NATIONAL ASSOCIATION OF
Community Health Centers

America's Voice for Community Health Care

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CHCANYS EP Learning Call

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Presentation Objectives

- Review the BPHC Emergency Management Expectations PIN
- Discuss the FTCA Coverage in Emergencies PIN
- Identify resources available to help

Health Center Emergency Management Program Expectations PIN 2007-15

A. Emergency Management Planning

B. Linkages and Collaboration

C. Communications and Information Sharing

D. Maintaining Financial and Operational Stability

Definition of Emergency

"An event affecting the overall target population and/or the community at large, which precipitates the declaration of a state of emergency at a local, State, regional, or national level by an authorized public official such as governor, the Secretary of the Department of Health and Human Services, or the President of the United States"

Role of Primary Care Associations

- Provide State level leadership for:
  - Integration of HCs into Statewide and community plans
  - Direct assistance around preparedness to HCs

Applicability

- Applies to FQHC Look-Alikes and all HCs funded under the Health Center Program
  - Community Health Center Programs – 330(e)
  - Migrant Health Center Programs – 330(g)
  - Health Care for the Homeless Programs – 330(h)
  - Public Housing Primary Care Programs – 330(i)

Background

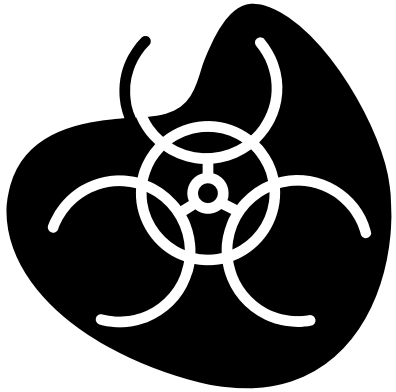
- HCs should understand the National Response Plan
  - Coordination of Federal, State, local, Tribal, private sector, and non-governmental entities during national emergencies
  - HCs can support the NRP by being prepared to handle emergencies
- HCs should understand the National Incident Management System
  - Integrated process of incident management
  - HCs need to understand the structure of NIMS to understand where and how they fit into it
- Compliance with NIMS is 'strongly encouraged'

Expectations

- Emergency Management must be integrated into a health center's risk management program
  - Comprehensive – includes all departments
  - Ongoing – part of business as usual
- HCs need to fit their approach to their centers capabilities
  - Size of facility and staff
  - Location(s)
  - Resources
  - Type of center – CHC, MHC, HCH, PHPC
  - Population served

A. Emergency Management Planning – The Plan

- Based on Hazard Vulnerability Assessment (HVA)
- All hazards approach
- Addresses 4 phases of EM



- Board, Senior Mgt, and clinical staff should have lead role in developing plan
- Include process for staff training
- Annual exercises, at a minimum

Plans should address following **as appropriate**:

- Continuity of Operations
- Staffing
- Surge patients
- Medical and non-medical supplies
- Pharmaceuticals
- Evacuation
- Decontamination
- Isolation
- Power supply
- Transportation
- Water/sanitation
- Communications
- Medial records security and access

The Planning Process

- HC plans should align with State and/or local plans
- HCs are encouraged to connect with any ongoing efforts in their communities
- HCs need to define their role in response
- Consider MAAs with other community health care providers for resources – personnel, equipment, supplies
- HCs should help staff prepare their families for emergencies
- HCs should plan for assuring access for special populations

B. Linkages and Collaboration

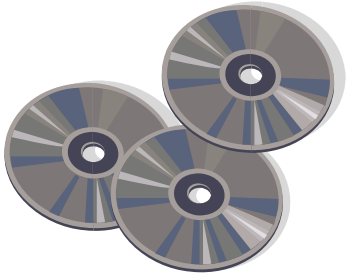
- Health Centers should integrate with emergency management system at all levels in their states:
  - State/local emergency management agencies
  - Professional volunteer registries (DOH)
  - Emergency medical services systems
  - Public health departments
  - Hospitals
  - Mental health agencies
  - National organizations
  - PCA / PCO

- Integrate plans – define role
- Establish relationships with key decision makers before an emergency
- Participate in community exercises

C. Communications and Information Sharing

- HCs should have a communications plan as part of their EMP
- HCs should have policies and procedures re: communication during an emergency to cover:
  - Who is responsible for communicating important information
  - Which agencies/groups should receive this information
  - How will the information be communicated
  - What types of information should be communicated

