Department of Health & Human Services

Health and Medical Services: Strategic Perspectives

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National Defense Industry Association
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SCOPE: HHS Strategic Perspectives

- HHS/OPHEP Mission & Roles
- National Response Plan Overview
- Emergency Support Function #8 Overview
  - Medical & Health Services Functional Areas
  - Response Capabilities & Organizations
- HHS Major Initiatives
  - Bioterrorism Preparedness
  - Public Health and Medical Preparedness
  - Pandemic Influenza
- Working to support shared goal
Department of Health & Human Services

Office of the Secretary

• Secretary
• Deputy Secretary

12 Operating Divisions

• Administration for Children & Families
• Administration on Aging
• Centers for Medicare & Medicaid Services
• Agency for Health Care Policy & Research
• Centers for Disease Control & Prevention
• Agency for Toxic Substances & Disease Registry
• Program Support Center

• 6 Assistant Secretaries
• Other Key Officials

• Food and Drug Administration
• Health Resources and Services Administration
• Indian Health Service
• National Institutes of Health
• Substance Abuse & Mental Health Services Administration
Mission of the Office for Public Health Emergency Preparedness (OPHEP)

- Coordinate and direct medical and public health efforts to prepare for, protect against, respond to, and recover from all acts of bioterrorism and other public health emergencies that affect the civilian population.

- Serve as the single focal point for senior level coordination between HHS and other Departments and agencies for these activities.

- Engage all HHS programs in meeting the Secretary’s vision of preparedness to meet the health needs for the Nation.

- Respond to the Lessons Learned Report and address its recommendations.

- Re-engineer ESF-8 capabilities and responsibilities in partnership with DHS and other strategic partners.

- Brand the HHS Mission in preparedness and response.
Assessment of Capabilities and Span of Preparedness

Preparedness Task Force

- HHS
- Federal (e.g., DOD, FEMA, VA, etc.)
- State and local (public sector capabilities)
- Private (hospital systems, medical & other provider groups, faith-based & community assets, etc.)
RESPONSE CHARACTERISTICS

BOTTOM-UP, NOT TOP DOWN

RAPID AND APPROPRIATE

AUGMENT

HEALTH NEEDS FIRST

PROTECT THE INFRASTRUCTURE

“BE PREPARED”
National Response Plan (NRP)

- Coordination mechanism for providing assistance to state, local, or tribal governments or to Federal departments conducting missions that are Federal responsibility
- Are selectively activated as needed
- Provide staffing for incident management organizations

<table>
<thead>
<tr>
<th>ESF #1</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESF #2</td>
<td>Communications</td>
</tr>
<tr>
<td>ESF #3</td>
<td>Public Works &amp; Engineering</td>
</tr>
<tr>
<td>ESF #4</td>
<td>Firefighting</td>
</tr>
<tr>
<td>ESF #5</td>
<td>Emergency Management</td>
</tr>
<tr>
<td>ESF #6</td>
<td>Mass care, housing, human services</td>
</tr>
<tr>
<td>ESF #7</td>
<td>Resource Support</td>
</tr>
<tr>
<td>ESF #8</td>
<td>Public Health &amp; Medical Services</td>
</tr>
<tr>
<td>ESF #9</td>
<td>Urban Search &amp; Rescue</td>
</tr>
<tr>
<td>ESF #10</td>
<td>Oil &amp; HAZMAT Response</td>
</tr>
<tr>
<td>ESF #11</td>
<td>Agriculture &amp; Natural Resources</td>
</tr>
<tr>
<td>ESF #12</td>
<td>Energy</td>
</tr>
<tr>
<td>ESF #13</td>
<td>Public Safety &amp; Security</td>
</tr>
<tr>
<td>ESF #14</td>
<td>Long-term recovery</td>
</tr>
<tr>
<td>ESF #15</td>
<td>External Affairs</td>
</tr>
</tbody>
</table>
ESF #8 Federal Response Authority

HHS is the primary federal agency for public health and medical emergency planning, preparations, response, and recovery when:

- Federal health/medical assistance has been requested by the appropriate State, local or Tribal authorities

- A Federal department or agency acting under its own authority has requested the assistance of HHS (including the DHS via the Robert T. Stafford Act)

- The Secretary of HHS, using his authorities, declares a public health emergency
ESF #8: General Scope

HHS, as the primary agency for ESF #8, coordinates with its Federal partners to provide assistance to state, local, and tribal governments in identifying and meeting public health and medical requirements resulting from incidents of national significance.

