

***MEDICAL POLICY  
FORMULATION  
PROCESS AND TOOLS***

Thomas Zimmerman, PhD

*A Sequential Process*

*A 3-D Analytic Paradigm*

**Stakeholders**

**Expedition/  
Destination**

**Policy  
Rx**

**Problems**

***POLICY  
FORMULATION  
PROCESS***

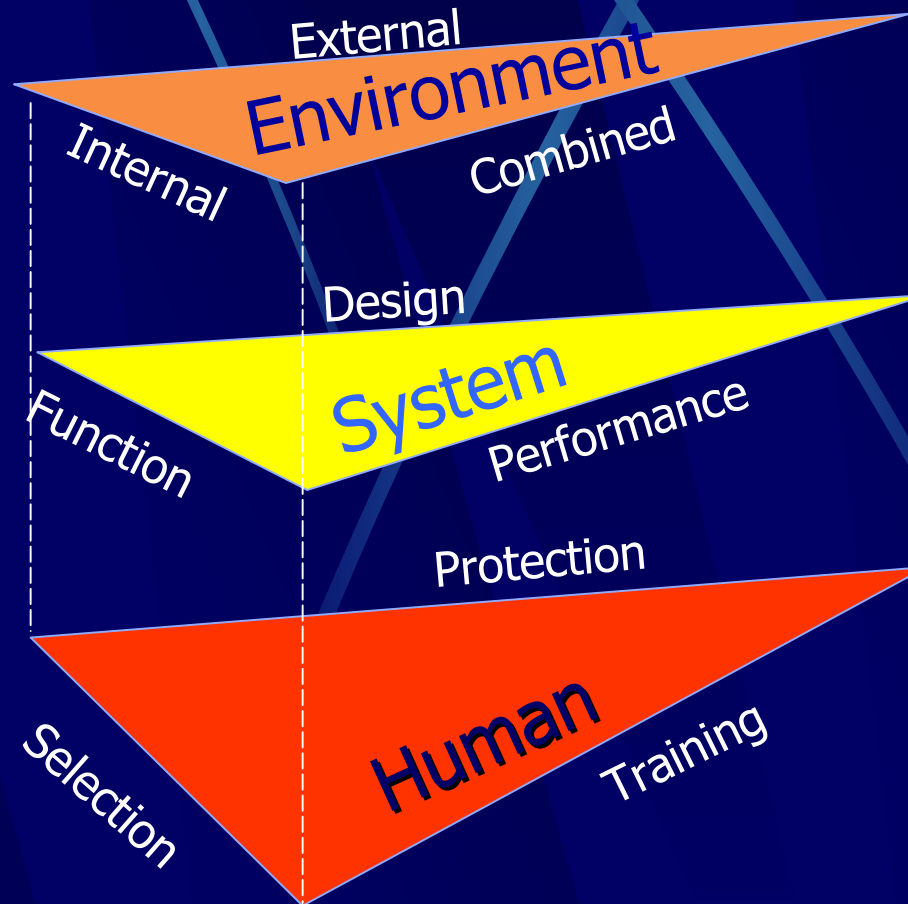
**Solutions/  
Protection**

**Risks**

**Resources**



# Extreme Environments: Essential Elements of Policy



*Adapted from Nicogossian 2001*

# Systems Design

Individual Protections

Engineered Environments

Design  
Function  
Performance

HUMAN  
ELEMENT

ENVIRONMENTAL  
CONSIDERATIONS



**Stakeholders**



# Stakeholders

- Persons with authority to make decisions
- Persons representing direct interests
  - Providers
  - Clients
  - Vendors
- Persons with opinions
- Persons with interests in outcomes

# Methods of eliciting input

- Focus groups
- Commissions
- Consensus conferences
- In-depth groups—long term focus groups
- Stakeholder decision analysis
- Surveys and polling



**Expedition/  
destination**

***POLICY  
FORMULATION  
PROCESS***



# Expedition/destination

- Defines the:
  - Problems
  - Barriers
  - Resources
- Drives the:
  - Imperatives
  - Impact(s)
  - Outcome(s)



***POLICY  
FORMULATION  
PROCESS***

**Problems**

# Problems:

- **Environment**
  - To destination
  - At destination
  - Return from destination
- **Human**
  - Is adaptation required?
  - Illness?
  - Injury?
- **Technology**
  - Logistics
  - Reliability
  - Level of protection
  - Health & safety

- Problems
- Barriers
- Resources

# Systems Design

Individual Protections

Engineered Environments

Design  
Function  
Performance

HUMAN  
ELEMENT

ENVIRONMENTAL  
CONSIDERATIONS



*---proposed tool to log problems and risks*

<b>Environmental Considerations Assessment Inventory: Journey To/From</b>					
<b>Characteristic</b>	<b>Problem</b>	<b>Risk Index</b>	<b>Long Term Health</b>		
Atmosphere					
Altitude/depth					
Temperature					
Water					
Nutrition					
Remoteness					
Isolation					
Confinement					
Communication					
Radiation					
Terrain					
Weather					
Infectious disease					
Predators					
Emergency Recovery					
Unknown Risk(s)					
<i>Aggregated Risk Index</i>					

