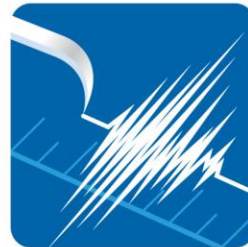


Dec. 6th 2016

Understanding the CMS Emergency Preparedness Rule



Welcome

Jennifer Pitcher

Executive Director, MESH Coalition



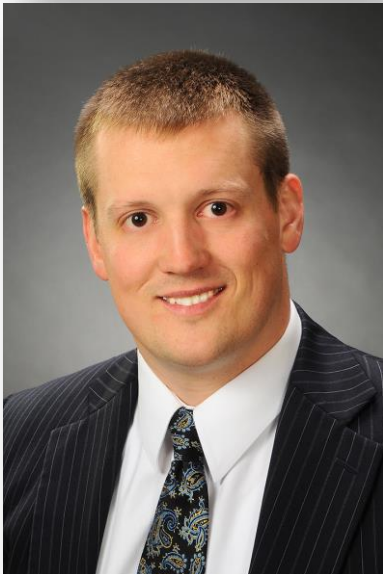
Speakers



Emily Lord

Executive Director
Healthcare Ready

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[@HC_Ready](#)



Craig Camidge

Executive Director
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Agenda

- About Healthcare Ready
- About NSPA
- Overview of the rule
- Timeline
- Audit and enforcement
- CMS cost estimations
- Resources



HEALTHCARE READY

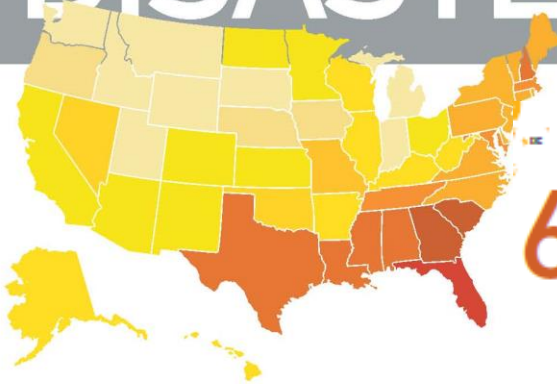
STRENGTHEN. SAFEGUARD. RESPOND.

TYPES OF ASSISTANCE

- Pharmacy Operating Status
- Transportation/Fuel/Power
- Credentialing
- Emergency Orders
- Patient Assistance Programs



DISASTER RESPONSES



3 15

OUR PROGRAMS ARE BASED ON EXPERIENCE RESPONDING TO

60 EVENTS

ACROSS THE NATION. SITUATION REPORTS AND INFORMATION SHARING HAS INVOLVED EVERY STATE.



EARTHQUAKE
2%



TSUNAMI
2%



VOLCANO
2%



DERECHO
2%



INFECTIOUS DISEASE
5%



WILDFIRE
5%



TORNADO
11%



BLIZZARD/
WINTER STORM
14%



FLOOD
15%



HURRICANE
42%

Policy work

We work to protect communities and strengthen healthcare by advocating for policies that:

- Promote public and private sector collaboration
- Are aimed at protecting communities, patients, and building resilience
- Empower public health and healthcare providers

Drive Policy Conversations

Hurricane Katrina: Lessons Learned Have Become Lessons Lost

EMILY LORD | AUGUST 24, 2015

The Zika Test

Let's prove we learned our lesson on disease outbreak preparedness after Ebola.

Strengthening healthcare and pharmaceutical supply chains is critical for healthcare resiliency

May 6, 2016

Emily Lord, Healthcare Ready



Commentary: Complexity of healthcare requires a new approach to disaster preparedness

By Emily Lord | June 14, 2016

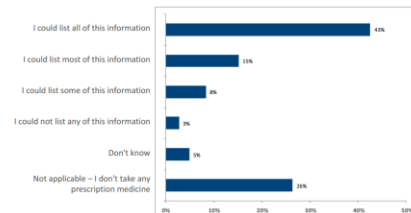
Every year, the start of summer begins with a familiar refrain predicting the severity of the upcoming hurricane season. This year, forecasters say it could be the most active season since 2012—the year Superstorm Sandy pounded parts of the East Coast.



