

**MINUTES**

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE  
December 7, 2010**

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

**CMHCC Members Present:** Elmo Cavin, William Elger, Bryan Collier, 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., Anthony Williams, Billy Horton, Lauren Sheer; The University of Texas Medical Branch; Denise DeShields, M.D., Larry Elkins Texas Tech University Health Sciences Center; Rick Thaler, Jerry McGinty, Ron Steffa, Bobby Lumpkin, M.B. Hirsch B.S., M.Ed., D.D.S., 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, Stephanie Harris, CMHCC Staff.

**Others Present:** Deborah Hujar, Legislative Budget Board

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b> - James D. Griffin, M.D.</p> <p><b>II. Recognitions and Introductions</b> - James D. Griffin, M.D.</p> <p><b>III. Approval of Excused Absence</b> - James 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>Dr. Griffin thanked everyone for attending the meeting then introduced Ms. Abigail Pinto and Ms. Logan Farmer; both medical students who are accompanying him to learn the different aspects of the medical profession.</p> <p>Dr. Griffin stated that he would now entertain a motion to approve the excused absences of Cynthia Jumper, M.D. and Desmar Walkes, M.D. who were unable to attend the September 7, 2010 CMHCC meeting due to scheduling conflicts.</p>		<p>Mr. Evenwel moved to approve Dr. Cynthia Jumper and Dr. Desmar Walkes absence from the September 7, 2010 CMHCC meeting. Mr. William Elger seconded the motion which prevailed by unanimous vote.</p>

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<p><b>IV. Approval of Consent Items</b></p> <p>- <b>James Griffin, M.D.</b></p>	<p>Dr. Griffin noted next on the agenda is the approval of the consent items to include the Minutes from the Meeting held on September 7, 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.</p> <p>Hearing no further comments, Dr. Griffin stated that he would entertain a motion on approving the consent items.</p>	<p>Dr. Raimer commented that the numbers for Peer education participants under the TDCJ office of Public Health Monthly Activity Reports for the month of July (pg.52) and August (pg.53) were not correct. Also noted ACA (pg.58).</p> <p>Dr. Linthicum responded that they were typos and would correct.</p>	<p>Dr. Ben Raimer moved to approve the consent items as provided at Tab A of the agenda packet. Dr. Cynthia Jumper seconded the motion. The motion passed by unanimous vote.</p>
<p><b>V. Executive Director's Report</b></p> <p>- <b>Allen Hightower</b></p>	<p>Dr. Griffin then called on Mr. Hightower to provide the Executive Director's Report.</p> <p>Mr. Hightower noted that this report summarizes a number of significant activities relating to the correctional health care program since our last meeting.</p> <p>Mr. Hightower next reported on Legislative Budget Board Uniform Cost Project:  Cost data by facility was obtained from Texas Tech University Health Sciences Center and the University of Texas Medical Branch and submitted to the Texas Department of Criminal Justice in preparation for the Legislative Budget Board Uniform Cost Project. This will provide cost for FY2010 by facility.</p> <p>Annual Financial Reporting Requirements (AFR):</p> <p>The CMHCC submitted the annual financial report schedules for the committee for FY2010. CMHCC started submitting these reports in November 2007.</p>		

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<p><b>Executive Director's Report (Cont.)</b></p>	<p>82<sup>nd</sup> Legislative Session:  The 82<sup>nd</sup> Legislature convenes on January 11, 2011 but pre-filing of legislation started in Mid-November. As in the past, the CMHCC staff will be tracking bills with potential impact on the correctional health care program.</p> <p>Budget Reduction:  Legislative leadership will be asking state agencies to identify 2 to 3 percent budget cuts in the current biennium. We have not received an official notice or instructions from the LBB on how to do that.</p> <p>Dr. Griffin thanked Mr. Hightower for the updates and asked if there were any questions or comments?</p>	<p>Dr. Griffin wanted to add on his activities since our last meeting. Certainly we have had to respond to a number of inquires from state entities. We were disappointed that the audit is not complete because it was our plan to have a financial workshop to go thru our LAR in great detail. Committee staff and I have gone thru every line, every column together and have identified a number of things to modify that if we should need to, to bring those numbers into consideration that would be more favorable in the economic times in which we exist. With impending reduction request which may be coming very soon, I think that type of preparation for those I think will well position to handle those and we will be discussing with our university partners coming up soon. We have looked at a way to monitor activities on a month by month basis. Putting a 5% ceiling over the previous year of this biennium and we will be sharing a draft of that type of financial report with our university partners and TDCJ this week. We'll have a letter that we can see how we want to report</p>	

