MINUTES

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
September 7, 2010

Chairperson: James D. Griffin, M.D.

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

CMHCC Members Absent: Cynthia Jumper, M.D., Desmar Walkes, M.D.

Partner Agency Staff Present: Owen Murray, D. O., Anthony Williams, Gary Eubanks, Billy Horton, Dave Khurana, M.D., Steve Smock, The University of Texas Medical Branch; Denise DeShields, M.D., Larry Elkins Texas Tech University Health Sciences Center; Rick Thaler, Jerry McGinty, Ron Steffa, Robert Williams, M.D., George Crippen, R.N., MSN, April Zamora, Kathryn Buskirk, M.D., CMD, Texas Department of Criminal Justice; David Nelson, Janice Lord, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, CMHCC Staff.

Location: Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue, Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order			
- **James D. Griffin, M.D.**	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 .		
II. Recognitions and Introductions			
- **James D. Griffin, M.D.**	Dr. Griffin thanked and welcomed all those in attendance and asked everyone to introduce themselves and indicate whom they represent.		
III. Approval of Excused Absence			
- **James Griffin, M.D**	Dr. Griffin stated that he would now entertain a motion to approve the excused absence of Desmar Walkes, M.D. who was unable to attend the June 8, 2010 CMHCC meeting due to scheduling conflicts.		Dr. Ben Raimer moved to approve Dr. Desmar Walkes absence from the June 8, 2010 CMHCC meeting. Mr. William Elger seconded the motion which prevailed by unanimous vote.

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IV. Approval of Consent Items - **James Griffin, M.D.**	Dr. Griffin noted next on the agenda is the approval of the consent items to include the Minutes from the June 8, 2010, 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? Hearing no further comments, Dr. Griffin stated that he would entertain a motion on approving the consent items.		Mr. Evenwel noted that the meeting location for the June 8th Minutes was incorrectly listed as being held at the Dallas Love Field Multi-Purpose Conference Room. Dr. Griffin responded that the staff would make the correction to note that the June 8th meeting was held at the Frontiers of Flight Museum Conference Room. Mr. Gerry Evenwel moved to approve the consent items as provided at Tab A of the agenda packet with the correction to the minutes to reflect the correct location of the June 8th meeting. Dr. Ben Raimer seconded the motion. The motion passed by unanimous vote.
V. Executive Director's Report - **Allen Hightower**	Dr. Griffin then called on Mr. Hightower to provide the Executive Director's Report. Mr. Hightower reported that in order to meet budget request submission deadlines, the CMHCC staff worked with the partner agencies to solicit input and supporting data used to formulate the FY 2012-2013 Legislative Appropriations Request (LAR). He further noted that the overview of the budget request will be provided as a separate agenda item later on the agenda. Mr. Hightower next reported that a joint public hearing on the budget submission will be held in the near future. This hearing is normally co-chaired by the staff of the Legislative Budget Board (LBB) and the Governor's Budget Office. The primary purpose of the hearing is to outline the request; provide an opportunity for LBB and the Governor's Budget staff to ask questions; and, offer members of the public an opportunity to comment on the request. In addition, he noted		

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Executive Director's Report (Cont.)	that the legislative committees will soon begin to schedule meetings for an overview of the Legislative Appropriations Request. Mr. Hightower then noted as reported at the last meeting, the State Auditor's Office continues with their audit of the Correctional Managed Health Care program. The audit objectives, he noted again are as follows: 1.) Examine the deficit reported by the CMHCC for FY 2009; the projected shortfall reported by the Committee for the FY 2010-2011 biennium; and any projected shortfall reported in the Committee's Legislative Appropriations Request (LAR) for FY 2012 and FY 2013; and, 2.) follow-up on selected recommendations from the State Auditor's Office Report No. 07-17 (March 2007) on CMHC funding requirements. The audit process started and should be completed in October with the report being issued in November, 2010. Mr. Hightower next reported that the CMHCC staff spent several days responding to questions addressed by the LBB. He then concluded by thanking Tati Buentello for coming out of retirement to assist the Committee staff while Stephanie Harris is out due to family health issues. Dr. Griffin thanked Mr. Hightower for the updates and asked if there were any questions or comments?		
VI. Performance and Financial Status Report **- David McNutt**	Hearing no further comments, Dr. Griffin called on Mr. McNutt to provide the update on the Performance and Financial Status Report. Mr. McNutt noted that the Performance Dashboard for the third quarter, FY 2010 is provided at Tab C of the agenda packet. He then reported that the average offender population was 151,152 at the end of this third quarter compared to 150,572 for the same time period a year ago which is an increase of 580 or 0.38%.		

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Performance & Financial Status Update (Cont.)	The aging offenders continue to rise at a steady rate and Mr. McNutt reported that the number of offenders 55+ at the end of the third quarter FY2010 was 11,714 compared to 10,929 the same quarter in FY 2009 which is an increase of approximately 7.2%. The psychiatric inpatient census remained consistent at the 1,928 bed level which he again noted is governed largely to the number of available inpatient beds. Through the third quarter of FY 2010, the average number of psychiatric outpatient visits was 21,056 representing 13.9% of the service population. He then reported that the medical access to care indicators remained within the 93% - 97% range; the mental health access to care stayed within the 99% range; and dental access to care remained consistently between 98% - 99% range. Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 10.67%; mid-level practitioners at 12.21%; RN's at 9.34%; LVN's at 9.54%, dentists at 4.35% and psychiatrists at 8.70%. TTUHSC sector physician vacancy rate for the same quarter averaged at 25.59%; mid-level practitioners at 20.53%; RN's at 18.19%; LVN's at 15.78%; dentists at 23.83%, and psychiatrists at 36.06%. The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries was 94.4% in March, 2010 then up to 96.3% in April then back down to 89.0% in May, 2010. Mr. McNutt next reported that for the statewide revenue v. expenses by month provided on page 116 of the agenda packet shows that the expenses again exceeded the revenue for this quarter.		

