

Community Health Care And Emergency Preparedness

CNYRO HEPC Full Regional Meeting
June 6, 2017

CHCANYS EM Team



Alex Lipovtsev
Assistant Director



Michael Sardone
Program Coordinator



Gianna Van Winkle
HCS&D Program Manager

Agenda

- Introduction of CHCANYS and its EM Program
- Overview of Federal Qualified Health Centers
- CMS EP Rule for FQHCs
- FQHCs and larger EM community



Community Health Care Association of New York State (CHCANYS)

CHCANYS' mission is to ensure that all New Yorkers, including those who are medically underserved, have continuous access to high quality community-based health care services including a primary care home.

To do this, CHCANYS serves as the voice of community health centers as leading providers of primary health care in New York State.



CHCANYS Programs



- Health Center Support & Development
 - Emergency Management
 - Primary Care Workforce Initiatives
 - AmeriCorps
- Policy / Advocacy
- Quality and Technology Initiatives

CHCANYS EM Program

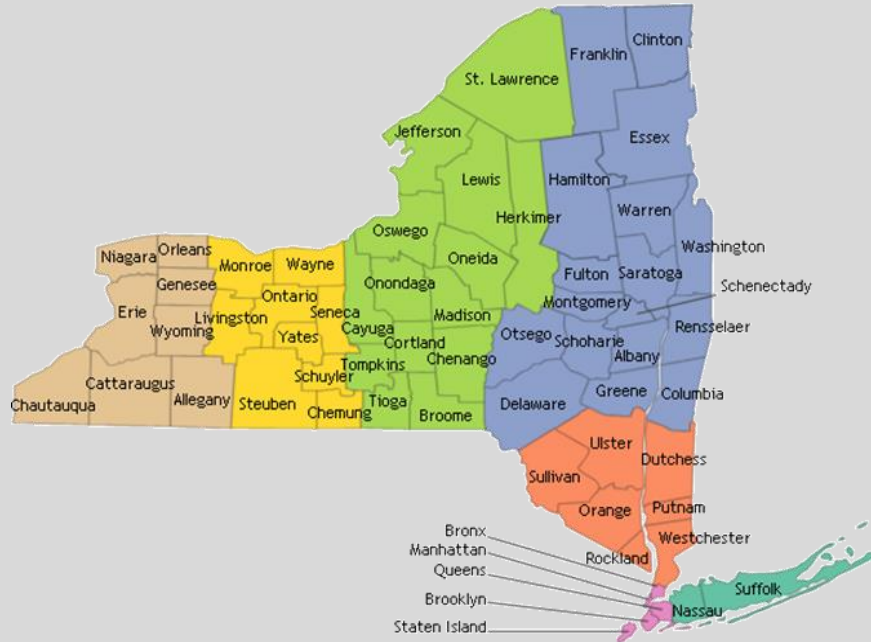
Provides:

- Training/ Technical assistance
- Tools and resources
- Relationship-building opportunities

Our Goal: To support New York FQHCs in their efforts to meet regulations, achieve the highest level of emergency preparedness and actively respond to an emergency or disaster.



CHCANYS EM Program in NYS and NYC



5 Characteristics of All FQHCs

1

Must serve a high needs area (designated Medically Underserved Area or Population)

2

Comprehensive healthcare and related services based on the needs of the community

3

Open to all regardless of insurance status or ability to pay

4

Governed by the community (51% of board members MUST be patients)

5

Held to strict accountability and performance measures for clinical, financial and administrative operations by Health Resources and Services Administration (HRSA)

Who Are FQHC Patients?

1 of 5 low-income uninsured persons

1 of 7 rural Americans

923,400 farmworkers

1.1 million homeless persons

1 of 7 uninsured persons

1 of 7 Medicaid Beneficiaries

1 of 3 individuals living in poverty

Collectively Health Centers are the health care homes for over 24 million Americans

HRSA Oversight of FQHC

To continue receiving program funds, health center grantees must demonstrate compliance with program requirements.

