



ASPR

HHS emPOWER PROGRAM OVERVIEW

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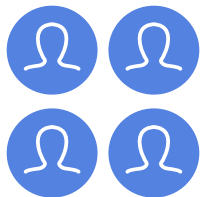
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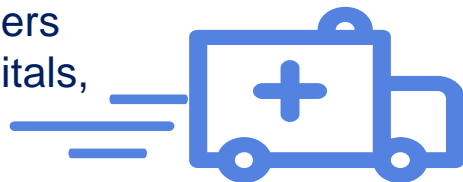
2018

Why HHS Created the emPOWER Program



Millions of Americans rely on electricity-dependent medical equipment and essential health care services to live independently in their homes

In the event of an **incident, emergency, or disaster**, at-risk populations often seek immediate care from first responders (e.g., EMS), hospitals, and shelters



This leads to **surges in health care demand** and **stress** on the health care system and shelters

Can Centers for Medicare & Medicaid Services (CMS) data help communities **protect the health** of community-based at-risk populations, **ensure continuity of care**, and **reduce system stress**?

Evidence for the HHS emPOWER Program

The Pilot

ASPR partnered with CMS and the City of New Orleans Health Department to **assess whether Medicare claims data was timely enough to rapidly identify and locate at-risk individuals** who relied on electricity-dependent oxygen equipment.



Medicare beneficiaries in the City of New Orleans with a claim for ventilator, oxygen concentrator, and/or oxygen tank.

The Results

- **611 Medicare beneficiaries** had a claim for an oxygen concentrator or ventilator, and 191 were visited
- Claims data were **93% accurate** in identifying the medical equipment*

Only 15 people



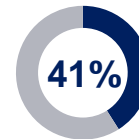
were enrolled in the city's special needs registry

Only 8 people



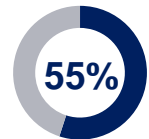
were enrolled in the electric company's registry

Almost half



did not have an emergency plan

Over half

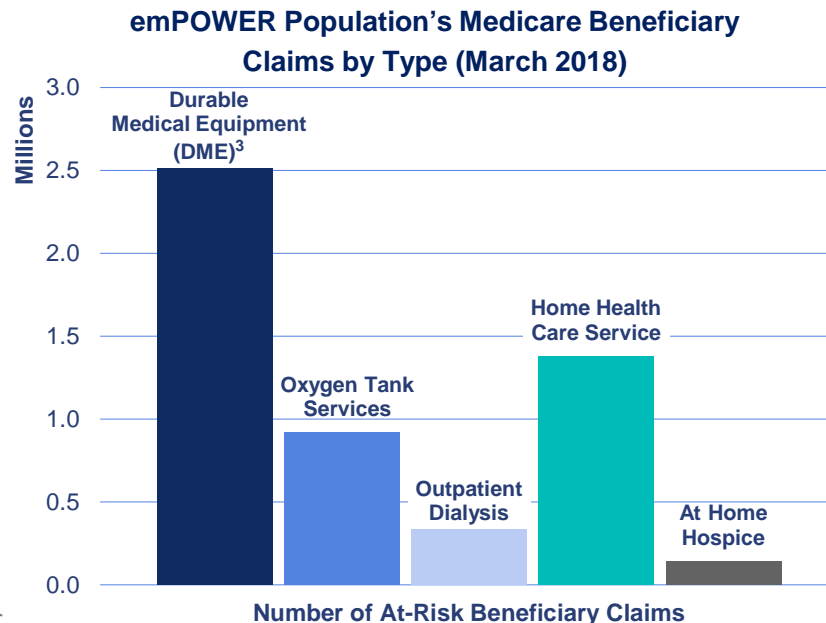
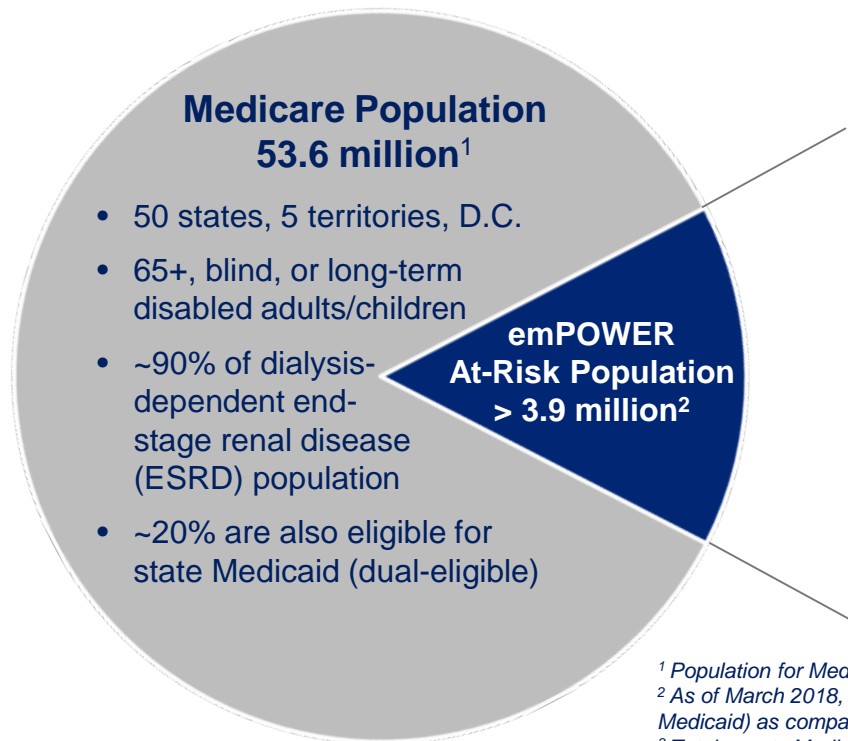


