

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
September 8, 2009**

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Elmo Cavin, Bryan Collier, William Elger, Gerard Evenwel, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Ben G. Raimer, M.D.

CMHCC Members Absent: Desmar Walkes, M.D.

Partner Agency Staff Present: Owen Murray, D. O., Stephanie Zepeda, The University of Texas Medical Branch; Denise DeShields, M.D., Texas Tech University Health Sciences Center; Rick Thaler, Ron Steffa, Robert Williams, M.D., George Crippen, R.N., MSN, Dee Wilson, Texas Department of Criminal Justice; David Nelson, Janice Lord, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, Stephanie Harris, CMHCC Staff.

Others Present: Cathy Corey, Abbott-Institutional Managing

Location: Dallas Love Field Main Terminal Conference Room A, 8008 Cedar Springs Road, Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order</p> <p>- James D. Griffin, M.D.</p> <p>II. Recognitions and Introductions</p> <p>- James D. Griffin, M.D.</p>	<p>Dr. Griffin called the CMHCC meeting to order at 9:00 a.m. 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> <p>Introduction of New Staff Members:</p> <p>Mr. Hightower introduced Stephanie Harris who joined the CMHCC staff in the role of Administrative Associate on August 17, 2009. He further noted that she comes with more than 25 years of administrative support experience and will be a valuable addition to the CMHCC staff.</p> <p>Mr. Bryan Collier then introduced Rick Thaler who was recently named as the Director of the TDCJ's Correctional Institution Division replacing Mr. Nathaniel Quarterman who recently retired. He added that Mr. Thaler recently served as the Director of Manufacturing and Logistics Division and has over 29 years of state service working his way through the correctional ranking structure.</p> <p>Dr. Griffin on behalf of the Committee and staff welcomed Ms. Harris and Mr. Thaler to the meeting.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
Introductions / Recognitions Cont.	<p>Dr. Griffin then acknowledged and thanked Mr. David Nelson and Ms. Janice Lord with the Texas Board of Criminal Justice for attending the meeting.</p>		
III. Approval of Excused Absence - James Griffin, M.D.	<p>Dr. Griffin hearing no further comments stated that he would now entertain a motion to approve the excused absences of Ben G. Raimer, M.D. and Desmar Walkes, M.D. who were unable to attend the June 9, 2009 CMHCC meeting due to scheduling conflicts.</p>		<p>Mr. Elmo Cavin moved to approve Dr. Ben Raimer and Dr. Desmar Walkes absence from the June 9, 2009 CMHCC meeting. Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>
IV. Approval of Consent Items - James Griffin, M.D.	<p>Dr. Griffin stated next on the agenda is the approval of the consent items to include the Minutes from the June 9, 2009 CMHCC meeting; the TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's Report; and the Summary of Joint Committee Activities. He then asked the members if they had any specific consent item(s) to pull out for separate discussion?</p> <p>Hearing no further comments, Dr. Griffin stated that he would now entertain a motion on approving the consent items.</p>	<p>Mr. Cavin stated that the inpatient bed number noted at the end of the third paragraph on page 25 of the June 9th minutes should be 550 instead of 1500.</p> <p>Dr. Griffin responded that the committee staff will make the change to reflect the corrected inpatient number.</p>	<p>Dr. Ben Raimer moved to approve the consent item with the correction to the inpatient bed number to reflect 550 as noted by Mr. Cavin. Mr. Elger seconded the motion. The motion passed by unanimous vote.</p>
V. Executive Director's Report - Allen Hightower	<p>Dr. Griffin then called on Mr. Hightower to provide the Executive Director's Report.</p> <p>Mr. Hightower noted that a listing of the bills and riders passed during the 81st Legislative Session which impacts the correctional health care program is provided at Tab B (pgs 90-92) of the agenda packet.</p> <p>He then briefly reported on Rider 82, Managed Health Care Loan Repayment and stated that this does not apply to those health care providers serving the offender population.</p>	<p>Dr. Murray noted that Rider 82 requires that at least 25% of the patients seen be Medicaid eligible or CHIP (Children's Health Insurance Program) which</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>Executive Director's Report (Cont.)</p>	<p>Mr. Hightower then reported that Rider 83 states that CMHCC may transfer appropriations with prior approval from the Governor's Office and the Legislative Budget Board (LBB) in an amount not to exceed \$20M for FY 2011 to FY 2010 if the costs of providing correctional managed health care exceed available funding due to increases in prison population, increases in medical care needs among the prison population or increases in health care staffing costs, or for any other emergency expenditure requirements including public calamity.