

PATIENT MOVEMENT POST EVENT



AGENDA

Welcome

Introduction - The Continuum of Patient Movement

Block 1 - Pre-Incident Planning

Block 2 - Patient Movement Response

Block 3 - Post Landfall

Block 4 - Lessons Learned Discussion

INTRODUCTION

- **Panel Members:**
- **HHS: Joe Lamana**
- **HHS: CDR Cheryl Ann Borden**
- **DoD FCC: LTC Fred Boettcher**
- **USTRANSCOM: CAPT Corley Puckett**
- **HHS: Tom Stegbauer**
- **Texas State: Rick Bays**



THE CONTINUUM OF CARE

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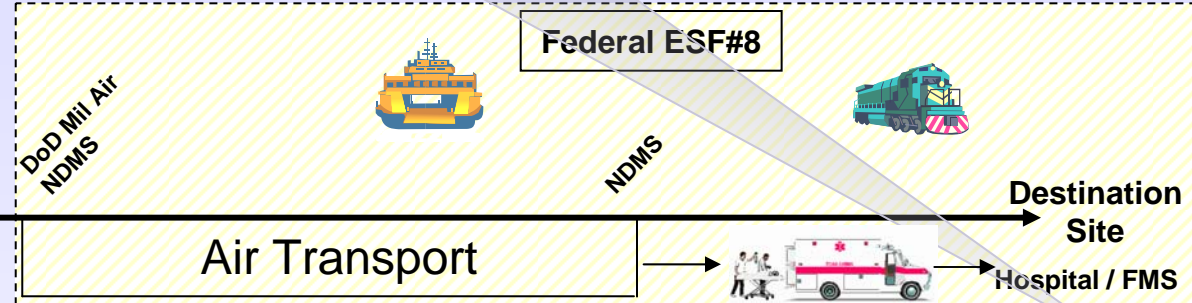
Patient Movement Schematic "The Continuum of Patient Movement"

*NGB – EMAC / Title 32
FEMA Ambulance Contract
(Ambulances and Care Flight)*

Local

State

Ground / Air Transport



Origination / Disaster Area

Destination Site

Patient Transport Begins

Hospital / FMS

Air Transport

APOE

APOD
FCC

* Initial JPAT Entry / EMR Encounter

Enters TRAC²ES

Exits TRAC²ES

Traditional EMR Encounter

In-Transit Visibility

* Notional / Desired Entry of Pt Info

Origination / Disaster Area

Federal ESF#8

Destination Site



Not Used

Air Transport



APOD

APOE
FCC

Patient Reentry Transport Begins

*DoD Mil Air
NDMS*

*NGB – EMAC / Title 32
FEMA Ambulance Contract
(Ambulances and Care Flight)*

Hand-Off to Final Destination Facility

In-Transit NoTRAC²ES Visibility

JPAT / EMR

DHHS Patient Re-Entry ESF #8 Patients

Objectives

- At the end of this session participants will:
 - Describe DHHS program for re-entry of NDMS patients

DHHS Patient Re-Entry ESF #8 Patients

Background

- Hurricane Katrina
- Patient return contract implemented
- 3 year window

DHHS Patient Re-Entry ESF #8 Patients

Mission

- DHHS has the role of Primary Agency for ESF #8 of the NRF
- Executes the return of federally medically evacuated patients that require en-route medical care
- Cannot travel without medical assistance
 - Skilled or unskilled

DHHS Patient Re-Entry ESF #8 Patients

Getting it Done

- Inter-Agency Agreement (IAA) between FEMA and DHHS
- DHHS contracts for services
 - Sole Sourced within 72 hrs for Gustav

DHHS Patient Re-Entry ESF #8 Patients

Scope of Services

- A system to return all citizens who were federally evacuated as a result of a natural or man-made disaster who require en-route medical care.
- A system that is seamless with the normal discharge planning process

DHHS Patient Re-Entry ESF #8 Patients

Scope of Services Cont.

- A system that is seamless with any state or local-run system(s) to accept inbound medical patients in communities that are recovering their ability to provide medical care and assistance.
- A system that is seamless with the Federal Emergency management Agency (FEMA) evacuee re-entry.

DHHS Patient Re-Entry ESF #8 Patients

Contract Tasks

- Set up a toll free number
- Validate patients eligibility to transport
- Medical necessity form (also used as an audit trail)
- Supply all necessary equipment

DHHS Patient Re-Entry ESF #8 Patients

Patient Movement

- Coordinate with discharge planners or State Health Department to determine most economical mode of transportation
- Arrange transportation services for medical attendants when accompanying patient
- Facilitate movement between medical facilities and airheads as appropriate

DHHS Patient Re-Entry ESF #8 Patients

Patient Movement cont.

