

Emergency Preparedness and Primary Care Medical Practices

Session 6 – Preparing Patients with Special Health Care
Needs for Disasters

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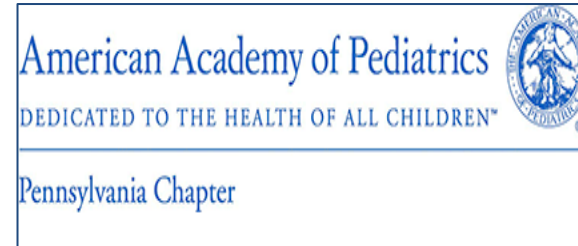


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Primary Care Partners



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Overview of Series – Systems Approach to Community Medical Practices and Emergency Preparedness 6 Mini Webinars

- Primary care physicians and preparedness
- Hazard and risk assessment
- Emergency planning for practices
- Evaluating the plan
- Communication with patients and partners
- Preparing patients with special health care needs for disasters

Patients with Special Health Care Needs

- High-risk for poor outcomes during disasters
- Unique challenges
 - Reliance on electricity, medical equipment
 - Communication challenges
 - Medication dependence
 - Access and mobility challenges



Special Health Care Needs and Medical Practices

- Patients not likely to be prepared for emergencies
- More likely to plan if doctor recommends (*Redlener 2007, Olympia 2010*)
- Populations evacuated from highly damaged areas and find themselves without a medical home are more likely to seek care for chronic conditions and may shift resources away from those in critical condition. (*Millin et. al Prehospital Emergency Care. 2006*)



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Families of Children with Special Health Care Needs

- Study in Alabama
- n=145 parents with CYSHCN
- Prepared less than general population
- Level of response independent of child's condition
- Perceived threat does not translate to action
- Families not sure what to do, but wanted help

*Baker et al. 2010. Disaster Medicine and Public Health Preparedness
Acknowledgements: Dr. Renee Turchi*

Family Readiness

How many families had.....?	Completed task
Emergency supply kit	19.6%
Family communication plan	9.0%
3 day supply of stored water	11.2%
3 day supply of sustainable food	52.4%
Copy of child's medical emergency care plan	24.1%

Baker et al. 2010. Disaster Medicine and Public Health Preparedness

Acknowledgements: Dr. Renee Turchi










Survey of Primary Care Practices (N=179)

- 37% have COOP plan, 26% have surge plan
- 39% receive Health Alerts
- 64% believe that patients with SHCNs not adequately prepared
 - 8% believed that their patients were prepared



#	Answer	Bar	Response	%
1	Not Applicable		12	8.33%
2	Their financial resources are limited.		101	70.14%
3	They have limited access to information regarding what is needed to prepare.		85	59.03%
4	Language barriers impede their understanding of disaster preparedness materials.		42	29.17%
5	They lack information regarding what community or other resources are available to help them during and after disasters.		104	72.22%
6	Other, please specify:		10	6.94%



#	Answer	Bar	Response	%
1	Insufficient time during typical patient encounter		88	75.21%
2	Insufficient resources (e.g. patient education materials) that assist patients with preparing for disasters		93	79.49%
3	Not enough information regarding government plans or programs for patients with special healthcare needs in my community, such as availability of special needs shelters, programs like enhanced 9-1-1, or special needs registries		100	85.47%
4	Not enough information about community social services that are available for patients		86	73.50%
5	Patients have limited access to specific resources such as additional supplies, generators		83	70.94%
6	Insurance company constraints regarding supplies, access to additional medication, etc.		76	64.96%
7	Other, please specify:		2	1.71%



What limits practice ability to promote preparedness?

Practice Assets

- Patient-Centered Medical Home
- Electronic Medical Record
- Counseling Opportunities

PATIENT CENTERED MEDICAL HOME TEAM



What can practices do?

- Prioritize patients with special health care needs for planning and communication – panels and registries
 - Quality improvement
 - Include patients requiring respiratory support, GI needs, access or mobility challenges, chronic meds (utility dependence)
 - Risk communication
- Counseling

The image shows a complex grid or table, likely representing a patient registry or data table. The columns are color-coded: yellow, light blue, dark blue, orange, green, and purple. The rows contain various data points, some with checkmarks or numerical values. The table is divided into several sections by horizontal lines, and the overall layout is dense and organized.