- Health centers should have and test back-up, or redundant, communication system
  - Two-way radios
  - Mobile/cell phones
  - Wireless messaging



- Health centers should use an all-hazards command structure – ICS

- Health centers are encouraged to have systems in place to collect and organize data for anticipated/required reporting
  - At a minimum, must report following to Project Officer:
    - Status of health center operations
    - Patient capacity

D. Maintaining Financial and Operational Stability

- Health centers should build, or develop a plan to build, cash reserves
- Insurance coverage should be reviewed and adjusted as needed or able
- Backup information technology systems are needed to ensure that electronic financial and medical records are available during and after an emergency
- Off-site or safe storage options for equipment and data should be investigated for efficient temporary location set-up (in anticipated events)
- Health centers should develop strategies for resuming key functions for resuming operations
  - Billing systems for obtaining payment and reimbursement quickly
  - Track charges and sustain flow of reimbursement
  - Track patients being treated due to an emergency
- Grantees can use grant funds to provide services during an emergency as long as they are within scope of project and the terms of grant award

FTCA Coverage for Health Center Program Grantees Responding to Emergencies PIN 2007-16

- Federal Tort Claims Act coverage – federally sponsored medical malpractice coverage available at no cost to deemed/funded FQHCs
- If a medical malpractice lawsuit is filed against a deemed entity, the United States is substituted for the deemed entity and covered employee
- 3 defined circumstances:
  - FTCA Coverage Within the Service Area
  - FTCA Coverage Outside of the Service Area
  - FTCA Coverage for Non-Impacted Health Centers

FTCA Coverage Within the Service Area

- FTCA coverage for health center providers delivering primary care services at temporary locations (PODs, ACSs, Shelters)
  - Services are provided on a temporary basis
  - Temporary location is within the service area or neighboring counties, parishes, or other subdivisions adjacent to health centers service area
  - Services provided within the approved scope of project
  - All activities of health center providers are conducted on behalf of the health center – won't cover health center providers volunteering their services
- Patients served by FTCA-deemed providers are considered health center patients

FTCA Coverage Outside of the Service Area

- **Prior approval** to establish a temporary location outside of service area required
  - Must demonstrate purpose of site is to provide medical care primarily to the health center's target population and to other medically underserved populations that may have been displaced
  - Services are provided on a temporary basis
  - Services provided within the approved scope of project
  - All activities of health center providers are conducted on behalf of the health center – won't cover health center providers volunteering their services

FTCA Coverage for Non-Impacted Health Centers

- May **assist** at temporary sites WITHIN the same service area and within neighboring counties, parishes, subdivisions
- May **operate** temporary sites within the same service area and within neighboring counties, parishes, subdivisions
- **NOT ALLOWED:** health centers providing care during emergencies outside their service area and beyond neighboring counties, parishes, subdivisions

How Can NACHC Help Your Health Center?

- Training and Education
  - Sessions at NACHC conferences
  - Link programs to existing conferences to bring specific trainings to CHCs
    - EM Basics, NIMS, Developing Exercises, Conducting HVAs
  - Promote relevant conferences, online trainings
  - Work with HRSA BT Education and Curriculum Development contractors
  - Conference Call Series on EM

Technical Assistance

- Identify resources/templates/tools
- Share best practices from CHCs and PCAs
- Research/analyze guidelines/programs/policies
- Work with Advisory Group to develop recommendations where they are lacking for CHCs
- Coming Soon:
  - Website
  - Resource Document – How to Guide

Work with Federal and National Agencies

- Collaborate with HRSA/BPHC on issues related to EM
- Meet with ASPR on issues related to EM and CHCs
- NACCHO-ASTHO-NACHC Taskforce
- Drexel University Consensus Panel on EM and Cultural Diversity
- HHS “Pandemic Flu: Take the Lead” campaign
- NGOs

Partner with PCAs

- Emergency Management Advisory Committee
  - Will increase to include CHCs and outside partners
  - 3 Sub-Committees
    - Policy, Planning, and Partnership
    - Ed/Training, Drills/Exercises, and Risk Communication
    - Pandemic Influenza, Special Populations, and Hot Topics

Questions?

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