



**Calhoun: The NPS Institutional Archive
DSpace Repository**

Center for Homeland Defense and Security (CHDS)

Center for Homeland Security and Defense Publications

2010-02-24

Physician Preparedness: Role of Medical Societies

Herskovic, Arnold; Cannon, Ellen

Monterey, California: Naval Postgraduate School

<http://hdl.handle.net/10945/69232>

This publication is a work of the U.S. Government as defined in Title 17, United States Code, Section 101. Copyright protection is not available for this work in the United States.

Downloaded from NPS Archive: Calhoun



Calhoun is the Naval Postgraduate School's public access digital repository for research materials and institutional publications created by the NPS community. Calhoun is named for Professor of Mathematics Guy K. Calhoun, NPS's first appointed -- and published -- scholarly author.

**Dudley Knox Library / Naval Postgraduate School
411 Dyer Road / 1 University Circle
Monterey, California USA 93943**

<http://www.nps.edu/library>

Physician Preparedness: role of Medical Societies

Ellen Cannon PhD

Professor Northeastern Illinois University
Political Science

Arnold Herskovic MD

Rush University Medical Center Radiation
Oncology

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, is located in the bottom right corner of the slide. The circles are light blue and vary in size and opacity, creating a subtle background pattern.

Role of SMS in Preparing a Preparedness Culture for Physicians

- Focus of research: Scholarly research continues to underscore that Culture of Preparedness does not exist among American Physicians to disaster/terrorist incidents
- We examined role SMS are currently playing and potentially can play in rectifying this situation

Context: and Value of this Research

- Disaster/Terrorist material incorrectly assumes that physicians are prepared as first responders in local/state disaster incidence
- Latest Findings AMA argues contrary stating American physicians including ER physicians are not trained or prepared for 21st century Nuclear, Chemical, Biological or a local WMD incident

- Recent studies AMA find current medical school curriculum continues to be deficient in preparing interns and residents for active responsiveness to disaster/terrorist incidents
- Thesis of graduate students Naval Post Graduate School written between 2006 & 2010 underscore the lack of culture of Preparedness of Physicians, hospitals, nurses, EMT, pharmacist etc. to Nuclear Chemical Weapons and WMD situations (DR Joan McInerney MD 2009 AnnMarie Conroy 2008, Paula Bloom 2007)

- Leading physicians Public Health experts and Political Scientist concur that a Culture of Preparedness among physicians do not exist as of 2010; hospital surge plans are inadequate. A new decision making medical expert position with required training in Disaster Medicine must be developed and operationalized (Cannon, Herskovic 2007,8,9) Daniel Barnett MD 2010, Ralph Shealay MD 2010 Shumel Shapira MD 2010 and Jonah Burstein MD 2007,2010)

- Oct 18,2007 DHS Presidential Directive 21 underscores physician preparedness limitations and calls for a new leadership role of physicians in disaster decision making during all state local and federal issues-Medical Technician expertise in Disaster Medicine

Presidential Directive #21

- Recognizes role of National Disaster Medicine in preparedness planning and state and local role in disaster response
- created new position of Medical Technical specialist (s) as decision makers in incident command
- Differs in that current disaster planning by hospital administrator changed to Dr who is trained in ethics, pediatrics, security mass casualty, biologic, chemical, radiation weapons, infectious dz , admin staff decision making, legal risk management, logistics among other disciplines

Presidential Directive 21 –(2)

- AMA if committed to Directive 21
- AMA in forefront of new Medical Specialist
- Decision Making and Disaster Leadership Training now imperative and obligatory for Disaster Medicine

State Medical Societies

- Some states are at forefront often acting as conduit linking Dr to Critical Information which is key
- Many (20%) have potential but need better clarity and direction
- Many have extensive information but it is embedded
- Majority emphasize legislation lobbying, financial concerns, advertising and jobs
- Many are Disengaged and disconnected from potential disaster threats