</p> <p>Mr. Hightower next noted that House Bill 4586 appropriated \$48,144,918 in supplemental funding to help the university providers address projected losses during this current biennium. HB 4586, Section 16(b) also requires TDCJ and CMHCC to identify and evaluate mechanisms to lower the cost of, or increase the quality of care in health or pharmacy services and submit a report to the Governor's Office and LBB no later than May 1, 2010. Mr. Hightower further stated that he would get clarification from Representative Warren Chisum who authored the bill as to the specifics of what is required of this study.</p> <p>Mr. Hightower concluded his report by stating that the FY2010-2011 contract negotiations are still ongoing and that an extension to the FY2008-09 contract is being processed to cover the month of September 2009.</p> <p>Hearing no further comments, Dr. Griffin thanked Mr. Hightower for the report then called on Mr. McNutt to provide the performance review update.</p>	<p>excludes the CMHCC patient population.</p> <p>Dr. Raimer agreed and stated that the intent for the enabling legislation was to help recruit health care providers to underserved population but the focus this time was on Medicaid eligible patients which does not apply to CMHCC.</p> <p>Dr. Raimer asked how the study required under HB 4586 will be undertaken?</p> <p>Dr. Griffin responded that once Mr. Hightower gets the specific requirements for the study that he would request input and recommendations from the three Medical Directors; then put together an interim group to meet at a later date to work out the methodology.</p> <p>Mr. Nelson agreed and added that it would be beneficial to start looking at how to approach this study early as May 1, 2010 is not that far in the future.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report</p> <p>- David McNutt</p>	<p>Mr. McNutt noted that the Performance Dashboard is provided at Tab C of the agenda packet. He then reported that through the 3rd Quarter FY 2009, the offender population has slightly declined overall to 150,572 at the end of this quarter compared to 151,736 for the same time period a year ago which is a decrease of 1,164 or 0.77%.</p> <p>The aging offenders continue to rise at a steady rate and Mr. McNutt reported that the number of offenders 55+ at the end of third quarter FY2008 was 10,291 compared to 10,929 this third quarter FY 2009 which is an increase of about 6.2%.</p> <p>The psychiatric inpatient census remained consistent at the 1,900 bed level which he again noted is governed largely to the number of available beds. Through the third quarter of FY 2009, the average number of psychiatric outpatients was 19,030 representing 12.6% of the service population.</p> <p>Mr. McNutt again noted that the definition of the nine access to care indicators are included on page 98 of the agenda packet for reference. He then reported that the medical access to care indicators remained within the 94% - 98% range; the mental health access to care stayed within the 97-99% range; and dental access to care remained consistently between 98% - 99% range.</p> <p>Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 13.43%; mid-level practitioners at 9.30%; RN's at 12.55%; LVN's at 11.70%, dentists at 8.96% and psychiatrists at 5.88% which he noted are slightly lower than what was reported for the previous quarter.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 14.82%; mid-level practitioners at 9.35%; RN's at 17.75%; LVN's at 23.26%; dentists at 16.39%, and psychiatrists at 38.35%.</p>	<p>Dr. Raimer asked if it would be possible to get the gender breakout of the mental health census.</p> <p>Mr. McNutt responded that he would get the data for the next reporting period.</p> <p>Dr. Linthicum added that she asked Mr. McNutt to continue reporting the access to care data in this current format until she had a chance to discuss alternative methods for reporting the specialty care areas.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="100 224 420 284">- Performance and Financial Status Update (Cont.)</p> <p data-bbox="100 621 388 678">VII. Summary of Critical Personnel Vacancies</p> <p data-bbox="100 743 388 800">- Owen Murray, D.O. (UTMB)</p> <p data-bbox="100 1174 430 1230">- Denise DeShields, M.D. (TTUHSC)</p>	<p data-bbox="489 224 1178 313">The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries was above the 95% targeted level for the 3rd Quarter FY 2009.</p> <p data-bbox="489 345 1178 435">Mr. McNutt next reported that for the statewide revenue v. expenses by month provided on page 107 of the agenda packet shows that the expenses exceeded the revenue for this quarter.</p> <p data-bbox="489 467 1178 589">Mr. McNutt concluded by reporting that the overall health costs through the third quarter of FY 2009 totaled \$382.7M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$24.2M or 6.7%.