*---proposed tool to log problems and risks*

<b>Environmental Considerations Assessment Inventory: On Site</b>					
<b>Characteristic</b>	<b>Problem</b>	<b>Risk Index</b>	<b>Long Term Health</b>		
Atmosphere					
Altitude/depth					
Temperature					
Water					
Nutrition					
Remoteness					
Isolation					
Confinement					
Communication					
Radiation					
Terrain					
Weather					
Infectious disease					
Predators					
Emergency Recovery					
Unknown Risk(s)					
<i>Aggregated Risk Index</i>					



***POLICY  
FORMULATION  
PROCESS***

**Risks**



## **Risks:**

- **Data envelope**
- **Categorization**
- **Qualifiers**
- **Time consideration**

# Categorization of Risks

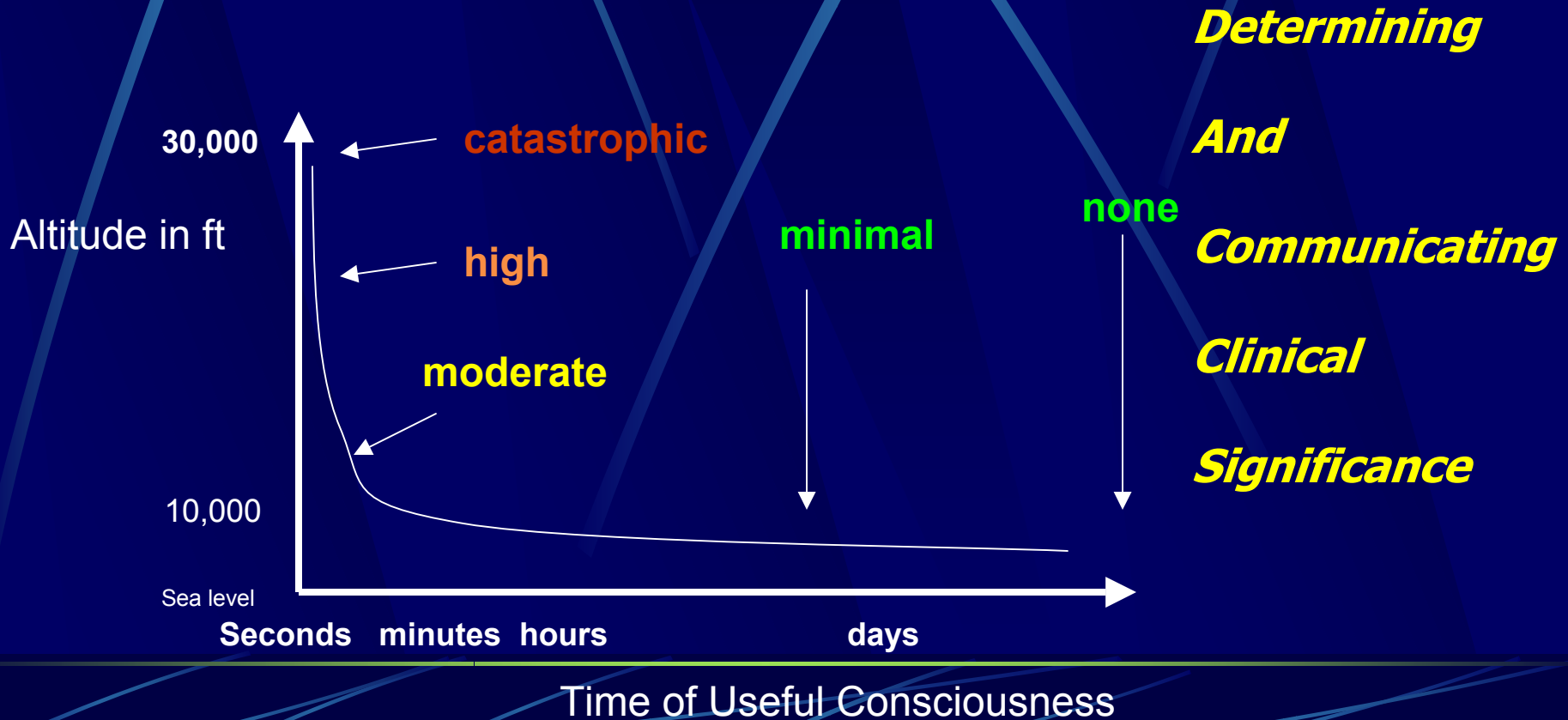
- None (0)
- Low (1)
- Moderate (2)
- High (3)
- Catastrophic (4)
- Unknown (5)