HRSA groups these 19 program requirements into four broad categories:

1. Patient need
2. Provision of services
3. Management and Finance
4. Governance

Need

- Needs Assessment
 - *Health center has a documented assessment of the needs of its target population, and has updated its service area when appropriate*

**NEEDS
ASSESSMENT**

Services

- Required and Additional Services
- Staffing Requirement
- Accessible Hours of Operation/Location
- After Hours Coverage
- Hospital Admitting Privileges - Continuum of Care
- Sliding Scale
- Quality Improvement/Assurance Plan



Services Provided by FQHCs

All Services Provided to All Ages

Direct Care:

Primary Health Care

- *Adult Medicine*
- *Pediatrics*
- *Women's Health*

Dental Care

Behavioral Health

Pharmacy

Note: please refer to Program Expectations as this is not a complete list of services.

Enabling Services:

Basic Lab

On-Call/After Hours Care

Radiological Services

Transportation

Case Management

Hospital/Specialty Care

Referral

Note: all services required on site or through established written arrangements/referrals



Management and Finance

- Key Management Staff
- Contractual/Affiliation Agreements
- Collaborative Relationships
- Financial Management and Control Policies
- Billing and Collections
- Budget
- Program Data Reporting Systems
- Scope of Project



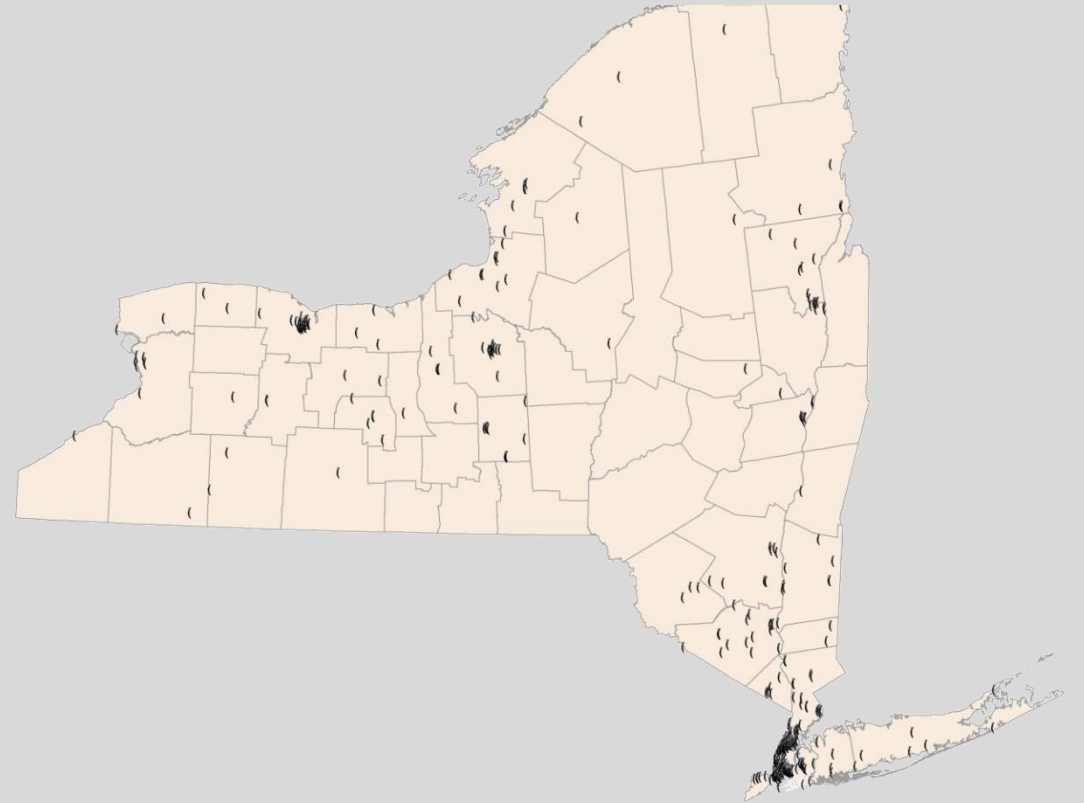
Governance

- Board Authority
- Board Composition
- Conflict of Interest Policy



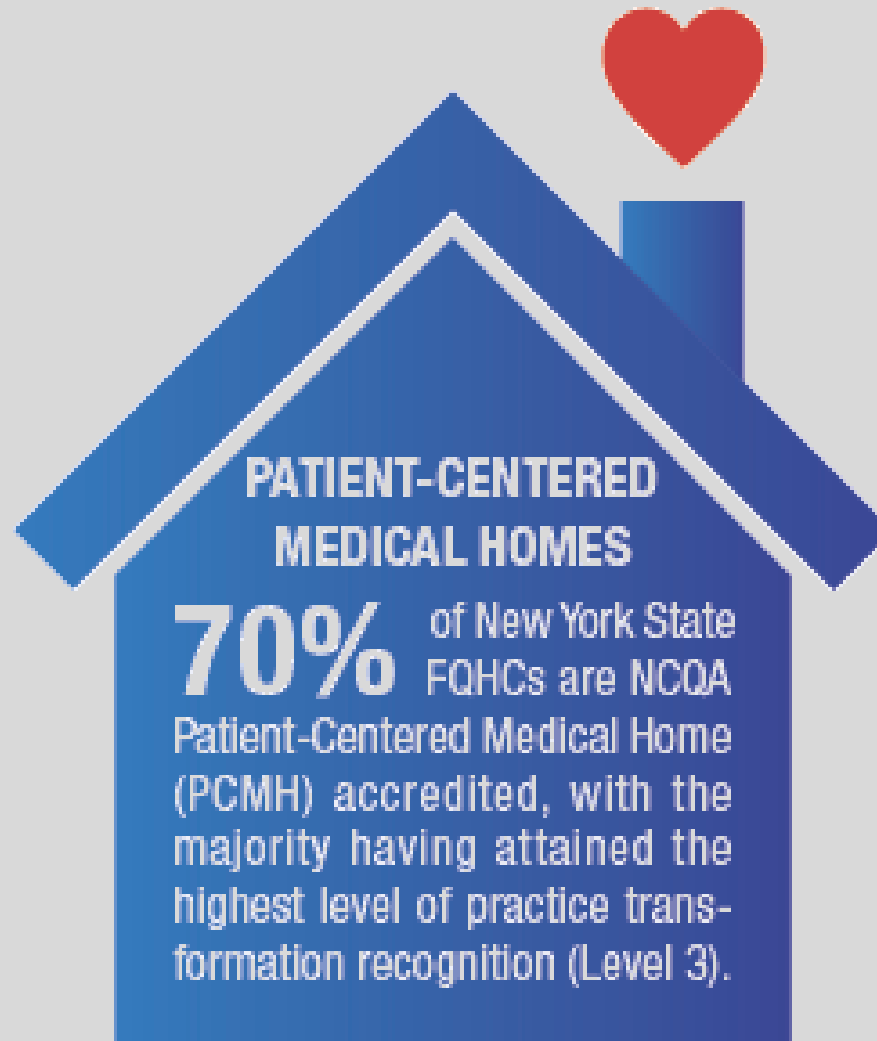
New York State FQHC Sites

- Approximately 650 FQHC sites across NYS
- Serving 2 million patients

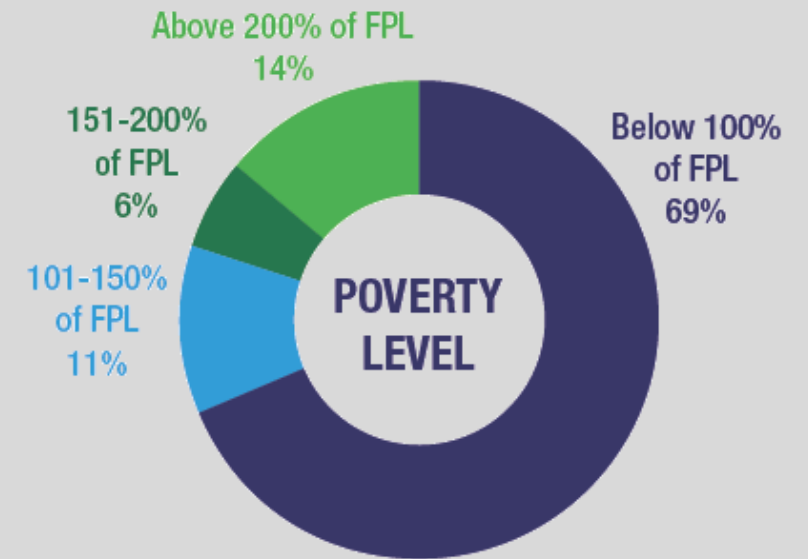
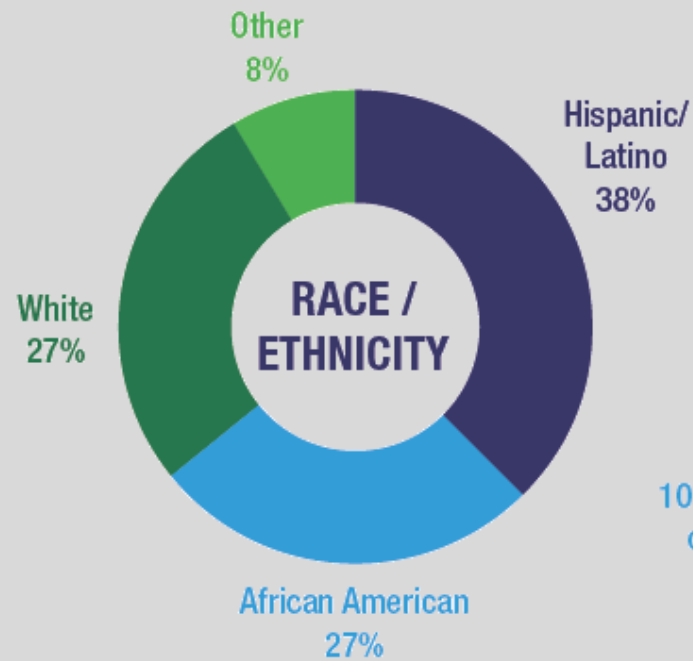
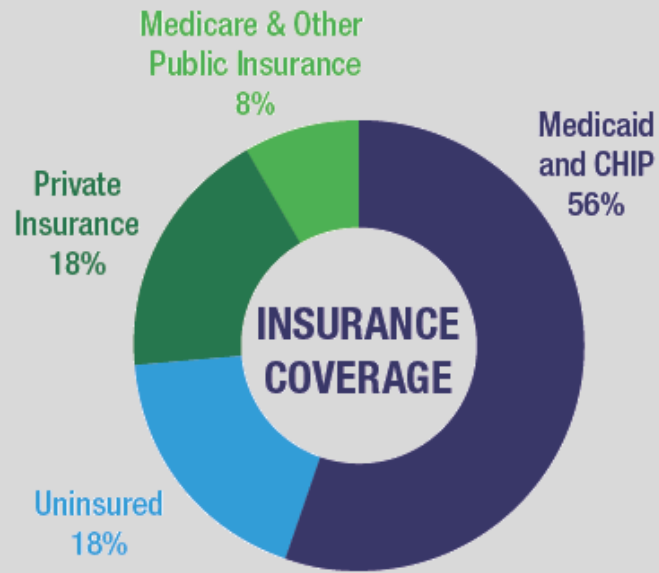


