



# **PCEPN Action and Sustainability Plan**

**June 2015**

Version 2.1

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## Background

### **I. The Primary Care Emergency Preparedness Network**

The Primary Care Emergency Preparedness Network (PCEPN) is a functional coalition whose members work closely to support primary care emergency preparedness and response in New York City (NYC). It was formed in 2009 by the alliance of two smaller network organizations, each with intent to support medically underserved communities through better delivery of primary care: the Primary Care Development Corporation (PCDC) and the Community Health Care Association of New York State (CHCANYS). PCDC is a nonprofit organization, dedicated to expanding and transforming primary care in underserved communities, in order to improve health outcomes, lower health costs and reduce disparities, by way of its programs in capital investment, performance improvement, as well as policy and advocacy for community-based healthcare facilities. CHCANYS is a group that serves as the voice of community health centers as leaders in primary health care provision for New York State, in order to ensure that all New Yorkers, including those who are medically underserved, have continuous access to high quality community-based health care services, including a primary care home. In accordance with their missions, both organizations had been supporting primary care centers in the development of emergency management programs, but were doing so through separate funds from the NYC Department of Health and Mental Hygiene (DOHMH). After working cooperatively in 2009 on Pandemic Influenza H1N1 response efforts, however, they decided to align and streamline their efforts specific to emergency management in NYC through the formation of the PCEPN. By July 2010, PCEPN began receiving its own federal health care preparedness grants through DOHMH.

The mission of PCEPN is to increase the ability of NYC's primary care sector to prepare for, respond to, and recover from a disaster, and to ensure that primary care is represented in citywide planning and response. PCEPN prepares its members for skilled execution of emergency management within NYC communities by providing technical assistance (TA) that supports their emergency management (EM) programs, including emergency plan templates, training, and exercise development and facilitation. Additionally, PCEPN works to ensure that primary care services as outlined in community-level plans are incorporated into citywide emergency planning, and that this sector is represented within Emergency Support Function (ESF) 8 (Public Health and Medical), when activated. PCEPN therefore provides a link between its members, the larger NYC health care community, and local government agencies to enhance health system preparedness within NYC.

At this stage, PCEPN's Action and Sustainability Plan describes the strategic vision, and means through which to achieve that vision, for increasing PCEPN's membership and maintaining and enhancing members' preparedness during the Budget Periods (BPs) 4 and 5 of



the current funding cycle. Although this plan provides specific information for only 2 budgetary periods, the work accomplished during this time will be the foundation from which PCEPN can continue to provide the TA and advocacy necessary for ensuring both that primary care is recognized as a critical partner in NYC emergency response plans, and that its members are ready and willing to fulfill their roles during an emergency in NYC. This Action and Sustainability Plan is based on level funding for BP4 and BP5. Changes to this plan will be made to accommodate funding changes and/or revised planning assumptions.

## **II. The Primary Care Sector and Emergency Preparedness**

The Institute of Medicine (IOM) defines Primary Care as, "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."<sup>1</sup> This “community” aspect of primary care delivery underscores why primary care is so critical to emergency preparedness. All emergencies are locally experienced, and all response and recovery efforts usually begin within an affected community. Its primary care providers build ongoing relationships with their patients, who often consider them as trusted sources of information, especially during emergencies.<sup>2,3,4,5</sup> Their patients will expect them to know how to respond in these periods, and will look to them for the provision of everything from reassurance to care. In addition, through these patient relationships, primary care providers generally know their communities well, and so could identify vulnerable individuals who may need extra care and/or social services following a disaster.

Even outside of these emergency periods, primary care practitioners can play a large role in improving community outcomes from an emergency. According to the National Health Security Strategy, “health is a key component of overall community resilience”<sup>6</sup>; resilience, in turn, is an important component in recovery from disaster. Indeed, general good health and well-managed chronic conditions before a disaster leads to enhanced resilience in the post-disaster setting.<sup>7</sup> Therefore, through effective treatment for acute illnesses and minor traumas, and management of chronic illness year round, primary care providers can improve the health of their patients, and therein enhance their community’s resiliency in the wake of disasters.

The importance of emergency management planning and programs for primary care is bolstered by the various requirements set forth by regulatory agencies, including New York State Department of Health (NYS DOH; Article 28 of NYS Public Health Law);<sup>8</sup> the federal Health Resources and Services Administration (HRSA; Public Information Notice (pin) 2007-15—applies to FQHCs and LALs);<sup>9</sup> and the federal Centers for Medicaid Services (CMS; proposed rule under review to apply to all Medicaid and Medicare participating providers and suppliers).<sup>10</sup> The Joint Commission, an independent non-profit organization that accredits and certifies health care facilities, also sets forth emergency management standards.<sup>11</sup> To meet both community



needs and regulatory requirements, it is critical that primary care providers have robust emergency management programs.

