

# CDC's New Preparedness Modeling Initiative: Beyond (and Before) Crisis Response

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on Humanitarian Logistics



## Overview of Presentation

### CDC Preparedness Modeling Initiative

- Background: What we mean by Preparedness Modeling?
- Spectrum of Preparedness Modeling
- Preparedness Modeling at CDC Today
- Building *Capability*
  - CDC Preparedness Modeling Unit
  - External modeling network
  - Scientific community and development



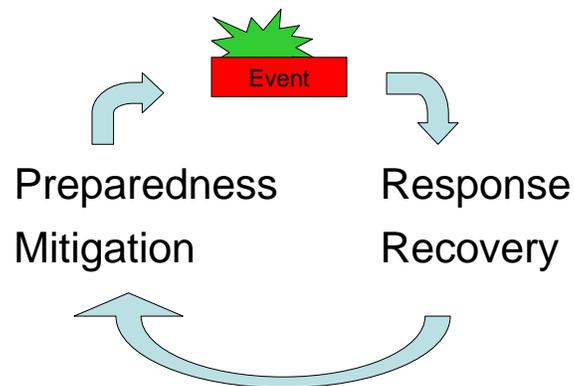
## Modeling lessons I have learned...

- Every decision is based on a model
- Not every model is based on a decision
- Experts often think that modelers want to “take away” their ability to make decisions
- The process of modeling can help clarify, unify, and energize or...alienate users
- Goal: Represent what is going on in the “expert’s” head in order to...
  - Analyze
  - Optimize
  - Teach
  - Train



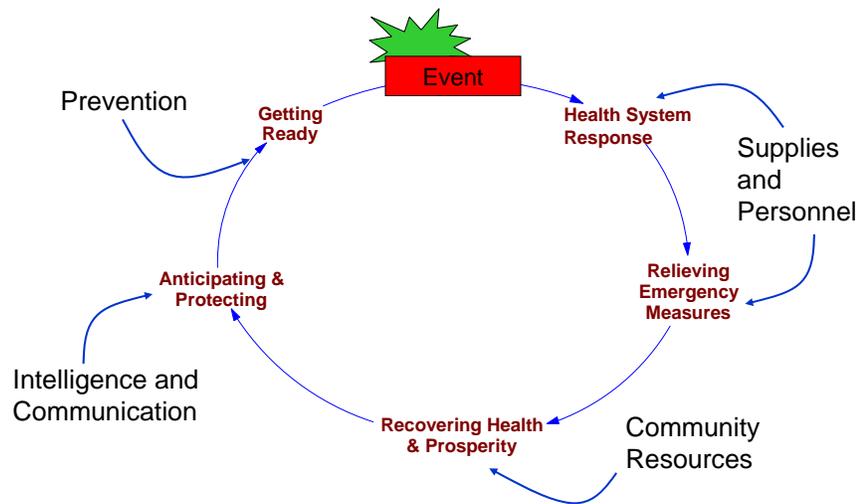
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## Classic Disaster Response Cycle



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## Broader View of Preparedness



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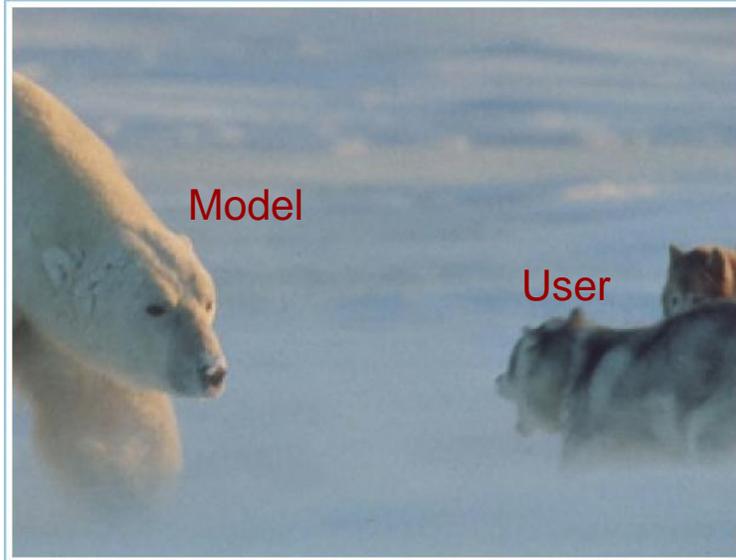
## Why Model Anything?

- A simplified or abstracted representation of the “real world” in order to:
  1. Characterize dynamically complex systems
  2. Quantify the impact of specific events or processes, and
  3. Anticipate likely outcomes of alternative policies
- Mathematical and simulation modeling has become a central element of planning in many arenas (logistics (obviously!), human resources, supply chain management), but...
- Not (as yet) in most of public health...



