CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 9, 2014

Chairperson:	Margarita de la Garza-Grahm, M.D.
CMHCC Members Present:	Lannette Linthicum, M.D., CCHP-A, FACP, Harold Berenzweig, M.D., Edward John Sherwood, M.D., Cynthia Jumper, M.D., Patricia Vojack, JD, MSN, Mary Annette Gary, Ph.D., Steffanie Risinger Campbell, M.D., Ben Raimer, M.D.
CMHCC Members Absent:	Elizabeth Anne Linder, Ed.D.
Partner Agency Staff Present:	Bryan Collier, Ron Steffa, Marsha Brumley, Rebecka Berner, Nancy Duncan, Natasha Martin, Myra Walker, Charlene Maresh, Robert Williams, M.D., Chris Black-Edwards, Paula Reed, Oscar Mendoza, William Stephens, Texas Department of Criminal Justice; Steve Alderman, Susan Morris, M.D., Dave Khurana, M.D., Olugbenga Ojo, M.D., Gary Eubank, Joseph Penn, M.D., Anthony Williams, Stephen Smock, Justin Robison, UTMB; Denise DeShields, M.D., Brian Tucker, DDS, TTUHSC
Others Present:	Cathy Corey, Wes Matthias, Abbott-Institutional Managing; Jimmy Blanton, Health & Human Services; Brian Baron, Barb Kragor, QIAGEN
Location:	UTMB Conroe Office, 200 River Pointe Dr., Suite 200, Conroe, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order **- Margarita de la Garza-Grahm**	Dr. de la Garza-Grahm called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 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	Dr. de la Garza-Grahm acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment.		
- Margarita de la Garza-Grahm	Dr. de la Garza-Grahm acknowledged the attendance of Jimmy Blanton, Health and Human Services Commission.		
III. Approval of Consent Items **- Margarita de la Garza-Grahm**	Dr. de la Garza-Grahm thanked and welcomed everyone for being in attendance.		
o Approval of Excused Absences	Dr. de la Garza-Grahm noted approval of excused absence for Dr. Mary Annette Gary, Dr. Elizabeth Linder, Dr. Steffanie Campbell, and Dr. Ben Raimer.		

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III. Approval of Consent Items (Cont.)			
o Approval of CMHCC Meeting Minutes – September 18, 2014	Dr. de la Garza-Grahm stated the next item on the agenda was the approval of the Minutes from the meeting held on September 18, 2014.		
o Approval of TDCJ Health Services Monitoring Reports o University Medical Director's Reports - UTMB - TTUHSC o Summary of CMHCC Joint Committee/ Work Group Activities	Dr. de la Garza-Grahm asked if the committee would like to review and approve each item separately or approve as a whole and if there were any amendments or objections to the proposed consent item?		Dr. Lannette Linthicum made a motion for the items to be approved by consent agenda as found in the Correctional Managed Health Care Committee Agenda Book. Dr. Raimer seconded the motion which prevailed by unanimous vote. Seeing no amendments or objections to the proposed consent items, Dr. de la Garza-Grahm advised that all consent items will stand approved.
IV. Update on Financial Reports - Charlene Maresh	Dr. de la Garza-Grahm called on Charlene Maresh to present the financial report. Ms. Maresh reported on statistics for the Fourth Quarter of Fiscal Year (FY) 2014, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 50. Funding received by the universities was $531.7 million with $477.4 million of that being TDCJ appropriations. The report also shows the expenditures broken down by strategies.		

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IV. Update on Financial Reports (Cont.)	Unit and psychiatric care expenses make up the majority of health care costs at 55.9 percent, for a total of $308.3 million dollars. Hospital and clinical care accounts for 35.2% of total expenditures at a cost of $196.6 million. Pharmacy services makes up 9.7 % of total health care expenditures at a cost of $54.2 million dollars. The average service population is 150,019 which is a slight increase from FY 2013. The offender population age 55 and over continues to grow with an increase of 7.5% from FY 2013. The average daily census is 14,243 making up 10.2% of total service population and accounts for 41.6 percent of total hospital costs. The average mental health inpatient census is 1,906 of the total service population. The average mental health outpatient census is 19,212 of the total service population. The average health care cost is $10.21 per offender, per day, which is an 8 percent increase from FY 2013 which was $9.45. The total method of finance minus the total expenditures show a shortfall of $27.4 million dollars, and an additional shortfall of $947,000 dollars in uncorrected offender health care fees for the year bringing the total shortfall to $28.4 million. The Texas Department of Criminal Justice (TDCJ) received approval from the LBB to use $5 million dollars in Commissary Operation funds and $2 million dollars in Texas Correctional Industry funding to cover a portion of the shortfall. An additional request has been submitted to the LBB to use $8.7 million dollars in TDCJ funding and an additional $12.7 million of spend forward from FY 2015 to FY 2014,		

