Disaster Recovery:
Preserving Access to Primary Care

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In 1996, VA began the creation of Veterans Integrated Service Networks (VISNs) to transform VA Health Care from a “Hospital System” to a “Health System.” VHA currently has 21 VISNs.

- **152** Medical Centers
- **990** Outpatient Clinics
  - **821** Community-Based
  - **152** Hospital-Based
  - **11** Mobile
  - **6** Independent
- **300** Vet Centers
- **70** Mobile Vet Centers
- **102** Domiciliary Residential Rehabilitation Programs
- **134** Community Living Centers

Source: FY 2012 End-of-Year Pocket Card

VETERANS HEALTH ADMINISTRATION
Veterans Health Administration Vision

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the Nation’s well-being through education, research and service in national emergencies.
From the Under Secretary for Health’s Priorities: Enhance the Veteran experience and access to health care

“Access is a shorthand term for a broad set of concerns that center on the degree to which individuals and groups are able to obtain needed services from the medical care system. Often because of difficulties in defining and measuring the concept, people equate access with insurance coverage or with having enough doctors and hospitals in the geographic area in which they live. But having insurance or nearby health care providers is no guarantee that people who need services will get them. Conversely, many who lack coverage or live in areas that appear to have shortages of health care resources do, indeed, receive services.”

How does access to care change after a disaster?

What impacts do changes in access have on individuals?

How do we mitigate those impacts?
Sandy and the Manhattan VAMC

- Extensive damage to ground and first floors housing outpatient clinics, MRI, and key electrical and mechanical systems

- MVAMC resumed Outpatient services in MAR13 & Inpatient services resumed in MAY13

- Project designs have started, with construction completion schedule through FY2015.

- Physical damage is evident: But what wider impacts did it have on our Veterans?
“We define secondary surge capacity as the sustained ability of a health care system to expand operational resources to meet the increased or fluctuating demand for medical care services throughout long-term recovery.”

Access to Care: Understanding Impacts

• VHA healthcare is highly reliant on coordinated outpatient primary care.
  – Did Sandy interrupt access to primary care for our patients? If so, what are the results?

• An estimated 1200 outpatient visits per day at MVAMC were absorbed using mobile outpatient clinics and transportation to other VHA facilities for 5+ months.
  – What were the consequences of this shift? Were these efforts effective in preventing negative outcomes in our Veteran population?

• VHA is able to create surge capacity to absorb healthcare needs in our system due to standardized computer medical records and a large healthcare system.
  – Compared to other healthcare systems in affected areas, how did we do?
Critical Knowledge Gap: How do we measure the impacts of disasters on populations over time?

- No existing metric to measure impacts
- Current literature is limited
- Katrina literature suggest significant disruptions to healthcare access in the short and medium term but long term data on impacts is lacking