

**MINUTES**

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE  
September 30, 2008**

**Chairperson:** James D. Griffin, M.D.

**CMHCC Members Present:** Ben G. Raimer, M.D.

**CMHCC Members Participating by Telephone Conference:** Elmo Cavin, Bryan Collier, Jeannie Frazier, Cynthia Jumper, M.D., Lannette Linthicum, M.D.

**CMHCC Members Absent:** Larry Revill, Desmar Walkes, M.D.

**Partner Agency Staff Present:** Owen Murray, D. O., John Allen, Lauren Neumann, The University of Texas Medical Branch; Michael Kelley, M.D., Dee Wilson, Texas Department of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, CMHCC Staff.

**Partner Agency Staff Participating by Telephone Conference:** Denise DeShields, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Nathaniel Quarterman, Ron Steffa, George Crippen, Cathy Martniez, Robert Williams, M.D., Texas Department of Criminal Justice; Oliver Bell, David Nelson, Texas Board of Criminal Justice

**Others Participating by Telephone Conference:** Kyle Mitchell, Office of the Governor

**Others Present:** Rob Rios, Public Affairs Firm

**Location:** 8610 Shoal Creek Boulevard, Executive Conference Room, Austin, Texas / Telephone Conference

<b>Agenda Topic / Presenter</b>	<b>Presentation</b>	<b>Discussion</b>	<b>Action</b>
<b>I. Call to Order</b> <b>- James D. Griffin, M.D.</b>	<p>Dr. Griffin called the CMHCC meeting to order at 3:00 p.m. and noted that the meeting was being held by teleconference pursuant to authority found in Section 501.139(b) of the Texas Government Code. Public access to the meeting was made available at 8610 Shoal Creek Boulevard, Executive Conference Room, Austin, Texas.</p> <p>Dr. Griffin next asked the CMHCC staff to take a roll call to note on record that a quorum was present. All members were in attendance in person or by teleconference except for Desmar Walkes, M.D. and Mr. Larry Revill.</p> <p>Dr. Griffin then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act..</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>II. Recognitions and Introductions</b></p>	<p>Dr. Griffin requested that because the meeting was being held by teleconference, that each person identify themselves for the record then asked that they also identify themselves prior to making any comments or asking any questions during the meeting.</p> <p>Dr. Griffin on behalf of the committee next introduced and welcomed Mr. David Nelson, Chairman of the Texas Board of Criminal Justice (TBCJ) Health Care Committee who was participating by teleconference. Dr. Griffin further stated that Mr. Nelson was appointed to the TBCJ in April of 2008 and is an attorney in the law firm of Nelson &amp; Nelson. Mr. Nelson is a graduate of Texas Tech University and Texas Tech University School of Law and thanked him for joining the teleconference meeting.</p> <p>Dr. Griffin then introduced and welcomed Mr. Oliver Bell, Chairman, TBCJ who also joined in on the teleconference. Dr. Griffin noted that Mr. Bell was named Chairman of TBCJ on April 2008 and has served on the board since 2004. Mr. Bell also served as Vice-Chairman, Board Secretary and as a member of the Education, Human Resources, Victim Services, Business and Financial Operations and the Health Care Committees. Mr. Bell is the CEO of the Austin based Oliver J. Bell &amp; Associates, a human resources labor relations and diversity consulting firm. Dr. Griffin further noted that Mr. Bell is a former army officer and graduate of the US Military Academy at West Point then thanked him for joining in on the teleconference meeting.</p>		
<p><b>III. Approval of Excused Absence</b></p> <p>- <b>James Griffin, M.D.</b></p>	<p>Dr. Griffin next noted that Mr. Larry Revill and Dr. Desmar Walkes were absent from the June 10, 2008 CMHCC meeting due to scheduling conflicts, then stated that he would entertain a motion to excuse their absence.</p>		<p>Ms. Jeannie Frazier moved to approve Mr. Larry Revill and Dr. Desmar Walkes absence from the June 10, 2008 CMHCC meeting. Dr. Ben Raimer seconded the motion. Motion passed by unanimous vote. Dr. Griffin then asked each member to voice their approval to the motion. Motion passed by unanimous vote.</p>



Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Hepatitis Policy Update (Cont.)</p>	<p>proposed CT scan machines to determine whether the electrical and cooling services would need any modification at the unit location where this will be performed.</p> <p>Dr. Kelley next reported that the Hepatitis C clinical pathway was developed and approved by the Pharmacy and Therapeutics ( P &amp; T) Committee and this was distributed to the unit providers after the July meeting. The Hepatitis B pathway will be presented at the next P &amp; T Committee meeting.</p> <p>Dr. Kelley stated that the fiscal impact of the new policy has been minimal. Texas Tech sector performed one liver biopsy since May and the cost of the additional laboratory studies required by the policy were up \$25,000 over the quarter from May to mid-August. UTMB was not able to provide a breakdown on the increase in laboratory cost but they performed 61 liver biopsies since the policy was approved. This is a 30% increase over the rate of liver biopsies performed prior to the policy being approved. Dr. Kelley also stated that UTMB reported 31 offenders refusals which is a higher number than what was used in the cost projection back in March.</p> <p>Dr. Kelley next noted that the Hepatitis C Drug Utilization graph provided on page 122 of the agenda packet has not changed since the policy has been in affect. This is due to the short time frame in reporting this data but Dr. Kelley stated that more of a financial impact will be seen in the future.</p> <p>Dr. Kelley then gave a brief summary of the proposed changes to the Hepatitis Policy as listed in the handout that was provided to staff prior to the meeting he referred to at the start of his report. (Attachment 1). He concluded by noting that the only difference between the proposed policy changes listed on page 123 of the agenda packet and the revised handout is the recommendation to delete Procedure IV.C which was inadvertently left off. This procedure duplicates the screening required in procedure IV.F.</p>	<p>Dr. Raimer asked what the proposed method would be in tracking how many patients are referred for biopsy or for transplants or any other items as it relates to this?</p> <p>Dr. Kelley responded that some of the data can be captured from laboratory work expenditure reports. For the UTMB side he can get the number of liver biopsies and referrals for consideration for treatment from Dr. David Parr’s clinic where these</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="92 282 436 342">- Updates to Hepatitis Policy (Cont.)</p> <p data-bbox="92 1045 424 1133"><b>VI. Overview of Legislative Appropriations Request (LAR)</b></p> <p data-bbox="92 1170 331 1224">- <b>LAR Process: Allen Hightower</b></p>	<p data-bbox="464 922 1062 1013">Hearing no further comments, Dr. Griffin stated that he would entertain a motion on the proposed eight policy changes listed on the handout provided by Dr. Kelley.</p> <p data-bbox="464 1045 1062 1105">Dr. Griffin next called on Mr. Hightower to provide the Overview of the Legislative Appropriations Request.</p> <p data-bbox="464 1138 1062 1229">Mr. Hightower stated that he would provide the overview of the LAR process and a brief update on the CMHCC activities since the last meeting.</p> <p data-bbox="464 1261 1062 1382">Mr. Hightower then reported that the committee staff have been attending and providing CMHCC updates at the Texas Board of Criminal Justice meetings as required by the Legislature.</p> <p data-bbox="464 1414 1062 1468">He then noted that the committee staff was asked to be available at the Joint Committee of the House</p>	<p data-bbox="1083 282 1659 373">cases are referred to. Dr. Kelley added that the most complete way of capturing the referrals is through the utilization review process.</p> <p data-bbox="1083 406 1659 466">Dr. Raimer than asked how the patients with Hepatitis C would be tracked?</p> <p data-bbox="1083 498 1659 677">Dr. Linthicum responded by possibly utilizing the encounter system currently being used. She further clarified that a special designator can be used as a system-wide indicator for Hepatitis C patients as a type of encounter then they can specifically look for referrals for liver biopsies on the EMR.</p> <p data-bbox="1083 709 1659 860">Dr. DeShields added that after her discussion with Dr. Kelley, Texas Tech was able to obtain additional GI specialty resources and are looking at the availability of the utilities required to perform liver biopsies at the Montford facility.</p>	<p data-bbox="1680 893 2007 1196">Dr. Raimer moved that the eight changes to the Hepatitis Policy be approved as presented by Dr. Mike Kelley. Dr. Linthicum seconded the motion. Dr. Griffin then asked each committee member to voice their vote. The motion passed by unanimous vote.</p>



