Office of the Assistant Secretary for Preparedness and Response

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HHS/ASPR

Office of the Assistant Secretary for Preparedness and Response (ASPR)

- Serves as the Secretary's principal advisor on matters related to bioterrorism and other public health emergencies
- Coordinates interagency activities between HHS, other federal departments, agencies, and offices, and state and local officials responsible for emergency preparedness and the protection of the civilian population from acts of bioterrorism and other public health emergencies

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Assistant Secretary for Preparedness and Response
RADM, U.S. Public Health Service
U.S. Department of Health and Human Services
Six Goals

1. Promote resilient communities, fostering a nation able to withstand and recover from public health emergencies
2. Strengthen federal public health and medical preparedness, response, and recovery leadership and capabilities
3. Promote an effective medical countermeasures enterprise
4. Strengthen ASPR’s leadership role in coordinating and developing public health and medical emergency preparedness, response, and recovery policy for the Department
5. Improve the preparedness and integration of health care delivery systems
6. Improve management of the ASPR organization and investment in its people

ASPR is uniquely configured as an operator and policy coordinator
The successful delivery of daily emergency care is key to our nation’s healthcare system emergency preparedness efforts
The Spectrum of Health Services & Federal Medical Resources


NDMS DMORT
NDMS Hospitals
VA and DoD
NDMS Medical Teams (DMAT, NVRT, Specialty Medical Teams)
USPHS RDF
Medical Reserve Corps
USPHS MHT
USPHS APHT

Medical Logistical Resources – durable equipment, pharmaceuticals and supplies

Food / Water Safety
Drug / Blood Safety
Basic First Aid
Special Medical Needs Care
Outpatient Care
Pre-Hospital and Emergency Room Care
ICU / Trauma Critical Care
Fatalities Management

Health Surveillance
Behavioral Health
Pet / animal care
Nursing Home Care
Hospital Inpatient Care


USPHS Commissioned Corps Teams

Applied Public Health Teams
Rapid Deployment Forces


1/30/2013
**Department of Defense**

- Expeditionary Medical Support (EMEDS)
- Mobile Aero-medical Staging Facility (MASF) - 20 beds for holding pts until aero evacuated.
- Aero-medical Evacuation Liaison Team (AELT) – provides coordination and communications
- Combat Support Hospital ~ 250 beds
- Field hospital ~ 500 beds
- Medical Company – air or ground ambulance
- Medical Detachment – Preventive Medicine
- Amphibious Assault ships - 60 beds
- USNS Mercy/Comfort Hospital ships – 1000 beds
- Expeditionary Medical Facility ~ 116 beds
- Fleet Surgical Team

**Department of Veterans Affairs**

- NDMS Hospital Care – Coordinated by DoD and VA medical facilities that are designated as Federal Coordination Centers (55 VA and 14 DoD)
- Disaster Emergency Medical Personnel System – registry of VA employees and retirees volunteering for deployment
- Medical Emergency Radiological Response Team
- Mobile pharmacy and clinic caches
The Hospital Preparedness Program (HPP) provides leadership & funding to States, territories, & eligible municipalities.

- HPP improves surge capacity and enhances community and hospital preparedness for public health emergencies.
- Planning, training and exercises funded through ASPR's HPP Program for hospitals and Federally Qualified Health Centers provided part of the infrastructure for the prepared response to the Joplin, Missouri tornado.
- Partnership and coalition building, including the development of a statewide hospital Mutual Aid Agreement, was utilized in Joplin and with many of the 40 hospitals that accepted injured individuals.


ESAR-VHP Website

www.phe.gov/esarvhp

Volunteer Health Professionals: MRC and ESAR-VHP

• Medical Reserve Corps (MRC)
  — Primarily local / Community-Based
  — Utilized: Within the State, State-to-State, or Federal
    • Provides an organization structure and training
    • Pre-identify members and verify professional licensure/certification

• Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)
  — National Network of State-Based programs for managing and mobilizing health professional volunteers
    • National standards to allow easier transfer across State lines

Disaster Medical Assistance Teams DMAT
The National Disaster Medical System (NDMS) provides a surge capacity for a temporary supplement to State and Local capabilities.

NDMS funds, organizes, trains, equips, deploys & sustains specialized and focused range of public health and medical response capabilities, including triage, primary care, casualty clearance, victim and family assistance.

There are more than 8,900 NDMS personnel in the system, organized into teams. Teams are based across the U.S. and can respond locally or to other regions of the U.S.

The Emergency Care Coordination Center (ECCC)
HSPD-21, Paragraph 41

- Within 180 days after the date of this directive, the Secretary of Health and Human Services, in coordination with the Secretaries of Transportation and Homeland Security, shall establish within the Department of Health and Human Services an Office for Emergency Medical Care. Under the direction of the Secretary, such Office shall lead an enterprise to promote and fund research in emergency medicine and trauma health care; promote regional partnerships and more effective emergency medical systems in order to enhance appropriate triage, distribution, and care of routine community patients; promote local, regional, and State emergency medical systems’ preparedness for and response to public health events. The Office shall address the full spectrum of issues that have an impact on care in hospital emergency departments, including the entire continuum of patient care from pre-hospital to disposition from emergency or trauma care. The Office shall coordinate with existing executive departments and agencies that perform functions relating to emergency medical systems in order to ensure unified strategy, policy, and implementation.
• Vision
  — The vision of the ECCC is excellent daily emergency medical care for all persons in the United States

• Mission
  — The mission of the ECCC is to promote federal, state and private sector collaboration and unity of efforts to improve the nation’s daily emergency medical care issues

Emergency Care Coordination Center

• Current challenges facing emergency care:
  — Emergency department overcrowding
  — Emergency medical services (EMS) diversion
  — Lack of consistent care protocols
  — Integration of EMS and EC into Health IT
  — Institutionalization of EMS and EC Preparedness Training
  — Appropriate care for special populations
  — Widening coverage gaps for on-call specialists
  — Disaster readiness
Current Efforts

Ongoing Efforts

- Council on Emergency Medical Care (CEMC)
- ECE Stakeholder Engagement
- Federal Education and Training Interagency Group (FETIG)
- Research Efforts in the Emergency Care Enterprise
- Emergency Care Information Center
- State of the Emergency Care Enterprise
- Fellowship Program
- National Strategy for Burn Surge
- Drug Shortages in ECE
- Medical Counter Measure Development-BARDA

Current Efforts

Stakeholder Engagement

- American College on Trauma
- American Academy of Pediatrics
- Society for Critical Care Medicine
- American Hospital Association
- American Medical Association
- American Academy of Family Physicians
- American Heart Association
- Institute of Medicine
- Various State EMS Agencies
- National Association of EMS Physicians
- National Association for Academic Emergency Med
- American College of Emergency Physicians
- American College of Surgeons
- The Joint Commission
- American Association for Respiratory Care
- National Quality Forum
Build relationships with key stakeholders