CHECKLIST FOR PRACTICES

Emergency Preparedness for Your Patients with Special Health Care Needs

PRIORITIZE PATIENTS FOR PLANNING AND COMMUNICATION RELATED TO PREPAREDNESS

- Identify patients with special health care needs for inclusion in panel or registry:
 - Patients who require support for respiratory issues (i.e., oxygen, ventilators, CPAP).
 - Patients who require nutritional support (i.e., gastrostomy, NG, GJ tubes).
 - Patients with access and mobility challenges or who are dependent on assistive technology due to physical disability.
 - Patients with immune suppression.
 - Patients with chronic diseases who have medication requirements (i.e., asthma and COPD, diabetes, end-stage renal disease, HIV infection).
- Plan for targeted communications and outreach to select groups via email/text messaging/patient portal, telephone (collect contact information if necessary) before and during emergencies.
- Create care plans or medical summaries for patients with the following information:
 - Diagnoses.
 - Medications.
 - Relevant past medical history.
 - Allergies.
 - Durable medical equipment requirements.
 - Insurance information, case manager, care coordinator, other service providers.



REVIEW KEY ELEMENTS OF PREPAREDNESS WITH HIGH-RISK PATIENTS (ANNUALLY)

Communications

- Register with local emergency response and utility companies, including:
 - Special needs registries (where available) – planning tool and response prioritization for local government.
 - Enhanced 911 services – information for use by first responders.
 - Utility company priority lists.
 - Emergency notification and early warning systems.
- Maintain an updated emergency contact list (caregivers, family and friends) and a list of people to contact who can help before, during and after emergencies.
- Plan for how to communicate with emergency personnel if communication aids are needed.

Planning

- Have a plan for evacuation and shelter-in-place, including:
 - Alternate living arrangements or locations of shelters for special needs.
 - Plan to bring medications, oxygen, durable medical equipment, caregiver, pet or service animal.
- Plan for fire safety: smoke alarms, escape routes from each room with accommodations for wheelchairs if necessary; inclusion of caregivers, schools, and workplaces in plans.
- Plan for electricity outage: generator, car battery, 12-volt inverter for automobiles.

Medication and Supply Needs

- Have a minimum one week supply of medications, medical supplies, food and water, pet food.
- Plan with DME companies for equipment failure, back-up supplies, loaner equipment.
- Prepare a "go-kit": contact lists, medicines and supplies, insurance cards, medical information summary, recent photos of family members and pets/service animals, pet supplies. Check your go-kit periodically for items that expire.



Registry Use in Practices

- Identification of patients for intensive counseling
- Targeted communications for high-risk patients
 - Patient portal
- Creation of care plans or summaries:
 - Medication list, problem list, PMH, Allergies, DME, insurance information, care coordinator, other providers

Patient Registry

Example of Patient Registry

Patient ID	DOB	Diagnoses	HIPAA	Home Care	Phone	Email
Sample	Sample	Sample	Sample	Sample	Sample	Sample
Sample	Sample	Sample	Sample	Sample	Sample	Sample
Sample	Sample	Sample	Sample	Sample	Sample	Sample
Sample	Sample	Sample	Sample	Sample	Sample	Sample
Sample	Sample	Sample	Sample	Sample	Sample	Sample
Sample	Sample	Sample	Sample	Sample	Sample	Sample



CHECKLIST FOR PATIENTS



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ARE YOU READY FOR EMERGENCIES?

Checklist for People with Special Health Care Needs

BE PREPARED

- Keep a paper summary of your medical care plan. Include: current medical problems, medicines, past medical problems, allergies, medical equipment needs, insurance information and pharmacy information.
- Be able to stay home (shelter-in-place) for up to five to seven days if necessary.
 - Have enough food, water, medicines and medical supplies for at least one week.
- Make a "go-kit" of basic and medical supplies to bring with you if you need to leave your home during a disaster:
 - Take your medicines (bring a cold pack if they need to be refrigerated).
 - Have a copy of your medical care plan and important papers.
 - Take any medical equipment: wheelchair (have a lightweight manual chair available if you use a motorized wheelchair); extra batteries for your wheelchair; hearing aid or other devices; oxygen and extra tanks; cans of tube feedings; needles and syringes.
 - Have bottled water, food, battery-operated radio, flashlight, first-aid kit, garbage bags, extra child supplies (diapers, formula) and cash.
 - Make sure everything is labeled with your name and contact information.
 - Plan to bring your service animal with you; bring pet food, supplies, ~~veterinary~~ and registration records.
- Plan for a power failure. Have extra batteries for equipment or a generator.
- Make a fire safety plan for home, work and school:
 - Have smoke alarms on every floor – with flashing lights indoors and outdoors.
 - Plan your escape – have two exits from each room; doorways and ramps for a wheelchair.