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<p>- LAR Update (Cont.)</p>	<p>For the psychiatric side under strategy C.1.7, the appropriation amount for Marlin Hospital is at \$4.8M and the total CMHC budget estimated expenditure at that time was \$875.9M.</p> <p>Mr. McNutt further reported that on page 95 is the exception item request which totals \$181.1M for FY 2010-11 biennium with the breakdown being \$162.3M for health care (strategy C.1.8) and \$18.8M for psychiatric care (strategy C.1.7).</p> <p>The largest component of the correctional health care exception request is \$56.8M in estimated funding to bring the base level of funding to the level of expense actually being incurred for the delivery of service for the FY 2010-11 biennium. CMHCC will be requesting a Supplemental Appropriation estimated to be \$34.8M to address a shortfall in FY 2008-09 funding and the request would extend that level of funding into the next biennium. This funding is critical to maintaining operations and delivery of services required by minimum standards. Significant healthcare professional shortages are impacting the ability of the correctional health care program to provide adequate staffing for TDCJ health care facilities.</p> <p>Mr. McNutt further noted that approximately \$46.3M is requested to recruit and retain staff and to cover pharmacy and medical supply increases. Hospital and specialty care costs are estimated to increase about \$29.4M over the biennium.</p> <p>Additionally, Mr. McNutt stated that the correctional health care program is facing critical capital equipment needs for x-ray imaging equipment, dialysis and dental chairs and other such equipment for a total of \$5.7M is being requested for that purpose. Approximately \$4.4M is requested for biopsies of offenders with Hepatitis C.</p> <p>Mr. McNutt added that all of these costs are driven by an aging prison population requiring a more extensive health care services, rising costs of health care related services, national and regional health care professional shortages and the evolving standards of care.</p>		

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<p>- Update on LAR (Cont.)</p>	<p>Mr. McNutt further reported that this includes funding for essential positions needed to provide health care services as determined by TDCJ staffing analysis for each correctional facility as directed by TDCJ Rider 87. This would be the first step of the phase-in of the study results and is estimated to cost \$35.2M. He also noted that new initiatives at a cost of \$3.2M will provide for additional staff, work space, equipment to enhance the dietary performance improvement, TB and Hepatitis immunization and training programs.</p> <p>Mr. McNutt then noted that a separate handout (Attachment 2) was provided prior to the meeting that replaces what is page 96 in the agenda packet. The psychiatric baseline for FY2010 of \$47.9M had to be changed back to the same appropriations amount that they had in FY 2008 which was \$43.9M.</p> <p>Mr. McNutt stated that if the CMHCC was to receive the appropriations that is currently in the TDCJ's LAR, the total would come to \$1,023,238,109 for the FY 2010-2011 biennium.</p> <p>Mr. McNutt concluded by stating that for the exception list, this would approximately be \$39.1M for Texas Tech and \$142M for UTMB. The supplemental list would be \$1.5M for Texas Tech and \$33.2M for UTMB and this being as TTUHSC serves about 20% of the offender population and UTMB serves the remaining 80%.</p> <p>Hearing no further questions or comments, Dr. Griffin thanked both Mr. Hightower and Mr. McNutt for the update on the LAR.</p> <p>Dr. Griffin then called on Dr. Lannette Linthicum to provide the TDCJ Medical Director's Report.</p>	<p>Ms. Frazier asked if the amount of LAR that was reported by Mr. McNutt be approved as it is?</p> <p>Mr. McNutt responded that he hoped the amount would somewhat resemble what he had just reported after going through the LAR process.</p>	

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<p><b>VII. Medical Director's Report (TDCJ)</b></p> <p><b>Lannette Linthicum, M. D.</b></p> <ul style="list-style-type: none"> <li>- Office of Professional Standards</li> <li>- Grievances and Patient Liaison Correspondences.</li> <li>- Quality Improvement (QI) Access to Care</li> <li>- Capital Assets Monitoring</li> <li>- Office of Preventive Medicine</li> </ul>	<p>Dr. Linthicum stated that the TDCJ Medical Director's Report is provided at Tab G and begins on page 111 of the agenda packet.</p> <p>During the third quarter of FY 2008, Dr. Linthicum reported that eight facilities were audited. She then highlighted some of the audits which are listed on pages 112-114 of the agenda packet. Dr. Linthicum noted that corrective actions for most have been received and pending approval by staff.</p> <p>Dr. Linthicum next reported that the Patient Liaison Program and the Step II Grievance Program received a total of 2,895 correspondences and of those total number, 213 or 7.4% action requests were generated.</p> <p>The Quality Improvement / Quality Monitoring staff performed 62 access to care audits this quarter. Dr. Linthicum further reported that 558 indicators were reviewed and 29 indicators fell below the 80% threshold.</p> <p>The Capital Assets Contract Monitoring Office audited seven units and those audits are conducted to determine compliance with the Health Services Policy and State Property Accounting Inventory procedures.</p> <p>Dr. Linthicum then reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For this third quarter, there were 157 reports of suspected Syphilis compared with 171 in the previous quarter; 860 Methicillin-Resistant Staphylococcus cases were reported compared to 828 during the same quarter of FY 2007. There was an average of 18 Tuberculosis cases under management per month during this quarter compared to 14 per month during the same quarter of the previous fiscal year.</p>		

