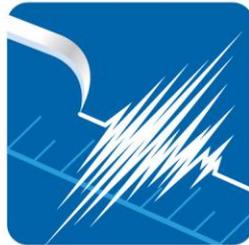


# HEALTHCARE READY

STRENGTHEN. SAFEGUARD. RESPOND.



03.31.2017

Chronic Care Roundtable

*Please take a moment to answer the poll question (right panel)*

# Agenda

- Introduction of Healthcare Ready and roundtable series
- Overview of the needs of chronic disease patients during disasters
  - *Discussion*
- Best practice: KCER program
- emPOWER Initiative
- Discussion
- Exploration of next steps

# Speakers

**Nicolette Louissaint, PhD**

Director of Programming, Healthcare Ready



**Laura Runnels**

Facilitator, LARC



# Speakers

## **Pam Allweiss, MD, MPH**

Medical Officer, CDC Division of Diabetes  
Translation



## **Keely Smith, BS**

Kidney Community Emergency Response Program  
(KCER) Manager

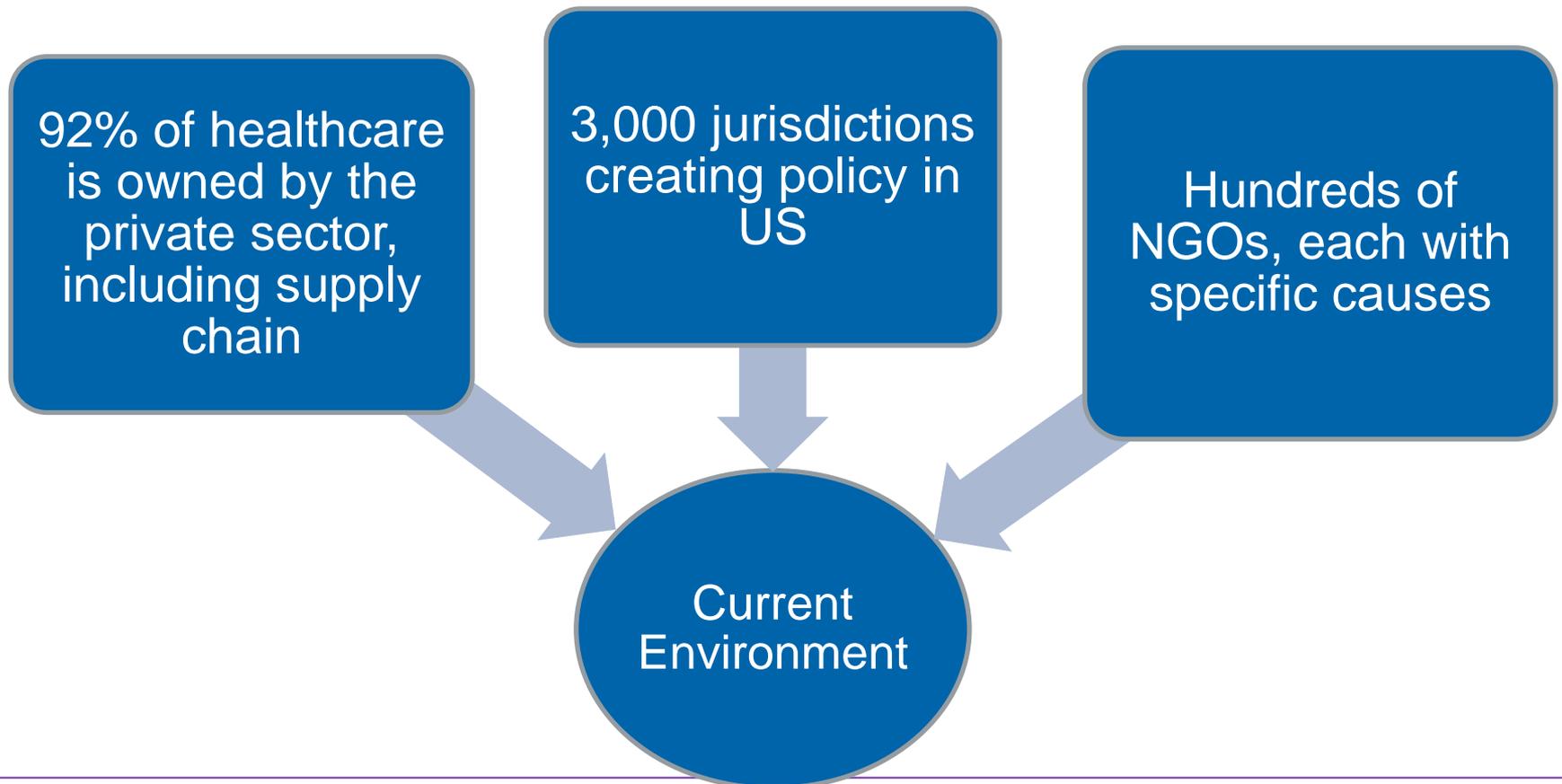


## **Kristen Finne**

Program Manager, HHS emPOWER Initiative



# Healthcare Ready: Why We Exist



In order to build community and business resilience it is critical that all sectors are interconnected.

**This is doubly true during times of disaster and disease.**

# 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%

# Healthcare Ready In Action

Created global supply chain snapshots to educate policy makers on the role of distribution

Partnered with CDC/NACCHO/ to develop a pharmacy pandemic text messaging program to increase patient medicine adherence

Protecting communities with [Rx Open](#), an interactive map of open pharmacies after disasters

Completed study with HHS on private sector access into disaster sites to limit disruption to healthcare delivery

Coordinated medicine and supply donations for dozens of responses, including Hurricane Sandy

# Poll Question

**Which vulnerable population is of greatest concern to your community or organization?**  
(Select answers in right panel)

# Overview and Impact of Chronic Disease Patients and Vulnerable Populations during Disasters/Emergencies



**Pamela Allweiss, MD, MPH**

**[pca8@cdc.gov](mailto:pca8@cdc.gov)**

**Office of Non-communicable Diseases, Injury and Environmental Health**

**National Center for Chronic Disease Prevention and Health Promotion**

**Division of Diabetes Translation**

The findings and conclusions in this presentation are those of the presenters and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

