EMORY
HEALTHCARE

1440 Clifton Road, NE
Atlanta, GA 30322

November 7, 2014

The Honorable Barbara Mikulski
Chair, Senate Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Chair Mikulski,

On behalf of our entire care team at Emory Healthcare and Emory University, I would first like to thank you for the opportunity to submit this written testimony for your consideration. As the U.S. health care system with the most experience in successfully caring for patients afflicted with Ebola virus disease, Emory is both proud and obligated to share our experiences and lessons learned with you as outlined below to help chart our national course of action moving forward. We cannot be a country ruled by fear. We must care for those in need. But, a few hospitals alone cannot combat this public health threat. We need government leadership to provide the resources necessary to implement a coordinated, scalable national plan. It can be done.

Our ability to successfully respond to the current Ebola outbreak and, more importantly, prepare our nation for future outbreaks of serious communicable diseases requires your support of the following key actions:

- Development of a tiered hospital care system founded upon identification of regional care centers capable of caring for confirmed cases of Ebola virus disease.
- Coordination of resources (e.g., personal protective equipment) and logistics (e.g., transportation) to support a tiered approach to care for serious infectious diseases.
- Development of a National Ebola Training Support Center via a public-private collaborative capitalizing upon the unique expertise of Emory, University of Nebraska and the National Institutes of Health.
- Appropriate annual funding for existing serious communicable disease units to support the necessary infrastructure, labor and training to maintain a state of readiness.
- Policy and government-backed funding to support full reimbursement of the cost of care for confirmed Ebola cases.
- Chartering of a Blue Ribbon Commission to perform an independent review of our national preparedness to respond to a serious infectious disease.

Let me expand upon each of these key action items.

Tiered Hospital Care System
The first important step is to rapidly identify, develop and train with competency verification a defined number of regional centers (approximately 20) to care for patients confirmed to have

Ebola virus disease. Regional care centers can serve as the foundation of a tiered hospital system similar to what exists with trauma centers. Given the level of clinical support required, these regional care centers must have significant subspecialty support capability, including critical care expertise, and capacity, particularly in nursing. Appropriate training must be provided to ensure the safety of patients, staff and the greater hospital community.

Coordination of Resources

We must simultaneously require all American hospitals to undergo a prescribed level of preparedness that would be stratified by their size, location and other factors. This would include establishing a standard approach to identification and classification of patients at risk for Ebola and other infectious diseases. To effectively and coherently integrate the tiered approach of regional care centers with other hospitals prepared to screen and triage potential Ebola virus disease cases, we must establish national standards and mechanisms for coordination of transportation services, supply distribution, specimen handling and waste management. The logistics involved with caring for patients with Ebola are extraordinary and must be a priority for any health care system. Failing to coordinate resources in a triaged manner will result in continued and expanded shortages of personal protective equipment and other critical resources.

National Ebola Training Center

The cornerstone of rapidly achieving a tiered hospital system is development of a robust and efficient training infrastructure. Training may be best and most efficiently achieved through development of a National Ebola Training Support Center. Our understanding is that the CDC has established an Ebola training center in Anniston, AL targeted toward governmental individuals deploying to West Africa, and the military has readied a Rapid Response Team should another U.S. public case be identified. While both of these are necessary, we believe our unique experience at Emory, University of Nebraska Medical Center (UNMC) and the National Institutes of Health (NIH) strengthens governmental resources by providing real-world clinical, operational and logistical expertise of having successfully cared for patients with Ebola virus disease in a U.S.-based hospital. To this end, a fully supported public-private collaborative pulling upon the unique strengths of Emory, UNMC, NIH, ASPR and CDC can help us rapidly achieve this aim in a period of weeks.

Annual Funding

Next, for identified care centers with specialized units such as Emory's Serious Communicable Diseases Unit (SCDU), we request annual funding to support the necessary capital, labor and training to assure a state of continuous preparedness, ready to respond at a moment's notice. Historically, our SCDU was designed and supported by the CDC as part of their occupational health program for employees who may have become infected with a serious communicable disease from exposure in either a lab incident or through deployment to areas with endemic infectious diseases. Now, our SCDU is being recognized as a national asset. Unfortunately, the CDC cuts resulted in our prior annual preparedness funding for the SCDU being reduced from over $900,000 per year to $292,298.57 this current year. This reduction in funding impacts our preparedness and ability to respond when called upon. In addition to reinstitution of full annual funding to support our SCDU, we also request funding of $462,336 to support recent and

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immediate capital renovations required to bring us back up to a full level of preparedness to the current Ebola outbreak.