# Definitions

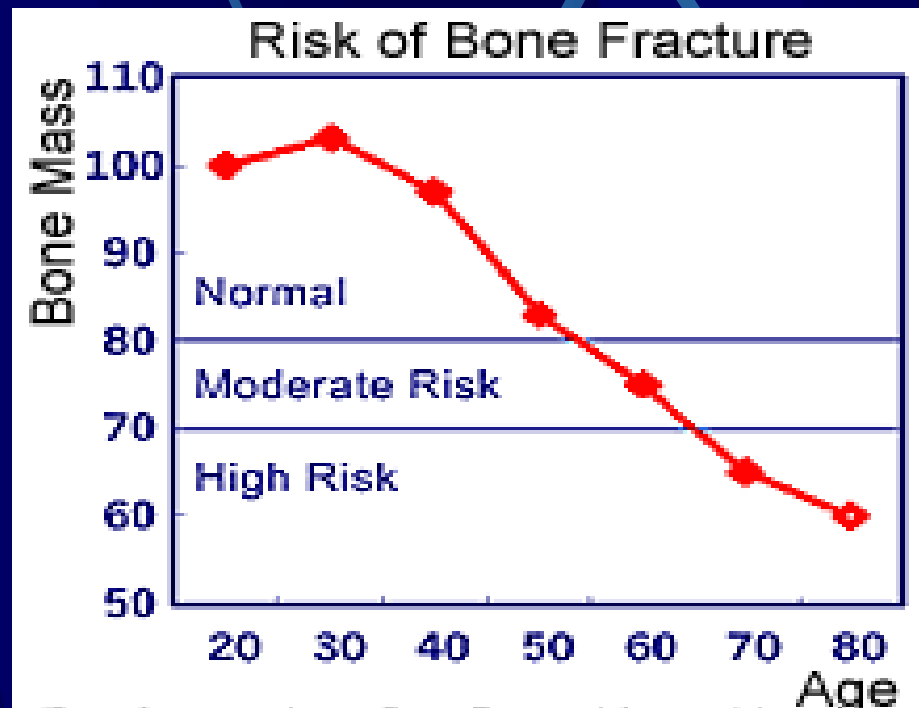
- **None** : no known risks
- **Unknown**: unquantifiable risk which can range from 0 to  $\infty$
- **Catastrophic**: loss of life or significant impairment with marked decrease of AQL
- **High**: significant probability of death, injury of disease
- **Medium**: probability of injury of disease which can be life threatening
- **Low** : small probability of life threatening events

