

Definitive Care: Navigating Challenges and Advancements in Federal Patient Movement Coordination

U.S. Department of Health and Human Services

Administration for Strategic Preparedness and Response

Center for Response

Office of the National Disaster Medical System

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Session Objectives

- Identify the role of the National Disaster Medical System (NDMS) and its relationship with healthcare coalitions and healthcare facilities to provide care to federalized patients
- Recognize elements and order of operations of the NDMS bed reporting process as collaborating with Federal Coordinating Centers
- Learn about the direct benefits and features for participating in the NDMS Definitive Care Partner Health Facility program

National Disaster Medical System

est. 1984

PATIENT CARE

- NDMS Medical Teams
- Facilitated Support through Industry (Contract)
- Specialty Care Capabilities

PATIENT MOVEMENT

- NDMS Partnership
 - DoD
 - VA
 - DHS/FEMA-National EMS Contract
 - HHS JPATS and Case Management

A FEDERAL SECTOR PARTNERSHIP









Mission is two-fold:

Supplement state and local medical resources during disasters or major emergencies

Provide backup medical support to the military/VA medical care systems during an overseas conventional conflict

FATALITY MANAGEMENT

- Disaster Mortuary Operational Response Teams
- Subject Matter Expertise Fatality Management Assessment



DEFINITIVE CARE

- Partnering with 1800+ civilian health care facilities through a Memorandum of Agreement
- Coordinated across 65 DoD (14) and VA (51) Federal Coordinating Centers (FCC)
- Reimbursed up to 125% of Medicare rate for facilities (payer of last resort)







When Does Federal Patient Movement Occur

Stafford Act Event

 Led by HHS, supports a state request and consists of moving both inpatients and outpatients from healthcare facilities and evacuation locations.

Emergency Repatriation/Noncombatant Evacuation Operations

 Led by the U.S. Department of State and supported by HHS' Administration for Children and Families, includes moving inpatients returning from overseas medica facilities.

Active-Duty Patient Redistribution – CONUS Patient Distribution Plan / Integrated CONUS Medical Operations Plan

• In collaboration with the U.S. Departments of Defense (DoD) and Veterans Affairs (VA), distributes service members from the theater of operations to (1) DoD Medical Treatment Facility, (2) VA Healthcare Facility, and (3) NDMS Definitive Care Partners.

Federal Patient Movement Partners

Department of Health and Human Services

- Division, Federal Patient Movement
- Hospital Preparedness Program (HPP)- Field Project Officers
- Medical Reserve Corps
- Federal Health Coordinating Official
- Regional Administrator
- Regional Emergency Coordinator
- Incident Management Team
- Department of Veterans Affairs
- Department of Homeland Security/Federal Emergency Management Agency
- Voluntary Organizations Active in Disasters (VOADs)

Department of Defense

- Health Affairs
- DoD Policy/DSCA
- Northern Command (NORTHCOM)
 - Joint Regional Medical Planning Officers
 - Defense Coordinating Official / Defense Coordinating Element
- Transportation Command (TRANSCOM)
- Air Mobility Command (AMC)
- National Guard Bureau (NGB)
- State and local partners

Federal Coordinating Center (FCC)

 An organization managed by VA or DOD located in one or more assigned geographic NDMS Patient Reception Areas (PRA) responsible for receiving, triaging, staging, tracking, and transporting patients affected by a manmade or natural disaster, national emergency, military contingency to a participating NDMS partner healthcare facility capable of providing the required level of definitive care.

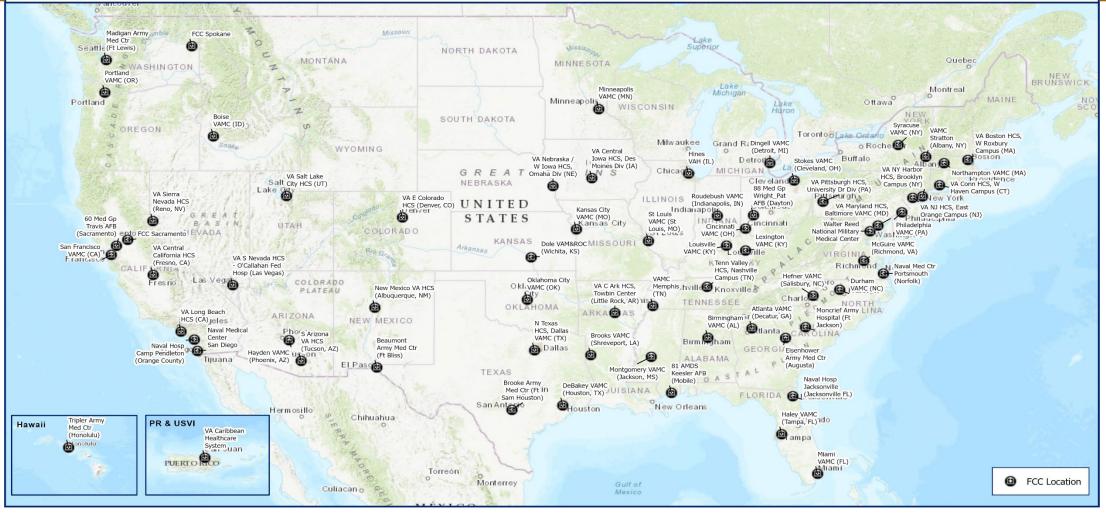
- 65 FCCs
 - VA 51
 - DoD 14
 - AF 3
 - Army 6
 - DHA 1
 - Navy 4



FCC Facility Locations

Map produced by ASPR GIAV Data sources: HHS, ESRI Map as of: 27Oct2021T1409

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FCC Alert and Activation

- FCCs are alerted and activated with STTL partners through HHS REC Community for Mission Generation of Federal Patient Movement.
- Selection process is a coordinated effort between HHS, VA, and DoD
- Some considerations for FCC selection include:
 - FCC readiness
 - FCC throughput
 - FCC targeted bed report
 - FCC proximity to point of embarkation

Definitive Care

A coordinated partnership between HHS, VA, and DoD designed to provide care for patients who are American citizens and/or military casualties who require additional or complex care unavailable within the affected area due to disasters, public health emergencies, repatriation events, or military contingencies.

