

Public Meeting Summary

Wednesday, June 27 2018

8:30am – 4:00pm EDT

NACCD Members Present

Scott Needle, MD
Michael Anderson, MD, MBA, FAAP
Linda MacIntyre, Ph.D, RN
Susan McCune, MD, MAEd, FAAP
Sarah Park, MD
Georgina Peacock, MD, MPH, FAAP
Jeffrey Upperman, MD
Anne Zajicek, MD, PharmD, FAAP (virtual)

ASPR Staff Present

Maxine Kellman, DVM, PhD, PMP
Belinda Green
Sarah Verbofsky, MPA

NPRSB Members Present

Prabhavathi Fernandes, Ph.D. (Chair)
John Benitez, MD, MPH
Virginia Caine, MD
Mark Cicero, MD, FAAP
H. Dele Davies, MD, MSc, MHCM
Donald Gray Heppner, M.D., FACP, FASTMH,
FRGS
Elizabeth Leffel, MD, MPH
David Schonfeld, MD, FAAP
Joelle Simpson, MD, MPH
Catherine Slep, MD, MPH
Tammy Spain, Ph.D.

Retired NPRSB Members Present

Eva Lee, PhD
Kenneth Miller, MD, Ph.D.
Steven Krug, MD (virtual)

NPRSB Ex-Officio and Alternate Members Present

Sam Groseclose, DVM, MPH, DACVPM (virtual)

Call to Order, Review of Federal Advisory Committee Conflict of Interest Rules, Introductions

Maxine Kellman, DVM, Ph.D., PMP, National Advisory Committees,

Dr. Maxine Kellman was the designated federal official for this meeting, as NAC Executive Director CDR Jonathan White was serving as the incident commander for the reunification of separated families during the time of the public meetings. She welcomed NACCD and NPRSB members, ASPR staff, and members of public to the meeting. She took a roll call of all NACCD and NPRSB members present and reviewed the Federal Advisory Committee (FACA) conflict of interest rules.

Opening Remarks

Prabhavathi B. Fernandes, PhD, NPRSB Chair

Dr. Fernandes welcomed members of both boards to the meeting and thanked Dr. Steven Krug for his service as the former NPRSB Chair. She looked forward to the joint discussion of the boards today and over the upcoming year. The NPRSB has assigned members to working groups around three issue areas as designated by the ASPR: preparedness, response, and MCM delivery. Both advisory committees will shift to creating more concise, actionable, and rapid recommendations and deliverables in the interest

of better advising the ASPR. The NPRSB shares the goal with the NACCD of incorporating children into recommendations to the ASPR and looks forward to the two boards collaborating.

Scott M. Needle, MD, FAAP, NACCD Chair

Dr. Needle echoed Dr. Fernandes in welcoming both boards. He explained that, as the medical director for safety and quality care at a federally qualified health center (FQHC), he works on quality improvement – identifying problems and opportunities and then applying tools, strategies, and data to make changes and get results. Quality improvement also applies to the federal advisory committees and their tasks; the boards see opportunities for improvement in how we respond to disasters. Bringing viewpoints from members on both boards for the Future Strategies Working Group will best serve ASPR. Dr. Needle also expressed optimism about the impact the committees will have with the shift from long reports to shorter, impactful reports that will hopefully lead to real results and change.

Background and Work to Date on Joint NACCD and NPRSB Future Strategies for Children and Disasters Working Group

Dr. Georgina G. Peacock, MD, MPH, FAAP, NACCD

Dr. Catherine C. Slemph, MD, MPH, NPRSB

Dr. Peacock and Slemph provided background on the Future Strategies Working Group task to date. They provided the mission statement and previous work of smaller subgroups to members of both boards as a jumping off point for the day's discussions. Prior work bucketed information into three categories: data training, policy leadership, and funding. The goal is to produce a shorter report/executive summary by early August. They recommended the boards take the previous 2014 NPRSB FWSG report and view it through the lens of children's needs; how can they best position ASPR to achieve its mission as it relates to children? They instructed the boards to think at a higher strategy level, on a timeline of three to five years, and give action steps in the short term to move towards this vision. The agenda for the day will look at trends, future scenarios, strategies, and assign out responsibilities.