</p> <p data-bbox="489 621 1178 711">Dr. Griffin thanked Mr. McNutt for the report then called on Dr. Murray to provide the UTMB Correctional Health Care Vacancy updates.</p> <p data-bbox="489 743 1178 1044">Dr. Murray again stated that the critical personnel vacancies as reported by Mr. McNutt earlier is an ongoing issue of concern for UTMB. He did note that the percent of physician vacancy rate decreased slightly this quarter to 13.4% compared to 15.15% for the second quarter of FY09, but the RN and LVN vacancy rates still remain in the 11-12% range. UTMB continues to seek out innovative ways to recruit and retain staff which has been a challenge due to the overall shortage of qualified health care providers and the salaries not being up to market levels.</p> <p data-bbox="489 1076 1178 1141">Dr. Griffin thanked Dr. Murray for the update then called on Dr. DeShields to provide the TTUHSC personnel vacancy update.</p> <p data-bbox="489 1174 1178 1352">Dr. DeShields also reported that Texas Tech continues to struggle retaining and recruiting health care providers in West Texas. She further noted that the PAMIO Director who was to start in July as reported at the last meeting will instead start in November. Tech continues to utilize local advertising, career fairs, agency contacts to find qualified applicants.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="92 164 422 220">- Lannette Linthicum, M.D. (TDCJ)</p> <p data-bbox="92 589 363 646">VIII. Infection Control Manual Policies</p> <p data-bbox="92 683 443 708">- Lannette Linthicum, M.D.</p>	<p data-bbox="487 164 1178 188">Dr. Griffin thanked Dr. DeShields then called on Dr. Linthicum.</p> <p data-bbox="487 225 1178 435">Dr. Linthicum reported that TDCJ had difficulties retaining health care providers particularly nurses and again expressed concerns of competing against each other to recruit qualified staff due to statewide nursing shortages as noted by Dr. Murray. Dr. Linthicum concluded by stating on a positive note that they hired Dr. Kathryn Buskirk to serve as one of two part time physician.</p> <p data-bbox="487 472 1178 553">Hearing no further comments, Dr. Griffin thanked Dr. Linthicum for the report then asked that she brief the committee on the Infection Control Manual policies.</p> <p data-bbox="487 591 1178 800">Dr. Linthicum recalled at the June 9, 2009 CMHCC meeting, Dr. Kelley had presented and received approval to change and update the Infection Control Policy B-14.11, Human Immunodeficiency Virus (HIV). In July, as a result of Health Services collaboration with TCOOMMI and field services for special needs offenders, it was necessary to amend the CMHCC HIV policy to reflect actual practice in the discharge planning.</p> <p data-bbox="487 837 1178 951">Dr. Linthicum further reported that a copy of the original policy as approved at the June meeting and a copy of the policy showing the July changes are provided at Tab E of the agenda packet.</p> <p data-bbox="487 989 1178 1037">Dr. Griffin hearing no further comments stated that he would entertain a motion.</p>		<p data-bbox="1682 989 2007 1377">Dr. Ben Raimer moved to approve Infection Control Policy B-14.11, Human Immunodeficiency Virus (HIV) be amended by modifying Procedure XIII Discharge Planning to reflect the actual practice as provided at Tab E of the agenda packet. Mr. Bryan Collier seconded the motion. The motion passed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IX. Purchase H1N1 / Swine Flu Vaccines</p>	<p>Dr. Griffin next called on Stephanie Zepeda to brief the Committee on the purchasing of H1N1 / Swine Flu vaccines.</p> <p>Ms. Zepeda recalled at the June 26, 2007 CMHCC meeting, the Committee authorized the purchase of 15,900 courses of Tamiflu® to create an antiviral stockpile for patients and healthcare workers as part of the pandemic flu readiness plan. The current stockpile provides treatment courses for the universities' healthcare workers and 7.8% of the offender patient population.</p> <p>Ms. Zepeda further reported that Dr. Michael Kelley's original request at the June 2007 meeting targeted 25% of the population in terms of preparation and this was based on the historical attack rate of pandemic flu of 15% - 35%.</p> <p>The Joint Infection Control Committee met back on August 13, 2008 to review the current preparation readiness plan and put together an environmental control measures for units; identified number of Centers for Disease Control (CDC) priority groups that would receive the new H1N1 vaccine and pre-registration process for the H1N1 vaccine.</p> <p>Ms. Zepeda noted that this will be a Federally distributed product at no cost to the State but resources will still be required to insure personnel time, medical supplies such as syringes, alcohol swaps, disposable containers that will add associated cost to the two universities. It has been evaluated that approximately 49,000 high risk offender patients; 36,000 correctional officers, and</p>		

