BENEFITS OF CORRECTIONS
PARTNERING WITH STATE’S HEALTH SCIENCES UNIVERSITY

By
Louis Colella
NJ Department of Corrections
&
Arthur Brewer,
Christopher Kosseff &
Jeff Dickert
UMDNJ
Objectives

• Summarize and identify several states benefiting from a partnership between a state health science university and Department of Correction (DOC)

• Identify several benefits from the state university's partnership with the New Jersey Department of Corrections (NJDOC) in the provision of inmate health care.

• Discuss and understand some of the challenges faced in the formulating an agreement between a state university and a DOC.
Correctional Population 2010

- Total correctional population: 7 million
- Total community supervision: 4.8 million
- Probation 4 million
- Parole 800,000
- Total incarcerated 2.2 million
- Jail 750,000
- Prison 1.5 million

Source: Bureau of Justice Statistics 2010
Inmate Health Care Needs

- APHA Survey
  - 38.5% to 42.8% suffer from a chronic disease
  - 25.5% to 38.5% of patients who reported a mental condition ever treated with a psychiatric medication where on medication at the time of arrest
  - 45.5% to 68.6% of patients who reported a mental condition ever treated with a psychiatric medication where on medication after admission

Source: APHA April 2009
Inmate Health Care Needs

• BJS
  – 39% to 44% inmates report a current medical problem other than a cold or virus
  – HTN 13.2% to 13.8%
  – Asthma 7.2 to 9.1%
  – Tuberculosis 7.1 to 9.4%
  – Heart problems 6.0% to 6.1%
  – Diabetes 4.0% to 5.1%
  – Hepatitis 4.2% to 5.3%
  – HIV 1.0% to 1.6%

Source: BJS 2004
Inmate Health Care Needs

- **BJS**
  - Number of current medical problems
    - 1 problem: 23.5% to 26.0%
    - 2 problems: 8.4 % to 10.3%
    - 3 or more: 6.7% to 7.5%

- Impairment
  - Speech
  - Hearing
  - Vision
  - Learning
  - Mental
  - Mobility

*Source: BJS 2004*
Inmate Health Care Needs

• BJS
  – Number of impairments
    • 1 impairment: 16.3% to 20.5%
    • 2 impairments: 5.9% to 9.9%
    • 3 or more: 2.3% to 5.8%

Source: BJS 2004
Inmate Health Care Needs

• Mental Health Disorders
  – Any mental health problem
    • 45% to 64%
  – Recent history
    • 14% to 24%
  – Symptoms
    • 40% to 60%

Source: BJS September 2006
Inmate Health Care Needs

• Substance abuse or dependence only
  – Any alcohol or drugs
    • 19% to 24%

• Mental Health and substance abuse and dependence
  • 42% to 49%

Source: BJS September 2008
Inmate Health Care Needs

- Clinical Decision Making in Correctional Settings
  - Limited by evidence–based treatment data involving incarcerated persons
  - Managing patients with multiple health problems more the rule than exception in a correctional setting
The Issues: Inmate Health Care

- Operated by Corrections
  - Limited Medical Expertise

- Operated by Private, For Profit Companies
  - Perception that Profit is Made by Denying Care, Creating Litigation Risk
  - Tax Payer Dollars Profit Shareholders

- Operated by State’s Health Science University
  - Expertise
  - Remove Profit Motive
  - Require Partnering with Successful State Healthcare Enterprise
Corrections - Health Science Partnerships

• Since 1994 Corrections State Health Services Partnerships are varied.
  – Texas
  – Connecticut
  – Georgia
  – Louisiana
  – New Hampshire
  – Massachusetts
  – New Jersey-2005 MH; 2008 Medical
NJDOC
Setting the Stage for a New Healthcare Provider

