

# Member Meeting

OCTOBER 25, 2018
Gaylord National Harbor, MD

When Disaster Strikes

Supporting Disaster Response



# Our Panel



- Nora Belcher, Executive Director, Texas eHealth Alliance
- Kristen Finne, Program Manager, emPOWER and Senior Program Analyst Assistant Secretary for Preparedness and Response
- Leslie Witten-Rood, Program Manager, California
   Emergency Management Services Authority
- Mariann Yeager, CEO, The Sequoia Project



# An Introduction to PULSE

# Why Do We Need PULSE?



#### DEPARTMENT OF HEALTH & HUMAN SERVICES

#### OFFICE OF THE SECRETARY

/oice - (202) 619-0403 TDD - (202) 619-3257 Fax - (202) 619-3818 -

Director Office for Civil Rights 200 Independence Ave., SW Rm 506F Washington, DC 20201

September 9, 2005

#### U.S. Department of Health and Human Services Office for Civil Rights HURRICANE KATRINA BULLETIN #2:

#### HIPAA Privacy Rule Compliance Guidance and Enforcement Statement For Activities in Response to Hurricane Katrina

#### Background

Hundreds of thousands of evacuees from areas affected by Hurricane Katrina have been relocated to shelters across the country. For many, an important need is to identify and provide prescription medications. However, medical and prescription records of many evacuees either are lost or inaccessible.

Health plans and health care providers are working together with other industry segments to gather and provide this information to the appropriate points of care for the evacuees. The information below provides guidance on how the HIPAA Privacy Rule applies to these activities, as well as describes the HHS Office for Civil Rights' enforcement approach in light of these emergency circumstances.

#### Compliance Guidance

The Hurricane Katrina Bulletin: HIPAA Privacy and Disclosures in Emergency Situations (attached), issued by OCR, emphasizes the broad range of permissible disclosures that covered entities may make to respond to the needs of evacuees in these situations. For example, health plans and health care providers may disclose prescription and other health information to health care providers at shelters to facilitate treatment of the evacuees.

Ч

# History

**2013:** California Emergency Medical Services Authority (EMSA) hosted 1<sup>st</sup> HIE in EMS Summit **# HHS IDEA LAB** 

March 2015: HHS Idea Lab funds PULSE use case and technical architecture development March 2016: Ai engaged by EMSA to develop PULSE

July 2017:
PULSE Go-live with
Ai as operator

January 2018: PULSE becomes Sequoia program; Advisory Council formed

April 2014: ONC engages Ai to evaluate use of HIE infrastructure for disaster preparedness and response

July 2015: ONC awards EMSA a grant to advance HIE statewide during a disaster and regionally in daily EMS

January 2017:
HHS IDEA Lab
blog publishes
PULSE post

# HHS IDEA LAB

November 2017:
PULSE connects to
eHealth Exchange
and is activated for
CA fires

# **PULSE Advisory Council**

- Nora Belcher, Texas e-Health Alliance (TEHA)
- Rim Cothren California Association of Health Information Exchange (CAHIE)
- Tara Cramer Georgia Regional Academic Community Health Information Exchange (GRAChIE)
- Kristen Finne, HHS Assistant Secretary of Preparedness and Response (ASPR)

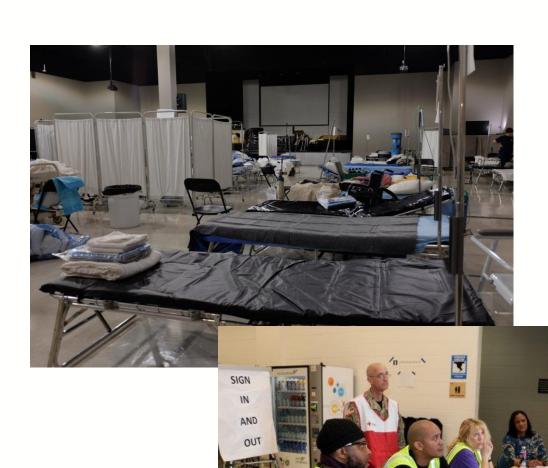
- Dan Smiley, California Emergency Medical Services Authority (CalEMSA)
- Lee Stevens, HHS Intergovernmental and External Affairs (IEA)
- Sean Turner, Dignity Health
- Leslie Witten-Rood, California Emergency Medical Services Authority (CalEMSA)
- Jeremy Wong, Audacious Inquiry (Ai)





