...All Disasters are Local: Disaster Preparedness for Home and Community Based Providers

September 3, 2015
Agenda

Introductions

Federal Role (ESF#8) in Disasters

Access and Functional Needs

HHS emPOWER Initiative

Lessons Learned

Q&A
Public Health and Medical Preparedness and Response

Ted Kennedy
Operations Division
Office of Emergency Management
Assistant Secretary of Preparedness and Response
Department of Health and Human Services
Disaster Occurs

Local First Responders

County Executive

Requests Aid From

Governor

Requests Mutual Aid

EMAC States

FEMA Regional Director

Informs

Advises

FEMA Director

Contacts

President

Declares Disaster

Incident Management Assistance Team

Joint Field Office

Federal Coordinating Officer

State Coordinating Officer

14 Emergency Support Functions (ESFs)

Provides

Sets Up

Appoints

Joins

The National Response Framework

#1. Transportation  
Department of Transportation

#2. Communications  
DHS/National Communications System

#3. Public Works and Engineering  
Department of Defense/U.S. Army Corps of Engineers

#4. Fire Fighting  
USDA / US Forest Service / FEMA / US Fire Administration

#5. Information and Planning (new title)  
Federal Emergency Management Agency

#6. Mass Care, Housing & Human Services  
Federal Emergency Management Agency

#7. Logistics (new title)  
General Services Administration & FEMA

#8. Public Health and Medical Services  
Department of Health and Human Services

#9. Search and Rescue  
Federal Emergency Management Agency

#10. Oil and Hazardous Materials  
Environmental Protection Agency

#11. Agriculture & Natural Resources  
Department of Agriculture

#12. Energy  
Department of Energy

#13. Public Safety & Security  
DOJ – Alcohol, Tobacco, Firearms, & Explosives

#14. (Absorbed into the National Disaster Recovery Framework)

#15. External Affairs  
DHS

FEMA’s 14 Emergency Support Functions (ESF)
ESF#8 – Public Health and Medical Services

HHS coordinates the overall health and medical response to national-level incidents

ESF #8: personnel and assets from HHS and our Support Agencies:

- Department of Agriculture
- **Department of Defense**
- Department of State
- Department of Energy
- Department of Homeland Security
- Department of the Interior
- Department of Justice
- Department of Commerce
- Department of Transportation
- **Department of Veterans Affairs**
- Agency for International Development
- Environmental Protection Agency
- General Services Administration
- U.S. Postal Service
- American Red Cross
- Department of Labor

HHS Role in Disasters

• Activation
  — Stafford Act Declarations
  — National Special Security Event (NSSE)
  — Consequences of an incident exceed State, Tribal, or local capabilities

• HHS Authorities
  — Declare a public health emergency
  — Make and enforce regulations concerning isolation and quarantine
  — Conduct and support research and investigations into the cause, treatment, or prevention of a disease or disorder
HHS/ASPR Role in NRF

• Coordinator and Primary Agency for ESF #8
  — 17 Core Functional Areas of Responsibility
  — 15 Supporting Agencies with three as partners in National Disaster Medical System (NDMS) (DoD, VA, DHS/FEMA)

• Support Agency to other ESFs
  — Major roles in ESFs 6 (Mass Care, Emergency Assistance, Housing, and Human Services) and ESF #11, Agriculture and Natural Resources
  — Also supports: ESFs 3, 5, 7, 9, 10, and 15
ESF#8 Resources

• Internal to HHS
  — U.S. Public Health Service
  — NDMS
  — Medical Reserve Corps (MRC)

• ESF#8 Partner Resources
  — DoD Medical Personnel, Aeromedical Evacuation (AE) system assets
  — VA Medical Personnel
  — Other federal, American Red Cross, and NGO capabilities
Cheryl Levine, Ph.D.

At-Risk Individuals Team Lead

Division for At-Risk Individuals, Behavioral Health & Community Resilience (ABC)
Office of the Assistant Secretary for Preparedness & Response (ASPR)
U.S. Department of Health and Human Services (HHS)
http://www.phe.gov/abc

Cheryl.Levine@hhs.gov
PAHPRA

Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA)

- The Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (Public Law 113-5)
- *At-risk individuals* are, “…children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency…”
**Goal:** To strengthen and sustain communities’ abilities to prevent, protect against, mitigate the effects of, respond to, and recover from incidents with negative health consequences.

**Strategic Objective 1:** Building and Sustain Healthy, Resilient Communities
Community Resilience

- Human Health
- Well-being
- Social Connectedness
  - Volunteers (MRC)
Hospital Preparedness Program

- Grants and cooperative agreements to States, territories, and eligible municipalities
- Improve surge capacity and hospital capacity
- Building Healthcare Coalitions (partnerships)
  - State Units on Aging/Area Agencies on Aging
  - Skilled Nursing
  - Home Health
Access and Functional Needs

- **Access**: Resources are accessible to all individuals (i.e., social services, accommodations, information, transportation, medications to maintain health).