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<p><b>VI. Performance and Financial Status Report</b></p> <p><b>- David McNutt</b></p>	<p>Dr. Griffin asked if there were any questions or comments related to that.</p> <p>Hearing no further comments, Dr. Griffin called on Mr. McNutt to provide the update on the Performance and Financial Status Report.</p> <p>Mr. McNutt noted that the Performance Dashboard for the fourth quarter, FY 2010 is provided at Tab C of the agenda packet. He then reported that the average offender population was 151,225 at the end of this fourth quarter compared to 150,568 for the same time period a year ago which is an increase of 657 or 0.44%, which is a small increase.</p> <p>We have also notice which it's not in this report, but the months of September and October we've seen an increase above that.</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 the fourth quarter FY2010 was 11,803 compared to 11,033 the same quarter in FY 2009 which is an increase of 770 or 7.0%.</p> <p>The psychiatric inpatient census reported at the end of the fourth quarter FY2010 was 1,937 compared to 1,914 the same quarter in FY2009.</p>	<p>That information. So that we could be assured that on a month by month basis going throughout the legislative session and completing FY11 that we stay very close to our previous years of our financial performance. This still will be a challenge because we do not know what the upcoming session will do over this period of time. But I think we'll do all the work that needs to be done to monitor that. So anything that is above a 5% variance, I am going to ask the university partners to explain that on a month by month basis catch up for our previous two months going forward.</p>	

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<p><b>Performance and Financial Status Report (Cont.)</b></p>	<p>Through the fourth quarter of FY 2010, the average number of psychiatric outpatient visits was 21,509 representing 14.2% of the service population.</p> <p>Mr. McNutt stated that several months ago members had asked for a breakout of our mental health by facility and by gender and that's what this next page provides.</p> <p>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 97 - 99% range; and dental access to care stayed between the 97% - 99% range.</p> <p>Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 25%; mid-level practitioners at 13.08%; RN's at 3.22%; LVN's at 2.77%, dentists at 9.09% and psychiatrists at 7.69%.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 14.48%; mid-level practitioners at 15.65%; RN's at 16.94%; LVN's at 13.24%; dentists at 19.60%, and psychiatrists at 33.05%.</p> <p>The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries for the month of June 89%, July 85% and August 86%.</p> <p>Mr. McNutt next reported that for the statewide cumulative lost and gain. This is for both universities as you can see as it progresses. We finished up FY2010 at \$21.572M. Expenses exceeded the revenue for this quarter.</p> <p>Mr. McNutt next reported statewide loss/gain by month. Each month recorded a deficit until you get to August FY10 and as you can see it had a positive for the month of August. Statewide revenue v. expenses by month again you can follow and see the expenses exceed the revenue each month except the month of August.</p>		

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<p><b>Performance and Financial Status Report (Cont.)</b></p>	<p>Mr. McNutt reported UTMB cumulative loss/gain by month again you'll see the loss each month as it grows but you will also see that the month of July there was an \$18,948,158 deficit and that was reduced to \$18,708,200 in August 2010.</p> <p>Mr. McNutt added that Texas Tech was basically the same thing. They had a negative through out the fiscal year and then in August they have a positive in expenses.</p> <p>Dr. Griffin asked if there were any questions or comments.</p>	<p>Dr. Griffin noted just to be clear that FY10 ended with twenty-one... Mr. McNutt confirmed by saying \$21,572,347.</p> <p>Dr. Griffin added that this could certainly be checked out and that would put us in the mid four million loss if those numbers hold through the biennium.</p> <p>Mr. McNutt stated that if those numbers stayed consistent in FY11 they'll basically be identical to FY10.</p> <p>Dr. Griffin asked if there were any other impacts we should see from the RIFs related to the FY11 numbers because this was only partial.</p> <p>Mr. McNutt added that FY11 we have two months of data that was not reported in the book. Those two months worth of data were about bulking purchases together through the month of October. \$2.5 to the negative total and the cost per day through FY10 was \$9.88; the cost per day through October was \$9.56. So the cost per day has decreased through the first couple of months and the expenditures were only \$2.5M in the negative. If that stayed true then you could trade that out through six more months times six because we have done two months. That would be about two months \$15M.</p>	



