2013 Program Report Card: Managed Health Care Systems - DOC

Quality of Life Result: All Connecticut residents have a higher quality of health and wellness.

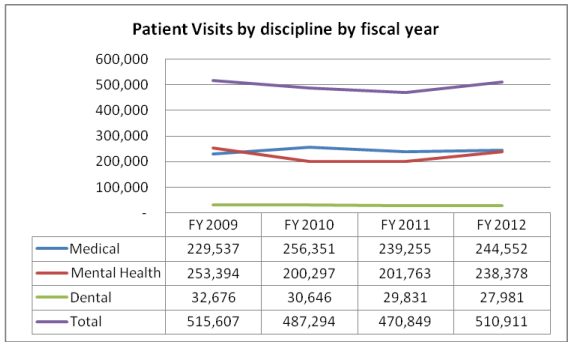
Contribution to the Result: Provide compassionate and clinically appropriate health care to inmates within the Department of Correction facilities and halfway houses to meet the State's constitutional obligation to provide competent healthcare to the incarcerated population, whether sentenced or unsentenced. These services are resource sensitive and promote a safe, secure and healthy environment that supports successful reintegration into the community.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 12	$86,905,433	N/A	N/A	$86,905,433
Estimated FY 13	$85,629,399	N/A	N/A	$85,629,399

Partners: Department of Correction, Department of Mental Health and Addiction Services, Judicial Branch, Parole, Department of Public Health, Department of Children and Families, Department of Social Services, Federally Qualified Community Health Centers, Nursing Homes, National Institute of Health

How Much Did We Do?

Number of inmate visits to clinicians within the sixteen DOC facilities



	FY 2009	FY 2010	FY 2011	FY 2012
Medical	229,537	256,351	239,255	244,552
Mental Health	253,394	200,297	201,763	238,378
Dental	32,676	30,646	29,831	27,981
Total	515,607	487,294	470,849	510,911

Story behind the baseline:

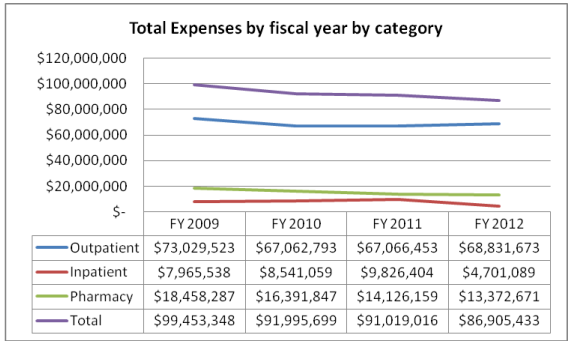
At sixteen Department of Correction facilities Correctional Managed Health Care staff provide intake assessments, treat a variety of illnesses, handle medication administration and at nine facilities provide onsite 24/7 infirmary care. Total visits to professional staff include inmates seen at nurse sick call, at MD sick call, in chronic care clinics such as diabetes, pulmonary, and infectious disease. They also receive services from psychiatrists, psychologists and social workers to address mental health issues. Dental visits include oral surgery and routine and specialized dental procedures. These services are all provided in the DOC facilities and do not include outpatient visits for outside specialty case such as ophthalmology, radiology, oncology and cardiology, etc.

The number of visits over the past four years has varied only slightly indicating a continuation of the level of service while overhead and pharmaceutical costs continue to be reduced through improved efficiency and practice.

Trend: ◄►

How Well Did We Do It?

Overall cost to provide inmate medical services over the past four years



	FY 2009	FY 2010	FY 2011	FY 2012
Outpatient	$73,029,523	$67,062,793	$67,066,453	$68,831,673
Inpatient	$7,965,538	$8,541,059	$9,826,404	$4,701,089
Pharmacy	$18,458,287	$16,391,847	$14,126,159	$13,372,671
Total	$99,453,348	$91,995,699	$91,019,016	$86,905,433

Story behind the baseline:

In virtually all categories incarcerated populations have general medical and psychiatric disease prevalence rates significantly greater than those found in the community. HIV/AIDs, tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, and hypertension are among the serious illnesses overrepresented in this population. Cost for inmate care services represents the cost for staff at each facility, including salaries, overtime and other contractual obligations. It also includes the cost of medications, as well as outpatient specialty services (orthopedics, oncology, radiology, etc.). Costs also include laboratory tests, dialysis treatments and medically indicated specialized equipment (prosthetics, feeding pumps, wound care devices, etc.). Since 10/1/11 (FY'12) inpatient costs for those inmates eligible for Medicaid have been paid by Medicaid lowering our reported costs and providing federal state match to the state for inpatient inmate costs. Over the last two years significant progress has been made in reducing costs through reallocation of staff, reducing overtime, a review of prescribing practices to reduce medication usage, and lower pharmaceutical costs with the implementation of 340b pricing that resulted in $885,000 savings in FY'10 and approximately $2,150,000 FY'12. These efforts have resulted in lower costs in spite of medical inflation of between 4-5%.

Trend: ▲

How Well Did We Do It?

