AAOS
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June 27, 2008

Denis Fitzgerald, MD
East Region Medical Director
National Disaster Medical System
Office of Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
409 3rd Street SW
Washington, DC 20024

RE: Enhancing Healthcare Provider Preparedness

Dear Dr. Fitzgerald:

The American Academy of Orthopaedic Surgeons (AAOS) appreciates the opportunity to provide input regarding your efforts to improve our nation's ability to prepare for and respond to disasters and mass casualty events. The AAOS represents over 17,000 board-certified orthopaedic surgeons and is a committed partner in improving our health care system and ensuring that orthopaedic patients have access to the care that they need.

Your willingness to address the theme of "barriers to professionals delivering care" under Paragraph 30 of the October 18, 2007 Homeland Security Presidential Directive is certain to contribute to a better response system. After participating in the March 14, 2008 conference call on "Enhancing Healthcare Provider Preparedness," we would like to share our concerns regarding obstacles for physicians, and in particular orthopaedic surgeons, to bring their expertise in treating patients in the event of a disaster or mass casualty event.

Lack of Clarity Regarding Opportunities. A current barrier to physician training and participation in disaster response is the ability to identify and make contact with legitimate regional/national responder organizations. We believe the DMATs represent the most obvious place for an interested physician to offer his or her services. While we are aware of the availability of a listing of the disaster medical assistance teams (DMAT) that have been assembled throughout the country at www.dmat.org, a direct link from NDMS' Web site would give greater authority and would be helpful in directing our members to opportunities for participation.

Streamlined Training and Certification Process. The AAOS recognizes the need for participants to have some basic training in the principles of disaster management. The AAOS encourages the NDMS and Department of Health and Human Services to create a process for recognizing which mechanisms already exist for this type of training. Three obvious examples include the American College of Surgeons' disaster management and emergency preparedness course, the American Medical Association's Basic Disaster Life Support (BDLS) and the National Disaster Life Support (NDLS) courses. The Emergency Management Institute (EMI) programs (e.g.IS-100, etc) should also be included.

Centralized Database of Training and Participation. An important step in physician training in disaster preparedness is participation in drill and training exercises. This is a necessary part of learning, improving, or maintaining skills. While there might be several opportunities for this type of education, physician volunteers could obviously train with local DMATs. However, there is often little retention of information regarding who has gone through which training exercises and when. NDMS seems well-situated to house that information and ensure that DMATs are aware of individuals who have experience or are trained in disaster management who might have moved into a new DMAT area.

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Overhaul of Physician Credentialing Process. The AAOS understands NDMS interest in providing background checks on individuals participating in national disaster preparedness programs. However, given that the review is a fairly standard folio of questions, NDMS should implement a mechanism for deeming individuals as meeting credentialing requirements for purposes of the disaster preparedness program when those individuals have already gone through a similar process at other government agencies. For instance, many physicians and AAOS members have gone through a similar process for applications to the Veterans Administration (VA) for hospital privileges. Many VA hospitals' credentialing requirements include photographs and fingerprints. These individuals must go through a separate process (and waiting period) to complete what are essentially the same forms, get re-photographed, and again provide fingerprints for application for the International Medical Surgical Response Team (IMSuRT) or DMAT. Some civilian traumatologists who have participated in the AAOS- and Orthopaedic Trauma Association-sponsored Distinguished Visiting Scholars Program to volunteer at the Landstuhl Regional Medical Center in Germany have been subjected to the process again. The AAOS recommends that NDMS explore options for creating consistency in each of these credentialing processes, thereby allowing for a streamlined application. In addition, as part of that process, the NDMS should work with other government agencies to create a common or shared database that will enhance participation and facilitate the "volunteerism" experience. This will assist in encouraging physician participation in all of these critical programs and ensuring that the nation has access to the necessary medical expertise in the event of a national disaster.

Increased Access to Immunizations. As you are well aware, a necessary component of a well-functioning disaster preparedness system is a healthy workforce with the necessary immunizations. In recognition of this fact, the AAOS recommends that NDMS request the resources to provide the requisite immunizations (including TET, typhoid, hepatitis, etc.) to individual physicians who have been appropriately credentialed and, as previously mentioned, to maintain an integrated database of this information to go along with the volunteer's photographs and fingerprints.

Again, the AAOS appreciates the opportunity to share these concerns and suggestions with you. Our goal is to provide you with a perspective from physicians who have attempted to navigate the current system. From that experience, we appreciate efforts that you can make in order to standardize the current processes- and given the nature of the disasters to which we have responded over the last few years, it has become clear that this is a legitimate area for a federal solution and not simply something left to individual states.

Sincerely,

Andrew N. Pollak, MD
Chair, AAOS Extremity War Injury and Disaster Preparedness (EWIDP) Project Team

Christopher T. Born, MD
Chair, EWIDP Disaster Preparedness/Partnership Opportunities Subcommittee