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IV. Update on Financial Reports (Cont.)	this request is pending approval from the LBB.	Dr. de la Garza-Grahm inquired if it was likely that the LBB would approve the additional funds being requested. Mr. Bryan Collier responded yes, it is likely that the additional funding will be received. Dr. de la Garza-Grahm asked what the shortfall would be if the additional funding was received from the LBB. Ms. Maresh responded that with the approval of the additional funds requested, all of FY 2014 expenditures would be covered.	
V. Summary of Critical Correctional Health Care Personnel Vacancies -Dr. Lannette Linthicum	Dr. de la Garza-Grahm thanked Ms. Maresh then called on Dr. Linthicum to report TDCJ's critical vacancies. Dr. Linthicum reported that the position of Director III, Chief Nursing Officer still remained vacant and that the position posting had been extended. Dr. Linthicum reported that the position of Health Specialist V within the Office of Mental Health Monitoring & Liaison was vacant. The applicant selected for this position will be involved in IQ Testing and training of staff that perform IQ Testing. Dr. Linthicum further noted that after retirement of the Office of Mental Health Monitoring & Liaison, Master's level Psychologist, Manager III, interviews had been conducted and selection of the chosen candidate was pending. Dr. de la Garza-Grahm then called on Dr. DeShields to report on TTUHSC's critical vacancies. Dr. DeShields reported that the Program for the Aggressive Mentally Ill Offender (PAMIO) Clinical Director position located at the Clements Unit had been filled and the selected applicant started on December 2, 2014.		
-Dr. Denise DeShields			

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)	Dr. DeShields further reported that it has been difficult to fill the vacant medical directors positions at the Smith and Clements Units. TTUHSC is continuing to utilize recruiting agencies, media search engines, local and national publications, and both military and civilian Graduate Medical Education (GME) Programs to recruit applicants. Dr. DeShields further reported that due to national shortages of psychiatrist and physicians, TTUHSC has continued to have high vacancies in the West Texas area, and will continue to fill these positions with locum tenens and contract employees until they are permanently filled. Dr. de la Garza-Grahm then called upon Dr. Monte Smith to report on UTMB's critical vacancies on behalf of Dr. Owen Murray.		
-Dr. Susan Morris on behalf of Dr. Owen Murray	Dr. Morris reported that UTMB had six physician positions, 13 mid-level practitioner positions, physician assistants, family nurse practitioners, two psychiatrist, and seven dental positions vacant. Dr. Morris further reported UTMB is continuing recruiting efforts through local and national advertisement, career fairs, conferences, intern programs, and agency contacts, and is striving to improve upon employee retention.		
VI. Medical Director's Updates • **TDCJ – Health Services Division FY 2014 Fourth Quarter Report** - Lannette Linthicum, MD o Operational Review Audit	Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report. Dr. Linthicum began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Fourth Quarter of FY 2014, (June, July, August), Operational Review Audits (ORAs) were conducted on 11 facilities: Bridgeport Pre-Parole Tranfser (PPT), Formby, Hobby, Marlin, Montford, Polunsky, Tulia, Wallace, Ware, West Texas Intermediate Sancation Facility (ISF), and Wheeler. There were also ORAs closed during this quarter for seven facilities: Connally, Glossbrenner, Montford, Murray, Pack, Tulia, and Willacy State Jail. Dr. Linthicum referred to the seven items found to be most frequently below 80 percent		

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VI. Medical Director's Updates (Cont.)	compliance.	Dr. Berenzweig inquired as to the reason West Texas ISF received such a poor operational review report, and asked if there was anything special about the unit or individuals housed at the facility. Dr. Linthicum responded that part of the issue is that they are in a medically underserved health professional shortage area, and there has been some staffing difficulties and change overs. Dr. Linthicum also explained that West Texas ISF falls under the Private Facilities Division and health care staff on the unit are employees of the Management Training Corporation (MTC). Dr. Linthicum reported that two corrective actions had already been received from the facility and a third was pending. After all corrective actions have been received, a meeting will be held with the Private Facilities Division Director to work through the issues, to ensure compliance.	
○ Capital Assets Monitoring	Dr. Linthicum next reported that the same 11 units listed above were audited and determined to be in compliance range for capital assets.		
○ Dental Quality Review Audit	Dr. Linthicum explained that Dental Quality Review audits were conducted at the following 13 facilities: Allred, Allred Extended Cell Block (ECB), Bradshaw, East Texas Treatment Facility, Hodge, Johnston, Billy Moore, Neal, Roach, Roach ISF, Sayle, Skyview, and Telford. Dr. Linthicum referred to the items found to be most frequently below 80 percent compliance.		
○ Grievance and Patient Liaison Correspondence	Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Fourth Quarter of FY 2014, the PLP and the Step II Medical Grievance Programs received 3,425 correspondences. The PLP received 1,671 correspondences and Step II Medical Grievance received 1,754. There were 522 Action Requests generated. The percentages of sustained Step II Medical		

