



TESTIMONY TO THE
SENATE HEALTH AND
HUMAN SERVICES &
VETERANS AFFAIRS AND
PREPAREDNESS
COMMITTEES

Healthcare and Health System Preparedness
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Raphael M. Barishansky
rbarishan@pa.gov

Good morning Chairwoman Baker, Chairman Vulakovich, and members of the Senate Health and Human Services and Veterans Affairs and Preparedness committees. The Department of Health (Department) appreciates the opportunity to speak with you today about the Commonwealth's efforts and accomplishments regarding health care emergency preparedness. I am also glad to see additional emergency preparedness stakeholders at today's hearing.

The Department has taken a lead role in ensuring that our health care system is prepared to respond to a public health emergency or other disasters since 2002. At that time, the federal government made federal funding available to states to begin to prepare health care for a terrorist incident like that of 9/11. Since then, the Department, through its Bureau of Public Health Preparedness, has been working hand-in-hand with the healthcare community to advance their preparedness efforts.

Since 2002, the Department's Public Health Preparedness program has been the Commonwealth's lead for ensuring that the Department and our constituents – including the public, local health departments, and health care facilities – are prepared for any type of incident or event that may impact the health of the population or the health care sector. As the lead agency for Emergency Support Function 8 (part of the federal National Response Framework for coordinating response), our Public Health Preparedness program works with the Pennsylvania Emergency Management Agency (PEMA) to facilitate the Health and Medical response. Much of this response capability comes from the cooperative agreements with the Federal Government which provides the funding for the strengthening of state and local health and medical preparedness.

From a historical perspective, these efforts to prepare the health care community have evolved over the last 15 years. Initially, funds were made available to the Department and then to hospital facilities across the state, to advance their individual facility's preparedness posture. Funding has also been utilized to increase the Commonwealth's overall healthcare response capability by funding EMS strike teams, State Medical Assistance Teams, and other healthcare surge resources. Later, in 2007, the focus of these specific grants shifted and took on a more structured shape, with the advent of Hospital Preparedness Capabilities, Public Health Preparedness Capabilities, and other benchmarks to measure performance at the state and facility level. Over the last several years, the health care preparedness landscape has again shifted: decreases in federal funding have taken a toll on state and local preparedness efforts, while the federal focus has shifted to regional collaborative efforts across the health care spectrum.

As you may be aware, the health care community is a diverse one with many different types of facilities, each with their own unique needs. Hospitals, clinics, doctors' offices, long term care facilities, and the EMS community – are all part of this broader community needing to embrace the preparedness efforts that make our commonwealth a safer and more resilient community. Fortunately, our Department has longstanding relationships with this community, both through our regulatory roles, but more importantly through our preparedness roles that allow us to work with this sector as a non-regulatory partner. Two efforts in particular over the last five years have helped us work towards accomplishing the preparedness goals of this diverse community: our partnership with the Hospital and Healthsystem Association of Pennsylvania (HAP) and the creation of regional health care coalitions.

The Department initially contracted with HAP in 2012 to develop a better presence in the field that could interface with the health care community and become subject matter experts for

preparedness and response initiatives. Through this partnership, six regional staff and one program manager employed by HAP have worked with our Bureau of Public Health Preparedness – as well as local hospitals and health care facilities - to plan for, respond to, and mitigate the effects of all sorts of emergencies. These staff act as liaisons between the health care facilities and our state preparedness program, and act as a force multiplier allowing our department’s message of preparedness to be more effectively carried out to the community. The benefits of this partnership were borne out during recent events such as the major snowstorms earlier this year where our HAP partners were essential in coordinating information and response activities within their regions. Once the Commonwealth Response Coordination Center was activated by PEMA, our department was able to stand up our internal response capability, including HAP, and was able to effectively coordinate resources and activities within the health care sector.

Another tool for increasing our health care preparedness posture is through the creation of regional health care coalitions. Hospitals and other health partners have long worked with the Emergency Management Regional Task Forces, often as Task Force subcommittees, to collaborate and work across jurisdictional lines. In compliance with recent federal guidance, Pennsylvania is more formally structuring these groups as health care coalitions. The federal government defines health care coalitions as “groups of individual health care and response organizations (e.g., hospitals, EMS, emergency management organizations, public health agencies, etc.) in a defined geographic location” that incentivizes diverse and often competitive organizations to collaborate on preparedness issues. These regional coalitions will be assisted by our partnership with HAP, with the HAP regional staff acting as support to the elected leadership of each coalition. These coalitions are also working proactively, following federal guidance, to

enhance their membership by bringing other types of healthcare entities to the preparedness table, such as private providers, clinics, Federally Qualified Health Centers, pharmacies, long term care and skilled nursing facilities, and other ancillary health care facilities. Integration of these partners helps to strengthen the whole health care delivery system to be better prepared for emergencies and disasters.

As you can see, there is a diverse and committed effort to health care emergency preparedness in the commonwealth. There are efforts being accomplished at the state level, such as the creation and maintenance of State Medical Assistance Teams and medical surge equipment and supplies, and utilization of a statewide Health Information Management System (an online platform for incident information sharing in the health care community). There are efforts at the regional level, with examples like our EMS strike teams who have been called into service for events both internal to our commonwealth (such as the 2015 papal visit and massive flooding events) and external (such as hurricanes Katrina and Sandy). Our regional healthcare coalitions have been integral in allowing information sharing between healthcare facilities - after the 2015 Amtrak incident in Philadelphia, our ability to identify and track all affected individuals was highlighted by the federal government as a best practice. Future regional initiatives will allow for utilization of the economies of scale, as coalitions work to acquire and allocate resources and conduct trainings and preparedness exercises on a regional level. And while efforts are shifting from the local facility level to the regional health care coalition level, there has been – and will continue to be – good work accomplished as each facility works to ensure they are prepared to respond both individually and as part of the regional and statewide structure.

Finally, as we look to the future, the Department hopes to continue working with our partners – HAP and the members of the health care community – to be national leaders in health

care preparedness. Of course, this will not be without its challenges. In the proposed federal budget, the grant streams that support public health preparedness are slated for a proposed \$107 million cut, accounting for an almost 18% reduction in public health preparedness dollars coming to state and local government. The Hospital Preparedness Program grant – the grant that supports all of the previously mentioned victories - took a similar hit in the 2014 fiscal year, seeing approximately 40% cut from the federal preparedness funding allocated to Pennsylvania. While everyone understands that these efforts are in everyone's best interests, the availability and sustainment of these federally funded programs pave the way for our Commonwealth and our regions to engage in efforts that work for everyone's mutual preparedness.

We hope that you have found this information helpful, and are available to answer any questions you may have at this time.