Agenda Topic / Presenters	Presentation	Discussion	Action
<p>- H1N1 / Swine Flu Vaccines (Cont.)</p>	<p>approximately 3,500 medical personnel will receive the flu vaccine. Ms. Zepeda reported that this is roughly 90,000 doses that have to be dispensed twice. The anticipated availability will be mid-October.</p> <p>The other recommendation from the Joint Infection Control Committee was to increase the antiviral stockpile to allow treatment for up to 25% of the patient population in the event of pandemic flu which would require the purchase of an additional 26,160 courses. The cost projection assumes 80% of the supply would be for UTMB sector and 20% for the Texas Tech sector. Ms. Zepeda added that even though the shelf life of the antiviral varies, it is approximately four (4) years.</p> <p>Ms. Zepeda then referred to the last two pages of the handout that was distributed titled, “Pandemic Influenza Preparation” (provided at Attachment 1) which shows two cost projections.</p> <p>Option 1 selected TamiFlu® as the antiviral of choice as in the past due to it being world formulation and easily administered. This option would cost approximately \$1.7M.</p> <p>Option 2 looks at purchasing TamiFlu® and Relenza® which is a different antiviral type. Ms. Zepeda noted that the disadvantage of Relenza® is having to stockpile inhaler and may have significant impact on the respiratory system. This option is less expensive at a cost of approximately \$1.4M.</p>	<p>Dr. Griffin asked if Relenza® is similar to an asthma inhaler.</p> <p>Ms. Zepeda responded that it was.</p> <p>Dr. Griffin then expressed concerns with the inhaler therapy due to the proper usage methods and requiring properly trained staff to administer the inhalers.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- H1N1 / Swine Flu Vaccine (Cont.)</p>	<p>Ms. Zepeda continued reporting by stating that clinical diagnosis is currently being used where the clinical physician will treat flu like symptom as the flu to prevent it from spreading within the correctional setting rather than laboratory diagnosis.</p> <p>Ms. Zepeda concluded by stating that because this purchase is over the \$1M threshold, Committee approval is being requested. She again noted that the current stockpile provides treatment courses for the universities healthcare workers and 7.8% of the patient population. The Joint Infection Control Committee reviewed and recommends increasing the antiviral stockpile to allow for treatment for up to 25% of the patient population based on CDC's historical attack rate of 15%- 35% for pandemic flu.</p> <p>Dr. Griffin asked if there were any other questions or comments before he entertained a motion?</p>	<p>Dr. Linthicum stated that UTMB, TTUHSC and TDCJ will have a meeting to coordinate when they will administer the vaccinations; to educate the patient on the prevention of spreading the flu, and the distribution process.</p> <p>Dr. Raimer agreed that choosing the right option and the best method of addressing this problem should be taken into consideration not just for the offender patients but for security staff, their families and the general public.</p> <p>Dr. DeShields asked if the amount being requested include Texas Tech's 1200 subcontracted staff?</p> <p>Mr. McNutt noted that the Committee may want to recommend approval for a higher amount for Dr. DeShields needs at Texas Tech.</p> <p>Dr. Raimer recommended expending up to \$2M if that was agreeable with TDCJ and Texas Tech and adopt the use of Tamiflu in Option 1 as it has been proven to be more effective for this particular case.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- H1N1 / Swine Flu Vaccine (Cont.)</p>	<p>After further discussions, Dr. Griffin stated that he would entertain a motion.</p>		<p>Dr. Raimer moved to approve Option 1 for the purchase of additional antivirals up to \$2M as needed for pandemic flu preparation based on the recommendation by the Joint Infection Control Committee to allow treatment for up to 25% of the patient population. Dr. Linticum seconded the motion. The motion passed by unanimous vote.</p>
<p>X. Medical Director's Report</p> <p>- Owen Murray, D.O. (UTMB)</p>	<p>Dr. Griffin next called on Dr. Murray to provide the UTMB Medical Director's report.</p> <p>Dr. Murray reported that Ms. Donna Sollenberger was named as the Executive Vice-President and Chief Executive Officer for the UTMB Health System and will be responsible for providing operational and financial oversight for UTMB's patient care that includes the hospital complex, a network of campus and community based clinics and the Correctional Managed Care program. He stated that this position was recently held by Dr. Karen Sexton on an interim base. Dr. Murray further noted that Ms. Sollenberger will be attending the next CMHCC meeting and will be officially introduced at that time.</p> <p>With the departure of John Allen and under the guidance of Dr. Sexton, the UTMB Correctional Managed Care program made some organization changes. Historically it was divided into two sections, the northern region and the southern region. Under the new organization, there is the inpatient line of services which Mr. Tony Williams together with Dr. Glenda Adams will oversee such as utilization review, infirmary management, inpatient case management and other clinical operations at a specialized level. Then there is the traditional outpatient level of services and Mr. Bryan Schneider will oversee the clinical support services. Dr. Murray added that the Director of Employee & Customer Services position is currently vacant.</p> <p>Dr. Murray concluded by providing a copy of the revised UTMB organizational chart (Attachment 1).</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - Medical Director's Report (Cont.) 	<p>Dr. Griffin thanked Dr. Murray for the report then called on Dr. DeShields to provide the TTUHSC Medical Director's Report.</p>		
<ul style="list-style-type: none"> - Denise DeShields, M.D. (TTUHSC) 	<p>Dr. DeShields reported that the Texas Tech sector is currently in the process of conducting a Human Resources Job Satisfaction Survey for the correctional managed health care program. She stated this will provide useful information to improve the internal programs and the report should be available on October.</p> <p>Dr. DeShields concluded by stating that she would provide an update on the Montford Facility at the next meeting.</p>		
<ul style="list-style-type: none"> - Lannette Linthicum, M.D. (TDCJ) 	<p>Dr. Griffin thanked Dr. DeShields for the report then called on Dr. Linthicum to provide the TDCJ Medical Director's Report.</p>		
<ul style="list-style-type: none"> - Operational Review Audit 	<p>During the third quarter of FY 2009, Dr. Linthicum reported that eleven facilities were audited and those results are available on pages 136 – 138 of the agenda packet.</p>	<p>Dr. Griffin asked what options are available to either revise or simplify the Emergency Room forms that goes with the offender for the critical medical information noted on Item 5.11?</p> <p>Dr. Linthicum responded that the Emergency Room forms are to be filled out with the patient's medical information to include assessment, medication administered, disposition with the appropriate signatures. These forms goes with the offender when they are transferred from one location to another. The nurses are the primary ones filling these forms out but because they are short staffed sometimes these forms are either not completely filled out or not filled out at all.</p> <p>Dr. Griffin stated this is critical medical information for the care of</p>	