- Arrange transportation via multiple systems
- Economical (2 bids required)
- One move
- Consistent with FEMA re-entry policy guidelines

DHHS Patient Re-Entry ESF #8 Patients

Medical Travel Claims

- The Government assumes all financial costs for patient movement and through this contractor
- Due to the urgency of re-entry, and due to the planning assumption that those few patients with third party coverage for transportation have already invoked this mechanism, HHS does not require the contractor to seek reimbursement through this method

DHHS Patient Re-Entry ESF #8 Patients

Data Collection

- Required to use current versions of CPT-4 and ICD-9-CM
- Patient tracking: contractor will maintain a listing of all patients, with required info per contract.

DHHS Patient Re-Entry ESF #8 Patients

Communications

- Daily communication with DHHS contracting officer's technical representative (COTR) and affected State Health Departments.
- Began conference daily throughout event.
- Multiple conference calls daily with contractor to resolve patient tracking and issues as they appeared

DHHS Patient Re-entry

ESF #8 Patients: Hurricane Gustav Summary

Evacuated To	Number Care Flight Numbers Issues			Returned	Remaining**
	Federal	Non-Federal*	Total		
City					
Oklahoma City, OK	33		33	33	0
Little Rock, AR	230	58	288	228	2
Texas	86	1	87	86	0
Alabama		1	1	(State/NF) 1	0
Kentucky	3		3	3	0
TOTAL	352	60	412	351	2

*Total CareFlight control numbers issued were 412 (58 issued to AR in error, 1 issued to TX in error)

**Remaining - 2 LRA

- 1 to transport to day (9/30/08)
- 1 waiting on bed availability.

DHHS Patient Re-Entry

Challenges

- Communications
- Impending Hurricane Ike
- Patient tracking
- Patients not discharged due to no where to go
 - Financial impact to hospitals re: reimbursement
- Patients discharged from facilities into the community
- Pets
- Deaths

DHHS Patient Re-Entry

Lessons learned

- Future contract needs to be more robust
 - Account for:
 - Hospitalized NDMS patients
 - Discharged NDMS Patients
 - With continuing medical necessity
 - Without medical needs
 - Pets
- Fatality Plan

DOD FEDERAL COORDINATION CENTER



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Hurricane (Post Event)

At the end of this section, participants will be familiar with:

- **Hospital Reimbursement**
- **Local IMT Support**
- **Categories of Expenses**
- **After Action Comments**
- **PRC/FCC Funding Requirements**



NDMS Hospital Reimbursement

- **Critical Support from Community**
- **Timely Reimbursement**
- **Accurately Tracking Costs and Expenses**



NDMS Hospital Reimbursement (IMT Management)

- **Contract with Local IMT**
- **Tasked to Track All Expenses**
- **Formal Report Issued to Higher Command**