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<p data-bbox="92 199 409 256"><b>Summary of Critical Personnel Vacancies (Cont)</b></p> <p data-bbox="92 289 378 345"><b>- Denise DeShields, M.D. (TTUHSC)</b></p> <p data-bbox="92 532 411 589"><b>- Lannette Linthicum, M.D. (TDCJ)</b></p> <p data-bbox="92 748 363 805"><b>VIII. Medical Directors Update</b></p> <p data-bbox="92 837 411 894"><b>- Lannette Linthicum, M.D. (TDCJ)</b></p> <p data-bbox="92 959 426 984">- Operational Review Audit</p>	<p data-bbox="466 167 903 191">Dr. Griffin then called on Dr. DeShields.</p> <p data-bbox="466 228 1182 440">Dr. DeShields reported that fortunately some of the recruiting efforts that we had embarked on had begun to pay off. Hired six professional staff in critical positions over the last quarter. Hopefully we'll happily report over the next quarter that the psychiatry number will come down as well. Again the numbers are large because our total FTE numbers are small. But overall we have actually reduced our vacancies in all disciplines.</p> <p data-bbox="466 472 1182 594">Dr. Linthicum reported that TDCJ has two positions open that are actually posted. One is in the process of being filled. We also have a registered nurse position to post that is also in the office of professional standards.</p> <p data-bbox="466 626 1182 683">Dr. Griffin hearing no further discussions thanked the three Medical Directors for their updates.</p> <p data-bbox="466 716 1182 805">Dr. Griffin stated that the next agenda item is the Medical Director's Report and called on Dr. Linthicum to provide the TDCJ update.</p> <p data-bbox="466 837 1182 894">Dr. Linthicum noted that the TDCJ Medical Director's Report starts on page 105 of the agenda packet.</p> <p data-bbox="466 927 1182 1138">During the fourth quarter of FY2010, Dr. Linthicum reported that 15 operational review audits were conducted. The items more frequently out of compliance this time was Hepatitis C Virus on the first three items. As you know we as the committee follow this Hepatitis C on our policies. So our expectation is that we are adhering to the policy as written. We have requested corrective action as required within the policy guidelines.</p> <p data-bbox="466 1146 1182 1260">Item #4 has to do with the requirement of TDCJ of the Texas Department of State Health Services Tuberculosis Elimination Division. Eight of the 15 facilities were not in compliance with successfully completing the TD-400 forms.</p> <p data-bbox="466 1268 1182 1382">The next item #5 has to do with the pneumococcal vaccine for offenders with certain chronic diseases and over 65 years of age. There were 11 out of 15 facilities were not in compliance with this requirement.</p> <p data-bbox="466 1390 1182 1446">Item #6 TDCJ in the past year changed the recommendations of the influenza vaccine but at the time this audit was done we were</p>	<p data-bbox="1205 199 1661 256">Dr. Griffin asked is these were planned retirements?</p> <p data-bbox="1205 289 1661 378">Dr. Murray replied that yes they were planned and the two non retirees were for different reasons.</p> <p data-bbox="1205 410 1661 565">Dr. Griffin added that in this challenge he just wanted to make sure that there was not a systems based reason that had been identified since we saw such a huge increase.</p> <p data-bbox="1205 597 1661 959">Dr. Murray answered no that the timing is just something one might comment on but it had nothing to do with the changes. In fact we have been keeping an eye about moving forward looking as things change as we see the departures. Not just the positions but the job satisfaction in general of the staff hasn't changed significantly. Again it's less about the changes but the uncertain kind of the future has most of our staff on pins and needles about where their jobs will be.</p>	

