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6TH ANNUAL CEO + CFO ROUNDTABLE
NOVEMBER 13-15, 2017 | WESTIN MICHIGAN AVENUE
CHICAGO, ILLINOIS

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KEYNOTE SPEAKERS

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Viewpoint: Hospitals need an interoperability contingency plan during natural disasters

Written by Jessica Kim Cohen | September 07, 2017 | [Print](#) | [Email](#)

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Lack of interoperability between healthcare facilities proved challenging for patients who sought care in the wake of Hurricane Harvey, according to an analysis by *Wired* science writer Megan Molteni.

About 20 Houston-area hospitals evacuated at least a portion of their patients, many of whom were asked to seek treatment at another facility. However, since hospitals and health centers often use different EHR systems, another facility likely won't have access to a displaced patient's health record at the point of care.

Dan Jenson, who oversees 11 primary care clinics in the VillageMD Houston Network, told Ms. Molteni his clinics witnessed an influx of patients in the aftermath of Harvey. "For lots of these patients, these are not their normal clinics," he said. "We can try to pull data on some of them, but it's very limited what we can get. A lot of times we have to start from scratch."

In recent years, HHS officials have sought to develop an interoperability contingency plan for national emergencies. One solution, the Patient Unified Lookup System for Emergencies, or Pulse, launched in 2014 with almost \$3 million in grants from HHS. It comprises a data-sharing network that can be "switched on" during an emergency, such as a tropical storm, according to Ms. Molteni.

California completed the first large-scale test of Pulse earlier this summer, after a yearlong pilot. The overarching idea is every healthcare provider would be connected to Pulse. However, the connections "wouldn't be live all the time." They would only be activated in a disaster situation, so registered medical professionals within an affected region could access patient information.

"Starting from scratch is pretty much the last thing you want your first responder doing, especially in the immediate aftermath of a disaster," Ms. Molteni wrote.

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