# Why Are We Talking About Disasters And Chronic Conditions?

## NCDs

- **Worldwide epidemic of chronic disease or Non Communicable Disease (NCDs)**
- **Over 130 million people in US**
- **Diabetes can be a model of chronic disease**

## Impact of Disasters

- **Disasters particularly adversely impact persons with chronic diseases and those living with disabilities**
- **People with chronic diseases need long-term medication and follow-up which may be interrupted or stopped as a result of disasters**

## Continuity of Care

- **Conditions created by disasters contribute to rapid worsening of a chronic illness that was under control**
- **Interruptions in medication regimens and needed assistance can exacerbate underlying conditions and increase the risk of morbidity and mortality**

# Why Are We Talking About Disasters And Chronic Conditions?

## **Populations**

Older people and populations whose health is already compromised are more vulnerable than healthy people to the stresses and disruptions caused by disasters

## **Preparedness**

Early decisions and plans can help decrease later exacerbations of chronic conditions after a man made or natural disaster

## **Training**

The challenge of teaching people to be prepared: Similar barriers in teaching people self management skills for any chronic condition

# Definitions Of Vulnerable Pandemic And All-hazards Preparedness Act (PAHPA) “At-risk Populations”

People with limited English language skills

Geographically or culturally isolated people

Homeless people

Senior citizens

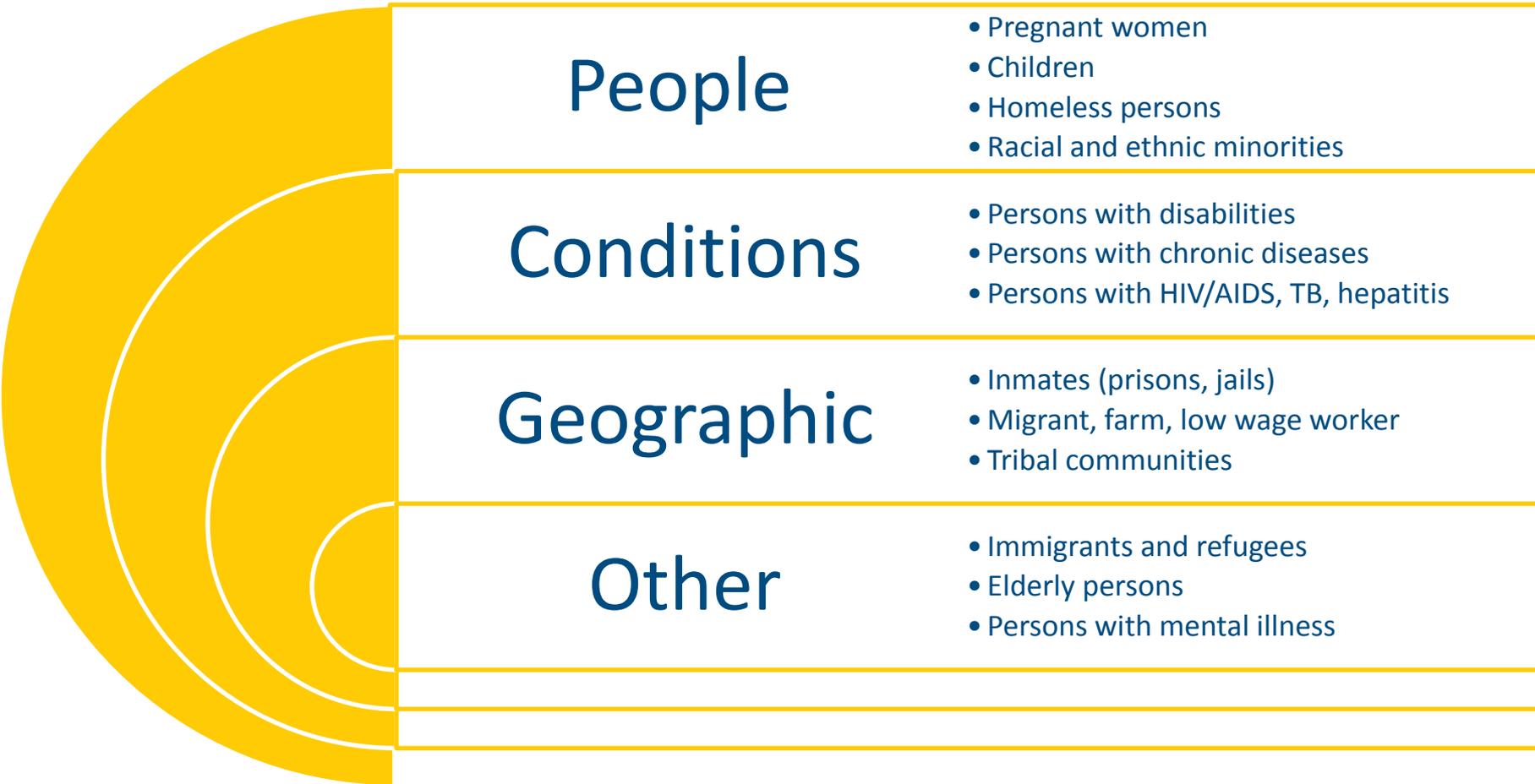
Children

People who are physically or mentally disabled

Where is the 28 year old with diabetes or the 45 year old with seizures, people who are not disabled until they are without meds?