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<p><b>VIII. Medical Directors Update (Cont.)</b></p> <ul style="list-style-type: none"> <li data-bbox="94 657 304 682">- Quality of Care</li> <li data-bbox="94 747 388 803">- Grievances and Patient Liaison</li> <li data-bbox="94 1055 388 1136">- Quality Improvement / Access to Care Audits</li> </ul>	<p>operating under the old guidelines that we just offered to offenders with certain chronic disease. And we found eight of the 15 facilities were not in compliance with this requirement.</p> <p>Item #7 had to do with the Hemocult testing and 13 of the 15 facilities were not in compliance. That is an annual physical exam for offenders 50 years of age or greater. We had 10 facilities out of compliance. The documentation of a current Mental Health Individual Treatment Plan (ITP) for all offenders receiving ongoing mental health care that would be the 21,000 on the outpatient caseload.</p> <p>Item #10 requires an assessment be completed by nursing staff daily on offenders in disciplinary segregation and must be documented on Flow Sheets (HSN-46). Nine of the 15 facilities were not in compliance.</p> <p>Dr. Linthicum continued with Quality of Care Audit which is summarized on Hypertension and Dental.</p> <p>Now on the bottom of page 109 we have Grievances and Patient Liaison Program which received during the fourth quarter of FY2010 3,751 correspondences. Patient Liaison had 1,993, and Step II Grievance had 1,758. Of that combined number, 407 (10.85 percent) Action Requests were generated by the Patient Liaison Program and the Step II Grievance Program. And of that number about five (5) percent of combined universities offender grievances. And of course six (6) percent of performance measures.</p> <p>Now on page 110 is Quality Improvement (QI) Access to Care Audits. Again the Patient Liaison Program nurses and investigators perform 117 Sick Call Request Verification audits. Some of the units, which have Expansion Cell Block areas which we call our high security buildings, were counted as a separate audit. They look at a total of 1,053 indicators related to Access to Care. Of the 113 facilities audited, and 48 of them fell below the 80 percent threshold, which represents five (5) percent.</p>		

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<p><b>VIII. Medical Directors Update (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Capital Assets Monitoring</li> <li>- Office of Public Health</li> </ul>	<p>We continue to be outstanding on our Fixed Assets Contract Monitoring where we audited 15 units and they were within the required compliance range.</p> <p>In our Office of Public Health we continue to monitor infectious disease, as you can see we had 261 cases of suspected syphilis for the Fourth Quarter FY2010 compared to 140 in the same quarter in FY2009. We kind of looked back and these figures might have been an over estimation of the actual numbers, because some of the cases that have been reported were suspected and may not have been actual.</p> <p>There were 392 Methicillin-Resistant Resistant Staphylococcus Aureus cases for this quarter compared to 721 the same quarter in FY2009. It is down and we really don't have an explanation for the decrease. There was an average of 14 Tuberculosis (TB) cases for the Fourth Quarter FY2010 compared to an average of 20 per month during the same quarter in FY2009.</p> <p>Our SANE Nurse which is our Sexual Assault Nurse Examiner Coordinator. This position collaborates with the Safe Prisons Program, provides in-service training to facility providers in the performance of medical examinations, evidence collection and documentation, and use of the sexual assault kits. There were 180 chart reviews of alleged sexual assaults performed for the Fourth Quarter FY2010 with one deficiency at the Powledge Unit. A corrective action plan was requested and received from the unit and was closed. There were baseline laboratory tests performed on 23 offender-victims to see if any of them were previously infected. To date, no one has seroconverted on their follow-up test; thus no one has been infected as a result of a sexual assault.</p> <p>Dr. Linthicum added that the Peer Education Coordinator audited units to determine the number of existing programs; at the close of the audit it was determined that 90 units had peer education programs. During the Fourth Quarter FY2010, seven units added peer education programs. Currently, Peer Education Programs are functioning at 97 of the 112 facilities. During the Fourth Quarter FY2010, 19,226 offenders attended classes presented by peer educators. This is a decrease from the same quarter in FY2009, during which 19,871 participants attended classes.</p>		