would need assistance in an emergency

*Similar results were observed in an exercise in Broome County, New York

Medicare claims data is a reliable resource for locating at-risk individuals, enabling emergency responders to reach the right people at the right time during an emergency

Characteristics of the HHS emPOWER Population



¹ Population for Medicare (Parts A/B) and Medicare Advantage (Part C) as of March 2018.

² As of March 2018, 27% of the emPOWER population is dual-eligible (beneficiary is enrolled in Medicare and state Medicaid) as compared to the national average of 17.1%.

³ Total counts Medicare beneficiaries only once, even if they have more than one piece of electricity-dependent DME.

Elements of the HHS emPOWER Program

ASPR and CMS partnered to create the HHS emPOWER Program, which leverages CMS Medicare beneficiary data to populate innovative program tools to provide the **right data** in the **right tool** to the **right person** at the **right time**



Data



Mapping Tools



Dataset Tools

Medicare Beneficiary Data (Sample)

Beneficiary ID	Name	Street Address	City	State	ZIP Code	Medicare Benefit Type	Total Age
1000000001	JOHN DOE	1234 Main St	Anytown	CA	90210	Medicare Part A	65
1000000002	JANE SMITH	5678 Oak Ave	Anytown	CA	90210	Medicare Part A	68
1000000003	JOHN DOE	1234 Main St	Anytown	CA	90210	Medicare Part A	65
1000000004	JANE SMITH	5678 Oak Ave	Anytown	CA	90210	Medicare Part A	68



Services	Services	Services	All Power Dependent			
# O2 services (tanks) (13 months)	# Home health (3 months)	# At-Home Hospice (3 months)	# Electricity-Dependent Devices and DME	# Cardiac Devices (5 years)	# Ventilators (13 months)	# BiPAPs (13 months)
15	11	11	44	50	11	11

INDIVIDUAL LEVEL DATASET - All At-Risk Individuals

POPULATION - Medicare population is reduced to active beneficiaries as of November 2014 who are enrolled in Medicare Part A and B or the MA indicates that that the at-risk population is not included in this request.