**BUT** People with chronic conditions fall through the classification cracks and fall through the planning and policy cracks

# Pre-Pandemic Planning: Determinants of Vulnerability (Definitions)



## People

- Pregnant women
- Children
- Homeless persons
- Racial and ethnic minorities

## Conditions

- Persons with disabilities
- Persons with chronic diseases
- Persons with HIV/AIDS, TB, hepatitis

## Geographic

- Inmates (prisons, jails)
- Migrant, farm, low wage worker
- Tribal communities

## Other

- Immigrants and refugees
- Elderly persons
- Persons with mental illness

**Many of the above groups have a higher prevalence of chronic medical conditions**

# Rationale For Engagement

## Prevalence of chronic and pre-existing conditions in affected areas before Katrina

Unadjusted Prevalence, by Treatment Received, Adults Aged 18+ or Older, New Orleans—Metairie—Kenner, La, Metropolitan/Micropolitan Statistical Area, BRFSS, 2004

Condition	Treatment	% (95% CI <sup>a</sup> )
Diabetes	Oral glucose-lowering medications	79.4 (71.1-85.8)
	Insulin	24.6 (18.0-32.6)
Angina or coronary heart disease	Aspirin	72.6 (58.5-83.3)
Myocardial infarction	Aspirin	89.1 (77.3-95.2)
Stroke	Aspirin	67.9 (49.2-82.1)
Hypertension	Antihypertensive medications	81.1 (76.5-85.0)
Current asthma	Asthma medication during past 30 days	57.7 (44.3-70.0)

<sup>a</sup>CI indicates confidence interval.

# Rationale For Engagement

***Mississippi: 7.9% or 225,000 have diabetes***

700,000+ are at increased risk of undiagnosed diabetes  
(overweight and/or sedentary lifestyle)

***Louisiana: 7% - 10.9%, depending on ethnicity***

Highest death rate due to diabetes in the US (BRFSS 2004)

***Katrina evacuees:***

***Adult Health responses - Diabetes: 14.6 - 17.3%***

***Percentage of adults with chronic conditions: 46.3 - 58.8%***  
([www.childrenshealthfund.org](http://www.childrenshealthfund.org))

# What Have We Learned From Past Disasters?

## Some documentation of worse diabetes control

- Older adults experienced disruptions in quality of life status and medical care for pre-existing chronic conditions such as CVD, diabetes
- Since diabetes is considered a chronic disease, treatment is delayed until things become more serious and need emergency help

## Shelter problems that could exacerbate problems with glucose control

- Infection, lack of water, diet high in simple carbs
- Cases of gangrene, DKA reported in shelters
- Hurricane Andrew: Insulin supplies depleted

## Propose governments develop special programs to teach basic diabetes information to emergency personnel

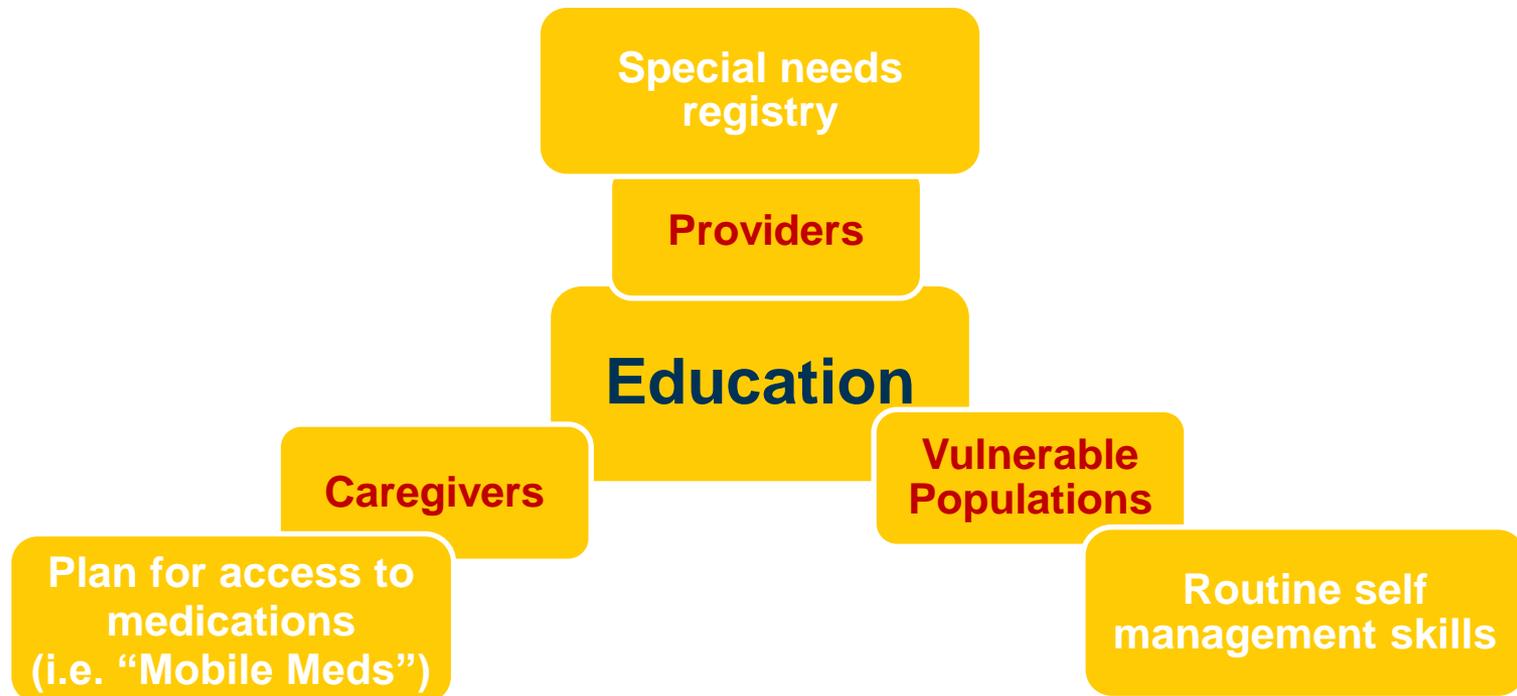
- Recommend that anti-disaster programs address psychological interventions in people with chronic conditions
- Make assessments 3-5 days post hurricane rather than 10-14 days so appropriate meds and supplies could be deployed to help the chronic conditions in older adults

Arch Int. Med. 158 (1998) 274-278  
Diab res and clin prac 36(1997) 193-197  
Diabetes care 18 1995 1313-1311  
MMWR 53:837-840 2004

# Challenges: Preparedness Education

**The Ostrich Paradox:**

**Why we don't prepare enough for disasters (Berkeley Greater Good)**



**Include State Unit and Area Agencies on Aging, and community based organizations during planning**

# Challenges: Preparedness Education

## Kentucky Department for Public Health: Community Assessment for Public Health Emergency Response (CASPER)

- Damage to homes
- Access to household utilities
- Incidence of disaster-related illness and injury
- Access to food and water
- Access to medical care or medication
- Emotional stress and anxiety

**High prevalence of chronic disease and need for specialty care**

**50%+ had at least 1 chronic condition**

# What Can We Do?

## State and Local Public Health Education

Implement preparedness education programs based on identified needs  
(FEMA “bake” whole community needs into the planning)

CDC Public Health  
Readiness Certificate  
Program

Partners:  
Public &  
private –  
make new  
friends!