Qualifications for organizational membership within the primary care sector have yet to receive universal consensus. For the purposes of this Action and Sustainability Plan, PCEPN will define the NYC primary care sector to include: Primary Care Networks (PCNs) that operate Primary Care Centers (PCCs); stand-alone, ambulatory care practices owned by either hospitals, community-based boards of directors, or nonprofit entities (under New York State Public Health Law Title 10, Article 28); for-profit healthcare practices; and other non-hospital points-of-entry into the healthcare system. Current members are a mixture of hospital-affiliated and non-affiliated primary care centers, Federally Qualified Health Centers (FQHCs) and Look-Alikes (LALs). Though not previously included in the primary care sector due to their untraditional care delivery model, there are over 100 urgent care centers within NYC, most offering at least some services that overlap with primary care.<sup>12</sup> Therefore, PCEPN plans to explore the expansion of this working definition to include urgent care centers in NYC.

## Current Status

### III. Membership and its Requirements

Since its inception, PCEPN currently has grown to include **43 member networks**, composed of **297 sites** located across the 5 boroughs of NYC. See Table 1 for the growth in the number of member networks and sites for Budget Period (BP) 1, BP2, and BP3 of the current funding cycle, and Table 2 for the number of PCEPN member sites by borough as of May 2015. See Appendix A for a complete list of PCEPN members as of May 2015, including information on FQHC designations.

Budget Period Ending June 30	Number of Networks	Number of Sites
2012-2013 (BP1)	31	124
2013-2014 (BP2)	40	220
2014-2015 (BP3)	43	297

**Table 1. Number of PCEPN Member Networks and Sites by Year-Current Funding Cycle**

Borough	Number of PCEPN member sites
Brooklyn	82
Bronx	105
Queens	47
Manhattan	58
Staten Island	5
<b>Total</b>	<b>297</b>

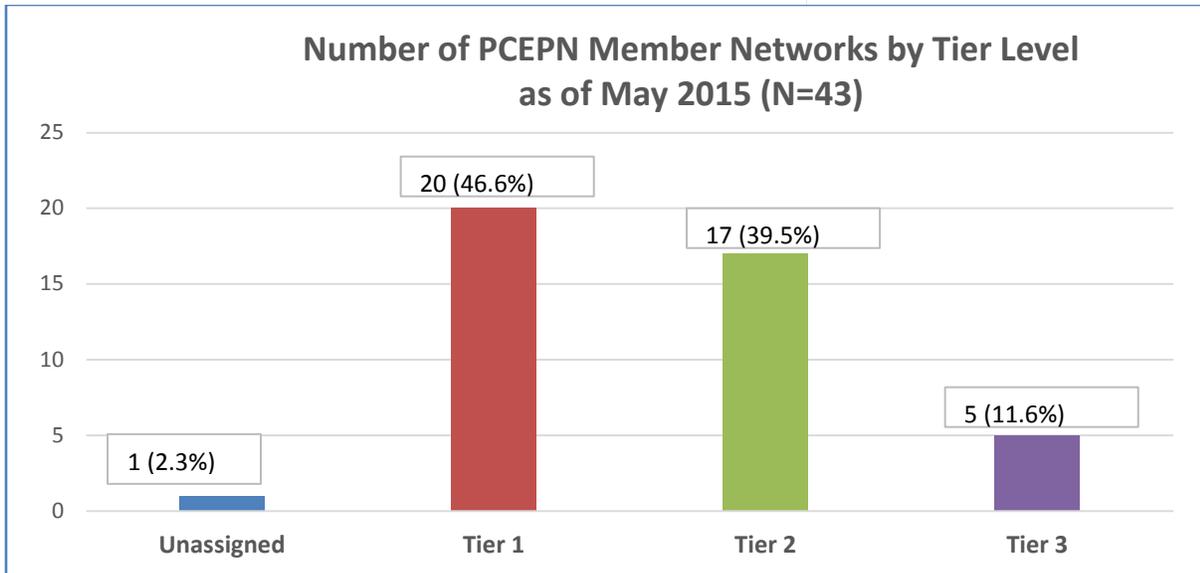
**Table 2. PCEPN Member Sites by Borough as of May 2015**



To receive official membership status, all current PCEPN member networks agreed to and have signed commitment letters stating their intent to be part of PCEPN. Membership is then tiered according to the results of a mandatory baseline readiness assessment. Each joining member is scored across 52 questions in 10 emergency management-related areas. Assessments have been completed for 42 of the 43 member networks to date. Results placed members into 1 of 3 tiers. See Table 3 for tier definitions, and Figure 1 for a breakdown of PCEPN member networks by tier level. For additional information on baseline assessment methods, please refer to reports submitted to DOHMH during BP1 and BP2 of the current funding cycle.

	Tier 1 Score of 0-64%	Tier 2 Score of 65-79%	Tier 3 Score of 80-100%
Emergency Management Program	Minimal Elements	Fully Established	Fully Established
	-	-	Comprehensive
Annual Emergency Management Training & Drills, and Emergency Operations Plan	-	Updated through After Action Reports (AARs)	Updated through After Action Reports (AARs)
	-	Integrated into primary care network quality management process.	Integrated into primary care network quality management process.
Primary Care Network Resiliency & Community Involvement	-	-	Elements of business continuity plan
	-	-	Elements of community integration: Emergency response role/responsibilities of primary care network defined within community.