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## Can we break the paradigm...



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## Don't Dis: Change This...



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## 1. Outreach to End-Users



*The first step in model development does not involve a computer...*



## 2. Collaborative Problem Definition



What do we need to know?

What do we need to report?

What can be modeled?



### 3. Appropriate Modeling Methods



Level of detail?

Speed?

Interactive?

### 4. Feedback and Model Improvement



Self-Explanatory

## 5. Sustainability (Funding)

Leads to a productive  
working relationship...



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## Modeling lets us...

- Gain insight into **mechanisms** influencing health, link individual scale 'clinical' knowledge with population-scale patterns.
- **Focus thinking**: model formulation forces clear statement of assumptions, hypotheses.
- Derive **new insights and hypotheses** from mathematical analysis or simulations.
- Establish **relative importance** of different processes and parameters, to focus research or management efforts.
- Explore **policy options** in systematic, quantitative manner

Note the absence of **predicting future trends**.

→ Accurate quantitative predictions are difficult and rare:

"Wall Street indices predicted nine out of the last five recessions!"

- Paul Samuelson, Nobel Laureate in Economics, 1966.



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## Managing Over-expectations...

- **Alan/Cleese:** ...here's Jackie to tell you all how to rid the world of all known diseases.
- **Jackie/Idle:** Hello, Alan.
- **Alan:** Hello, Jackie.
- **Jackie:** Well, first of all become a doctor and discover a marvellous cure for something, and then, when the medical profession really starts to take notice of you, you can jolly well tell them what to do and make sure they get everything right so there'll never be any diseases ever again.
- **Alan:** Thanks, Jackie. Great idea.

-- *Monty Python's F.C., Episode 28*



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## Variety of Modeling Approaches

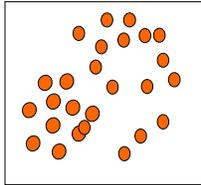
- Mathematical/compartamental models
  - Analytic (formula-based) representation of the world
    - Epidemiological models
    - Hospital models (tremendous data needs)
- State transition models
  - Non-analytic ("do-loop") representations of time-dependent events
    - Pre-hospital disease interventions
    -
- Discrete event simulation
  - Complex, time-dependent activities +/- emergent phenomena
    - Mass prophylaxis
    - Trauma response
- Linear and integer programming
  - Operations research: finding optimal solutions to complex problems
    - Patient allocation and ambulance routing after mass casualty events



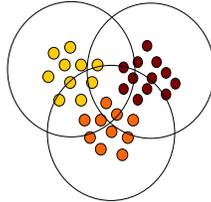
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## Complex Modeling and Modeling Complexities

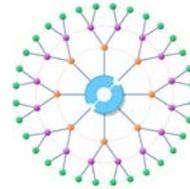
Homogeneous mixing



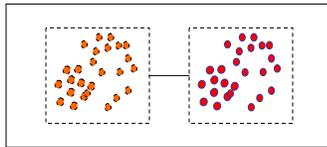
Age/social structure



Network structure



Patch structure



Individual-based model



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## Making the Right Assumptions

### Simplicity/Transparency vs. Complexity/Realism

- Structural decisions
  - Homogeneous vs heterogeneous population
  - Random mixing vs hierarchical associations
- Computational approach
  - Deterministic vs stochastic
  - Discrete vs continuous time



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## Possible Scope of Preparedness Modeling

Relevant Knowledge Domains	Selected Examples
Earth & Atmospheric Sciences	• Hurricane path prediction
Ecosystem Ecology	• Vector biology
Disease Dynamics	• Drug resistance • Vaccine effectiveness
Industrial Hygiene/Exposure Assessment	• Chemical or radionuclide exposures
Demography	• Disparities in vulnerability • Emergency health services demand
Social & Behavioral Sciences	• Social communication response in a crisis • Support for long-term prevention policies
Operations Research/Logistics	• Stockpile distribution , supply chain mgmt. • Hospital surge capacity
Many more...	• Population movement • Transportation