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Performance & Financial Status Report (Cont.)	Mr. McNutt concluded by reporting that the overall health care costs through the third quarter of FY 2010 totaled $411.7M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately 19.0M or 4.8%. Dr. Griffin asked if there were any comments or questions?	Dr. DeShields noted that the data on TDCJ mental health census by gender provided on page 94 of the agenda packet only list UTMB sector units then asked if it was because Tech sector unit only had male offenders? Mr. McNutt responded that was correct and noted that the original intent of the report was to show the breakout by gender for the mental health census. Dr. Linthicum then asked if the committee staff would also list Texas Tech's mental health census so that the report reflects all the TDCJ facilities in future reports. Mr. McNutt responded that he would include all the units on his future reports. Dr. Murray then noted that the 55+ offender population steadily increased and asked if that was due to the offenders getting older while serving their sentence in prison or if it was due to older people entering into their criminal careers at a later age? Mr. McNutt responded it was both and that other state agencies are having the same census issue due to longer sentences served and also with offenders entering the system at a later age. Dr. Linthicum agreed that it was a combination of the two components and noted that the TDCJ Executive Services track the data on offender's length of sentence and age demographics.	

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		Mr. Collier added that he would have Executive Services provide the age and offender commitment data to the Committee staff to report back at the next CMHCC meeting.	
VII. Overview of FY 2012-2013 Legislative Appropriations Request (LAR) - **David McNutt**	Hearing no further comments, Dr. Griffin thanked Mr. McNutt for the report. He then asked Mr. McNutt to provide the overview of FY 2012 – 2013 Legislative Appropriations Request (LAR). Mr. McNutt stated that the LAR report is provided at Tab D of the agenda packet. He then reported that the FY 2010-2011 estimated expenditures is provided on page 108 which gives the breakout of the four strategies that are for the CMHCC. Mr. McNutt continued by reporting that the FY 2010 -11 estimated total for Strategy C.1.7 - Psychiatric Care was $85,149,268. Strategy C.1.8 Managed Health Care Unit Care's estimated total was $413,205,156; Strategy C.1.9 - Managed Health Care Hospital being at $387,047,177; and Strategy C.1.10 Managed Health Care Pharmacy estimated total was $114,354,744. He then noted that this brings the total Correctional Health Care estimate for the biennium at $999,757,345. Mr. McNutt next noted that the Governor's Office and the Legislative Budget Board requested a 5% reduction in the baseline budget for FY 2012-2013 for all state agencies. He stated that this puts the adjusted base to $877,940,251 and the breakout by strategies is provided on page 109. He further reported that this would be $111,817,094 short of where it would have been based on the FY2011-2012 estimates. Mr. McNutt then reported that the amount requested to address the resource needs of the correctional health care is broken down into seven categories as provided on page 110. He then stated that the $41.8M under Item #1 to recover the 5% base reduction is critical to ensure effective	Dr. Griffin asked if the method for the breakout of strategies were different from the previous years? Mr. McNutt responded that previously the breakout was separated into two strategies; C.1.8 Managed Health Care and C.1.7 for Psychiatric. In addition to those two strategies, C.1.9 Managed Health Care Hospital Care and C.1.10 Managed Health Care Pharmacy were added for the current reporting method.	

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- Overview of FY 2012 - 2013 LAR (Cont.)	overall quality of care within the system. Additionally, $189.8M in Item #2 is being requested to bring the base level of funding to the level of expense actually incurred for the delivery of service. Item #3 is for increased hospital / specialty care as the aging offender population continues to exert pressure on the level of services and for the cost required of those services. Pharmacy and Drug increases requested under Item #4 is to offset the increasing costs of medication mainly due to chemotherapy drugs. He further reported that the correctional managed health care program is facing critical capital equipment needs for x-rays, dialysis and other equipment estimated to total approximately $11.8M. Funding for expanding training and education listed on Item #6 will require $2.8M; and an additional $12.9M is being requested for the Marlin Medical Facility. Mr. McNutt further noted that the exception items are listed in more detail with the break out between the CMHCC and the university partners on page 111. A brief narrative with the detailed explanation of the exception items are provided on pages 114 – 116, but he noted that this is still in the process of being refined. Mr. McNutt next reported that CMHCC like all other agencies was also asked to list an additional 10% on top of the 5% baseline reduction which is found on page 117. He then stated that the reduction for the biennium would be an additional $44,397,013 for FY2012 and FY 2013. He concluded by noting that the break-out for UTMB would be $34.8M; Texas Tech at $9.5M and $63,000 for the CMHCC staff. Dr. Griffin thanked Mr. McNutt for the report and asked if there were any questions or comments?	Dr. Linthicum asked if the Marlin Medical Facility was part of the 5% reduction? Mr. McNutt responded that 5% reduction occurred back in February for the Marlin Medical Facility. He further noted the Marlin Medial Facility was listed as an exception item to provide the medical services in the event TDCJ gets the operating fund. Dr. Raimer noted in addition to the Texas Board of Criminal Justice voting to approve the LAR at their last meeting; he asked for the CMHCC's support by moving to take a vote on this request. Dr. Linthicum stated that she would first like to schedule a meeting with committee staff to go over the numbers in more detail.	

