CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 5, 2018

Chairperson: Rodney D. Burrow, M.D

CMHCC Members Present: Ben Raimer, M.D., Cynthia Jumper, M.D., Lannette Linthicum, M.D., CCHP-A, FACP, John Mills, D.O., F. Parker Hudson III, M.D., Erin Wyrick, John Burruss, M.D., Preston Johnson, Jr., Kelly Garcia

CMHCC Members Absent: None

Partner Agency Staff Present: Oscar Mendoza, Natasha Mills, Renee Warren, Jerry McGinty, Chris Black-Edwards, Beckie Berner, Eidi Millington, M.D., Alice Castleberry, Psy.D., Myra Walker, Texas Department of Criminal Justice (TDCJ); Denise DeShields, M.D., Will Rodriguez, Lindsey Tubbs, Texas Tech University Health Sciences Center (TTUHSC); Olugbenga Ojo, M.D., Marjorie Kovacevich, Monte Smith, D.O., Joseph Penn, M.D., Ryan Micks, David Connaughton, Stephanie Zepeda, PharmD, Gary Eubank, Stephen Smock, Kelly Coates, Anthony Williams, Judy Norris, University of Texas Medical Branch (UTMB)

Others Present: Francis Vaughn, Offender Family Member; Keri Blakinger, Reporter

Location: UTMB Conroe Operations Office, 200 River Pointe Dr., Suite 200, Conroe, Texas 75304

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - Dr. Rodney Burrow	Dr. Rodney Burrow 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. Dr. Burrow acknowledged that all wishing to offer public comment must be registered and would be allowed a three minute time limit to express comments. There was one public member registered. Dr. Burrow welcomed and thanked everyone for being in attendance. He then moved on to recognitions and introductions.		
II. Recognitions and Introductions - Dr. Burrow	Dr. Burrow introduced and welcomed new member, Preston Johnson, Jr. who was appointed by the Governor to the position formerly held by Dr. Harold Berenzweig. Mr. Johnson is retired from Blue Cross and Blue Shield of Texas.	Mr. Johnson thanked Dr. Burrow and shared that he is looking forward to working with the committee.	

Agenda Topic / Presenter	Presentation	Discussion	Action
II. Recognitions and Introductions (Cont.) - Dr. Burrow	Dr. Burrow thanked Mr. Johnson and introduced himself and stated that he was appointed by the Governor to the position formerly held by Dr. Margarita de la Garza-Grahm. The Governor also appointed him as presiding officer. He shared that he is a family physician and a hospice and palliative medicine physician and also a pharmacist. Dr. Burrow stated that he is excited to be working with the committee and appreciates everyone's service to the state. He stated that on behalf of himself and Mr. Johnson, it is a real honor to be a part of the committee and if they can ever be of help to anyone they need only reach out. Dr. Burrow next called on Dr. Murray and Dr. Linthicum to recognize the retirements of Gary J. Eubank, Stephen R. Smock and Judy L. Norris. Dr. Murray introduced Gary J. Eubank, Chief Nursing Officer, University of Texas Medical Branch Correctional Managed Care, whose retirement was effective August 31, 2018. Dr. Murray shared that Mr. Eubank has returned to UTMB as a PBL (pay by letter). He is working 19 hours per week to help manage the Hep C transition program. Mr. Eubank was the Director of Nurses for 13 years. He came from the freeworld where he had been a nursing executive. Dr. Murray stated that Mr. Eubank has helped the university immensely over the years go through some very difficult times with nursing and with reorganization. His leadership has been instrumental and helped to get us where we are today. Dr. Linthicum stated that Mr. Eubank has been outstanding as the Chief Nursing Officer. He has been responsible for nursing services for over one hundred thousand offenders on 85 of the institutional units. He has distinguished himself as a nursing administrator, not only in our state but also across the country. He is very innovative in the field in terms of sharing ideas, policies and practices. Dr. Linthicum stated that as president of the American Correctional Association she has appointed a new ad hoc committee on correctional nursing and many of the innovations that Mr. Eubank has implemented in Texas are now being shared with other states and are being favorably received.		