**Table 3: PCEPN Member Tier Descriptions as of May 2015**



**Figure 1: PCEPN Member Networks by Tier Level as of May 2015**

*To maintain and sustain* their membership status, members are also expected to continually provide current and accurate contact information, as well as participate in at least 2 support activities per grant year – part of a process known as engagement/reengagement. Ideally, these activities are targeted based on their baseline assessment, and support them in improving their tier. Notably, during BP3, 82% of members participated in at least 2 activities to date, surpassing the reengagement goal of 80% of the 40 members PCEPN set at the beginning of BP3).

**IV. Key Accomplishments from 2009-2015**

Not only has PCEPN grown its membership annually to include 297 sites, and reengage/retain 82% of its original membership, but since its formation in 2009, PCEPN has involved them through the following activities: provided training and TA for its members; performed hazard vulnerability analyses for the NYC primary care sector; assessed the primary care sector’s readiness using its members as proxy; secured a seat to represent its members in the citywide Emergency Operations Center as part of Emergency Support Function (ESF) 8; and supported them through Hurricane Irene and SuperStorm Sandy, among many other accomplishments. In short, PCEPN has assisted primary care centers across NYC in making significant improvements in emergency preparedness and response planning. Table 3 provides a more detailed listing of key accomplishments from 2009-2015.

2009-2010	<ul style="list-style-type: none"> <li>➤ Conceptual development of PCEPN through PCDC and CHCANYS H1N1 response coordination</li> </ul>
2010-2011	<ul style="list-style-type: none"> <li>➤ Defined PCEPN’s mission and organization</li> <li>➤ Conducted a Hazard Vulnerability Analysis (HVA) for the NYC primary care sector</li> <li>➤ Updated emergency activation manual and communication protocols</li> </ul>

# PCEPN

Primary Care Emergency Preparedness Network

	<ul style="list-style-type: none"> <li>➤ Secured a seat for primary care during ESF-8 activations</li> <li>➤ Conducted training and exercise workshops and developed HSEEP-compliant multi-year training and exercise plan</li> </ul>
2011-2012	<ul style="list-style-type: none"> <li>➤ Developed tier system based on capabilities and level of participation</li> <li>➤ Conducted baseline assessments and assigned members to tiers</li> <li>➤ Established PCEPN Advisory Board</li> <li>➤ Developed a PCEPN emergency preparedness toolkit, including Business Continuity Plan (BCP) templates</li> <li>➤ Launched PCEPN website</li> <li>➤ Created Tier 1 site-specific community partner and resource catalog</li> <li>➤ Established PCEPN in citywide ESF-8 planning meetings</li> <li>➤ Supported PCCs during Hurricane Irene</li> </ul>
2012-2013	<ul style="list-style-type: none"> <li>➤ Conducted first round of community integration workshops</li> <li>➤ Worked with PCEPN Advisory Board to develop 5-year strategic plan</li> <li>➤ Supported PCCs during SuperStorm Sandy</li> <li>➤ Created Tier-specific course catalog for members</li> <li>➤ Assisted 10 PCCs affected by SuperStorm Sandy with AARs</li> <li>➤ Incorporated lessons learned from Superstorm Sandy AAR into EOC activations manual</li> </ul>
2013-2014	<ul style="list-style-type: none"> <li>➤ Integrated 7 PCNs into PCEPN, hospitals, and/or DOHMH exercises</li> <li>➤ Developed summary of preparedness gaps, best practices, and recommendations utilizing members' baseline assessment data</li> <li>➤ Trained members on drill design and execution and assisted 7 network members with an exercise to address Superstorm Sandy response gaps</li> <li>➤ Updated course catalog based on gaps identified in the 2012 baseline assessments; Superstorm Sandy AARs; and 2010 HVA</li> <li>➤ Conducted 2nd Community Integration and Resiliency workshop</li> </ul>
2014-2015	<ul style="list-style-type: none"> <li>➤ Evaluated current state of readiness of the primary care sector in NYC</li> <li>➤ Conducted a new primary care sector HVA</li> <li>➤ Held a full-day Primary Care Sector Emergency Management Conference for members and stakeholders</li> <li>➤ Created Coastal Storm and Infectious Disease Outbreak plan templates</li> <li>➤ Conducted tabletop exercise with 11 network members</li> <li>➤ Conducted 61 Ebola Site Visits to review plans and offer TA</li> <li>➤ Conducted 21 Mystery Patient Drills to test knowledge and utilization of screening and isolation protocols for infectious diseases</li> <li>➤ Created an Action and Sustainability Plan to define how PCEPN will expand its membership and maintain preparedness among its members</li> </ul>

**Table 3. PCEPN Key Accomplishments by Year—2009-2015**

## Future Plans: Action & Sustainability

### V. **Membership Recruitment, Retention & Reengagement**

1. PCEPN expects to continue with consistent expansion of its membership in BP4 and BP5. By adding members, PCEPN expands its reach, which contributes to increased levels of preparedness among primary care sites across NYC. To ensure a strategically expanded membership during BP4 and BP5, PCEPN will do the following: To meet known gaps in membership, use targeted criteria to identify potential members for direct recruitment

As suggested earlier, because primary care is an ever-changing sector involving complex organizational structures, it is difficult to define membership and, subsequently, targets for recruitment to the sector. PCEPN will optimize funding in BP4, therefore, by targeting up to 5 new primary care networks from both FQHCs and LALs. These types of networks have clear membership criteria, and would allow clear determination of whether the overall recruitment objective has been met. Target networks will be identified by Quarter 1 (Q1) of BP4. Meanwhile, BP4 will also be used to further explore the value and feasibility of additional recruitment targets during BP5 and beyond, including urgent care centers and large group primary care practices, particularly those located in areas of NYC not currently represented by PCEPN members.