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- Office of Preventive Medicine (Cont.)	<p>Dr. Linthicum noted again that the Office of Preventive Medicine also began reporting the activities of the Sexual Assault Nurse Examiner Coordinator which is funded through the Safe Prisons Program. She then reported that five training sessions have been held attended by seven units so far this year with 65 medical staff receiving training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported.</p>		
- Mortality and Morbidity	<p>The Mortality and Morbidity Committee reviewed 124 deaths. Of those 124 deaths, 19 were referred to peer review committees and those breakdowns are found on page 116 of the agenda packet.</p>		
- Mental Health Services Monitoring	<p>The Mental Health Services Monitoring and Liaison made 96 contacts with County Jails and identified 211 offenders with immediate mental health needs prior to TDCJ intake.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 20,444 offenders brought into TDCJ-ID/SJ through the intake process. She further noted that 307 offenders with high risk factors (very young or old or have long sentences) transferred into TDCJ-ID were interviewed which resulted in 21 referrals.</p> <p>The master's level psychiatrist visited 18 Administrative Segregation facilities and observed 3,996 offenders, interviewed 1,952 offenders and referred six for further evaluations.</p>		
- Health Services Liaison Utilization Review	<p>During the third quarter FY 2008, a total of 101 hospital discharges and 52 inpatient facility discharge audits were conducted. Dr. Linthicum stated that the summary of the audits are available in the charts provided at page 117 of the agenda packet.</p>		
- Accreditation	<p>A total of ten units were presented to the panel of commissioners and six of them for initial accreditation. Dr. Linthicum reported that the agency currently has a total of 81 accredited units.</p>		

<b>Agenda Topic / Presenter</b>	<b>Presentation</b>	<b>Discussion</b>	<b>Action</b>
<ul style="list-style-type: none"> <li>- Research, Evaluation and Development (RED) Group</li>   <li>- <b>Medical Directors Report</b></li>   <li>- Denise DeShields, M.D. (TTUHSC)</li> </ul>	<p>Dr. Linthicum concluded her report by stating that the summary of current and pending research projects as reported by the RED Group is provided in the consent items on pages 50-56 of the agenda packet.</p> <p>Dr. Griffin thanked Dr. Linthicum for the report then called on Dr. DeShields to provide the TTUHSC Medical Director's Report.</p> <p>Dr. DeShields noted that the TTUHSC Medical Director's Report is provided on pages 63-65 of the agenda packet.</p> <p>She reported that the population for the third quarter of FY 2008 remained consistent and there were no significant changes in the encounters by type for this quarter compared to the second quarter.</p> <p>Dr. DeShields next reported that after nearly a three year search for a Medical Director for PAMIO, the position was filled by Dr. Anita DeAnda who is a Board Certified Psychiatrist who most recently was employed by Texas Tech in the Outpatient Psychiatric Services for Student Health. Dr. DeAnda is also experienced in geriatric psychiatry and has served as a forensic consultant and will start October 24<sup>th</sup> in this new position. Dr. DeShields then clarified that the PAMIO program is the 404-bed program for the aggressively mentally ill offenders located in Amarillo.</p> <p>Dr. DeShields concluded by stating that TTUHSC continues to look at various incentive methods and enhanced advertisement methods in order to recruit and retain staff in West Texas.</p> <p>Dr. Griffin asked if there were any comments or questions and hearing none, thanked Dr. DeShields for the update.</p>		