Why are SMS Important 2

- Culture of Preparedness not in place among Drs.-(most citizens)
- Drs role becomes more important
- Hospitals maybe unable to sustain a surge; maybe at physical risk
- As Federal local resources are being reduced
- All disasters are ultimately local
- SMS reflect American Federalism (national to voluntary independent organization is states)

SMS's are an underutilized resource

- The content of their website currently has little or no concern with physician responsiveness to disaster or terrorist incidents
- Currently majority of SMS website focus on State and Federal legal issues
- Political Lobbying
- Medicare/and other reimbursement
- Electronic Billing and Coding Systems
- Job Placement and opportunities
- Advertisement

- SMS websites could be a cost effective shovel ready tool that could be utilized to develop a Culture of Preparedness among physicians without undermining other legitimate concerns



Methodology

- Content Analysis of 51 SMS websites re:7 variables
 - Newsletter & Journal including electronic newsletter
 - Available directory, medical volunteer info
 - Mission statement whether mentions disaster threat
 - Related Educational resource and links
 - Links to State and Federal Public Health and helpful response websites
 - Specific reference on first page re:disaster

Examination of SMS websites

- Based on the content analysis of these 7 variables all websites were placed into one of 4 categories:
- 1. Weak-website
- 2 Moderate
- 3 Embedded
- 4 Complete

Weak SMS Web Sites

- 1. Limited or no communication to existing and developed governmental resources
- 2 No connection to preparedness/disaster training, education, or Disaster Medicine fellowships
- 3. No link to national regional or State Dept of Health preparedness training
- 4. Mission Statement limited
- 5. No access to Real Time Information

Weak SMS web sites (28)

- 56% of state medical societies web sites were found to be weak (Al, Ca, Ct, De, Fl, GA, HA, IL, Iowa, KN, ME, MA, MA, MT, NJ, NM, NC, ND, OH, OK, RI, SC, TN, VT, WV, WI, WY
- 2. 7 of above states are among the largest populations and OK had which has a very weak website experienced a terrorist attack in 1995
- 3 All of the weak web sites had little or no communication with governmental emergency resources
- 4 All weak SMS had no mention of preparedness disaster training or related CME courses
- 5 All weak SMS had no connection or mention of State Medical Reserve Corps
- 6. most devoted extensive space to history of SMS

Moderately Informative SMS websites(7)

- Alaska,Ark,ID,SD,VA,DC,NH (14%)
- Newsletter, State Medical Journal available
- Available Directory for potentially mobilizing Medical Reserve Corps
- Mission Statement has no reference disaster/terrorist threat
- Few Links to State, Federal Dept of Health available
- Few Links to national preparedness websites
- Limited front page reference to disaster/terrorism
- Mentioning of Reserve Medical corps &/or potential tool kit

Embedded SMS websites 10

- Md, Mn, Ms, Mo, Ne, Nv, Or, Pa, Tx, Ut (20%)
- Information available regarding all 8 variables
- Information embedded in website most often in strange or implausible locations
- E.g. all 8 variable in 3 SMS websites found under “Patient Care”
- Takes a great deal of time to find pertinent information
- Slight refinement needed to transform an Embedded site to “Complete” highly cost effective

Complete SMS websites (5)

- AZ,CO,LA,MI,NY (10%)
- 2 states had major disasters;3 taking leadership roles thru SMS without experience a disaster
- Clear Statement with bold visuals for Disaster/Terrorist Preparedness as a primary concern
- Cross border SMS co operation: Statewide Summit on Preparedness (CO)
- Extensive listing of critical links to all levels of government and Dept of Public Health, interactive videos, CME, multilingual, fellowship information on Disaster Medicine

Lessons Recommendations 1

- 1. 30% of SMS websites are on their way to serving a major function in physician responsiveness
- 2. No need to reconstruct the wheel- cost effective changes to existing websites are feasible
- 3. Mass. has developed a pocket lifesaver guide that can be duplicated

Lesson/recommendation 2

- 4 Several sites focused on children and schools focusing attention to needs of school physicians and nurses
- 5 Bold or colored symbols were effective
- 6. NY State and City developed a citizen, doctor alert system which can be duplicated by others
- 7. Membership not required to access disaster information especially important for RN's, PA's, DDS's etc