Board Member Introductions

NPRSB-NACCD Joint Working Session 1: Future Strategies

This working group session focused on identifying trends from five main angles: societal, technological, economic, environmental, political, and values/social. The boards reviewed the six trends from the NPRSB's previous report from a pediatric standpoint. Members brainstormed current healthcare and community trends such as inadequate medical countermeasures (MCMs) for adults and children, social determinants of health, the significant barriers children face to disaster resilience, etc. Members closed the session by ranking their four top priority trends that should be explored more in the report:

1. Economic challenges pose major threats to at least three core components:
 - New MCMs
 - Public health
 - Healthcare system
2. Social and entrepreneurial models are changing
3. Mental health considerations in children

4. Data and data comp. capacity are rapidly changing as is the need for data system integration and cybersecurity
5. Disasters and energy needs will remain a significant threat
6. Disaster risk reduction is a critical component globally and domestically
7. Demographic and environmental changes relevant to healthcare are expected
8. Children facing economic societal challenges every day

Break

NPRSB-NACCD Joint Working Session 2: Future Planning

This working session was devoted to discussing expected scenarios, or the conditions that the committees believe the ASPR will be operating under in the future. For example, board members predicted that there would be increased local control, more regional coalitions and partnerships, an engaged ASPR that builds on the BARDA brand and is the “glue” of disaster preparedness and response. They also forecasted that there would be a lack of financial resources would be invested in disaster training drills, community hospitals could go out of the business of caring for children, there would be a continued lack of long-term planning, and that without a strategic IT “stockpile”, cybersecurity would continue to be a threat, leaving health information vulnerable.

Lunch

NPRSB-NACCD Joint Working Session 3: Future Strategies

This working session was devoted to discussing the potential negative scenarios that may arise if ASPR receives less support and the implications for ASPR and disaster preparedness for children. In this scenario, board members predicted that preparedness could be privatized and the role of ASPR would be marginalized, there would be a regression of health coalitions, and, if the public health crisis for children continues, there would be a plummeting of resiliency in communities, making response even more difficult.

Priorities of the ASPR

Edward J. Gabriel, Deputy Assistant Secretary of Incident Command and Control

Dr. Phillips introduced Ed Gabriel, the Deputy Assistant Secretary for Incident Command and Control. He spoke about the ASPR’s four priorities:

1. Strong leadership
2. Building a regional disaster health response system
3. Maintaining robust public health capabilities
4. Developing and maintaining an MCM enterprise

Mr. Gabriel said HHS will work with boards on these priorities and that all of them have practical implication on saving lives. He closed by taking a question for NPRSB member Dr. Gray Heppner, who asked him what his perspective is on the number of medium and large scale drills in the U.S. for disasters? Mr. Gabriel said that places like NYC are usually participants in the DHS federal exercises but the problem is that smaller communities do not get as much practice as larger communities. Regional

and local authorities need to collaborate (i.e. if NJ responders are assisting NYC in a disaster, they must know where places like Bellevue Hospital are located).

NPRSB-NACCD Joint Working Session 4: Future Strategies

Retiring NPRSB board member and Chair Steve Krug was able to say a few words. He congratulated the new members, and expressed excitement that the boards will be able to collaborate on the FSWG task and harness the skills and expertise of new members. He is happy to help however he can moving forward. Former NAC Executive Director CAPT Charlotte Spires was able to stop by as well and speak briefly to the group. In her 22 years in the federal government, working with the boards was the most rewarding experience.

The boards turned to aspirational scenarios and discussed what the conditions would be and what strategies would get ASPR to optimal conditions. In optimal conditions, the board predicted there would be a strong public health infrastructure, an adequate emergency fund to assist with rapid response, integration among federal, state, and local funding for disaster planning and response, an engaged public and trusted ASPR, efficient development of vaccines/MCMs, and a healthcare system that integrates the needs of children.

To close out, the members each volunteered for one of the following groups: trends, scenarios, and strategies/next steps to synthesize the information discussed today into key takeaways that could be incorporated into a brief report.

Closing Remarks

Prabhavathi B. Fernandes, PhD, NPRSB Chair

Scott M. Needle, MD, FAAP, NACCD Chair

Dr. Fernandes closed by thanking all board members for their contributions to the discussions today and thanking the ASPR team for organizing the meeting. Dr. Needle echoed these sentiments and thanked Drs. Peacock and Slemper for their hard work on facilitating the beginning of a productive report.

Adjourn

Maxine Kellman, DVM, Ph.D., PMP, National Advisory Committees

Dr. Kellman noted that there were no public comments for the committees and adjourned the meeting.