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<p data-bbox="100 191 411 250"><b>- Medical Directors Report (UTMB) Cont.</b></p> <p data-bbox="142 282 394 308"><b>- Owen Murray, D. O.</b></p>	<p data-bbox="443 191 1129 250">Dr. Griffin then called on Dr. Owen Murray to provide the UTMB Medical Director’s Report.</p> <p data-bbox="443 282 1129 370">Dr. Murray stated that he was asked to update the committee on the recovery phase after Hurricane Ike hit the island of Galveston in mid-September.</p> <p data-bbox="443 406 1129 584">Dr. Murray reported that the hospital and the UTMB campus have slowly made improvements on their daily operational needs with the basics such as electricity, water, sewage coming back on-line. Currently, they are committed to a 60-day timeline to have some beds open at the John Sealy Hospital and the TDCJ Hospital.</p> <p data-bbox="443 620 1129 922">The pharmacy building, the food processing department along with the sterile processing and blood banks have been completely destroyed and these are some of the essential functions that Dr. Murray noted would need to be back in operation before any type of clinical work can be done. He further noted that once a hospital is shut down for 30-days especially under these circumstances, the Joint Standards Commission will come in to be sure that all of the patient safety standards in their credentialing process are up and operational before any patient care can be given.</p> <p data-bbox="443 958 1129 1195">He further reported that from a facility based standpoint, they are almost back to normal. The IT infrastructure took some significant damage but has come back on-line. The EMR / Pharmacy Replacement System, telemedicine is up and operational with limitation in terms of speed as they are temporarily set-up out of Ft. Worth. Staff have all been accounted for and are being officed at temporary locations with some working out of their homes.</p> <p data-bbox="443 1230 1129 1442">Offsite care of offender patients have burdened TDCJ with security issues and UTMB from a health care standpoint. There are 60 patients in local hospitals at about 29 different facilities. In addition, 33 patients are placed in Tyler and of those 17 are infirmary and long term acute care patients and with the other 16 being true hospital patients. Dr. Murray noted that UT-Tyler has been an outstanding partner for taking patients in on</p>		

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<p>- Medical Directors Report (UTMB) Cont.</p>	<p>short notice much like they did during Hurricane Rita. He further stated that they will begin to use UT-Tyler much like Hospital Galveston was used. Patients currently housed at the local hospitals will be moved to UT-Tyler when clinically appropriate for the transfer. Dr. Murray then stated that Mainland Hospital in Texas City, Huntsville Memorial Hospital and Conroe Regional would also be willing to participate as a partner in accepting offender patients and providing their health care needs.</p> <p>Dr. Murray further reported that UTMB's radiation and oncology department was also destroyed and will not be operational for at least 6 – 12 months. Huntsville Memorial Hospital and the Sam Houston Cancer Center located in Huntsville stated that they would be glad to take in those patients. He stated that Dr. Linthicum and staff from both UTMB and TDCJ toured the facility, spoke with the physicians and the health care provider stated they would be willing to go to the Estelle and Goree units to see the patients as opposed to TDCJ transporting the patients to the clinic. Dr. Murray also hopes to partner with them to provide nursing care that can deliver chemotherapy in the prison environment. Offenders will have to be transported to the clinic for radiology therapy as it can not be duplicated in the prison setting.</p> <p>Dr. Murray concluded by again stating that UTMB had sustained extensive damage but they are committed to the 60-day turn around time in terms of getting some of the beds up and ready for occupancy but that it will be a phased-in approach based on the availability of both staff and clinical services.</p>	<p>Dr. Linthicum added that this event has been catastrophic to the health care system as TDCJ lost their tertiary referral center for emergency care, acute hospitalization and specialty care. She further noted that TDCJ had anywhere between 250-300 clinical appointments a day at Galveston to include diagnostic services and colonoscopy.</p> <p>Dr. Linthicum stated that she also wanted to take this opportunity to thank Mr. Nathaniel Quarterman, Director, TDCJ-CID for his assistance during the evacuation and recovery phase after Hurricane Ike. He and his staff helped turn a unit primarily for sheltered female housing into a coed specialty clinic; helped expand specialty clinics at Estelle RMF; having security personnel available and working closely with the health care providers to ensure continuity of care for the offenders. Dr. Linthicum also thanked Dr. DeShields for her assistance in taking in twenty-</p>	