Bring Visibility

Knowledge of prescription information

If you had to evacuate your home with no medications or medical supplies would you know what prescriptions you take, the doctor who prescribed them and the dose?



HEALTHCARE READY

OUR NETWORK INCLUDES:

140+ PRIVATE COMPANIES

72+ NON-GOVERNMENT ORGANIZATIONS

25+ FEDERAL OFFICES/DIVISIONS

IN ALL 50 STATES

Participate in National Conversations

PARTICIPANT MEMBER OF:

National Academies of Medicine Forum on Preparedness

CDC Partners

HHS's Critical Infrastructure Protection Program

Member of the National Council on Information Sharing and Analysis Centers (ISAC)

Informal Coalition on Biodefense

Issue area: CMS Emergency Preparedness Rule

The emergency preparedness rule is a major development in healthcare preparedness.

Visibility and Awareness

- Promoting Awareness
- Driving conversations

Training and Education

- Webinars
- Resources
 - HCR Knowledge Center

2016 MESH GRANDROUNDS SERIES
MESH
meshcoalition.org

EMILY LORD
Executive Director, Healthcare Ready

Healthcare Ready is a nonprofit established in the wake of Hurricane Katrina to ensure that the catastrophic breakdowns in patient access to healthcare would never happen again. Lord has also led Healthcare Ready's response to multiple natural disasters including Hurricane Sandy, during which the organization coordinated and worked to solve barriers to patient access to healthcare.

THE NEW CMS EMERGENCY PREPAREDNESS RULE: ARE YOU READY?

NOVEMBER 22, 2016

7:30 AM - FREE Continental Breakfast / 8-9 AM - GRANDROUNDS Presentation

All events in the MESH GRANDROUNDS SERIES are **FREE** and open to the public.

Seating is limited. To reserve your seat, please **RSVP TO MESH:** meshcoalition.org/newsroom/events

IN PARTNERSHIP WITH
Community Health Network

DIRECTIONS
Community Health Network is at 18th & Guise, just off I-65. Community Health Network Sports Club is on the same campus as the Medical Office Building.

The Next Big Moment in Healthcare Preparedness? What the Proposed CMS Rule Could Achieve

