

Lecture 4

## Introduction of Healthcare Ready's Case Studies for Social Contribution in the U.S.\*<sup>1</sup>

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### Healthcare Ready Was Founded through the Needs of Interconnected Private and Public Sectors

When Hurricane Katrina struck the southeastern United States in August 2005, there were very big problems regarding response to the disaster, such as poor communication between the government and the private sector, conflicting information due to this lack of coordination, and delays in correspondence. In the US healthcare system, 92% of which is owned by the private sector, it is especially important that the private sector, which provides healthcare services, and the government are interconnected in order to promote disaster measures and build community resiliency.

Healthcare Ready (formerly Rx Response) was established in the aftermath of Katrina as a non-governmental organization (NGO) with members such as the Pharmaceutical Research and Manufacturers of America (PhRMA), the Healthcare Distribution Management Association (HDMA), the pharmaceutical supply chain, the American Red Cross, and biotech related organizations. Our activities began with the mission of strengthening collaboration with government, nonprofit and medical supply chains to build and enhance the community resiliency before, during and after disasters by addressing all non-cyber emergencies.

### Goals of Healthcare Ready

One of our priorities is to build good relation-

ships between the public and private sectors at times of normal operations. We work very hard to make sure that strong cooperative relationships and information-sharing foundation are established in advance of disasters. We believe that enforcing this will enable smooth response due to speedy communication and pertinent information flow.

Additionally, we emphasize activities that support health and economic recovery so that for the residents of affected areas, the quality of life (QOL) returns to normal as fast as possible after a disaster occurs. Disaster healthcare tends to focus on short-term response such as emergency and critical care, but from the view of building resiliency in the community, it requires a long-term perspective. For this reason, Healthcare Ready's mission will continue until the community is completely rebuilt. This is what we have learned from the experience of a region that has not fully recovered 10 years after the Hurricane Katrina disaster.

### Continuity of Care in the Lifecycle of Healthcare Delivery in a Disaster

The three R's in the lifecycle of healthcare delivery are Response, Recovery, and Resilience (Fig. 1). Healthcare Ready's activities begin with Response. At this stage, the priority is to focus especially on areas such as access to the affected area, provision of fuel and electricity, and sharing information. Next, in Recovery, through coordination and long-term planning between the public and private sectors, economic recovery is

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Fig. 1



Fig. 2

supported while focusing on awareness activities to share what was learned in past disaster experiences in preparation for the next disaster. Finally, at the Resiliency stage, evacuation drills are planned and implemented, best practice is promoted, policies are drawn, and a wide range of activities aimed at enhancing healthcare services carried out.

A specific example of our initiatives is the Rx Open that can be found on our website that includes contents for information sharing. Using Google maps as an overlay, it indicates pharmacies that are currently open or closed, or if the operating status is unknown, and their locations. This information is updated every few hours. The main purpose is to provide information regarding nearby pharmacies to residents in disaster-affected areas, but it also functions as a useful tool for the government to check the current status of the affected areas. Rx Open presently covers more than 90% of pharmacies across the United States. We believe that this type of information sharing is made possible as a result of collaboration with the pharmaceutical companies and pharmacies before a disaster strikes.

Since 2002, Healthcare Ready has experienced disaster response in 55 cases across the United States. The disasters are explained in Fig. 2. With the exception of infectious diseases that accounted for 5%, they were all natural disasters including those considered to be possibly related to abnormal weather. However, as it is impossible to predict the type of disasters that might strike in the next ten years, the priority of the type of response will likely change according to

each situation.

Of the many activities we have experienced so far, one of the largest was responding to Hurricane Sandy that struck the eastern United States in 2012. Being the only private sector group that was invited to represent on the Critical Coordination calls by the Department of Health and Human Services (HHS), Healthcare Ready acted as coordinator regarding the procurement and supply of medicine, medical equipment, and donations.

### Issues Regarding the US Healthcare System and Disaster Response

Laws and policies related to the US healthcare are quite complex because they are individually set by the federal government, state governments, and local governments. Although federal and state governments respond to disasters as well, it is the local government that must understand the situation of the affected areas and identify the needs. In addition, law enforcement agencies and the private sector also become involved, but they are not necessarily disaster healthcare professionals, which would make it difficult for them to specifically respond to the medical needs of the affected areas.

Other areas of concern in disaster response are: Healthcare access to disaster areas that require medical care; Patient adherence support; Public health and pharmacy collaboration; Medical history and records sharing; Insurance disaster challenges; and License transfers during emergencies. Solutions must be found for each

**Drawing Parallels: U.S. lessons learned**

- The model works for an “all-hazards” approach
  - Engage the private sector industries
  - Function as a bridge between the public and private sector
  - Enhance relationship-building in peace time
  - Be prepared to activate in the case of disaster
- We have learned lessons that will apply to every country’s healthcare system

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Fig. 3

area, respectively. For example, in the field of pharmacy collaboration, if the pharmacist with a pharmaceutical license from a different state wishes to offer assistance during a disaster, can he or she do so? If so, how? The extent of medical practice allowed by a pharmacist in the event of a disaster needs to be deliberated before a disaster occurs. In the US, professional qualifications are managed by the state and local jurisdictions. As such, there is no standardized framework in place for private organizations and personnel who are very much needed and the process before responding to a disaster becomes fragmented and inconsistent. However, the private sector already fully understands the importance of enhancing public and private collaboration regarding disaster response and wants the states and localities to adopt a unified framework that

is consistent.

Right now we are putting together white papers with suggested improvements for the existing disaster response program and are actively lobbying influential policy makers so that they understand the situation. The private sector needs to take the lead in reforming future disaster healthcare and our role is to find solutions and make new proposals to build nationwide cooperation beyond the boundaries of the sectors.

### Transmitting Lessons That We Learned in the US to the World

The Healthcare Ready model is one that works for an “all hazards” approach, engaging private sector industries and functioning as a bridge between the public and private sector. At the same time, it enhances relationship building in peace time in order to act quickly during a disaster. These efforts have led us to success (**Fig. 3**).

This approach applies not only to disaster response within the US but will apply to communities in other countries and other medical sectors, in different types of disasters. Healthcare Ready has responded to several crises through assistance such as transporting residents and supplying medicine during international disasters, including the eruption of Icelandic volcanoes in 2010, earthquake in Haiti, and the Great East Japan Earthquake, and hope to further contribute to the development of disaster healthcare at home and abroad.