2. Determine and clearly define the benefits of PCEPN membership to potential members

The known benefits of PCEPN membership include:

- Enhanced preparedness to respond to and recover from emergencies through participation in training, exercises, and other TA offered by PCEPN to its members;
- Advocacy/representation among ESF-8 partners in NYC, including NYC DOHMH, NYC Emergency Management (EM), and others;
- Facilitation of assessments to determine level of site preparedness;
- Technical assistance to improve emergency preparedness and business continuity planning;
- Greater understanding of the role of primary care in emergency response;
- Opportunities for enhanced community integration through coalitions; and
- Ability to network and share best practices with other members.

To further refine the benefits listed above, PCEPN has additionally requested member feedback on their perceived benefits of membership during its most recent communications drill, and will incorporate this feedback by Q1 of BP4.

3. Implement activities to recruit, reengage and retain members

PCEPN will utilize several strategies to reach potential new members, as well as to reengage and retain existing members on an ongoing basis during BP4 and BP5. In order to continue to expand their reach to targeted markets, PCEPN will work with deliberate partners, such as the NYC Medical Reserve Corps (MRC) and county medical societies, to recruit medical



groups for membership and/or participation in activities, or just to make them aware of PCEPN resources. Cross-recruitment of providers in partnership with the Primary Care Information Project (PCIP), coordinated by NYC DOHMH, will also be explored. Visibility of PCEPN programs and advocacy efforts will be increased through participation in health care coalition meetings and ongoing participation in ESF-8 planning meetings.

Most significantly, PCEPN's recruitment strategy and messaging to potential new members moving forward will be based on a resiliency model. The focus of all recruitment communications will be the critical need to develop resiliency to disasters and emergency through business continuity planning (BCP), as well as PCEPN's ability to provide TA to assist member networks with this BCP. Executive level staff, as well as designated emergency management staff at potential member sites will be targeted for recruitment messaging. Additionally, the membership benefits listed earlier will be clearly stated on an updated PCEPN website - anticipated to launch in late 2015 - as well as in communications and recruitment materials sent to potential members in future. The updated website will contain links to planning guidance and templates from PCEPN and other trusted sources, as well as reports completed by PCEPN, such as the Readiness Project Report (2015) and HVA (2015).

In order to reengage and retain current members, PCEPN will again focus on BCP and efforts to increase executive-level interest in preparedness. In addition, PCEPN expects to support member engagement with enhanced communications through a new website with greater analytics capability, new mailing list functionality through *Constant Contact*; and expansion of the *HC Standard* communication platform for situational awareness between PCEPN and its members. Finally, to maintain members' desire to remain not only as PCEPN members (retention), but as active PCEPN members (reengagement), ongoing and more targeted core activities—training and exercises—will also be used. PCEPN intends to track members' participation in all activities provided. Overall the outcomes targets for these engagement strategies in BP4 and BP5 will be to successfully engage 90% of current membership. For example, this year's goal will be to reengage approximately 39 networks. Table 5 provides a summary of recruitment, reengagement and retention activities.

Action Item	Methods	Anticipated Timing
Identify potential members for direct recruitment based on targeted criteria to meet identified gaps	Determine FQHCs and LALs that are not already members.	Q1 BP4
Clearly define the benefits of PCEPN membership	Review survey results and incorporate updates to benefits list.	Q1 BP4
Communicate benefits of PCEPN membership to potential members	Update PCEPN website and include in all recruitment materials.	Q2 BP4
Implement BCP recruitment messaging/strategy to add members	Leverage existing relationships and use direct communications (i.e., phone, in-person meetings) to reach executive level and EM staff at target networks.	Throughout BP4 and BP5
Work with partners, such as the NYC Medical Reserve Corps (MRC) and county medical societies, to indirectly recruit medical groups	Leverage existing relationships and use direct communications (i.e., phone, in-person meetings).  Share information on PCEPN with partners' members through newsletter articles, e-mails, and/or presentations at their meetings.	Throughout BP4 and BP5
Cross-recruit providers in partnership with the PCIP	Leverage existing relationships and use direct communications (i.e., phone, in-person meetings).  Share information on PCEPN with partners' members through newsletter articles and/or e-mails.	Throughout BP4 and BP5
Increase visibility of PCEPN programs and member support efforts through participation in health care coalition meetings and ongoing participation in ESF-8 planning meetings	Attend meetings and share the work PCEPN is doing, as well as the benefits it offers to members.	Throughout BP4 and BP5

