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serve, looking back with profound gratitude to the people and organizations that have supported us, and looking forward to the challenges and opportunities ahead. Since the post-Katrina era of 2007, we have seen the healthcare community evolve from a focus on response to preparedness and now to creating broader resilience.

Disasters affect everyone, and we hope to share what we've learned while also creating a space for others to share their perspectives and make their voices heard. We will continue to engage people across the healthcare sector and identify and highlight those innovations that promote and strengthen public health.

The work of Healthcare Ready is only possible through the support and leadership of our directors, donors, sponsors and the countless public, private and nonprofit professionals in our network. We are indebted to you and proud to be associated with you all.

Emily Lord, President, Executive Director, Healthcare Ready

Paul Aines, Treasurer, Chief Financial Officer, Pharmaceutical Researchers and Manufacturers of America

Bruce Altevogt, PhD, Director of Science Policy and Science Advocacy, Pfizer

Phyllis Arthur, Senior Director for Vaccines, Immunotherapeutics, and Diagnostics Policy, Biotechnology Innovation Organization (BIO)

Mary Casey-Lockyer, RN, Senior Associate for Disaster Health Services, American Red Cross

Perry L. Fri, Executive Vice President of Industry Relations, Membership and Education, Healthcare Distribution Alliance

Asha George, DrPH, Co-Director, Blue Ribbon Study Panel on Biodefense

Greg Halvacs, Senior Vice President and Chief Security Officer, Cardinal Health

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Matthew Minson, MD, Physician, Author, Educator at Texas A&M University; Superior Energy Services Inc.

Christine Simmon, JD, Senior Vice President for Policy and Strategic Alliances, Generic Pharmaceutical Association (GPhA)

Andrew Weber, Senior Fellow, Belfer Center for Science and International Affairs at the Harvard Kennedy School; Former Assistant Secretary of Defense
2016 was a transformational year for Healthcare Ready. Our leadership continued to solidify their expertise and were sought after speakers, presenting at a wide range of events and establishing themselves as thought leaders through op-eds, articles, and interviews. The organization continued to build credibility, authoring a ground-breaking report commissioned by the Department of Health and Human Services (HHS) leadership and developing and delivering trainings to many audiences. The organization also remained a steadfast response partner to all sectors, from providing direct coordination support during Hurricane Matthew to offering policy recommendations to Flint, MI officials.

**OUTREACH**

- **180K** Twitter Impressions
- **16,000** Website Views
- **12,000** Website Users
- **53** Non-disaster requests for information or assistance
- **18** Blogs by Healthcare Ready Leadership
- **8** Blogs from partners
- **1,112** Americans Polled

**VISIBILITY & PROGRAMMING**

- 27 Speaking Engagements
- 7 Webinars Hosted
- 5 Op-Eds Published
- 6 Interviews and Media Mentions
- 5 Articles Published
- 1 Groundbreaking Report

**EMERGENCY ASSISTANCE & ACTIVATIONS**

- 27 Days activated for emergency responses
- 25 Requests for assistance during disasters
- 5 Types of public health emergencies supported
In March, as concern over the Zika virus spread, Healthcare Ready President and Executive Director Emily Lord was quoted in an NBC News article on the role worried Americans could play in spot shortages.

In an article on “What You Need to Know about Zika,” Healthcare Ready Director of Programming Nicolette Louissaint was interviewed to help the general public become more informed about the virus.

In September, the day after CMS finalized a rule on emergency preparedness many in the healthcare community had been following for over two years, Emily Lord was interviewed and quoted by the New York Times in an article on the implications of the rule.

Emily Lord was invited to present on the CMS Emergency Preparedness Rule at the MESH Healthcare Coalition’s Grand Rounds series in December.

The results and analysis of Healthcare Ready’s national poll on attitudes towards preparedness was covered by New Orleans’ The Times-Picayune, FierceHealthcare, and Provider magazine.
Healthcare Ready serves as an ISAC (Information Sharing and Analysis Center) on the National Council of ISACs (NCI). On the NCI, Healthcare Ready works on coordinating private sector non-cyber healthcare preparedness and emergency responses issues with the Department of Homeland Security. During emergencies, Healthcare Ready works in coordination with a number of ISACs across sectors including transportation, energy, and telecommunications.