Agenda Topic/Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - Grievances and Patient Liaison Correspondences. - Quality Improvement / Access to Care - Capital Assets Monitoring - Office of Preventive Medicine 	<p>She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 2,946 correspondences. Of the total number of correspondences received, 530 or 17.99% action requests were generated.</p> <p>Quality Improvement / Quality Monitoring staff performed 115 access to care audits for this quarter. A total of 1,035 indicators were reviewed and 29 indicators fell below the 80% hreshold</p> <p>The Capital Assets Contract Monitoring Office audited eleven units during this quarter and these audits are conducted to determine compliance with the Health Services Policy and State Property Accounting policy inventory procedures.</p> <p>Dr. Linthicum next reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For the third quarter of FY 2009, there were 168 cases of suspected syphilis; 625 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 948 during the same quarter of FY 2008. There was an average of 18 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 23 per month during the third quarter of the FY 2008.</p>	<p>these patients and asked if these audits are announced prior to their arrival?</p> <p>Dr. Linthicum responded that there is a schedule for these audits.</p>	

Agenda Topic/Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - Office of Preventive Medicine 	<p>Dr. Linthicum then stated that the Office of Preventive Medicine's Sexual Assault Nurse Examiner (SANE) Coordinator provided 3 training sessions, attended by 2 facilities with 22 medical staff trained.</p> <p>Currently, Peer Education Programs are available at 109 of the 112 facilities housing CID offenders.</p>		
<ul style="list-style-type: none"> - Mortality and Morbidity Committee 	<p>The Mortality and Morbidity Committee reviewed 116 deaths. Of those 116 deaths, 14 were referred to peer review committees and 1 was referred to utilization review.</p>		
<ul style="list-style-type: none"> - Mental Health Services Monitoring 	<p>The Mental Health Services Monitoring and Liaison with County Jails identified 55 offenders with immediate mental health needs prior to TDCJ intake.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 20,038 offenders brought into TDCJ-ID/SJ. Intake facilities were provided with critical mental health data, not otherwise available for 2,246 offenders.</p> <p>There were 436 offenders with high risk factors (very young, old, or long sentences) transferring into the Correctional Institution Division interviewed which resulted in 12 referrals.</p> <p>During the third quarter of FY 2009, 21 Administrative Segregation facilities were audited; 4,147 offenders were observed; 2,504 of them interviewed, and 13 offenders referred to the university providers for further evaluation.</p>		