Emily Lord
March 29, 2016

The New York Times

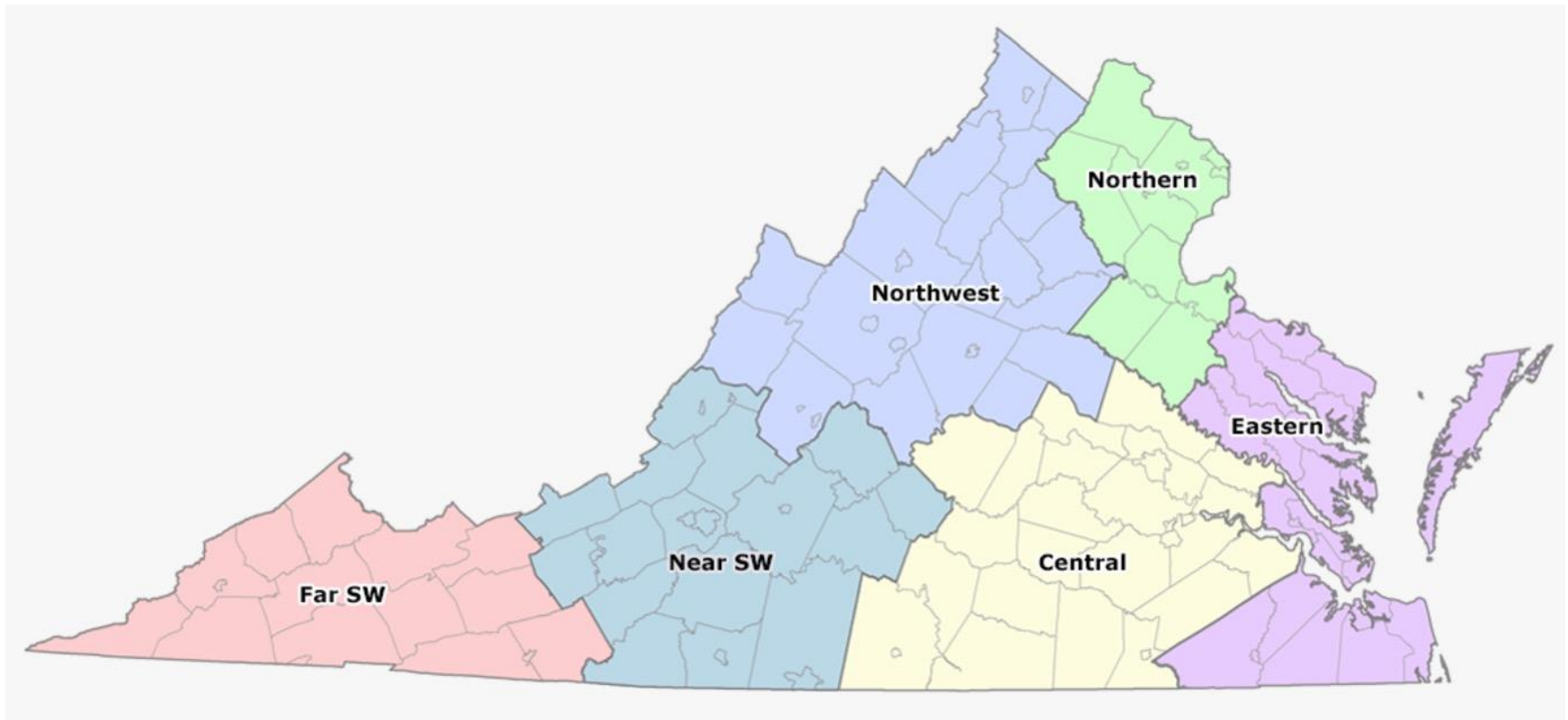
Health Care Providers Scramble to Meet New Disaster Readiness Rule

"It's going to have a big impact on these facilities," said Emily Lord, the executive director of Healthcare Ready, a [nonprofit focused on preparedness](#) that provided feedback to the government on the implications of the rule.

According to the government, the cost of putting the rule into effect will be just over \$279 million. Others believe it will be more. "They didn't account for any time to get up to speed," Ms. Lord said.

December 14th – National Healthcare Coalition Conference

Near Southwest Preparedness Alliance (NSPA)



Near Southwest Preparedness Alliance (NSPA)

- 17 hospitals – including state mental health, critical access, acute care
- 55 long-term care (LTC) facilities
- 5 public health districts
- 16 counties
- 7 cities
- 7600 square miles
- 960,000 population
- COOP
- Medical Surge



Overview: CMS Emergency Preparedness Rule



Origins of the rule

Longtime coming...

- Call to action following 9/11, Hurricanes Katrina and Sandy, Ebola, Zika
 - Breakdowns in patient care
 - Inconsistent standards
 - Inconsistent levels of preparedness
- Debate on incentivizing vs. mandating preparedness

SundayReview | NEWS ANALYSIS

Can Health Care Providers Afford to Be Ready for Disaster?

Public Health

Health-Care Providers May Need to Step up Emergency Preparedness

The Centers for Medicare and Medicaid Services proposed new preparedness guidelines to mitigate disasters.

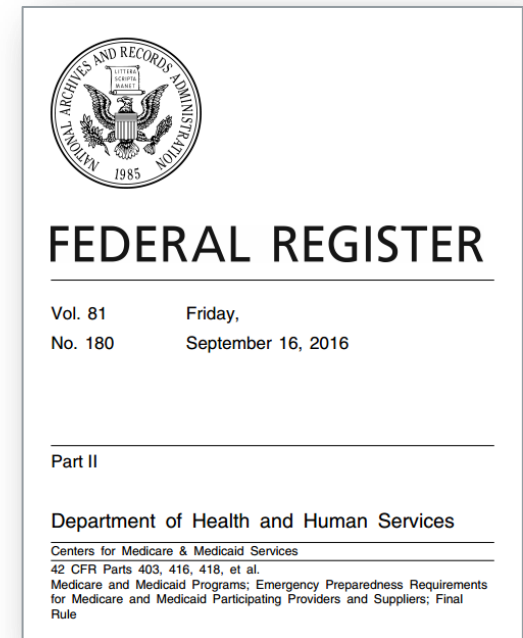
BLOG

The Next Big Moment in Healthcare Preparedness? What the Proposed CMS Rule Could Achieve