Lessons Recommendations 3

- 9 recruitment for Reserve Medical Corps is worthwhile and should be highlighted
- 10 Some states featured summits which could be duplicated by all states
- 11 Critical Information should be on the front page and urgent information to be available via a **ACTION BUTTON**

Future Research

- Based on our study: Doctors as Linchpins using model of practicing physicians




Other sites

- ASTRO: disaster preparedness not on front page however if one puts in “Public Policy” in the search one can eventually access Homeland Security information despite the organization responding to the potential need **EMBEDDED NOT INTUITIVE**
- American College of Chest Physicians-remarkable information

Ideal Web Site

- ACTION BUTTON: quick access to critical information
- Emphasis on local concerns in disaster
- No restrictions to membership, even Drs
- Multitude of linkages
- Educational opportunities perhaps certifications, cme etc
- Development of Interactive motivating educational material probably including virtual disasters

Conclusion:

- Web sites of state medical societies are a potential source of good information
 - Emergency information must be easily available and formatted for use in a stressful situation
 - Information should be available to all “qualified” individuals without restriction by membership or degree
 - We do not have to invent the wheel-most information is available by links
- 

Therefore: we inquired

- Are physicians willing to participate?
- What is the physicians knowledge base?
- Are there differences per practice areas/specialties?
- Have our institutions, societies included physicians in training, ongoing education?
- Have governmental institutions, specialty boards, training, medical schools and other agencies been involved?
- What are critical issues to be addressed?

Reliable Information Concl:

- Only the emergency room doctors had a level of comfort as to receiving reliable information. 10 of 26 internist were second. In a small sample the ER doctors were trained in disaster preparations and CME. Internist mostly from CME.

Have You received Reliable, Usable Information from where?

	Y/N	CME	inter net	Med Sch	Dis prep	ER prep	Lic	Bd	Jornl	Med Soc
?	8/14	2	6	2	3	4	1	4	4	3
I	10/7	10	4	3	3	-	-	-	2	3
S	2/11	2	5	1	4	-	1	2	2	-
RO	1/3	-	-	-	-	-	-	-	-	-
ER	5/-	2	1	1	2	3	1	1	2	1
XR	-/4	-	-	-	-	-	-	-	-	-
Path	½	1	1	-	-	-	-	-	2	-
gyn	1/3	1	1	-	-	-	-	-	-	-
misc	¼	-	1	2	2	-	-	-	-	-
T Y	29/48	18	19	9	14	7	3	7	12	7

Comments Q44-48 (7)

- Learning and receiving preparedness knowledge from local & regional medical associations, hospitals, and governmental agencies has been disappointing

Table 7

- 44. To what extent has local, regional medical association contributed to your preparedness knowledge and preparation? ____ (1-5)
- 45. To what extent has local hospital prepared you with information and sources? ____ (1-5)
- 46. Have you been involved in a drill? ____ how often? ____ how has it prepared you? ____ (1-5)
- 47. To what extent has local government and local officials made preparedness and disaster training an issue ____ to what extent has this increased your knowledge ____ (1-5)
- 48. To what extent has the local media impacted your knowledge of disaster preparedness ____ (1-5)

