Disaster Preparedness and Office-based Providers

Financial Challenges and Opportunities

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Pediatric office settings

- Primary care
- Cognitive subspecialists
- Surgical subspecialists
- Independent Private Practice
- Healthcare System
- Hospital-owned
- Federally Qualified Health Center
Pediatric payors

- Medicaid
- SCHIP
- Private insurers
  - PPO fee-for-service
  - High-deductible fee-for-service
  - Capitated (HMO/ACO)
- Self-pay
- *NOT* Medicare
Challenges for providers

- **Money**
  - Narrow margins
  - Medicaid
  - Paid for visits (face-to-face care)

- **Time**
  - Patient care = time in office
  - Many administrative burdens

- **Set, inflexible payments**
Challenges to engagement

- Fragmented
- Diverse
- Independent
- Private ("for-profit")
  - No FEMA assistance (Stafford Act)
  - No grants
- Neglected
Providers’ role in community

- First point of contact with health care system
- Cost-savings (ED vs. primary care)
- AMA: Significant financial contribution and employment (2011 Economic Impact Study)
Providers’ roles in disaster

- Trusted source of information and advice
- Communication hubs
- Surge capacity
- Mental/behavioral health
- Longitudinal care
- Public health surveillance
- Vaccines
- Children with special health care needs (CSHCN)
What providers need

- Financial and material assistance
  - Preparedness and mitigation
  - Response and surge capacity
  - Recovery

- Time
  - Assistance for patient care, community advocacy, and/or practice advocacy

- Expertise and consultants
Opportunities

- Meaningful Use
  - Incentive payments
  - Increased EHR functionality
- Affordable Care Act (Medicaid parity)
- Patient-Centered Medical Home (PCMH)
- Accountable Care Organizations (ACOs)
Other possibilities

- Community coalitions (HPP/PHEP)
- Maintenance of Certification (MOC)
- Recovery MOUs and contracts
- Other post-disaster enhanced funding