- **Function**: Restrictions or limitations an individual may have that requires assistance before, during and/or after a disaster or emergency.
CMIST Framework

- Communication
- Maintaining Health
- Independence
- Services and Support
- Transportation
ABCD Resource Library

Fact Sheets
- At-Risk Individuals
- Behavioral Health Tips for Responders: Maintaining Calm at a POD
- Community Resilience
- Cultural and Linguistic Competency in Disaster Preparedness and Response Fact Sheet
- Delivering Gender-Informed Health Services in Emergencies
- Disaster Behavioral Health
- Disaster Behavioral Health: Current Assets and Capabilities
- Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach
- Federal Disaster Case Management Program
- FEMA's Functional Needs Support Services Guidance
- Personal Assistance Services to General Population Shelter
- Personal Assistance Services: Frequently Asked Questions
- Planning Considerations for the Extremely Obese for Disasters and Public Health Emergencies
- Personal Preparedness for Individuals with Disabilities: Sheltering in Place and Evacuation
- Planning for Psychiatric Patient Movement During Emergencies and Disasters
- Registration: An Emergency Planning Tool
- Resources for Serving Persons with Limited English Proficiency
- Understanding How to Accommodate Service Animals in Healthcare Facilities
- U.S. Public Health Service Assistance Teams

Tools
- Americans with Disabilities Act (ADA) Checklist for Emergency Shelters (DOE)
- Building Workforce Resilience through the Practice of Psychological First Aid — A Course for Supervisors and Leaders
- Cultural and Linguistic Competency for Disaster Preparedness Planning and Crisis Response
- Cultural Competency Curriculum for Disaster Preparedness and Crisis Response, Online Training from the Office of Minority Health
- Disaster Behavioral Health Capacity Assessment Tool
- Disaster Behavioral Health Coalition Guidance
- Disaster Preparedness Planning for Older Adults
- Disaster Response Guidance for Health Care Responders: Identification and triage of individuals
- Guidance on Integrating People with Access and Functional Needs into Disaster Preparedness Planning for States and Local Governments
- HHS Disaster Behavioral Health Concept of Operations 2014
- Pediatric Preparedness for Healthcare Coalitions
- Post-Disaster Reunification of Children: A National Approach
- Public Health Workbook to Define, Locate and Reach Special Vulnerable, and At-Risk Populations in an Emergency (CDC)
- HHS Disaster Human Services Concept of Operations 2014

Cultural and Linguistic Competency

• The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
  (https://www.thinkculturalhealth.hhs.gov/content/clas.asp)
  — Tools to advance and sustain culturally and linguistically appropriate health services.

• Relevant Trainings (https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp)
  — Cultural Competency Curriculum for Disaster Preparedness and Crisis Response
  — Physician's Practical Guide to Culturally Competent Care
  — Culturally Competent Nursing Care
  — Cultural Competency Program for Oral Health Professionals
HHS emPOWER Initiative

Using Federal Health Data and Mapping to Advance State, Territory, Local and Community Partner Emergency Preparedness, Response, Recovery and Resilience

Kristen P Finne, Senior Policy Analyst
Office of the Assistant Secretary for Preparedness and Response
Division of Health Systems Policy, Office of Policy and Planning
U.S. Department of Health and Human Services

National Health Security Strategy and Implementation Plan 2015-2018
It’s Here!

1. Build and sustain healthy, resilient communities.

2. Ensure comprehensive health situational awareness to support decision-making before incidents and during response and recovery operations.

3. Enhance the integration and effectiveness of the public health, healthcare, and emergency management systems.

URL: [http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx](http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx)
Do you know who lives in your community and what their needs are?

Can we better understand, assess, and mitigate disaster-induced healthcare system stress and its impact on access, utilization, and health outcomes for at-risk populations?

Can we help a community better understand how many at-risk populations rely upon electricity-dependent medical and assistive devices, healthcare services, and their local healthcare system—daily, weekly, monthly?
HHS emPOWER Initiative*

“HHS Data and Mapping Quality Improvement Partnership is Born”

*Note: Formerly named HHS At-Risk Resiliency Initiative

### Currently Included

- Medicare Fee-For-Service (Parts A/B) and Medicare Advantage (Part C) beneficiaries enrolled, alive and living in a personal residence
  - 65 years old/older, blind, End-Stage-Renal Disease (dialysis) patients, long-term disabled (adults, children)

- Dual Eligible Medicare FFS and MA beneficiaries - currently enrolled in both Medicare **AND** a State Medicaid Program

- Medicare FFS and MA beneficiaries with a DME or healthcare service claim within the given look-back period
  - DME (13 months/ 36 months)
  - Oxygen Tank Services (13 months)
  - Dialysis- In Facility (3 months)
  - Home Health Visits (3 months)

### Not Included

- Other insurance providers:
  - State Medicaid/CHIP-ONLY beneficiaries
  - Private insurance beneficiaries
  - VA- only beneficiaries
  - Tri-Care/Military-only beneficiaries

