

Creating Emergency Resilient Communities through Health Centers

A Massachusetts example of moving the dial on preparedness, response and recovery.

March 14, 2019

by Tina T. Wright

Today's objectives:

- ▶ Discuss the various ways community health centers are responders and receivers
- ▶ Review critical elements provided by health centers creating more emergency resilient communities
- ▶ Review recent health center activations in Massachusetts
- ▶ A path for the future of health centers in emergency preparedness, response and recovery

A Massachusetts Example

As champions for the community, health centers foster a level of grassroots emergency preparedness that reaches deep into the underserved and vulnerable populations they care for daily. The scope and depth of their response is tremendous. The state's community health centers not only play a significant role in maintaining the health of communities, we are recognized as critical and essential partners in local, statewide and national emergency response.

Today, health centers are more than primary care providers – we are **community responders**.

Founding of the First Two Health Centers in the Nation

Physician-activists H. Jack Geiger & Count Gibson

Office of Economic Opportunity

Boston & Mississippi

Senator Edward M. Kennedy



The Nation's First Medical Home, 1965

Columbia Point Health Center
Dorchester, MA



How do CHCs respond?

- Surveillance of unusual outbreaks and diseases
- Education of community and patients
 - Internal staff education, clarification and identification of staff roles
- Vaccination and mass prophylaxis



How do CHCs respond, cont.



- Strengthen capacity to address post-event public demands, i.e. behavioral/mental health
- Outpatient surge capacity and triaging systems
- Integrated role in local and regional emergency response efforts

How have CHCs been integrated in emergency management efforts?

▶ Through planning groups

- ▶ by town, city, region, county, state
- ▶ by discipline – health and medical, public health, schools, long-term care, emergency management, law enforcement, emergency medical/ambulance services, etc.
- ▶ for specific events – e.g. Boston Marathon, 4th of July, large conventions, large scale exercises

▶ Through a common goal

- ▶ “...to provide a coordinated response to the health and medical needs of community XYZ during an emergency...”

How have CHCs been integrated in emergency management efforts? cont...

- ▶ **By educating others on what health centers can *and cannot* do, for example:**
 - ▶ “*This*” health center has a pharmacy and can distribute medications
 - ▶ “*That*” health center has several clinical staff who speak Vietnamese and can translate
 - ▶ “*That other*” health center has onsite digital X-ray and can take “green and yellow” patients/ walking wounded
- ❖ Health centers *cannot* care for critically wounded patients
- ❖ Health centers *cannot* be mini-hospitals



Other examples of health center EM in action:

- ▶ Incoming evacuees from other national/international disasters
- ▶ Special events, e.g. Boston Marathon, Democratic National Convention
- ▶ Haiti Earthquake in 2010 – culturally sensitive behavioral health
- ▶ Pandemic H1N1 Influenza outbreak and mass vaccinations clinics
- ▶ Crippling weather events with snow, rain, wind, floods, utility failures
- ▶ Cement factory explosion that blanketed community in hazardous materials
- ▶ High media exposure during a health center crisis (risk communication) and behavioral health needs of staff and patients
- ▶ Emerging Infectious Diseases – measles, flu, *Ebola*, *NEXT?*

How are Health Centers moving the resilience dial?

Health centers are consumer-driven and patient-centered organizations that serve as a comprehensive and cost effective primary health care option for America's most underserved communities.

Health centers serve everyone regardless of ability to pay or insurance status. They increase access to health care and provide integrated care services based on the unique needs of the communities they serve.

