

HSPD – 21
Public Health & Medical
Preparedness

Center for Biopreparedness Symposia, 2008

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Elements

- Establishes National Strategy for Public Health and Medical Preparedness and builds upon
 - *National Strategy to Combat Weapons of Mass Destruction(2002)*
 - *Biodefense for the 21st Century (HSPD-10) (2004)*
 - *National Strategy for Homeland Security (2007)*
- Complementary to the Pandemic and All Hazards Preparedness Act (**PAHPA**)
 - *ASPR*
- A senior interagency task force on implementation led by **HHS**

Key Requirements

- Establish an operational national epidemiologic surveillance system
 - Develop countermeasure distribution capabilities
 - Annual review of the Strategic National Stockpile
 - Review National Disaster Medical System and medical surge capacity
 - Coordinate core medical and public health curricula
 - Develop grants guidance, performance measures, reporting requirements, and accountability
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- ASPR

Mandates New Organizational Entities

- Public Health and Medical Preparedness Task Force
- Office of Emergency Medical Care within HHS
- Federal Advisory Committees:
 - Disaster Mental Health (under NBSB **'IS BEING ADDRESSED'**)
 - Epidemiologic Surveillance (advisory committee under the CDC Advisory Committee to the Director)
- Joint Program for Disaster Medicine and Public Health
 - National Biodefense Science Board
 - Disaster Medicine Working Group
 - Federal Education and Training Interagency Group

Existing efforts that support and reinforce HSPD-21 requirements:

- Public Health Emergency Medical Countermeasures Enterprise (PHEMCE)
- **Cities Readiness Initiative** focused on countermeasure distribution
- Pandemic and All Hazards Preparedness Act implementation (**PAHPA**):
 - Draft Biomedical Advanced Research and Development Authority (BARDA) strategic plan
 - National Disaster Medical System and medical surge capacity review
 - Grants guidance, reporting requirements, performance measures, and accountability measures development
 - Emergency medical and public health core curriculum development
 - Development of National Health Security Strategy

Key Principles

- Preparedness for all potential catastrophic health events
- Vertical and horizontal coordination across levels of government, jurisdictions & disciplines
- A regional approach to health preparedness
- Engagement of the private sector, academia, and other NGO's
- The important role of individuals, families & communities

Critical Components

- Biosurveillance
- Countermeasure Stockpiling & Distribution
- Mass Casualty Care
- Community Resilience
- Risk Awareness
- Education & Training
- Disaster Health System
- National Health Security Strategy
- Task Force and Implementation Plan

Biosurveillance

- By April, 2008
 - Establish an epidemiologic surveillance federal advisory committee
- Now
 - An Advisory committee has been established as a subcommittee of the CDC Advisory Committee to the Director

Countermeasure Stockpiling & Distribution

- By January, 2008
 - Establish a process to share relevant information regarding the contents of the SNS with Federal, State & local health officers with appropriate clearances and need to know **['ARE BEING MET']**
- By April, 2008
 - Establish a formal, threat based mechanism for the annual review of SNS composition
 - Develop protocols for sharing countermeasures & medical goods between the SNS and other Federal stockpiles

Countermeasure Stockpiling & Distribution (2)

- By July, 2008 **['ARE BEING ADDRESSED']**
 - Publish an initial **template(s)** that provides minimal operational plans to enable communities to distribute & dispense countermeasures within 48 hours
 - Establish **standards of performance**
 - Establish a data gathering process on performance
 - 180 days after this (January, 2009), begin **collecting performance data** & metrics as conditions for future public health preparedness grant funding
 - Develop government capabilities and plans to complement or **supplement State and local government distribution capacity**

Mass Casualty Care

- By April, 2008
 - Analyze the use of **Federal medical facilities** as a foundational element of public health & medical preparedness
 - Develop plans and agreements to use Federal medical facilities in national and **regional education, training & exercise** preparedness activities
 - Develop recommendations for protecting, preserving and restoring individual and community **mental health** in catastrophic health event settings, including pre-event, intra-event and post-event education, messaging, and interventions

