

PROPOSAL BACKGROUND

- Since the events of September 11, 2001 there is a broader understanding of the need for public health systems to work in a collaborative and cooperative environment with response partners.
- A prepared and fully interoperable public health infrastructure that is inclusive of hospitals, emergency medical services, trauma care and emergency management/all-hazards response systems is critical.
- There are clear parallels between the existing public health strategies used for communicable disease eradication and the epidemiologic behaviors of illness and injuries.
- The Iowa Department of Public Health Division of Acute Disease Prevention, Emergency Response and Environmental Health (ADPER) -Bureau of Emergency and Trauma Services (BETS) is working to build this comprehensive system of care for time critical conditions.
- Work to address capabilities has been successful in many single county or small coalitions, but has fallen short to adequately address system needs and challenges for time critical conditions.
- When time critical events occur (highly infectious disease, cardiac events, stroke, trauma, etc.), patients who need care migrate to appropriately capable facilities which provide a framework for local partners to work together as a system to ensure the most appropriate and effective level of care for the population.
- As many communities within a geographic area will have similar vulnerabilities as well as patient care patterns, it is important to establish responsibilities and capacities in advance of disasters to be able to work toward common goals when an entire area is impacted.
- Beginning with the Fiscal Year 2018 (July 1, 2017) grant period IDPH intends to combine the funding for PHEP/HPP emergency preparedness, along with the EMS System Development Fund and award this funding to service areas to foster a coordinated effort among local partners to work on improving Iowa's response to time critical conditions.

REFERENCES

- Public Health/Hospital Emergency Preparedness, Emergency Medical Services, and Trauma systems all have similar needs and alignments based on the following documents:
 - PHEP/HPP Capabilities
 - <https://www.cdc.gov/phpr/capabilities/at-a-glance.pdf>
 - <http://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf>
 - American College of Surgeons Trauma System Consultation Report for Iowa
http://idph.iowa.gov/Portals/1/userfiles/61/Iowa%20TSC%20Report%20_Final.pdf
 - National Highway Traffic Safety Administration report on Iowa's EMS System
<http://idph.iowa.gov/Portals/1/userfiles/61/Iowa%20EMS%20Reassessment%20Final%20Report.pdf>
 - EMS System Development Standards
http://idph.iowa.gov/Portals/1/userfiles/61/ems_system_standards.pdf

SERVICE AREAS

- IDPH reviewed in-patient/out-patient data from 2014 for trauma, cardiac, and stroke events to identify where patients seek care for these "time critical conditions".
- IDPH also took into consideration areas where we were aware of existing efforts to address system wide response efforts, service area planning and coordination.

IOWA DEPARTMENT OF PUBLIC HEALTH
TIME CRITICAL CONDITIONS SERVICE AREAS – FY18 & BEYOND

- The attached map shows 7 service areas that emerge using the information noted above. The proposed service areas may still be modified with feedback from local partners.

REQUEST FOR FEEDBACK ON SERVICE AREAS – **DUE August 17, 2016**

- IDPH is requesting feedback ONLY on the service area alignment. Additional details and opportunities regarding the organization and administration of the grant award will occur over the next three months.
- Is there existing service area efforts (specifically focused on time critical conditions, OR related work that can expand to include time critical conditions) that might influence the geographic coverage of the service areas identified by IDPH?
 - If yes, what data have you used to determine patient destination patterns that define your service area?

TIMELINE

- July 29, 2016 – Proposed Time Critical Conditions Service Area Map published by IDPH for public comment.
- August 17, 2016 – Response from local partners due to IDPH regarding the service area questions noted above.
- September 1, 2016 – Based on comments received, IDPH will finalize and release the service areas that will be used to determine grant awards for FY2018.
- Through Early November, 2016
 - IDPH will continue to engage local partners by attending various regional meetings, offering webinars/conference calls, and other means to help IDPH develop an RFP that meets federal grant requirements, while at the same time allowing as much flexibility as possible for local system efforts to address service area needs.
 - IDPH encourages local partners to begin discussions with partners in your potential service areas NOW so that there is ample opportunity to discuss ideas, concepts, and strategies for working together.
 - **NOTE:** FY 16-17 PHEP/HPP funds can be used to support efforts to build service area relationships, develop strategies, and begin coordinating efforts with partners to address service area efforts to address time critical conditions.
- Early November, 2016 – Funding proposal will be posted on IDPH website.
 - **NOTE:** this is later than what was shared during the partnership meetings earlier this year. Based on feedback from several conversations, it was recommended to IDPH to delay the posting of the RFP until November. This will allow time for more open and informal discussions about the best transition of funding strategies.
 - IDPH will host an applicant workshop as part of the RFP process to provide clarifications, guidance, and examples of appropriate activities under the combined funding effort.
- Early February, 2017 – Grant applications due to IDPH.
- March, 2017 – IDPH deadline to submit FY17-18 grant application to CDC/ASPR.
- July 1, 2017 – Grant awards identified, contract negotiations completed, and contracts fully executed.