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		After further discussion, Dr. Griffin deferred taking any action on the motion presented by Dr. Raimer until after the report has been issued State Auditor's Office. He further noted that it would be reasonable at that time to schedule a workshop to discuss the LAR.	
VIII. Summary of Critical Personnel Vacancies	Hearing no further comments, Dr. Griffin thanked Mr. McNutt for the report. He then asked Dr. DeShields to provide the TTUHSC Correctional Health Care Vacancy updates, followed by Dr. Linthiucum for TDCJ and Dr. Murray for UTMB vacancy updates.		
- Denise DeShields, M.D. (TTUHSC)	Dr. DeShields reported that TTUHSC is still looking to fill the vacant PAMIO Director position but noted that Dr. Dana Andrew Butler currently is filling that position on an interim base. Tech continues with their efforts to fill vacancies through advertising with local and national publications; enhanced recruiting methods; and utilization of expanded recruiting agencies. She concluded by stating that a small number of recent retired dentists created some vacancies but those numbers should improve.		
- Lannette Linthicum, M.D. (TDCJ)	Dr. Linthicum reported that TDCJ had a Nurse II vacancy within the Office of Health Services Monitoring and that they are in the process of interviewing to fill that position.		
- Owen Murray, D.O. (UTMB)	Dr. Murray reported that UTMB continues to have difficulties recruiting in certain geographical regions such as Palestine. He however noted that there have been more applicants for the mid-level and physician positions in the Houston area. Dr. Murray next reported that after 15 years of service, Dr. Monty Smith, Medical Director for the Gatesville / Palestine area who also served in various other positions left to take over the new Internal Medicine Residency Program for the University of Texas in Tyler. Dr. Murray concluded by stating that Dr. Billy Horton will be presenting the update on dentists later on the agenda. Dr. Griffin thanked the three Medical Directors for the report.		

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	Dr. Griffin next acknowledged and welcomed Ms. Janice Lord, Texas Board of Criminal Justice member who just joined in on the meeting.		
IX. Medical Directors Update	He then called on Dr. DeShields to provide the TTUHSC Medical Director's report, followed by Dr. Linthicum for TDCJ and Dr. Murray for UTMB updates.		
- **Denise DeShields, M.D. (TTUHSC**	Dr. DeShields noted that the TTUHSC Third Quarter FY 2010 is provided on pages 71-74 of the agenda packet. She concluded by stating that she did not have any new items to report for TTUHSC. Dr. Griffin thanked Dr. DeShields then called on Dr. Linthicum.		
- **Lannette Linthicum, M.D. (TDCJ)**	Dr. Linthicum noted that the TDCJ Medical Director's Report starts on page 121 of the agenda packet.		
- Operational Review Audit	During the third quarter of FY 2010, Dr. Linthicum reported that six operational review audits were conducted. The summary of the items found below 80 percent compliance during those six operational review audits and the corrective action to ensure future compliance are found on pages 122 and 124 of the agenda packet.	Dr. Griffin asked that a sample corrective action of the audits that were not in compliance be included in Dr. Linthicum's future report as a resource document. Dr. Linthicum responded that she would include sample corrective action in her future report.	
- Quality of Care Audit	Dr. Linthicum continued by stating that the TDCJ Health Services conducted a Chronic Disease Quality of Care Audit to assess the primary care management of offenders with Diabetes Mellitus which she noted would be presented by Dr. Buskirk later on the agenda.		
- Grievances & Patient Liaison Correspondences	She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 4,170 correspondences. Of the total number of correspondences received, 410 or 12.24% action requests were generated. The Patient Liaison Program nurses and investigators performed 117 sick call request verification audits. Dr. Linthicum noted that this audit was formerly known as Access to Care audits.		

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	She further noted that a random sample of sick call requests were also audited by the Office of Professional Standards staff. She then added that of the 113 facilities audited, a total of 1,053 indicators were reviewed and 29 or 3% fell below the 80% threshold.		
- Capital Assets Monitoring	The Capital Assets Contract Monitoring Office audited six units during this quarter and these audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting policy regarding inventory procedures. All six units were within the required compliance range.		
- Office of Public Health	Dr. Linthicum next reported that the Office of Public Health monitors the incidence of infectious diseases for TDCJ. For the third quarter of FY 2010, there were 211 cases of suspected syphilis; 348 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 625 during the same quarter of FY 2009. There was an average of 19 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 18 per month during the third quarter of the FY 2009. Dr. Linthicum then stated that the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) in FY 2006. This position collaborates with the Safe Prisons Program and is trained and certified as SANE. During the third quarter FY 2010, eight training sessions were held and attended by 50 medical staff. She further noted that there have been 157 chart reviews of alleged sexual assaults performed for this quarter.		
- Peer Education Programs	Currently, Peer Education Programs are available at 95 of the 112 facilities housing CID offenders. During this quarter, 15,933 offenders attended classes presented by peer educators and this is a decrease from the same quarter in FY 2009 during which 21,162 participants attended classes.		
- Mortality & Morbidity Committee	The Mortality and Morbidity Committee reviewed 146 deaths. Of those 146 deaths, 12 were referred to peer review committees and one was referred to utilization review.		

