

**MINUTES**  
**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**  
**October 4, 2011**

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

**CMHCC Members Present:** Ben G. Raimer, M.D., Elmo Cavin, William Elger, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Margarita de la Garza-Graham, M.D., Bryan Collier

**CMHCC Members Absent:** Gerard Evenwel

**Partner Agency Staff Present:** Denise DeShields, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Ron Steffa, Jerry McGinty, Rick Thaler, Mike McManus, Erik Brown, Robert Williams, M.D., George Crippen, RN MSN, Texas Department of Criminal Justice; Eric Gambrell, Texas Board of Criminal Justice; Lauren Sheer, Dr Owen Murray, UTMB; Allen Hightower, Stephanie Harris, CMHCC Staff.

Others Present:

**Location:** Huntsville Headquarters, Spur 59 off Old 75 North, Room 203, Huntsville, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>I. Call to Order</b> <b>- James D. Griffin, M.D.</b>	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.		
<b>II. Recognitions and Introductions</b> <b>- James D. Griffin, M.D.</b>	Dr. Griffin thanked everyone for being in attendance and asked everyone to introduce themselves for the record.		
<b>III. Offender's Benefit Plan</b> <b>- Dr. Owen Murray (UTMB)</b>	Dr. Griffin stated that we had one specific purpose and that is to discuss and have a presentation of the revised Offender's Benefit Plan and I believe Dr. Murray and Dr. DeShields will begin, is that correct?  Dr. Murray noted that he will begin with a little history. The Offender's Benefit Plan has been in existence for about 9 years now and has been revised several times. Dr. Linthicum, Dr. DeShields and myself have met and have really looked critically at the level of service that		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Offender's Benefit Plan (Cont'd.)</b></p>	<p>was in the previous edition of the document to see what changes we could be make that would better align service decisions with the current dollars that have been appropriated to Correctional Managed Care.</p> <p>Really there are not too many and I will start with the major ones. If you look at the level of care, in the original document it's under Classification of Levels of Care, there was Levels I, II, III and IV. What we elected to do was to delete Levels III and IV, which will leave us with Level I being Medically Mandatory Care, which is basically that care that is essential to life and health without rapid deterioration is expected. For examples treatment of heart attacks, treatment cancer, treatment of sepsis, those are very obvious clinical presentations being medically mandatory would be the care we would provide under this new benefits plan.</p> <p>Dr. Murray also added that looking at Level II Medically Necessary care that is not immediately life threatening, but without which the patient could not be maintained without significant risk of serious deterioration. Basically this applies to all the chronic care we do, management of diabetes, management of hypertension, management of pregnancies. All of those chronic diseases that really do require ongoing monitoring, ongoing pharmacologic treatment and ongoing evaluations intermittently by specialist to make sure we do everything we can for these patients to minimize some of the outcomes that could be possible if we choose not to. So Level I &amp; II and that's just basically eliminated Level III which is Medically Acceptable care, which is care for non fatal conditions where treatment may improve the quality of life but not in general affect the length of life. And Level IV care was of Limited Medical Value. We also in deleting III &amp; IV we also took out the example of the types of care in both level I &amp; II care. We just left a description basically that I read to you which minimizes for the document for people to find a specific general statement that I think a lot of us agree with latitude to be able to define as we move forward with this process exactly what we will be needing with Level I &amp; II care.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Offender's Benefit Plan (Cont'd.)</b></p>	<p>Dr. Murray added that the co-payment was revised from \$3.00 to \$100.00 under the new legislation. We deleted examples under education material, classes or programs, preventative health care services; medically indicated immunizations. Again, just trying to remove some of the specifics that had been there to give us the greatest degree of latitude to define the program as we move forward. The one program that has obviously that has had some visibility at the committee level has been the Hepatitis B vaccination program, which we just left saying that we would follow infection control policy which will basically allowing Hep B vaccination with those patients that are truly high risk and require that from a clinical indications standpoint.</p> <p>Dr. Murray also added that language was revised from Maternity Services to Obstetrical Services and there is a disclaimer that goes with almost all of our policy and procedures and how the care as well as the benefits plan that basically says that this plan is not to replace sound clinical judgment of the health care providers. And all we did was move that from page 3 to page 20.