Agenda Topic / Presenter	Presentation	Discussion	Action
II. Recognitions and Introductions (Cont.) - Dr. Burrow	Dr. Linthicum next presented Mr. Eubank with a certificate of appreciation signed by Dr. Murray and Dr. Linthicum and also a plaque which states "Gary J. Eubank, Chief Nursing Officer, UTMB-Correctional Managed Care. For Outstanding Commitment, Service and Support to the Health Care Program of the Texas Department of Criminal Justice, August 31, 2018".	Mr. Eubank stated that he has had a wonderful career in nursing. He stated that he was the corporate vice-president of nursing over 16 hospitals in Kansas City for 13 years and it was very rewarding. Coming into corrections from the freeworld was eye opening. He stated that he knew nothing about correctional nursing. He stated that the difficult thing is having 82 facilities. How do you put your arms around that and manage a nursing work force that is scattered across the state? Mr. Eubank stated that it took about a year to learn the system and once he felt more comfortable, and under the tutelage of Steve Smock, they began to do some very exciting things. Mr. Eubank stated that it has been his privilege to work with Dr. Linthicum and Dr. Murray, two tremendous leaders. He concluded by saying thank you and that he appreciates the time he has had in the system.	
	Dr. Murray next introduced Judy L. Norris, Director CMC Utilization Management / Case Management, University of Texas Medical Branch Correctional Managed Care, whose retirement is effective December 31, 2018. Dr. Murray shared that Ms. Norris has been instrumental in the Utilization Review (UR) Department. Ms. Norris helped the UR system become the robust system that it is today. The UR Department manages not only the sub-specialty consultations and ensures that there is a level of consistency there, but it also helps manage a hundred plus hospitals, referrals into the emergency room, admissions, coordinating care and getting offenders back to TDCJ, an infirmary, Hospital Galveston or another hospital that can meet their needs.		

Agenda Topic / Presenter	Presentation	Discussion	Action
II. Recognitions and Introductions (Cont.) - Dr. Burrow	Dr. Murray stated that Ms. Norris makes sure that we are doing these things through not only a clinical perspective but from a cost conservation standpoint and she makes sure that we are keeping TDCJ in the loop. Her contributions to the system as a whole are innumerable and she will be missed. Dr. Linthicum thanked Ms. Norris for being the building block for the Utilization Review / Utilization Management Program. She stated that Ms. Norris has been there from the inception of correctional managed health care and helped with the transition. Dr. Linthicum stated that Ms. Norris also works with the Interstate Compact offenders. She is multi-faceted and highly supportive of the offender health care program. Dr. Linthicum stated that Ms. Norris is irreplaceable. She is a master's level nurse, an RN. Dr. Linthicum then presented Ms. Norris with a signed certificate of appreciation and a plaque which reads "Judy L. Norris, Director of Utilization Management, UTMB-Correctional Managed Care. For Outstanding Commitment, Service and Support to the Health Care Program of the Texas Department of Criminal Justice, December 31, 2018". Dr. Murray next introduced Stephen R. Smock, Associate Vice President, Comprehensive Health Solutions, University of Texas Medical Branch Correctional Managed Care, whose retirement was effective August 31, 2018. Dr. Murray shared that Mr. Smock retired from the Navy as a Lieutenant Commander. He came on board with UTMB and worked his way up to Associate Vice President. Dr. Murray stated that Mr. Smock was incredibly helpful in changing the dynamic of our professionalism in terms of ensuring that the people we hired on the facilities as administrators possessed the appropriate degrees and were equipped to do the work. He demanded a lot from them and he got a lot from them. Compliance improved under his leadership.	Ms. Norris thanked Dr. Murray and Dr. Linthicum. She stated that she feels very honored to be here and she is very grateful. She did not expect this honor.	