Action Item	Methods	Anticipated Timing
Reengage existing PCEPN members	<p>Update PCEPN website to add reports and TA guidance/ documents.</p> <p>Improve mailing list functionality through use of <i>Constant Contact</i>.</p> <p>Expand the <i>HC Standard</i> communication platform to enhance situational awareness.</p> <p>Offer 2 new BCP workshops.</p> <p>Use core activities, e.g., communications drills and trainings to keep members actively participating.</p>	<p>Throughout B4 and BP5</p> <p><i>See Table 6 for a detailed description of core activities for BP4 and BP5</i></p>

**Table 5. PCEPN Recruitment, Retention and Reengagement Activities-BP4 and BP5**

## **VI. Maintenance and Enhancement of Member Preparedness**

As part of its overall objectives, PCEPN will work to more clearly define primary care emergency management, and from there, will develop activities to ensure that members’ clarity, readiness and willingness for involvement is not only maintained, but enhanced. In conjunction with its expanded membership reach, the results of PCEPNs efforts in this area will enhance health system preparedness within NYC.

### *Defining an Evidence-Based Approach to Member Preparedness*

PCEPN has been building momentum in support of primary care sector preparedness over the last 5 years, as is apparent from its many accomplishments. During BP4 and BP5, PCEPN will use the experiences of the last 5 years (which included real-world responses for Hurricane Irene and SuperStorm Sandy; HVAs; and evaluation and gap assessment through the Readiness Project) to move forward with a more clearly-defined, evidence-based approach that will maintain and enhance member preparedness. This approach may be summarized, as follows:

- a. **Define roles for primary care.** In order for primary care providers to become ready and willing partners in preparedness, they must first understand where they fit into the larger NYC preparedness and response landscape. Together with ESF-8 partners such as DOHMH, NYC EM, and the New York State Department of Health (NYS DOH), we will determine which roles primary care can play in emergency response based on different planning scenarios.

- b. **Determine capabilities to support roles.** After determining roles by scenario, capabilities required to successfully carry out the responsibilities of those roles must be defined and communicated to primary care providers.
- c. **Create an assessment protocol and tools to measure capabilities and assess gaps.** Assessments must be capability-based as much as is possible to be meaningful and to allow for accurate understanding of preparedness levels and gaps. Ways to increase the objectivity of the assessment will be considered, taking into account the limited time members have to dedicate to emergency management activities. Tier definitions will also be evaluated and updated as necessary.
- d. **Create meaningful content/offer TA to members to maintain and improve preparedness.** PCEPN will inform program development through role and capability expectations, taken together with needs identified during assessments, and gaps identified in PCEPN work to date. See item 4 below for details on projects planned.
- e. **Reassess member readiness status annually and share results with stakeholders.**

*Supporting an Evidence-Based Approach to Member Preparedness*

This new, evidence-based approach will be supported not only by the reevaluation and revision of the Baseline Assessment tool and the initiation of phased reassessments, but also the following activities:

**a) Convene a new Advisory Board to inform program development**

PCEPN will convene a new Advisory Board during BP4 to provide valuable insight from the perspective of members on all areas of program development, and bolster planning assumptions. Members of the Advisory Board will be invited to ensure representation from across service areas, services offered, facility types, and tier levels. Ten (10) Advisory Board members will be identified, and 4 meetings will be held each year, on a quarterly basis. Potential Advisory Board functions include: helping to define the target market for PCEPN member recruitment; reevaluation and updating of the tier system and assessment tool; review of critical reports and plans created by PCEPN; advising on an updated HVA during BP5; exercise and training recommendations and planning; delivering training during learning sessions; and participating in PCEPN exercise planning and evaluation. Advisory Board members may also be asked to participate in coalition meetings. Member reassessment and a new Advisory Board will also be used as reengagement activities for existing PCEPN members.

**b) Provide more individualized TA to members through assessment and reassessment**

The new Baseline Assessment tool will be used to evaluate all new members in BP4, as well as to begin reassessment of existing members in BP5. Reassessment is expected to be accomplished in phases over the next 2-3 years. When members receive their tier assignment and copy of their assessment, they will also be provided with specific guidance on how to maintain or move up in their tier level. Those in the lowest level will be offered 1:1 coaching sessions focused on those areas of the assessment for which they receive their lowest scores, to assist them with moving up in the tiers. Sessions will include plan review and updating, as well

as exercise planning support if requested by the member. Future projects will also be developed with assessment findings in mind to ensure that they track to data elements in the assessment and afford members with opportunities to gain the necessary knowledge and capabilities to move up in tiers.

