Why Every US Hospital Needs a Disaster Medicine Physician Now

Alexander Hart, MD; Attila Hertelendy, PhD; Gregory R. Ciottone, MD

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Disaster medicine lies at the intersection between medicine, emergency management, and public health. However, there is a dearth of trained disaster medicine practitioners in the United States, and filling that gap will require funding for disaster medicine training programs. Disaster medicine training includes leading the hospital response to everything from power outages to the pandemic of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that causes coronavirus disease (COVID-19). Optimizing hospital resources at their most strained is an important skill for navigating disasters. This specialized training and experience are part of disaster medicine education.

DISASTERS ARE INCREASING

Disasters are becoming more prevalent and complex. In 2017, the Americas accounted for 88% of the US $335 billion in economic loss to disasters.[1] With the intricate systems required to run a hospital comes vulnerability to disruptions. A hospital can be rendered ineffective by events ranging from cyber-attacks to chemical spills. Disaster medicine physicians are taught to collaborate with and lead multidisciplinary teams of providers and discuss clinical care, hospital administration strategies, and public health interventions with numerous stakeholders. They are uniquely positioned to guide the response to disasters, such as the COVID-19 pandemic.

CMS EMERGENCY PREPAREDNESS FINAL RULE AND THE JOINT COMMISSION

The US Centers for Medicare and Medicaid Services (CMS) requires health care facilities to perform an all-hazards risk assessment, developing and updating emergency plans annually to participate in CMS billing for patients, a vital income source for US hospitals. This "Final Rule" outlines requirements including training programs, drilling, and plans for interruptions in supply chains.[2] Similarly, the Joint Commission requires emergency management criteria be filled by a hospital prior to accreditation.[3] Given these requirements, hospitals benefit financially from having a funded position for disaster medicine within their organization.

Emergency physicians without any additional training have been placed as the leaders of disaster preparedness efforts in some hospitals. Others employ non-clinician emergency managers who are separated from clinical care and upper hospital administration, hampering their ability to get decision-making involvement. Hospital leadership should consider including disaster medicine physicians on emergency preparedness teams, as they are able to bring their knowledge of clinical care, understanding of emergency management, and status as staff physicians to bear on important decision-making processes.

CONCLUSIONS AND RECOMMENDATIONS

It is no longer acceptable to navigate the complexities of hospital emergency preparedness and response without disaster medicine on the management team. Practitioners bring vital knowledge and skills necessary for a hospital to be prepared. However, there is currently a shortage in the United States. The Society of Academic Emergency Medicine (SAEM) has accredited disaster medicine fellowships for the past 2 years.[4] SAEM currently lists 15 US disaster medicine fellowship programs, 6 of which are accredited.[5] This is inadequate to staff US hospitals. It is imperative that more disaster medicine fellowships be developed to prepare the US health care system. As more hospitals employ disaster medicine trained physicians, the quality of emergency management will improve, saving lives and money when disaster strikes. National policy-makers should seek funding to ensure that there is a supply of disaster medicine physicians to manage emerging future threats.

About the Authors

BIDMC Disaster Medicine Fellowship, Department of Emergency Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA (Drs Hart, Ciottone) and Department of Information Systems and Business Analytics, College of Business, Florida International University, Miami, FL (Dr Hertelendy).

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Correspondence and reprint requests to Alexander Hart, Beth Israel Deaconess Medical Center, Harvard Medical School, 1 Deaconess Road, Boston, MA 02215 (e-mail: Ahart1@bidmc.harvard.edu).

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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