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<p><b>VIII. Medical Directors Update (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Mortality and Morbidity Committee</li> <li>- Mental Health Services Monitoring and Liaison</li> </ul>	<p>The Mortality and Morbidity Committee reviewed 89 deaths. Of those 89 deaths, 12 were referred to peer review committees and one was referred to utilization review.</p> <p>The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 51 offenders approved for expedited admission to TDCJ due to psychiatric conditions.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 20,268 offenders brought into TDCJ-ID/SJD. She further noted that 3,782 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake/receiving facilities. All transfer facilities, etc.</p> <p>Also, 3,204 Texas Uniform Health Status Update forms were reviewed and 789 (24.5 percent) TUHSU forms were identified with deficiencies (primarily incomplete data). 41 offenders were assessed and determined to be appropriate for TDCJ Boot Camp.</p> <p>There were 16 Administrative Segregation facilities audited. 3,647 offenders were observed, 1,982 of them were interviewed and 6 offenders were referred to the university providers for further evaluation.</p> <p>The SAFP's, these are the Special Needs Substance Abuse Felony Punishment facilities. There are four of them identified, two male facilities, one at Estelle and at Jester I; and two female facilities, and one at Hackberry and at Henley. Since they are all under the UTMB sector, UTMB portion of managed health care and mental health staff is intractably involved with programs and services division. The therapeutic community that administers the substance abuse components if the private vendors contact the programs and services division.</p> <p>There were 42 behavioral discharges reviewed and all of them met the discharge criteria. Also, this office looks at all of the compelled psychological medication criteria.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Medical Directors Update (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Accreditation</li>   <li>- Biomedical Research Projects</li>   <li>- <b>Dr. Owen Murray (UTMB)</b></li>   <li>- CMC Patient Services Overview</li> </ul>	<p>The American Correctional Association (ACA) Panel of Commissioners awarded reaccreditation to the following units: Central, Clemens, Crain, Dalhart, Duncan, Garza East and West, Goree, Huntsville, Jester IV, Scott, Wallace, and Ware.</p> <p>Dr. Linthicum further added that at the bottom page 113 of the agenda you can see the summary of current and pending biomedical research projects.</p> <p>Dr. Griffin thanked Dr. Linthicum for her report and asked if there were any questions and then called on Dr. Murray.</p> <p>Dr. Murray stated that for his part of the report that Steve Smock and Tony Williams will be doing an update on our inpatient and outpatient services.</p> <p>Steve Smock began the report with the outpatient services line on page 115 that provides all medical, dental, nursing and Mental Health care to TDCJ offenders, other than care delivered in hospital, emergency room or infirmaries to 77 TDCJ facilities.</p> <p>Outpatient focus is to attain the highest level in national quality and service indicators to identify UTMB CMC as a top performer in patient outcomes by: consistency of practice/operations, increasing accountability, reaffirming the business heritage, creating opportunity, creating excitement.</p> <p>Three things that we did in this past year are our Hub report, tele-health PCP-weekday and telehealth PCP-weekend programs. Our HUB consists of 11 units throughout the UTMB sector providing 24-7 physical offender services. They provide physical treatment to 30 units. We just put in point of care testing and cardiac monitors.</p> <p>If you look on page 120, you'll see the HUB workload/patients numbers. And on page 121 you will see the percentage workload. Next you will see our weekday tele-health delivery of sick call services, with four (4) full time midlevel providers for up to 20 clinics per day.</p>		