Agenda Topic / Presenter	Presentation	Discussion	Action
II. Recognitions and Introductions (Cont.) - Dr. Burrow	Dr. Linthicum thanked Mr. Smock for all that he has done. She stated that she wanted to give Mr. Smock and Mr. Anthony Williams due credit. They singlehandedly, outside of the Hospital Galveston operation, were responsible for health care operations in the UTMB sector. This includes 85 units and one hundred thousand plus offenders. They were responsible for the health care delivery system and operations in the UTMB sector. Dr. Linthicum stated that she also wanted to recognize Mr. Smock for his efforts in developing the monitoring mechanisms and tools for how we ensure proper controls over the system. She stated that she would bring him in to discuss reports that she would like to see and Mr. Smock never said, "we can't do that". He always worked on it and he would prepare items and not quit until they got exactly what was needed. Dr. Linthicum next presented Mr. Smock with a signed certificate of appreciation and a plaque which reads; "Steven R. Smock, Associate Vice President, UTMB-Correctional Managed Care. For Outstanding Commitment, Service and Support to the Health Care Program of the Texas Department of Criminal Justice, August 31, 2018".	Mr. Smock stated that he wanted to thank the TDCJ folks for giving them the opportunity to work with all of you. He thanked Dr. Linthicum and said that he appreciates everything that she has done for him. He stated that he has enjoyed his career. The people he has worked with are amazing and it was a lot of fun.	
	Dr. Linthicum thanked Mr. Smock, Ms. Norris and Mr. Eubank for their hard work. She stated that we all wish you and your families' prosperity, health and blessings.		
III. Approval of Consent Items - Dr. Burrow	Dr. Burrow then moved on to agenda item III approval of consent items. Dr. Burrow stated that the following five consent items would be voted on as a single action:		
- Approval of Excused Absences	The first consent item was the approval of excused absences-from the September 27, 2018 meeting, which include; Margarita de la Garza-Grahm and Harold Berenzweig.		

Agenda Topic / Presenter	Presentation	Discussion	Action
III. Approval of Consent Items (Cont.) - Approval of CMHCC Meeting Minutes – September 27, 2018 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - TTUHSC - UTMB - Summaries of CMHCC Joint Committee / Work Groups Activities	The second consent item was the approval of the CMHCC meeting minutes from the September 27, 2018 meeting. Dr. Burrow asked if there were any corrections, deletions or comments. Hearing none, Dr. Burrow moved on to the third consent item. The third consent item was the approval of TDCJ Health Services Monitoring Report and there were no comments or discussion of these reports. The fourth consent item was the approval of the University Medical Directors Report. There were no comments or discussion of these reports. The fifth consent item was the approval of the summaries of CMHCC Joint Committee/Work Groups Activities. There were no comments or discussion of these reports. Dr. Burrow then called for a motion to approve the consent items.		Dr. Raimer made a motion to approve all consent items, and Dr. Mills seconded the motion which prevailed by unanimous vote.
IV. Update on Financial Reports - Jerry McGinty	Dr. Burrow next called on Mr. Jerry McGinty to present the financial report. Mr. McGinty reported on statistics for the Fourth Quarter of Fiscal Year (FY) 2018, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 46. Mr. McGinty stated that before he begins the financial report, he would like to echo Dr. Linthicum's appreciation to the retirees and all the others who prepare reports for TDCJ. A lot of those reports are presented to legislature to show the needs for offender health care.		

Agenda Topic / Presenter	Presentation	Discussion	Action
IV. Update on Financial Reports (Cont.) - Mr. McGinty	Mr. McGinty reported that the overall offender service population has increased 1.2% from FY 2017. The offender population age 55 and over had a 6% increase with an average daily census of 17,734 through the Fourth Quarter of FY 2017 compared to 18,799 through the Fourth Quarter of FY 2018. This population represents about 12.7% of the total population, but accounts for 46.7% of the hospital costs. Unit and psychiatric care expenses represent the majority of health care cost at $371.2 million or 52.5 percent of total expenses. Hospital and clinical care accounted for $267.5 million or 37.8 percent. Pharmacy services were at $68.8 million or 9.7 percent of the total expenses. Mr. McGinty reported on unit and psychiatric care revenues of $365 million and expenditures of $271 million, which for the Fourth Quarter of FY 2018 resulted in a $6 million shortfall in this strategy. Mr. McGinty reported on hospital and clinical care revenues of $191.5 million and expenditures of $267.5 million leaving a shortfall of $75.9 million in this strategy. Mr. McGinty reported on managed health care pharmacy revenues of $63.1 million and expenditures of $68.8 million leaving a shortfall of $5.6 million in this strategy. Mr. McGinty reported that the combined total for Fiscal Year 2018 left an $8.5 million shortfall. This includes revenues of $619.8 million and expenditures of $707.5. This shortfall will carry forward and be reflected on the reports for FY 2019.	Dr. Burruss asked about the $8.5 million shortfall that will carry forward. The Comptroller has estimated a fairly robust growth in the budget, so why do that rather than clear this up? Mr. McGinty stated that in order to pay that bill they would need an additional appropriation from legislature and they have to be in session to provide the appropriation. Shortfalls will be one of the first things they will address when session begins.	