- Comprised of a nationwide network of civilian partner facilities that entered into an agreement with the federal government to accept NDMS federal patients during a national level disaster and/or public health emergency.
- The scope of beneficiaries may include military, civilians, and disaster relief personnel responding to the public health emergency.
- Approximately 1,800+ civilian healthcare facilities in the NDMS network
 - Appx. 305,000 beds
- Seven (7) bed categories: burn, critical care, med-surge, psychiatric, negative pressure isolation, pediatric, and pediatric ICU

NDMS Definitive Care Bed Report

- VA and DoD FCC coordinators complete monthly and ad hoc bed reporting based on real-world events in the following categories:
 - 7 Bed Categories Critical Care (CC), Med-Surge (MM-SS), Pediatrics (MC), Psychiatry (MP), Burn (SBN), Negative Pressure Isolation (NPI), Pediatric ICU (PICU)
- Available Beds NDMS partner healthcare facilities will report the number of staffed and equipped beds that they will voluntarily commit to the reception of NDMS federal patients at the time of the FCC request.

NDMS Definitive Care Memorandum of Agreement

- Memorandum of Agreement (MOA)
 - May 2023 up to 125% CMS reimbursable rate
 - Agreement between NDMS and healthcare facilities (not limited to just hospitals)
 - VA/DoD FCC coordinators recruit facilities in their surrounding area to become NDMS partners
 - Benefit in working with FCCs: Exercise offerings by VA and DoD to participate in
 - Ideal NDMS partner healthcare facility is any place a patient may receive medical treatment
 - E.g., skilled nursing, dialysis, rehabilitation, mental health

Expansion

- Dialysis
- Behavioral Health
- Long-Term Care Facilities
- Post-Acute Care
 - Rehabilitation
 - Skilled Nursing

Case Management Support

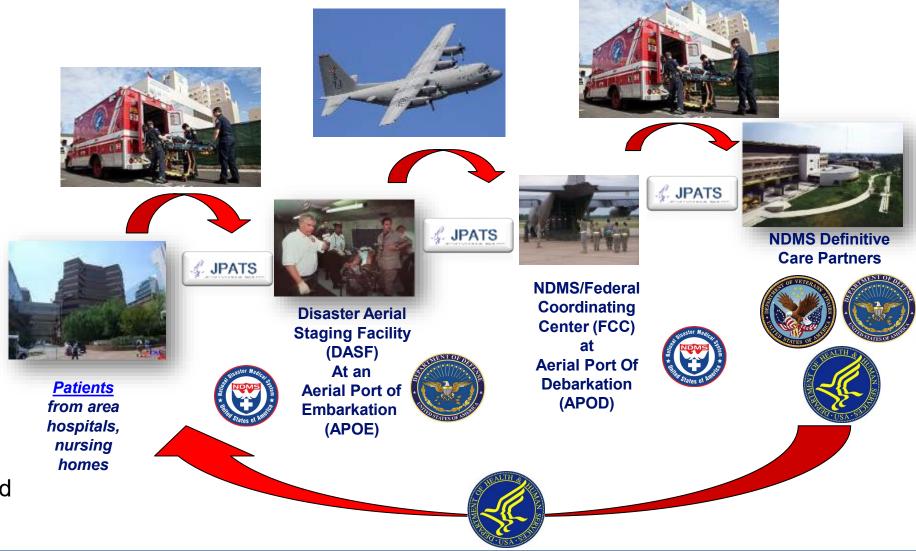
- Primary mission is to check in on NDMS patients at facilities
 - Follow patients to the NDMS facilities (tracked in JPATS)
 - Coordinate wrap-around services (ensure transportation, human services (language translation, food, lodging, etc.)) and arrangements for discharged patients and their respective non-medical attendants (NMAs)
 - Coordinate patient return to home of record
- Assist with service animals
- Coordinate reimbursement prior to discharge through the Definitive Care Claims Reimbursement program

Federal Patient Movement Tracking

- Joint Patient Assessment & Tracking System (JPATS)
 - System of record for tracking all NDMS federal patients and NMAs.
 - TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES)

Federal Patient Movement

- Provide patient movement from the disaster area; air, bus, train
- ESF#8 Patient Movement Coordination Cell manages requests
- USTRANSCOM: Patient regulating, movement requests, staging, tracking
 - Embarkation
 - Debarkation
- Return (Not a DoD responsibility)
- Patient movement is coordinated by 65 FCCs across the country managed by DoD and VA



How Can Coalitions Be Involved?

- Include HHS ASPR HQ in regional stakeholder meetings
 - HPP field project officers
 - Regional emergency coordinators (RECs)
 - NDMS Federal Patient Movement HQ representatives
 - Federal Coordinating Center (FCC) coordinators and directors
- Understand your state, territorial, tribal, and local partner patient movement and federal patient movement plans
- Sign up to be a definitive care facility to participate in NDMS system-wide full scale and functional exercises (VA & DoD sponsored)
 - Receive credit for these exercises for the HPP NOFO
- Communicate with NDMS Federal Patient Movement representatives- challenges and barriers for your coalition in engaging support for facility leadership to participate in the program
 - Supply chain disruption, staffing, etc.? We want to know how we can continuously evaluate the Definitive Care program to allow you to be successful with providing patient care to those in need.

Q&A Panel