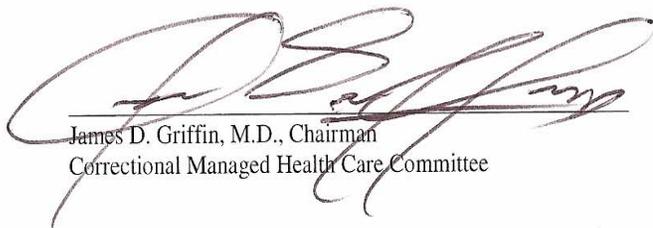
Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- UTMB Medical Director's Update (Cont.)</p>	<p>Hearing no further comments, Dr. Griffin stated that before moving on the next agenda item, he asked if the person or persons who recently joined in on the teleconference meeting to please introduce themselves for the record.</p>	<p>five patients from Galveston who are now being cared for at the Montford Infirmary. Dr. Linthicum commended on how the partner agencies and the local communities have stepped in to work together during this time of crisis.</p> <p>Dr. Griffin on behalf of the committee thanked the partner agencies for their tireless efforts which allowed the health care providers to deliver the constitutional level of care during those trying times.</p> <p>He further asked that in order to present a better picture of the catastrophic damage sustained from Hurricane Ike and the hardship that has been seen, by staff, Dr. Griffin asked that the Medical Directors and the TDCJ partners provide a narrative with the types of information to include the number of patients that UTMB had at the time of evacuation; the level and types of care that these patients needed; where these patients were transferred to; the month by month numbers to show how many are phasing back online; number of telemedicine patients affected due to the electronic systems being down; and the estimated costs associated with this in order for the CMHCC staff to be able to report back to the state leadership before and during the next legislative session.</p> <p>Dr. Linthicum added that she is in the process of working with the IT Department to look at the medical specialty referral screen to get a better idea of the number of appointments at the specialty clinics that are still pending and will include that information together with what he just asked for.</p> <p>Mr. Kyle Mitchell of the Governor's Office stated that he just joined in on the teleconference.</p> <p>Dr. Griffin welcomed Mr. Mitchell and thanked him for joining in on the teleconference meeting.</p>	

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<p><b>VIII. Financial Updates</b></p> <p><b>- Lynn Webb</b></p>	<p>Dr. Griffin then called on Mr. Lynn Webb to provide the CMHCC Financial Update.</p> <p>Mr. Webb stated that the 3<sup>rd</sup> Quarter FY 2008 Financial Report is found at Tab K of the agenda packet.</p> <p>The average daily offender population has remained stable at 151,736 through this quarter. The number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall population. Mr. Webb reported that through May, the average number of older offenders increased by 585 or 6.0% compared to the same month a year ago. The overall HIV+ population has remained relatively stable at 2,490 this quarter or 1.6% of the population served.</p> <p>Overall health care costs through May of FY 2008 totaled \$353.4M. On a combined basis, Mr. Webb stated that this amount exceeded overall revenues earned by the university providers by approximately \$7.2M or 2.0%. He then reported that UTMB's total revenue through May was \$274.0M and expenditures totaled \$280.8M, resulting in a net loss of \$6.8M. Texas Tech's total revenue through May was \$72.2M; expenditures totaled \$72.5M, resulting in a net loss of \$305K.</p> <p>Mr. Webb then noted of the \$353.4M in expenses reported through May, onsite services comprised \$169.8M or about 48.1% of the total expenses; pharmacy services totaled \$33.9M or about 9.6% of total expenses; offsite services accounted for \$104.7M or 29.6% of total expenses; mental health services totaled \$32.5M or 9.2% of the total costs and indirect support expenses accounted for \$12.5M or 3.5% of the total costs.</p> <p>He then stated that on page 179, Table 5, shows that the total cost per offender per day for all health care services statewide through May 2008 was \$8.50, compared to \$7.70 through the 3<sup>rd</sup> Quarter of FY 2007. The average cost per offender per day for the last four fiscal years was \$7.56.</p> <p>Mr. Webb further reported that the older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders. Older offenders had a documented encounter with medical staff a little over three times as often as</p>		