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- Mental Health Services Monitoring and Liaison	The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 39 offenders approved for expedited admission to TDCJ due to psychiatric conditions. Dr. Linthicum added that the MHMR history was reviewed for 20,049 offenders brought into TDCJ-ID/SJD. She further noted that 2,925 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake / receiving facilities. Continuity of care was audited for 29 intake / receiving facilities and 20 of those facilities met or exceeded 80% compliance. At the request of the Byrd Facility Classification and Records, 14 offenders were behaviorally assessed and two offenders were referred to the university provider for mental health evaluation.		
- Clinical Administration	During the third quarter of FY 2010, 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 128 – 129 of the agenda packet.	Ms. Lord noted that the unstable discharge cases listed seemed high and asked if Dr. Linthicum was concerned with any of those numbers? Dr. Linthicum responded that she was not too concerned when looking at the overall volume of offsite patients and having safety nets in place within the Health Services Liaison Office. She further noted that there are four RN's and two LVN's reviewing the cases.	
- Accreditation	Dr. Linthicum then reported that the American Correctional Association Panel of Commissioners awarded ACA Re-accreditation to Ellis, Ft. Stockton / Lynaugh, Hughes, Hutchins, Middleton, Montford, Murray , Stevenson and Stringfellow units.		
- Biomedical Research Project	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 62 – 64 of the agenda packet.		

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	Dr. Griffin thanked Dr. Linthicum then called on Dr. Murray.		
- **Owen Murray, D. O. (UTMB)**	Dr. Murray recalled at the last CMHCC meeting, the Committee asked for further data on UTMB's payment rates for TDCJ offender health care services and stated that Mr. Elger would be addressing this issue at this time.		
UTMB-CMC Payment Rates for TDCJ Offenders	Mr. Elger noted that this report is provided on pages 133 – 134 of the agenda packet and that he would briefly go over this summary. He stated that payment rates were originally designed to proximate the costs at a level where UTMB recovers the cost to provide health care services without a loss which he noted has not happened for some time. He further stated that there were past discussions on what Medicaid rates were compared to the CMHC-UTMB contract rates. For the inpatient side, those costs are based on DRG payments and for every admission, UTMB gets certain payment rates adjusted which Mr. Elger noted is similar to Medicare. Medicaid he noted is cost based, which is determined by various revenue producing cost centers. He further noted there are several non-revenue producing centers such as housekeeping and laundry. For example, a non-revenue housekeeping cost center would combine with radiology which is a revenue producing cost center, thereby using the square footage as a percentage to allocate the housekeeping costs. Those are then applied to the Medicare charges to come up with the Medicaid costs. Mr. Elger stated that those costs were used for this purpose as UTMB tried to benchmark the costs with Medicaid payments. Projection of cost, charges, and admissions are made based on historical activity and anticipated changes such as patient demographics, inflation factors and new services. Mr. Elger further reported without knowing the full impact of the actual costs due to Hurricane Ike in FY 2009, UTMB assumed that the cost for FY2010 would be approximately 4.5% higher than what was projected for the biennium. These costs were then used for this purpose as UTMB benchmarked the costs with Medicaid payments.		

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- UTMB Payment Rates for TDCJ Offenders (Cont.)	Mr. Elger then noted on page 144 is an example of what is paid by the CMHCC – UTMB contract in comparison to the Medicare and Medicaid benchmarks. The average inpatient admission payment under the contract is $8,000 compared to Medicaid payment of $10,900. When converted to a percentage of charges more like what Medicare does, he noted that Medicaid would have paid 54% of those charges compared to 43.5% paid under the contract. Medicaid does not break outpatient lab services as it does in the contract. The combined outpatient lab and other services averaged 29.3% under the contract compared to 43% of those charges by Medicaid. For the physician services, he noted that would be 49% under the contract compared to 42% of the charges under Medicaid. This in part is due to no-show rates when the clinic is fully staffed and the cost associated with travel. He again stressed that compared to what they would get under Medicaid and what they are getting from the contract is a significant loss. Mr. Elger concluded by stating that the benchmarks are those based on general population offenders and if you look at the Medicaid cost report, it shows that providing health care services to the offender population is significantly more expensive with the aging population and with the high acuity type diseases.	Dr. Linthicum noted that it was her understanding that each clinic is overbooked in the event there is a no-show. Dr. Murray responded that even if there were 30 appointments scheduled and they overbooked it to to 45 patients; there are still often times only 25 who show up for that day. Dr. Griffin stated that it would be beneficial when going before the state leadership to know what the break even point or the dollar number projected on the shortfalls are then asked if UTMB could provide those numbers? Dr. Murray responded that there are other costs such as maintenance of the building and not having funding to replace aging equipment. Dr. Griffin responded that the cost of building maintenance came out of State funding and the supplemental appropriations was being requested to replace aging equipment.	

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UTMB - CMC Payment Rates for TDCJ Offenders (Cont.)		Dr. Raimer also added that Hospital Galveston is the property of UTMB and a new MRI machine was recently purchased out of their funds. He further noted that the employees at Hospital Galveston are not TDCJ-CMC employees but are employed by UTMB. Dr. Griffin asked where the 200 employees are located that are listed on the personnel reports who are on CMC payroll in Galveston. Dr. Murray responded that most are officed at the Frost National Bank such as himself, Dr. Paar, Steve Alderman and his staff. Dr. Linthicum then asked if the nurses at the UTMB Hospital were being paid out of the CMC funding? Dr. Murray responded that offender care and services are being funded but the employees were not. Dr. Griffin further asked if the medication for UTMB are under the Pharmacy strategy? Dr. Raimer responded that was separate. He further noted that there are still numerous questions being asked that it may be helpful to have a workshop to go over the cost issues. Ms. Lord added that it would help her to also have the breakout numbers from Hurricane Ike provided at the workshop. Mr. Hightower also requested for the cost rates being charged and again noted that having the numbers for the break even point would be helpful as this is a question that State Leadership are asking for.	