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<p><b>VIII. Medical Directors Update (Cont.)</b></p>	<p>Now you will see our weekend tele-health &amp; telephonic services to facilities without an RN/Provider onsite. With 1 mid-level provider daily. Clinical services are delivered via Tele-health system.</p> <p>Mr. Smock continued with pages 124 &amp; 125 showing graphs on Outpatient services for FY10 discipline encounters with the nursing, medical, dental and mental health areas.</p> <p>Tony Williams began with page 126 on the offsite and UTMB emergency evaluations on CMC UR department which manages over 400 offsite hospital admissions, tracks over 400 emergency room evaluations each month. And on any given month, greater than 40% of the patients sent to emergency rooms for evaluations return to their unit of assignment.</p> <p>Mr. Williams added that UTMB-CMC, in collaboration with TDCJ Health Services, conducted clinical surveys of all patients' infirmary beds in May 2009 and classified these patients as either permanent or non-permanent length of stays. The infirmary has maintained the LOS (lost of stays) system and has seen a 34% increase.</p> <p>Mr. Williams next goes over the Inpatient Correctional Mental Health Treatment Tracts which includes: Crises Management, Diagnosis &amp; Evaluation (D&amp;E), Acute Care/Rapid Stabilization, Partial Remission, Mood Disorder, Impulsive/Self-Injurious Behavior, Chronic Care and Organic Disorder. Next are graphs on Inpatient Mental Health Census as of 11/1/2101 at Jester IV Inpatient Census and Skyview Inpatient Census.</p> <p>Mr. Williams explained the following charts on average days to move a discharged infirmary patient, average days to move a discharged inpatient mental health patient, dialysis costs by age grouping through FY2010 third quarter and comparisons on CMC dialysis services. Any questions?</p>	<p>Mr. Griffin asked that in the LAR for the next biennium there was a UTMB request for 2 million dollars to increase funds for outpatient dialysis. One of the concerns is that do we need to have the discussion about infrastructure of having a physical plan instead of putting that into a lawsuit of into a community, since it is for a future biennium. I think that those considerations need to be made.</p>	



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<p><b>X. TDCJ Health Services Division, Chronic Disease Audit – Hypertension</b></p> <p><b>- Kathryn Buskirk, MD, CMD</b></p>	<p>Dr. Buskirk thanked Dr. Griffin for the introduction and noted that she would be reporting on the hypertension audit found on page 145 of the agenda.</p> <p>Dr. Buskirk stated that the hypertension audit is recorded by two the Texas Government Codes, Section 501.145 which mandates TDCJ to 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.</p> <p>The hypertension audit was developed as a quality of care audit tool designed to monitor and measure the management of hypertension. The resources on the standards used on this audit are from the American Correctional Association (ACA), Centers for Medicare and Medicaid Services (CMS), Correctional Managed Health Care (CMHC) policies, Disease management Guidelines (DMGs) from the CMHC Pharmacy &amp; Therapeutics (P&amp;T) Committee, National Commission on Correctional Health Care (NCCHC), and the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7).</p> <p>Dr. Buskirk noted that at our last meeting she reported on the diabetes audit and that all the chronic care audits have five questions that are referred to as common questions provided on page 150 of the agenda packet. She then added that there were also specific questions provided on page 151 of the agenda packet.</p> <p>For the hypertension specific audit, 110 TDCJ facilities were audited using the Hypertension Audit tool during the 4<sup>th</sup> Quarter of FY1020. A total of 1,913 charts were audited (1,509 UTMB charts and 404 TTUHSC charts). Dr. Buskirk further noted that this represents 7% of the 27,907 hypertensive offenders in the TDCJ system and yields a 99% confidence level.</p> <p>She further noted that on the following graphs 1,913 charts were randomly selected from the Hypertension Chronic Care. A minimum sample size required for a 95% confidence level was obtained from each facility audited.</p>		

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<p><b>XI. TDCJ Health Services Division, Dental Quality Monitor Report (Cont.)</b></p>	<p>The graph provided on page 155 demonstrates the performance percent for the overall system for those five common questions represented individually by the five bars. On page 156 the graph demonstrates the performance percent for the overall specific questions. The graph provided on page 157 demonstrates for all facilities the percentage of total number of anti-hypertensive medications prescribed.</p> <p>Dr. Buskirk further reported the average blood pressure of hypertensive offenders in all TDCJ facilities was 137/80. 46 facilities had a blood pressure average for hypertensive offenders that was greater than 140/90.</p> <p>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 care.</p> <p>Dr. Griffin now calls for Dr. Hirsch to do his presentation.</p> <p>Dr. Hirsch stated that the hypertension audit is recorded by two the Texas Government Codes, Section 501.145 which mandates TDCJ to 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.</p>	<p>Dr. Griffin asked on the 42%, when do they have to satisfy to meet that threshold.</p> <p>Dr. Bushkirk answered that they have to document that they canceled the patients.</p> <p>There were some further discussions, with Dr. Griffin, Dr. Linthicum, Mrs. Lord and Dr. Bushkirk.</p> <p>Dr. Griffin ended with asking from a pharmacologist, and sending to him a list of drugs in those categories to see if which classes of drugs are more prevalent.</p>	