BE IN TOUCH

- Create a support system of caregivers, family and friends who will help you in a disaster. Make sure they understand your medical needs. Contact them before and during

emergencies to see who may be available if you need them.

- Make a contact list of family, friends and caregivers who can help you in emergencies and who others can call if something happens to you.
- If you have a cell phone, put an ICE ("In Case of Emergency") contact in your contact list.
- Contact your local emergency management agency to see what's available for you in your community.
- Sign up for utility (power) company priority lists, enhanced 911 services and "special needs registries." Let them know about your special needs.
- Sign up for emergency management updates and early warnings.
- Have a corded landline telephone that doesn't use electricity that you can use if you lose power. A cell phone can be used but will need to be recharged.

IF YOU DEPEND ON ASSISTIVE TECHNOLOGY (AT)

- Keep back-up batteries (including a charger you can use in your car) at home. Test back-ups regularly and charge batteries.
- Ask your equipment supplier about replacement equipment and back-up power sources that can last for up to one week.
- Show your personal support network how to use and move your equipment.
- Label equipment; attach laminated instructions and photographs of you using AT.
- Register your AT with the company that makes it and record all AT serial numbers.
- If you use a generator, test monthly. Only use it outdoors, far from windows. Safely store back-up gas in case you run out. Get a kit that will help you get gas from your car if you need it.

IF YOU HAVE COMMUNICATION DIFFICULTIES

- Figure out how you will communicate with emergency personnel if you don't have your communication devices.

- Keep writing materials with you, or carry printed copies of key information for first responders, such as "I speak American Sign Language."
- Make sure emergency health information includes the best way to communicate with you.
- If you use a hearing aid or implant, keep extra batteries on hand. Maintain extra batteries for your Text Telephone and light phone signaler. Store your hearing aid in the same place so you can find it easily, and keep it in a waterproof container.

IF YOU HAVE MOBILITY DIFFICULTIES

- If you use a motorized wheelchair, keep a manual chair as backup. If you live in a high-rise building, consider keeping one on the ground floor in case you are evacuated without the power wheelchair.
- Store emergency supplies in a pack attached to your walker, wheelchair or scooter.
- Make plans for evacuation at home, work or school, especially if you spend time above the ground floor of a building. Practice them.
- If you have visual impairment and use a cane, keep extra canes in the same location at your job, home, school, etc., to assist you. Keep an extra cane in your emergency kit.
- Make sure the furniture in your home or office does not block your exit.

IF YOU RELY ON RESPIRATORY SUPPORT DEVICES OR OXYGEN

- Make sure you have plan for a back-up power source and test back-ups often.
- Plan to bring extra oxygen supplies to a shelter or other location if you need to evacuate.

IF YOU HAVE INTELLECTUAL DISABILITIES

- Keep a written emergency plan with you and in several locations. Make sure the plan is easy to read.
- Practice what to do during a disaster, including leaving places where you spend time, until you are sure you know what to do and where to go.
- Think through what a rescuer would need to know about you. Practice saying it or keep a written copy that says something like: "I cannot read" or "I may have difficulty

understanding you. Please speak slowly and use simple language."

IF YOU HAVE MENTAL HEALTH NEEDS

- Make sure your local emergency management team and neighbors know that you have mental health care needs and what they are.
- Make a personal support network of at least three family members, friends or neighbors who will check on you in an emergency.
- Consider signing up for electronic payments of federal benefits, like Social Security, because disasters can interrupt mail delivery.

GET MORE INFORMATION FROM THESE AGENCIES

- Pennsylvania Emergency Management (PEMA): [Readypa.org](http://www.readypa.org)
- Pennsylvania Department of Health: http://www.portal.health.state.pa.us/portal/server.pt/community/public_health_preparedness/11605
- FEMA: Individuals with Disabilities or Access and Functional needs: <http://www.ready.gov/individuals-access-functional-needs>
- American Red Cross: <http://www.redcross.org/prepare/location/home-family/disabilities>
- Special needs registries in Southeast Pennsylvania: www.specialneeds.pa.org
- Speak Unlimited: www.papremisealert.com
- Temple University Institute on Disabilities: <http://disabilities.temple.edu/programs/eprep/>
- Disability Preparedness Resource Guide: www.disabilitypreparedness.gov
- Inclusive Preparedness Center: <http://www.inclusivepreparedness.org/DisasterReadiness.html>
- US Society for Augmentative and Alternative Communication: <http://www.ussaac.org/emergency-preparedness.cfm>
- Patient Provider Communication: www.patientprovidercommunication.org

