Many Medical Practices Ill Prepared for Disaster

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SAN DIEGO — About one-third of medical practices have no emergency medical preparedness plan to deal with disasters such as hurricanes, floods, wildfires, and terrorist attacks, results from a national survey demonstrated.

In fact, more than 60% have not had disaster drills within their practice in the last 12 months and report not knowing how to coordinate actions with federal emergency agencies, researchers reported in a poster session at the annual conference of the Medical Group Management Association.

However, the authors emphasized that such apparent lack of preparedness is not the sole fault of medical practices. Although the Health and Human Services Department "has made $1.1 billion available to assist public health departments, hospitals, and other health care organizations to strengthen their ability to respond to public health and medical emergencies, very little money is directed toward medical practices. Government agencies do not seek to assist medical practices in their preparation efforts, but expect them to respond and continue operating in the wake of disaster," they wrote in their poster.

The government needs to fund medical practice emergency preparation activities.

MR. STOKES

The investigators, led by Christopher D. Stokes, program manager at MGMA's center for research, electronically surveyed 188 U.S. medical practices to assess their level of emergency preparedness and their attitudes about the government in disaster planning and emergency preparedness. The respondents were invited to participate through MGMA's Legislative and Executive Advocacy Response Network, which conducts research on policy issues that affect medical practices, said Mr. Stokes.

The majority of respondents (87%) indicated that there was a moderate to high probability of a disaster occurrence in their community within the next 5 years. Respondents from the Western United States listed earthquakes (77%), wildfires (66%), and floods as the top three most likely disasters to affect them, whereas Midwestern respondents cited tornadoes (93%), floods (57%), and avian flu (36%). Southern respondents said they were most likely to face tornadoes (80%), hurricanes (60%), and floods (60%), whereas those from the East listed West Nile virus (52%), avian flu (50%), and tornadoes (47%).

Nearly one-third of respondents (30%) reported having no emergency preparedness plan; 62% have not had drills in their practice in the last 12 months; 68% do not know how to coordinate actions with federal emergency agencies; 71% have not participated in drills with a local hospital in the last 12 months, and 84% have not participated in drills with government agencies in the last 12 months.

More than one-third (36%) of respondents said they would participate in an all-day disaster drill without full compensation, whereas 55% said they had not considered the issue.

Respondents listed the following ways they would contact their patients if they had to close their practice because of a disaster: record a message on the voice mail greeting (91%); make human-powered telephone calls (91%); tape a message on the door (90%); make announcements on local radio or TV programs (76%); and use computerized outgoing phone calls (42%) and e-mail messages (24%).

Mr. Stokes and his colleagues concluded that all medical practices "should have an emergency preparedness plan and the federal government needs to fund medical practice emergency preparation activities." They went on to note that medical practices "have a mandatory requirement to report communicable diseases, they are often willing to participate in emergencies, and they can quickly disseminate critical health messages to the public. Including [medical] practices in funded preparation activities will strengthen national preparation, improve recovery efforts, and leverage scarce resources."

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