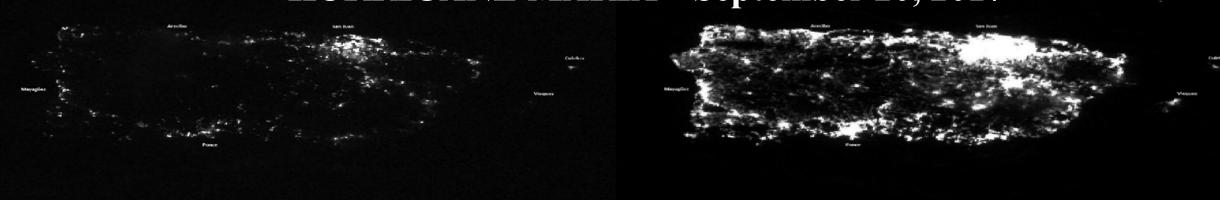




### **HURRICANE MARIA – September 20, 2017**









# The Puerto Rico Chamber of Commerce and El Nuevo Día present the...





# DEVELOPMENT BY STORM: HOW TO TURN POST-MARÍA RECOVERY AS THE OPPORTUNITY TO FIX HEALTHCARE IN PUERTO RICO

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



IF YOU WANT TO SEE
THE SUNSHINE, YOU
HAVE TO WEATHER
THE STORM
FRANK LANE

#### WHAT WENT WELL

**NO EPIDEMICS** 

**CONTINUITY OF HEALTH SERVICES** 

NETWORK INTEGRATION AND COLLABORATION

**LOW LEVEL OF CASUALTIES** 

2004 Tusnami Indonesia 227,898

2004 Hurricane Jeanne 3000

2005 Hurricane Katrina 1866

2010 Haiti earthquake 316,000

2017 Hurricane Harvey 68

2017 Typhon Tembey 200

2013 Typhoon Haiyan 6300 to 22000



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



**FEMA** 



#### **BEOC MAP**

#### **PUERTO RICO BY DECEMBER 2017**

SUSTAINABLE, STABLE POWER **SUPPLY WITH DIVERSIFIED SOURCES** 

**POPULATION** 

STABLE and RELIABLE | SUSTAINABLE POTABLE FOOD SUPPLY TO ALL WATER INFRASTRUCTURE WITH ACCESS TO ALL **POPULATION** 

**SUSTAINABLE AND RELIABLE HEALTH SYSTEM** 

**SUSTAINABLE AND RELIABLE TELECOMMUNICATI ONS** 

#### **ENABLING BEHAVIORS**

FLAWLES EXECUTION HIGH INTEGRITY AND TRANSPARENCY

**OWNERSHIP AND ACCOUNTABILITY** 

INTEGRATION OF RESOURES

**KEY TO SUCESS: COMMUNICATIONS and KPI's** 



#### PUERTO RICO BY SECOND QUARTER 2018

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



#### **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



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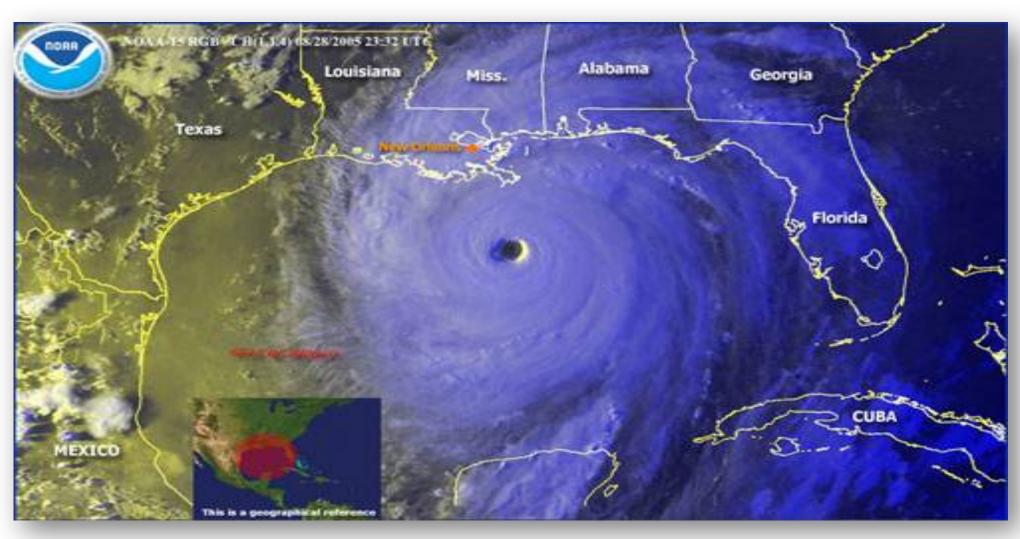
Turing Disaster into Opportunity for Health System Rebuilding:

The Katrina Experience

Clayton Williams, MPH, FACHE Louisiana Public Health Institute (LPHI)



# Hurricane Katrina: August 29, 2005





# 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



### Louisiana Public Health Institute

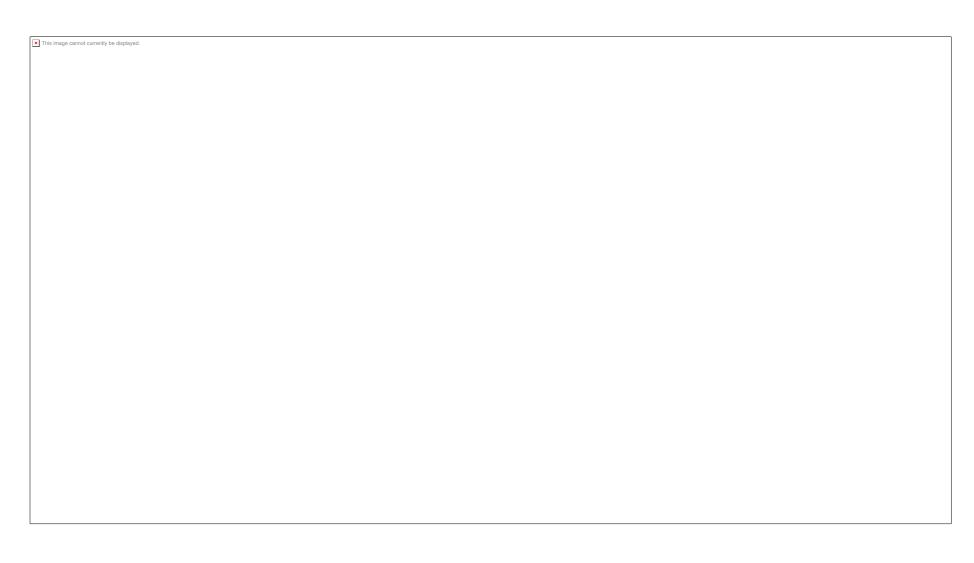
Public health institutes (PHIs) improve public health outcomes by fostering innovation, leveraging resources, and partnering with government agencies.

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 heath needs in a rigorous way, advocate for and mobilize resources for recovery and resilience



#### **Selected citations/ resources:**

Stone GS, Lekht A, Burris N, Williams CW; Data Collection and Communications in the Public Health Response to a Disaster: Rapid Population Estimate Surveys and the Daily Dashboard in Post-Katrina New Orleans. Journal of Public Health Management and Practice, September / October 2007 13(5).

**Williams CW**, Testimony to US House of Representatives, Energy and Commerce Committee, Subcommittee on Oversight and Investigations. Panel: Post Katrina Health Care in the New Orleans Region: Progress and Continuing Concerns – Part II. Washington, DC, August, 2007.

**Williams CW**, Testimony to US House of Representatives, Committee Oversight and Government Reform. Panel: Post-Katrina Recovery: Restoring Health Care in the New Orleans Region. Washington, DC, December 2009.

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\*

Rittenhouse DR, Schmidt LA, Wu KJ, et al. The post-Katrina conversion of clinics in new orleans to medical homes shows change is possible, but hard to sustain. *Health Aff (Millwood)*. 2012;31:1729–1738.

Doty MM, Abrams MK, Mika S, et al. Coming out of crisis: patient experiences in primary care in New Orleans, four years post-Katrina; findings from The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans. 2010. Available at: http://www.commonwealthfund.org/~/media/Files/Publications/Fund%20Report/2010/Jan/Coming%20
Out%20of%20Crisis/1354\_Doty\_coming\_out\_of\_crisis\_new\_orleans\_clinics.pdf.



### Contact

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

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



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 duplicity 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



#### **IPA Association**

- Over 1.2 Million Patients
   Islandwide
- Responsible for Primary Care Services through various MCO's
  - Over 3,000 licensed
     Physicians (PCP & Specialist
     Networks)

**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 Algarín, 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 vey 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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