Plenary Session: What we learned about our Provider Network through the María experience

Daneris Fernández
CEO & President DGF Consulting Group
PR Business Emergency Operations Center Leader
WHAT WENT WELL

NO EPIDEMICS

CONTINUITY OF HEALTH SERVICES

NETWORK INTEGRATION AND COLLABORATION

LOW LEVEL OF CASUALTIES

2004 Tsunami Indonesia 227,898
2004 Hurricane Jeanne 3000
2005 Hurricane Katrina 1866
2010 Haiti earthquake 316,000
2017 Hurricane Harvey 68
2017 Typhoon Tembey 200
2013 Typhoon Haiyan 6300 to 22000
HURRICANE MARIA – September 20, 2017

PUERTO RICO HEALTH BUSINESS EMERGENCY OPERATIONS CENTER
PRIVATE SECTOR GOVERNANCE FOR EMERGENCY MANAGEMENT IN PR

IPA’s
Humana
IPA’s

MCS
PHARMACIES

PBM’s

NGO’s

INSURANCE COMPANIES

DISTRIBUTORS

330 Centers

HOSPITALS

DISTRIBUTORS

PHARMA

HEALTH PROVIDERS

SUPPLIERS

FEMA
NATIONAL BUSINESS EMERGENCY OPERATIONS CENTER
**SUSTAINABLE, STABLE POWER SUPPLY WITH DIVERSIFIED SOURCES**

**STABLE and RELIABLE FOOD SUPPLY TO ALL POPULATION**

**SUSTAINABLE POTABLE WATER INFRASTRUCTURE WITH ACCESS TO ALL POPULATION**

**SUSTAINABLE AND RELIABLE HEALTH SYSTEM**

**SUSTAINABLE AND RELIABLE TELECOMMUNICATIONS**

**ENABLING BEHAVIORS**

**FLAWLESS EXECUTION**

**HIGH INTEGRITY AND TRANSPARENCY**

**OWNERSHIP AND ACCOUNTABILITY**

**INTEGRATION OF RESOURCES**

**BELOC MAP**

**PUERTO RICO BY DECEMBER 2017**

**KEY TO SUCCESS: COMMUNICATIONS and KPI’s**
HURRICANE MARIA – September 20, 2017

CRITICAL INFRASTRUCTURE ASSETS MAP

PROVIDERS AND SUPPLIERS

HEALTH CONTINUITY PLAN

CRITICAL INFRASTRUCTURE SUPPORT

DONATIONS MANAGEMENT PROTOCOLS

MEDICINES AND SERVICES

IMPROVED EMERGENCY FUNDING PROCESS / REGIONAL WAIVERS SYSTEM
ADEQUATE CRITICAL SUPPLIES INVENTORIES

PUERTO RICO BY SECOND QUARTER 2018
KEYNOTE SPEAKER

**Mr. Clayton C. Williams**, Director of Clinical Transformation at Louisiana Public Health Institute and Managing Partner of Rivo Health, LLC, New Orleans, LA

PANELISTS:

- Mrs. Gloria del C. Amador, Executive Director, Salud Integral en la Montana
- Mrs. Inés Hernández, MD, Chief Medical Officer, MCS
- Mr. Jorge Matta, MHSA, President, Puerto Rico Hospital Association
- Mr. José J. Vargas, MD., President, Puerto Rico IPAs Association
- Mrs. Elda Sierra Meléndez, Esq., President Board of Directors, Coopharma
Turing Disaster into Opportunity for Health System
Rebuilding:
The Katrina Experience

Clayton Williams, MPH, FACHE
Louisiana Public Health Institute (LPHI)
The healthcare system was crippled
My kitchen after the flood waters drained
There are those who look at things the way they are and ask why…I dream of things that never were and ask why not.

- Robert Kennedy
The Recovered Health System In New Orleans

• Distributed network of quality, affordable community health
• Disaster prepared replacement hospitals
• IT enabled to improve safety and effectiveness
• Community wide shared quality agenda
• Innovative payment model supports team based care and integration of mental health in primary care
• Model system in many ways – more resilient for disaster and everyday
• From disaster, opportunity
Public health institutes (PHIs) improve public health outcomes by fostering innovation, leveraging resources, and partnering with government agencies.

Provides a nonprofit, multi-stakeholder organization that serves as an administratively nimble vehicle to distribute resources to execute on enlightened public policy.

The Louisiana Public Health Institute (LPHI) played an integral role in supporting health system re-envisioning, recovery, and rebuilding for resilience.
Louisiana Public Health Institute
Role of the Louisiana Public Health Institute

Convened broad group of stakeholders within a couple of months of Katrina’s landfall to begin re-envisioning, planning, and advising public policy makers

Distributed $13M of supplemental Social Service Block Grant funds on behalf of the Department of Health and Hospitals to help re-establish community-based services

Conducted operations of the Louisiana Health and Population Survey in partnership with the US Census, State of Louisiana and the Centers for Disease Control
Role of the Louisiana Public Health Institute

Conducted a systematic healthcare capacity survey to assess outpatient healthcare services capacity in the Greater New Orleans Region

Advocated for resources at the state and federal levels to meet needs, enable innovation

Administered a $100M CMS grant (Primary Care Access and Stabilization Grant) to grow a network of high quality, neighborhood-based primary and behavioral health services to meet needs
Sampling of Results: PCASG

28% increase in the number of fixed and mobile service delivery sites 3-years after the grant began in September 2007

Number of patients served over 3-year grant period: More than 406,000 unique patients were seen during the duration of the program and a total of 2,166,607 patient encounters
Sampling of Results: PCASG

Secured more than $1.5 million in additional, non-governmental funds and other resources to provide technical assistance and improve the quality and scope of services provided.