Mass Casualty Care (2)

- By July, 2008
 - Identify high-priority **gaps in mass casualty care** capabilities and submit a concept plan for addressing the critical deficits (hospital and LTCF review in hurricane states)

Community Resilience

- By July, 2008
 - Submit a plan to promote **comprehensive** community **medical** preparedness

Risk Awareness

- By March, 2008
 - The Secretary of HHS will brief non-health professionals (State Governors, Mayors, and Sr. county officials of largest 50 MSA's) on risks to public health posed by relevant threats
- By April, 2008
 - Establish a mechanism to relay public health threat information & get security clearances for “qualified” heads of State and local government entities

Education and Training

- By April, 2008
 - Develop processes for coordinating grant programs for public health & medical preparedness using application guidance, investment justifications, reporting, **program performance measures** and accountability for future funding (Sect. 201, PAHPA)
- Federal Education and Training Interagency Group (FETIG)
 - Core curriculum along three tracks
 - Medical and Clinical track
 - Public Health track
 - Laboratory track

Education and Training (2)

- By October, 2008
 - Develop a mechanism to coordinate public health and medical disaster preparedness & response **core curricula and training** across executive departments and agencies (standardize knowledge, procedures, and terms of reference within the Fed Govt)
 - Establish an **academic Joint Program** for Disaster Medicine & Public Health housed at a National Center for Disaster Medicine and Public Health at the Uniformed Services University of the Health Sciences

Disaster Health System

- By February, 2008
 - Submit a plan to use current grant funding programs, private payer incentives, market forces, Center for Medicare and Medicaid Services requirements, and other means to create **financial incentives** to enhance private sector health care facility **preparedness** in such a manner as to not increase health care costs

Disaster Health System (2)

- By April, 2008
 - Commission the Institute of Medicine to facilitate the development of a national disaster public health and medicine doctrine and system design and to develop a strategy for long-term enhancement of disaster public health and medical capacity
 - Establish within DHHS an Office of Emergency Medical Care to promote and fund research in emergency medicine and trauma health care; promote regional partnerships; enhance appropriate triage, distribution and care of routine community patients; promote local regional and State emergency medical system's preparedness for and response to public events
 - Is this the Emergency Care Coordination Center?

National Health Security Strategy

- The strategy will be submitted to Congress in 2009 and every four years thereafter

Public Health & Preparedness Task Force

Secretaries of...

- Health & Human Services
- State
- Defense
- Agriculture
- Commerce
- Labor
- Transportation
- Veterans affairs
- Homeland Security

And...

- Attorney General
- Director of OMB
- Director of National Intelligence
- (or their designees)
will
- Write a Plan to get this done!!

UPDATE....

Michael Leavitt, Secretary of DHHS May 7, Testimony to the House Committee on Oversight & Government Reform

- HSPD-21 has three major components
 - Continued development of a national health Security Strategy and a “robust infrastructure”
 - Requires actions to ensure the adequate flow of information before, during and after an event
 - Development of resources at the community level to ensure that individuals and families are empowered to protect themselves

Leavitt, cont

- Six workgroups have been established
 - Medical Countermeasure Stockpiling and Distribution
 - Biosurveillance
 - Mass Casualty Care
 - Community Resilience
 - Education & Training (HHS and DoD)
 - Risk Awareness (DHS)

Leavitt, cont.

- “As a result of HPP funds awarded to states and territories, hospitals and other entities:”
 - Increased their ability to provide needed beds during an emergency
 - Can now track bed and resource availability using electronic systems
 - Engaged with other responders through interoperable communication systems
 - Appropriately train their healthcare workers for all-hazard approach to emergencies
 - Protect their healthcare workers with proper equipment
 - Have installed equipment necessary to decontaminate patients
 - Have developed fatality management and hospital evacuation plans
 - Coordinate regional exercises