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

• 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

- 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 (PAHHA):
  - 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 date & 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
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!!
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