Recognizing Healthcare Ready’s vital work supporting state and local agencies, the National Lieutenant Governors Association passed a resolution encouraging all state and local officials to share plans and coordinate with Healthcare Ready.
Healthcare Ready leadership are recognized experts on public health preparedness policy on a range of issues. From sitting on panels discussing cybersecurity concerns for healthcare to being a leading voice on the CMS emergency preparedness rule, Healthcare Ready was a sought after voice in policy arenas.

Notable Events

1. The CMS Rule on Emergency Preparedness – Challenges and Opportunities for Healthcare Coalitions, National Healthcare Coalition Conference


4. Building Resilience and Recovery Capacity: Investments in Infrastructure and Response Coordination, Democratic Governors Association

5. Informal Coalition on Biodefense and Public Health Preparedness Meeting
EMILY LORD PRESENTING ON THE ROLE OF HEALTHCARE PREPAREDNESS FOR THE RELEASE OF THE TRUST FOR AMERICA’S HEALTH BLUEPRINT REPORT RELEASE AT THE NATIONAL PRESS CLUB.

EMILY LORD PRESENTS ON THE ROLE OF PARTNERSHIPS IN HEALTHCARE RESILIENCE AT THE ANNUAL HEALTHCARE AND PUBLIC HEALTH SECTOR PARTNERSHIP MEETING AT HHS HEADQUARTERS.

EMILY LORD SPEAKS ON A PANEL AT THE DEMOCRATIC GOVERNORS ASSOCIATION WITH TERRY MCAULIFFE, GOVERNOR OF VA, AND THE VA HOMELAND SECURITY ADVISOR BRIAN MORAN, AND DANNEL MALLOY, GOVERNOR OF CONNECTICUT.
February: The Zika Test
U.S. News and World Report published Emily Lord and Nicolette Louissaint’s op-ed on the opportunity Zika presents to strengthen the healthcare system for disease outbreaks and pandemics.


May: Strengthening healthcare and pharmaceutical supply chains is critical for healthcare resiliency
Pharmaceutical Commerce ran Emily Lord’s op-ed on the importance of strengthening healthcare supply chains and involving the private sector in preparedness and response.


June: Complexity of healthcare requires a new approach to disaster preparedness
Modern Healthcare published Emily Lord’s op-ed on the need to focus on building community resilience rather than focus on individual preparedness.


July: Bringing Public Health Preparedness Into The 21st Century
Domestic Preparedness Journal, a popular industry publication, ran our op-ed on the values of focusing on resilience in the face of the current public health threat environment.


September: Zika, Hurricane Season A Dual Threat
Palm Beach Post published Emily Lord’s op-ed on the dual threat Zika and a hurricane in the South posed underscores the need to formalize partnerships and agreements between the private and public sectors for disaster response.

ACCESS TO DISASTER SITES REPORT


The issue of private sector access to disaster sites is critical to healthcare operations, and the number one request Healthcare Ready receives during activations.

The report included a foreword from former HHS Assistant Secretary for Preparedness and Response, Dr. Nicole Lurie. We were pleased to include Dr. Lurie’s reflections, as she has closely witnessed the impact that this issue has had on healthcare operations during a disaster.

This first-of-its-kind report focuses on three main issues:

- Assessing the impact disrupted access to disaster sites has on patient care;
- Analyzing current solutions being used across the country to address this challenge; and
- Proposed recommendations for public and private stakeholders.

The report housed a resource section for both public and private stakeholders with:

- A state-by-state guide of access programs and approaches in place (with contact information for relevant authorities); and
- Model access programs and legislation by high-performing states and jurisdictions.

Understanding how this recurring challenge impacts communities when they are at their most vulnerable and appreciating why it is such a monumental task for private sector companies to understand the landscape of access programs and laws is a major step in continuing progress on this issue.

