Integrating Community Pediatric Practices Into Disaster Preparedness: A Strategic Plan for Pennsylvania

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Outline

• Project Background

• Findings and Recommendations

• Challenges and Next Steps
Project Overview

• Sponsored by Pennsylvania Department of Health
  – CDC Cooperative Agreement
• Partnership with American Academy of Pediatrics, Pennsylvania Chapter (PA AAP)
• Community focus – ambulatory settings
• Systems-based approach
Objectives

• Develop strategic plan to integrate pediatricians into community-wide preparedness efforts
  – Identify current status, needs of pediatric providers in community with respect to emergency preparedness
  – Identify expectations of public health agencies
  – Formulate recommendations to improve integration and coordination of pediatric providers
Assumptions

• Physicians key to promoting personal preparedness and for risk communication
  – Redlener 2007, Olympia 2010, Redefining Readiness 2004

• Practice-level planning and outreach is needed to realize potential

• Paradigm for other primary care providers in the community
Methods

• Drexel and PA AAP collaboration
  – 36 thought leader interviews
    • Pediatricians, practice managers
    • Public health planners and managers, emergency management representatives
    • Information technology experts
    • Human service agency representatives
    • Health insurance executives
    • School and childcare stakeholders
  – Consultant - Dr. Scott Needle
  – Collaborative planning meetings
  – Literature review of best practices
Major Findings - Pediatricians

- Little understanding of public health agency organization, capacity, operations
- Desire clear identification of roles
- Subject matter expertise and understanding of public fears
  - Can inform public health plans
- Limited interest, time for preparedness
Major Findings –Pediatricians
Information and Communication

• Want real-time situational awareness and pediatric specific information
  – Not from media and before public receives information
• “In the heart of the community”
  – Communicate with families
• Communication with patients is key
  – Patients (public) want information from their doctor
  – Capacity varies across practice – universally acknowledged as a priority
    • Text messages, list-serve, web-postings, telephone, social media
Major Findings – Public Health

• Limited understanding of pediatric practices
  – Failure to recognize communication potential
  – Outpatient surge capacity overestimated
  – Electronic health records – status, potential, challenges

• Limited vision for how providers might function in public health emergencies
  – Medical Reserve Corps
  – Vaccination and disease reporting
  – Little planning for medical care outside of hospital response and points of dispensing
Define Roles and Expectations

• Pediatricians - major role in community office settings, all aspects medical care
  • Off-set burden on hospitals
  • Support of “medical counter-measures”
  • Long-term follow-up, psychological support

• Public health agencies
  – Local/state leadership, surveillance and investigation, disease control measures, surge support, information
Recommendations

• For Public Health, Pediatricians, PA AAP
  – COOP and surge capacity building
  – Collaborative planning
  – Bi-directional communications
    • Pediatricians and public health
    • Pediatricians and patients
  – Training
  – Children with special healthcare needs
  – Schools and childcare programs
Recommendations: Collaborative Planning

• Create a Pennsylvania Child Health Advisory Council for Disasters
  – Advisory group of key stakeholders from across commonwealth: practices, hospitals, schools, childcare programs, government agencies
  – “Rapid response” component for individual county health departments, PA Department of Health

• Create ad-hoc task force for EMR integration into public health activities
Recommendations: Bi-Directional Communication

- **Public Health**
  - Expand HAN system; use of conference calls, websites
  - Define data needs, facilitate disease reporting
  - Child health desk at Emergency Operations Center

- **Pediatricians**
  - Participate in HAN and other modalities
  - Feedback

- **PA AAP**
  - Coordinate calls, webinars
  - Serve as communication hub, convey provider needs to public health
Recommendations:
Communication Between Practices and Patients

• Public Health
  – Integrate practice communication into plans
  – Provide situational awareness, guidance, support

• Pediatricians
  – Build capacity through patient portals, phone line, text messages, social media, website, EMR

• PA AAP
  – Technical assistance, tool kit
Recommendations: Children with Special Healthcare Needs

- Public Health
  - Understand health risks, provide information to pediatricians, coordinate with other public safety agencies, develop new plans and procedures

- Pediatricians
  - Promote personal preparedness, coordinated care plans, Patient Centered Medical Home model

- PA AAP
  - Facilitate planning, technical assistance, share guidance and best practices, training
Next Steps

• Communications tool kit for pediatric practices
  – Fact sheet templates for waiting rooms, websites
  – Phone scripts for voicemail, patient messaging
  – Triage protocols, social media templates
• PA AAP webinars
• PA AAP and PA DOH expanding Health Alert Network enrollment, provider feedback
• Identification of subject matter experts
Long-Term Initiatives

- Child Health in Disasters Working Group
- Planning with schools and childcare programs
  - Engage school health professionals
  - Create leadership network to implement policy in emergencies, define communication protocols
- Participation in regional healthcare coalitions
- Practice-based projects
  - Patient Centered Medical Home Program
  - Exercises with local and state agencies
  - Pilot practices: learning collaborative and educational outreach programs
- Extension to other primary care professionals
Challenges

• Technology – EMR and communications platforms
• Resources
• Public health and personal health system differences
  – Mission, culture, operations
• Inter-county and inter-state differences
  – County agencies and regional coalitions with differing priorities for planning, view of community healthcare practitioners
  – State differences: policies and programs, public information, media
Conclusions

• Systems-based approach to thinking about public health and healthcare services
• Community medical practices are critical sector to engage in efforts to prepare communities and build community resilience
• Community pediatricians play unique role in health of both children and families and in support of schools, childcare programs
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