### What Does PULSE Do?

Provides volunteer access to health records to treat patients seeking care in Alternate Care Facilities



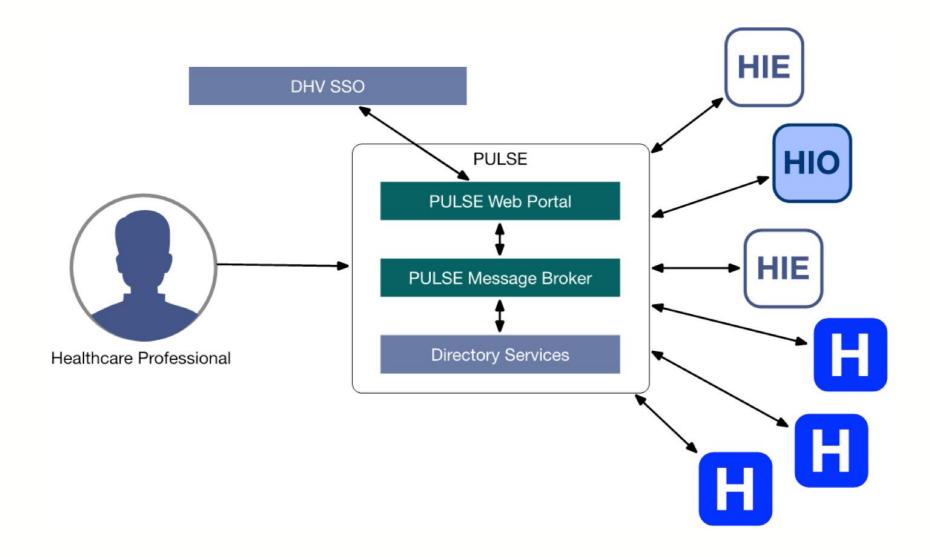
### How Does PULSE Work?



- Disaster Healthcare Volunteers report to assigned facility
- Volunteers log into PULSE portal using state credentials
- PULSE authenticates user against state's database
- Volunteers search and view records from connected providers and networks



# **Technical Architecture**



## PULSE Connects to Nationwide Networks

- Already connected to eHealth Exchange network, with California connections, and ability to connect nationwide
- Connectivity will be expanded through Carequality

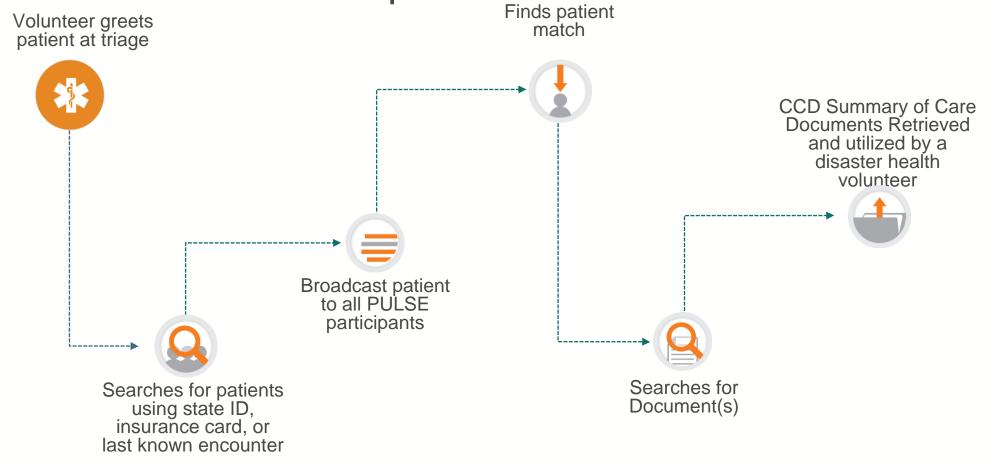
# All 50 States 70,000 Medical Groups Four Federal Agencies (DoD, VA, CMS, SSA) 75% Of U.S. Hospitals Supporting more than 120 million patients 59 Regional and State HIEs