We recognize our partners at Deloitte and the HHS Office of the Assistant Secretary for Preparedness and Response Critical Infrastructure Program for their support of the research activities that made this report possible.

Access Denied: By the Numbers

- 125+ Survey responses analyzed
- 25 Interviews conducted
- EIGHT States have a formal access program managed by EMA
- THREE States have formal access program managed by third party
- TWO States have a formal program under development

We were pleased to have data from the report used as an indicator in the Ready or Not report published by Trust for America’s Health in December 2016.
This year Healthcare Ready cemented its place in the public health and preparedness policy arenas by establishing formal positions on a series of issues impacting healthcare and preparedness.

The Zika Outbreak created an immediate need for Healthcare Ready to work within public health coalitions to advocate for emergency supplemental funding to fund the response efforts. As a part of a number of coalitions, including a March of Dimes-led coalition, Healthcare Ready sustained an 8 month effort to push for supplemental funding.

Healthcare Ready leadership continued to shape policy in a number of other fora on a range of issues, including serving on a number of working groups and councils. These include:

- Forum on Medical and Public Health Preparedness for Disasters and Emergencies through the National Academies of Sciences’ Health and Medicine Division
- Healthcare and Public Health Sector Coordinating Council for the Department of Health and Human Services Critical Infrastructure Program
- Disaster Health Committee of the National Volunteer Organizations Active in Disaster (National VOAD)
- Informal Coalition on Biodefense

Informed by our experience and lessons learned from disaster responses, our policy positions were developed with the goal of forming the strongest possible basis for healthcare preparedness, response, and recovery.

Our policy priorities are aligned with our mission of building the resiliency of communities.

**Healthcare Preparedness Funding**

Support of the Public Health Emergency Preparedness funding (PHEP) and the Hospital Preparedness Program (HPP) is vital to ensure that the entire healthcare system, public and private, is collaborating in advance of disasters and disease outbreaks.

**Health Security**

Healthcare and public health infrastructure should be supported by coordinated and flexible funding that can be shifted as needed to provide research and surveillance of current infectious disease threats.

**Lessons Learned from Previous Disasters and Outbreaks**

**Provider Authorities: Using CMS public health emergency waivers to ensure access to healthcare for displaced vulnerable citizens.**

**Role of the Pharmacist:** Increased use of collaborative practice agreements and similar tools in times of disaster and infectious disease outbreaks to ensure pharmacists have the appropriate authority to perform diagnostic tests and dispense medication.

**Access to Disaster Sites**

Bolster state and local private sector disaster programs to ensure the access of critical personnel to resume deliveries of healthcare supplies (e.g., prescription medicines and other durable medical equipment) and essential services.
MAJOR PROGRAMS OF THE YEAR

UNDERSTANDING COMMUNITY PERSPECTIVES

We invested a lot of time learning from providers, patients and experts about their experiences and current needs in healthcare and public health preparedness. These voices will continue to inform our work on policy and programmatic initiatives in the years to come.

Building a “Braintrust”

Continuing an effort initiated in 2015, Healthcare Ready leadership spent early 2016 building a “braintrust” of healthcare and resilience experts. The Healthcare Ready team spent months on a listening campaign to hear the concerns of healthcare and public health workers, advocates and managers. This “braintrust” has grown the Healthcare Ready network and continues to inform our work and strategy on healthcare preparedness.

Preparedness Poll

Healthcare Ready conducted a nation-wide poll of over 1,100 Americans sampled from across the country on their attitudes towards preparedness in advance of hurricane season. The results revealed important information on Americans attitudes towards disasters, and where they turn for information.

Findings were covered in The Times-Picayune, Provider Magazine, and Fierce Healthcare; and developed into an op-ed for Modern Healthcare.

FOCUS ON HEALTHCARE RESILIENCE

Healthcare resilience and ensuring continuity of healthcare operations is a continued focus, and this was reflected in the projects and reports that we carried out in 2016.