Data Source: 2015 UDS

New York State FQHC Sites

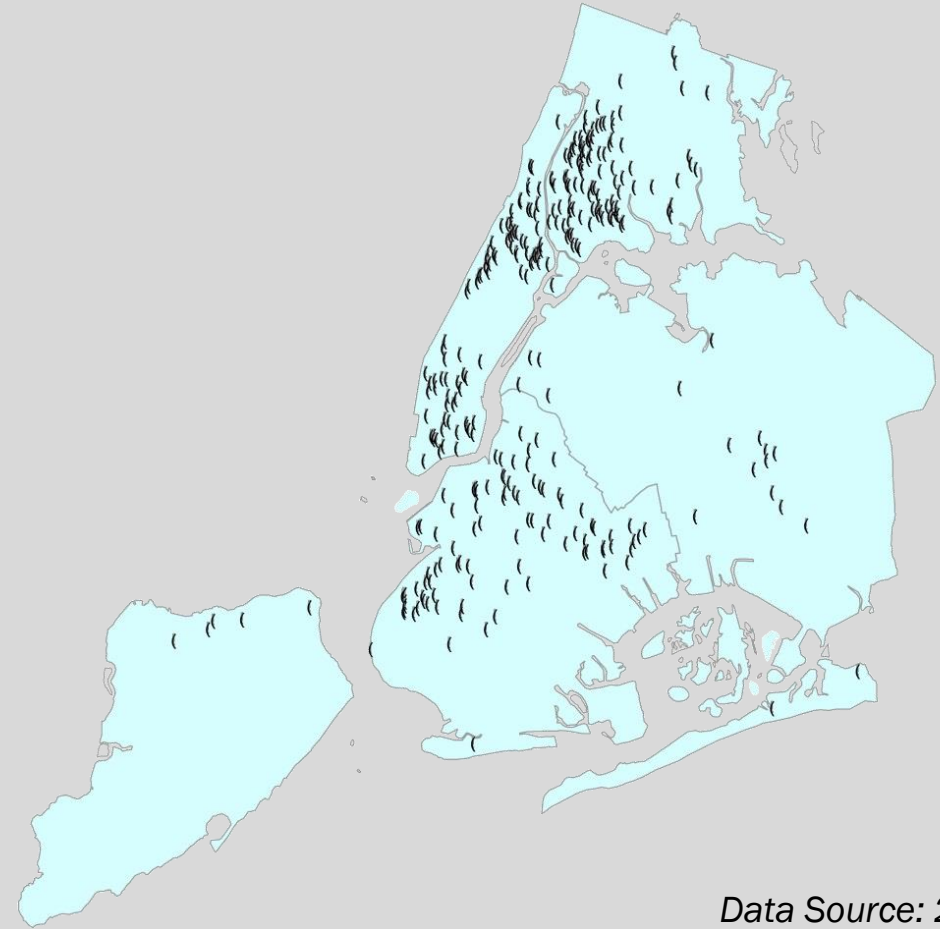


New York State FQHC Sites



New York City FQHC Sites

- Approximately 400 FQHC sites
- Serving more than 1,000,000 patients



Data Source: 2015 UDS

BEFORE CMS ...

HRSA PIN 2007-15

- Guidance to FQHCs on Emergency Management expectations related to planning and preparing for future emergencies.
 - A. ***EM Planning*** – health centers should be engaged in an ongoing, continuous process to ensure that EM Plans are appropriate.
 - B. ***Linkages and collaborations*** – health centers should maximize their linkages and collaborations.
 - C. ***Communications and information sharing*** – health centers should have policies and procedures for communicating and sharing information with internal and external stakeholders.
 - D. ***Maintaining financial and operational stability*** – health centers’ business plans should address financial viability in the event of an emergency.