#### Carequality

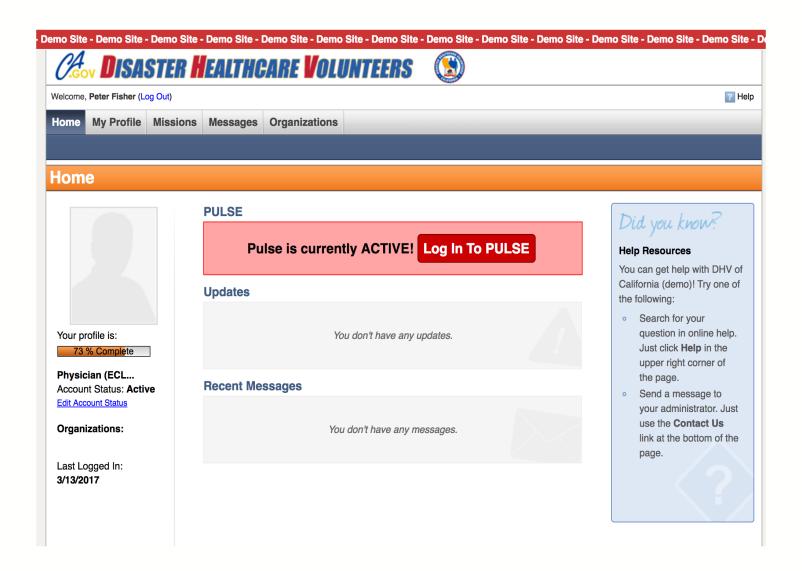


# Sample Workflow

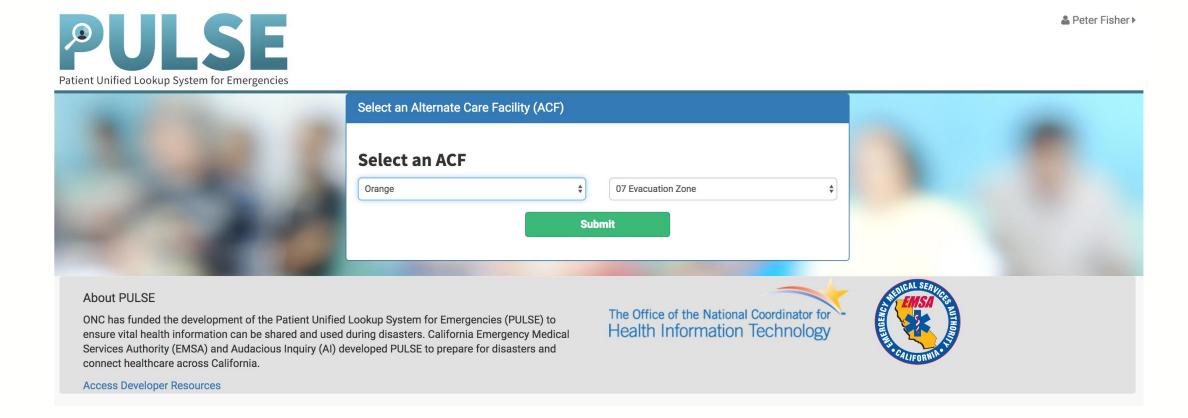
Triaging Patients Seeking Treatment at a Field Hospital