Text-based Messaging Project and Report

In collaboration with the National Association of County and City Health Officials (NACCHO), Healthcare Ready researched pharmacy-based enrollment in public health mobile texting services. Research activities included gathering information and learning about obstacles identified by private sector implementers and policy experts who were working to identify solutions that would benefit patients during emergencies. This research effort culminated in a report exploring the feasibility of pharmacies sending mobile alerts during public health emergencies.

Discussions of findings from the report helped continue the conversation on this issue amongst a number of groups, including the HHS Prescription Medicine Preparedness Initiative.

Overcoming Barriers in the Global Supply Chain

The issue of access to quality and safe medicines both in the US and internationally is multi-layered and complex. Many of the logistical challenges that limit the ability of critical medicines to reach patients are being addressed by both pharmaceutical supply chain distributors and nonprofits, but those challenges – and successful efforts to overcome them – are not widely known or understood.

These infographics were part of an overall project by Healthcare Ready to analyze the bottlenecks that exist in the both the domestic and global pharmaceutical supply chain in normal times and in times of crisis, such as a natural disaster or disease outbreaks), and share some of the current solutions being explored by the private sector to address these challenges.
BUILDING THE KNOWLEDGE BASE

Healthcare Ready continues to harness existing knowledge and convene experts to share information and initiate conversations across sectors. Often this provides an opportunity to create training opportunities for the broader healthcare and public health audience. We were pleased to create and participate in several trainings this year.

Trainings and Webinars

Healthcare Ready continued to expand its training capacity and expertise this year, devising and executing a number of trainings for emergency managers, policy makers and public health officials. In many instances, Healthcare Ready was requested by name to present on webinars.

Pharmaceutical Supply Chain Webinars (supported by the CDC, Division of the Strategic National Stockpile)

Recognizing Healthcare Ready’s demonstrated expertise on the topic, the CDC’s Division of the Strategic National Stockpile (SNS) partnered with Healthcare Ready to develop a training series on the pharmaceutical supply chain for public health preparedness directors and MCM coordinators. The sessions focused on laying out the basics of the supply chain, partnering with the supply chain, and understanding principles of inventory management and drug shortages.

Healthcare Ready staff developed training curricula for the series in collaboration with DSNS staff and coordinated speakers from the private sector. Over 500 participants from all levels of government attended the four-part series.

Access to Disaster Sites Webinar (supported by HHS Critical Infrastructure Protection program)

Following the completion of Access Denied: Delivery of Critical Healthcare Products and Personnel to Disaster Sites, Healthcare Ready worked with HHS to share the findings broadly. Emily Lord and Nicolette Louissaint were invited by HHS to present findings from the report, provide an overview of impacts delayed access to facilities has on healthcare delivery, and discuss recommendations for addressing the issue.

CMS Emergency Preparedness Rule Webinar (in partnership with the Near Southwest Preparedness Alliance and the MESH Coalition)

The release of Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, a regulation mandating specific preparedness activities for 17 different provider and supplier groups, by CMS in September signaled a major shift in healthcare preparedness. With many impacted groups either unaware of the rule or scrambling to learn its requirements, Healthcare Ready established itself early on as an expert and trusted resource through the CMS Knowledge Center on our website and informational webinars.
Activations – 2016 Response Summary

Healthcare Ready led not only some of its largest responses to date in 2016, but also supported response efforts across the spectrum of all hazards. From the natural disasters of Hurricane Matthew and the Baton Rouge Flooding, to the on-going outbreak of Zika, to the man-made public health emergency in the water crisis in Flint, MI, the confluence of this range of events made our mission to build resilience into healthcare and communities more vital than ever before.

2016 By the Numbers

4 Activations
800+ Received Healthcare Ready disaster notifications
2,300+ Viewed Rx Open

27 Number of days activated

DOZENS

Spent over 9 months advocating for Zika response funding and resources with coalition of over 100 partners.

Worked with local officials in Flint, Michigan to discuss policy implications of the water crisis.
August of 2016 saw the worst U.S. natural disaster since 2012’s Hurricane Sandy. Catastrophic flooding in southern Louisiana caused 13 deaths, $8.7 billion in damages, and more than 60,000 damaged homes. 69 health facilities were closed and over 10,000 buildings flooded.