Coordinate  
educational  
planning  
and  
programs

NACCHO Medical  
Reserve Corps:  
Emergency  
preparedness and  
other aspects of public  
health (obesity,  
cancer, hypertension,  
HIV)

National orgs for  
providers and  
consumers (American  
Diabetes Association,  
American Heart  
Association, etc.)

Each state has a  
disaster  
preparedness  
team AND a  
chronic disease  
team

Maximize use of  
available local  
and regional  
educational  
resources

# How Do We Empower People To Follow The Messages?



- **Individual preparedness for people with chronic disease**
- **Self Management Education: module for all chronic conditions asthma, heart disease etc.**
- **Create policies to empower**
  - Example: “Disaster over-ride” like “vacation over-ride” to enable people to have extra meds
- **Build up the infrastructure and connections**

# Identifying Vulnerable Older Adults: Options For Increasing Their Protection During Events

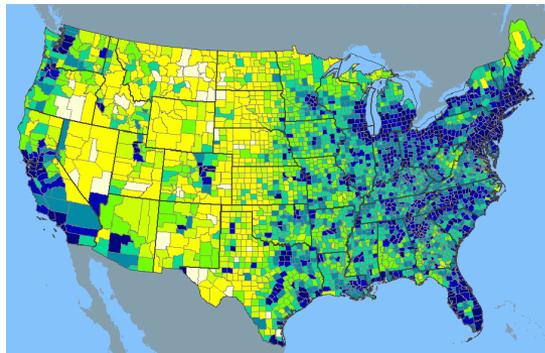


**Characterizing the Population**

**Using Geographic Information Systems (GIS)**

**Building, maintaining, and using registries**

**Using shelter intake procedures to identify vulnerable older adults in the community**



[www.cdc.gov/aging](http://www.cdc.gov/aging)

# What Are Our Messages?

## Emergency Preparedness and Response

### Emergency Preparedness & Response

Specific Hazards

Preparedness for All Hazards

What CDC Is Doing

What You Can Do

Blog: Public Health Matters

What's New

A - Z Index

[Emergency Preparedness & Response](#) > [What You Can Do](#)

### 1. GET A KIT

## Gather Emergency Supplies

If disaster strikes your community, you might not have access to food, water, or electricity for some time. By taking time now to prepare [emergency water supplies](#), [food supplies](#) and [disaster supplies kit](#), you can provide for your entire family.



Even though it is unlikely that an emergency would cut off your food supplies for two weeks, consider maintaining a supply that will last that long.

You may not need to go out and buy foods to prepare an emergency food supply. You can use the canned goods, dry mixes, and other staples on your cupboard shelves.

Having an ample supply of clean water is a top priority in an emergency. A normally active person needs to drink at least 2 quarts (a half gallon) of water each day. You will also need water for food preparation and hygiene. Store at least an additional half-gallon per person, per day for this.

Store at least a 3-day supply and consider storing a two-week supply of water for each member of your family. If you are unable to store this much, store as much as you can. You can reduce the amount of water your body needs by reducing activity and staying cool.

And don't forget to take your pets and service animals into account!

### Disaster Supplies Kit

A disaster supplies kit is a collection of basic items that could be needed in the event of a disaster.

**Assemble the following items to create kits** for use at home, the office, at school and/or in a vehicle:

- Water—one gallon per person, per day (3day supply for evacuation, 2week supply for home)
- Food—nonperishable, easytoprepare items (3day supply for evacuation, 2week supply for home)
- Flashlight
- Batterypowered or handcrank radio (NOAA Weather Radio, if possible)
- Extra batteries
-  First aid kit
- [Medications \(7day supply\) and medical items](#)

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### Contact Us:

 Centers for Disease Control and Prevention  
1600 Clifton Rd  
Atlanta, GA 30333

 800-CDC-INFO  
(800-232-4636)  
TTY: (888) 232-6348

New Hours of Operation  
8am-8pm ET/  
Monday-Friday  
Closed Holidays

 [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)



[REPORT AN EMERGENCY](#)

# What Are Our Messages?

Font Paragraph Styles

## Ready America

Prepare. Plan. Stay Informed.

When preparing for a possible emergency situation, it's best to think first about the basics of survival: **fresh water, food, clean air** and **warmth**.

### Recommended Items to Include in a Basic Emergency Supply Kit:

- **Water**, one gallon of water per person per day for at least three days, for drinking and sanitation
- **Food**, at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- **First aid kit**
- Whistle to signal for help
- **Dust mask**, to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Local maps
- Cell phone with chargers

### Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications and glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container
- Cash or traveler's checks and change
- Emergency reference material such as a first aid book or information from [www.ready.gov](http://www.ready.gov)

# What Are Our Messages?

## *OPHPR 2012 Consensus Conference on Medications for People with Chronic Medical Conditions*

- **Multiple players**
- **How to work with established networks like stockpile or medication distribution agents**
- **Look at example of vacation over-ride**
- **Post Hurricane Sandy: identified a “chronic disease coordinator”**
- **More education of providers and consumers about preparedness**
- **Know the burden of chronic disease**
- **Make new friends. Exchange business cards BEFORE the disaster**
- **Develop a formulary for a cache of chronic medications that could augment the cache of an existing Medical Response Team (federal, state, or local)**