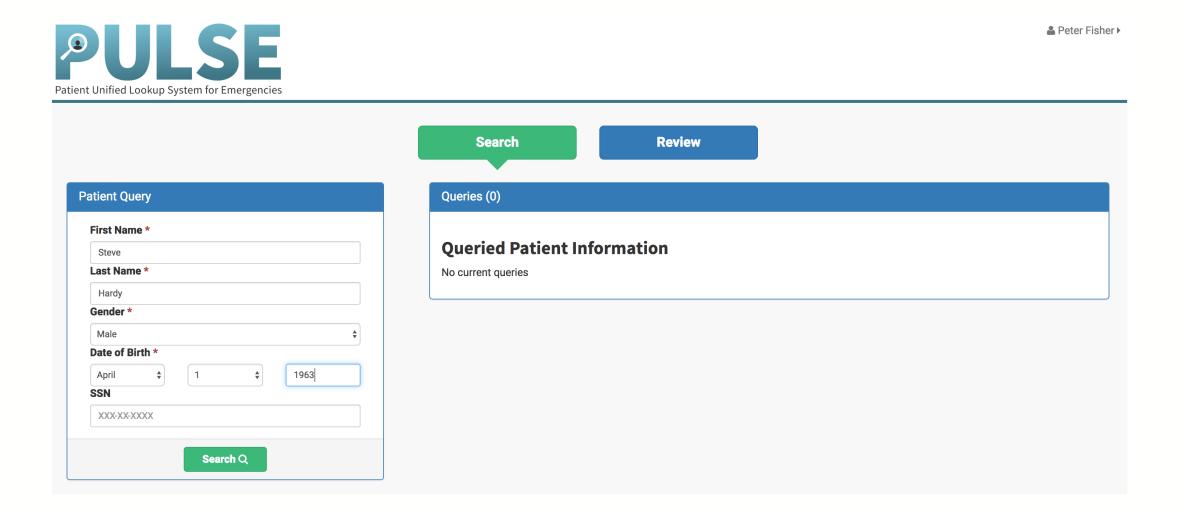
# DHV Single Sign-On



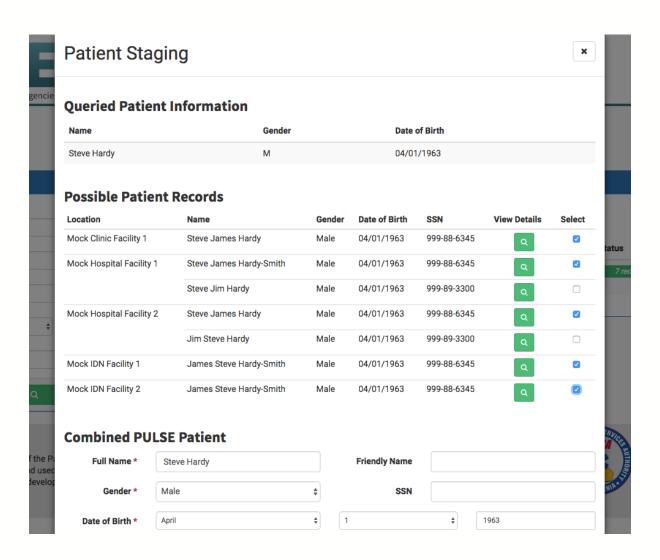
### Select ACF



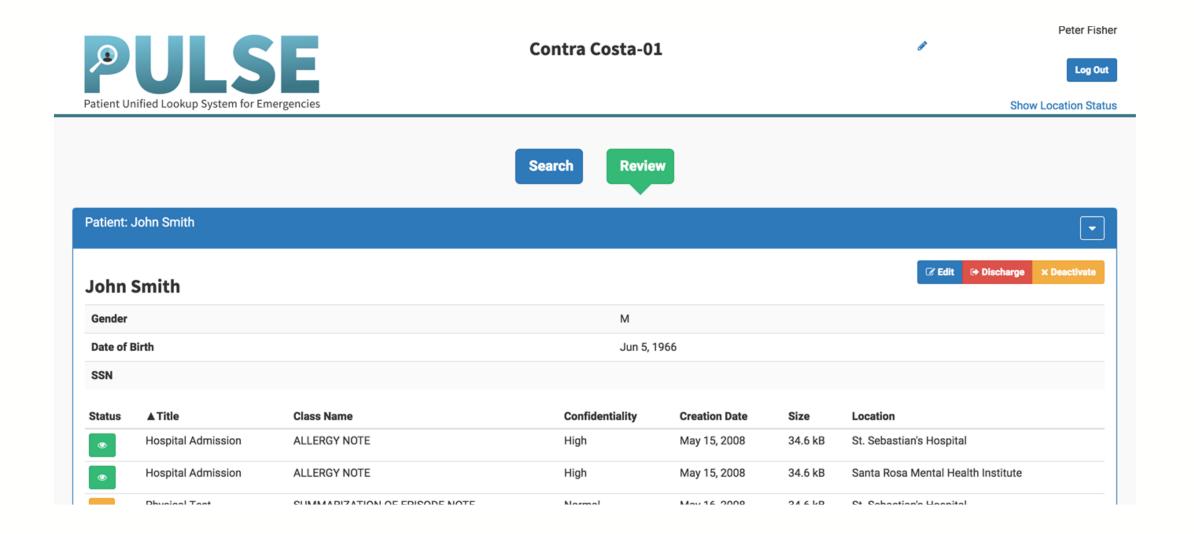
# Patient Query



# **Patient Staging**



### **Document List**



## Clinical Document Review



**Contra Costa-01** 

Peter Fisher

Log Out

**Show Location Status** 

#### **ALLERGIES, ADVERSE REACTIONS, ALERTS**

Туре	Substance	Reaction	Status
ALLERGIES	morphine	rash	Active
ALLERGIES	amoxicillin	anaphylaxis	Active
ALLERGIES	metronidazole	difficulty breathing	Active
ALLERGIES	Macrolide Antibiotics Group	nausea	Active