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VI. Medical Director's Updates (Cont.) ○ Quality Improvement (QI) Access to Care Audit ○ Office of Public Health	Grievances from UTMB were eight percent and five percent for TTUHSC. Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 48 Sick Call Request Verification Audits conducted on 39 facilities. A total of 300 indicators were reviewed and 11 of the indicators fell below 80 percent compliance. Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 817 cases of Hepatitis C identified for the Fourth Quarter FY 2014. There were 22,429 intake tests and 91 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Third Quarter FY 2014, 20,444 offenders had intake test and 119 were HIV positive. 19 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Fourth Quarter FY 2014 compared to 23 new AIDS cases identified during the Third Quarter FY 2014. 162 cases of suspected Syphilis were reported in the Fourth Quarter FY 2014. 14 of those required treatment or retreatment. 200 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2014. Dr. Linthicum advised that there was an average of 17 Tuberculosis (TB) cases under active management for the Fourth Quarter FY 2014.	Dr. de la Garza-Grahm asked if the 218 MRSA cases that were reported in the Third Quarter FY 2014 were newly diagnosed, and if each patients' wound is swabbed or cultured or if the wound is only cultured if it is actively infected. Ms. Chris Black-Edwards responded no, of the 218 MRSA cases reported, not all of the individuals are newly diagnosed. Policy does not require that every draining wound be cultured so offenders who have been previously diagnosed with MRSA are still treated as having such.	

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VI. Medical Director's Updates (Cont.)	Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the Fourth Quarter FY 2014, 57 training sessions were held and 593 medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 124 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 65 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault. Dr. Linthicum noted the Peer Education Program which is a nationally recognized program in which many offenders participate. 18,054 offenders attended classes presented by educators, this was a decrease from the Third Quarter FY 2014 of 19,629. Within the TDCJ, 101 of the 109 facilities have active peer education programs. 233 offenders trained	Dr. Morris stated, that typically, culturing is done to draining wounds, but if it is an early lesion that may not require draining or be ready surgically, it would not be cultured. Dr. Campbell asked if information reported was only that of culture data, or nasal data as well. Dr. Linthicum responded there is a component shown in policy that addresses the nasal swab and its carious state and what can be done to eradicate the carious state. Dr. Sherwood asked if the 17 TB cases were active disease cases. Dr. Linthicum responded, yes.	

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VI. Medical Director's Updates (Cont.)	to become peer educators. This is an increase from the 107 offenders trained in the Third Quarter FY 2014.		
o Mortality and Morbidity	Dr. Linthicum reported that there were 87 deaths reviewed by the Mortality and Morbidity Committee during the Fourth Quarter of FY 2014. Of those 87 deaths, 9 were referred to peer review committees for further review.		
o Office of Mental Health Monitoring & Liaison	Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Fourth Quarter of FY 2014. Administrative Segregation (Ad Seg) audits were conducted on 17 facilities. 3,363 offenders were observed 2,769 were interviewed and 4 offenders were referred to the university providers for further evaluation. One of the 16 facilities fell below 100 percent compliance while the remaining 15 were found to be 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on 15 facilities. One facility fell below 100 percent compliance. Three inpatient mental health facilities were audited with respect to compelled medications. 34 instances of compelled psychoactive medication administration occurred. All three facilities were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 16 facilities that met or exceeded 80 percent compliance. Dr. Linthicum added the OMHM&L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. Six offenders were reviewed and all six were allowed to participate.		