# Normative Data

## Atmospheric Pressure, Hypoxia and Death (healthy individuals)

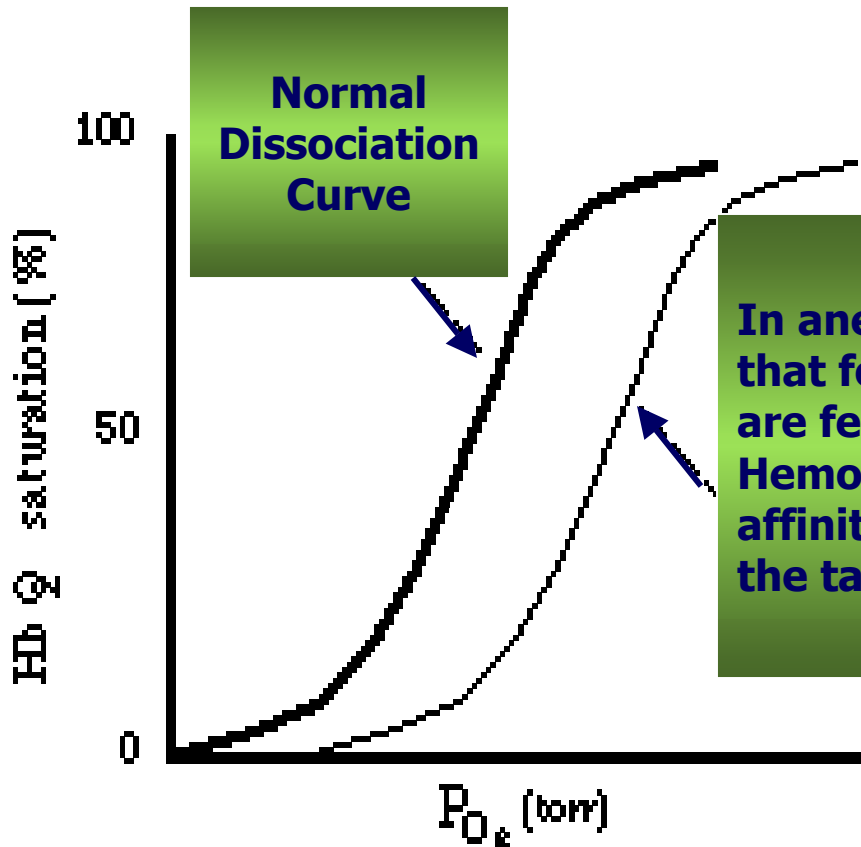


# Bone Mass Loss and Risk of Fractures



Adapted from the Japan Bone Renewal Academy

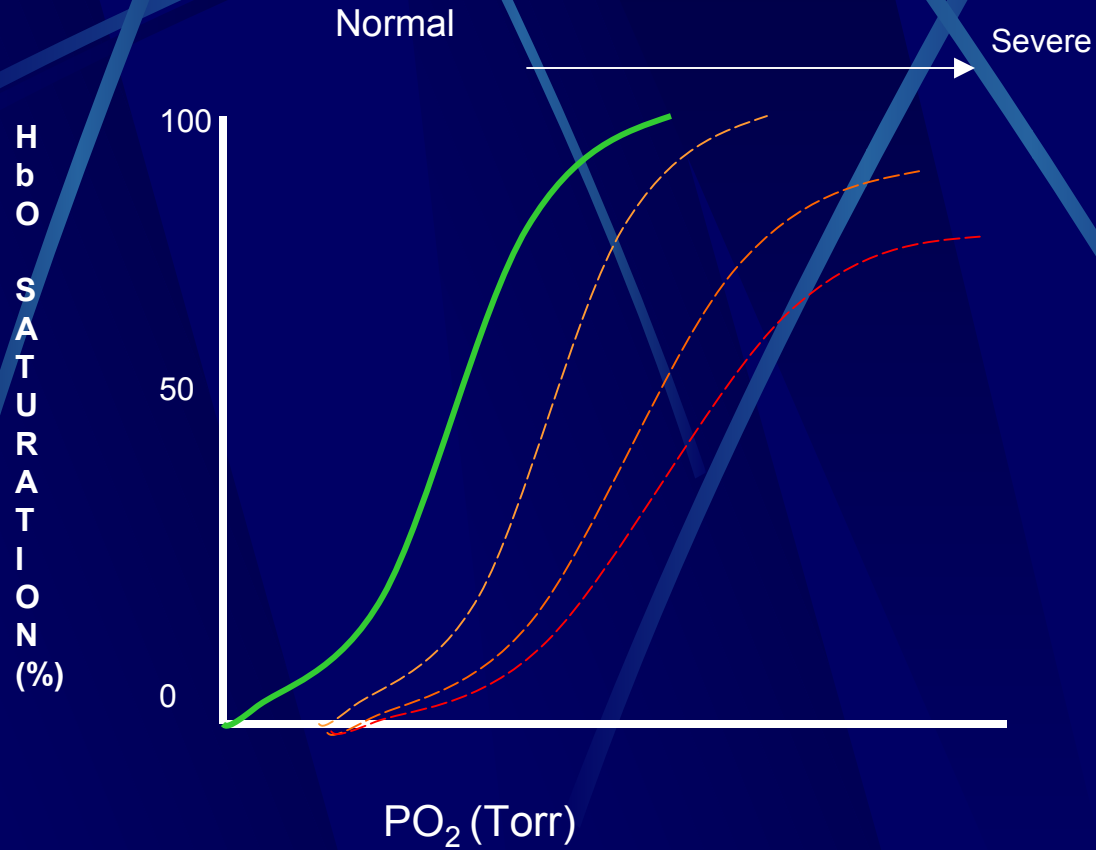
# Anemia



Normal  
Dissociation  
Curve

In anemia, 2,3-DPG shifts curve to the right, so that for a given partial pressure of  $O_2$  there are fewer  $O_2$  molecules associated with the Hemoglobin—less saturation. This decreased affinity translates to better  $O_2$  delivery to the target tissues.