#### **MEDICATIONS**

Medication	Start Date	Route	Dose	Status
Abilify, "[RxNorm:352309]	20150102000000			Active
Crestor, "[RxNorm:859749]	20150101000000			Active
Sucraid, "[RxNorm:213337]	20150217000000			Active
Dilantin, "[RxNorm:855871]	20150216000000			Active

#### **PROBLEMS**

1 Alteration in MondiStatus-Actival



## California PULSE

Leslie Witten-Rood Program Manager California Emergency Management Services Authority

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

Patient Unified Lookup System for Emergencies (PULSE)

Presented by Leslie Witten-Rood

Leslie.Witten@emsa.ca.gov

# **PULSE General Background**

- Idea/concept came from experiences during Katrina (i.e., Katrina Health)
- April 2014 ONC published a report that assessed opportunities in CA and Gulf Coast to use HIE to support Disaster preparedness and EMS.
  - The report identified two scenarios: 1) EMS data exchange with hospitals and 2) development of a disaster response medical history portal (PULSE)
- May 2014 ASPR and ONC received a \$50,000 grant from HHS Ventures and IDEA Lab to establish the core technical approach/requirements, scope of work and use cases (scenarios) for PULSE
- July 2015 California EMSA received funding from ONC to design, build and implement PULSE

# **IDEA Lab in Action - California**

Connect HIEs so that providers and emergency responders have a way to access health information across systems

- Respond to disasters
- Improve Clinical Decision Making
- Improve patient health and
- Measure outcomes

# Interoperability



# **PULSE Patient/Provider Landscape**

Statewide Project in California
58 Counties and 53 Congressional Districts

# **Target Populations:**

- All victims experiencing a medical or trauma emergency served by EMS
- Displaced Victims of Disasters



# **Providers & Practices:**

- Paramedics and EMTs
- Physicians in Emergency Departments
- Physicians working in a Mobile Field Hospital or Alternate Care site
- Nurses
- Pharmacist



# **Earthquakes in California**

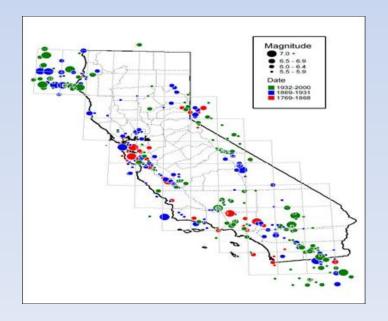








Earthquakes
Measuring 5.5 to 7.0+
from 1769 to 2000



# March 2011 Tsunami Del Norte, Humboldt, San Mateo,& Santa Cruz









# **February 2017 Flood Evacuations**

Oroville, California









# California PULSE Pilot Design

- Emergency or DisasterOccurs
- Request is made to EMSA to Activate PULSE
- EMSA Activates PULSE through the PULSE Operator
- DHV Volunteer can log into PULSE from DHV System (single sign-on through DHV website)
- Access to patient information for 4 Health Information Organizations

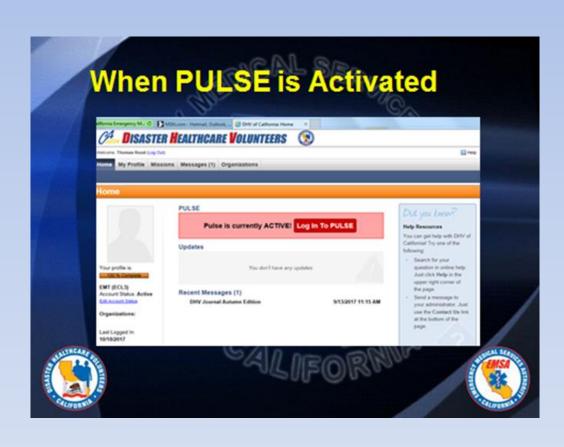
- 6 types of Licensed
   Volunteers can log into
   PULSE when its activated
   by EMSA :
  - 1. Physician
  - 2. Nurse Practitioner
  - 3. Pharmacist
  - 4. Registered Nurse
  - Physician's Assistant
  - 6. EMT / Paramedic

# Late June 2017 PULSE Table Top Drill

- Test the PULSE System are (Vendor Audacious Inquiry )
- Ensure connections with four health information organizations (HIOs)
  - 1. OCPRHIO
  - 2. Santa Cruz HIE
  - 3. Sutter Health
  - 4. UC Davis Health

- Testing connectivity of the DHV System (Vendor Intermedix & Directory Services as part of the California Trusted Exchange Network (CTEN), operated by CAHIE
- Received end user feedback from the Sacramento Medical Reserve Corps and Sacramento County