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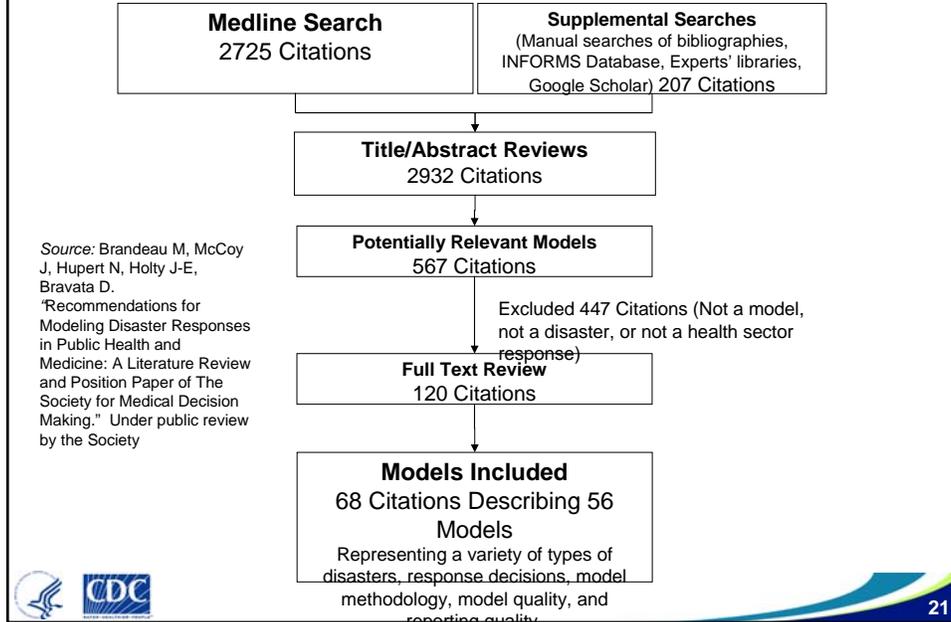
## Why Model Crises?

- Low probability/high impact events lead to **anecdotal lessons** that may not be optimal policy solutions across the range of possible scenarios
- Explore “what if?” interventions in high-risk locales with **minimal disruption** of daily operations
  - Mass casualty events in crowded urban locales
  - Hospital emergency departments
- Low **cost** vs. live exercises
- Explore **value of information**
  - Absolute—“Do I need to know this?”
  - Marginal—“How much of this information do I need?”



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## State of the Science: Disaster Response Modeling 2008



## CDC Preparedness Modeling Initiative

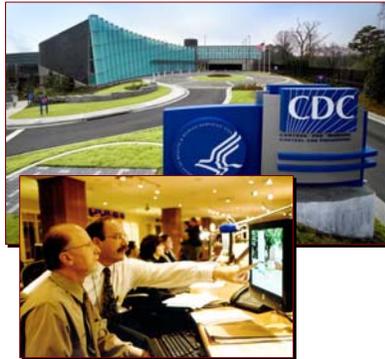
### Niche for CDC's Contributions



- Many Federal (and some state) agencies have a relatively long history of quantitative modeling for preparedness
- Within DHHS, several significant efforts are under way
  - ASPR/BARDA
  - NIH – MIDAS Network
  - AHRQ – Surge capacity in hospitals and healthcare systems
- Any CDC initiative in this area will acknowledge, respect, and build upon existing work

## CDC Preparedness Modeling Initiative

### CDC's Unique Attributes



- Potential to provide national focal point for medical/public health subject matter expertise in preparedness modeling
- Emphasis on combining science with practice
- Major responsibilities for responding to health emergencies, with related opportunities to enhance performance and fulfill stakeholder expectations
- A track record in creating and managing large-scale scientific and policy collaborations



## Seminars and Workshops

- June 19, 2007 – “Introduction & Demonstration of the Tri-Lab Critical Infrastructure Protection Decision Support System”, Dennis Powell, Gary Hirsch, Rene LeClaire, Michael Samsa, Sharon Deland, Matthew Berry, Jeanne Fair, Sandia, Los Alamos, and Argonne National Labs
- August 30, 2007 – “Heterogeneous Mixing in Epidemic Models”, Fred Brauer, University of British Columbia
- August 30, 2007 – “Representing the Public Health Perspective in Interactive Simulations of Infectious Diseases”, Matthew Samore, University of Utah
- October 2, 2007 - "Mass Casualty Trauma Modeling", Nathaniel Hupert, Weill Cornell Medical College
- March 6, 2008 - "Software and Tips to Consider When You Design Your Mass Influenza Vaccination Clinic", Michael Washington, Navy Medicine Support Command



## Seminars and Workshops

- September 15, 2008 - "Developing a Modular Web-Based Preparedness Modeling Tool for Heat Waves", Patrick Phelan, Arizona State University
- October 23, 2008, "Modeling the evolutionary implications of influenza medication strategies," Zhilan Feng, Purdue University
- Workshop "Modeling for Pandemic Influenza: Hospital and Community Preparedness for Pregnant Women and Infants" in partnership with programs in CDC's NCCDPHP and NCBDDD and several Atlanta hospitals (2007).
- Workshop "Modeling the Impact of Policy Options During Public Health Crises" in partnership with the Center for Discrete Mathematics and Theoretical Computer Science at Rutgers University (2008)