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- UTMB Dental Staffing	Dr. Murray continued by noting that Billy Horton, D.D.S. will next present the dental staffing information update requested at the last meeting. Dr. Horton noted that there are five documents provided in the agenda packet starting on page 136. The first three reports show dental positions affected by the reduction of force (RIF) categorized by dentist (provided on page 137) , dental hygienist (page 138) and dental assistants (page 138). The fourth report lists the dental coverage by dental positions for all units in the UTMB sector. He further noted that the authorized dental coverage is the same now as it was before the reduction in force.	Mr. Elger stated he would have those issues addressed then added that the monthly payments are already included in the financial reports submitted to the Committee staff. Mr. Webb then noted that the DRG payments for Hospital Galveston inpatient and fee schedule payments for specialty clinic visits include fixed and variable costs. The fixed cost would include the costs of the building which was already paid by the State of Texas and moved from TDCJ to UTMB's general ledger. He further noted that these building costs would then be paid for twice, since they are included in the DRG and fee schedule payments. Mr. Webb agreed and stated that he would also be in favor of having a workshop to further discuss this issue. Mr. Elger responded that UTMB has a cost accounting system and that staff is welcome to look through this process. After some further discussion, Dr. Griffin asked Dr. Raimer to oversee setting up a workshop together with the Committee staff sometime in late November or in early December after the audit reports are issued.	

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UTMB Dental Staffing	Dr. Horton then stated a list of the unit vacancies as of August 12, 2010 is provided on page 144 but that he would be presenting a more up-to-date data for those vacancies. He reported that there are currently 14.5 vacancies for dentists, of which seven of those are results from recent retirements and the remaining 7.5 are the result of the RIF. Dr. Horton further noted that they are in the process of hiring nine dentists to fill the vacancies but two are transfers within the UTMB system. By the end of this month, Dr. Horton noted that the dentist vacancy rate should be down to seven FTE's out of those 14. There are currently three hygienist position vacancies and those applicants are in the process of being interviewed. He further noted that they expect to hire those being interviewed. There are currently 13.45 dental assistant vacancies but Dr. Norton noted that they have had a good number of applicants for those positions. He concluded by reporting that the dental assistant positions are hired at the district level, therefore he did not have the specific status on where they are in filling those positions at this time.	Dr. Griffin asked Dr. Horton to repeat the numbers for the pre-RIF dentist. Dr. Horton responded that there were 4.5 vacancies pre-RIF but the actual number of vacancies as a result of the RIF's was 27.5 FTE's. Dr. Griffin asked if Dr. Horton would have the percentages of those numbers. Dr. Horton responded that there are currently 76.95 FTE's for dentist with 14.5 vacancies or approximately 18.8%. For the dental hygienist there are currently 26.2 FTE's with three vacancies which would be 11.5%. There are currently 115.75 dental assistant FTE's with 13.45 vacancies or 11.6%. Dr. Griffin further asked what the impact was for the delivery of service after the RIF's?	

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		Dr. Horton responded that once the RIF letter were sent, some of the providers went and found other jobs which created staff shortages. Those remaining providers worked with patients who had higher priority or urgent dental needs first and delayed work on routine dental care such as cleaning or providing routine fillings. Mr. Collier asked how long it would take to improve the dental vacancy rates? Dr. Horton responded that when he first started approximately a year and a half ago, there were approximately 12.5 vacancies and it took almost a year to get those vacancies down to 4.5. With the economy being the way it is today, they have received positive response with more applications being processed and hoped that they will be able to fill those vacancies with less time.	
	Dr. Griffin thanked Dr. Horton for the update and asked if there were any other items for the UTMB updates? Dr. Murray further reported that UTMB now offer employees certified nursing and the Continuing Medical Education (CME) courses that had been unavailable during the time of fiscal challenges. He then noted that both he and Dr. Linthicum received a letter from the Board of Nursing Examiners regarding concerns expressed by nurses from the Palestine area about their work load and the changing work environment. Dr. Murray stated that these are also concerns the management are looking into with the added work load and longer working hours being placed on those health care providers due to staffing shortages.	Dr. Griffin then asked if Dr. Murray knew what the age or year of tenure for the average providers currently were? Dr. Griffin further asked if the trend was still where new applicants being recruited are those looking at an after retirement career?	

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		Dr. Murray responded that the average age of the providers used to be around 65 and into their 80's. The average age of physicians now are more in the mid 50's range and remain with the system into their 70's. The midlevel positions have had some younger recruits. Dr. Murray then stated that there is still a need to increase the number of the nursing staff. Dr. Linthicum added that she was in support of the LAR where UTMB submit for additional nursing positions. Dr. Raimer agreed with Dr. Linthicum and also asked for the Committee's support with getting more funding to hire health care providers.	
	Hearing no further discussions, Dr. Griffin thanked Dr. Murray for the updates.		
X. Reentry and Integration Division Update - **April Zamora**	Dr. Griffin next called on April Zamora, Director of Texas Correctional Office on Offenders with Medical and Mental Impairments. Ms. Zamora stated that Ms. Dee Wilson, Director of Reentry and Integration Division who was to be presenting the activity report sends her regrets for not being able to attend the meeting. She further asked to defer this presentation until the next CMHCC meeting.		
- TCOOMMI Update	Ms. Zamora then stated that she would however like to briefly update the Committee on TCOOMMI activities regarding long term chronic care needs. She noted that they cancelled the contract with the Department of Aging and Disabilities and will be entering a contract with the Department of State Services. TCOOMMI added four Human Services Specialist who work out in the fields and their primary function is to look into nursing home and hospice placements for the aging offender population. She further reported that they are working closely with Dr. Linthicum's staff.		