Received NCQA’s National Health Quality Award in 2010 for LPHI’s contribution to creating a high-quality and sustainable network of community-based primary and behavioral health care services post-Katrina.
Post-PCASG Priorities for LPHI in the healthcare delivery space

Health Information Exchange (Greater New Orleans Health Information Exchange)

Analytics and practice transformation for primary care providers for success in value-based/ accountable care contracting with payers

Resilience and emergency preparedness

Social determinants and health equity
Immediate Recommendations

Address primary leadership challenge: Fight the urge to rebuild things as they were if you want better outcomes

Convene broad-based planning effort to determine and prioritize needs, include government at all levels

Utilize or create (for the next disaster) a neutral, nonprofit entity with health as its goal (e.g. Public Health Institute) to assess health needs in a rigorous way, advocate for and mobilize resources for recovery and resilience
Selected citations/ resources:


Transforming Primary Care in the New Orleans Safety-net The Patient Experience **Laura A. Schmidt, PhD, MSW, MPH, * Diane R. Rittenhouse, MD, MPH, Kevin J. Wu, MPH, z and James A. Wiley, PhD**


Contact

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Gloria del C. Amador Fernández, DrPH(c), MHSA
CEO, Salud Integral en la Montaña, Inc., &
Vice-president of the PR PCA Board of Directors
LESSONS LEARNED

Failure in the execution of fundamental aspects of the emergency management in central planning and dependence on government.

CHC’s recognition in the community as first responders for primary care and medications (before, during & after) the hurricane.

- 20 Grantees
- NFP Organizations
- 93 clinics
- 17 ER’s
- Pharmacies
- Ancillary Services
- Workforce capability
- 25,000 weekly
- Data collection & reporting

Trust in non for-profit CHC’s to canalize humanitarian relief.

✓ Basic needs, Rx and medical supplies were donated to the community.
RECOMMENDATIONS

**Government**
✓ Integrate CHC’s in the Emergency Response Permanent Committee and recognize them as critical infrastructure for continuity of operations.
✓ Assessment of existing social vulnerability to determine where resources might be used more efficiently to assist in recovery, and be useful in pre-disaster recovery planning and citizen education programs for building resilience.

**Within my Sector**
✓ Coordination among multi-collaborations & partnerships to avoid duplication efforts.
  • CHC’s capitalize the government investment and multiply community impact.

**To the Health Industry**
✓ Integrate systems, build redundancy into every citywide aspect and healthcare infrastructure & practice/train together to accomplishing preparedness and response.
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Ines Hernandez Roses, MD, DABFM
Chief Medical Officer MCS
• Recommendations
  • Health Plans
    • Protect the most vulnerable
    • Support the integrity of the supply chain
  • Government
    • Consider all components of the healthcare community
  • Other
    • Communication Plan
    • Employee Support
    • Establish Partnerships
Hurricane María Impact
IPA Association
Dr. José J. Vargas de León
Impact: It is important to understand that Hurricane María impacted Puerto Rico in various and different ways depending on the region. The impact and the response was coordinated through the MCO’s and proper initiative of the IPA’s depending on the impacted region.

Complications: The devastating impact of Hurricane María island wide, which included loss of electric power, potable water, and communications, made it extremely difficult to coordinate service. Doctors and groups were incommunicable and the information that was received was based on old “messenger” models of communications where messengers were sent to the Metropolitan Area (San Juan, COE) to convey important messages and thanks to the support of local radio stations (AM stations such as WAPA & WKAQ) communication was achieved. Other media outputs that where important in relaying the messages were Telemundo and WAPA.

Morning After: Immediately after the Hurricane, I personally contacted MCO’s such as SSS & MMM initially, MCS, and First Medical to offer support and generate an inventory of what services where operational and which services had been deemed unserviceable. I was immediately contacted by Angie Avila from ASES and Dr. Rafael Rodríguez, Secretary of Health, to assist and coordinate recovery efforts to the emergent health needs of the Puerto Rican population. (Organize and coordinate health outreach and first responder efforts)
Collaborations: We immediately identified groups who were readily available for response such as Dr. Carlos Mellado’s medical strike team, Dr. Victor Ramos’ Colegio de Médicos de Puerto Rico, and José J. Vargas VARMED’s Super Utilizer Team which was already servicing sheltered patients through care models based on Hurricane Katrina’s responses. After 2 weeks, along Lic. Norma Torres, Dept. of Health, we were able to channel volunteer medical brigades and accreditations towards areas of needs and key players with “boots on the ground”.