Assessment of public health/medical needs
- Includes mental health

Public health surveillance
Medical personnel
Medical equipment and supplies
ESF #8: Deployable Public Health & Medical Assets

Public Health Response

- CDC
  - Health/medical infrastructure assessors
  - Infectious disease epidemiologists
  - Occupational Health & Safety consultants
  - HAZMAT toxicologists
  - Sanitation, water safety engineers
  - Insect vector control experts
  - Public Information Officers

- FDA
  - Food, drug, medical device safety experts

Medical Response

- National Disaster Medical System (FEMA)
  - DMAT, DMORT, VMAT, others
  - Patient Evacuation with DoD, VA

- Secretary’s Emergency Response Team
  - OPHEP-trained USPHS responders
  - Lead by Regional Emergency Coordinators

- US Public Health Service (Commissioned Corps)
  - MD’s, RN’s, dentists, mental health providers, administrators, hospital/medical engineers

- Strategic National Stockpile
  - Pharmaceuticals, equipment, supplies
  - Federal Medical Contingency Stations

- Dept of Defense
  - Mobile, field, ship-based hospitals
  - Health care providers

- Dept of Veterans Affairs
  - Health care providers

- Federalized volunteers
  - Self-sufficient teams with mobile units
  - Individuals rostered, credentialed, deployed by HHS
ESF #8: Sequence and Structure of Emergency Response
Time\textsubscript{0} (or Pre-deployment with Warning)

- **Federal interagency ESF #8 response by HHS**
  - OPHEP Rep to National Response Coordination Center (NRCC) **FEMA/DHS lead**
  - Secretary’s Rep to Interagency Incident Management Group (IIMG) **Sec DHS lead**
  - Public Affairs Rep Joint Information Center (JIC) **OPA/DHS lead**

- **HHS HQ Response**
  - ASPHEP designates IMT
  - IMT and interagency ESF #8 liaisons staff SOC
  - Office of Surgeon General alerts USPHS personnel
  - Coordinate placement of NDMS assets with FEMA
  - Deploy or pre-position SNS and FMCS caches, staff

- **Regional ESF #8 response by HHS**
  - REC to Regional Response Coordination Center (RRCC) **FEMA/DHS lead**
  - Rep’s to Emergency Response Team-Advance Element (ERT-A) **FEMA/DHS lead**
    - Rapid Needs Assessment Team (RNA) **FEMA/DHS lead**
    - Medical Needs Assessment Team (MNA) **NDMS/FEMA lead**

- **Local ESF #8 response by HHS**
  - Rep to Joint Field Office (REC typically moves from RRCC) **FEMA/DHS lead**
  - SERT member to State/City Emergency Operations Center (ERT-A) **State/City lead**
  - SERT member to State/City Dept of Health Operations Center (ERT-S) **State/City lead**
ESF #8: Sequence and Structure of Emergency Response
Requirement-Specific Response

- Health & Medical Needs Assessments
- Health Surveillance
- Medical Care Personnel
- Medical Equipment & Supplies
- Patient Evacuation
- Patient Care
- Technical Assistance
- Behavioral Health Care
- Health & Medical Information
- Vector Control
- Potable Water & Sanitation
- Mortuary Services
HHS/OPHEP: Major Actions/Initiatives

- Surveillance
- Public Health and Medical Preparedness
- Medical Countermeasures Research, Development and Acquisition
- Pandemic Influenza Preparedness
## Pandemic Objectives – Bioterrorism Objectives

<table>
<thead>
<tr>
<th>Pandemic</th>
<th>Bioterrorism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring disease spread to support rapid response</td>
<td>Surveillance</td>
</tr>
<tr>
<td>Developing vaccines and vaccine production capacity</td>
<td>Product development and procurement</td>
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<tr>
<td>Stockpiling antivirals and other countermeasures</td>
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</tr>
<tr>
<td>Coordinating federal, state and local preparation</td>
<td>Public health preparedness</td>
</tr>
<tr>
<td>Enhancing outreach and communications planning</td>
<td>Leadership and coordination</td>
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</tbody>
</table>
BioDefense Preparedness Principles and Programs: Surveillance

**Surveillance**—Intensifying surveillance and collaborating on containment measures, both international and domestic, through:

- **Principles:**
  - early detection
  - containment where feasible

- **Program Examples:**
  - BioSense and AHIC
  - Quarantine and Isolation
  - CDC programs (LRN, HAN, Labs)
  - International - EWIDS

**Public Health Preparedness**—Creating a seamless network of Federal, state and local preparedness, strengthening mass prophylaxis capabilities, including increasing health care surge capacity, through:

- **Principles:**
  - Federal – state partnership
  - Risk-based investment
  - Seek double benefit (public health and biodefense)
  - Ensure effective communication
  - Performance and accountability
  - Transcend ordinary political boundaries (regional not just city)

- **Program Examples:**
  - State, local, and hospital grants
  - CRI
  - Surge capacity (Commissioned Corps, FMS, NDMS)
  - Volunteers—training, credentialing, deployment, liability (ESAR-VHP, MRC)
  - Product distribution (Medkit)
Federal Medical Shelter Concept

FMS Type I
- Definitive care
- Trauma/Triage
- ER/ICU/OR
- Isolation

FMS Type II
- Isolation
- Burn care
- Ventilator care
- ICU/OR

FMS Type III
- Bed surge
- Quarantine
- Special needs

Acute Care Centers

Site

Patients

Beds

ER

OR

ICU
Basic Concept: HHS Federal Medical Shelter

Type III (Basic) 250 Bed Module

Configuration

- Type III Basic Base Support With Quarantine
- Type III Basic Treatment
- Type III Basic Pharmaceutical
- Type III Basic Bed Aug (50)

- Primary Care
- Non-Acute Treatment
- Special Needs
- Pharmaceutical
- Special Medications
- Prophylaxis
- Beds
- Bedding
- Bedside Equipment

- Administration
- Support
- Feeding
- Quarantine
- Beds (50)
- Housekeeping
- First Aid Equipment
- Pediatric Care
- Adult Care
- Personal Protective Equipment
ESAR-VHP System is an electronic database of healthcare personnel who volunteer to provide aid in an emergency.

- An ESAR-VHP System must:
  - Register health volunteers
  - Apply emergency credentialing standards to registered volunteers and
  - Allow for the verification of the identity, credentials, and qualifications of registered volunteers in an emergency

- Essential component of health care preparedness

- Each State is asked to have a system that meets standard criteria
Cities Readiness Initiative (CRI)

- CRI: a pilot program aimed at strengthening medical surge and mass prophylaxis capabilities

- Targeted funding to continue CRI in the 21 pilot cities provided to States in the CDC grants + 15 new cities
  - This year a total of $40M was awarded to CRI cities

- Goal: to ensure the selected cities are prepared to provide oral medications during a public health emergency to 100% of their affected populations
  - Enhance each city’s dispensing plans with trained staff
  - Ensure plans for alternate means of delivery
Commissioned Corp Transformation

- 6000 Public Health Service officers

Transformed Corp will be able to:
  - Increase deployability
  - Increase number of Commissioned Corp Officers to meet the response needs of the nation
  - Assign PHS officers to areas of greatest need
BioDefense Preparedness Principles and Programs: Research, Development, and Acquisition / Procurement

**Product Development/Procurement**—Supporting advanced research and development, manufacturing, procurement and stockpiling of medical countermeasures, through:

- **Principles:**
  - Transparent process
  - Multi-source procurements

- **Program Examples:**
  - Basic and Discovery Research
  - Advanced Product Development (NIH)
  - Project BioShield
  - Strategic National Stockpile
Project BioShield: HHS Roles in Implementation

- NIH
  - Build Research Infrastructure
  - Conduct Basic Research
  - Develop Medical Countermeasures

- FDA
  - Regulatory Approval
    - Vaccines, Therapeutics, Diagnostics
  - Strategic National Stockpile (SNS)

- CDC
  - Train Local Response Teams
  - Surveillance and Detection

- ORDC
  - Acquire Medical Countermeasures
    - Execute Project BioShield
Medical Countermeasures Pipeline

NIH “Push” $5.2 billion (FY02-05)

Industry

HHS “Pull” $5.6 billion (FY04-13)

Basic Research

Pathogen Biology
Host Response

Target Identification
Preclinical Development
Clinical Evaluation

Research Resources

Academia

Vaccines
Therapies
Diagnostics

Procurement via BioShield
Strategic National Stockpile
Pandemic Influenza Preparedness

- National Strategy for Pandemic Influenza
- Emergency Supplemental Budget Request
- Preparedness Objectives
  - Monitoring disease spread to support rapid response;
  - Developing vaccines and vaccine production capacity;
  - Stockpiling antivirals and other countermeasures;
  - Coordinating Federal, State and local preparation; and
  - Enhancing outreach and communications planning.
Leadership and Coordination

- Principles:
  - Ensure single point of leadership for responsibility and vision
  - Continue building intra-Department, multi-disciplinary team for breadth of expertise
  - Improve inter-department communication and capacity
  - Clarify federalism responsibilities for Federal, State and local governments
  - Ensure accountability and collaboration among state and local on emergency preparedness needs and measures