# Fall 2017 PULSE Implementation



- Roles & Responsibilities
- Develop Workflow
- Update Key Planning & Deployment Documents
- Communication
- Train end users
- Asset Request Process
- Deployment

# 2017 Wildfires Statewide October through December





- EMSA partnered with the Sequoia Project to increase Geographic Coverage for PULSE
- PLUSE was successfully connected to eHealth Exchange

# October 2017 Wildfires Napa & Sonoma



- Over 250 Major Wildfires
- 1.3 million Acres Burned
- 9,470 Structures Destroyed
  - Approx. 5,000 Residential Destroyed
- 47 Lives Lost
- Includes 5 of the 20 most destructive fires in CA history







# Principles of Disaster Medical/Health Operations

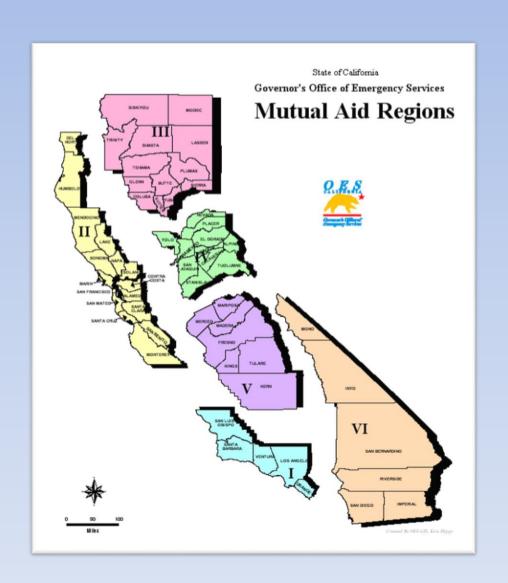
- Local Operational Control and Response
- Standardized Emergency Management System (SEMS)
   Compliant
- Structured to Facilitate Mutual Aid
- State Responsible for Resource Assistance
- Coordinate and Integrate Private and Public ESF 8
   Partners

# Standardized Emergency Management System (SEMS)

- During an emergency, multiple jurisdictions and agencies will likely be involved
- The purpose of SEMS is to:
  - Manage multiple agencies and jurisdictions in CA
  - Facilitate the flow of information within and between system levels
  - Coordinate amongst all responding agencies
  - Ensure structured and common response to emergencies
  - Incorporate the Incident Command System (ICS)

# California

- 58 Counties
- 6 Mutual Aid Regions
- Home Rule State Power of local city or county to establish own system of self-government
- Gaps:
  - Every County is different
  - Disparate Systems
     (communications, patient tracking, resource requesting etc.)
  - Limited Cooperative
     Agreements between counties and across regions



### **EMS Mutual Aid/Assistance**

- 15 Ambulance Strike Teams deployed over 100 ambulances used over the course of a week
- Teams from 13 California counties
- Medical/Health Personnel EMT, Medic, RN, MD, RT, mental health clinicians, Enviro Health, CALMATS, DHV, MRCs





### **Medical Impact**

- Total Fatalities 44 persons
- Hundreds of injured Exact
   Number unknown
- Shelters Opened combined 72 total
- Facilities Evacuated
  - 2 Major Hospitals (Kaiser Santa Rosa 104 pts evac'd, Sutter Santa Rosa 83 pts evac'd)
  - 7 SNFs including Yountville Vets Home
  - Sonoma Developmental Center (SDC)
     239 pts evac'd
- Medical Needs Evacuees −1,160





### January 2018 Southern CA Mudslides

After weeks of wildfires, heavy rain caused flash flooding and mudslides in Santa Barbara and Ventura County