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- TCOOMMI Update (Cont.)	Ms. Zamora further reported that they hoped to add two more Human Services Specialist to oversee the re-entry plan for the special needs of those offender patients who are diagnosed with HIV or AIDS. She concluded by again stating that Ms. Wilson will provide the Reentry and Integration Division process at the next CMHCC meeting. Hearing no further discussions, Dr. Griffin thanked Ms. Zamora for the update.	Dr. Griffin asked if there was anything that the Committee can do to help support her program? Ms. Zamora responded they are receiving medical updates and are working through the medical summaries in coordination with the three Medical Directors and thanked them for their assistance in this effort.	
X1. TDCJ Health Services Division, Chronic Disease Quality Care Audit **- Kathryn Buskirk, MD, CMD**	Dr. Griffin called on Dr. Linthicum to introduce Kathryn Buskirk, MD, CMD who will be providing the chronic disease quality of care audit. Dr. Linthicum introduced Kathryn Buskirk, MD, CMD, Director of Quality and Compliance Monitoring of the TDCJ Health Services Division. She further noted that Dr. Buskirk attended medical school at the University of Texas in San Antonio and has over 20 years of clinical experience in geriatrics and hospice. She is Board Certified in Hospice and Palliative Medicine and is also a certified medical director with extensive experience. Dr. Buskirk thanked Dr. Linthicum and the Committee staff for the opportunity to provide the audit. She then noted that the presentation is provided at Tab I of the agenda packet. She stated that the presentation is to introduce the Committee to the chronic disease quality of care audit process. The development of this audit she noted, is supported by two Texas Government Codes; Section 501.145 which mandates that TDCJ provide chronic disease management services which meet standards of care, and Section 501.150 which mandates TDCJ to establish a procedure for monitoring the quality of care delivered by the health care providers.		

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- Chronic Care Quality Audit (Cont.)	Dr. Buskirk further reported that the audit is designed to monitor and measure the management of seven of the most common chronic diseases to include diabetes, hypertension, hyperlipidemia, coronary artery disease, congestive heart failure, seizure disorders and chronic respiratory disease. There are five common questions included in all seven chronic disease audits are provided on page 162 of the agenda packet. She then added that four of the seven chronic disease audit tools include two vaccine questions which can be found on page 163. Dr. Buskirk further reported that there are eleven diabetic specific questions provided on page 164. She noted that these cover issues such as patient education; diet; risk factor modification; exams and lab tests performed; and if appropriate medications were prescribed. She then noted that the questions used in these audits are based on standards established by the Center for Medicare and Medicaid Services (CMS); American Correctional Association (ACA); Correctional Managed Health Care (CMHC) Policies; and, the Disease Management Guidelines (DMG's) from the CMHC Pharmacy & Therapeutics Committee. For the diabetes specific audit, 110 TDCJ facilities were audited using the Diabetes Audit Tool during the 3rd Quarter of FY 2010. A total of 1645 charts were audited of which 1306 were from the UTMB sector and 339 from the TTUHSC sector. Dr. Buskirk further noted that this represents about 21% of the nearly 8000 diabetic offenders in the TDCJ system and yields a 99% confidence level. She further noted that these 1645 charts were randomly selected from the Diabetes Chronic Care. The graph provided on page 168 demonstrates the performance percent for the overall system for those five common questions represented individually by the five bars. The overall performance was above 80%. The bar graph on page 169 represents the percent performance for the eleven diabetic specific questions and seven of those eleven were in the 80 percentile.		

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- Chronic Disease Quality of Care Audit (Cont.)	Dr. Buskirk then reported that the first bar on the graph provided on page 170 represents the average Hemoglobin A1c (HgA1c) for the entire system which was 7.89. She clarified that HgA1c is the indicator for diabetes control. The red line represents the NCCHC Standards which has a goal of less than eight for HgA1c and the yellow line below represents the American Diabetes Association Standards for HgA1c which is less than seven. She noted that CMHC did meet the NCCHC Standard but did not quite meet the ADA Standard. The last two bars on the right represent the vaccine questions and 74% of the offenders did receive the flu shot and 58% had received the Pneumococcal vaccine. The graph on page 171 is an example of how performance scores are reported for the individual facilities. Each bar represents 16 of the 110 facilities on this graph which represents the average HgA1c scores. Dr. Buskirk again stated that the red line indicates the NCCHC Standards and the yellow line is the ADA Standards. Dr. Buskirk further reported that there is an ADA article titled, "Diabetic management in correctional Institution" and in that article it quotes that, "….all diabetics receive care based on national standards and that being incarcerated does not change those standards. She then stated that the plan is to complete one to two systemwide chronic disease assessments per quarter and reported that they just completed the diabetes and hypertension audit and are currently working on seizure disorders. These reports will be provided to the health care providers as a resource reference to assist in their clinical oversight for quality of care issues and the results will also be reported to the CMHC Committee and the Texas Board of Criminal Justice. In conclusion, Dr. Buskirk noted that the development of this chronic disease quality of care audit is in keeping with legislative expectations and the questions are evidence based and is consistent with the standard of care.	Dr. Raimer commented that it would be interesting to do a comparison of the correctional HgA1c reports just provided with other national health care organization. He then added that Dr. Buskirk may want to look at publishing this report in a journal.	