**Assistance to Healthcare and Patients**
- Coordinated a $40,000 grant for a destroyed rural health clinic
- Filled over 100+ donation requests within two hours for two destroyed rural health clinics
- Advocated for activation of the Emergency Prescription Assistance Program (EPAP)
- Coordinated with four chain pharmacies to get offers of mobile pharmacies, out-of-state pharmacists, and armored car deliveries
- Mapped pharmacy status for 7 days

**Response Coordination**
- Contacted directly by Governor’s office to provide daily updates
- Coordinated with largest shelters daily to assess and address patient needs
- Prepared language for mobile alerts to patients from pharmacies
- Reported on status of healthcare supply chains and pharmacies on DHS, HHS and FEMA’s national coordination calls

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**LIKE SO MANY HERE IN LOUISIANA, OUR HEALTH CENTERS WERE FLOODED WHICH PUT LARGE, RURAL COMMUNITIES AT RISK OF HAVING NO ACCESS TO HEALTHCARE, AT A TIME WHEN THEY NEEDED IT THE MOST. HEALTHCARE READY IMMEDIATELY GOT TO WORK, HELPING US WITH THE RESOURCES NECESSARY TO GET UP AND RUNNING, CARE FOR OUR PATIENTS, AND ENSURE OUR COMMUNITY COULD REBOUND FROM THIS DISASTER.**

Tracie Ingram
Rural Health Officer, Office of Public Health, Department of Health Louisiana
Hurricane Matthew

After hammering the Caribbean, causing widespread loss of life and homes, record-breaking Hurricane Matthew pounded the east coast from Florida to Virginia.

The storm caused: 49 deaths in the U.S. and an estimated $6 billion in damage.

Assistance to Healthcare and Patients

- Facilitated donation of over 100 oxygen tanks for shelters in North Carolina
- Identified local pharmacies to fill prescription needs at shelters running on generator power
- Coordinated with pharmacies to donate prescriptions for a local shelter
- Mapped pharmacies in 5 impacted states for 5 days
- Scoped crisis pharmacy and medical needs for local communities

Response Coordination

- Coordinated police escorts for hospital delivery trucks in North Carolina
- Shared access and re-entry information and road closure information with distributors to ensure seamless delivery of needed supplies
- Reported on status of healthcare supply chains and pharmacies on FEMA’s national business coordination call and DHS Critical Infrastructure Coordination call

100

Facilitated donation of over 100 oxygen tanks for shelters in North Carolina

5 FOR 5

Mapped pharmacies in 5 impacted states for 5 days

6,619

Enrolled pharmacies displayed on RxOpen
Healthcare Ready continues to grow. This expertise and insight will be invaluable as nonprofits and senior government officials from manufacturing, academia, policy experts, board brings experience and perspective of our new board members, our newly expanded trajectory of the organization. With the addition of the Board of Directors to reflect the current leadership that the founding board members significantly growing our Board of Directors.

identified and elect an additional six new directors, committee, Healthcare Ready was able to scope and capabilities. Led by a nomination experts and leaders who reflected the expanded scope into broader healthcare, the Board saw the importance of growing to include critical involvement in the pharmaceutical Board of Directors represented organizations.

The founding members of Healthcare Ready’s Board of Directors represented organizations that are critically involved in the pharmaceutical supply chain, which was central to the original mission of the organization. As Healthcare Ready expanded its scope into broader healthcare, the Board saw the importance of growing to include experts and leaders who reflected the expanded scope and capabilities. Led by a nomination committee, Healthcare Ready was able to identify and elect an additional six new directors, significantly growing our Board of Directors.

We are grateful for the tremendous insight and leadership that the founding board members provided as we undertook the effort to grow the Board of Directors to reflect the current trajectory of the organization. With the addition of our new board members, our newly expanded board brings experience and perspective from manufacturing, academia, policy experts, nonprofits and senior government officials. This expertise and insight will be invaluable as Healthcare Ready continues to grow.

Emily Lord is the Board President and Executive Director Healthcare Ready where she leads programs that build community health resilience in times of disaster or pandemic outbreaks through partnerships with a variety of healthcare stakeholders.