Agenda Topic / Presenter	Presentation	Discussion	Action
V. Summaries of Critical Correctional Health Care Personnel Vacancies - Dr. Lannette Linthicum	Dr. Burrow thanked Mr. McGinty and then called on Dr. Linthicum to begin the presentation of the TDCJ's Critical Correctional Health Care Personnel Vacancies. Dr. Linthicum reported that the Deputy Division Director position is now posted as an administrator. The Director II position in the Office of Public Health is on hold and the duties are being covered by Chris Black-Edwards. Dr. Linthicum reported that there is an Investigator II position vacancy in the Patient Liaison Program (PLP) at the Stiles Unit. Dr. Linthicum explained that the PLP includes the family hotline, a patient liaison on call for walk ins and they also investigate third party complaints. Interviews for the position at Stiles are being scheduled. Dr. Linthicum reported on the Manager IV vacancy in the Mental Health Services Liaison office. This position posted on March 29, 2018 and has been extended several times to expand the applicant pool. A request to augment the salary was approved to assist with recruitment. Dr. Linthicum reported that there is a vacant LVN III in Quality Assurance. Interviews were conducted on November 5, 2018 and the selected applicant will begin on January 2, 2019. There is a Nurse II vacancy in the Office of Health Services Monitoring. This position continues to be extended to expand the applicant pool. Dr. Linthicum reported that there is a vacant Investigator II-Patient Liaison Program at the Beto Unit. The position posting closed in October 1, 2018 and interviews are being scheduled. There is an Investigator II-Patient Liaison Program at the Hilltop Unit. The position posting closed October 18, 2018 and interviews are being scheduled.		