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VI. Medical Director's Updates (Cont.) o Office of Health Services & Liaison	The Office of Health Services Liaison (HSL) conducted 150 hospital and 57 infirmary discharge audits. UTMB had 10 deficiencies identified and TTUHSC had two deficiencies identified for the hospital discharge audits. UTMB had 9 deficiencies identified and TTUHSC had three deficiencies for the infirmary discharge audits. There was one deficiency identified from UTMB and two for TTUHSC.		
o Accreditation	Dr. Linthicum reported that there were 14 units reaccredited by the American Correctional Association (ACA).		
o Biomedical Research Projects	Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.		
• **Texas Tech University Health Sciences Center** - Denise DeShields, MD	Dr. de la Garza-Grahm thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC. Dr. DeShields reported that between September 2013 and February of 2014, 36 of 41 dialysis patients were transferred from the West Texas area to the newly expanded dialysis beds at the Estelle Unit. This was primarily done to offset and lower the cost of dialysis to the state. Dr. DeShields further reported that dialysis needs within the system have surpassed the beds at the Estelle Unit so collectively, the Joint Medical Directors decided to resurrect dialysis services in West Texas. The dialysis capacity for TTUHSC is 48 and they are prepared to receive up to 10 dialysis trustee level offenders.	Dr. de la Garza-Grahm asked if the dialysis treatments were typically those of a Monday, Wednesday, and Friday schedule. Dr. DeShields answered yes.	
• **University of Texas Medical Branch**	Dr. de la Garza-Grahm thanked Dr. DeShields and then called on Dr. Susan Morris to present the report for UTMB on behalf of Dr. Owen Murray.		

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VI. Medical Director's Updates (Cont.)			
- Susan Morris, on behalf of Owen Murray, DO	Dr. Morris reported that UTMB has continued operations as status quo and had no major updates to report this quarter.		
VII. Correctional Managed Care Dialysis and Chronic Kidney Disease Update	Dr. de la Garza-Grahm then asked Mr. Tony Williams to introduce Dr. Dave Khurana. Mr. Williams introduced Dr. Dave Khurana as UTMB's Chief Nephrologist. Dr. Khurana gave a presentation to the group to educate and enlighten on the volume of dialysis and kidney disease within Correctional Managed Health Care.		
- Dr. Dave S. Khurana, MD	Dr. Khurana began by explaining Chronic Kidney Disease (CKD). CKD is damage to the kidneys discovered by performing blood test, urine test, and imagining which are performed to help determine the extent of damage that has been done to kidneys. Dr. Khurana believes that numbers are relied on too much when focus should be on the patient, as science has evolved it has been realized that just because blood levels are high it is not always the right choice to immediately begin a patient on dialysis. It is better to prepare the patient so that they are optimally ready to begin dialysis. Dr. Khurana addressed a question commonly asked by patients which is, will CKD ever go away, or will treatments have to be done for the rest of the patient's life. Unfortunately CKD does not go away, however recovery of the kidneys can be seen if damage is being caused by an overwhelming infection taking place in the body that may be knocking out the function of the kidneys. Ideally, the end goal is kidney transplant, dialysis is typically a bridge until transplant can take place. World-wide there are over 500 million people with kidney damage and over 1.5 million people on dialysis or with a kidney transplant. CKD effects over 31 million Americans		

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VII. Correctional Managed Care Dialysis and Chronic Kidney Disease Update (Cont.)	and more than 500,000 are receiving renal replacement therapy (RRT) which is hemodialysis or peritoneal dialysis. Dr. Khurana noted that the two most common causes of kidney failure are diabetes and hypertension and noted that CKD disease deaths rank #2 compared to deaths caused by cancer. This data focuses on the entire United States not just within the prison system. Dr. Khurana reported that the number of dialysis patients continues to steadily rise. Numbers reported from FY 2010 showed 196 patients were provided dialysis care, and on average monthly 164 patients receive dialysis treatment. On average monthly cost per dialysis patient is $23,044 totaling $4.5 million dollars annually with a cost per day being $63.13 compared to $9.88 for non-dialysis patients. Currently, the Carole Young and Estelle Facilities house 215 dialysis patients. Dialysis shifts run 6 days per week in three separate shifts. Start times can begin as early as 5:00 a.m. and typically end between 10:00 p.m. and 10:30 p.m. Sunday is used as a day of rest for the water system and staff. Typically a dialysis shift is four hours with about a half hour to an hour transition time between treatment schedules. Dr. Khurana reported that the growth of dialysis happened more quickly than expected within the Correctional Managed Health Care System due to the disease burden of hypertension and diabetes, less individuals leaving the system, and a larger number coming in from county jails. Another challenge is patients coming in from the counties that are not in a non-optimal stage (i.e.; an incoming offender who is using a catheter rather than a fistula which is one of the best ways to receive dialysis treatments, many times the catheter becomes infected and the patient has to be hospitalized.) With the growth in dialysis services, machine hours have increased significantly. The machines operate at a high level, but with the increase in machine hours, they are wearing out more quickly.	Dr. Raimer asked what the turnover was on the equipment with so many hours being put on the	

