HEALTH CARE DELIVERY
New payment models encouraged by the ACA are prompting a shift toward “population health,” more points of access to care in community settings, and more emphasis on what happens “outside the hospital.”

Possible Effect: New health care payment and delivery models could affect surge burden for hospitals during a disaster.2,3

WORKFORCE
Evolving care delivery models and public health training provisions in the ACA mean greater roles for physicians outside the hospital and more emphasis on integrated, team-based care.

Possible Effect: Through integrated care delivery and improved knowledge of community health needs, emergency medical technicians (EMTs) could be better positioned to respond during a disaster.7

FINANCING
In states not expanding Medicaid, 6 million people above Medicaid limits but below 100 percent of the federal poverty line would be left without insurance.

Possible Effect: Because disparate-fortunate share state mental health funding is unlikely in every state, safety-net hospitals in non-Medicaid-expansion states could have fewer resources for the same uncompensated care.

COMMUNITY RESILIENCE
The ACA encourages new programs and funding focused on everyday wellness, prevention, and transformation of communities to support healthy environments.

Possible Effect: Communities that are healthy and resilient before a disaster could be better equipped to make a faster and more complete recovery.5,6

MENTAL HEALTH SERVICES
The ACA ensures that health plans offered in small group and individual marketplaces include care for mental health and substance use disorders as “essential health benefits.”

Possible Effect: People with access to mental health care prior to a disaster could be more resilient, and increased access to services after a disaster could aid in recovery.1,2

Although some provisions of the ACA could have positive impacts on disaster preparedness, many challenges remain as the act becomes fully implemented around the country—including a potential added burden on some safety-net hospitals, difficulties in widespread EHR adoption, and evolving financial pressures. It is important for stakeholders at the community, state, and national levels to continue to prioritize preparedness planning.

Incentives under the ACA promote development of health IT, including electronic health records (EHRs), interoperable databases, and telemedicine.

Possible Effect: These tools could allow real-time surveillance and more coordinated care for patients during disaster response and recovery. Telemedicine could offer roles for even distant providers.1,2

INSTITUTE OF MEDICINE
An Institute of Medicine workshop explored how ACA provisions could affect U.S. preparedness programs.

EXPLORATION: This infographic summarizes information presented in The Impacts of the Affordable Care Act on Preparedness Resources and Programs (Washington, DC: The National Academies Press, 2014). Statements and opinions are those of individual participants, are not necessarily endorsed or verified by the IOM, and should not be construed as reflecting any group consensus. For more information, visit www.iom.edu/ACApreparedness. Contents on individual participants are not necessarily endorsed or verified by the IOM, and should not be construed as reflecting any group consensus.


www.iom.edu/medprepforum
www.iom.edu/ACApreparingtableto download a detailed table from the IOM workshop summary.

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