COMMENTARY

The US Department of Veterans Affairs and Sustainable Health Care Coalitions

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Health care coalitions serve a vital role in strengthening the preparedness of communities across the United States by enhancing each partner's ability to respond to catastrophic emergencies in a more coordinated manner. Although some communities have had coalitions dating back to 2001, the Hospital Preparedness Program of the Office of the Assistant Secretary for Preparedness and Response (ASPR) was instrumental in seeding the widespread adoption of this model and building the nation's increased capacity to respond to disasters and emergencies.[1] In many of these coalitions, federal agencies like the US Department of Veterans Affairs (VA) and the Indian Health Service are key partners.

The VA, the largest integrated delivery system in the United States, has facilities that span Maine to Guam, or almost one-third of the circumference of the planet. The VA has actively encouraged its hospitals to participate in coalitions, and coalitions play a major role in the preparedness of the VA itself. Nevertheless, that role is not equally appreciated across all 152 hospitals in the VA, and VA hospitals vary in the extent of their involvement with their local coalitions. Many VA hospitals remain reticent to sign memoranda of understanding with the coalitions in which they participate.

VA emergency managers across the nation have expressed their support and recognition of the importance of coalitions in cooperative planning, joint exercises, information sharing, assisting with accreditation, seeking funding, and sharing resources, education, and training during numerous anecdotal discussions with me and other staff at the Veterans Emergency Management Evaluation Center (VEMEC). Although VA hospitals often have more available resources than other facilities within their communities, disasters such as Hurricane Sandy have repeatedly reminded us that no facility, federal or otherwise, is an island onto itself. For example, joint planning provides opportunities to discuss how ambulances and other resources can be shared rather than having multiple facilities competing for limited resources from the same vendor immediately before or after a disaster strikes.

Coalition partners may benefit from federal involvement through resource-sharing in particular. For example, numerous communities have benefited from the ability to transfer patients to VA facilities on a short-term basis in the event of national disasters and emergencies. Although the VA is required to provide health care to enrolled veterans first, it can support communities when there are local emergency needs or during federally declared disasters.[2]

Education and training are particularly important roles filled by coalition partners,[3] because they are often the areas that are cut first when funding for preparedness becomes more restricted, as it has over the past few years. This ebb in funding, as the memory of large-scale disasters is eclipsed by other societal concerns, will result in changes to many coalitions. Some will disappear, while others will combine to form larger coalitions. It seems likely that coalitions in more geographically dispersed or more rural communities will confront greater challenges to their continued existence.

The long-term sustainability of coalitions requires numerous elements, including the support of a broad range of public and private stakeholders from within and outside the health care sector. The business case for coalitions needs to be made clear to each of these stakeholder groups. Another vital element is evidence of the efficacy and impact of coalitions on preparedness, response, and resiliency. In this regard, there is a significant need for more research to build an evidence base that demonstrates the benefits of the coalition model.

At this time, sustainability should be on the forefront of all organizations that participate in coalitions.[4] It is very likely that non-grant-funded methods of sustainability will need to expand if coalitions are to continue in their current roles. Consequently, greater reliance on the private sector will be necessary to limit the potential loss in capacity for preparedness and response that has built up by coalitions across the nation since 2012 when ASPR formally called for the development of health care coalitions.

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REFERENCES

1. Courtney B, Toner E, Waldhorn R, et al. Healthcare coalitions: the new foundation for national healthcare preparedness and response for catastrophic health emergencies. *Biosecur Bioterror*. 2009;7(2):153-163.
2. Dobalian A, Callis R, Davey VJ. Evolution of the Veterans Health Administration's role in emergency management since September 11, 2001. *Disaster Med Public Health Prep*. 2011;5(Suppl 2):S182-S184.
3. Walsh L, Craddock H, Gulley K, et al. Building health care system capacity: training health care professionals in disaster preparedness health care coalitions. *Prehosp Disaster Med*. 2015;30(2):123-130.
4. Walsh L, Craddock H, Gulley K, et al. Building health care system capacity to respond to disasters: successes and challenges of disaster preparedness health care coalitions. *Prehosp Disaster Med*. 2015;30(2):112-122.

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