# Examples of Some Proactive Solutions for Chronic Medication Access

- *Employ automatic messaging, tailored from large chain retail pharmacy: A Public-Private Partnership for Proactive Pharmacy-Based Outreach and Acquisition of Needed Medication in Advance of Severe Winter Weather* ([JAMA Intern Med.](#) 2017 Feb 1;177(2):271-272)
- *ASPR initiative:*  
The Prescription Medication Preparedness Initiative (PMPI)  
<https://www.phe.gov/about/OPP/dhsp/Pages/pmpi.aspx>

# General Diabetes Emergency Plans

- **Available plans and guidance:**
  - Some Things to Remember about Your Insulin and Syringes
  - Some Things to Remember about Diabetes Pills
  - Things to Remember about Your Food Supplies
  - Things to Remember about Your Meal Plan
  - Things to Remember about Your Feet
  - Hypo and Hyperglycemia Treatments
  - General Emergency Principles

<https://www.cdc.gov/diabetes/ndep/people-with-diabetes/emergency.html>

# Summary

- Natural disasters have major economic, clinical and public health consequences
- Current preparedness efforts often neglect, or pay inadequate attention to people with chronic diseases
- Attention to these populations offers opportunities for improved preparedness and resiliency
- New emphasis offers opportunities for improved preparedness and health protection
- Surveillance, policy development, and assurance remain core functions (all hazards)

# Poll Question

**When disaster strikes, our normal way of doing things is disrupted.**

**Pick three areas in which system failure would cause the most disruption when thinking about disaster and individuals that need care for chronic conditions.**

(Select answers in right panel)

# Questions For The Speaker

Use the chat feature (right panel) to type questions to the speaker. The moderator will read the questions and allow all speakers to respond.



**Pamela Allweiss, MD, MPH**  
**[pca8@cdc.gov](mailto:pca8@cdc.gov)**



# Kidney Community Emergency Response (KCER) Program

Keely Smith, Manager

March 31, 2017

- History
- Mission and vision
- Objectives
- Activities

# History

- The first National Disaster Summit for the kidney community was held in Washington, D.C., in January 2006. During the Summit, the KCER Program was formed in an effort to minimize disruption to dialysis and transplant services during emergencies.
- The KCER Program is made up of partners from and represents the entire kidney community:
  - Patient and professional organizations, nurses, technicians, dietitians, social workers, and physicians.
  - Providers, including independent dialysis facilities, large dialysis organizations, and transplant facilities.
  - Hospitals.
  - Suppliers.
  - ESRD Networks.
  - State emergency and State Survey Agency representatives.
  - Federal agencies, including CMS.
- The KCER Program continues to hold annual Summit meetings to promote emergency preparedness in the kidney community.

# Mission and Vision

**Develop, manage, and maintain a coordinated preparedness and response program for the kidney community**

Serve as the leading authority on emergency preparedness and response for the kidney community by providing structure and guidance that address the needs of emergency management officials and the ESRD community nationwide

# Objectives

## Objective 1

Coordinate continuing care and access to services for dialysis patients during emergencies or disasters

## Objective 2

Provide technical assistance to the ESRD Networks, kidney organizations, and other groups

## Objective 3

Ensure timely and efficient disaster preparedness, response, and recovery for the kidney community

## Objective 4

Incorporate the patient's voice in all activities and within the emergency community as a whole

# Activities: Workgroups and Responsibilities

## Communications

- Improve the use of communication technologies to ensure that information is available to help the kidney community provide continuity of care during an emergency or disaster

## Facility Operations

- Facilitate cooperative planning among the wide variety of dialysis facilities, ESRD Networks, and community disaster planners, and assist with facility preparation, response, and recovery efforts

## Pandemic and Infectious Disease

- Develop and disseminate plans to support the kidney community's ability to care for patients in the event of emerging and widespread infectious disease

## Physician Expert

- Provide nephrology expertise and management for patients with kidney failure and kidney transplant patients during a large-scale crisis

## Clinical Practice

- Composed of physicians, nurse practitioners, certified nephrology nurses, social workers, dietitians, facility administrators, and patients

## Training and Exercise

- Responsible for the development of a training program to enhance the kidney community's response to emergencies and disasters

# Activities: Workgroups and Responsibilities

## Activity

### Foster Patient and Family Engagement (PFE) in Emergency Planning

- Convene the National KCER PFE Learning and Action Network (LAN)
- Provide the patient perspective in the efforts to improve emergency planning
- Support the development of a national emergency quality improvement activity (QIA) or campaign
- Participate in planning for the KCER National Summit

## Activity

### Technical Assistance for Networks, Facilities, and Patients

- Support the Networks in fulfilling their contract responsibilities
- Conduct an educational needs assessment to determine gaps and areas of opportunity
- Develop and implement an educational plan based on the needs assessment analysis
- Recruit facilities for pilot testing of materials and methods of distribution for at least one national emergency or disaster campaign

# Activities: Workgroups and Responsibilities

## Activity

### Responsibilities for Emergency and Disaster Management

- Convene and coordinate national stakeholders in an organized approach to ESRD emergency management
- Plan, facilitate, and conduct a national emergency preparedness exercise with all Networks participating
- Support Networks, providers, beneficiary groups, patients, and other stakeholders during an emergency situation
- Partner with stakeholders to ensure patient access to care following an emergency situation

## Activity

### Treatment and Medicine Recall Alerts

- Monitor for treatment and medical recall notices related to dialysis services and inform community as appropriate
- Gather input from stakeholders to enhance the process as the needs of the community evolve

# How You Can Get Involved?

- Join committees and workgroups
- Encourage your patients to Volunteer as a Subject Matter Expert (SME) with the N-KPFE-LAN
- Be active participants in the national campaign and encourage facility participation
- Be an emergency preparedness peer mentor for other dialysis staff
- Become familiar with the KCER website and resources

# Contact Us

## **KCER**

Website: [www.KCERcoalition.com](http://www.KCERcoalition.com)

KCER hotline: 866.901.3773

[KCERinfo@hsag.com](mailto:KCERinfo@hsag.com)

## **Keely Smith, BS**

*KCER Manager*

Health Services Advisory Group

813.865.3555

[ksmith@hsag.com](mailto:ksmith@hsag.com)

