Disaster and Primary Care: Preparing your patients and your practice

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Primary care during a disaster

• What care needs to be rendered during a disaster?
• Why primary care during a disaster?
• Challenges to primary care during a disaster
• Preparing your patients and your practice
• How can public health and professional organizations help us prepare?
What care needs to be rendered during a disaster?

• Disaster related care
  – Disaster care
  – Care for acute exacerbations of chronic disease related to the disaster
• Other acute illness/injury including exacerbations of chronic disease unrelated to the disaster
• Chronic disease care

Why primary care during a disaster?

• Obvious: Relieves pressure on EDs/hospitals
• By virtue of their relationship with us, patients may be more adherent, more willing to follow triage advice, etc
• By virtue of our knowledge of them, we may be able to deliver better or more efficient care of our own patients than an ED or hospital
Disaster types

• Single acute event
  – e.g. large conventional explosion and fire
• Single acute event with long-term effects
  – e.g. major natural disaster (Katrina); major chemical exposure
• Prolonged event
  – e.g. Infectious outbreak (Pandemic flu); ongoing radiation exposure

Challenges to primary care during a disaster: Infrastructure interruptions

• Water
• Electricity
• Internet connectivity
• Supplies
  – Manufacturing or transportation interruptions?
Challenges to primary care during a disaster:  
Staff absences

- Sick/injured themselves
- Caring for sick/injured family and friends
- Caring for children or elders if normal day care is not available
- Unable to get to the office (transportation interruptions)
- Afraid to come in

Challenges to primary care during a disaster:  
Documentation and reimbursement

- Patient volume may fluctuate wildly at different stages of the disaster—hard to predict
- Payors may suffer disruptions
- Cash flow } both
- Overall revenue } at risk
The Four Cs

- Communication
- Calm
- Change
- Capacity

Communication

- Public Health
  - Advice and directives
  - Feedback
- Patients
  - Feedback
  - Interpretation
- Providers
The Four Cs

• Communication
• Calm
  – good communication is the foundation, including pre-event
• Change
• Capacity

The Four Cs

• Communication
• Calm
• Change
• **Capacity**
  – Stuff
  – Staff
  – Space
  – Schedule
Challenges to primary care during a disaster: What patients will you see?

- Obvious advantage to all in seeing your own patients
- If there are limitations on transportation, may end up seeing any patients who can reach your office

Challenges to primary care during a disaster: Need for altered standards of care?

- If volume is heavy enough and/or resources limited enough, may force a different mode of triage and resource allocation; “Altered standards of care”
- If necessary, public health authorities will prescribe a switch to altered standards
Primary care preparation for disasters: Communications

- Let your staff and patients know IN ADVANCE that you're preparing for disasters
- Discuss possible need for Altered Standards of Care with staff
- Prepare your communications strategies for during the disaster

Primary care preparation for disasters: Financial

- Larger liquid reserves
- Advance communication with payors
Primary care preparation for disasters: what care will you provide?

• What level of acuity can you handle?
  – Oxygen? IV fluids? IV meds?
• Will you practice outside your specialty?*
  – Investigate legal protections: altered standards of care, Good Samaritan laws, etc.

Primary care preparation for disasters: Documentation

• Paper templates prepared in advance for expected disaster situations:*  
  – Trauma  
  – Dehydration  
  – Acute GI illness  
  – Acute respiratory illness
• Can be designed to facilitate not only ease of use but billing as well
Primary care preparation for disasters: Stuff

• Supplies
• Small equipment
  – Thermometers, pulse oximeters
  – Infusion pumps, nebulizers
  – Surgical instruments
• Keep larger inventory on hand to:
  – Buffer possible supply interruptions
  – Keep up with increased demand

Primary care preparation for disasters: Staff

• Discuss with your staff in advance—communicate your expectations
• Policies—”combat pay”?
• Do you know of a source for extra staff?*
  – Retirees; family members of your staff with health care background; MRC
• Altered standards of care: permission to use non-licensed (or even untrained) personnel*
Primary care preparation for disasters: Space/security

- Examine your current office space for extra space
  - lobby/waiting area?
  - Common areas in the building?
- Security—esp important if you might store antivirals, vaccines

Primary care preparation for disasters: Schedule

- Expanded hours?
  - Staff buy-in; ?Overtime pay
- May be constrained by infrastructure—is your office in a building that closes/turns off the heat/etc at a certain time?
Help in advance from public health and professional societies

• Public health
  – State, local

• Professional societies
  – AMA, MMS, county medical societies
  – Specialty organizations: ACP, AAFP, AAP, ACOG

Help in advance from public health and professional societies

• In advance: clearinghouse to help practices find others to join forces with during a disaster

• Communications mechanisms to let patients know which practices are open, and where to go to be seen

• Discussions with payors
Help in advance from public health and professional societies

- Develop documentation templates
- Legal protections, e.g. Altered Standards of Care
- Additional staff resources, e.g. MSAR/MRC