What it is

Purpose: To establish national emergency preparedness requirements, consistent across provider and supplier types.

- Outlines emergency preparedness Conditions of Participation (CoPs) & Conditions for Coverage (CfCs)
 - CoPs and CfCs are health and safety standards all participating providers must meet to receive certificate of compliance
- Applies to 17 provider and supplier types
 - Different emergency preparedness regulations for each provider type



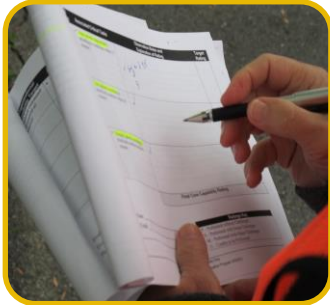
Bottom line: Providers and Suppliers that wish to participate in Medicare and Medicaid – i.e. the nation's largest insurer – must demonstrate they meet new emergency preparedness requirements in rule.

Who does it apply to?

Inpatient	Outpatient
<ul style="list-style-type: none">• Hospitals• Critical Access Hospitals• Religious Nonmedical Health Care Institutions (RNHCIs)• Psychiatric Residential Treatment Facilities (PRTFs)• Long-Term Care (LTC) / Skilled Nursing Facilities• Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	<ul style="list-style-type: none">• Ambulatory Surgical Centers• Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services• Community Mental Health Centers (CMHCs)• Comprehensive Outpatient Rehabilitation Facilities (CORFs)• End-Stage Renal Disease (ESRD) Facilities• Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)• Home Health Agencies (HHAs)• Hospice• Organ Procurement Organizations (OPOs)• Programs of All-Inclusive Care for the Elderly (PACE)• Transplant Centers



Four core elements



Emergency Plan

- Based on a risk assessment
- Using an all-hazards approach
- Update plan annually

Policies & Procedures

- Based on risk assessment and emergency plan
- Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff

Communications Plan

- Complies with Federal and State laws
- Coordinate patient care within facility, across providers, and with state and local public health and emergency management

Training & Exercise Program

- Develop training program, including initial training on policies & procedures
- Conduct drills and exercises

Risk Assessment and Emergency Plan

- Perform a risk assessment using an “all-hazards” approach
- Develop an emergency plan based on the risk assessment
- Update emergency plan at least annually



Policies and Procedures

- **Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan**
- **Policies and procedures must address a range of issues including:**
 - Subsistence needs,
 - Evacuation and shelter in place plans,
 - Tracking patients and staff during an emergency,
 - Medical documentation, and;
 - Processes to develop arrangements with other providers/suppliers.
- **Review and update policies and procedures at least annually**



Communication Plan

- **Develop a communication plan that complies with both Federal and State laws**
- **Coordinate patient care within the facility, across healthcare providers, and with state and local public health departments and emergency management systems. To include:**
 - Contact information for staff, entities providing services under other arrangements, patients' physicians, other hospitals, and volunteers
 - Maintaining contact info for regional or local emergency preparedness agencies
 - A means, in the event of evacuation, to release patient information
- **Review and update plan annually**



Training and Testing Program

- **Develop and maintain training and testing programs.**
To include:
 - Initial training on emergency preparedness policies and procedures.
 - Training to all new and existing staff, including volunteers and maintain documentation of training.
- **Demonstrate staff knowledge of emergency procedures and provide training at least annually**
- **Conduct drills and exercises to test the emergency plan**
 - Hospitals and most other provides must conduct one full-scale exercise annually **and** an additional exercise of the facility's choice.



