our office at FEMA.
- For most FEMA preparedness grants the State Administrative Agency is the initial recipient
- The Homeland Security Grant Program (HSGP) includes four major grant programs:
    1. State Homeland Security Program (SHSP)-SHSP provides funds to build capabilities at the state and local levels and to implement the goals and objectives included in the state homeland security strategies and initiatives in the State Preparedness Report.
    2. Urban Areas Security Initiative (UASI)-UASI focuses on enhancing regional preparedness in major metropolitan areas as well as directly supporting the national priority on expanding regional collaboration in the National Preparedness Guidelines.
    3. Metropolitan Medical Response System (MMRS)-MMRS supports the integration of emergency management, health, and medical systems into a coordinated response to mass casualty incidents caused by hazards.
    4. Citizen Corps Program (CCP)-CCP brings community and government leaders together to coordinate involvement in emergency preparedness, planning, mitigation, response and recovery.
- How can grantees spend their money?
    1. FEMA money goes to state agencies.
    2. HHS money goes to public health departments
    3. This way there is no overlap of funds
- There are seven FEMA grants that could be used for an outbreak of H1N1:
    1. Homeland Security Grant Program (HGSP)
    2. State Homeland Security Grant Program (SHSP)
    3. Urban Areas Security Initiative (UASI)
    4. Metropolitan Medical Response System (MMRS)
    5. Citizen Corps (CCP)
    6. Emergency Management Performance Grants (EMPG)
    7. State homeland Security Grant Program-Tribal (SHSP-T)

- The best way to make use of these grants is to identify the people within your state who are administering FEMA grants and approach them so that there is no overlap or duplication
- Remember that FEMA is the principle grant - awarding agency for DHS, but that FEMA is a moving organization with lots of parts so there is constant change.

C) Question and Answer Session: Open to all participants

1. Q: For Sue Larsen, does the long-term care component of your system include any tracking of those patients? R (Larsen): That is the reason why many states decided to not use our system because of the tracking of nursing home patients that they do not want to deal with.
2. Q: Good job getting agencies to work together and share their data. In the circumstance we keep talking about alternate sites of care. If CMS does not have a clear reimbursement protocol can you at least provide us with the criteria you are going to use to judge these alternate sites of care, so that we know about reimbursement? R: (Larsen): I have been pushing our department for coming out with such a policy. You need to be working with the state survey agency to know if that alternate site is in the loop.
3. Q: For H1N1 one of the public health preparedness issues is to be able to answer the Federal reimbursement policy issues. We need some clarity because as public health directors we don't know what to tell people. R (Larsen): CMS is working hard to be removing obstacles in those areas as part of our reaching out and coordinating and collaborating. R (Heath): We put a lot of our money into operational training and education. One thing that has been overlooked in many areas is what are the triggers for declaring a disaster? How is an emergency declared and how is it reimbursed? Alaska is a good example, all health related programs are at the designation of the governor in one office, this is a good system.