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		Dr. Griffin agreed and hearing no further discussions, thanked Dr. Buskirk for the report.	
XII. Vascular Access in TDCJ & UTMB-CMC	Dr. Griffin next called on Dr. Murray to introduce Dave Khurana, M.D. who will be presenting the report on vascular access in TDCJ and UTMB-CMC		
- Dave Khurana, M.D.	Dr. Murray introduced Dave Khurana, M.D. who serves as the Medical Director of Nephrology and Dialysis for UTMB-CMC and also serves as the Clinical Assistant Professor for the Division of Nephrology and Hypertension at UTMB. Dr. Murray further stated that Dr. Khurana received his medical degree from St. Georges University, Grenada, West Indies and performed his Internal Medicine Internship and his Residency Program at the University of Texas Medical Branch. Dr. Khurana previously was with the Nephrology Associates out of Palm Beach, Florida and was the Co-Medical Director at the Atlantic Kidney Center and was also the Co-Medical Director of the Jupiter Kidney Center in Florida. Dr. Khurana thanked Dr. Murray for the introduction then thanked the Committee for the opportunity to provide the update on vascular access in TDCJ and UTMB-CMC. Dr. Khurana then stated that his presentation is provided at Tab J of the agenda packet. He reported that vascular access for hemodialysis, is a process used to treat patients whose kidneys are not functioning properly. This involves a special heomodialyzer machine and tubing that removes blood from the body, cleanses it of waste and then returns it back in to the body. Dr. Khurana noted that there are three types of vascular access options. First, is the use of an arteriovenous fistula or AVF which is a type of dialysis access created by joining or bridging an artery and the vein, usually in the forearm which he noted is the preferred method. The second less preferred process is the arteriovenous graft or AVG which uses a synthetic tube implanted under the skin in your arm, but he stated that this graft tend to have more problems with clotting or infection and generally will need to be replaced.		

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	The third least preferred method is the central venous catheter (CVC) which Dr. Khurana explained is a catheter placed into the vein that sits at the top of the heart but the adapters sticks out of the body which makes it prone to infection. Dr. Khurana expressed the importance of good vascular access as it equates to dialysis with less complications for the patient which decreases morbidity, mortality and hospitalization rates which makes for a cost effective patient care. He further noted that the key to success for this program is having credibility, consistency, communication, commitment and confidence. With his being named the new Medical Director of Nephrology and Dialysis and having two Vascular Access Coordinators; one with Correctional Managed Care and one on the UTMB side helps provide a direct line of communication as well as standardization of care within the program. Dr. Khurana next reported that the prevalent vascular access utilization type is provided in the graph on page 184 of the agenda packet. He also noted that the percent of utilized arteriovenous fistula, arteriovenous graft and the percent of the central venous catheters for TDCJ-UTMB is provided on pages 186 – 188 of the agenda packet. Dr. Khurana then stated that there are currently 1200 chronic kidney disease (CKD) and 240 pre-dialysis patients. Those pre-dialysis patients have less than 15% of the normal kidney function. He further stated that the health care providers are in direct weekly interaction with the offender patients to monitor their potential progression of the disease as well as providing educational materials to help them understand how to better manage their condition through the use of medication, diet and exercise. The physicians and administrations utilize the DMS / Telemedicine process for the patients health care needs and Dr. Khurana also noted that the TDCJ electronic medical records will be converting from Emerald EMR to the newer more efficient PERAL EMR system and are in the process of training staff.		

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	Dr. Khurana further noted that the health care providers are making weekly rounds to examine access and to educate and answer questions that the offender patient may have. Monthly quality assurances and improvement process are in place and are committed to improving co-morbidity rates. He further stated quarterly multi-specialty meeting are held with staff from surgery, nephrology, TDCJ and CMC to review problems with patient issues. The percentage of CMS use of fistulas versus central venous catheter use compared to the Texas /USA percentage is provided page 95 of the agenda packet. The KDOQI (Dialysis Outcomes Quality Initiatives, an evidenced based clinical practice guidelines and recommendations for delivering dialysis care) benchmark percentage is at 65% with CMS at 63% and TX/USA at 53.6%. Dr. Khurana noted that the Estelle Unit provides nephrology care but that 155 of the 156 slots for non-Hepatitis B patients are full and 5 of the 12 slots for Hepatitis B positive patients are full. For the Carol Young facility 14 of 12 slots are full which forces them to run 6 days per week. He concluded by stating that they are at a critical point as the cost for necessary dialysis treatment increases and also with the aging offender population and will require appropriate resources.	Dr. Griffin asked what the average dialysis time? Dr. Khurana responded that it averaged from 3.5 – 4 hours compared to the national average dialysis time of 4 hours. Dr. Linthicum added that the Carol Young facility only housed females offenders when it opened therefore the male dialysis patients occupy infirmary beds as there are no housing available for the male offender patient. Mr. Tony Williams asked Dr. Khourana to update the Committee on other issues faced with the dialysis program. Dr. Khourana noted that they are currently licensed by the Texas Department of Health but the facility set up does not meet the new dialysis guidelines and appropriate modifications will need to be in place before the license expires. He added there are also concerns with the aging dialysis equipment where replacement parts are no longer available. Dr. DeShields agreed and noted that Texas Tech takes in the dialysis overflow patients and face the same issue of being over capacity with only a part time nephrologist at the Montford Unit. After some further discussions, Dr. Griffin thanked Dr. Khurana for the update.	

