

Cultivating Best Practices

Engaging the Private Sector Health Care System in Building Capacity to Respond to Threats to the Public's Health and National Security

The American Burn Association and
the US Burn Care Community

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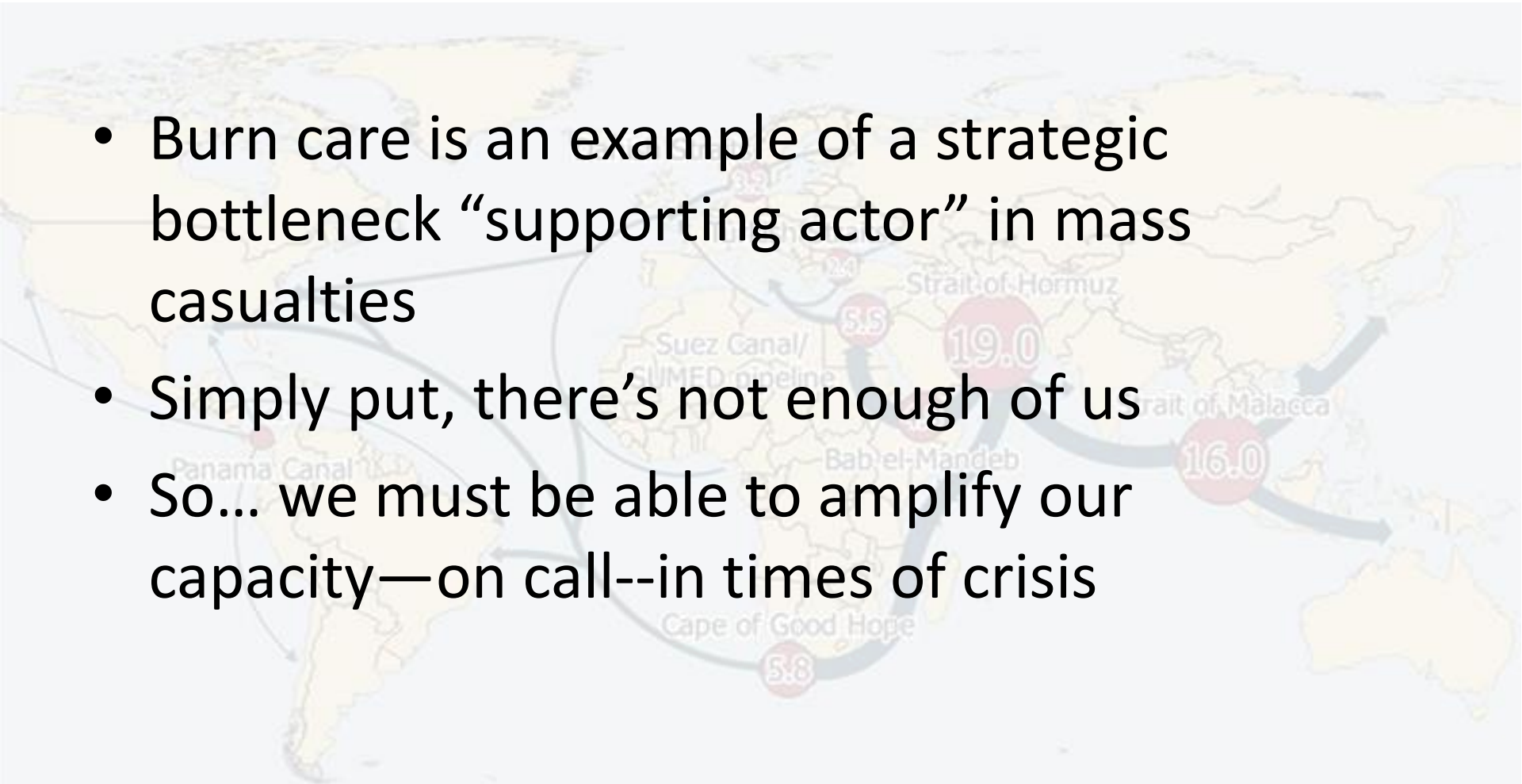
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(NO DISCLOSURES OR CONFLICTS OF INTEREST)

What is your niche in healthcare/public health and what role does it play in preparing for disruptions to the public's health, safety, and security?

- Burn care is an example of a strategic bottleneck “supporting actor” in mass casualties
- Simply put, there's not enough of us
- So... we must be able to amplify our capacity—on call--in times of crisis



How can we cultivate innovation and lift up best practices for your niche area?

- When discussing threats to public health/national security, burn care needs a place at the table, every time...
- We need to continue and grow the amazing ABA-HHS/ASPR partnership in innovation

A vibrant clownfish with orange and white stripes is swimming in a sea anemone with long, translucent tentacles. The background is a soft, out-of-focus blue and green.

Explore the degree to which the public and private healthcare systems are key components of national security infrastructure

- Public and private components of delivering burn care for national defense are utterly **SYMBIOTIC**—hard fail if either component is not present
- No partnership between HHS/ASPR and US burn care providers >>> **ZERO** scalability of response

Interest among healthcare institutions in developing or improving collaborations across public and private sectors >>> strengthening capacity?

- YES, YES, and an emphatic YES!!!
- US burn care: self organizing, mutually supporting regional networks of burn resources and providers
- Near term focus on accelerating integration of government assets into these self-organizing networks

Key levers that would motivate private sector investment in system capacity building for disaster and public health emergency response

- Biomedical Advanced Research and Development Authority (BARDA)
- Perfect example has been the HHS/ASPR/BARDA role as “venture capitalists” for private sector burn care research and innovation

Overcome key challenges to existing incentives for improved management of critically ill and injured--day-to-day, and during crisis

- Break down silos between stakeholders!!!
- Drill, drill, drill!!!
- Buy into this polemic of compulsory planning to foster on-demand scalability of strategic bottleneck “supporting actors” (burns, pediatrics, ortho trauma, neuro trauma radiation treatment, etc.)



Review key elements that could be used to improve situational awareness of public and private sector healthcare facility capacity and capabilities to respond to disasters and public health emergencies

- Prior “HAvBED” and BARTS awareness efforts
- Ongoing American Burn Association situational awareness feed to HHS/ASPR
- Morphing into electronic format
- Burgeoning GIS capability at HHS/ASPR/OEM
- Still a long way to go for desired level of real time situational awareness

Department of Defense hospitals used as a part of the US response to disasters and public health emergencies?

- Key irreplaceable role of the US Army Institute of Surgical Research (USA-ISR) in the 20,000 potential viable burn/blast casualty scenario (think thermonuclear detonation)



American Burn Association

Dedicated to improving the lives of everyone affected by burn injury.