

Health Plans Response to Bioterrorism

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Historical View of Bioterrorism

- Primary Focus on the Public Health Sector
Hospitals and public health departments
- Traditional Scenario:
Exposed individuals go straight to the ER
Public health is contacted and exposure is confirmed

Current View of Bioterrorism

- Primary Focus on the Public and Private Sector
 - Primary Care Physicians and Specialists
 - Other Health Care Providers, Medical Clinics, Urgent Care Centers, Emergency Rooms and Hospitals
 - Public Health Departments
 - Health Plans and Nurse Call Lines

- Actual Scenario:
 - Exposed individuals seek advice and medical assistance from a variety of sources:
 - 911, poison control centers, clinics, physician offices,
 - emergency rooms, public health, health plan nurse call-lines,
 - employers
 - Public health is contacted and exposure is confirmed

Making a Difference: Health Plans Unique Value-added Services

- Early detection & surveillance
 - sentinel events and unusual illness clusters identified
 - swift communication to public health
- Response to incidents
 - accurate and timely information communicated to providers and consumers
 - front line assistance
- Preparedness
 - consumer & provider emergency planning training
 - coordination with community stakeholders
- Ongoing monitoring
 - communication and coordination

Bioterrorism Early Detection Health Plan Activities

- Tracks "real-time" ambulatory patient diagnosis and chief complaint data
- Utilize health plan nurse and case management call-lines for collection of real-time complaint and symptom data prior to a health care encounter
- Detect specific sentinel events and test for sensitivity
- Zip code mapping by home address or clinic
- Rapid electronic dissemination to public health agencies

AAHP Proposal for National Surveillance System

- Develop specifications and standards for real-time nurse call and encounter data surveillance
- Advise and support implementation of health plan surveillance reporting systems
- Create mechanisms with public health to analyze data extracts for unusual disease/symptom clusters
- Provide guidance and administration of funding to health plans in collaborative public health projects
- Using secure web interface, link state and regional plans into national surveillance system

AAHP: Emergency Response

- Enhance Health Care Communication
 - Meetings with HHS, CDC-NCID, Office of Public Health Preparedness and Office of Homeland Security to facilitate communication with Health Plans, Providers and Consumers
 - AAHP sends weekly Emergency Response and Bioterrorism Updates to 500+ member plans
 - Emergency planning recommendations (Industry and Agencies)
 - CDC MMWR BT Updates
 - BT resources (web, conferences, publications and testimony)
 - Member Plans move information to providers & consumers via e-mail, telephone messaging, web site and newsletters

AAHP: Emergency Response

- Health Plans Provide Front Line Assistance
 - Health plan physicians, nurses, emergency medical technicians, pharmacists, case managers, social workers and mental health specialists
 - Outbound and inbound call technology and staff employed to serve crisis communication needs
 - Health plan emergency response systems are "switched-on" and specific roles/functions in community plan are initiated

AAHP: Preparedness Planning

- Hosting Regional Bioterrorism and Emergency Preparedness Conference Calls
- Direct Communication with State Governors and State Emergency Planning Offices
- Health Plan Leadership participation in State Advisory Councils for Bioterrorism Planning
- Participation in COC Bioterrorism Consultations
- Development of Emergency Preparedness Planning Templates" Checklists with Scenario Training