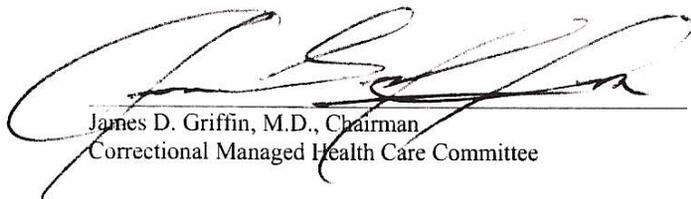
Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - Clinical Administration - Accreditation - Biomedical Research Projects 	<p>During the third quarter of FY 2009, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. The breakout of the summary of the audits are provided at page 140- 141 of the agenda packet.</p> <p>Dr. Linthicum next reported that the American Correctional Association Panel of Commissioners awarded ACA accreditation to the Coffield, Mountain View and Carole Young facilities and re-accreditation was awarded to LeBlanc, Lopez, Sayle, Segovia, Telford and Terrell facilities.</p> <p>Dr. Linthicum concluded by stating that the summary and pending research projects as provided by the TDCJ Executive Services are included in the consent items on pages 65-69 of the agenda packet.</p> <p>Dr. Griffin thanked Dr. Linthicum for the report then asked if there were any questions or comments?</p>	<p>Mr. Nelson asked who is responsible for the corrective action on audits that are non-compliant?</p> <p>Dr. Linthicum responded that the university providers submits the corrective action after the medical unit staff and unit health administrators review the audit result.</p> <p>Ms. Lord then asked which areas concerns Dr. Linthicum the most?</p> <p>Dr. Linthicum responded one of the significant challenges faced by all three partners is staffing shortages and professional level health care providers.</p> <p>Dr. DeShields added that in West Texas it is difficult for the two RN's to do the monitoring, filling out reports and take care of the needs of the patients. Nurses are the first responders and when you lose that component it becomes a huge concern.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="94 164 426 220">- Medical Director's Report (TDCJ – Cont.)</p> <p data-bbox="94 740 373 829">XI. TCOOMMI Update - Dee Wilson</p>	<p data-bbox="466 740 1035 797">Dr. Griffin next called on Ms. Dee Wilson to provide the TCOOMMI Update</p> <p data-bbox="466 834 1035 1040">Ms. Wilson reported on page 144 of the agenda packet shows the FY 2008 and FY 2009 to date MRIS data comparison of those referrals that were presented to the Board of Pardons and Paroles. She further noted that the approval rate had decreased from 90 being approved in FY 2008 compared to 43 being approved in FY 2009 to date.</p> <p data-bbox="466 1292 1035 1463">Ms. Wilson then noted that the slide on page 145 provides the FY2008 and FY 2009 to date MRIS data comparison of those referrals that were presented to the State Jails. These increased from 13 approved in FY 2008 compared to 14 approved in FY 2009 to date.</p>	<p data-bbox="1064 164 1633 277">Dr. Raimer further noted that the nursing staff are already working overtime as the Board of Nurses have changed the level of what the LVN's can perform.</p> <p data-bbox="1064 318 1633 367">Ms. Lord then asked if Hospital Galveston was ACA accredited?</p> <p data-bbox="1064 407 1633 488">Dr. Murray responded that ACA is not a hospital based accreditation but is accredited by the Joint Commission (JACHO).</p> <p data-bbox="1064 529 1633 610">After some further discussions, Dr. Griffin asked Dr. Linthicum to provide a sample corrective action plan as part of the TDCJ Medical Director's report.</p> <p data-bbox="1064 651 1633 699">Dr. Linthicum responded that she would provide that information with her next report.</p> <p data-bbox="1064 834 1633 1073">Dr. Linthicum added that Parole Board panel not only looks at the medical criteria but also looks at whether the offender can still commit a crime even though they have been diagnosed with a terminal illness or have physical handicaps. There are many cancer patients living independently in general population and have had physically handicapped offenders commit crimes.</p> <p data-bbox="1064 1114 1633 1284">Ms. Wilson agreed and noted that the MRIS program provides for the early parole review and release of certain categories of offenders who are mentally ill, mentally retarded, elderly, terminally ill, long term care, physically handicapped who pose minimal public safety risk.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>Mr. Webb further reported that the overall health care costs through the third quarter of FY 2009 totaled \$382.7M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$24.2M or 6.7%.</p> <p>UTMB's total revenue through the second quarter was \$284.1M; expenditures totaled \$307.0M, resulting in a net loss of \$22.9M. Texas Tech's total revenue through the same quarter was \$74.4M; expenditures totaled \$75.7M, resulting in a net loss of \$1.3M.</p> <p>Mr. Webb then noted that of the \$382.7M in expenses reported through the thirdquarter FY 2009, onsite services comprised of \$183.6M or about 48.0% of expenses; pharmacy services totaled \$37.8M or about 9.9% of total expenses; offsite services accounted for \$116.1M or 30.3% of total expenses; mental health services totaled \$34.7M or 9.1% of the total costs and indirect support expenses accounted for \$10.5M or about 2.7% of the total costs.</p> <p>Table 5 on page 167 shows that the total cost per offender per day for all health care services statewide through the third quarter FY 2009 was \$9.31; compared to \$8.50 through the same quarter in FY2008. The average cost per offender per day for the last four fiscal years was \$7.86</p> <p>Mr. Webb noted again that the older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders. Hospital costs received to date this fiscal year for older offenders averaged approximately \$2,871 per offender vs. \$463 for younger offenders. While comprising only about 7.3% of the overall service population, older offenders account for 32.7% of the hospitalization costs. Older offenders are represented four times more often in the dialysis population averaging about \$21.3K per patient per year. Providing dialysis treatment for an average of 188 patients through this quarter cost \$3,005,098.</p>		