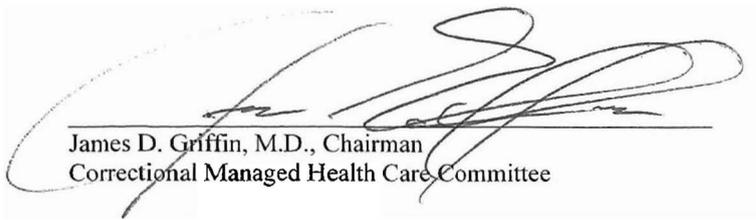
Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>XI. TDCJ Health Services Division, Dental Quality Monitor Report (Cont.)</b></p>	<p>The following are the dental quality of care audit-areas of audit: Urgent Care, Chain-In, In-Processing, Comprehensive Treatment Plan, Radiographi, Infection Control, and Medical Emergencies</p> <p>Dr. Hirsch discussed his role in TDCJ and how Medical Emergencies are handled along with Infection Control now compared to back in the 60's. He also discussed radiographs, extractions, posterior interproximal lesions, and panoramic radiograph.</p> <p>He then discussed the comprehensive treatment plan with a template on page 174 of the agenda packet and also an audit worksheet for comprehensive treatment plan.</p> <p>On page 177 thru 179 are the in-processing forms for patient dental information. Dr. Hirsch added that on page 181 was the percentage of the number of units on Chain-in. On page 183 is the CMHC Policy E-36.1 on dental treatment priorities with a chart on page 184 that shows the percentage of urgent care treatment within 14 days.</p> <p>Dr. Griffin thanked Dr. Hirsch for his presentation and asked if there were any questions.</p>	<p>There was some discussion between Dr. Griffin, Dr. Hirsch and Dr. Linthicum on several issues dealing with medical issues vs. dental issues.</p>	
<p><b>XII. Financial Reports</b></p> <p><b>- Lynn Webb</b></p> <p><b>- Financial Report (Cont.)</b></p>	<p>Mr. Webb noted that the financial summary will cover all data for the 4th Quarter FY 2010 ending August 31, 2010 and the report is provided at Tab J of the agenda packet.</p> <p>As represented on Table 2 and page 195, Mr. Webb noted the average daily offender population has increased slightly to 151,225 for the 4<sup>th</sup> Quarter FY 2010. Through this same quarter a year ago (FY 2009), the daily population was 150,568, an increase of 657 or (0.44%).</p> <p>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 11,803 as of 4<sup>th</sup> Quarter FY 2010. This is an increased of 770 or about 7.0% from 11,033 as compared to this same fourth quarter a year ago.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>XIII. Financial Reports</b> <b>- Lynn Webb</b></p>	<p>The overall HIV+ population has remained relatively stable throughout the last few years at 2,397 through 4<sup>th</sup> Quarter FY 2010 (or 1.59% of the population served).</p> <p>The two mental health caseload measures have remained relatively stable with the average number of psychiatric inpatients within the system was 1,937 through the 4<sup>th</sup> Quarter of FY 2010. Mr. Webb again noted the inpatient caseload is limited by the number of available inpatient beds in the system. The average number of mental health outpatient visits was 21,509 representing 14.2% of the service population.</p> <p>Mr. Webb further reported that the overall health costs through the 4<sup>th</sup> Quarter of FY 2010 totaled \$545.5M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$21.6M or 4.1%.</p> <p>He next noted UTMB's total revenue through the fourth quarter was \$417.0M; expenditures totaled \$435.7M, resulting in a net shortfall of \$18.7M.</p> <p>Texas Tech's total revenue through the 4<sup>th</sup> Quarter was \$106.9M; expenditures totaled \$109.8M, resulting in a net shortfall of \$2.9M.</p> <p>He then stated that Table 4 and 4a provided on pages 199 and 200 indicates that of the \$545.5M in expenses reported through the 4<sup>th</sup> Quarter of FY 2010; onsite services comprised \$253.2M, or about 46.4% of expenses; Pharmacy services totaled \$52.3M, about 9.6% of total expenses; offsite services accounted for \$177.7M or 32.6% of total expenses; Mental Health Services totaled \$48.0M or 8.8% of the total costs; and indirect support expenses accounted for \$14.3M, about 2.6% of the total costs.</p> <p>As requested at the last quarterly meeting of FY2009 Table 4a was constructed to give everyone the breakout of expenses by the UTMB and Texas Tech Sectors.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- <b>Financial Report (Cont.)