Agenda Topic / Presenter	Presentation	Discussion	Action
V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.) - Dr. Linthicum	Dr. Linthicum next reported that there are two vacant LVN III-Patient Liaison Program in the Health Services Division. The positions posted on November 15, 2018 and closed on November 27, 2018.		
- Dr. Denise DeShields	Dr. DeShields reported that there is a Medical Director position vacancy at the Clements Unit which has been vacant since September 2018. The Locum that is currently covering the medical director duties is interested in the position. Dr. DeShields explained that this is a key position. The Clements Unit houses approximately 3,000 offenders and is located in Amarillo. It has a 17 bed infirmary and is co-located with special mental health programs. There are 468 beds there; 246 beds for the PAMIO or aggressively mentally ill program and the remaining beds are for chronically mentally ill offenders. It is a very complex unit and also serves as an ancillary hub for specialty care.	Dr. Burrow asked what the background of the interested applicant is. Dr. DeShields answered that the locum's background is in family practice.	
- Dr. Owen Murray	Dr. Murray reported that UTMB has 8 Physician I-II, 7 Mid-Level Practitioners (PA and FNP) and 7 Psychiatrist position vacancies. He stated that the retirees honored today have left or are leaving key positions. Mr. Smock's position was filled by Kelly Coates. Mr. Eubanks position was split between Justin Robison and Kirk Abbott. To fill Ms. Norris' position interviews have been conducted and there has been a selection made. Dr. Murray stated that there are challenges with trying to recruit physicians and mid-level providers across the state. There are geographic issues. It is harder to recruit in some areas. They have implemented some things to try to mitigate those issues. Such as geographic premiums. Also, telemedicine has grown and it is easier to recruit someone to a telemedicine hub.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates - **TDCJ – Health Services Division FY 2018 Fourth Quarter Report** -Dr. Linthicum	Dr. Burrow thanked Dr. Murray and then called on Dr. Linthicum to present the TDCJ Medical Director's Report. Dr. Linthicum began by explaining that the Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care and investigate health care complaints. The Medical Director's Report is a summary of those activities. TDCJ Medical Director's Report focuses on the Fourth Quarter of Fiscal Year (FY) 2018 (June, July and August). During this quarter, Operational Review Audits (ORAs) were conducted at the following 8 facilities: Eastham, Estes, Goodman, Henley State Jail, Hightower, Huntsville, Sayle and Young. Dr. Linthicum explained that ORAs are basically compliance audits. We look at compliance with policies and procedures promulgated by this committee, compliance with contractual terms and compliance with accreditation expected practices and performance based standards as they relate to healthcare and any local, state or federal laws that are applicable. The compliance threshold is 80%. Dr. Linthicum referenced the 8 items found to be most frequently below the 80 percent compliance, and noted that corrective actions have been requested on all of these items.		
- Capital Assets Monitoring	Dr. Linthicum reported that the Fixed Assets Contract Monitoring officer audited the same 8 facilities listed above for ORA's during the Fourth Quarter of FY 2018 and all 8 facilities were within the required compliance range.		
- Dental Quality Review Audit	Dr. Linthicum reported that the Dental Quality Review Audits conducted by Dr. Hirsch were done at 16 facilities. Dr. Linthicum referenced the item found to be most frequently below the 80% compliance and noted that corrective action plans have been requested on this item.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates (Cont.) - Dr. Linthicum	Dr. Linthicum explained that the Health Services Division houses an Office of Professional Standards. Within that office are four functions: the family hotline, Step II medical grievance, the sick call verification audit and the patient liaison program.		
- Grievances and Patient Liaison Correspondence	Dr. Linthicum explained that the Office of Professional Standards houses the Step II Grievance Program. The grievance process in TDCJ is a two-step process. Step I grievances are investigated and answered at the unit level, Step II grievances are elevated to the division level. The Step II grievance staff review and investigate the original grievance and render a decision. After answered by the appropriate division the offender may move on to litigation if he or she is not satisfied. Dr. Linthicum reported that during the Fourth Quarter of FY 2018, the Patient Liaison Program (PLP) and Step II Medical Grievance Program received 4,847 correspondences. The PLP received 3,505 correspondences and Step II Grievance received 1,342. The staff investigate all correspondence and they send back written responses. Dr. Linthicum explained that if members of the Correctional Managed Health Care Committee receive a complaint, it is usually this staff and/or staff from the universities that that will draft the respond. There were 225 Action Requests generated. Action Requests are generated by a finding requiring action. Dr. Linthicum explained that in the contract there are performance measures related to medical grievances. The overall combined percentage of sustained Step II Medical grievances was 4.83%. Performance measure expectation is 6% or less. Individually, UTMB was 7% and TTUHSC was 4%.		
