U.S. Unveils Plan to Protect Health in Emergencies

Many of the challenges physicians faced after Hurricane Katrina could have been avoided.

BY MARY ELLEN SCHNEIDER

The U.S. government has released its plan to deal with the health consequences associated with major national emergencies such as disease outbreaks, natural disasters, and terrorist attacks.

The National Health Security Strategy (www.hhs.gov/disasters) was released Jan. 7. This is the first time the federal government has put together a comprehensive strategy that is focused specifically on protecting people's health during an emergency, according to the Department of Health and Human Services.

The plan outlines several objectives including fostering integrated, scalable health care delivery systems; incorporating postincident health recovery into planning and response; maintaining a workforce necessary to respond to health emergencies; and preventing or minimizing emerging threats to health. DHHS will update the plan every 2 years to reflect advances in medicine and public health.

Although the National Health Security Strategy was prepared by the federal government, DHHS Secretary Kathleen Sebelius said that for the plan to be effective, it requires participation from everyone in the nation.

"As we've learned in the response to the 2009 H1N1 pandemic, responsibility for improving our nation's ability to address existing and emergency health threats must be broadly shared by everyone—governments, communities, families, and individuals," Ms. Sebelius said in a statement. "The National Health Security Strategy is a call to action for each of us so that every community becomes fully prepared and ready to recover quickly after an emergency."

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The new national plan provides a framework for physicians, in particular, to begin planning for their response to an emergency, Dr. Georges C. Benjamin, executive director of the American Public Health Association, said in an interview. Looking back at the challenges that physicians faced during the aftermath of Hurricane Katrina, Dr. Benjamin said that many of those obstacles could have been addressed in a systematic way if a strategy like this one had existed at the time.

This year, DHHS officials, with the help of government and external partners, plan to analyze health care workforce levels, seeking to identify any areas where there is a shortage when it come to health security readiness. For example, shortages have already been identified in the number of public health nurses, epidemiologists, and laboratory personnel, according to DHHS.

Dr. Benjamin said that workforce is a major issue. Although part of the solution will likely involve recruiting more people to the health care field, it will also involve asking clinicians to expand their traditional scope of practice.

For example, practicing internists are trained in a range of emergency skills, but don't use in them in daily practice. As part of emergency planning, they may need to refresh those skills, he said.

Emergency skills also must be taught so that health care providers are ready for the long term, Dr. Benjamin said. That means reexamining graduate medical education to ensure that the full range of practitioners—physicians, nurses, physician assistants, and nurse practitioners—are able, he said. "We've never done that in a comprehensive way in our country. We've been very specialized and silo-based in most of what we do."

In addition to staying current on emergency skills, physicians also need to consider how a major crisis would affect their practice, Dr. Benjamin advised, adding they should identify the most likely emergency scenarios in their area and think through their role in an emergency. That should include examining employment policies and ensuring safe storage of medical records.

Physicians should also plan for the recovery from an emergency, he said. Have a plan for how to get rapidly recredentialed in another hospital or state, if necessary.

"Good planning for those kinds of emergencies, for your own needs as well as your family's and your patients' needs, is probably a good thing to do," Dr. Benjamin said. ■

U.S. Health Spending Topped $2.3 Trillion in 2008, Outpacing GDP

BY MARY ELLEN SCHNEIDER

Health care spending in the United States grew less than 5% in 2008, the slowest rate of growth since the federal government officially began measuring it in 1960, according to a new report from the Centers for Medicare and Medicaid Services.

But the figures show that even though the rate of increase is slower than in previous years, health care spending is still outpacing the gross domestic product. In 2008, health care spending rose 4.4% to $2.3 trillion, compared with only a 2.8% increase in the GDP. And health spending continues to consume a larger portion of the overall GDP, taking up 16.2% of GDP in 2008, compared with 15.9% in 2007 (Health Affairs 2010;29:147-55).

The overall slowdown in health spending growth is reflected in slower rates of increase in hospital spending, physician services spending, retail prescription drug spending, and spending for nursing home and home health services.

For example, spending on physician and clinical services increased 5% in 2008, down from 5.8% in 2007. The deceleration in physician services was driven by a decrease in patient volume, even as the intensity of services picked up in 2008.

During a teleconference with reporters, Rick Foster, CMS chief actuary, speculated that this trend was mainly due to the recession. As people lost jobs and health insurance in 2008, they may have opted to seek health care only when their conditions became more serious, and more costly to treat, he said.

Although spending rates slowed in many areas, the federal government's share of health spending soared in 2008. The share of federal dollars spent on health care rose from 28% in 2007 to nearly 36% in 2008, according to the CMS.

The increase is due in part to the effects of the American Recovery and Reinvestment Act of 2009, which retroactively shifted $7 billion in federal funds to Medicaid to assist budget-challenged states at the end of 2008. ■

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Aid Web Sites Come to The Fore in Haitian Quake

BY TERRY RUDD

At press time, medical teams from around the globe were focusing relief efforts on the shattered nation of Haiti. RHEUMATOLOGY NEWS will bring you their experiences as the situation unfolds.

In the meantime, resources are available for emergency and other physicians interested in helping Haiti now, and in staying up to date on what medical providers should do in any disaster response situation.

EMS and Disaster Preparedness Resources
www.acep.org/practres.aspx?id=30194
The American College of Emergency Physicians has collected Haiti-related links to disaster management sites, as well as general disaster preparedness information for physicians.

The CDC Emergency Preparedness and Response Web Site
www.bt.cdc.gov
The Centers for Disease Control and Prevention provides guidance for relief workers preparing to travel to Haiti, including recommended vaccines, infectious disease information, essential items to bring, and recommendations for handling potential psychological and emotional difficulties.

Earthquake-Specific Injury Management Fact Sheets
emergency.cdc.gov/disasters/earthquakes/clinicians.asp
The CDC offers tips on crush injuries and wound management.

National Disaster Medical System
www.hhs.gov/aspr/opeo/ndms/join/index.html
Interested in joining a disaster medical assistance team? Visit the NDMS Web site for recruitment details.

Mass Medical Care With Scarce Resources: The Essentials
www.ahrq.gov/prep/mmcessentials
The Agency for Healthcare Research and Quality published this guide in 2007 and unveiled two more disaster management tools last fall (www.ahrq.gov/prep/acfselection).

ACEP's Disaster Medicine Section
www.acep.org/acepmembership.aspx?id=24994
The Disaster Medicine Section provides a forum for ACEP members interested in medical and nonmedical management of disasters. ■