Full Reimbursement

We also recommend that action be taken by Congress to approve funding and policies supporting full reimbursement of the cost of care for these unique cases for hospitals and professionals involved. Guaranteeing financial sustainability for the regional centers designated to care for confirmed Ebola virus disease cases is critical to ensuring ongoing access to the best care possible. Caring for patients with Ebola virus disease effectively and safely is enormously resource consuming, far above and beyond usual care. To date, our experience in direct variable cost alone can approach one million dollars for a single high-intensity case. This cost is in addition to any annual costs associated with development of a specialized unit and training. The unique costs associated with these cases are not fully covered under current standard Diagnosis Related Group (DRG) or outlier reimbursement for government-covered individuals (e.g., Medicare, Medicaid). The same holds true for individuals covered by managed care plan or workers' compensation. To address these issues, we would recommend a combination of 1) where feasible, insurance policies to require full reimbursement by managed care and workers' compensation policies, where appropriate, 2) full governmental reimbursement at cost of care, which is not accurately captured under DRG or outlier methodology, and 3) government-backed gap coverage for all individuals including, those who may be uninsured.

Blue Ribbon Commission

Finally, while we hope the actions being taken in West Africa and support of the aforementioned U.S. actions will stem the current Ebola outbreak, we need to learn from this current situation with an independent analysis of national preparedness capabilities for responding to infectious communicable diseases. We have been very fortunate Ebola has not been more communicable or widespread. Events could have been very different with a highly infectious airborne disease with similar mortality rates. Our collective responses to the current events have exposed several gaps in our state of national preparedness and ability to respond in a coordinated, timely manner to a serious communicable infectious disease. We would thus recommend Congress direct and support the Secretary of HHS to form a Blue Ribbon Commission on our nation's public health preparedness. Working with either the Institute of Medicine or the National Academy of Sciences, the Commission shall conduct a review of national public health preparedness for infectious diseases utilizing our recent Ebola events as a debrief case study. The study shall include, but is not limited to, addressing the following key areas:

- Provide an assessment of the state of health system preparedness with respect to:
    - Inpatient hospital capacity and capability
    - Emergency Medicine response and triage
    - Coordination of transportation efforts
    - Laboratory testing
    - Waste stream management
    - Human resources
- Provide an assessment of effectiveness of coordination of national and state agency activities.

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- Define the role of each federal and state governmental agency.
- Determine which government agency plays the leading role in coordination of activities – CDC vs. ASPR vs. HHS vs. Department of Defense vs. State Department vs. National Security Council vs. other
- Decide when is it considered a "National Emergency" with direct control by the federal government.
- Determine what role should limitation and/or quarantine play in response to serious communicable disease outbreaks occurring outside of the U.S.
- Decide who should fund care for treatment of serious communicable diseases in the event of a public health need and what is the mechanism.
- Delineate the role of the U.S. Public Health Service.
- Determine how we best leverage existing national preparedness resources and if they are vectored appropriately.
- Recommend defined performance metrics to ensure readiness and ongoing appropriate funding for national preparedness.

In closing, America's health care system has the resources and talent to deal with this issue on a larger scale. To do so, however, we must move immediately on planning and implementation to affect change through the development of truly scalable and sustainable capability. The successful care of the first patients with Ebola virus disease has provided us with valuable lessons on how to treat this disease. Candidly, we also bought ourselves some time. Emory Healthcare, UNMC, and the NIH unit are currently operating at resource capacity and would be overwhelmed by even a modest surge of 10 to 20 patients. If we settle into a false sense of security that these small, specialized units will be able to handle this issue on their own, we will be tragically mistaken. As a nation, we must move immediately to create a sustainable national infrastructure by establishing National Ebola Support Centers, beginning with Emory Healthcare, UNMC and the NIH, which can provide initial clinical training, operational logistics and content knowledge for other hospitals. To be successful, the Administration and Congress must fund the actions to address this national emergency. Time is not on our side. The vulnerabilities apparent in our public health preparedness and response must be addressed. Now is the time for coordinated leadership in Washington and throughout the nation to implement an appropriately funded policy response to defeat Ebola, as well as the next infectious disease challenge.

Sincerely,

Bryce D. Gartland

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