- Quality Improvement (QI) Access to Care Audit	Dr. Linthicum explained that there were 33 Sick Call Request Verification Audits conducted on 32 facilities. The difference in the number of request versus the number of facilities is that some facilities have an extended cell block (ECB) on site and those ECB's are audited separately. A total of 224 indicators were reviewed and 3 of the indicators fell below 80 percent compliance. Corrective actions were requested.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates (Cont.) - Dr. Linthicum - Office of Public Health	The Office of Public Health conducts surveillance for infectious and communicable diseases within TDCJ as well as reporting to the Department of State Health Services (DSHS). This office conducts surveillance on 11 infectious conditions that are reported into DSHS. Dr. Linthicum shared that our reporting mechanisms for HIV tests were changed in February 2010. Testing is now classified into one of four categories: intake, provider requested, offender requested or pre-release. There is mandatory state law which requires us to perform intake and pre-release HIV testing. During the Fourth Quarter, there were 15,936 intake HIV tests performed. Of those tested, 91 offenders were newly identified as having HIV infection. During the same time period, there were 9,746 pre-release tests performed with none found to be HIV positive. For this quarter, 7 new AIDS cases were identified. There were 680 cases of Hepatitis C identified for the Fourth Quarter FY 2018. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ. 276 cases of suspected Syphilis were reported. 163 cases required treatment or retreatment. Syphilis testing is done at intake. Syphilis can take months to identify. These figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections. 292 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported and 120 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported for the Fourth Quarter FY 2018. Dr. Linthicum reported that there was an average of 31 Tuberculosis (TB) cases (pulmonary and extra-pulmonary) under management for the Fourth Quarter FY 2018.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates (Cont.) - Dr. Linthicum - Office of Public Health	Dr. Linthicum next reported that the Office of Public Health employs a 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. This position also audits the documentation and services provided by medical unit personnel for each sexual assault reported. During the Fourth Quarter FY 2018, there were 192 chart reviews of alleged sexual assaults. Dr. Linthicum reported that there were 60 deficiencies found this quarter and corrective actions have been requested. 45 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 reported that during the Fourth Quarter FY 2018, 4 units received a 3 day training which included the Wall Talk Training in the Peer Education Program. As of the close of the Fourth Quarter of FY 2018, 100 of the 104 facilities housing Correctional Institutions Division (CID) offenders and 2 Intermediate Sanction Facilities had active peer education programs. During this quarter, 61 offenders were trained to become peer educators and 22,097 offenders attended the classes presented by peer educators.		
- Mortality and Morbidity	Dr. Linthicum reported that the Morbidity and Mortality committee is a joint committee consisting of the three partners: UTMB, Texas Tech and TDCJ. Dr. Ojo and Dr. Millington are the co-chairs. 110 deaths were reviewed during the months of June, July and August of 2018. Of those 110 deaths, none were referred to peer review committees.		
- Office of Mental Health Monitoring & Liaison	Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Fourth Quarter of FY 2018.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates (Cont.) - Dr. Linthicum - Office of Mental Health Monitoring & Liaison	Dr. Linthicum stated that Restrictive Housing (formerly Administrative Segregation) audits were conducted on 17 facilities. 2,216 offenders were observed, 1,929 were interviewed, and 2 offenders were referred to the university providers for further evaluation. Access to Care (ATC) for mental health indicators four and five were met at 100 percent at 17 of the 17 facilities. For ATC six, 16 of 17 units were 100 percent and one unit, Formby, was 75 percent and a corrective action plan was requested. The OMHM&L also monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. Compelled psychoactive medication is only done on inpatient facilities and there is a strict protocol in place. For the Fourth Quarter FY 2018, 72 instances of compelled psychoactive medication administration occurred. There were 13 instances at Montford, 40 at Skyview, 15 at Jester IV, and 4 at the Bill Clements unit. All units were 100 percent compliant. The Intake Mental Health Evaluation audit conducted by OMHM&L is designed to provide reasonable assurance that offenders coming in at intake are identified as having a potential mental health need and receive a Mental Health Evaluation within 14 days of identification. On average TDCJ has approximately 70,000-80,000 new intakes each year. Audits were conducted at 24 intake facilities and 2 Intermediate Sanction Facilities. 25 facilities identified incoming offenders in need of Mental Health Evaluations. At the Kyle Unit there were no offenders identified as applicable to the audit. 23 of the 25 facilities met or exceeded the 80 percent compliance for completing Mental Health Evaluations within 14 days of identified need and corrective action plans have been requested for those who did not.		
- Office of the Mental Health Services Liaison	Dr. Linthicum reported that the Office of Mental Health Services Liaison (MHSL) conducted a random audit of 10 percent of electronic health records (EHRs) of offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates (Cont.) - Dr. Linthicum - Office of the Mental Health Services Liaison	Dr. Linthicum reported that in the Fourth Quarter of FY 2018, the Office of Mental Health Services Liaison conducted 216 hospital and 39 infirmary discharge audits. Of the 216 hospital discharge audits conducted, 195 were from the UTMB sector and 21 were from the TTHUSC sector. There were 117 deficiencies identified for UTMB and 16 identified for TTUHSC. Of the 39 infirmary discharge audits conducted, 25 were from the UTMB sector and 14 were from the TTUHSC sector. There were 17 deficiencies identified from UTMB and 0 for TTUHSC. Corrective action has been requested to address deficiencies.		