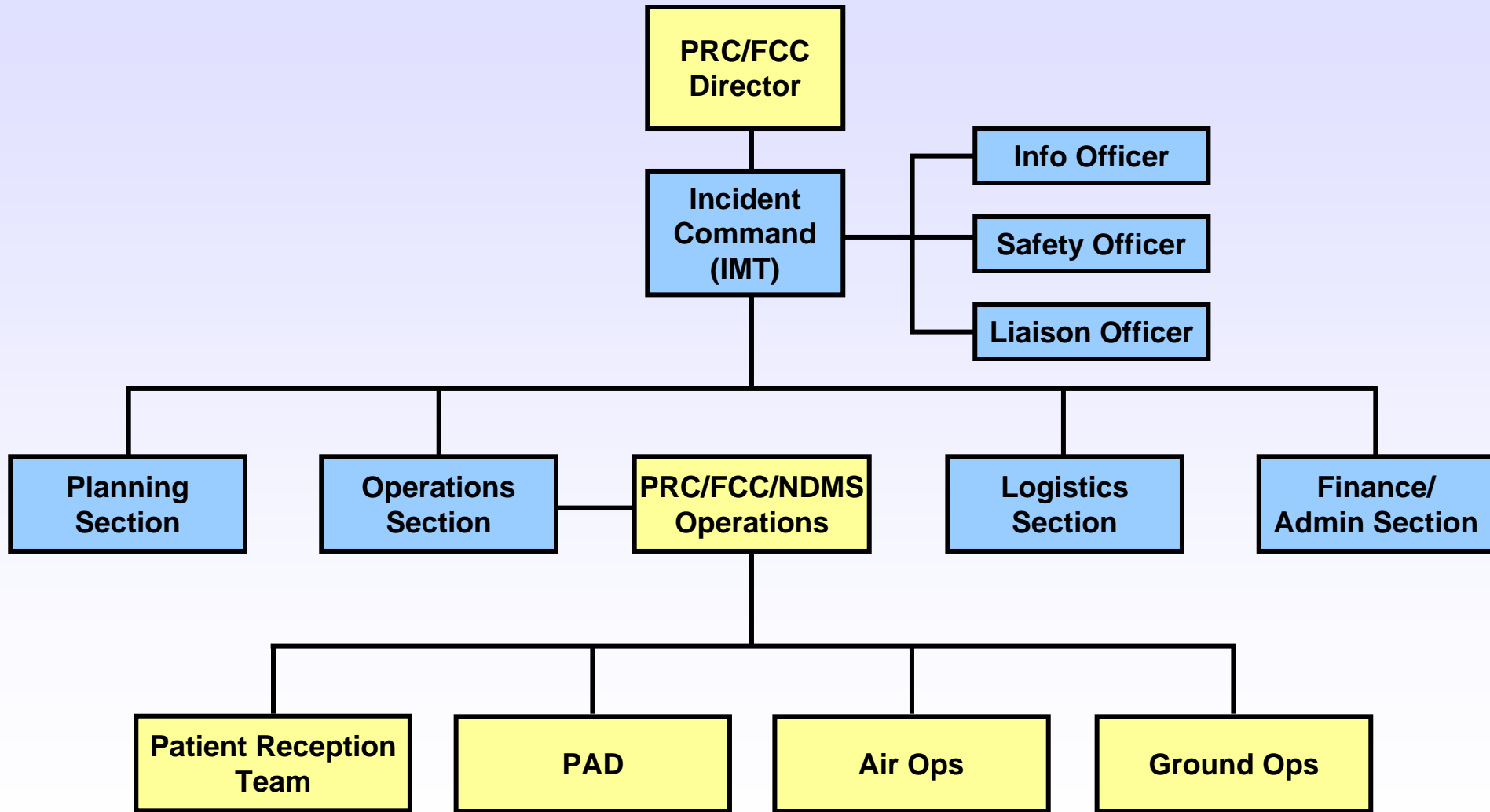


NDMS Hospital Reimbursement (AAR Comments)

- **Deliver what you Promise**
- **Insure Timely Reimbursement**
- **Community Relations**



Incident Command System (ICS)



Reimbursement for DOD Patient Movement



**CAPT Corley E. Puckett, MSC, USN
Deputy Command Surgeon
U.S. Transportation Command**

Introduction

- **TRANSCOM, AMC and the ANG have no role in patient repatriation**
 - Statutory prohibition on using ANG AE forces in a Title 32 status to provide patient repatriation
- An approved FEMA mission assignment is required to obtain reimbursement for marginal cost directly related to the DSCA operation
- TRANSCOM does not seek third-party payment after DSCA operations

TRANSCOM Reimbursement

- **TRANSCOM will seek reimbursement for:**
 - **Deployment of TRANSCOM Joint Enablers**
 - TRANSCOM DDOC (Forward)
 - TRANSCOM NORTHCOM-DDOC
 - Director Mobility Forces Air (DirMobForAir)
 - Patient Movement Situational Awareness Team (PM SAT)
 - Joint Patient Movement Team (JPMT)
 - Joint Patient Reporting Team (JPRT)
 - **All In-Flight Medical Care Provided During the Operation**
 - **Reach-back support from GPMRC (Global Patient Movement Requirements Center)**
 - **TRAC2ES Support**

Air Mobility Command Reimbursement

- **AMC will seek reimbursement for:**
 - **Deployment of AD/AFRC AE Command Element**
 - **Deployment of AD/AFRC AE Forces**
 - **Medical Material used by the NG/AD/AFRC AE Forces**
 - **Deployment of AD/AFRC Contingency Response Elements**
 - **Deployment of AD/AFRC Aircraft “Front-End Crews”**
 - **Flight Costs for AD/AFRC Aircraft**
 - **Federal Coordination Center Operations**
 - **Costs associated with deployment of medical personnel from the military treatment facilities**

Air National Guard Reimbursement

- **Air National Guard will seek reimbursement for:**
 - **Deployment of ANG AE Command Element**
 - **Deployment of ANG AE Forces**
 - **Reconstitution of AE in-flight care sets (OM&N)**
 - **Deployment of ANG Contingency Response Elements**
 - **Deployment of ANG Aircraft “Front-End Crews”**
 - **Flight Costs for ANG Aircraft**

NDMS Destination Facility Reimbursement



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Definitive Care

- Definitive medical care is, “to the extent authorized by NDMS in the particular public health emergency, medical treatment or services beyond emergency medical care, **initiated upon inpatient admission to an NDMS hospital** and provided for injuries or illness resulting from a specified public health emergency, or for injuries, illnesses and conditions requiring non-deferrable medical treatment or services to maintain health when such medical treatment or services are temporarily not available as a result of the public health emergency.”