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<p>- Financial Update (Cont.)</p>	<p>younger offenders as shown at Table 6 on page 180. He then noted that hospital costs received to date for this fiscal year for older offenders averaged approximately \$1,618 per offender vs. \$265 for younger offenders. While comprising only about 6.7% of the overall service population, Mr. Webb reported that older offenders account for 30.6% of the hospitalization costs received to date. Older offenders also are represented over three times more often in dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$22.3K per patient per year. Providing dialysis treatment for an average of 185 patients through the 3<sup>rd</sup> Quarter of FY 2008 cost \$2.1M.</p> <p>Table 9 on page 183 shows that total drug costs through the 3<sup>rd</sup> Quarter totaled \$27.9M. Of this, \$13.6M or just under \$1.5M per month was for HIV medication costs which was approximately 48.6% of the total drug cost. Psychiatric drugs costs were approximately \$1.1M or about 4.1% of the overall drug costs. Hepatitis C drug costs were \$1.3M and represented about 4.6% of the total drug cost.</p> <p>Mr. Webb again noted that it is a legislative requirement that both UTMB and Texas Tech report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold no such reserves and report a total operating shortfall of \$6,783,644 through the end of May. UTMB stated that with the current trends, they expect to have a \$10.5M shortfall for FY 2008 and this projection was used in forecasting budget numbers in the submitted LAR. However, more recently the CMHCC staff received UTMB's FY July 2008 financials which showed a loss of \$12.0M.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating shortfall of \$304, 914 through May, however, TTUHSC is forecasting a breakeven bottom line for FY 2008.</p>		

Agenda / Presenter	Presentation	Discussion	Action
<p data-bbox="92 164 327 220">- Financial Update (Cont.)</p> <p data-bbox="92 805 348 829"><b>IX. Public Comments</b></p> <p data-bbox="138 865 401 889"><b>James D. Griffin, M.D.</b></p> <p data-bbox="92 1263 338 1320"><b>X. Date / Location of Next Meeting</b></p> <p data-bbox="138 1356 415 1380"><b>- James D. Griffin, M.D.</b></p>	<p data-bbox="487 164 1205 342">A summary analysis of the ending balances revenue and payments through May 2008 for all CMHCC accounts are included in the report on page 184 at Table 10. The summary indicates that the net unencumbered balance on all CMHCC accounts on May 31, 2008 was \$93,712.55 due to the advanced 4<sup>th</sup> Quarter payment for FY 2008 to UTMB as applied to the 3<sup>rd</sup> Quarter budget allocation.</p> <p data-bbox="487 378 1205 557">Mr. Webb next noted that the detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures. The testing of detail transaction performed on UTMB and TTUHSC's financial information for April and May, 2008 found no discrepancies.</p> <p data-bbox="487 592 1205 673">Mr. Webb concluded by reporting that all transactions had appropriate documentation sent for verification for both UTMB and TTUHSC.</p> <p data-bbox="487 709 1205 766">Dr. Griffin asked if there were any comments or questions. Hearing none, thanked Mr. Webb for the report.</p> <p data-bbox="487 802 1205 915">Dr. Griffin stated that the next agenda is where the Committee at each regular meeting will provide an opportunity to receive public comments. Dr. Griffin noted that there were no such request at this time.</p> <p data-bbox="487 951 1205 1008">Dr. Griffin then asked if the TBCJ Board Members would like to make any comments at this time.</p> <p data-bbox="487 1263 1205 1344">Dr. Griffin noted that the next CMHCC meeting is scheduled for 9:00 a.m. on December 9, 2008 to be held at the Dallas Love Field Main Terminal Multi-Purpose Conference Room.</p>	<p data-bbox="1226 956 1709 1135">Mr. David Nelson thanked the CMHCC members and staff for their hard work and dedication especially during Hurricane Ike. He further stated that TDCJ will join in to help get the resources that are needed for the offender health care program.</p> <p data-bbox="1226 1170 1709 1252">Dr. Griffin thanked Mr. Nelson for the comments and for joining in on the teleconference meeting.</p>	

Agenda / Presenter	Presentation	Discussion	Action
<p><b>XIII. Adjournment</b></p> <p><b>- James Griffin, M.D.</b></p>	<p>Dr. Griffin thanked the CMHCC staff for coordinating the teleconference meeting. He further thanked the committee members, medical directors and committee staff for participating either in person or by phone from separate venues.</p> <p>Hearing no further comments or discussions, Dr. Griffin adjourned the meeting at 4:30 p.m.</p>		



James D. Griffin, M.D., Chairman  
Correctional Managed Health Care Committee

12-9-2008  
Date: \_\_\_\_\_

# ATTACHMENT 1

## **Revised Version:**

### Proposed changes to Hepatitis Policy

II.D.3.d. (page 4) – eliminate anti-HBe test from baseline testing. Rationale – test is not used in making a treatment decision.