# Anemia



# Radiation

## RISK

Low

Medium

High

Catastrophic

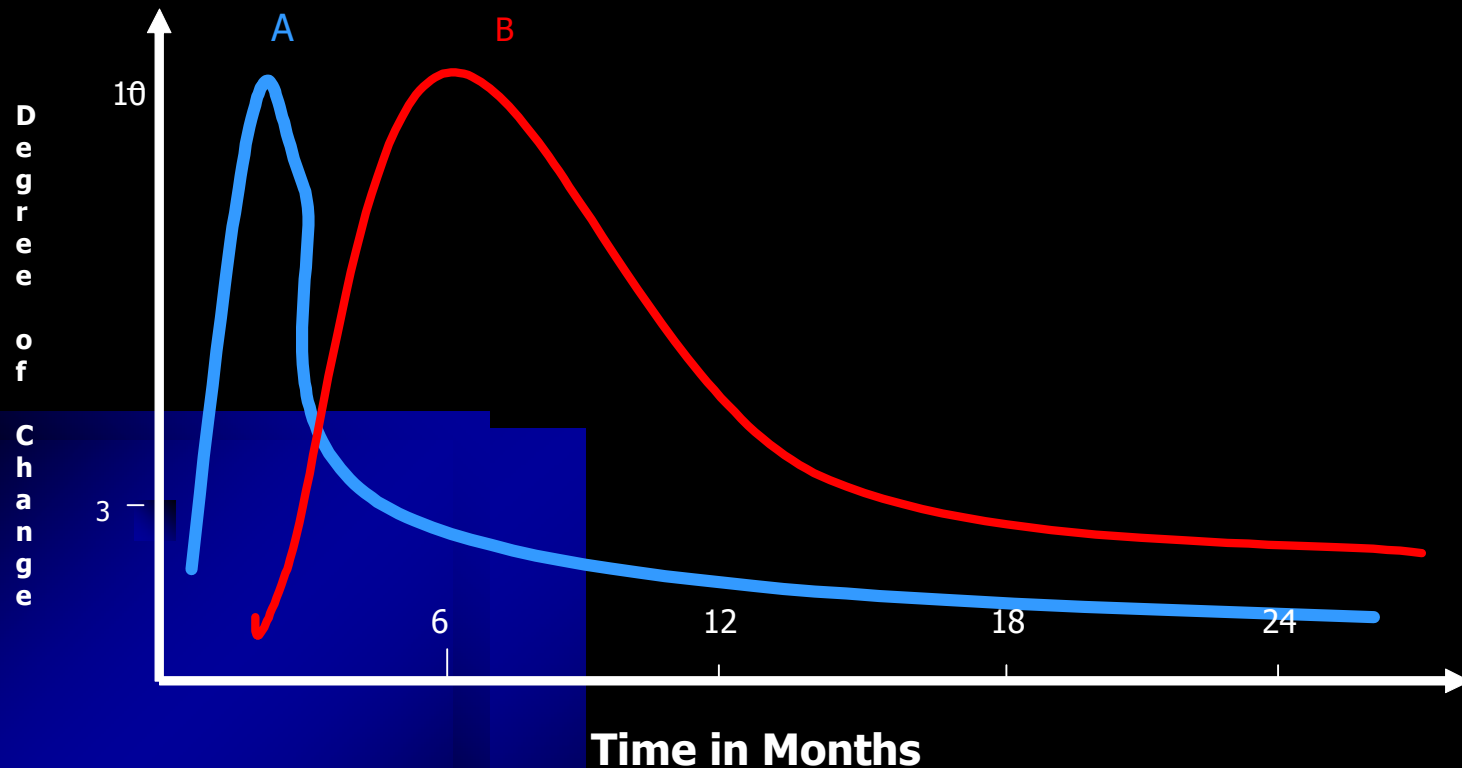
### Acute Whole-Body Radiation

Dose (rem)	Probable Physiologic Effects
10-50	No obvious effects, except minor blood changes
50-100	5-10% nausea & vomiting for ~ 1 day; fatigue; slight reduction in lymphocytes & neutrophils; no deaths
100-200	25-50% nausea & vomiting for ~ 1 day; more symptoms; 50% reduction in lymphocytes & neutrophils; no deaths
200-350	Most have nausea & vomiting on first day; loss of appetite, diarrhea, some hemorrhage; up to 75% reduction in all circulating blood elements; death of 5 to 50%
350-550	Nearly all have nausea & vomiting on Day 1; hemorrhage, diarrhea, fever, emaciation; death of 50 to 90% by 6 weeks
<b>Solar Particle Event can yield 100 - 500 rem in 1 day !</b>	
	<b>more severe symptoms; death of up to 100%</b>
750-1000	Severe nausea & vomiting may continue into the 3rd day; survival time less than 2.5 weeks
1000-2000	Nausea & vomiting within 1- 2 hours; all die within 2 weeks