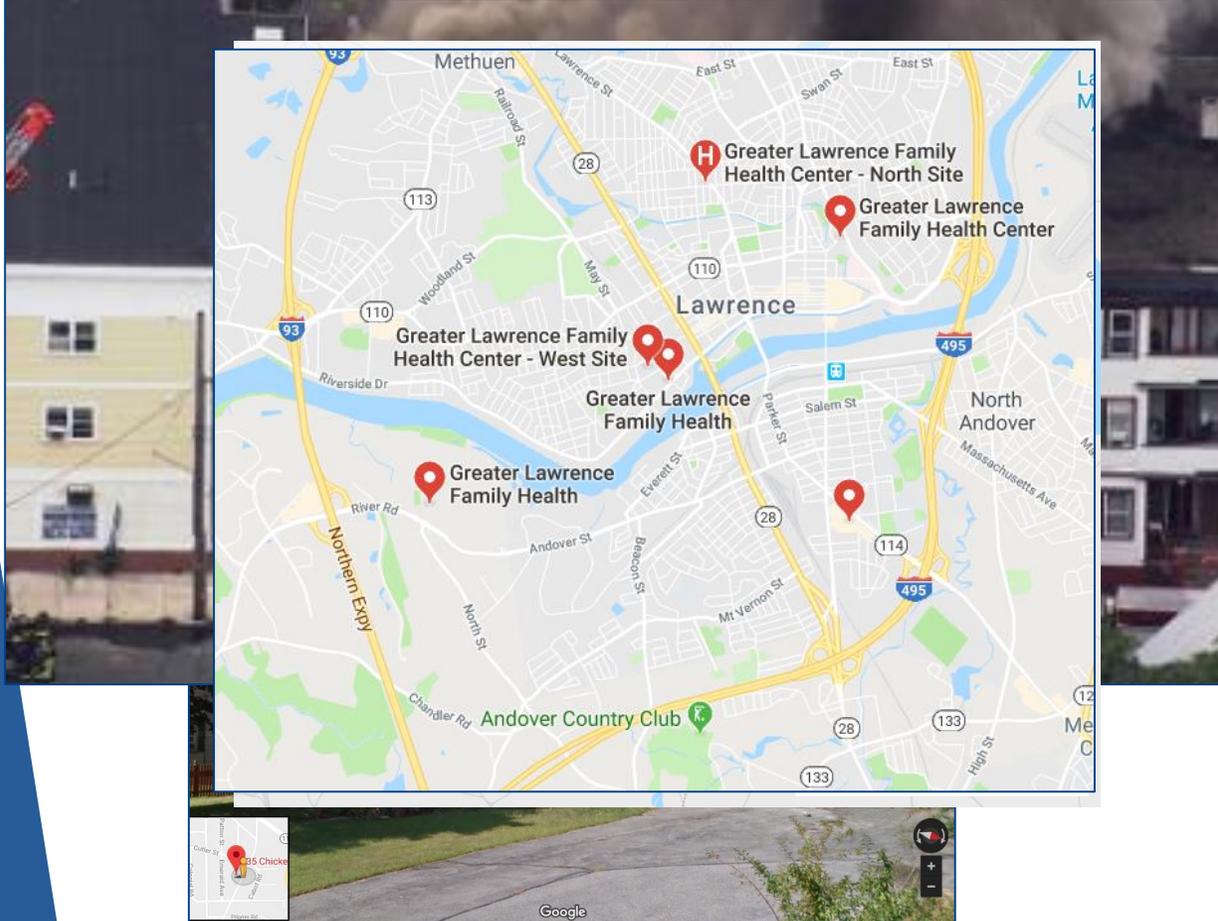
Health centers deliver value to and have a significant impact on America's healthcare system.

They:

- ▶ Serve as the health care home for more than **25 million** patients in nearly **10,000 communities** across the country;
- ▶ Reduce health care costs and produce savings – on average, health centers **save 24% per Medicaid patient** when compared to other providers;
- ▶ Integrate critical medical and social services such as oral health, mental health, substance abuse, case management, and translation, under one roof;
- ▶ Employ nearly **190,000 people** and generate over **\$45 billion in total economic activity** in some of the nation's most distressed communities;
- ▶ Serve on the front lines of public health crises such as the **Zika virus** and the **opioid epidemic**; and
- ▶ provide care to nearly **1.2 million homeless patients** and more than **300,000 veterans**.

Recent examples:

Merrimack Valley gas explosions



By the numbers:

- ▶ 130+ structures, 15 homes destroyed
- ▶ 1 fatality, 3 people critically injured & 25 other injuries were sent to area hospitals
- ▶ 30,000+ people evacuated, displaced in shelters/ temp housing for many weeks and months
- ▶ 5 GLFHC facility sites in explosion area
 - ▶ 160+ staff directly impacted
 - ▶ The 1 fatality was a patient
 - ▶ 1 site lost gas utility for for 1 week

Lessons learned for resilience:

INTERNAL

- ▶ Confident in ability to evacuate staff and patients safely and effectively
- ▶ Internal staff communications and notifications
- ▶ Successful evacuation of vaccines to reduce losses
- ▶ Due to the day of the week of the incident, only lost 1-day of services to patients and half-day of urgent care visits; reconstituted sites Monday and mitigated loss of gas utility with supplemental equipment