NOTE: All data are 2015/2016 and used for short-term programs only

Initial Sorting Order	First Name	Last Name	Date of Birth	Enrollment Plan Yr	PO Box or Unknown Address	Care Of Indicator	Solution	Street Address 1
1	Ann	Smith	November 4, 1944	FFS	C	0		27 Carey Island Ave
2	Amy	Brown	February 18, 1955	MA	C	1		150 Dear Street
3	John	Taylor	December 23, 2028	MA	C	0		1800 40th St
4	Jane	Doe	March 11, 1966	FFS	C	0		1800 Bay Ridge Ave
5	Robert	Walker	May 20, 1910	FFS	C	0		1900 60th St
6	Mary	Johnson	September 14, 2012	FFS	C	0		17 212th Place
7	William	Jones	December 1, 1938	FFS	C	0		1800 120th St

The HHS emPOWER Program Tools

The HHS emPOWER Program provides dynamic data and mapping tools to help communities **protect the health of more than 3.9 million** Medicare beneficiaries who live independently and rely on electricity-dependent medical equipment and health care services

HHS emPOWER Map and REST Service



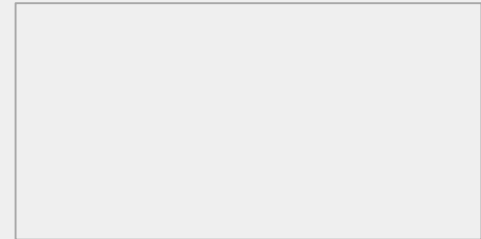
Publicly available at
<https://empowermap.hhs.gov>

HHS emPOWER Emergency Planning De-identified Dataset

Services	All Power Dependent	
# At-Home Hospice (3 months)	# Electricity-Dependent Devices and DME	# Cardiac Devices (5 years)
11	44	50
50	13	11
50	13	11
11	44	50

Restricted to Public Health Authorities

HHS emPOWER Emergency Response Outreach Individual Dataset



Secure, restricted to authorized Public Health Authorities

Preparedness



Response



Recovery



Mitigation



What are the emPOWER Map and REST Service?

ASPR is helping communities by providing de-identified Medicare at-risk population data on the interactive HHS emPOWER Map, and through an emPOWER REST service via ASPR's GeoHEALTH Platform



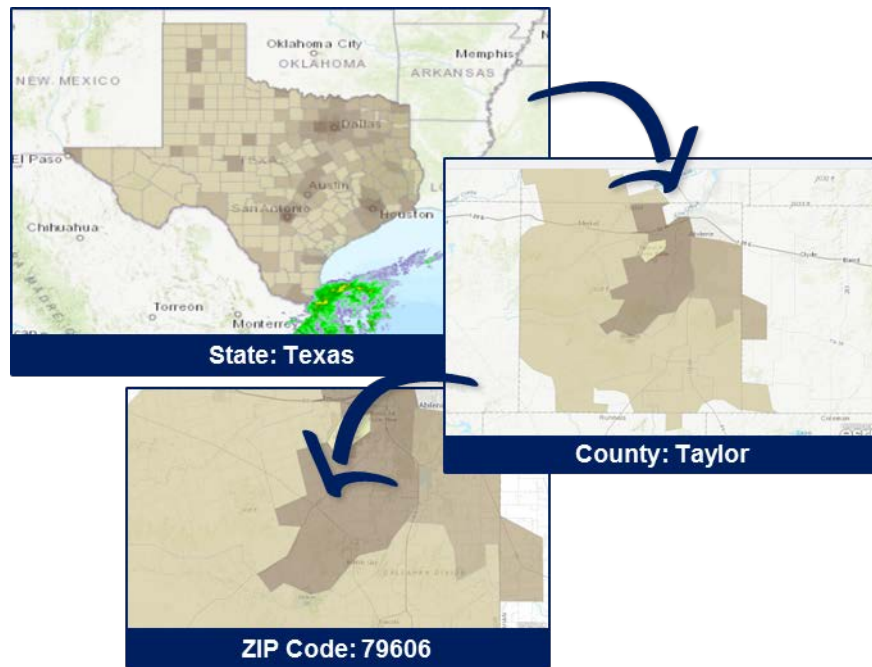
Publicly accessible at <https://empowermap.hhs.gov>








Publicly accessible at <https://geohealth.hhs.gov>

When Can I Use the HHS emPOWER Map and REST Service?