CMS EM FINAL RULE

Functional Area	HRSA PIN 2007-15 Expectations	CMS Final Rule Requirements
Emergency Management Planning	Comprehensive Emergency Management Plan	Develop all-hazard plan plus policies and procedures
Risk Assessment	Conduct a Hazard Vulnerability Analysis (HVA)	All-hazards approach based on capacities and capabilities
Communications	Internal & external strategies, identify backup-up systems	Ensure systems and coordination with partners
Training	Ongoing for all staff	Maintain program, include initial training & coordination with partners
Testing/Exercises	Conduct exercises annually, at minimum	Two exercises annually, one community-based
Community Integration	Establish linkages and collaborations	Coalition participation highly encouraged
Business Continuity	Maintain financial and operational stability	Addressed in policies and procedures

17 Provider & Supplier Types



Graphics: b-Parati

17 Provider & Supplier Types



Graphics: b-Parati

Implementation Timeline



CMS Rule for FQHCs

The CMS Emergency Preparedness Final Rule outlines four core elements of emergency preparedness:

**Risk Assessment
/ Emergency
Planning**

**Policies and
Procedures**

**Communications
Plan**

**Training and
Testing**

Risk Assessment and Emergency Planning

- “All-hazards” risk assessment – focuses on the capacities and capabilities that are critical for emergency preparedness
- Allows each facility to tailor to the hazards that are most likely to occur in their locales (i.e., facility- and community-based assessment)
 - *Equipment/power failure*
 - *Care-related crisis*
 - *Interruptions in communication (e.g., cyber-attack)*
 - *Interruptions in normal supplies (e.g., water or food)*

FQHC Requirements

- Be based on and include a documented, facility-based and community-based risk assessment, utilizing all-hazards approach
- Include strategies for addressing emergency events identified by the risk assessment
- Address patient populations, including, but not limited to the type of services the FQHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans
- Include a process for cooperation and collaboration with local, tribal, regional, state, and Federal emergency preparedness officials' efforts to maintain and integrated response during a disaster or emergency situation

Policies and Procedures

- Each facility must develop policies and procedures to support the execution of an emergency response plan.
- The policies and procedures must respond to the risks identified in the risk assessment.
- Each facility's policies and procedures must be updated at least annually.

Policies and
Procedures

FQHC Requirements

At a minimum, the Policies and Procedures must address:

- Safe evacuation (including staff responsibilities and patient needs)
- A means to shelter in place for patients, staff, and volunteers, who remain in the facility
- A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records
- The use of volunteers in an emergency or other emergency staffing strategies, including the process for integration of State and Federally designated health care professionals to address surge needs during an emergency

Policies and
Procedures

Communication Planning

- The communication plan is designed to ensure the continuity of patient care in the event of a disaster.
- The communication plan ensures that patient care is coordinated with:
 - *The facility itself*
 - *Other local providers*
 - *Local public health departments*
 - *Emergency management agencies*

FQHC Requirements

- Names and contact information for the following:
 - *Staff*
 - *Entities providing services under arrangement*
 - *Patients' physicians*
 - *Other FQHCs*
 - *Volunteers*
- Contact information for the following:
 - *Federal, state, tribal, regional, and local emergency preparedness staff*
 - *Other sources of assistance*

FQHC Requirements

- Primary and alternate means for communicating with the following:
 - *FQHC staff*
 - *Federal, State, tribal, regional, and local emergency management agencies*
- A means of providing information about the general condition and location of patients under the facility's care as permitted under the HIPAA Privacy Rule (45 C.F.R. § 164.510(b)(4))
- A means of providing information about the FQHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee

Training and Testing

- All employees must be trained on every aspect of the emergency preparedness plan.
- The training program must be reviewed and updated annually.

FQHC Requirements

- To meet the training requirements, the FQHC must:
 - *Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles*
 - *Provide emergency preparedness training at least annually*
 - *Maintain documentation of the training*
 - *Demonstrate staff knowledge of emergency preparedness*

FQHC Requirements

- To meet the testing requirements, the FQHC must:
 - *Participate in a full-scale exercise that is community-based or when a community-based is not accessible, an individual, facility-based exercise. If the FQHC has to activate its emergency plan, it is exempt from testing for one year.*
 - *Conduct an additional exercise that may include, but is not limited to:*
 - A second full-scale exercise that is community- or facility-based
 - A table top exercise including a group discussion led by a facilitator.
 - *Analyze the FQHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the emergency plan as needed.*

Why is Emergency Management Important for Health Centers?