Other key elements

Emergency and Standby Power

- Higher level of requirements for hospitals, critical access hospitals, and long-term care facilities.
- Locate generators in accordance with National Fire Protection Association (NFPA) guidelines.
- Conduct generator testing, inspection, and maintenance as required by NFPA.
- Maintain sufficient fuel to sustain power during an emergency.

Evacuation

- Home health agencies and hospices must inform officials of patients in need of evacuation.

Emergency Plans

- Long-term care and psychiatric residential treatment facilities must share information on emergency plan with patient family members or representatives.



Implementation timeline



2016

- September 15 – Rule published
- November 15 – Rule goes into effect

2017

- Late winter/ spring – Interpretive Guidance released
- November 15 – Rule must be implemented

Interpretive guidelines

- **Survey and Certification Group (SCG) is currently developing Interpretive Guidelines (IGs)**
 - State surveyors will use the IGs and survey procedures in the State Operations Manual to assist in implementing the rule
 - Anticipated release of IGs is Spring 2017
- **IGs will be formatted into one appendix in the State Operations Manual**

State Operations Manual
Appendix M - Guidance to Surveyors: Hospice -
(Rev. 149, 10-09-15)

Transmittals for Appendix M

Part I – Investigative Procedures

I - Introduction

C - Post Survey Revisit

Part II – Interpretive Guidelines

Subpart C - Conditions of Participation: Patient Care

§418.3 Definitions

§418.52 Condition of Participation: Patient's Rights

§418.52(a) Standard: Notice of Rights and Responsibilities

§418.52(b) Standard: Exercise of Rights and Respect for Property and Person

§418.52(c) Standard: Rights of the Patient

Auditing and enforcement

How will rule be audited?

- Compliance monitoring

State Survey Agencies (SSAs)

Accreditation Organizations (AOs)

CMS Regional Offices (ROs)



*Use IGs and State
Operations Manual*

- Checklists for surveyors and State Agencies, as well as for impacted providers and suppliers are in development.
- SCG developing web-based training for surveyors and providers and suppliers .

Consequence for not complying?

- Same process for other CoPs and CfCs → termination of agreement with Medicare & Medicaid.

Costs of implementation

CMS predictions:

- \$373 million in first year
- \$25 million/year after
- 72,315 providers & suppliers impacted

safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more annually). **The total projected cost of this rule will be \$373 million in the first year, and the subsequent projected annual cost will be approximately \$25 million.** We solicited and received comments on the proposed RIA. As such, we have presented our best estimate of the impact, including both costs and benefits, of this rule.

How did CMS arrive at these numbers?

- Took salaries of impacted employees x hours involved in compliance x number of facilities

Example: Hospice

regular staff training. However, for the purpose of this analysis we assume that the administrator will spend approximately 4 hours annually to participate in a full-scale exercise and one additional testing exercise of the facility's choice outside of their regular and ongoing training. We also assume that the registered nurse will spend 4 hours to participate in the testing exercises. **Thus, we estimate that each hospice will spend \$560. The total estimate for all hospices to comply with this requirement after the initial year will total \$2,464,560 (\$560 x 4,401 hospices).** We estimate the total economic impact and cost estimates for all 4,401 hospices to comply with the requirements in this **final rule for the initial year will be \$22,428,668 (\$2,464,560 impact cost + \$19,964,108 ICR burden).**

Costs of implementation

If government is not providing funding for compliance, how are facilities expected to meet rule requirements?



Role of healthcare coalitions

One place to start – Healthcare Coalitions!

Rule offers HCCs great opportunity to support members and engage new providers.



Resources



Resources

CMS Website

- Outline of requirements by provider type
- Links to aggregated EP resources
- Routinely updated **Frequently Asked Questions document**

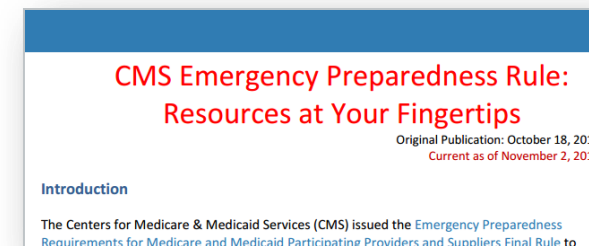
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>



HHS/ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE)

- Web-based resource for healthcare stakeholders
- Topic Collections
 - General Emergency Management & Provider- and Supplier-Specific
- Routinely updated **CMS Resources at Your Fingertips**
- Submit technical assistance requests

<https://asprtracie.hhs.gov/cmsrule>



Resources cont.