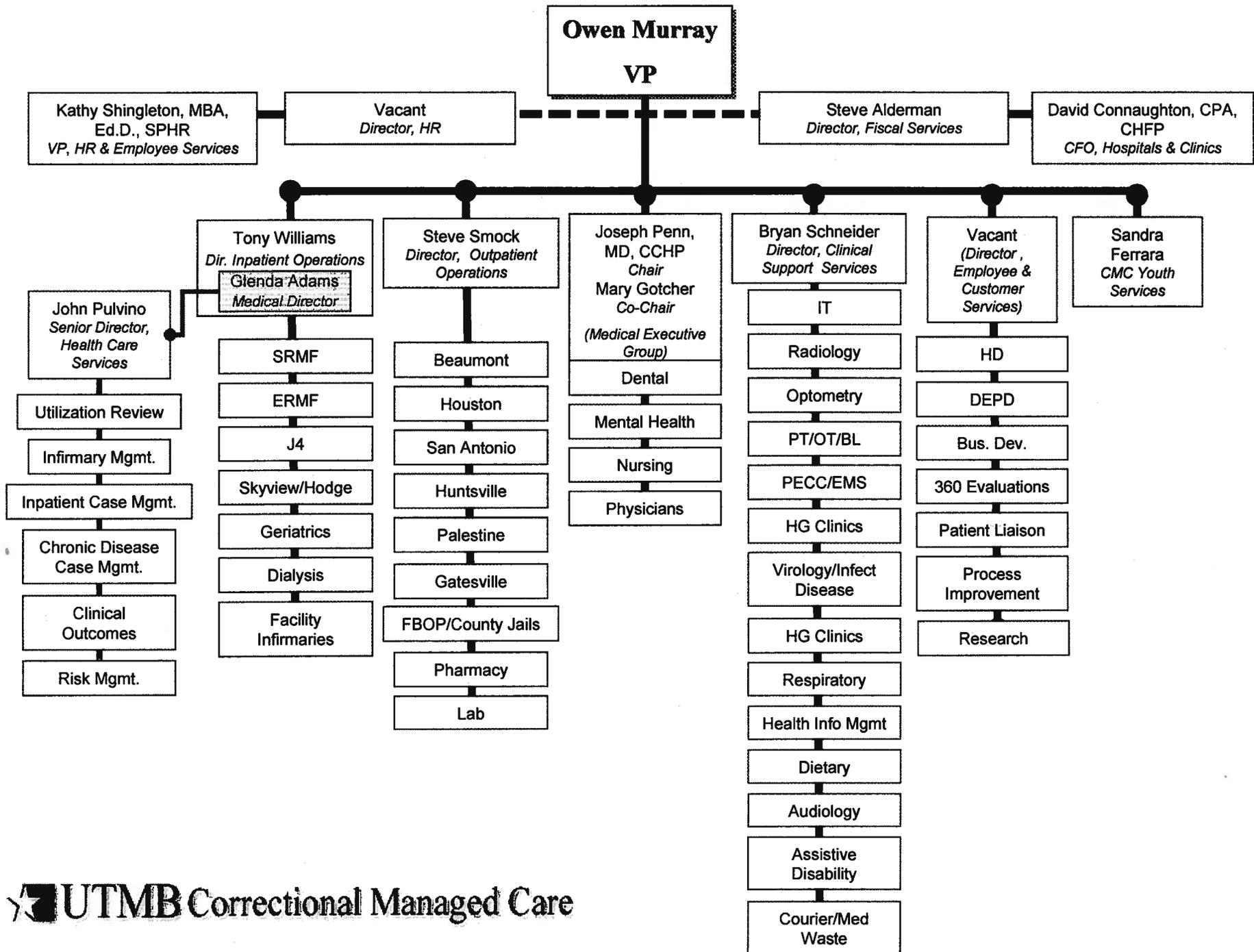
Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>The total drug costs through the third quarter FY 2009 totaled \$27.9M. Of this, \$13.2M was for HIV medication costs which was about 47.2% of the total drug costs; psychiatric drug costs were approximately \$897K or about 3.2%; and Hepatitis C drug costs were \$1.1M and represented about 3.9% 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 stated that they hold no such reserves and report a total shortfall of \$22.9M through the end of this quarter. UTMB projected a \$46.6M operating shortfall for FY 2009 which was used in the submitted and forecasted SAR numbers.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating shortfall of \$1.3M through this third quarter. Texas Tech forecasted a \$1.6M operating shortfall for FY2009 which was used in the submitted and forecasted budgeted SAR numbers.</p> <p>A summary analysis of the ending balances revenue and payments through May 31st FY 2009 is provided at Table 10 on page 172. The summary indicates that the net unencumbered balance on all CMHCC accounts on May 31, 2009 was 14,307.44,</p> <p>Mr. Webb concluded by stating that detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.</p>	<p>Dr. Griffin then noted that it would be beneficial to start discussion with the university partners in terms of how we will be presenting the funding data.</p> <p>Mr. McNutt stated that in addition to the legislative requirements in SB 1, Rider 83 for the Managed Care Appropriation</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- XIV. Public Comments James Griffin, M.D.</p> <p>- XV. Date / Location of Next Meeting James Griffin, M.D.</p> <p>XVI. Adjourn</p>	<p>Dr. Griffin then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin noted that there were no such request at this time.</p> <p>Dr. Griffin next noted that the next CMHC meeting is scheduled for 9:00 a.m. on December 1, 2009 to be held at the Dallas Love Field Main Terminal Conference Room.</p> <p>Dr. Griffin asked if there were any other questions. Hearing none, adjourned the meeting.</p>	<p>transfer of funds between fiscal years; it was noted in the CMHCC contract under Article III.B.4 that the university providers must have approval of the CMHCC prior to requesting the spend forward authority.</p> <p>Dr. Raimer stated that the university providers are significantly under funded and it would be difficult to finish out FY 2010 or the entire biennium without approaching close to \$15M shortfall which does not include the additional workforce recommended by Dr. Linthicum. He then thanked Chairman Griffin for recommending that we start addressing this issue.</p>	