**c) Provide trainings and exercises to maintain and enhance members’ preparedness**

The projects completed during BP3 to assess hazards (HVA), identify gaps (e.g., Readiness Project, Ebola Site Visits, Mystery Patient Drills), and test existing plans (IDex tabletop exercise) provide an excellent knowledge base for project planning over the next few years. Pending funding availability (including any residual funding that may become available), PCEPN proposes to offer numerous opportunities for members to participate in PCEPN programming during BP4 and BP5, including:

- **Business Continuity Workshops:** Plan and conduct 2-4 half-days for Primary Care Center leadership and EM staff to engage them in emergency management and enhance member preparedness (BP4/BP5)
- **Mystery Patient Drills:** Conduct 1 for at least 15 sites (BP4/BP5 TBD pending funding)
- **Communications Drills:** Conduct 2-4 with members (BP4/BP5)
- **Webinars:** Conduct 2 for members to define roles for primary care in emergency response and inform them of coalition goals to promote community integration and ongoing participation in geographic coalitions (BP4)
- **Primary Care Linkages:** Increase and strengthen within the five newly funded geographic coalitions through coalition participation (BP4/BP5)
- **EM Symposium:** Plan and conduct a full day for PCEPN members. Topics will derive from gaps identified in BP3 deliverables (Readiness Project, HVA, EVD Preparedness sites visits, and Mystery Patient Drill Project) (BP4/BP5 TBD pending funding)
- **Tabletop Exercise (TTX):** Plan and facilitate for primary care centers (integration with citywide exercises/collaboration with NYC EM to be explored) (BP5/BP4 pending funding)
- **Respiratory Protection Program:** Provide for members, including fit-testing overview; Train-the-Trainer session; and kits for participating PCCs (BP4 or BP5 pending funding)

Table 6 provides an overview of activities to maintain and enhance PCEPN members’ preparedness during BP4 and BP5. Again, PCEPN intends to track members’ participation in all activities provided.

Action Item	Methods	Anticipated Timing
Define roles for primary care and determine capabilities to support roles	Discuss with ESF-8 partners; gather member and Advisory Board feedback; and conduct research	BP 4 Q1 BP 4 Q2

Action Item	Methods	Anticipated Timing
Create an assessment protocol and tools to measure capabilities and assess gaps	Reevaluate and revise Baseline Assessment tool to ensure it is capabilities-based	BP 4 Q1
	Reevaluate and revise assessment protocols to enhance objectivity	BP 4 Q1
	Use revised protocol and tool for new member assessments and current member reassessments	BP 4 Q1
Create meaningful content/offer TA to maintain and improve members' preparedness	Use roles, capabilities, gaps identified through assessments and other PCEPN projects previously conducted, along with Advisory Board input to inform program development	BP4 BP5
Convene a new Advisory Board to inform program development	Recruit 10 PCEPN Advisory Board Members by invitation	BP4
	Conduct 4 meetings per year	BP4 BP5
Provide more individualized TA to members	Provide members with specific guidance on how to maintain or move up in their tier level following assessments	BP4 BP5
	Initiate Primary Care Coaching Program for select Tier 3 members	BP4 BP5
	Develop future projects with assessment findings in mind to ensure that they track to data elements in the assessment	BP4 BP5
Provide trainings and exercises to maintain and enhance members' preparedness	2-4 half-day business Continuity Workshops	BP4
	Mystery Patient Drills for at least 15 sites	BP4
	2-4 communications drills with members	BP4 BP5
	2 webinars for members to define roles for primary care in emergency response and	BP4 BP5

Action Item	Methods	Anticipated Timing
	promote community integration	BP4
	Member participation in health care coalitions	BP5
	Full day EM symposium for PCEPN members	BP4 BP5 pending funding
	Tabletop exercise (TTX) for primary care centers	BP4 BP5 TBD pending funding
	Respiratory protection program	BP4 BP5 TBD pending funding

**Table 6: overview of activities to maintain and enhance PCEPN members’ preparedness during BP4 and BP5**

## **VII. Challenges**

There are several important challenges to recruiting new members, and maintaining and enhancing current member preparedness, which must be noted in this plan.

*Staff turnover.* Due to the high staff turnover seen at member sites, PCEPN needs to continuously reengage membership staff and retrain them on EM fundamentals.

*Promoting work without mandates.* Although members must comply with regulatory and accrediting bodies’ guidance on EM program development and requirements, they are not required to participate in PCEPN, or in any of the activities offered to them after becoming members. Therefore, all participation in PCEPN is voluntary, and there is reduced incentive to participate, meaning PCEPN must ensure involvement is enticingly useful.

*Members need TA and 1:1 support to successfully implement their EM programs.* Due to insufficiencies in EM funding, dedicated staff and in time, members require support to maintain their EM programs. This includes support for planning and completing exercises and after action review, providing adequate and appropriate EM training for staff, hazard analysis, and protocol and plan development. They need both the templates and training PCEPN can provide, but the PCEPN staff to provide TA to successfully implement their EM programs. Therefore, there is heavy reliance on PCEPN administration to ensure successful program uptake by members.



Uncertainty in funding. PCEPN relies on the partnership between CHCANYIS, PCDC, and DOHMH, as well as on federal funding administered through DOHMH to sustain itself. Historical levels of funding are not guaranteed, nor is funding even guaranteed at all from year to year. For example, PCEPN is slated to receive a 20% cut in funding for BP4. With reduced funding, PCEPN cannot support communications platform licenses, equipment/supply purchases, or incentives for members to participate, which are important to overcoming the challenges already listed above. Further, decreased funding could lead to decreased PCEPN staffing, resulting in a limited ability to develop and deliver TA, the elimination of exercises and live trainings, and significant hindrance of PCEPN's ability to staff the ESF-8 desk during emergencies. Keeping an up-to-date member contact list is essential to improved communication, situational awareness, and execution of drills and real-life activation in emergencies. It would be difficult to ensure accuracy and completeness of the contact information, however, in light of reduced funding and/or staffing however, due to a likely decrease in communications drills and regular information sharing with members, both of which help to test contact information. With decreased or no funding, PCEPN would only be able to have pre-loaded content on its website, but it would be very difficult to provide new programming or dedicated TA. Lack of sufficient funding would not only negatively impact membership benefits and readiness for current members, but would also make it extremely difficult to recruit new members, not only due to lack of resources, but also due to lack of perceived (and real) benefit to potential members.