Mary Casey-Lockyer, RN is the Senior Associate for Disaster Health Services at the national headquarters of the American Red Cross. In this capacity, she leads all disaster health program development and initiatives.

Christine Simonn, JD is the Senior Vice President for Policy and Strategic Alliances at the Generic Pharmaceutical Association (GPhA), where she leads policy development initiatives and builds relationships with strategic partners in the healthcare sector.

Greg Halvacs is the Senior Vice President and Chief Security Officer at Cardinal Health. In this role, he is responsible for all aspects of asset protection for over 500 locations in 60 countries, business resiliency and global real estate.

Andrew Weber is the Senior Fellow with the Belfer Center for Science and International Affairs at the Harvard Kennedy School, Former Assistant Secretary of Defense for Nuclear, Chemical and Biological Defense Programs, and an Adviser for Threat Reduction Policy in the Office of the Secretary of Defense.

Paul Aines is Board Treasurer and the Executive Vice President of Administration, and Chief Financial Officer at the Pharmaceutical Researchers and Manufacturers of America (PhRMA). He is responsible for budgeting and finance operations, IT services, human resources, facilities and Healthcare Ready.

Perry L. Fri is the Healthcare Distribution Alliance’s Executive Vice President of Industry Relations, Membership and Education. In this role he is responsible for the direction, supervision and development of industry initiatives that facilitate improved business processes and operational efficiencies in the healthcare supply chain.

Bruce Altevogt, PhD is a Director of Science Policy within Pfizer Inc.’s Global Policy and International Public Affairs team, working on global security issues such as antimicrobial resistance and inter-pandemic preparedness.

Dara Alpert Lieberman is Senior Government Relations Manager at Trust for America’s Health, where she leads the organization’s advocacy around infectious disease prevention, disease surveillance, and strengthening the nation’s public health emergency preparedness and response capabilities.

Phyllis Arthur is the Senior Director for Vaccines, Immunotherapeutics, and Diagnostics Policy at the Biotechnology Innovation Organization (BIO). In this role, she works with member companies in vaccines, molecular diagnostics and biodefense on policy, legislative and regulatory issues.

Kathleen Jaeger, JD is President of the National Association of Chain Drug Stores (NACDS) Foundation and Senior Vice President for Pharmacy Care and Patient Advocacy at NACDS. In these roles, she advocates for quality, affordable pharmacy patient care before key constituencies and contributes to NACDS’s public policy initiatives.

Asha M. George, DrPH codirects the Blue Ribbon Study Panel on Biodfense, established in 2014 to assess gaps in and provide recommendations to improve U.S. biodfense.

In addition, John Ripley joined Healthcare Ready as Director of Partnerships and Development, and Sarah Baker became our full-time Program Associate, expanding the capabilities and experience of our staff team in 2016.
Healthcare Ready is funded by membership support and donations from private sector companies, foundations and associations, and through research projects and studies funded by both the public and private sectors. Since 2007, Healthcare Ready has enjoyed the support of a core group of members.

In addition to these core members, Healthcare Ready is proud to have the support and partnership of the following organizations:

### FINANCIALS

**2016 REVENUE BY SOURCE***

- **Sponsorship**: 27%
- **Projects**: 40%
- **Membership**: 33%

*Does not include in-kind gifts.

### PUBLIC AND PRIVATE SUPPORT

- 64% of 2016 revenue came from private sources
- 36% of 2016 revenue came from public sources

### RESEARCH AND SPECIAL PROJECTS

- Project revenue increased from less than 1% of total revenue in 2014 and 2015 to 40% in 2016

### NEW RELATIONSHIPS

- 50% of our 2016 donors were new
- 27% of 2016 revenue came from new donors
- 63% of project revenue came from new donors

*Does not include in-kind gifts.
AS WE LOOK TO THE FUTURE AND CONTINUE TO GROW, WE LOOK FORWARD TO WORKING WITH YOU TO IMPROVE HEALTHCARE RESILIENCE. THANK YOU!