# Human Adaptation Profile

Adapted from A. Nicogossian 1984

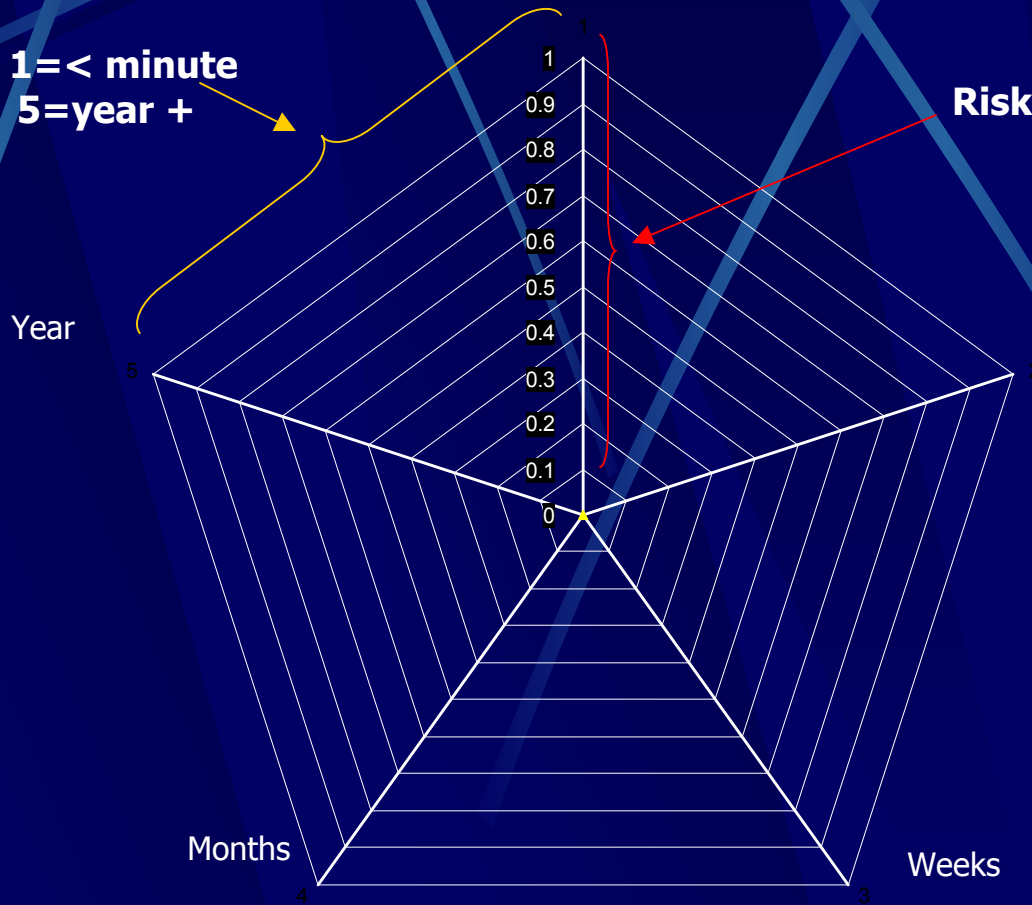


A = Acute adaptation (usually complete) for Neuro Sensory and Motor, Cardiopulmonary, and to a lesser degree fluid and electrolyte systems  
B = Chronic processes, sometimes patho-physiologic, occasionally reversible with countermeasures, for all other systems

---proposed tool to assist in assessing, calibrating and quantifying risk, illustrating relative risk, and communicating