-HISTORY OF NJDOC MEDICAL SERVICES

-1996 PRIVATIZATION OF MEDICAL, DENTAL AND MENTAL HEALTH SERVICES

-PRIVATE SECTOR VENDOR DELIVERED ALL THREE SERVICES UNTIL 2005
NJDOC’S HSU

HSU staff monitors clinical performance and contract compliance

2004 RFP carved out mental health services and awarded to UMDNJ via a detailed, jointly prepared MOA

2008 Medical and Dental Services awarded to UMDNJ by a detailed, jointly prepared MOA
2002 NJDOC recognizes standards to be monitored by Health Services Unit (HSU) and Objective Performance Indicators (OPI) are included in contract with liquidated damages to be assessed to the vendor for non-compliance

2004 NJDOC OIT and HSU begin efforts to automate OPIs via reports from the EHR
NJDOC’S HSU

2005, first automated reports agreed upon with vendor and posted to HSU website

Weekly operational meetings for discussion and mitigation of reports

October 2005, 33 medical reports available
NJDOC’S HSU

December 2005—seven dental OPI reports added

2010-3 Mental Health OPIs produced

Present 38 OPIs available and run weekly
NJDOC’S HSU

- Automated Medical Observation System (AMOS)
- Near real time monitoring of critical labs and processes
  - Communicates directly with provider or person most proximal to the event
NJDOC’s Agreement with UMDNJ

• Agreement
  – Detailed Agreements Jointly Prepared to Clarify Expectations
  – 38 Objective Performance Indicators Built on Top of an EHR-(Centricity Physician Office EHR Program)
  – Ongoing Clinical Auditing of Performance to Agreement by NJDOC Health Services Staff
  – Cost Based Reimbursement System
  – Ongoing Client & Oversight Meetings

• University Incorporates Many Components of a Patient-Centered Medical Homes Model
NJ’s Prison Base,
Patient-Centered Medical Homes

*Enhance Access to Care (24 hr sick call)*
*Care Continuity (Primary Care Model)*
*Practice-Based Team Care (Interdisciplinary Approach)*
*Comprehensive Care (Sick Call to Hospitalization Continuum)*
*Coordinated Care (Utilization Review)*
*Population Management (Chronic Disease Clinics & CDSMG)*
NJ’s Prison Base, Patient-Centered Medical Homes

Health IT (EHR & OPI’s)
Evidence-Based (Treatment Guidelines)
Care Plans Defined with Patient
Shared Decision Making with Patients
Cultural Competency & Translation Services
Quality Measures and Improvement (OPI’s, Quality Indicators, Peer Review, PI Fair)
Patient Feedback (Patient Satisfaction Surveys, Grievances)
NJ’s CQI & Prevention Programs

• Continuous Quality Improvement
  – CQI Approach Modeled after JCAHO Program (Plan/Design, Measure, Assess, Improve)
  – Annual Performance Improvement Fair with over 40 Teams
  – PI Curriculum
  – PI Everyone’s Business

• Prevention
  – Stanford’s Chronic Disease Self Management Groups All Institutions
  – To Date: Had 27-6 Session Workshops
NJ’s Telemedicine Experience

- Use of Existing Network of Teleconferencing Equipment
- Transitioned from ISDN (Phone Lines) to IP (Computer Network)
- Initially Used for Infectious Disease & Nephrology Clinics
- Regional Medical Directors &/or Consulting ER Physician Review Prior to ER Trips
- 10-20% of Medical Specialty Appointments:
  - Gynecology, General Surgery, Cardiology, Gastroenterology, Urology, Neurology, Endocrinology, Nephrology, Infectious Disease
NJ’s Utilization Management: Impact on Hospital Use

- 2007: Average Daily Inpatient Census-12.72
- 2008: 12.28
- 2009: 12.25
- 2010: 11.99
- 2011: 10.18
- Avg LOS-4.7 days
- NJ DOC: 155 Inpt Bed Days/1,000 Inmates
- TX DOC: 277/1,000 Inmates
- CA DOC: 549/1,000 Inmates
- NJ Community: 639 Inpt Bed Days/1,000 in Gen Pop