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XIII. Financial Reports **- Lynn Webb**	Dr. Griffin then called on Mr. Webb to provide the FY 2010 Third Quarter Financial Report. Mr. Webb noted that the financial summary will cover all data for the Third Quarter FY 2010 ending May 31, 2010 and the report is provided at Tab K of the agenda packet. As represented on Table 2 on page 206, Mr. Webb noted that the average daily population has increased slightly to 151,152 for this quarter as reported earlier by Mr. McNutt. Through this same quarter a year ago, the daily population was 150,572 which is an increase of 580 or 0.38%. Consistent with trends over the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall offender population to 11,714 as of 3rd Quarter FY 2010. Mr. Webb noted that this was an increase of 785 or about 7.2% compared to 10,929 same quarter a year ago. The overall HIV+ population has remained relatively stable throughout the last few years at 2,400 through the second quarter FY 2010 or about 1.58% of the population serviced. The two mental health caseload measures have remained relatively stable with the average number of psychiatric inpatients within the system at 1,928 through this quarter and Mr. Webb again noted that the inpatient caseload is limited by the number of available inpatient beds in the system. The average number of mental health outpatient visits was 21,056 representing 13.9% of the service population.		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Financial Report (Cont.)	Mr. Webb further reported that the overall health costs through the Third Quarter of FY 2010 totaled $411.7M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately $19.0M or 4.8%. He next noted that UTMB's total revenue through the third quarter was $312.7M and the expenditures totaled $329.4M resulting in a net shortfall of $16.7M. Texas Tech's total revenue through the third quarter was $79.9M and the expenditures totaled at $82.2M resulting in a net shortfall of $2.3M. He then stated that Table 4 and 4a provided on pages 209 and 210 indicates that of the $411.7M in expenses reported through the 3rd Quarter of FY 2010, onsite services comprised $193.7M or about 47.1% of the total expenses; Pharmacy Services totaled $39.3M or about 9.6% of total expenses; offsite services accounted for $132.1M or 32.1% of total expenses; Mental Health Services totaled $36.3M or 8.8% of the total costs; and, indirect support expenses accounted for $10.3M or about 2.4% of the total costs. As requested at the last quarterly meeting of FY 2009, Mr. Webb noted that Table 4a was constructed to provide the breakout of expenses by the UTNB and Texas Tech sectors. Mr. Webb further reported that Table 5 on page 211 indicates that the total cost per offender per day for all health care services statewide through the Third Quarter FY 2010 was $9.98, compared to $9.31 through this quarter or an increase of 7.2% over the past fiscal year. He then noted as a point of reference that healthcare costs was $7.64 per day in FY 03 which would equate to a 30.6% increase since FY03 or approximately 4.8% increase per year average which is well below the national average.	.	

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- Financial Report (Cont.)	Older offenders continue to access the health care delivery system at a much higher acuity and frequency than younger offenders. Table 6 on page 212 shows that encounter data through this quarter indicates that older offenders had documented encounter with medical staff a little under three times as often as younger offenders. Table 7 on page 213 indicates that hospital costs received to date this fiscal year for older offenders averaged approximately $3,122 per offender vs. $481 for younger offenders. Hospitalization costs provided at Chart 15 shows that the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising only about 7.7% of the overall service population, older offenders accounted for 35.3% of the hospitalization costs received to date. Table 8 on page 214 shows older offenders are represented five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about $23.6K per patient per year. Providing dialysis treatment for an average of 193 patients through the third quarter of FY 2010 cost $3.4M. Total drug costs through the 3rd Quarter FY 2010 totaled $30.2M as provided at Table 9 on page 215. Of this total, $14.1M or under $1.56M per month was for HIV medical costs which was about 46.8% of the total drug cost; psychiatric drug costs were approximately $1.6M or about 5.1% of the overall drug costs; Hepatitis C drug costs were $2.0M and represented about 6.6% of the total drug cost.		

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- Financial Report (Cont.)	Mr. Webb again noted that it is a legislative requirement that both UTMB and TTUHSC are required to report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total operating shortfall of $16.7M through the end of the 3rd Quarter of Fiscal Year 2010. TTUHSC reports that they hold no such reserves and report a total operating shortfall of $2.3M through the 3rd Quarter FY 2010. He then reported that a summary analysis of the ending balances revenue and payments through May 31, 2010 provided at Table 10 on page 216 for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC account on May 31, 2010 was $62,089.85. It should be noted that this balance will decrease over the course of the third quarter. Mr. Webb next reported 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 transactions performed on TTUHSC's financial information for March 2010 through May 2010 found all tested transactions with appropriate backup and found that all tested transactions to be verified. The testing of detail transactions performed on UTMB's financial information for March 2010 through May 2010 found all tested transactions with appropriate backup and found all tested transactions to be verified. Mr. Webb noted that concluded his report. Dr. Griffin asked if there were any questions? Hearing no further comments, thanked Mr. Webb for the report.		

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XIV. Public Comments - Dr. Griffin	Dr. Griffin noted that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin stated that there were no such requests at this time.		
XV. Date / Location of Next CMHCC Meeting **- Dr. Griffin**	Dr. Griffin then stated that the next CMHC meeting is scheduled for 9:00 a.m. on December 7, 2010 to be held at the Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue.		
XVI. Adjourn	Hearing no further comments, Dr. Griffin thanked the CMHCC members for their continued support and the Committee staff for their hard work then adjourned the meeting.		

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

Date: 12/7/10