II.D.5. (page 4) – change criteria for immediately considering a chronic hepatitis B case for treatment. Rationale – simplifies evaluation pathway; treatment at lower HBV-DNA levels (2,000-20,000) should not be based on a single baseline reading.

II.D.6.d (page 5) – remove specifying ultrasound for screening for hepatocellular carcinoma, change screening interval to 6-12 months. Rationale – providers may choose to screen with alfa-fetoprotein or CT scan if ultrasound is not readily available. Longer screening interval is consistent with current guidelines.

IV.B. (page 8) – remove screening endoscopy from baseline testing for advanced liver disease. Rationale – routine screening may divert scarce resources from more acutely ill patients; also, allows provider to use clinical judgment in ordering this test.

IV.C. (page 8) – delete. This duplicates the screening required in IV.F.

IV.D. (page 9) – change process to initiate evaluation for liver transplant from referral to an Extraordinary Care Review Panel to referral to Gastroenterology. Rationale – a specialist is better qualified than a unit physician to determine if pursuing liver transplant is appropriate, and will know how to proceed with the evaluation. The approval process, including appeals, can be handled through the existing utilization review procedure.

IV.F. (page 9) – remove alfa-fetoprotein and screening ultrasound from the required periodic tests, and add requirement to screen for hepatocellular carcinoma every 6-12 months. Rationale – see change to II.D.6.d., above.

IV.G. (page 9) – remove reference to Extraordinary Care Review Panel. Rationale – see change to IV.D., above.

IV.H. (page 10) – change MELD score at which nomination for Medically Recommended Intensive Supervision should be considered to 22, from 30. Rationale – recommendation from Gastroenterology and consistency with CMHC Policy A-8.6.

# ATTACHMENT 2

**FY 2010 - 2011****Legislative Appropriations Request Summary  
Correctional Managed Health Care**

Description	FY 2010	FY 2011	FY 2010-11
<b>C.1.8 Managed Health Care</b>			
Health Care Baseline in LAR	\$ 375,534,714.00	\$ 375,534,713.00	\$ 751,069,427.00
Adjusted to Base to Reflect Current Costs	\$ 26,901,095.00	\$ 26,901,095.00	\$ 53,802,190.00
Market Adjustments to Retain or Hire Staff, Pharmacy or Medical Supplies	\$ 12,282,533.00	\$ 25,293,950.00	\$ 37,576,483.00
Increased Hospital / Speciality Care Costs	\$ 9,529,282.00	\$ 19,909,623.00	\$ 29,438,905.00
Critical Equipment Replacement	\$ 4,324,465.00	\$ 1,413,501.00	\$ 5,737,966.00
Hepatitis Biopsy	\$ 2,211,340.00	\$ 2,211,340.00	\$ 4,422,680.00
Phased-in Implementation of Staffing Study	\$ 13,851,708.00	\$ 14,277,314.00	\$ 28,129,022.00
New Initiatives	\$ 1,620,280.00	\$ 1,620,280.00	\$ 3,240,560.00
<b>Total C.1.8</b>	<b>\$ 446,255,417.00</b>	<b>\$ 467,161,816.00</b>	<b>\$ 913,417,233.00</b>
<b>C.1.7 Psychiatric</b>			
Psychiatric Care Baseline in LAR	\$ 43,094,589.00	\$ 47,938,575.00	\$ 91,033,164.00
Adjusted to Base to Refelct Current Costs	\$ 1,515,600.00	\$ 1,515,600.00	\$ 3,031,200.00
Market Adjustments to Retain or Hire Staff, Pharmacy or Medical Supplies	\$ 3,147,837.00	\$ 5,528,490.00	\$ 8,676,327.00
Phased-in Implementation of Staffing Study	\$ 3,494,480.00	\$ 3,585,705.00	\$ 7,080,185.00
<b>Total C.1.7</b>	<b>\$ 51,252,506.00</b>	<b>\$ 58,568,370.00</b>	<b>\$ 109,820,876.00</b>
<b>Total Correctional Health Care</b>	<b>\$ 497,507,923.00</b>	<b>\$ 525,730,186.00</b>	<b>\$ 1,023,238,109.00</b>