EXTERNAL

- ▶ Notification of local and state agencies
- ▶ Deployment of staff to support local response operations
- ▶ Establishing status with local emergency management director as critical infrastructure for prioritization of utility restoration
- ▶ Establishing mechanism to receive external resource for the support of staff and patients impacted by the disaster

Recent examples:

Measles outbreak



Health & Fitness
State
The patient
By Dave Copeland, Patch Sta

• Chelmsford T.J. Maxx
November 11

Following warning, Lowell Community HC tests hundreds for measles

By Rick Sobey, rsobey@lowellsun.com

UPDATED: 11/14/2018 11:54:48 AM EST

What they did right:

- ▶ Performed mandatory reporting and contact tracing with local health began immediately
- ▶ Communicated with patients immediately
- ▶ Got ahead of the media with press statements, patient notifications and social media
- ▶ Coordinated collection of vaccines to offer public vaccination clinics to anyone, including partnering with other health centers
- ▶ **Vaccinated 350+ people within days** of the outbreak; credited with a coordinated response with hospital, public health and the health center



Measles Response Common Operating Picture 11/13/2018

Patients seen in exposure window

No immunization information	278
Seen in pharmacy only, no <u>imm.</u> info.	91
Seen in LGH only, no <u>imm.</u> info.	10
Fully immunized (<u>eCW</u> review and MIIS)	160
Total patients in exposure window*	501

*does not include personnel that accompanied patient

Other personnel in exposure window

Lowell CHC Staff	52
BTG Training	15
Teen BLOCK	12
Pharmacy	7
WIC	3
Fleet Courier	1
USPS	1
FedEx	1
JMC	1
Net potential exposure	93

Available MMR Doses

11/12 - 0800 : 70
11/12 - 0946 : 128
11/12 - 1104 : 515
11/12 - 1256 : 675
11/12 - 1447 : 625
11/12 - 1641 : 600
11/13 - 0800 : 600
11/13 - 1700 : 425

Titer Status – as of 1715

	Orders (Drawn)	Results
11/10	51 (36)	34
11/11	232 (209)	203
11/12	23 (19)	16
11/13	13	

Post exposure f/u appointments – as of 1626

11/10	31
11/11	226
11/12	71
11/13	11

RFIs as 1700

1. Can we provide home care for suspected cases (Lowell CHC)
2. How many patients have been seen at LGH for IG (LGH)
3. How are positive results communicated to patients (immune)? (Lowell CHC)
4. How are negative or equivocal results communicated to patients (Lowell CHC)

Due Outs:

1. Imms and Titer result tracking sheet.

Lessons learned for resilience:

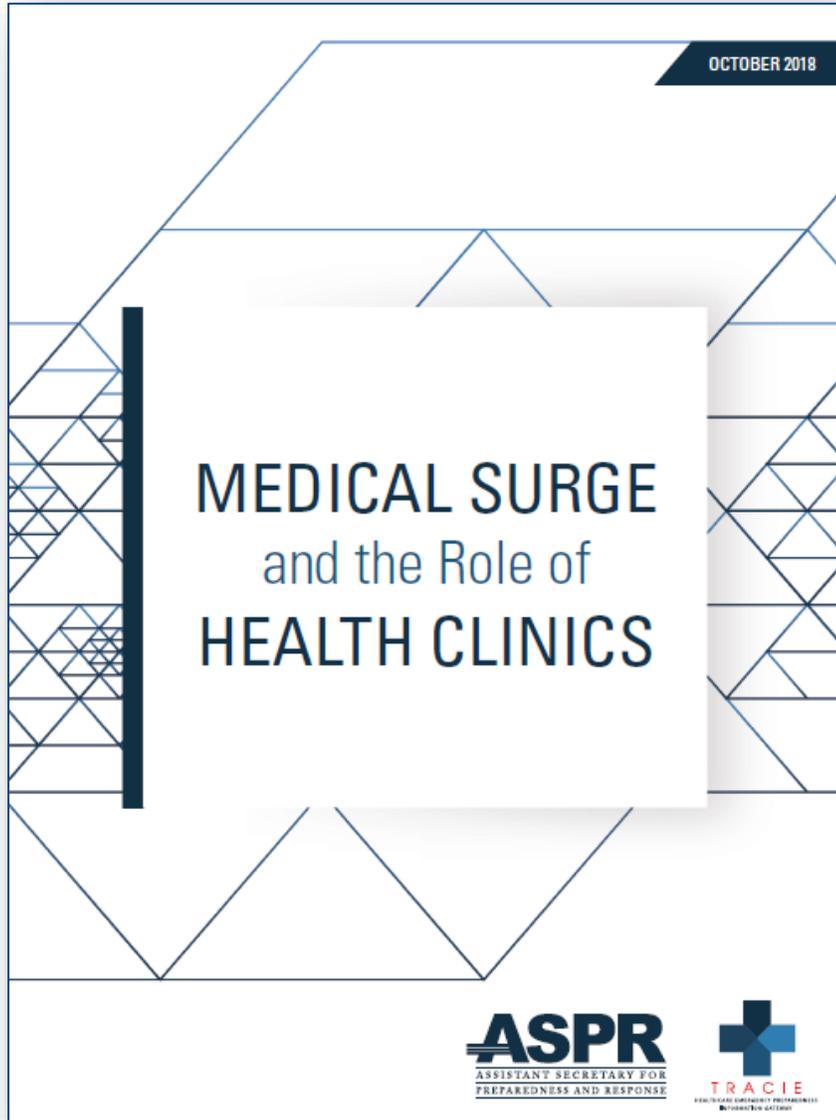
INTERNAL

- ▶ Successful timely notification of staff and patients
- ▶ Improved processes to become more efficient during and throughout the response operations
- ▶ Rapid decision-making by senior leadership and setting up Incident Command structure
- ▶ Integrated emergency response activities with regular CHC operations and minimized potential additional exposures
- ▶ Tracking and documentation of response efforts

EXTERNAL

- ▶ Notification of local and state authorities
- ▶ Integration of external response agencies into CHC Incident Command structure
- ▶ Successfully managed risk communications with media to educate and inform those exposed
- ▶ Bringing all parties together for a comprehensive After Action Review and Improvement Planning

ASPR TRACIE Report



- ▶ Analyzed results of a survey and targeted follow-up interviews
- ▶ Focused on 2 scenarios – Infectious Disease Outbreak and No-notice Incident
- ▶ Most are part of coalition and/or local response efforts - >65%
- ▶ Participation locally was noted as a key element, wanting more joint education/exercising opportunities

Being part of the coalition and being active means that you are part of the solution to an emergency and a part of helping continue healthcare in your area. It is a critical part of being a Health Center to be involved with your coalition.

~ Facilities Manager, Emergency Preparedness Lead, Urban, Suburban, FQHC, CHC, Health Care for the Homeless Health Centers



ASPR TRACIE Report: Future paths for CHCs

- ▶ Include PCAs to help refine CHC potential roles
- ▶ Increase awareness to external agencies of CHCs roles in community response and recovery
- ▶ **Provide Resources!!!**
- ▶ Develop and promote mechanisms to exchange experiences and lessons learned and promote mentoring from CHCs more experienced in emergency management
- ▶ Provide support to CHCs and Healthcare Coalitions for Emergency Management Activities

What is the League's role?

- ▶ Provide coordination and guidance to emergency response agencies and health centers before, during and after an incident
- ▶ Act as a subject-matter expert on and for health centers
- ▶ Liaise with response partners
- ▶ Develop training and education opportunities related to EPM
- ▶ Represent health centers on local, regional, state and national committees and working groups
- ▶ Identify EPM opportunities for health centers

Primary Care Association Emergency Management Advisory Coalition

The Primary Care Association (PCA) Emergency Management Advisory Coalition (EMAC) is a highly functioning peer network of PCA and other professionals that focus on the needs of community health centers -- and the patients they serve -- before, during and after an emergency or disaster.

VISION: To coordinate and provide support to community health centers in preparing for, responding to, and recovering from emergencies that affect the delivery of healthcare and/or its infrastructure in any or all states and regions.

*Primary Care Association
Emergency Management Advisory Coalition, cont.*

- To provide a forum for identifying and sharing common needs based on regulatory requirements, gaps identified, best practices, lessons learned, etc.
- To prioritize and address needs through the delivery of training, exercises, or other opportunities.
- Members of EMAC lead emergency management programs by ensuring and anticipating appropriate response for internal and external situations for a wide continuum, and represent constituents for local, regional, state and national efforts.
- EMAC is the conduit to/from federal officials on the status of CHCs before, during and after an emergency.





Massachusetts League
of Community Health Centers

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Questions?

Thank you.

Practicing for the "what if..." of tomorrow helps us manage today.

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&

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