Information Exchange: Every Thursday, at 11am, we would meet at whatever facility available to exchange information gathered and lessons learned with the IPA’s, MCO’s, and Puerto Rico Government officials (ASES and Health Department). Although our efforts were continuous and the emergent needs reported were so overwhelming that I realized that our efforts were great but NOT enough.

Strategic Integration: Although the volunteer effort was great, in order to maximize the effectiveness of such efforts, we had to strategize how, where, and when, would these volunteers best be deployed. We worked directly with IPA’s in the most affected areas in the island, such as Dr. Migdalia Dominguez, Vega Alta; Carmen Ramos, CPA, in the south of the island; Dr. Elba Algarin, Caguas/Humacao east region; Dr. Del Rio with Hostos Primary Medical in the west of the island.
Primary Medical: To provide services post-Hurricane, groups kept reporting the need for clean water and fuel for their power plants. We received a large influx of volunteer medical groups that were able to reach patients at their homes, especially at hard to reach areas. This service was greatly needed and valuable yet it caused some miscommunication and brought about some hurdles regarding continuity of care once the volunteer groups left the impacted areas. IPA’s efforts were focused on receiving these patients and reintegrating them with their primary care teams but lack of communication with volunteer medical brigades made the process more difficult.

Observations & Recommendations – IPAs & MCOs

- Prepare contingency plans that include service facilities and locations with specific coordinates for GPS mapping.
- Create interdisciplinary rapid response teams that report directly to the IPA and are immediately deployable to local communities and surrounding areas.
- Properly preparing community health groups with auxiliary services like laboratories, imaging, urgent care facilities, and pharmacies. Many groups have collaborative agreements with Community Pharmacy Associations (if not their own pharmacy) currently in place to cover this gap.
- Properly equip teams and facilities with alternative communication methods such as two-way radios and satellite phones.
- Coordinate with local community resources and other IPA’s for support and better collaborative responses through the private sector.
- Properly inventory facilities, personnel, and equipment needs to manage any possible emergency. (Six months ago a hurricane, last week tidal waves, and next could be an earthquake) We must be prepared for the worst.
Observations & Recommendations – State Government

• IPA’s should be considered and prepared as first responders for disaster recovery, considering a relationship of over 20 years managing and caring community health needs for over 1.2 millions citizens.
• Create interdisciplinary first responder teams within every IPA in the island (over 200).
• Consider IPA’s as resourceful institutions that can meet community health needs during an emergency.
• IPA’s can provide immediate relief to local Hospitals by caring for a large number of patients per region if the proper resources are provided for the IPAs.
• Promote the use of Urgent Care facilities to avoid Emergency Department overflow in hospitals (lesson learned from Hurricane María).
• IPA’s can provide better transportation insight regarding access to care within their communities without having to deploy teams only from the Metro Area.
• IPA’s provide specific knowledge of regional idiosyncrasies within the island.
• Just 1 week after the Hurricane, 70%-80% of IPA’s were already operational with potable water and electric generators. (Self supplied water and Diesel which came at a very high cost to many groups who privately funded this recovery)
• Respect community identity nourished by IPA’s for the past 20 years.
• “Inappropriate Helpfulness breeds Helplessness” – Murray Bowen (family therapy pioneer) We must not succumb to inappropriate interests with agendas that do not respect or benefit our communities.
Observations & Recommendations – Federal Government

- Establish rules of engagement and proper streamline of funding and benefits.
- Determine responsible parties and centralize a hierarchal chain of command and communication to organize the delivery of services and efforts appropriately.
- IPAs were not granted immediate access to any federal aid because they were identified as “private sector” instead of non-profit or government entity.
- Create first responder units for different health needs according to levels of care, community specific needs, emergent needs, or care coordination needs. (Hospitals, Pharmacies, Labs, Clinics, etc.)
- Reinforce systemic changes to prevent lack of communication and duality of services by centralizing community efforts through local IPAs.
- Define and design processes that coordinate initiatives through the private sector to maximize the recovery efforts.
- Support local services providers IPA to provide culturally accurate services and prevent miscommunication with local community needs.
- Equally disburse resources and funding through out providers in the island (Not just 330 facilities) to ensure equal access for regions and communities.
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Lcda. Elda Sierra Meléndez
President | Board of Director | Coopharma
• Preparation Process: Work Flow Contingency Plan

Activities:

• Put in force our standardized procedure related to atmospheric events.
  • Patients Prescriptions.
  • Our employees.
  • Identification the appropriate inventory to comply in comparison with our demands.
  • Communication with patient.
  • Early identification: All patients that needs special treatment for the conditions.
  • Communication with the suppliers.
  • Facilities preparing.
• **Recovery Process: Work Flow Activities:**
  
  • Communication with patient.
  
  • Communication with our provider relations, regarding the deliveries.
  
  • Verification the possible “out stock product” to comply with the dispense.
  
  • The verification of all the components of our health channels would be available to continue the process and receive the claims of the patients.

**Greater Challenges:**
Thank You

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