Survey 44-48

	Prep: 44 Med Soc	45 Hospital	46 drills prep	47 govt issue prepared	48 media		
	0/1/2/3/4	0/1/2/3/4	y/n	0/1/2/3/4	0/1/2/3/4		
NOS	22/7/1/-/4	23/4/-/-/-	11/13	10/4/2/-/1	19/1/3/4/-	11/4/3/-/-	17/6/9/-/-
Intern	16/3/2/-/-	14/4/4/-/-	7/14	6/-/2/-/-	16/2/1/-/2	15/4/-/-/2	9/3/7/2/2
Surg	10/-/-/-/4	5/9/-/-/-	7/4	4/3/3/-/-	3/1/-/-/-	1/1/1/-/-	-/2/-/3/1
Rad Onc	4/-/-/-/-	1/-----	-/3	-----	-/-/3/-/-	2/-/-/-/-	3/-/-/-/-
ER	1/2/1/-/-	2/1/2/-/-	3/-	1/2/-/-/-	-/3/-/-/-	2/3/-/-/-	2/2/-/1/-
Rad	4/-/-/-/-	4/-/-/-/-	-/3	2/-/-/-/-	2	4/-/-/-/-	3/-/-/-/-
Path	1/1/-/-/-	1/1/-/-/-	2/1	-----	1/-/-/-/-	2/-/-/-/-	-/-/2/-/-
Obgyn	3/1/-/-/-	4/-/-/-/-	1/2	2/-/-/-/-	2/-/1/-/-	1/2/-/-/-	2/2/-/-/-
Miscell	4/3/-/-/-	-----	2/3	-/1/-/-/-	3/1/-/-/-	1/1/1/-/-	-/2/-/3/1
Total	65/17/14/0/8	54/19/6/0/0	38/43	25/10/7/0/1	43/8/8/4/2	39/15/5/0/23	6/17/18/9/4

Q20 Are you willing to be a responder

Q 30 How Much would you be involved in a disaster if family tended to

1.no change 2.moderate increase

3.more directly involved in a sustained basis

	20	30
	y/n	1/2/3
NOS (31)	14/5	3/15/9
Intern(26)	10/9	5/10/7
Surg (15)	11/1	1/8/5
RaOnc(4)	2/2	1/-/2
ER(5)	2/1	-/5/-
Rad(4)	1/3	-/2/1
Path(3)	2/1	1/1/-
Gy(4)	4/-	1/1/1
Miscell (8)	7/0	1/7/-
. totals	53/22	13/49/25

16 Do you feel prepared to deal with a local disaster (y/n)?
 mass disaster (y/n)?


18 Have you received any training as a first responder (y/n) ?
 or patient motivator (y/n)?

	16	18			
	Y/N	Local	Mass	y/n	y/n
NOS (31)		13/17	2/24	4/22	1/5
Intern(26)		6/14	4/17	5/17	7/8
Surg (15)		6/6	3/7	5/9	-/11
RaOnc(4)		-/4	-/4	-/4	-/4
ER(5)		4/1	3/2	4/1	3/2
Rad(4)		1/3	-/4	1/3	-/4
Path(3)		1/2	1/2	-/3	-/2
ObGyn(4)		1/3	1/3	2/2	1/3
Miscell (8)		1/6	-/7	1/5	-/5
TOTALS		33/56	14/70	22/66	12/44


Ideal Web Site

- PANIC BUTTON: quick access to critical information
- Emphasis on local concerns in disaster
- No restrictions to membership, even Drs
- Multitude of linkages
- Educational opportunities perhaps certifications, cme etc
- Development of Interactive motivating educational material probably including virtual disasters

Conclusion:

- Web sites of state medical societies are a potential source of good information
 - Emergency information must be easily available and formatted for use in a stressful situation
 - Information should be available to all “qualified” individuals without restriction by membership or degree
 - We do not have to invent the wheel-most information is available by links
- 

Why physicians:

- Discussion not limited to Drs, but it may be easier to track
 - Others such as EMT, RN, corpsmen PA, DDS, Therapist etc may be qualified
 - Suggest-in a disaster a hierarchy based on experience and training
- 

Other sites

- ASTRO: disaster preparedness not on front page however if one puts in “Public Policy” in the search one can eventually access Homeland Security information despite the organization responding to the potential need **EMBEDDED NOT INTUITIVE**
- American College of Chest Physicians-remarkable information

Weak SMS Web sites 28

- Al, Ca, Ct, De, Fl, Ga, Ha, Il, In, Iowa, Ka, Me, Ma, Mass, Mt, NJ, NM, NC, ND, OH, OK, RI, SC, TN, Vt, WV, WI, WY (56%)
- Limited intercommunication with governmental emergency resources
- No connection to preparedness/disaster education-limited intercommunication
- No national/regional or educational links
- EG little information Mission statement refers to license and career