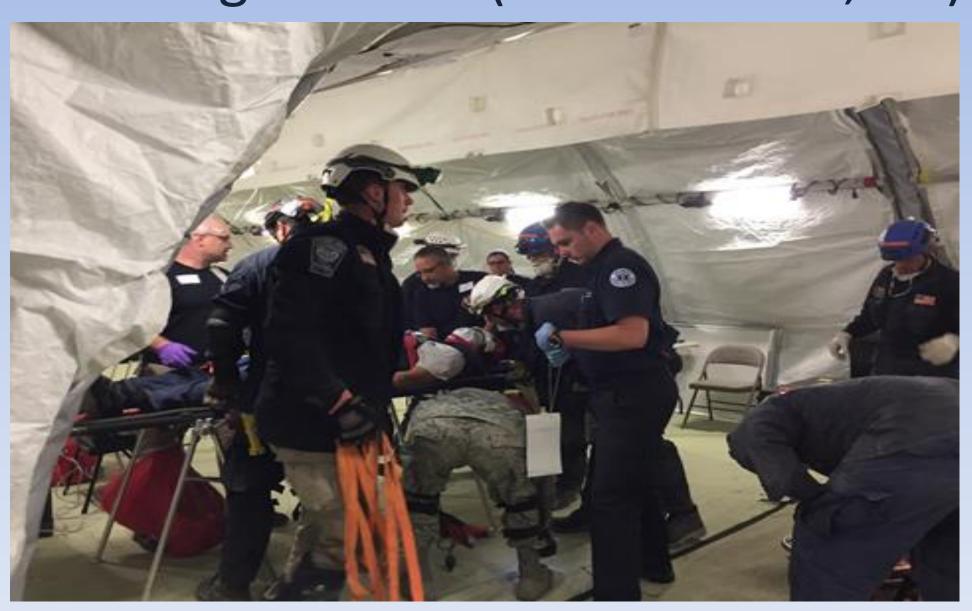




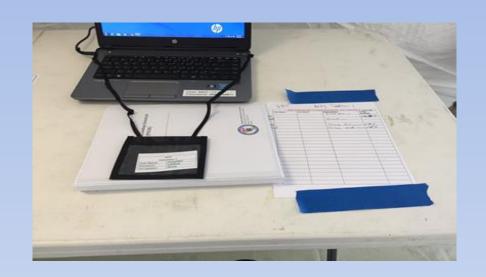




# June 2018 USAR/CAL-MAT Field Training Exercise (Moffett Field, CA)



# 80 CAL-MAT/DHV Users Trained at PULSE Exercise



The exercise objective was to train CAL-MAT/DHV Providers on PULSE and to use the PULSE Asset while testing PULSE workflow in a disaster environment.

The Scenario used for the PULSE Exercise was a large scale earthquake in the Bay Area.







# July 2018 PULSE was activated and deployed in Shasta and Lake County



EMSA partnered with Sequoia and CAHIE to onboard additional patient records for affected areas:



- Sacvalley Medshare
- Dignity Health

### July and August 2018 Wildfires

- Northern California Medical Reserve Corps (MRC) supported local medical and health operations at the shelter.
- Contra Costa County MRC provided care in Lake County



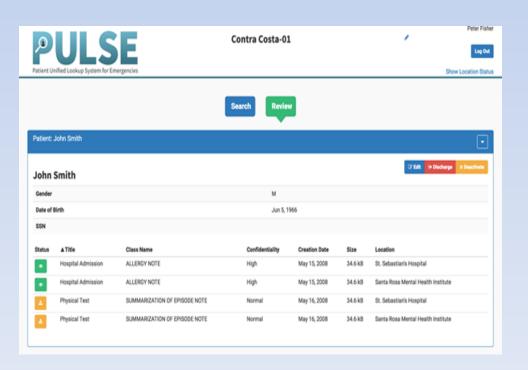
Norovirus outbreak at evacuation center



# My Top 5 Challenges

- Statewide Coverage for PULSE
- 2. Sustainable Funding
- 3. Procurement Process
- Stable Internet
   Connections
- 5. Improve Review Function
  - Consolidate all requested documents into a single report with provenance to improve review time

Highlight within, or parse,
 C-CDA documents those data elements or fields most appropriate or more urgent for use in an emergency (most likely allergies, medications, problems, perhaps immunizations)



#### **Next Steps**

- Medi-Cal (Medicaid) 90/10 Funding provided for PULSE Phase II identify contributors for matching funds
- Expand Care Plan Exchange for Disaster response adding additional HIE/HIOs
- Onboard to eHealth Exchange & Carequality
- Expand Capabilities of PULSE
- Expand DHV users to include hospital and EMS staff
- PULSE will stay in active state and the access control will be with the DHV Single Sign on.
- Continued collaboration with federal, state and local partners
  - ONC
  - NHTSA
  - NEMSIS
  - ASPR
  - CalOHII
  - CAHIE
  - Local EMS Agencies
  - Sequoia Project