- Medicare FFS and MA beneficiaries with a DME or healthcare service claim **not** within given the look back period
  - DME (13 months/ 36 months)
  - Oxygen Tank Services (13 months)
  - ESRD Dialysis- In Facility (3 months)
  - Oxygen Tank Services (13 months)
  - Home Health Visits (3 months)

- Medicare FFS beneficiaries residing in a LTC/SNF facility
# National emPOWER Dataset Overview

*(July Dataset - Data as of 6/26/15)*

## Population

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
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<tbody>
<tr>
<td>Medicare FFS &amp; MA Beneficiaries</td>
<td>49,934,219</td>
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<tr>
<td>At-Risk Medicare FFS &amp; MA Beneficiaries in a Personal Residence*</td>
<td>3,818,039</td>
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## At-Risk Medicare FFS Claim Totals, by Category*

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
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<tbody>
<tr>
<td>Power-Dependent DME</td>
<td>2,465,156</td>
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<tr>
<td>O2 Tank Services</td>
<td>906,305</td>
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<tr>
<td>In-Facility ESRD/Dialysis</td>
<td>305,586</td>
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<tr>
<td>Home Health Visits</td>
<td>1,408,092</td>
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## Power-Dependent Medicare FFS Claim Totals, by DME Type**

<table>
<thead>
<tr>
<th>DME Type</th>
<th>Total</th>
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<tbody>
<tr>
<td>Oxygen Concentrator (36-month)</td>
<td>1,994,993</td>
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<tr>
<td>Ventilator (13-month)</td>
<td>36,679</td>
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<tr>
<td>Suction Pump (13-month)</td>
<td>22,081</td>
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<tr>
<td>IV Pump (13-month)</td>
<td>65,541</td>
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<tr>
<td>Electric Bed (13-month)</td>
<td>310,611</td>
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<tr>
<td>Motor Wheelchair and Scooters (13-month)</td>
<td>93,562</td>
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<td>Enteral Feeding (13-month)</td>
<td>78,789</td>
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<tr>
<td>At-Home Dialysis (3-month)</td>
<td>32,552</td>
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## Age (in Years)

<table>
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<tr>
<th>Age</th>
<th>Count</th>
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<tbody>
<tr>
<td>0-18</td>
<td>757</td>
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<tr>
<td>19-44</td>
<td>106,399</td>
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<tr>
<td>45-64</td>
<td>650,670</td>
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<tr>
<td>65-84</td>
<td>2,288,734</td>
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<tr>
<td>85+</td>
<td>771,479</td>
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</table>

Total 3,818,039

* Total adjusted to count Medicare FFS & MA beneficiaries once even if they have more than 1 DME and/or healthcare service
** Total number of Medicare FFS & MA beneficiaries with a claim for each type of DME and healthcare service.

How Can the HHS emPOWER Initiative Help?

- Community Partners
- Open
- De-identified Data
- Preparedness, Response, Recovery, Resilience
- Public Health Authority ESF-8/6 Support
- Restricted
- De-identified Data
- Preparedness, Response, Recovery, Resilience
- Public Health Authority-Only
- Secure
- Individual Data
- Response/Preparedness Outreach

HHS emPOWER Map
“Medicare Data Meets NOAA Weather Data In Your Community”

www.phe.gov/empowermap
Inform power restoration prioritization decision making at all levels

Identify optimal shelter locations, resources, and power for DME users

Assist hospitals, healthcare coalitions, and EMS to anticipate surge

Assess potential transportation needs for evacuation assistance

Sets stage for lifesaving response
• Restricted De-identified Datasets & Data Layers:
  — De-identified Medicare FFS and MA electricity-dependent DME, Dialysis, O2 Tank Services, Home Health Visits
  — Other Federal, State, Local Data Layers

• Sample Use Case Examples:
  ➢ Informing power restoration prioritization decision making at all levels
  ➢ Identifying optimal locations, support, and power needs for multiple devices in general population shelters
  ➢ Assessing potential transportation needs for evacuating or transport to healthcare providers (e.g. dialysis)
  ➢ Anticipating potential EMAC requests for at-risk populations residing by borders
ASPR on the Web

PHE.gov:
www.phe.gov

PHE.gov Newsroom:
www.phe.gov/newsroom

Flickr:
www.flickr.com/phegov

Facebook:
www.facebook.com/phegov

YouTube:
www.youtube.com/phegov

Twitter:
twitter.com/phegov

ASPR TRACIE:
asprtracie.hhs.gov

HHS emPOWER Map:
www.phe.gov/empowermap
Lessons Learned from Hurricane Sandy

Karol Tapias, LMSW
Director of Training and Innovation
So what were the issues/opportunities?

- Coordination
- Communication
- Gas Shortages/Food Needs/Other Items
- Damages
- Access to Government Resources – First Responder System
- Local Partnerships
What have we done?

CSCS in collaboration with Jewish Association Serving the Aging (JASA), NYC Department for the Aging & NYC Department of Health & Mental Hygiene hosted a forum on June 17th, Service Providers: Emergency Planning for Older Adults & People with Disabilities.

Follow up workshops were held at our Annual Conferences – focused on concrete planning for agencies
Contact Information

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Questions?