# HHS emPOWER Initiative

Using Federal Health Data and Mapping to Advance  
Emergency Preparedness, Response, Recovery and Resilience



Data  
Awareness  
Preparedness  
Resilience

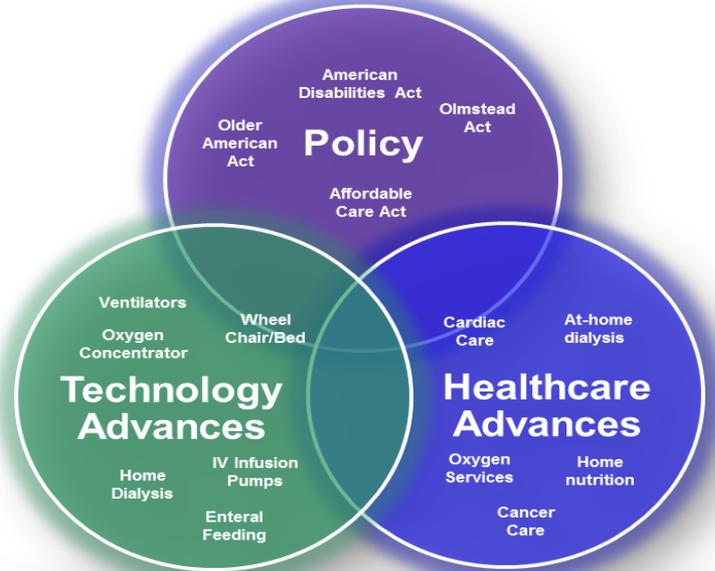


**Kristen P Finne**  
Lead, HHS emPOWER Initiative  
Senior Policy Analyst, Division of Health Systems Policy  
Office of the Assistant Secretary for Preparedness and Response  
U.S. Department of Health and Human Services

# Do you know who lives in your community and what their needs are?

Can we help a community better understand how many at-risk individuals rely upon electricity-dependent medical and assistive equipment, healthcare services, and their local healthcare system- daily, weekly, monthly?

Can we better understand, assess, and mitigate disaster-induced healthcare system stress and its impact on access, utilization, and health outcomes for at-risk populations?

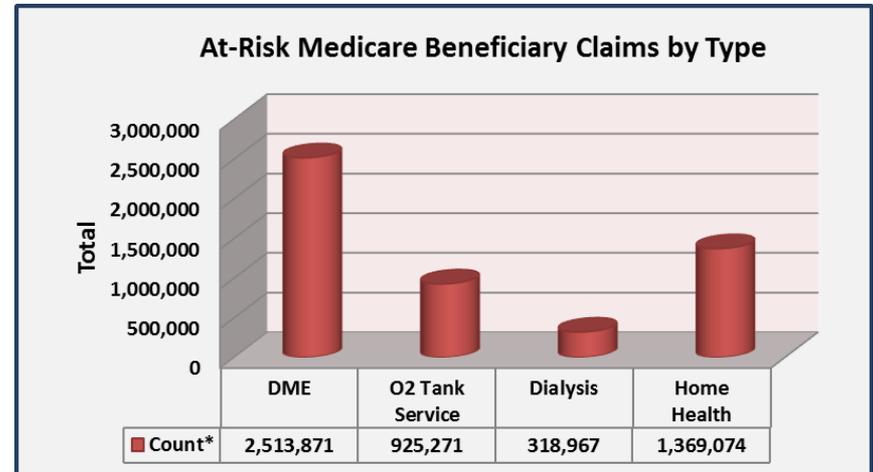
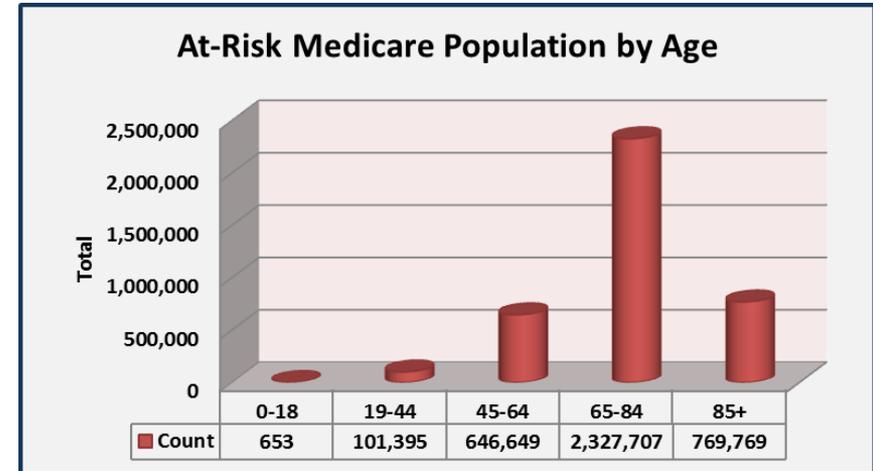




# National Medicare HHS emPOWER Dataset



- **3.8M\*** at-risk Medicare beneficiaries living at home independently
- **Medicare at-risk data types include:**
  - Electricity-dependent durable medical equipment (DME) and cardiac devices
    - Ventilators
    - BiPaps
    - Oxygen concentrators
    - Enteral feeding machines
    - Intravenous (IV) pumps
    - Suction pumps
    - At-home dialysis machines
    - Electric Wheelchairs & Scooters
    - Electric Beds
    - Cardiac Implantable Devices (LVADs, RVADs, BIVADs, TAHS)
  - Health Care Services
    - Oxygen (O<sup>2</sup>) Tank Services
    - Dialysis Services
    - Home Health Services
- **Medicare at-risk data types include:**
  - De-identified-restricted & public
  - Individual-restricted to public health authorities



Data as of 9/30/2016

\*Total adjusted to only count Medicare beneficiaries once regardless if they have 1 or more types of DME, devices and or healthcare service(s).