- Accreditation	Dr. Linthicum reported that the ACA 2019 Winter Conference will be held in New Orleans, Louisiana on January 11-15, 2019. During this conference, the following facilities will be represented: Havins, Boyd, Hamilton, Pack, Powledge, Tulia, Neal, Montford, Murray, Hughes, Stringfellow and Middleton. Dr. Linthicum shared that we are a golden eagle state which means that all TDCJ facilities are accredited by ACA and PREA. Dr. Linthicum shared that the winter conference in 2019 will be her last as the 105th ACA President. She will then serve two years as the immediate past president. Dr. Linthicum thanked everyone for their support during her tenure.		
- Biomedical Research Projects	Dr. Linthicum reported on the summary of active and pending biomedical research projects as reported by the TDCJ Executive Services. The CID has 30 active and 4 pending biomedical research projects. The Health Services Division has 9 active and 2 pending biomedical research projects.	Dr. Mills asked the reasoning for the units that appear regularly on the operational review audits. Dr. Linthicum stated that these are generally related to staffing issues. We are having some significant challenges with staffing.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates (Cont.)		Dr. Mills asked for an explanation regarding the 12% score at the Holliday Unit for the intake mental health audit. He asked if that was due to staffing as well. Dr. Castleberry confirmed that this was due to staffing. Dr. Linthicum explained that we do use tele-psychiatry extensively, but there are some limitations. The offenders arriving at Holliday are intake offenders arriving from the county and offenders can be poor historians. The Texas Uniform Health Status Update form, a form developed jointly by TDCJ and the Texas Jail Commission, is required with offender transport to and from the counties. The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), a program in the Reentry and Integration Division, statutorily provides continuity of care at the front end and back end and is very helpful in bridging some of these intake issues. Dr. Linthicum stated that on something like this when we see a 12% compliance the follow up would be immediate and continuous until improved. Dr. Hudson noted that the hospital discharge audits are still poor. Dr. Linthicum stated that audit findings are mostly documentation related. There are safety nets in place. The Health Service Liaison Department, which is staffed by registered nurses, coordinate medical transfers and special needs intake offenders.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates (Cont.)		Dr. Mills shared that he works with a large jail and they do a lot of doctor to doctor phone conferences before transfer. He commended TDCJ and stated that they are adamant about talking about the complex cases before transfer. Ms. Black-Edwards noted that the break out of specific audit findings can be found on page 47. Dr. Linthicum stated that Dr. Ojo spends a lot of time on the phone dealing with transfers into Hospital Galveston. The state has a duty to accept, it doesn't matter what condition they are in, if they are going to be a state prisoner we have to accept them and make the necessary arrangements. We have various complex patients. At the Estelle Unit there are solid organ transplant patients, including heart transplant patients. Dr. Smith confirmed that there are 2 heart transplant patients. Dr. Linthicum stated that we receive liver transplant and kidney transplant patients. Dr. Linthicum asked Dr. Ojo how many stem cell transplants we have done at MD Anderson. Dr. Ojo stated that there have been 15 stem cell transplants since 2012. Dr. Linthicum clarified that UTMB does not do stem cell transplants. Patients go to MD Anderson for stem cell transplants. Dr. Linthicum stated that there is very complex, complicated and sophisticated medicine at the state level and with the population that we have, it is like running a city.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates (Cont.)		Dr. Linthicum shared that we have hemophiliacs we cohort at Jester III. She Stated that there are about 2,000 HIV patients across the state, 19,000 Hepatitis C patients, 2,000 inpatient psych patients. There are a lot of complex patients in the system. The chronic care acuity of our patient population is probably about 30% or 40%. Dr. Zepeda stated that 65% of that population is on medication. Dr. Burruss gave a kudos to Goodman and Sayle Units for showing no listed deficiencies in the targeted audits. He next asked about the Kyle Unit which is listed as having no offenders identified as applicable to the Intake Mental Health Evaluation Audit. Dr. Linthicum stated that mental health patients are not assigned to the Kyle Unit. Not all units have a mental health caseload and Kyle is one of them. Kyle has a special mission. It is a TDCJ owned facility operated by a private vendor, Management Training Corporation. Most of the facilities are TDCJ run facilities, with TDCJ correctional officers, but there a few through the Private Facilities Division and TDCJ contracts with a private correctional company to operate those units. The types of offenders on a lot of the private facilities are very low acuity patients and some have no mental health caseload at all. Dr. Penn stated that as far as patients on those units with no mental health caseload, if there is a mental health need, those patients are referred as needed or seen via telehealth.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates (Cont.) - **Texas Tech University Health Sciences Center** - Dr. DeShields	Dr. Burrow thanked Dr. Linthicum and then called on Dr. DeShields to present the report for TTUHSC. Dr. DeShields stated that she had nothing further to report. Dr. Burrow thanked Dr. DeShields and then called on Dr. Murray to present the report for UTMB.		