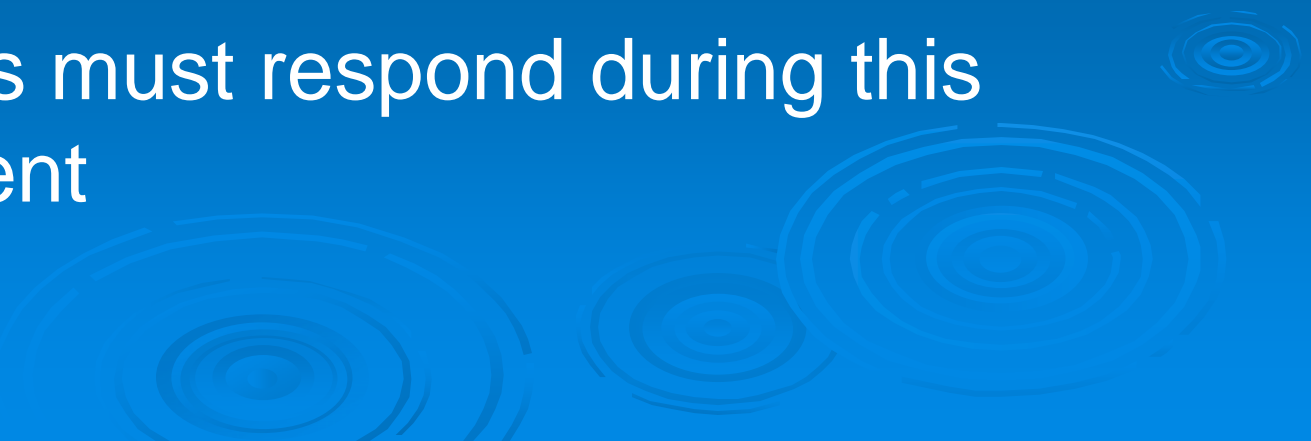
Methodology

- 51 SMS websites were examined using Content Analysis of 7 potential variables
- SMS magazine, and newsletter (hard copy or electronic)
- SMS membership directory
- SMS mission statement, objectives, and goals
- Clear statement of SMS role in disaster/ emergency preparedness if any
- Direct links to State Dept of Health
- Direct links to national preparedness websites including CDC, HSS, HSD, DOD, AMA on first page
- Based on the content analysis the websites were categorized as (I) Weak, (II) Moderate, (III) Embedded or (IV) Complete

Other sites

- ASTRO: disaster preparedness not on front page however if one puts in “Public Policy” in the search one can eventually access Homeland Security information despite the organization responding to the potential need **EMBEDDED NOT INTUITIVE**
- American College of Chest Physicians-remarkable information

Why are SMS important in rectifying this problem ?

- All disasters are ultimately local with Dr response critical to all phases of a disaster
 - Role of Dr more important and essential medically and as a decision maker in incident command
 - Hospitals may be unable to sustain a surge-maybe at physical risk
 - Physicians must respond during this environment
- 

Why Are SMS Important

- Culture of Preparedness not in place among Drs.-(most citizens)
- Drs role becomes more important & essential in all phases of disaster
- Hospitals maybe unable to sustain a surge; maybe at physical risk
- Federal local resources are being reduced
- All disasters are ultimately local
- SMS reflect American Federalism (national to voluntary independent organization in states)

Methodology

- 51 SMS websites were examined using Content Analysis of 8 potential variables
- SMS magazine, and newsletter (hard copy or electronic)
- SMS membership directory
- SMS mission statement, objectives, and goals
- Clear statement of SMS role in disaster/ emergency preparedness if any
- Direct links to State Dept of Health
- Direct links to national preparedness websites including CDC, HSS, HSD, DOD, AMA on first page
- Based on the content analysis the websites were categorized as (I) Weak, (II) Moderate, (III) Embedded or (IV) Complete

Examination of SMS websites 2

- Based on the content analysis of these 8 variables all websites were placed into one of 4 categories
- 1. Weak-website
- 2 Moderate
- 3 Embedded
- 4 Clear and Ready