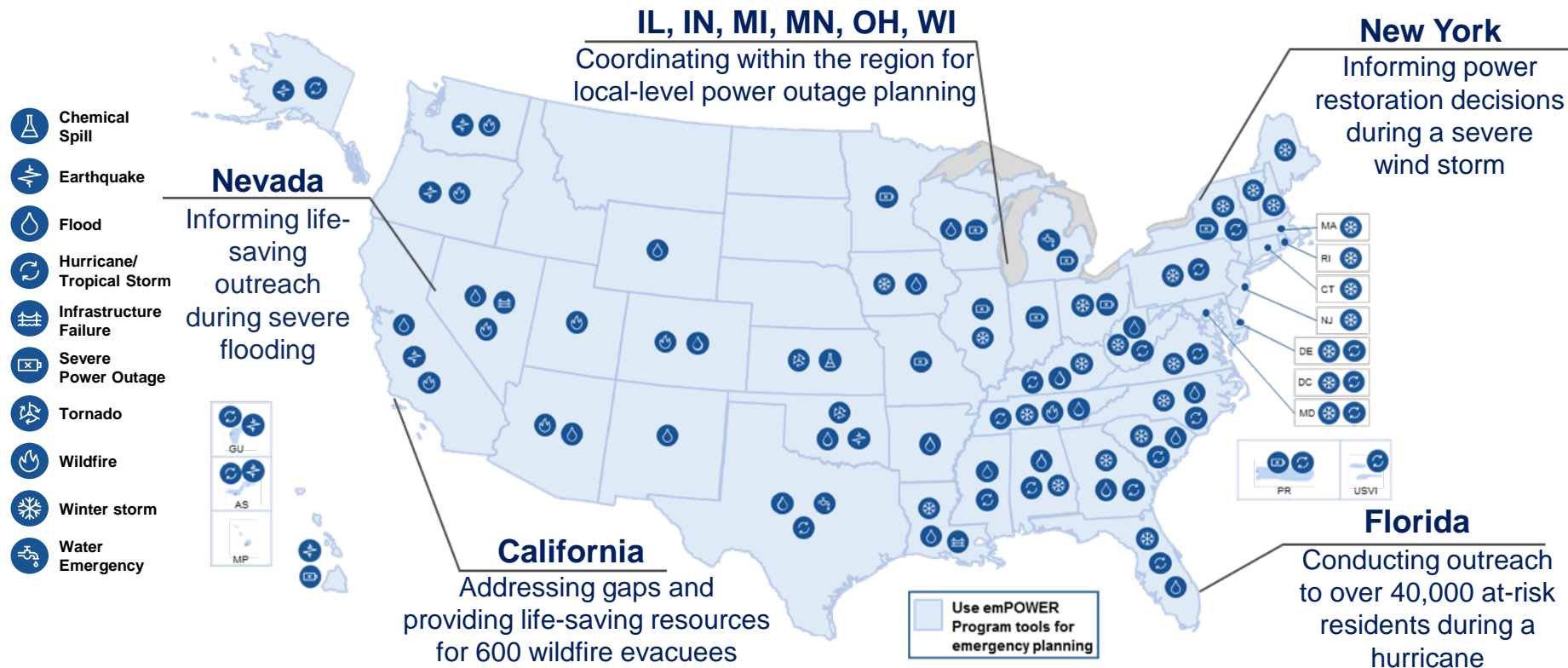
These publicly available tools allow community stakeholders to better anticipate and plan for the needs of the electricity-dependent population in a geographic area prior to, during, and after an emergency



-  Gain population-based situational awareness
-  Identify health care resource needs and potential areas of surge
-  Determine potential shelter locations and resource needs
-  Plan for evacuations and identify evacuation routes
-  Inform public communications and foster community engagement

Bringing It All Together: The HHS emPOWER Program in Practice

HHS emPOWER Program in Action



Use Case: Hurricane Matthew in Florida

The HHS emPOWER Program helped Florida quickly identify and provide outreach to tens of thousands of at-risk individuals, setting the stage for life-saving emergency response

Planning and Preparedness

In anticipation of Hurricane Matthew, Florida Health used the emPOWER Emergency Response Outreach Individual Dataset to identify at-risk individuals in seven counties and perform a **reverse lookup of phone numbers**

Response

A life safety call was made to **over 40,000 residents** by the Florida Division of Emergency Management using the Statewide Alerting and Notification System

Impact

Staff **contacted the 169 individuals** who indicated they might have a health or medical need during and shortly after the hurricane