**Exposure**

**Duration: 1=< minute  
5=year +**



**Risk Level: 0=normal daily  
1=catastrophic**

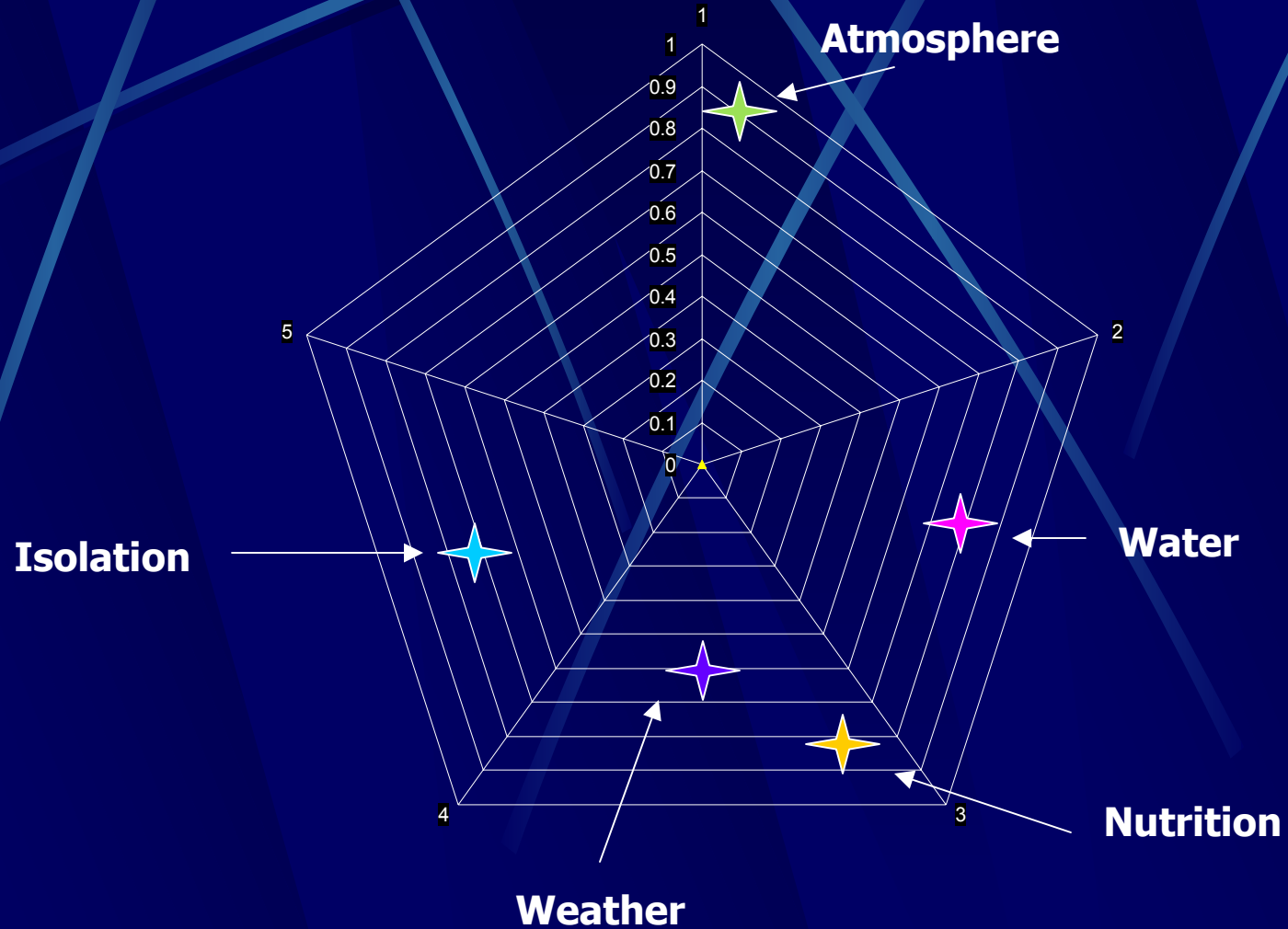
*Risk Scoring  
Index*

Example: Atmosphere on top  
Mount Everest → **1,8**

Matter of minutes

Level of risk

*---Illustrative scatter plot of relative risks indices*





***POLICY  
FORMULATION  
PROCESS***

**Resources**

## **Resources:**

- **Knowledge**
- **Technology**
- **Financial**
- **Logistics**
- **Time**



***POLICY  
FORMULATION  
PROCESS***

**Solutions/  
Protection**

## **Solutions/Protection:**

- **Primary**
- **Secondary**
- **Tertiary**

# An *Approximation* of a Human Health and Safety Risk Management Policy Paradigm

Selection

Technology based Systems

Individual Protections

Engineered Environments

Training

Protection

**Design  
Function  
Performance**

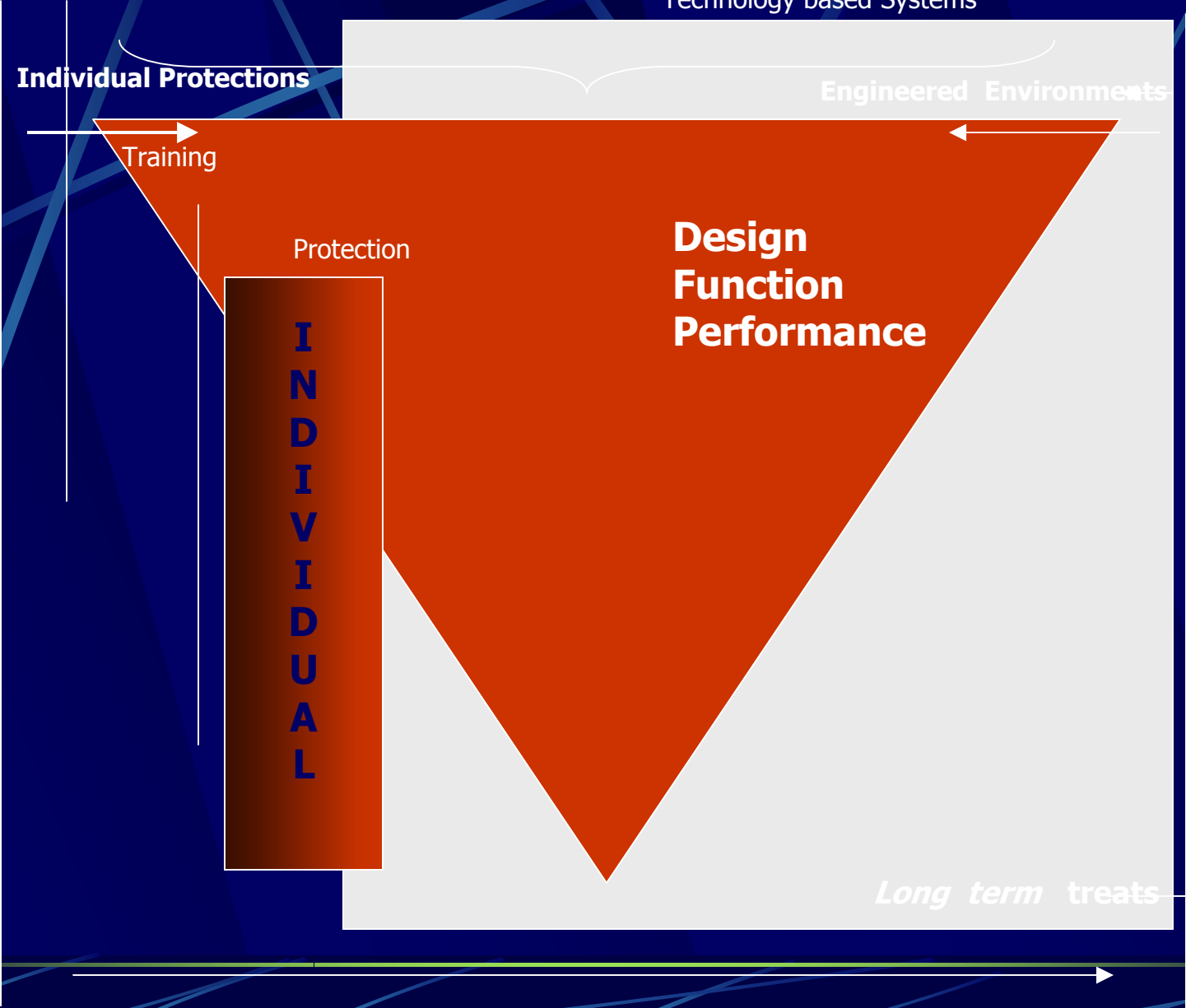
**I  
N  
D  
I  
V  
I  
D  
U  
A  
L**