</p> <p>Dr. Murray noted that he wanted to summarize again that the Benefits Plan was intended to provide educational direction for our provider group for those interested about their families and to kind of give an outline what kind of care they might be able to expect for their patients that are in the system. It is a common a practice in most states to outline for all those groups what the services are and the significant changes that we made again are really only reducing our care down to only Level I &amp; II care which again only looks at emergent and life threatening care that might relate to hospital care. And then certainly the management of all the chronic disease that we see for medical, mental health at the facilities from a pharmacological stand point, from a treatment stand point at the facilities and then we are a subspecialty clinic if intervention is needed that would obviously be covered in that medically acceptable care.</p> <p>The three of us are in agreement with what I just laid out. It certainly is going to be a departure from where we were from prior biennium. I know from UTMB</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="92 167 415 224"><b>III. Offender's Benefit Plan (Cont'd.)</b></p> <p data-bbox="113 686 382 743"><b>- Dr. Denise DeShields (TTUHSC)</b></p>	<p data-bbox="499 138 1119 651">perspective we have just given our funding in FY11 and our need to make sure that we came in the range where the SAR has been funded. We have already made most of these changes and began those changes back in the first part of May. And so we have been working throughout the summer to really have our system in line with what I just outlined and that we are not starting fresh and I think we really have done a very good putting this in a position where we can provide this level of service and we would just have to see over time how that lines out with the funding that we have been appropriated. We have only one month into this biennium and its going to take a bit of time to see exactly how the care is provided and the resources we have align. So, I know Denise has some things she would like to present from Texas Tech point of view and certainly the three of us can answer any questions that any of the board members might have.</p> <p data-bbox="499 686 1119 1260">Dr. DeShields thanked Dr. Murray and added we and as much as UTMB has begun aligning ourselves with much of what has been presented for these necessary modifications in the offender health care plan. Probably again later part of May early June and fortunately these modifications will hopefully allow us to more consistently align our services with the prison funding levels. Naturally we will continue to be vigilant with orientation outcomes, provider issues and making sure that we iterate with our specialty care providers as we move forward. We will continue with the conservative approach especially towards our specialty and offsite care which perceivable is going to be our greatest challenge. We will continue to do our level best to conform with our allocations and quite naturally continue to closely monitor this as we move to that end. Again, much of this has been already at least preliminarily instituted and we're moving forward and we will continue to keep this committee update as we move forward.</p> <p data-bbox="499 1295 1119 1352">Dr. Griffin asked if there were any comments or discussions.</p>	<p data-bbox="1142 1328 1656 1472">Dr. Jumper had a comment about the Hepatitis B testing. The contract signed by Mr. McGinty and Mr. Elmo Cavin, we had altered what we would perform that we would not give it to staff or employees. That we would only give it</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Offender's Benefit Plan (Cont'd.)</b></p>		<p>to only high risk offenders and that changed was not in the new Offender Health Services Plan.</p> <p>This is Dr. Linthicum and the Offender Health Services Plan only applies to offenders, it does not apply to staff that is why it's not in there. On page 10 of your document it reads Hepatitis B vaccinations will be administered according to correctional managed health care infection control policy and protocol. This plan only applies to the offender population it does not apply to employees.</p> <p>Dr. DeShields added that the plan does not necessarily deal with employees. The infection control manual, there is a policy that involves employee Hepatitis B vaccinations. But again I think it is more the issue about making sure that just our high risk offenders as opposed to what the policy currently says that all offenders will be vaccinated with Hepatitis B.</p> <p>Dr. Linthicum noted that all those policies are under review by the various subcommittees and those changes are forthcoming. It's just a massive effort and cannot be done in a short period of time but I think there is general understanding that those policies will be changed to reflect the current practice. It's just a matter of getting to them and getting it done.</p> <p>Dr. Griffin asked Dr. Jumper if that explanation meet with her concerns.</p> <p>Dr. Jumper responded yes, as long as we have assurance because it is in their signed document that we're not going to provide that. I trust Dr. Linthicum and have the assurance that we're not going to have to provide that then we are comfortable.</p> <p>Dr. Linthicum added just remember that this is an offender health services plan, it has nothing</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Offender's Benefit Plan (Cont'd.)</b></p>		<p>to do with the employee health issue and you have my assurance for my part in it. Of course it's a joint process that involves all three medical directors. Dr. DeShields has to sign the policy along with Dr. Murray as well as myself and we will fix it when we get to that policy in the infection control manual.</p> <p>Dr. Jumper responded then we are comfortable with that item. Thank you.