</b></p>	<p>Mr. Webb further reported that Table 5 on page 201 shows that the total cost per offender per day for all health care services statewide through the 4<sup>th</sup> Quarter FY 2010, was \$9.88, compared to \$9.54 through the 4<sup>th</sup> Quarter of the FY 2009 or an increase of 3.6% over the past fiscal year. The average cost per offender per day for the last four fiscal years was \$8.38. As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 29.3% increase since FY03 or approximately 4.2% increase per year average, well below the national average.</p> <p>Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders. Table 6 on page 202 shows that encounter data through the 4th Quarter indicates that older offenders had a documented encounter with medical staff two and a half times as often as younger offenders.</p> <p>Table 7 on page 203 indicates that hospital costs received to date this Fiscal Year for older offenders averaged \$4,853 per offender vs. \$795 for younger offenders.</p> <p>Hospitalization costs provided at Chart 15 shows that the older offenders were utilizing health care resources at a rate of more than six times higher than younger offenders. While comprising only about 7.8% of the overall service population, older offenders account for 34.1% of the hospitalization costs received to date.</p> <p>Also, per Table 8 on page 204, older offenders are represented five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$23.0K per patient per year. Providing dialysis treatment for an average of 196 patients through the Fourth Quarter of FY 2010 cost \$4.5M.</p> <p>Please note that Table 9 on page 205 shows that total drug costs through the 4th Quarter FY 2010 totaled \$39.8M. Of this, \$19.0M (or \$1.6M per month) was for HIV medication costs, which was about 47.6% of the total drug cost. Psychiatric drugs costs were approximately \$2.2M, about 5.4% of overall drug costs. Hepatitis C drug costs were just under \$2.7M and represented about 6.7% of the total drug cost.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- <b>Financial Report (Cont.)</b></p>	<p>Mr. Webb again noted that it is a legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold no such reserves and report a total operating shortfall of \$18.7M through the end of the 4<sup>th</sup> Quarter of Fiscal Year 2010.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating shortfall of \$2.9M through the 4<sup>th</sup> Quarter FY 2010.</p> <p>He then reported a summary analysis of the ending balances revenue and payments through August 31<sup>st</sup> FY 2010, as provided on Table 10 on page 206 for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on August 31, 2010 was \$100,661.14. This amount has <i>lapsed back to the State Treasury according to Rider 61 of House Bill One of the 81<sup>st</sup> Legislature and paid back in October 2010.</i></p> <p>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>The testing of detail transactions performed on TTUHSC's financial information for June 2010 through August 2010 found all tested transactions with appropriate backup, and found all tested transactions to be verified.</p> <p>The testing of detail transactions performed on UTMB's financial information for June 2010 through August 2010 resulted in two</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>XII. Financial Report (Cont.)</b>	Mr. Webb noted that concluded his report. Dr. Griffin asked if there were any questions?		
<b>XIII. Public Comments</b> - Dr. Griffin	After further discussion, 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 noted that there were no such request at this time.		
<b>XIV. Date / Location of Next CMHCC Meeting</b> - Dr. Griffin	Dr. Griffin next noted that the CMHCC office will be sending out calendars for the committee members to mark their availability for meetings scheduled for 2011. Also, we will have future meeting places posted.		
<b>XV. Adjourn</b>	Dr. Griffin asked if there were any other questions. Hearing none, adjourned the meeting.		



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

Date: 3/5/11