

*NATIONAL HEALTHCARE PREPAREDNESS EVALUATION PRESENTATION SUMMARY*

**Cliffon Smith, Moderator**  
**Panel: Data – What is it Good for?**  
**Thursday, July 23, 2009**

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**About The Speakers-** Cynthia Bascetta, MA – Director of Health Care, Government Accountability Office (GAO); Serena Vinter – Senior Research Associate, Trust for American's Health (TFAH)

A) Discussion Topics/ Key Points: Ms. Bascetta

- Potential terrorists attacks and outbreaks of epidemics such as the pan flu raised the awareness and concerns of our healthcare system to respond to a mass casualty event (MCE).
- What is our surge response? Congress asked GAO to study the country's preparedness for a MCE.
- Objectives:
  1. Learn what states have done to prepare.
  2. Identify concerns that states have related to medical surge.
  3. Find out what assistance the government has provided in order for states to prepare.
- Scope/methods used to conduct work:
  1. Reviewed documents from all 50 states.
  2. Conducted interviews.
  3. Talked to people from various emergency preparedness associations.
- We picked two states per from each region, published our report in 2008.
- Through our methods, we identified key points/challenges:
  1. All states were making efforts to expand hospital capacity, but all had concerns about certain key components.
  2. All were coordinating with Department of Defense (DoD) and VA hospitals.
  3. All were using a bed tracking system of some kind.
  4. 18/20 hospitals were in the process of selecting alternate care sites, but only seven had altered their standards of care.
  5. Hospitals were concerned about staffing for increased surge and were concerned about reimbursement issues for using alternate sites. We recommended that HHS act as a clearinghouse so that states could avail themselves of certain requirements.
- What is the utility of this data?:
  1. Transparency is critical and being able to provide non-biased data to the congress is our job and we were pleased to have good news for congress that we are more prepared than we used to be.
  2. There is a risk in all the elements of the work we do to have too much data-we have to simplify the data or else we will be overwhelmed.
- Results/Key Findings/Conclusions:
  1. The reporting burden is greatly alleviated if you have less criteria and data to collect which helps you understand things more.
  2. We need to have impact data, which is really hard, but necessary.
  3. The data are really necessary but not sufficient when used alone.
  4. It is important to learn about relationships and collaboration.
  5. We need to examine resilience and figure out how to become more resilient because you don't know what you have to be prepared for.

B) Discussion Topics/Key Points: Ms. Vinter

- Trust for America's Health (TRAH) is a non-profit that advocates for a strong public health system through prevention, protection and strong communities.
- TRAH does an annual report that looks at both state and Federal health emergency preparedness (mass casualty event or an outbreak, terrorism etc.).

- Each state is given a report card, and TRAH compiles 10 key (stock piling of meds, vaccines, staff that is available, food supplies etc.) indicators that reflect the preparedness of the states in the country.
- In 2008 more than half of the states got a 10 or less.
- The report cards are used to highlight which states are doing things well so that those states that are doing poorly can learn something.
- We also look at Federal preparedness and what is really discouraging is the declining amount of Federal dollars currently available.
- While the Federal funding has declined, the needs and required resources for the states has been increasing, so that directly impacts public health.
- State budget shortfalls and the state of the economy add to this problem.
- Our findings/ data help us:
  1. Show trends over time.
  2. Communicate with elected officials-The numbers are what speak to high level officials.
    - i. It is easier to advocate for public health emergency preparedness when you can show elected officials how their state is measuring up.
    - ii. Savvy public health officials use data to lobby to their governor for more resources.
  3. Media attention-This also speaks to showing the public what you are spending their tax money on, it keeps the public informed.
    - i. Shows the investment is paying off.
    - ii. Helps media frame issues for their targeted audience.
- What has the huge investment in public health emergency preparedness bought us?:
  1. There has been success with the strategic national stockpile-All states and the District of Columbia meet the requirements last year, for example.
  2. Public health labs and staffing-49 states as of 2007 were ready for a surge, which is a vast improvement over 2004 when it was only 7 states that were prepared.
  3. Mass vaccination-In 2006 38 states could maintain or increase their vaccine rates of seniors and in 2008 ,again, it was almost all.
- Challenges with the data:
  1. Availability-Lots of data are being collected, but people are not always willing to share their data.
  2. Development of outcome measures is hard-How do you measure data of rare events? We need to rely on real world scenarios.
  3. Burdensome reporting requirements.
- Key points to think about as we look ahead:
  1. H1N1-We are in a pandemic with the potential for the H1N1 virus to mutate and become more virulent, which presents opportunities to evaluate public health and medical preparedness.
  2. The American Recovery and Reinvestment Act- This legislation provides \$20 billion in stimulus spending funds for health and IT, specifically.

D) Question and Answer Session: Open to all participants:

1. Q : Did looking at the lab capacity correlate with this H1N1 at all? Did the NEDS system in states help identify the H1N1? Making it real time is critical. R (Vinter): I agree. For the lab measures we have the ability to link the capabilities with outcomes. The CDC's NEDS compliance is great, but not the best indicator of biosurveillance.
2. Q: (Knebel) We took the report to heart and we are working on creating that clearinghouse you talked about, Cynthia, do you have ideas about what that clearinghouse should look like? R (Bascetta): No we have not done that yet, but we are in the process now, it's such a difficult topic.
3. Q: Either of you care to comment on the quality of the data? R (Bascetta): We are subject to data assessments/measures that we are required to follow, so we have reasonable assurance that they are accurate. The reliability issues can multiple quickly as you keep adding more and more reporting requirements so that is why it is crucial to drill down and be sure about what data you are asking for and why.