Centers for Medicare & Medicaid Services (CMS) Agreement

- IAA - The purpose of this Intra-agency Agreement (IA) is for ASPR/NDMS to provide funding to CMS to update and maintain a system for reimbursement of health care providers participating in NDMS, and for services provided to eligible individuals who receive definitive medical care following public health emergencies and other disasters.
- IDDA - Intra-Departmental delegation of certain legal authorities from ASPR/NDMS to CMS to allow CMS to administer and pay for the above-referenced work.

**CMS Headquarters
Baltimore, MD**



Reimbursement Issues

- Definitive Care
 - Patients covered
 - Not covered



- Medicare
 - Federal
 - State

Reimbursement Issues

- Payment Flow
 - CMS: Usual guidelines
 - CMS Contractor: Trail Blazer
- Payment Delay
 - Very HUGE Problem
 - Mitigating Issues
 - Where are we now?



ASPR Role

- ASPR Role in 2009
- How is this going to work?
- 10% Plus up



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Hurricane Scenario: Post Event Re-entry Texas Perspective

Roles for Non-NDMS

- Patient/Evacuee Assessment
- Transportation Assets for MSN
- Medical Care During Transport

Hurricane Scenario: Post Event Re-entry Texas Perspective

Challenges

- Patient/Evacuee Tracking
- Long Term Sheltering
- Standard of Care
- Institutional vs Shelter Evacuee

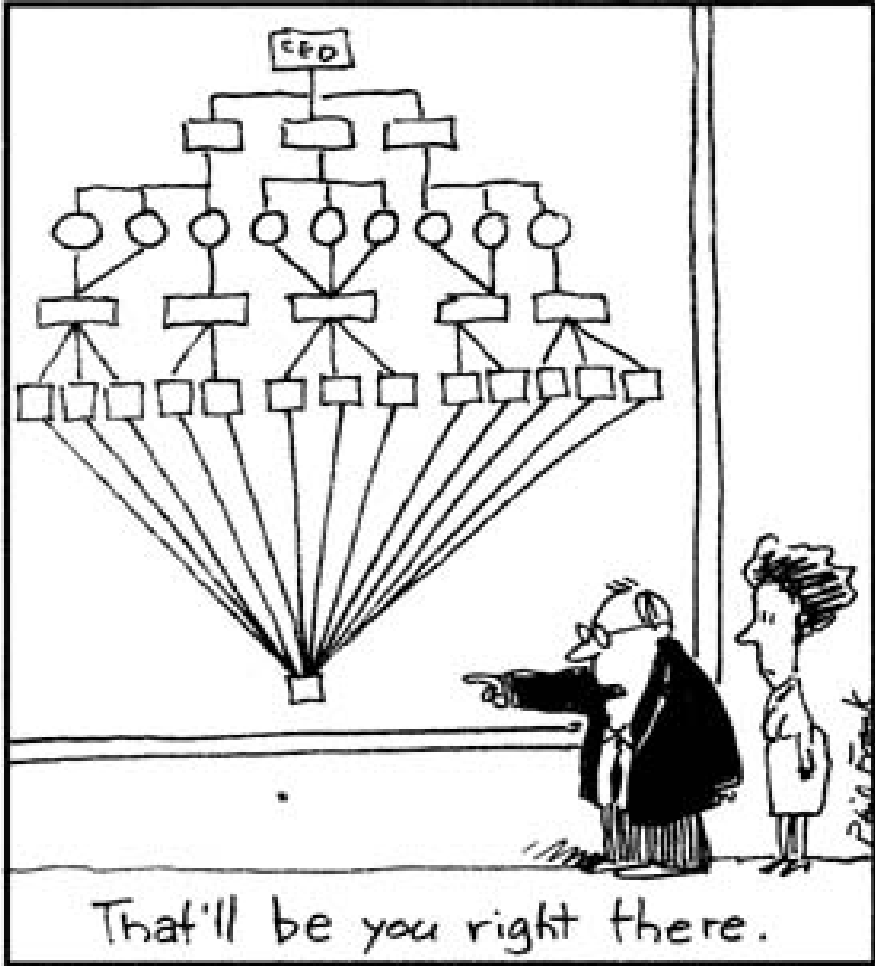
Hurricane Scenario: Post Event Re-entry Texas Perspective

Challenges

Transportation Assets

- Patient/Evacuee Assessment
- Public Health & Medical Infrastructure
- Cost of In-Patient Services
- Social Service Block Grant

Questions



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