*Long term treats*

**H  
U  
M  
A  
N  
E  
L  
E  
M  
E  
N  
T**

**E  
N  
V  
I  
R  
O  
N  
M  
E  
N  
T  
A  
L  
C  
O  
N  
S  
I  
D  
E  
R  
A  
T  
I  
O  
N  
S**

**Increasing cost of risk management interventions**





# *Risk Management Alternatives:*

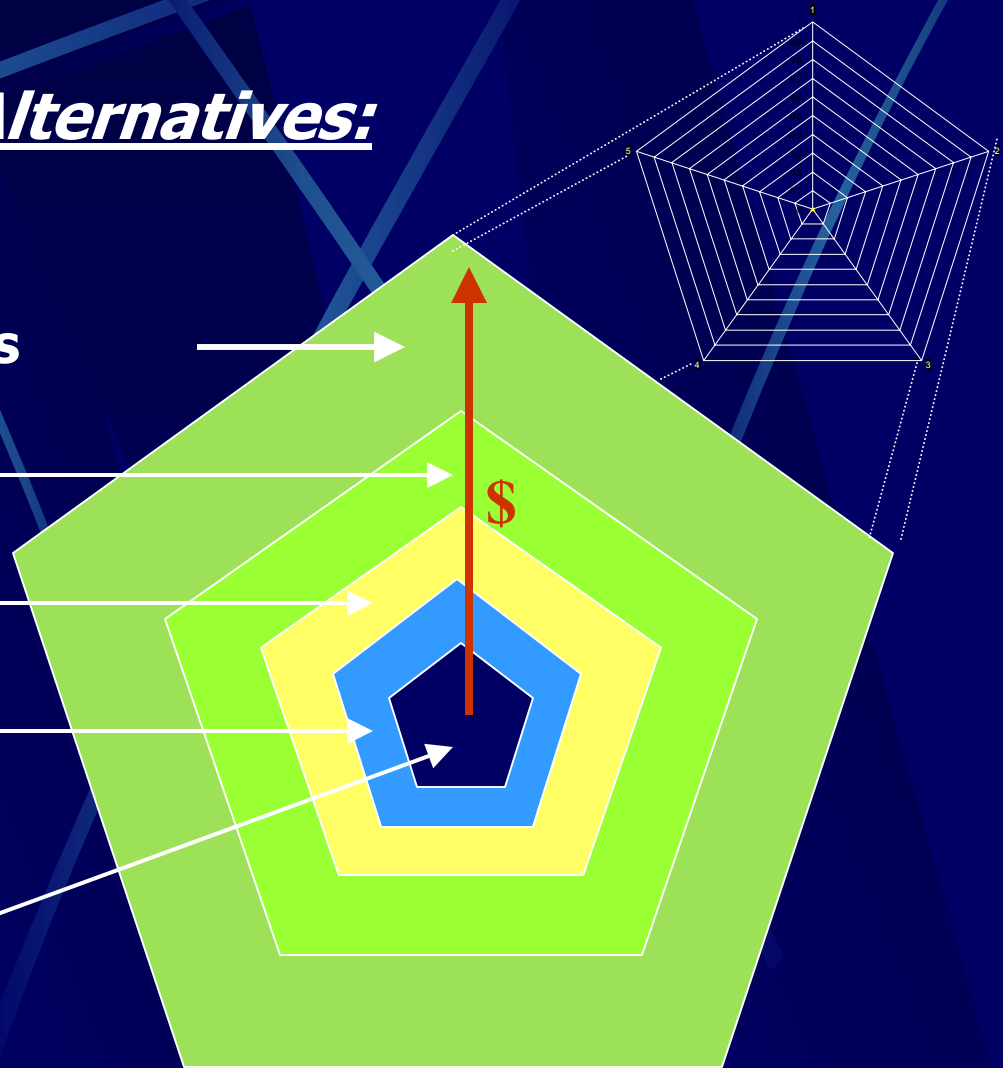
**Engineered environments**

**Individual protections**

**Training**

**Selection**

**Zone of Minimal Risk=  
Activities of Daily Living**





**Policy  
RX**

***POLICY  
FORMULATION  
PROCESS***



# **Policy Recommendation:**

- **Cost benefit**
- **Directed to successful**
- **Outcome H & S**

# Qualifiers of Risks

- **Managed** : risk continuously monitored with the intent to intervene with administrative, financial or technical actions if the risks exceeds the set limits
- **Acceptable** : a risk which cannot be eliminated, politically and budgetary driven, and subject to either efficiency (Type II reliability) or effectiveness (Type I reliability) "Larry Hayman"
- **Tolerable**: a risk which can be eliminated, but at a significant cost and is subject to political opinions and decisions
- **ALARA**: what ever is technologically or scientifically achievable

# Model for Evaluating Risks and Balancing Benefits: Extreme Environments

All values assigned on a 10 point scale

$$\Sigma(\text{Benefits}) = B_1 + B_2 + B_3 + B_4 \dots B_n$$

Where  $B_1$  = estimated contribution to knowledge

$B_2$  = estimated contribution to technology

$B_3$  = estimated political value

$B_4$  = estimated societal benefit/impact

$B_n$  = other identified value(s)

$$\Sigma(\text{Risk}) = X + R_1 + R_2 + R_3 + \dots R_n$$

Where  $R_1$  = estimated physiological risk

$R_2$  = estimated environmental risk

$B_3$  = estimated psychological risk

$B_n$  = other identified risk(s)

$X$  = number of risk factors