</p> <p>Dr. Griffin asked Dr. Jumper is she referring to the new contract with TDCJ.</p> <p>Dr. Jumper answered yes.</p> <p>Dr. Griffin stated that he had not seen that personally and if they would forward that to the committee staff, so that we would have record of your agreement so if there is a dispute in the current legislation the committee still is the place where any type of dispute resolution would occur and we would be more than happy to assist in that if it should.</p> <p>Dr. Jumper responded while Larry Elkin is on the phone, if he would fax that to y'all. Thank you.</p> <p>Larry Elkins responded ok.</p> <p>Dr. Griffin asked if there was anyone else.</p> <p>Mr. Cavin still was confused about what Lanette was referring to as far as the committee works been going on. And how the committee work possibly affect this Offender Health Services Plan that we are expected to approve at this meeting.</p> <p>Dr. Linthicum responded that there is a Correctional Managed Health Care Policy and Procedure Manual that is a three volume</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Offender's Benefit Plan (Cont'd.)</b></p>		<p>manual. That is the manual that integrates all of our health care system and contains all the policies and procedures for the health care program that basically or developed from the Offender Health Services Plan. It is a massive undertaking of three volumes. It mirrors all of the standards of the American Correctional Association as well as the National Commission on Correctional Health Care. In addition to that manual we have a pharmacy &amp; therapeutics manual, we infection control manual, we have nursing manuals, we have dental manuals, we have therapeutic diet manuals, there are a lot of manuals with policies and procedures in it that we, when I say we the three partners, TDCJ, UTMB, Texas Tech thru joint subcommittees that operate under the committees offices are in the process of changing all of those polices to mirror the practice that the two treating medical directors have already implemented. So, in other words Elmo we have implemented the changes that Dr. DeShields and Dr. Murray have discussed as reflected in this Offender Health Services Plan but we haven't caught up with the paperwork in terms of our polices and procedures and that is what we are working on. And it's a massive undertaking because these are large huge binders of polices and procedures that we have to go thru and change to reflect our practice now.</p> <p>Dr. DeShields added that all of the regional medical directors have been thru the policy and procedure manual and those recommendations were actually forwarded for executive medical director review I believe on the 30<sup>th</sup> of last month. So, we will be meeting shortly to approve those changes and continue to get thru the additional manuals that Dr. Linthicum just discussed.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Offender's Benefit Plan (Cont'd.)</b></p>		<p>Dr. Linthicum said that was not going to hold up or change anything it's not going to affect the practice that is in effect now. It's just a matter of the paperwork reflecting the practice and it's something that is a process that we have to go thru. It's not something that can be done in a week or two weeks. This is the second largest prison system, a massive system with 111 units. We have a medical department on every one of these 111 units have these manuals and all these manuals have to get updated and changed and it takes time to do this.</p> <p>Mr. Cavin stated that his point was only that the committee deliberations will not have an impact on this Offender Health Services Plan that we are considering today.</p> <p>Dr. Linthicum responded that she didn't understand that.</p> <p>Dr. Williams clarified that the polices aren't going to contradict the plan.</p> <p>Dr. Linthicum responded that the polices and procedures will not contradict the plan Elmo, if that is what you are asking?</p> <p>Mr. Cavin stated that that's all he was asking.</p> <p>Dr. Linthicum added the plan drives the polices and procedures.</p> <p>Dr. Griffin asked were there any other comments, questions or concerns. Hearing none I will open the floor to entertain a motion for approval of the revised Offender Health Services Plan</p>	<p>Mr. Chairman, this is Dr. Lanette Linthicum I move to approve the revised Offender Health Services Plan, Exhibit A, (Reviewed and Updated September 2011) to the TDCJ Contract. Dr. Margarita de la Garza-Graham second.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Offender's Benefit Plan (Cont'd.)</b></p>		<p>Dr. Griffin stated having a second motion on the revised Offender Benefit Plan, are there any further discussions. Hearing none, will call for a vote. I would ask Stephanie to do a role call vote for all the members present. If you would call their names and they can respond yea or ney.</p> <p>Stephanie began with Dr. Raimer – yes, Mr. Elger – yes, Mr. Cavin – yes, Dr. Jumper – yes, Mr. Collier – yes, Dr. Griffin – yes.</p>	
<p><b>IV. Public Comments</b></p> <p>- James Griffin, M.D.</p>	<p>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 was no such request at this time.</p>	<p>Dr. Griffin stated that we have a unanimous approval of the revised Offender Health Services Plan, motion carried.</p>	
<p><b>V. Adjourn</b></p>	<p>Dr. Griffin concluded by thanking everyone for making time in their schedule so that we could take care of this very important matter, hearing no objections the meeting is adjourned.</p>		

  
Margarita de la Garza-Graham, M.D., Chairperson  
Correctional Managed Health Care Committee

3/19/12  
Date: \_\_\_\_\_