Key Elements of Preparedness

General Planning

- Have a plan for evacuation and sheltering-in-place
 - Go-kits with meds, papers, labeled equipment, cold-pack, supplies, contact lists, etc.
 - Pets and service animals
 - What to bring to shelter
- Plan for fire safety
- Plan for electricity outages
 - Batteries, generator, 12-volt inverter



Key Elements of Preparedness Communications

- Register with local agencies and utility companies
 - Enhanced 9-1-1
 - Special needs registries
 - Emergency notifications and early warning lists
 - Utility company priority lists
- Maintain updated contact list
 - Support structure
- Plan for communication with emergency personnel
- Non-electricity requiring methods

Key Elements of Preparedness Medication and Supply Needs

- Know your medications
 - Med list and supply needs (especially in evacuation)
 - Supply (minimum one week) and storage
- Assistive technology
 - Plan with DME companies for equipment failure, loss
 - Label equipment, attach instructions and photographs of using it
 - Back-up batteries, generator
 - Show personal support network how to use
 - Identify person outside of area to be contact point and resource



Patients with Communication Challenges

- Figure out how to communicate with emergency personnel if no access to devices
- Keep writing materials handy; carry printed copies of key information for first responders
 - “I speak American Sign Language.”
- Emergency information should include best way to communicate with patient
- Keep extra batteries on hand for hearing aids, implants, text telephone, light phone signaler
- Store hearing aid in same place to find it easily; keep in waterproof container



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Patients with Mobility Difficulties

- Keep manual wheelchair as back-up if using motorized wheelchair. Keep second wheelchair on ground floor if living in a high rise
- Store emergency supplies in a pack attached to walker, wheelchair, scooter
- If visually impaired and using cane, keep extra canes in same location at job, home, school
- Make sure furniture at home, work, school does not block exit



Patients with Intellectual Disabilities and Mental Health Needs

- Keep written plan with you and keep copies in several locations.
- Practice what to do during a disaster
 - Home, school, work
- Think what a rescuer would need to know and practice saying it, or keep written copy
- Create personal support network
 - Neighbors who can check on you
 - Local public safety agencies

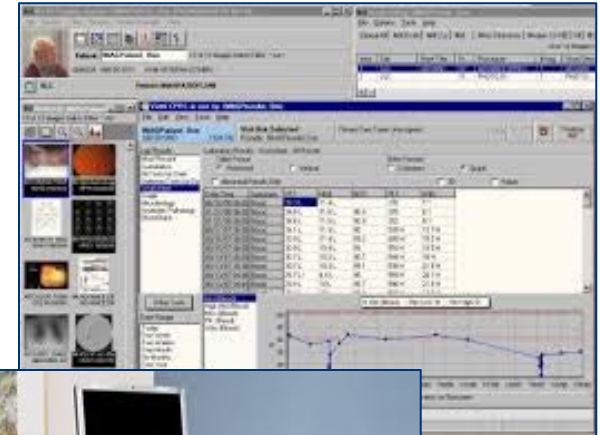
Challenges

- Not a priority
- Reimbursement for planning
- Reimbursement for patient counseling



Opportunities

- Communications technology
- Electronic Health Records:
 - Creation of patient panels
 - Physician alerting
 - Clinical surveillance and reporting
 - Patient communication



Meaningful Use Stage 2 Requires Health Information Exchange

40% of the objectives focus on interoperability with a health neighborhood.