44,500 at-risk residents identified and called

17,000 residents responded to calls

169 individuals requested assistance



Supporting partners:

- Florida Division of Emergency Management
- Local Emergency Managers and Emergency Operations Centers

Use Case: Severe Flooding in Nevada

HHS emPOWER Program tools helped Carson City Health and Human Services (CCHHS) and Washoe County Health District (WCHD) assess its capacity to assist the at-risk population and engage partners to ensure coordinated outreach

Planning and Preparedness

In 2017, CCHHS used both emPOWER datasets to **identify and address gaps in resources** (e.g. oxygen tanks) for the at-risk population and **map evacuation routes** for beneficiaries in flood-prone areas

Outreach

CCHHS and WCHD used the emPOWER Emergency Response Outreach Individual Dataset to **identify at-risk individuals living in flood-prone, avalanche-prone, and remote areas**, and coordinated with Medical Reserve Corps volunteers to provide outreach

Impact

CCHHS is expanding use of the emPOWER Individual dataset to help **set up mass care operations and inform umbrella contracts** with DME companies. WCHD and Washoe County GIS developed an effective way to process emPOWER data within 30 minutes



4 counties in Nevada benefitted from emPOWER Program data

300 homes in flood-prone areas contacted by CCHHS



Supporting partners:

- NV Division of Public and Behavioral Health
- NV Aging and Disability Services
- NV Division of Emergency Management
- NV National Guard
- Tribe Emergency Manager

Use Case: Severe Wildfires in Los Angeles, California

HHS emPOWER Program tools helped Los Angeles (LA) identify the needs of its at-risk population and connect with health care partners to improve continuity of care

Emergency Preparedness Planning

In December 2017, LA County Department of Public Health requested emPOWER data on behalf of the City of LA to support first responder efforts to identify and locate at-risk individuals in areas that had been evacuated due to wildfires

Recovery

Following the wildfires, LA County identified and engaged durable medical equipment (DME) and oxygen suppliers in the area, serving approximately 600 at-risk individuals. This effort helped ensure continuity of care for many wildfire evacuees

Impact

The City of LA is incorporating emPOWER data into emergency response protocols and plans. LA County and LA City are developing mapping applications for the data to provide first responders with current, actionable information on the at-risk population



~600 at-risk individuals impacted by wildfires

38 DME providers contacted, and 22 surveyed



Supporting partners:

- LA Emergency Management Department
- LA Fire Department
- LA Police Department
- DME and Oxygen Suppliers

Use Case: Hurricane Irma in US Virgin Islands

HHS emPOWER Program tools helped the US Virgin Islands, specifically St. Thomas, identify and locate individuals dependent on dialysis for life-saving outreach and evacuation

Preparedness

In 2017, ASPR used both emPOWER datasets to **identify and address gaps in resources** for dialysis patients and develop plans with renal networks, providers, and territorial partners to ensure continuity of life-maintaining health care services

Response

Following Hurricanes Irma and Maria, **ASPR used the emPOWER individual dataset and CMS-3178-F reporting requirements to rapidly identify, locate, and conduct life-saving evacuations** of dialysis patients using ASPR NDMS, USAR, and DOD teams

Impact

ASPR is developing best practices to teach others how to leverage emPOWER data and the CMS 3178-F reporting requirements to protect the lives of at-risk populations in disasters



~211 life-saving evacuations



Supporting partners:

- ASPR
- CMS
- FEMA
- DOD
- Urban Search and Rescue (USAR)