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VII. Correctional Managed Care Dialysis and Chronic Kidney Disease Update (Cont.)	Dr. Khurana explained the difference between moderate and severe CKD patients and expressed the importance of controlling the diseases that contribute to CKD and of being able to improve the patient's condition so that when the time comes for them to begin dialysis they do better with their treatments and live longer. Dr. Khurana directed focus back towards "Happy Body Happy Kidneys" meaning that with controlling disease in the body that contributes to kidney damage, positive outcome can be seen in the functioning of the kidneys. Dr. Khurana further reported that diabetes had first been labeled the leading cause to kidney damage, but data has proven hypertension to be the leading cause. When patients have certain degrees of renal insufficiencies there are specific medications that can prevent progression or slow the shutdown of the kidneys.	machines. Mr. Williams responded, we try to get at least six years from each machine which is around 20,000 machine hours, but the issue we are facing now is the increasing number of dialysis patients. Over the next two years it is anticipated that over 70 percent of the machines will need to be replaced. Dr. Linthicum inquired if there was a capacity for the water systems as well. Dr. Khurana responded yes, the heart of any dialysis clinic is the water system. The purity of the water is very important because it is being exchanged with the patients blood. Water systems can only be used to a certain degree just as the use of the machines so the water systems can also be a major cost driver of a dialysis facility. Dr. de la Garza-Grahm inquired as to what types of medications were being referred to. Dr. Khurana responded that an ace inhibitor	

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VII. Correctional Managed Care Dialysis and Chronic Kidney Disease Update (Cont.)	Dr. Khurana reported that in the State of Texas outside of the TDCJ, there is a CKD taskforce that identified only 21 percent of patients that have diseases such as diabetes and hypertension that are on an ace inhibitor. To ensure that this does not happen within our agency, protocol based clinical pharmacists work with facility providers to identify CKD patients so that patients can be treated quicker to prevent progression of CKD. Dr. Khurana further reported on the benefits seen by the use of tele-dialysis. Tele-dialysis works with the Pearl and Electronic Medical Records (EMR) Systems providing instant access between provider and patient in real time, and also allows the provider to view the patients' historical labs. Tele-dialysis has allowed providers to be able view more patients by eliminating the drive time it would take for them to have to travel to the patients. Tele-dialysis has provided an avenue to help better prepare for the future as dialysis growth continues in the offender population.	would be given to a patient with diabetes or hypertension. Dr. Berenzweig asked if patients can be identified using the EMR and data monitoring systems. Dr. Khurana responded yes, this is the beauty of the EMR and why it has been implemented in the dialysis and CKD Programs. Dr. Sherwood inquired if tele-dialysis was happening in the free world as well as TDCJ. Dr. Khurana replied it is very minimum in the free world. Dr. Sherwood asked if TDCJ was somewhat leading the transition. Dr. Khurana responded yes, we are trying to lead in this transition as we have done before with other clinical outcomes that we have implemented within the system.	

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VII. Correctional Managed Care Dialysis and Chronic Kidney Disease Update (Cont.)	Dr. Khurana shared that education awareness is being provided not only to providers but also to patients. A peer education program has been started where fellow dialysis patients are educating each other about the disease and things that can be done to improve their lifestyle and outcome. Since implementing the program, patients have become more receptive to the nursing staff and improvements have been seen in clinical indicators to let us know what type of job we are doing. Treatment teams have also been formed consisting of not only the physician and nursing staff but also include dietitians, and social workers so that when rounds are done, the patient has access to all of them at once. Dr. Khurana emphasized that the main focus is to prevent patients from going to dialysis; but if it can't be prevented, slow the process of a patient having to turn to dialysis, and getting them educated. By first educating a patient on dialysis, patients tend to do better, live longer, and have less hospital stays promoting cost effective health care. Dr. de la Garza-Grahm thanked Dr. Khurana, and with no further questions, proceeded with the announcement of the acceptance of registered public comments.	Mr. Williams added that no other correctional system is known of that has reached the level of sophistication where you have tele-dialysis in real live patient encounter allowing the nephrologist to actually be able to treat the patient.	
IX. Public Comments	Dr. de la Garza-Grahm noted in accordance of the CMHCC's policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment.		
X. Adjourn	Dr. de la Garza-Grahm thanked everyone for attendance and adjourned the meeting at 11:45 a.m.		

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

4-14-15
Date: