

# Will the States' Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHPs) Build Adequate Hospital Personnel Surge Capacity?

## Background

Developing a health care workforce emergency surge capacity is an essential component of health care preparedness. Expanding the physical capacity of our Nation's hospitals (and other health care facilities) alone will not result in effective surge capacity without the health care personnel needed to run the equipment and deliver patient care in them. The Interim Technical and Policy Guidelines, Standards, and Definitions, referred to as the "Guidelines," are designed to assist awardees under the National Bioterrorism Hospital Preparedness Program (NBHPP) in ensuring an adequate health personnel surge capacity as required under Critical Benchmark #2-4 shown below:

### *Critical Benchmark #2-4: Surge Capacity: Advance Registration System*

Develop a system that allows for the advance registration and credentialing of clinicians needed to augment a hospital or other medical facility to meet increased patient/victim care needs during a declared emergency.

Based on feedback from the NBHPP community during the Guidelines development process, it is evident that the level to which health professional volunteers are credentialed in advance of an emergency (verification of qualifications) directly affects the extent to which hospitals and others utilize volunteers, this in turn affects the quality and responsiveness of a State's surge capacity efforts. Since most of the States are beginning to develop their ESAR-VHP systems—now is the time to carefully consider what States can do, with regards to credentialing, to make their ESAR-VHP systems as useful to NBHPP and hospital needs as possible.

## **ESAR-VHPs, Credentialing and Resource Typing<sup>1</sup>**

To provide potential users of volunteers the best possible information about the qualifications of a volunteer, HRSA, in cooperation with members of the NBHPP community, has developed a schema for classifying health professionals was developed that is consistent with the National Incident Management System's (NIMS) Resource Typing requirements. This schema is presented in the Credentialing and National Incident Management System (NIMS) Resource Typing Section of the *Interim ESAR-VHP Technical and Policy Guidelines, Standards and Definitions* (Guidelines) and provides credentialing standards (qualifications that must be verified), definitions for the credentialing elements, and acceptable verification sources for physicians, registered nurses, and five behavioral health occupations (psychologists, medical and public health social workers, mental and substance abuse social workers, marriage and family

---

<sup>1</sup> *Resource typing* is a protocol under NIMS intended to promote interoperability and integration of resources commonly needed in an emergency response. Within the ESAR-VHP program, resource typing is a uniform process of classifying a health volunteer based on verified credentials possessed by the health volunteer.

therapists, and mental health counselors). A set of NIMS resource types are defined for each of the seven health professions being initially evaluated. (Resource) Type I is the highest (most stringent) level of credentialing defined, reflecting the credentialing required for hospital use of personnel.

For example, for a physician to be classified as a Type 1 resource, information must be collected and verified that demonstrates the individual practitioner has: an unencumbered license, a medical degree, American Board of Medical Specialties (ABMS) specialty board certification and a Drug Enforcement Agency license. In addition the individual must have active hospital privileges, not be excluded from the ability to bill Medicare/Medicaid, and not be on the National Practitioner Databank. Research during the development of the ESAR-VHP system shows that hospitals will not fully utilize and may not even accept volunteers who are not classified as a Type 1 physician resource. Below is the resource typing schema for physicians; related definitions are presented in section 4.3.2. of the Guidelines.

#### 4.3.1 Credential Element Verifications for Resource Typing of Physicians

<b>Physician Type 1</b>	<b>Status</b>
Unencumbered License	Verified
Degree	Verified
ABMS Board Certification	Verified
Active Clinical Practice (Patient Care)	Not Required
Active Clinical Privileges (Hospital)	Verified
National Practitioner Databank Status	Verified
DEA License	Verified
Inspector General Status	Verified

<b>Physician Type 2</b>	<b>Status</b>
Unencumbered License	Verified
Degree	Verified
ABMS Board Certification	Verified
Active Clinical Practice (Patient Care)	Verified
Active Clinical Privileges (Hospital)	Indeterminate
National Practitioner Databank Status	Verified
DEA License Verification	Verified
Inspector General Status	Verified

<b>Physician Type 3</b>	<b>Status</b>
Unencumbered License	Verified
Degree	Indeterminate
ABMS Board Certification	Indeterminate
Active Clinical Practice (Patient Care)	Indeterminate
Active Clinical Privileges (Hospital)	Indeterminate
National Practitioner Databank Status	Indeterminate
DEA License Verification	Indeterminate
Inspector General Status	Indeterminate

<b>Physician Type 4</b>	<b>Status</b>
Unencumbered License	Indeterminate
Degree	Indeterminate
ABMS Board Certification	Indeterminate
Active Clinical Practice (Patient Care)	Indeterminate
Active Clinical Privileges (Hospital)	Indeterminate
National Practitioner Databank Status	Indeterminate
DEA License Verification	Indeterminate
Inspector General Status	Indeterminate

If even one of the required credentialing elements needed for a given Resource Typing level is not provided or cannot be verified, the physician may not be classified as that Resource Type. The volunteer may only be assigned to the Resource Type (level) if all the credentialing elements are possessed and verified.

**Discussion—Volunteer Physician Resource Typing and Hospital Personnel Surge Capacity as an Example**

The implications for health personnel surge capacity at the State and National level are profound. States that only plan to verify unencumbered licenses will then be limited to having a cadre of physicians defined as Type III’s. Lacking verified information for the other credentialing elements will severely limit and may even preclude the ability of hospitals to use these physicians. Alternatively, the verification of a volunteer physician’s qualifications (credentials) in a disaster shifts to the hospitals, when time and attention of hospital staff is most scarce. Similar problems will exist for other health professions that are critical to providing hospital personnel surge capacity.

Similarly, from the National perspective, States that limit their resource typing efforts to the Type III level will minimize the value of their volunteers to other States who may need help in an emergency staffing their hospital—requiring Type I personnel. Should this occur, it would jeopardize the goal of the ESAR-VHP system to develop a virtual National hospital personnel surge capacity, capable to responding to a mass casualty event.

At present, there are no goals or targets for resource typing and the State is given complete flexibility as to the Resource Type that they credential their volunteers.

Questions that remain unanswered include:

- 1) Will that flexibility result in an adequate hospital personnel surge capacity in a State and across the Nation?
- 2) If not, what options are there to ensure surge capacity and what options should be taken.

Potential options that may help ensure optimum use of ESAR-VHP volunteers in hospitals include:

- 1) Involving hospitals directly in the planning of State ESAR-VHP programs so that States know in advance the degree to which hospitals will use health professionals at each resource typing level.

- 2) Providing incentives to States to recruit, register and credential health professional volunteers at the Type I (hospital qualified level).
- 3) Requiring, as a condition of NBHPP funding, recruit, register and credential health professional volunteers at the Type I (hospital qualified level).

HRSA would appreciate comments on this issue, including options to help ensure optimal use of ESAR-VHP volunteers in hospitals. Please send your comments to Marilyn Biviano at [mbiviano@hrsa.gov](mailto:mbiviano@hrsa.gov) and Steve Tise at [stise@hrsa.gov](mailto:stise@hrsa.gov).