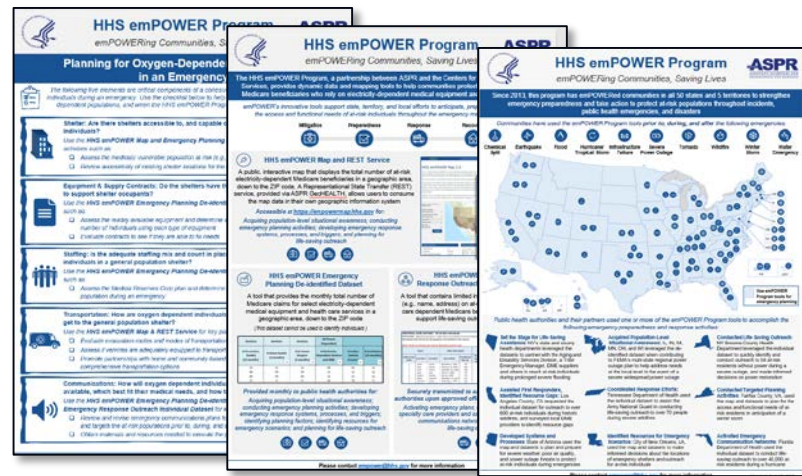
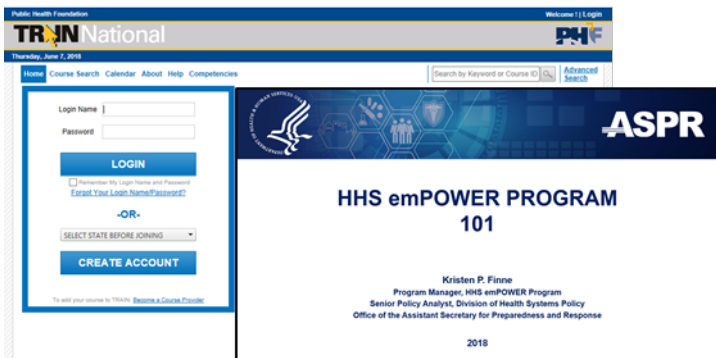
emPOWERing Partners- New Tech, Training and Tools in 2018

HHS emPOWER Program Communications

In **FY2019**, new trainings and communications materials will be available for stakeholders interested in **strengthening emergency preparedness and response** in their state, territory, county, or major metropolitan area

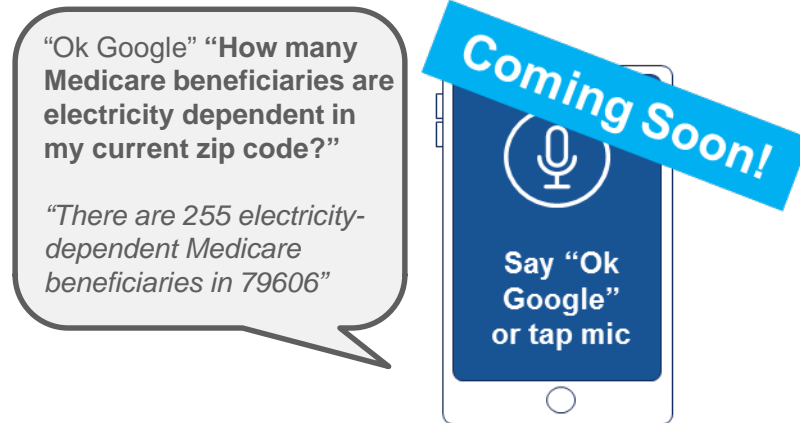
An emPOWER training will be available on TRAIN, and an emPOWER 101 presentation will be accessible on the forthcoming emPOWER Portal

New grab-and-go materials, including fact sheets, job aids, journey maps, and guides for the emPOWER Program tools will be available on the emPOWER Portal



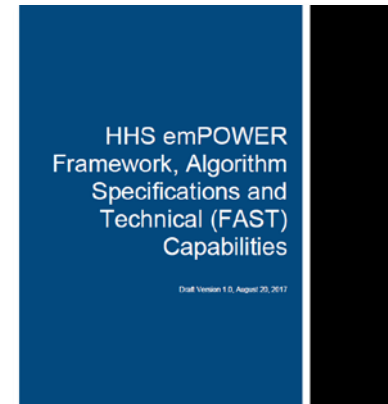
HHS emPOWER Program Innovation and Expansion

In Fall 2018 the HHS emPOWER Program will launch the emPOWER Map Virtual Assistant through **Google, Amazon Alexa, and Cortana Virtual Assistants** to put emPOWER data in the hands of first responders in the field



The HHS emPOWER Program is regularly looking for ways to **incorporate additional health and human service data** to better protect at-risk populations across the country by:

- Enabling stakeholders to **replicate emPOWER**
- Facilitating the **adoption of emPOWER** at the state level through pilots:
 - "emPOWERing State Medicaid and CHIP Data Pilot"



HHS emPOWER Program Contact Information

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