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# Appendices



Primary Care Emergency Preparedness Network

**Appendix A: PCEPN Member Listing as of May 2015**

Primary Care Network (PCN)	Number of Sites	Tier	Type of PCN	Hospital Affiliated (Y/N)	Specialty Primary Care (Y/N)
Access Community Health Center	2	1	FQHC	N	N
Apicha Community Health Center	1	1	LAL	N	N
Beacon Christian Community Health Center	1	2	FQHC	N	N
Bedford Stuyvesant Family Health Center, Inc.	6	2	FQHC	N	N
Betances Health Center	1	1	FQHC	N	N
Beth Israel Medical Center - Phillips Ambulatory Care Center	1	1	Primary Care (non-FQHC/LAL)	Y	N
Boriken Health Center (East Harlem Council for Human Services)	1	2	FQHC	N	N
Bronx Community Health Network (BCHN)	15	1	FQHC	Y	N
Brooklyn Plaza Medical Center, Inc.	3	2	FQHC	N	N
Brookdale Family Care Center	6	2	Primary Care (non-FQHC/LAL)	Y	N
Brownsville Multi-Service Family Health Center	7	2	FQHC	N	N
Callen-Lorde Community Health Center	2	3	FQHC	N	N
Care for the Homeless	29	2	FQHC	N	Y
Children's Aid Society	8	3	Primary Care (non-FQHC/LAL)	N	Y
Community Healthcare Network	13	1	FQHC	N	N
Community Health Center of Richmond	2	3	FQHC	N	N
Covenant House	1	1	FQHC	N	N
Damian Family Care Centers	2	1	FQHC	N	N
Dr. Martin Luther King, Jr. Health Center	8	1	FQHC	Y	N
Floating Hospital	13	2	FQHC	N	N
Harlem United (Upper Room Aids Ministry)	3	3	FQHC	N	N
Healthcare Choices	2	3	FQHC	N	N
Housing Works	3	2	FQHC	N	N
Institute for Family Health (IFH)	11	2	FQHC	N	N

# PCEPN

Primary Care Emergency Preparedness Network

Primary Care Network (PCN)	Number of Sites	Tier	Type of PCN	Hospital Affiliated (Y/N)	Specialty Primary Care (Y/N)
Joseph P Addabbo Family Health Center	6	2	FQHC	N	N
Kingsbrook Jewish Medical Center	2	2	Primary Care (non-FQHC/LAL)	Y	N
Lutheran Family Health Center	25	1	FQHC	Y	N
Maimonides Primary Care Network	9	1	Primary Care (non-FQHC/LAL)	Y	N
MediSys	10	1	Primary Care (non-FQHC/LAL)	Y	N
Metro Community Health Center (Formerly Cerebral Palsy Association of NYS)	4	2	Primary Care (non-FQHC/LAL)	N	Y
Montefiore Medical Group (MMG)	29	1	Primary Care (non-FQHC/LAL)	Y	N
Morris Heights Health Center	21	1	FQHC	N	N
Morrisania Diagnostic and Treatment Center (Gotham Health)	1	2	LAL	Y	N
New York Hospital Queens (The Department of Community Medicine)	17	1	Primary Care (non-FQHC/LAL)	Y	N
ODA Primary Health Care Network	5	2	FQHC	N	N
Segundo Ruiz Belvis Diagnostic and Treatment Center (Gotham Health)	1	1	LAL	Y	N
Settlement Health	1	2	FQHC	N	N
South Bronx Health Center	1	N/A	Primary Care (non-FQHC/LAL)	Y	N
Union Community Health Center	3	1	FQHC	N	N
William F. Ryan Community Health Center	16	1	FQHC	N	N
Renaissance Diagnostic and Treatment Center (Gotham Health)	1	2	LAL	Y	N
Ryan/Chelsea Clinton Community Health Center	1	1	FQHC	N	N
Wyckoff Heights Medical Center Ambulatory Care	3	1	Primary Care (non-FQHC/LAL)	Y	N

## **Appendix B: PCEPN Accomplishments by Year—2009-2015**

### **2009-2010**

- Conceptual development of PCEPN through PCDC and CHCANYS H1N1 response coordination

### **2010-2011**

- Defined PCEPN's mission and organization through signed MOU between CHCANYS and PCDC
- Conducted a Hazard Vulnerability Analysis (HVA) for the NYC primary care sector
- Updated emergency activation manual to include communication protocols among PCEPN, DOHMH, and NYC EM
- Successfully advocated for primary care and secured a seat in the citywide EOC during ESF-8 activations to represent PCCs
- Held strategic planning workshop with DOHMH, NYC EM, and PCCs focused on refining PCEPN's mission and scope
- Conducted training and exercise workshops and developed HSEEP-compliant multi-year training and exercise plan
- Developed a data management plan for the collection and maintenance of PCEPN members' contact info