Eligible Professionals	Eligible Hospitals
<ul style="list-style-type: none">• Exchanging with others<ul style="list-style-type: none">• Lab results > 50% exchanged• Summary of Care exchanged > 65%• Office visit summaries within 24 hours• Transmit Public Health data<ul style="list-style-type: none">• Immunization• Reportable Labs• Syndromic surveillance• Exchanging with patients<ul style="list-style-type: none">• Reminders > 10%• Online access > 50%• Secure messaging from patients > 10%	<ul style="list-style-type: none">• Exchanging with others<ul style="list-style-type: none">• Lab results > 55%• Summary of Care exchanged > 65%• Transmit Public Health data<ul style="list-style-type: none">• Immunization• Reportable Labs• Syndromic surveillance• Publishing quality reports• Exchanging with Patients<ul style="list-style-type: none">• Online access > 50%



Eligible Professional Core Objectives	
(1)	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
(2)	Implement drug-drug and drug-allergy interaction checks.
(3)	Maintain an up-to-date problem list of current and active diagnoses.
(4)	Generate and transmit permissible prescriptions electronically (eRx).
(5)	Maintain active medication list.
(6)	Maintain active medication allergy list.
(7)	Record all of the following demographics: (A) Preferred language (B) Gender (C) Race (D) Ethnicity (E) Date of birth
(8)	Record and chart changes in the following vital signs: (A) Height (B) Weight (C) Blood pressure (D) Calculate and display body mass index (BMI) (E) Plot and display growth charts for children 0–20 years, including BMI
(9)	Record smoking status for patients 13 years old or older.
(10)	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.
(11)	Provide patients the ability to view online, download, and transmit information within four business days of the information being available to the EP.
(12)	Provide clinical summaries for patients for each office visit.
(13)	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Eligible Professional Menu Objectives	
(1)	Implement drug formulary checks.
(2)	Incorporate clinical lab-test results into EHR as structured data.
(3)	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.
(4)	Send patient reminders per patient preference for preventive/follow-up care.
(5)	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
(6)	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation .
(7)	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.
(8)	Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.
(9)	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice.



Eligible Professional Core Objectives	
(1)	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
(2)	Generate and transmit permissible prescriptions electronically (eRx) .
(3)	Record the following demographics : preferred language, sex, race, ethnicity, date of birth.
(4)	Record and chart changes in the following vital signs : height/length and weight (no age limit) blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.
(5)	Record smoking status for patients 13 years old or older.
(6)	Use clinical decision support to improve performance on high-priority health conditions.
(7)	Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.
(8)	Provide clinical summaries for patients for each office visit.
(9)	Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.
(10)	Incorporate clinical lab-test results into Certified EHR Technology as structured data.
(11)	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.
(12)	Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.
(13)	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.
(14)	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation .
(15)	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary care record for each transition of care or referral.
(16)	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.
(17)	Use secure electronic messaging to communicate with patients on relevant health information.

Eligible Professional Menu Objectives	
(1)	Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice.
(2)	Record electronic notes in patient records.
(3)	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.
(4)	Record patient family health history as structured data.
(5)	Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.
(6)	Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.



Summary Recommendations

- Work with social service agencies, DME suppliers to assist patients
- Practices should be prepared to provide medical information to partners, out-of-town providers
 - Care coordination



More Resources

- Pennsylvania Emergency Management (PEMA): [Readypa.org](http://www.ready.pa.gov)
- Pennsylvania Department of Health:
http://www.portal.health.state.pa.us/portal/server.pt/community/public_health_preparedness/11605
- FEMA: Individuals with Disabilities or Access and Functional needs:
<http://www.ready.gov/individuals-access-functional-needs>
- American Red Cross: <http://www.redcross.org/prepare/location/home-family/disabilities>
- Special needs registries in Southeast Pennsylvania: www.specialneedspa.org
- Speak Unlimited: www.papremisealert.com
- Temple University Institute on Disabilities: <http://disabilities.temple.edu/programs/eprep/>
- National Organization on Disability:
http://nod.org/disability_resources/emergency_preparedness_for_persons_with_disabilities/
- Inclusive Preparedness Center: <http://www.inclusivepreparedness.org/DisasterReadiness.html>
- US Society for Augmentative and Alternative Communication:
<http://www.ussaac.org/emergency-preparedness.cfm>
- Patient Provider Communication: www.patientprovidercommunication.org



Next Steps

- Materials on PA Medical Society and Drexel CPHRC websites:
 - <http://www.pamedsoc.org/MainMenuCategories/Practice-Management/Management/Emergency-Preparedness>
 - <http://publichealth.drexel.edu/research/research-centers/center-for-public-health-readiness-communication/our-projects/pcp-resources/>
- Technical assistance



Continuing Medical Education Credit

- If you have registered for the live webinar, you will receive an email with a link to obtain CME and complete an evaluation.
- If you are viewing the archive of the webinar, please follow the instructions on the webpage where the training information is located to obtain CME.



QUESTIONS?



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