# HHS emPOWER Map

## Community Public Map-- People Helping People at the Zip Code Level

U.S. Department of Health & Human Services  
Office of the Assistant Secretary for Preparedness and Response

Preparedness Emergency About ASPR

### Public Health Emergency

Public Health and Medical Emergency Support for a Nation Prepared

#### HHS emPOWER Map

Over 2.4 million Medicare beneficiaries rely upon electricity-dependent medical and assistive equipment, such as ventilators and wheel chairs, in our communities. Severe weather and disasters that cause power outages can be life threatening for these individuals.

How can we empower community and electricity-dependent Medicare beneficiary health resilience?

Every hospital, first responder, electric company, and community member can use the map to find the monthly total of Medicare beneficiaries with electricity-dependent equipment claims at the U.S. state, territory, county, and zip code level and turn on "real-time" NOAA severe weather tracking services to identify areas and populations that may be impacted and at risk for power outages.

Together, we can all better anticipate potential access and functional needs, emergency plan for the whole community, and assist our at-risk community members before, during, and after an emergency.

Medicare Data Totals (for geographical area)	Electricity-Dependent	National Flood Outlook
Geographic Area: Texas	0	Likely
Beneficiaries: 3,322,796	1 - 3,233	Occurring or Imminent
Electricity-Dependent Beneficiaries: 153,277	3,234 - 7,328	Possible

**"Medicare Data Meets NOAA Weather Data In Your Community"**

Medicare Data Totals (for geographical area)	Electricity-Dependent	National Flood Outlook
Geographic Area: Fort Bend	0	Likely
Beneficiaries: 35,812	1 - 1,577	Occurring or Imminent
Electricity-Dependent Beneficiaries: 1,226	1,578 - 3,524	Possible

State

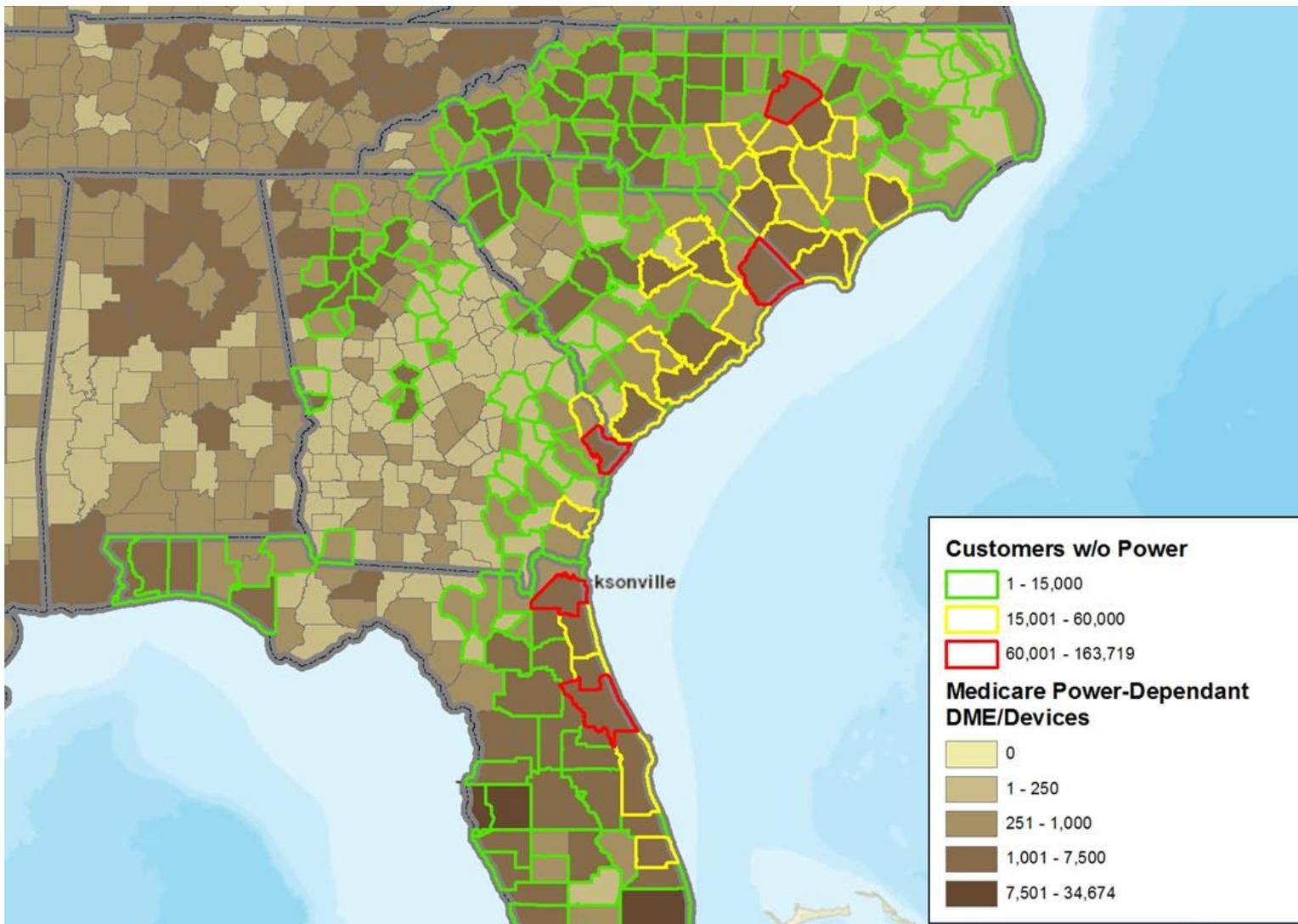
Medicare Data Totals (for geographical area)	Electricity-Dependent	National Flood Outlook
Geographic Area: Fort Bend	0	Likely
Beneficiaries: 35,812	1 - 93	Occurring or Imminent
Electricity-Dependent Beneficiaries: 1,226	94 - 171	Possible

County

Medicare Data Totals (for geographical area)	Electricity-Dependent	National Flood Outlook
Geographic Area: 77489	0	Likely
Beneficiaries: 2,900	1 - 93	Occurring or Imminent
Electricity-Dependent Beneficiaries: 157	94 - 171	Possible