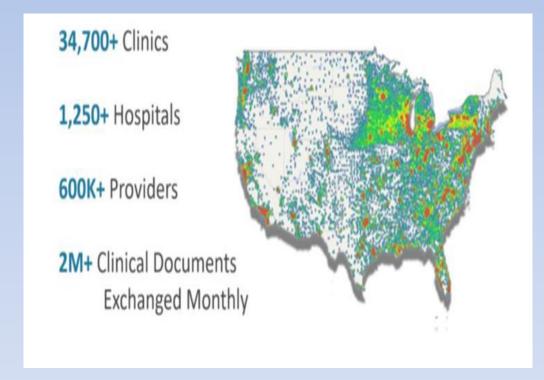


## Next Steps Statewide Coverage

#### eHealth Exchange



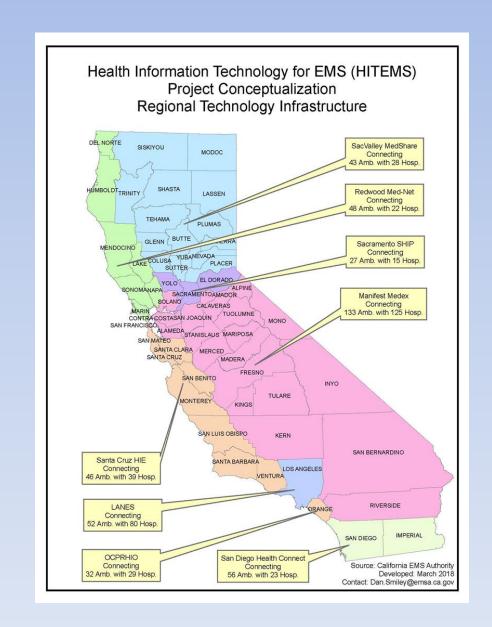
#### Carequality



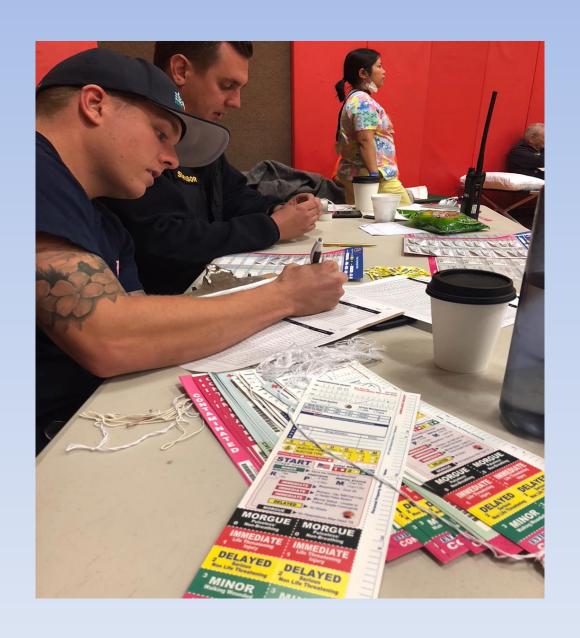
#### **Onboard Additional HIOs**

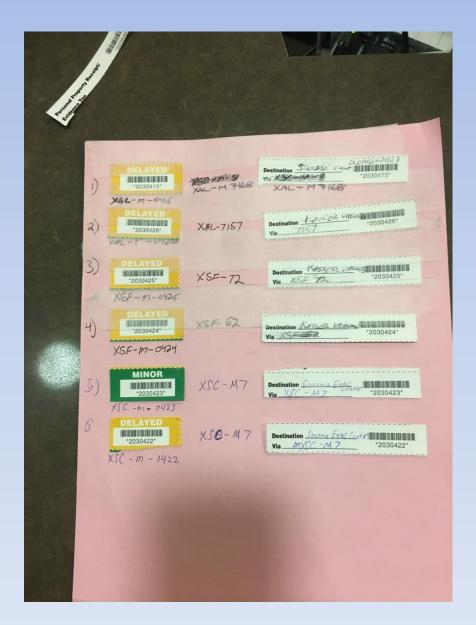
#### **Current Connections**

- 1. OCPRHIO
- 2. Santa Cruz HIE
- 3. Sutter Health
- 4. UC Davis Health
- 5. Sacvalley Medshare
- 6. Dignity Health



# Patient Tracking









#### Building Support for PULSE in Texas

Nora Belcher Executive Director Texas eHealth Alliance



# How PULSE Relates to Federal Strategies to Support Disaster Response Efforts

Kristen Finne Program Manager, HHS emPOWER Program Senior Program Analyst, Assistant Secretary for Preparedness and Response



Thank you for your participation.

SEQUOIAPROJECT. ORG