Cost of providing one on one custody observation of inmates deemed at risk of harm to themselves

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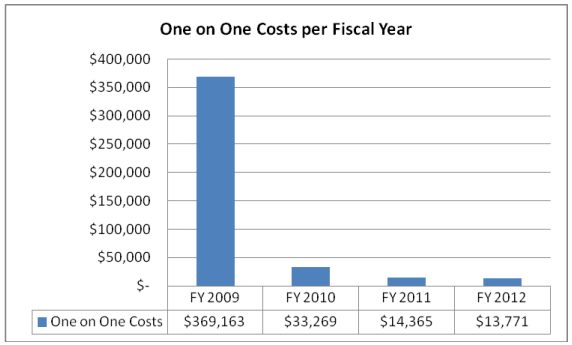


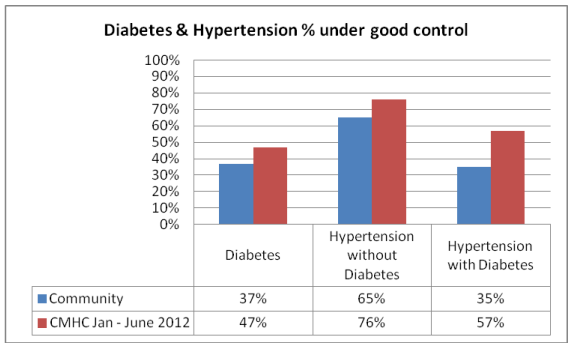
Story behind the baseline:

Costs to provide one on one observation of inmates who voiced suicidal intention were rising dramatically. A review of the use of one on ones and the effectiveness was conducted by the Chief of Psychiatry. Prescribers were re-trained in the appropriate assessment of suicide risk and the appropriate use of one-on-ones and were provided alternatives to address inmate/patient safety. Ongoing review of the one-on-one orders helped enlighten staff and change practice. The result has been a significant reduction in cost without an increase in inmate risk.

Trend: ▲

Is Anyone Better Off?

Improved control of chronic diseases such as diabetes and hypertension as compared to those in the community (community data from the Agency for Healthcare Research and Quality).



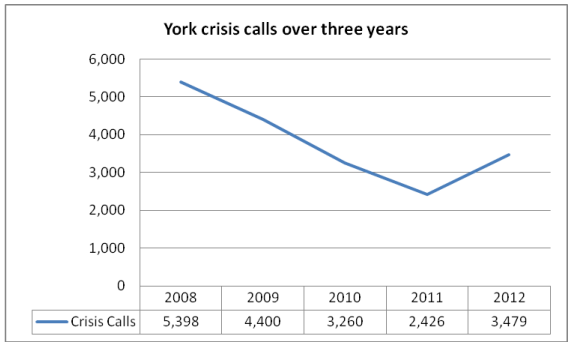
Story behind the baseline:

Diabetes among inmates is better controlled than the average community groups (as measured by Hemoglobin A1c percentage). Hypertension (high blood pressure) is under better control for inmates with and without diabetes than for those in the community. These outcomes along with disease management education will hopefully translate into continued disease control when inmates are released into the community.

Trend: ◄►

Is Anyone Better Off?

Number of mental health crisis calls at the state's women's facility, York Correctional Institute (YCI)



Story behind the baseline:

Over the last several years, a number of initiatives were begun at YCI to improve the mental health program and reduce the number of crisis calls from women. These initiatives included working with the custody staff to resolve women's issues which do not require mental health staff intervention and expanded mental health programming. The focus of these efforts has been to provide practical solutions to address conflict resolution and provide ongoing support. While there has been improvement, this past year there was a reversal of the trend reflecting the need for re-education in the protocols for crisis intervention for new custody and mental health staff.

Trend: ▼

Proposed Actions to Turn the Curve:

Continually review the allocation of resources among facilities as the inmate population changes, to ensure that appropriate triage is taking place and waiting lists are reasonable. Look to expand the use of 340b pricing for medications, implement consistent utilization review procedures and policies, look for opportunities to work with the Department of Correction and parole to release those inmates more suitable for nursing home care and those with severe conditions better served in the community. Explore using telemedicine and telepsychiatry

Continue to monitor the appropriate use of one on one observation; continue to conduct case reviews of completed suicides and of attempted suicides to determine the proper actions to avoid these outcomes.

Expand chronic care clinics to more facilities within the Department of Correction and seek more ways to provide patient health care information to assist inmates with self care interventions.

YCI works closely with discharge planning staff and DHMAS to ensure ongoing support in the community for mentally ill offenders. It is suggested that funding peer support positions in the community could reduce re-incarceration rates yielding a substantial payback on that investment.

Data Development Agenda

Access to information from the AG's office on lawsuits related to Inmate Health Care in order to inform practice and improve processes.

Capturing data on medical diagnoses for each patient will enable us to better review clinical practice in assigning diagnosis and in reviewing medication prescribing practice correlated with diagnosis.

An electronic health record (EHR) would allow for the capturing of data on the volume and cost for specific treatments and clinician productivity.