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

Date: 12/1/09

ATTACHMENT 1



ATTACHMENT 2

Pandemic Influenza Preparations

*For the
Correctional Managed
Health Care Committee
September 8, 2009*

*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Background

- CMHCC authorized the purchase of antivirals during the June 2007 meeting as part of pandemic readiness plan
- 15,900 courses of Tamiflu® purchased to create an antiviral stockpile for patients & healthcare workers
- Current stockpile provides treatment courses for the universities' healthcare workers & 7.8% of the patient population
 - CDC target for stockpile is 25%
 - CDC target based on historical attack rate of pandemic flu of 15% to 35%

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Pandemic Flu Preparations

- Joint Infection Control Committee reviewed preparations at its August 13, 2008 meeting
- Issued environmental control measures for units
- Identified number of CDC priority groups that would receive new H1N1 vaccine for prevention of swine flu
 - DSHS will coordinate vaccine distribution
 - Vaccine will be made available at no cost
 - Anticipated availability is mid-October
- Recommended increase in antiviral stockpile to allow for treatment for up to 25% of the patient population

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Antiviral Stockpile

- Increase in supply to treat 25% of the patient population in the event of pandemic flu would require the purchases of an additional 26,160 courses
- Cost projection assumes 80% of the supply is for the UTMB sector and 20% is for the Texas Tech sector
- Shelf-life of medications is approximately 4 years

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Cost Projection

Option 1

Drug	Strength	Usual Treatment Dose	Area	Cost of Course	Cost to Increase Stockpile to Treat 25% Patients (26,160 courses)
Tamiflu®	75mg	1 capsule bid x 5 days	UTMB	\$61.12	\$1,279,119.36
Tamiflu®	75mg	1 capsule bid x 5 days	TT	\$81.36	\$425,675.52
Total			TDCJ		\$1,704,794.88

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Cost Projection

Option 2

Drug	Strength	Usual Treatment Dose	Area	Cost of Course	Cost to Increase Stockpile to Treat 25% Patients (26,160 courses)
Tamiflu®	75mg	1 capsule bid x 5 days	UTMB	\$61.12	\$857,009.97
Tamiflu®	75mg	1 capsule bid x 5 days	TT	\$81.36	\$285,202.60
Relenza®	5mg/blister for inhalation	2 inhalations bid x 5 days	UTMB	\$28.92	\$199,728.46
Relenza®	5mg/blister for inhalation	2 inhalations bid x 5 days	TT	\$53.21	\$91,870.26
Total			TDCJ		\$1,433,811.29

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