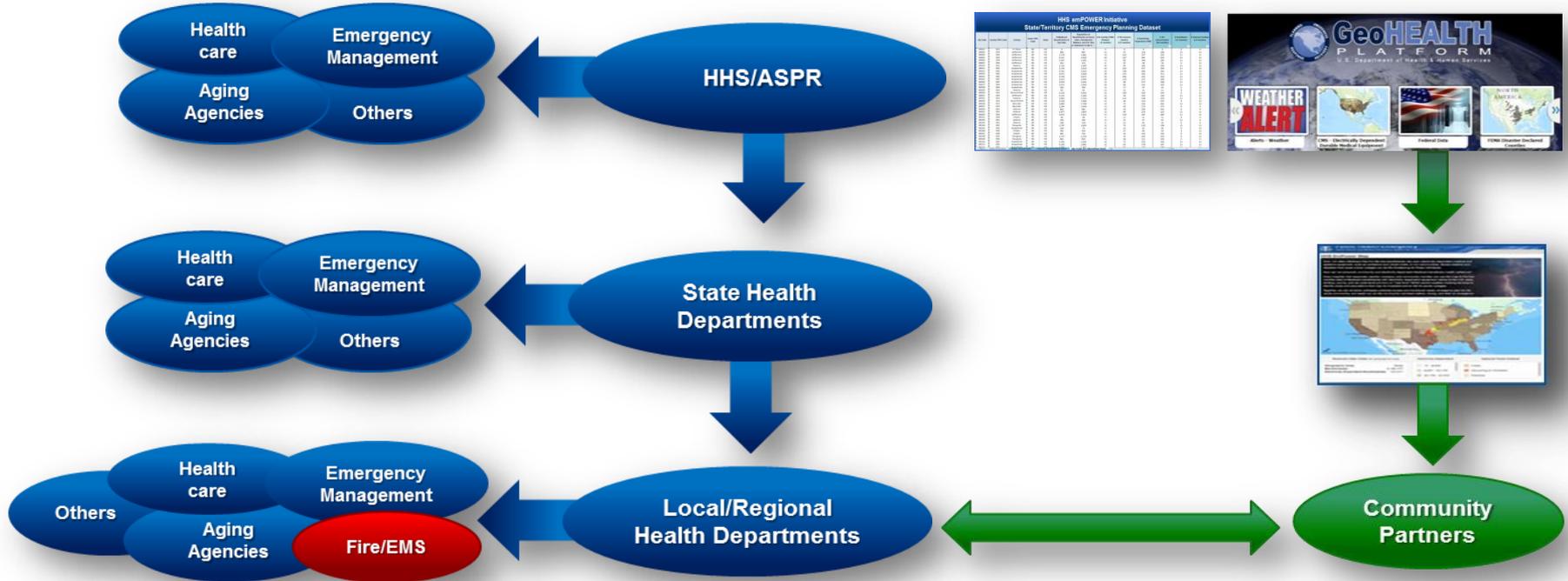
Zip Code

# 2016 Medicare Power-Dependent DME/Devices in Areas of Power Outages During Hurricane Matthew



# HHS emPOWER Initiative

Integrating Public Health, Emergency Management, Healthcare, & Aging Systems



## Pre-Event Emergency Planning (De-identified):

- Population-Based Situational Awareness
- Emergency Planning Activities & Plans
- Develop Systems, Processes & Triggers
- Identify Resources for Scenarios
- Sets Stage for Life-Saving Outreach
- Other Considerations

## Emergency Response & Notification (De-identified/Individual):

- Activate Emergency Plans
  - Population Based
  - Individual Outreach
- Deploy Emergency Response Assets
- Activate Communications Network
- Other Considerations



# Contact Information



## HHS emPOWER Initiative Contact:

**Kristen P. Finne**

Lead, HHS emPOWER Initiative

Senior Policy Analyst, Division of Health Systems Policy

Office of the Assistant Secretary for Preparedness and Response

U.S. Department of Health and Human Services

Office: 202-691-2013

Email: [kristen.finne@hhs.gov](mailto:kristen.finne@hhs.gov)

HHS emPOWER Map: [empowermap.phe.gov](http://empowermap.phe.gov) – “moving to [www.empowermap.hhs.gov](http://www.empowermap.hhs.gov) soon!”

HHS GeoHealth emPOWER Rest Service:

[https://geohealth.hhs.gov/dataaccess/rest/services/CMS\\_DME/HHS\\_CMS\\_DME\\_ESRD\\_onlyAll/MapServer](https://geohealth.hhs.gov/dataaccess/rest/services/CMS_DME/HHS_CMS_DME_ESRD_onlyAll/MapServer).

Web: [www.phe.gov](http://www.phe.gov)

## **ASPR Tools & Resources—More to come!**

- HHS emPOWER Map (emPOWER): [empowermap.phe.gov](http://empowermap.phe.gov) “moving to [www.empowermap.hhs.gov](http://www.empowermap.hhs.gov) soon!”
- HHS GeoHealth Platform (formerly MedMap): [www.geohealth.hhs.gov](http://www.geohealth.hhs.gov)
- HHS Technical Resources Assistance Center and Information Exchange (TRACIE) <https://asprtracie.hhs.gov/>
- HHS Response and Recovery Resources Compendium:  
<http://www.phe.gov/emergency/hhscapabilities/Pages/default.aspx>

# Poll Question

**Mark the response that best matches your organization's current status.**

(Select answers in right panel)

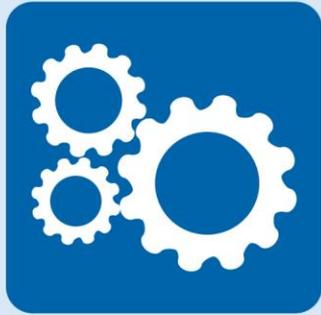
# Discussion With The Speakers

Use the chat feature (right panel) to type questions to the speaker. If you prefer, the operator will provide instructions to open your line to ask a question.

The moderator will share the questions and allow speakers to respond.

# Discussion With The Speakers





[www.HealthcareReady.org](http://www.HealthcareReady.org)

[www.rxopen.org](http://www.rxopen.org)

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Thank You