CMS Webinar

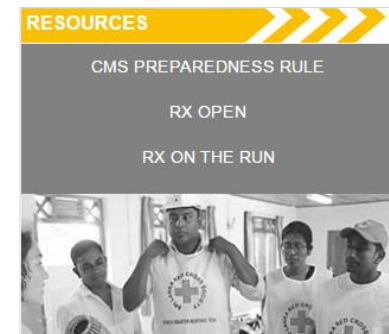
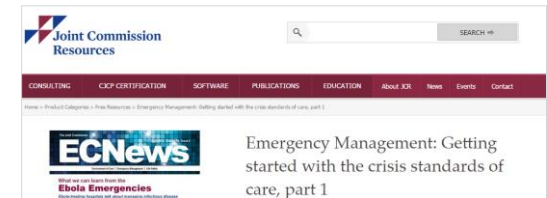
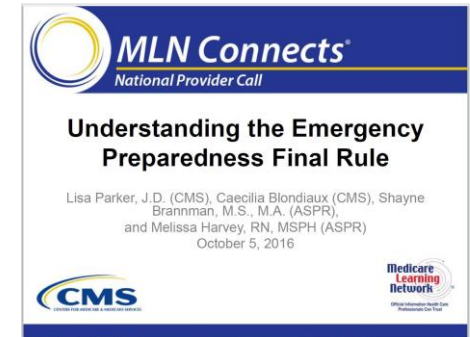
- Webinar hosted by CMS on the rule in October
- Slides, transcript, and audio recording posted online

Federal & Accrediting Organizations Resources

- Joint Commission
 - Emergency Management Portal
- FEMA Emergency Management Institute
 - Independent Study online courses

Healthcare Ready CMS Knowledge Center

- All resources above in one place
- Running list of relevant articles
- Perspectives from healthcare coalitions



Thank you!

Questions?












www.healthcareready.org

www.rxopen.org








@HC_Ready






Specific considerations - inpatient

Hospitals		Annual full-scale exercise and additional exercise of facility's choice
Critical Access Hospital		Annual full-scale exercise and additional exercise of facility's choice
Long-term Care		Share emergency plan information with resident, family of resident, and other appropriate representatives
Psychiatric Residential Treatment Facilities (PRTFs)		Tracking applies both during and after to on-duty staff and sheltered residents
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)		Tracking applies both during and <i>after</i> to on-duty staff and sheltered residents and must share emergency plan with patient's families
Religious Nonmedical Health Care Institutions (RNHCIs)		No requirement to conduct drills
Transplant Center		Maintain agreements with organ procurement orgs

Specific considerations - outpatient

Hospice		Must inform officials of patients in need of evacuation
Ambulatory Surgical Center		Community-based drill not required
Programs of All-Inclusive Care for the Elderly (PACE)		Tracking applies both during and after to on-duty staff and sheltered residents
Home Health Agency		Must have policies in place for following up with patients to determine services still needed
Comprehensive Outpatient Rehabilitation Facilities (CORFs)		Must develop emergency plan with assistance from fire and safety experts
Community Mental Health Centers (CMHC)		Tracking applies both during and after to on-duty staff and sheltered residents
Organ Procurement Organizations		Need to have system to track staff during and after emergency <i>and</i> maintain medical documentation

Specific considerations - outpatient

Clinics, Rehabilitation Agencies, and Public Health Agencies (as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services)		Must develop emergency plan with assistance from fire and safety experts
Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)		Annual full-scale exercise and exercise of facility's choice
End-Stage Renal Disease (ESRD) Facilities		Tracking applies both during and after to on-duty staff and sheltered residents