- Compliance with federal, state, and accreditation standards and regulations (e.g. Joint Commission, HRSA PIN 2007-15, CMS EP Rule etc.)
- Protection of staff, patients, assets, and resources (e.g. patient records, computer stations)
- To plan for maintaining communications between staff, patients, and community partners (e.g. connectivity to the Internet, situational awareness)
- To support continuity of care (e.g. maintaining a safe environment for patients, medication refills, mental health)

Community Health Centers – Key Component

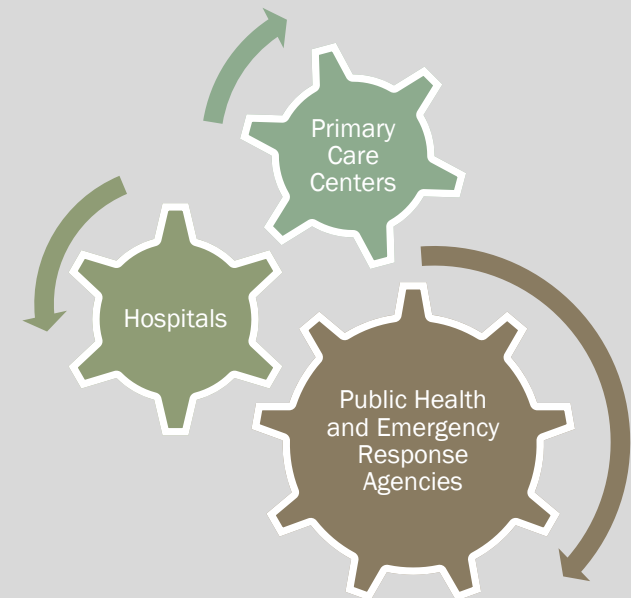
- Surge Capacity and Mass Casualty Care
- Mass Prophylaxes
- Mental Health Services
- Disease Outbreaks / Disease Surveillance
- Hazardous Material Responses and Chemical Agents
- Sheltering
- Community Preparedness

Health Center Response Roles

Community health centers are important emergency response partners, providing information, healthcare, and support services within the community.

Other partners in the healthcare system include:

- Hospitals
- Nursing Homes
- Laboratories
- Public Health Agencies
- Adult Care Facilities



Considerations

- A coordinated healthcare sector response beyond traditional first responders and hospitals is critical.
- Health centers are integral players in local, state, and national emergency preparedness and response efforts.
- Increasingly exploring opportunities to participate in healthcare coalitions.
- FQHCs have special considerations before agreeing to participate (e.g. Scope of Services, FTCA Coverage, etc.)

CHCANYS Coalition Building

- Participation in regional and sub regional coalition meetings statewide
- Representation of FQHCs - seeking to increase and strengthen linkages within coalitions
- Integration of members into their local emergency management planning efforts

HEALTH CENTER SUPPORT & DEVELOPMENT

Emergency Management



1
In 2016 T/TA Survey, 90% of FQHCs needed help with CMS EM Rule, or were not sure



2
Up-to-date Information on available EM Resources



3
Statewide FQHC notification capability in emergency situations



4
Targeted Technical Assistance: e.g. CMS Rule Bootcamp, EM-101, Workplace Violence, Business Continuity and many others



5
Coordination and support in 2017 Statewide Full-Scale Exercise



6
Expanding partnerships in lieu of diminishing funding: AmeriCare, Direct Relief, FTLF



7
Updated 2017 EOP Template is available to all NY-based FQHCs



8
Development and delivery of Webinars on EM topics



9
Assistance with meeting CMS EP Rule Requirements



10
Ongoing support, training and technical assistance in relevant areas of EM

QUESTIONS

Thank you



Contact us at:

EMTeam@chcanys.org