University Correctional HealthCare
Utilization Management: Emergency Services

• ER Trips Reduced from Average of 68 Trips/Month in FY 2007 to 56 Trips/Month in FY 2011

• NJ DOC: 28 Hospital ER Visits/1,000 Inmates

• NJ Community: 400 Hospital ER Visits/1,000 in General Pop
Outcomes of University-Based Health Care Model

• Quality Health Care
  – LDL levels <130: 69% of Population
  – Hypertension Control <140/90: 89%
  – HgA1C Levels <7: 59%
  – Reduce Psychiatric Hospital Transfers from 123 to 25 per year

• Staff Recruitment
  – 95% plus fill rates
  – Turnover reduced from 30% to 10%

(In CY 2011, replaced 76 FTE of 800 FTE’s)
Patient Feedback

• Inmate Satisfaction average results from Good (3) & Very Good (4):
  – MH Ranged from “3.7” – “3.9” (most recent) &
  – Medical Increased from “3.2” to “3.6”

• Mental Health Complaints/Remedy Forms
  – MH Complaints Dropped from 1,863 in CY 2004 to 244 (estimated) in CY 2011 (87% Reduction)
Patient Feedback

• Medical Complaints
  – Medical Complaints Dropped from 5,082 in CY 2007 to 3,507 in CY 2010 & 3,366 (estimated) in CY 2011 (34% Reduction)

• Dental Complaints
  – Dental Complaints Dropped from 312 in CY 2007 to 180 (estimated) in CY F011 (42% Reduction)
Compliance with Health Care Process’s Requirements

• 38 Objective Performance Indicators
  – 92% of the Time Achieve the 97% Threshold or Better
  – Measures timeliness of 13 aspects of intake process including MH and Medical Screens (TB, PAP, Mammography, dental, etc) and comprehensive physical; 8 chronic care clinics; TB disease management for inmates and employees; sick call, optometry and dental referrals; transfer reviews by medical, mh, and dental; biennial dental cleanings; medical follow ups.
NJ Medical Providers Accountability

Outcome:

- Dental Productivity Increased 2 Fold
- Medical and Mental Health Providers’ Productivity Increase by 20%
Cost Controls with NJ’s Health Care Model

• Pharmacy Cost Controls
  – 12% Reduction Since 2008
  – Formulary Controls; Generics; Crushing; Least Costly Combination, Inventory Control, Pricing Agreement

• Controlling Referrals to Specialists
  – 10% Reduction
  – Weekly UR Provider Reviews
  – Functional Assessment with Collateral Sources
  – Substance Abuse History
  – Risk/Benefit Analysis
NJ DOC – UMDNJ’s Summary of Cost Savings

- **Cost Savings-Mental Health**
  - Budget Reduced by **27%** from $51 Million in CY 2006 to $37 Million in FY 2012

- **Cost Savings-Medical**
  - Budget Reduced by **13%** from $113 Million in FY 2011 to $99 Million in FY 2012

- **White Paper**
  - Partnered with NJDOC to find opportunity for cost savings without compromising health care
Expansion of Training Opportunities for the University

- Training Opportunities for Healthcare Professionals
  - Forensic Psychiatric Fellowship Program (2)
  - Psychology Interns (4)
  - Social Worker, Mental Health, OT, Creative Arts Interns
  - Nursing and APN Students
Additional Challenges

- Threat of Privatization
- Private Providers Lobbying Efforts
- Cost of State Benefit Packages
- Pain Management & Specialty Referrals with Many Addicts in the Population Being Treated
- Treatment of Hep C
- Aging Population
Corrections-State Health Science Univ Partnership

- Summary of Benefits/Implications for such partnerships
  - Partnership to Improve Health Care Outcome while Increasing Efficiencies
  - Develop Most Effective & Efficient Health Care Strategies for Patients who are Inmates
  - Remove Profit Incentive that Increases Risk of Litigation
  - Training of Future Professionals
Open discussion