MEDICAL PRACTICE ISSUES AFTER A NATURAL DISASTER

The Puerto Rico Experience

Jose A. Lozada-Costas, M.D., F.A.C.P.
HURRICANE MARIA (SEPTEMBER 20TH, 2017)

IMMEDIATE PROBLEMS

• 100% of the island was left without electricity – 3.2 million people!
• Running water – still under boil advisory
• Telecommunications were down
• Many roads impassable
• Fuel was very limited
HEALTHCARE
Puerto Ricans are **twice as poor** as people in the poorest U.S. state and almost **three times poorer** than average Americans.
PRE MARIA

• Approximately 6 percent of people on the island lack coverage, compared with 12.7 percent in Mississippi and 9.4 percent across the nation.

• Puerto Ricans are more likely to report greater health needs, with 34 percent reporting “fair or poor” general health, as opposed to 23 percent of adults in Mississippi and 18 percent on average nationally.

• Puerto Rico receives federal funds for Medicaid up to an annual ceiling, which is set at 55% of expenditures.

• If PR was a state, that number would be 83%
POST MARIA

- Hospitals were running on diesel generators
- Water supplies were limited
- Ambulance access was poor
- Physicians had limited contact with the hospitals, or difficulty getting there
- Access to medications was initially severely limited
- Some patients need refrigerated medications
PUBLIC HEALTH ISSUES

- Access to clean water a problem in many areas, particularly rural ones
- Dengue
- Zika
- Leptospirosis
- Respiratory issues
  - Fumes from power plants
  - Other contamination, Sahara dust, allergens
- Problems with access to care due to third party payer issues
ISSUES FOR PHYSICIANS

• Communication/access to hospitals
• Communication with patients and staff
• Health Records
  • EHR access
  • Even MDs with paper charts had problems locating chart numbers, or with water damage
• Reimbursement
• DIESEL
  • E.g.: Keeping an office open 5 hours a day could cost $1000… if you even could get the diesel
• Patients moving to the mainland – continuity of care
  • No phone, no email, no charts
WHAT DID WE DO?

• Local and Federal government prioritized hospital power supplies
• Medicare, Medicaid, and private insurance canceled preauthorization requirements x 3 months
• Pharmacies dispensed medications based on pill bottles with recent dates, and were reimbursed
• Medical societies, specialty and subspecialty, were very active
  • The support from ACP leadership and fellow governors was PRICELESS
• Many physicians who could not practice volunteered their services in rural parts of the island, teaming up with military, ICE, and FEMA personnel delivering aid.
Clínicas de Salud
Sábado 28 de octubre
10:00 A.M.
Equipo Médico

* Endocrinólogo
* Internista
* Psicólogo
* Nutricionista
* Personal de Apoyo

Atención Médica y Medicamentos Gratis
Invita: Iglesia Metodista Monte Santo La Loma
LESSONS LEARNED

- Preparedness
  - Supplies
  - Medications
  - Chains of communication
  - FUEL

- Technology
  - Backup power options
  - Fiberoptic internet

- Most Important:
  - EDUCATION
  - A CLEAR PLAN – access to water, medications, etc
THANK YOU FOR YOUR ATTENTION!