## Projects – FY 2008

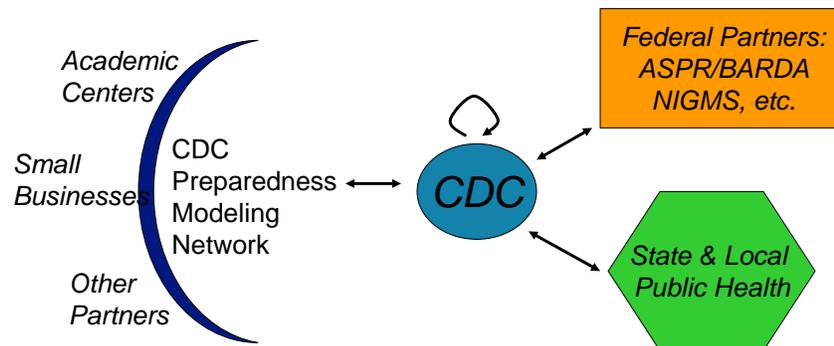
### FY 08

- Adapting an SEIR model to evaluate interventions against a pandemic influenza outbreak in the US using ARENA (Bill Thompson, NCIRD)
- Estimation of economic capacity of large-scale vaccination clinics using Ex-Ante cost function (Mark Messonnier, NCIRD)
- Identifying geographical areas with high risk of refusing interventions for infectious agent related public health emergencies (Stacey Martin, NCIRD)
- Modeling to project city-specific health impacts of increases in the frequency, intensity, and length of heat waves (George Luber, NCEH)
- Predicting occurrence of plague epizootics and understanding how *Y. pestis* is transmitted during plague epizootics (Rebecca Eisen, NCZVED)
- The risk of yellow fever introduction into Puerto Rico (Michael Johansson, NCZVED and Nina Marano, NCPDCID)



## CDC Preparedness Modeling Unit

### Vision of Preparedness Modeling Network



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## Challenges for Preparedness Modeling

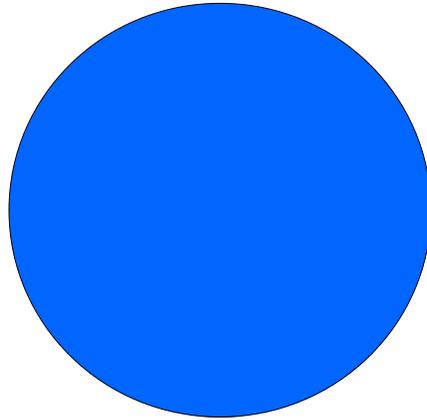
### Workforce Development

- Training opportunities
  - Fellowship opportunities
  - Inter/Externships
- Curricular innovations
  - Schools of Public Health (e.g., PERRCs)
  - Engineering/Computer Science
- Professional development
- Who should funds this? CDC/NIH/NSF/DHS/...

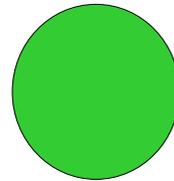


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## Public Health Modeling Today



Modeling/Informatics for  
Industrial + Financial  
Organizations



Modeling/Informatics for  
Public Health  
Response Logistics



## Specific Challenges for Health Models

Understanding health outcomes requires modeling of complex intersecting systems...

- Public Health + ....
  - Emergency Medical Services
  - Primary, Hospital-based, and Long Term Care
  - Housing, Access to food, Public safety, etc.
- Regional boundaries
- Competing or overlapping jurisdictions



## CDC Preparedness Modeling Initiative

### “Success” is...

- Foster development of problem-appropriate, data-centric modeling environments
- Raise the standards of evidence and depths of critical thinking for planning and response operations
- Improve representation of uncertainty in modeled processes and on model outcomes
- Make more transparent the values and trade-offs that shape public health preparedness decisions
- Develop sustainable supply chain of public health modeling expertise



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## Who we are...

- **National Center for Environmental Health/Agency for Toxic Substances and Disease Registry**
  - Howard Frumkin, MD, MPH, Director
  - Preparedness Modeling Initiative
    - Led by Julie Fishman, MPH and Bobby Milstein, PhD, MPH
  - Preparedness Modeling Unit
    - Nathaniel Hupert, MD, MPH, Director and Associate Professor of Public Health and Medicine, Weill Cornell Medical School, NYC
- Future staff: 5 FTEs representing public health, engineering, and computer science/programming
- *Slides contributed by Wei Xiong, PhD, Weill Cornell Medical College; and David Fisman, MD, MPH, Research Institute of the Hospital for Sick Children (Ontario, Canada)*



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