### **2011-2012**

- Developed a system to assign members to tiers based on capabilities and level of participation
- Conducted baseline assessments for all members and assigned them to tiers
- Established PCEPN Advisory Board
- Developed a PCEPN emergency preparedness toolkit, including Business Continuity Plan (BCP) and exercise development and reporting templates
- Launched PCEPN website
- Revised POD guidance documents and Emergency Operations Plan (EOP) template
- Provided technical assistance to PCCs to help them develop facility-specific EOPs and BCPs, and to utilize exercise documents to conduct an exercise
- Launched EverBridge communication system and developed communication protocols to support it
- Conducted communications drill with PCEPN members
- Conducted internal PCEPN communications drill to test communication and coordination for EOC staffing
- Created a site-specific community partner and resource catalog for Tier 1 members
- Established representation of primary care in citywide ESF-8 planning meetings



- Introduced training on HVAs; EM basics for Primary Care Centers; Risk Communications; Staff Training; Evaluation and Corrective Action Planning; NYC Pandemic & Evacuation Plans; and Partnership Facilitation, Resource and Volunteer Management
- Supported PCCs from PCEPN's ESF-8 seat during Hurricane Irene

### **2012-2013**

- Conducted workshops with PCCs and community partners to enhance community integration of PCCs
- Worked with the Advisory Board to develop a 5-year strategic plan for PCEPN
- Supported PCCs from PCEPN's ESF-8 seat during Superstorm Sandy
- Created Tier-specific course catalog for members on the PCEPN website
- Incorporated lessons learned from Superstorm Sandy response After Action Report (AAR) into EOC activations manual and trained PCEPN staff on revised protocols
- Assisted 10 PCCs affected by Superstorm Sandy with AAR development

### **2013-2014**

- Integrated 7 PCNs into PCEPN, hospitals, and/or DOHMH exercises
- Developed summary of preparedness gaps, best practices, and recommendations utilizing members' baseline assessment data
- Trained members on drill design and execution and assisted 7 network members to develop an exercise focused on addressing Superstorm Sandy response gaps and continuity of operations during emergencies
- Updated course catalog based on gaps identified in the 2012 baseline assessments; Superstorm Sandy AARs; and 2010 HVA
- Delivered 7 trainings to members focused on Incident Command System (ICS); NYC Coastal Storm Plan; Social Media in Emergencies; Psychological First Aid; Points of Dispensing (PODs); and Resource Requests During Emergencies
- Conducted Community Integration and Resiliency workshop to build upon the progress resulting from earlier workshops

### **2014-2015**

- Conducted 3 Readiness Project focus groups with members and developed a final report of findings to identify the current state of readiness of the primary care sector in New York City (NYC); establish readiness targets and mechanisms for achieving those targets; and determine future PCEPN primary care sector emergency management strategies, projects, and training initiatives to close the gaps identified
- Conducted a new primary care sector HVA utilizing PCEPN members as proxy for the NYC primary care sector



- Expanded use of HC Standard communications platform among non-FQHC members
- Conducted 2 communications drills with members
- Created a Webinar on “Emergency Management for Primary Care Centers” and posted it to NYS LMS
- Organized and conducted a full-day Primary Care Sector Emergency Management Conference for members and stakeholders
- Created plan templates for Coastal Storms and Infectious Disease Outbreaks response
- Conducted tabletop exercise with 11 network members focused on an extended infectious disease outbreak and including a Coastal Storm
- Conducted 61 Ebola Site Visits to review plans with members and offer technical assistance to improve them
- Conducted 21 Mystery Patient Drills to test members’ and leading NYC urgent care providers’ knowledge and utilization of screening and isolation protocols for infectious diseases
- Created an Action and Sustainability Plan to define how PCEPN will expand its membership and maintain preparedness among its members

**Appendix C: Potential PCEPN Projects for BP4 Residual Funds/BP5**

- Increase number of Mystery Patient Drills (draft BP4 SOW includes 15 drills)
- Plan and conduct a full day emergency management symposium
- Plan and facilitate a tabletop exercise (TTX) for primary care centers
  - Explore integration with citywide exercises/ collaboration with NYC EM
- Provide members with a respiratory protection program
  - Fit Testing Overview
  - Train-the-Trainer session
  - Kits for participating PCCs
- Institute a Primary Care Coaching Program
  - On-site coaching/plan review and updating for select Tier 3 members – includes facilitation of TTX and full-scale exercise
- Enhance community integration (workshop?)
  - Identify community partners
  - Provide templates for formal agreements
  - Facilitate relationship building/invite key partners
- Provide guidance to members on critical Just-In-Time processes (webinar?)
  - Review supply chain considerations
  - Review staff training needs and role of HR
- Continue with phased reassessment of members
- Maintenance of Advisory Board and activities
- Maintenance of communications platform/licenses
- Conduct two (2) communications drills with members