- **University of Texas Medical Branch** - Dr. Murray	Dr. Murray stated that he had nothing further to report.		
VII. Disease Management Guidelines - Dr. Stephanie Zepeda	Dr. Burrow thanked Dr. Murray and then called on Dr. Stephanie Zepeda to present on Disease Management Guidelines. Dr. Stephanie Zepeda began by giving a brief introduction. She stated that she is the Associate Vice President for Pharmacy Services. She has been with the agency for 21 years. She came to UTMB to do a post residency program and ended up staying. She shared that she finds the work that we do fulfilling and feels that corrections is a place where a pharmacist can really make a difference in the care of patients. Dr. Zepeda next went over the objectives of her presentation. She stated she would provide a brief history of disease management guidelines (DMGs), discuss the purpose and goals of the program, describe the framework for guideline development and provide examples of how outcomes are measured. She stated that we want to make sure that the DMGs are having a positive impact on patient care. Dr. Zepeda stated that this committee (CMHCC) ensures central coordination, partner representation and direction to a number of standing committees that provide coordination of services on a statewide basis including the Joint Pharmacy and Therapeutics (P&T) Committee. The Joint P&T Committee is a multidisciplinary committee consisting of medical, dental and mental health practitioners, nurses and pharmacists.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Disease Management Guidelines (Cont.) - Dr. Zepeda	Dr. Zepeda explained that the Joint P&T Committee is responsible for the development of the drug formulary, drug use policies and procedures and the DMGs. The DMGs are written statements based on current professional knowledge that assist our practitioners in making treatment decisions. You may know them by other names such as care guides or clinical protocols. Dr. Zepeda next gave the background related to DMGs. Stating that the first DMGs were published in August 1995. There are currently 50 DMGs and tools available to address a variety of illnesses and chronic diseases. DMGs are reviewed and revised at least every five years or sooner is there is emergence of new information warranting early review. Dr. Zepeda thanked Dr. Linthicum and stated that the DMGs focus on disease-based drug therapy and recommend an evidence-based approach to therapy. They are tools to assist our practitioners. They are not intended to strictly apply to all patients or replace sound clinical judgment. The goal is to promote consistent, cost-effective care that has been tailored to meet the needs of the patient population with the intent to improve patient outcomes, facilitate appropriate health care utilization, encourage the use of formulary agents and reduce avoidable hospitalizations, emergency room visits and specialty referrals. Dr. Zepeda next shared that in terms of the framework of how we develop the guidelines, she wants to emphasize again that they are not living documents. Typically, when developing a topic they look at high volume, frequently encountered disease states such as diabetes or hypertension. They look at high risk or complex disease states such as HIV and also disease states that are associated with high cost such as Hepatitis C.	Dr. Linthicum noted that we were statutorily obligated to utilize disease management guidelines in the correctional managed care statute found in the Texas Government Code, Chapter 501.131. There is a section on disease management guidelines that the committee has to implement. The statue took effect September 1, 1994.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Disease Management Guidelines (Cont.) - Dr. Zepeda	Dr. Zepeda stated that topics may also be identified by other mechanisms, such as resource utilization, outcomes, and findings of the Executive Quality Council or Dashboard and metrics trends. The Dashboard pulls data from the electronic medical record (EMR) and allows for the development of population health analytics that might guide the development of a DMG. Dr. Zepeda explained that once a disease state is identified a multidisciplinary workgroup is appointed to provide draft recommendations to the Joint P&T Committee. Depending on the disease state, the workgroup may be comprised of physicians, mental health personnel, pharmacists, nurses and dentists. Relevant experts may also be asked to serve on the workgroup, such as a clinical virologist for Hepatitis C. Dr. Zepeda explained that once formed, the workgroup will integrate relevant research findings, clinical consensus and population characteristics as they formulate the DMG. They will review a variety of resources including medical literature, national guidelines, pivotal studies and expert opinion, which becomes particularly important when data is not available or there is conflicting data. They will then take all that information and tailor and ensure it is applicable to the patient population that we serve. Dr. Zepeda shared, for example, Hepatitis C. There has been a lot of information about Hepatitis C and the treatment of Hepatitis C and you can see that with the new agents the response rates are very high, close to 100% in many cases. In our patient population the outcomes are lower. We see about 90% and that is reflective of our patient population. We have very sick, very advanced patients and clinical studies are usually done in less advanced patients. Dr. Zepeda stated that our DMGs generally consist of an algorithm, diagnostic criteria, therapeutic interventions, monitoring parameters and patient education and counseling. DMGs also outline goals and identify outcome measures. Once finalized, DMGs are presented for approval to the Joint P&T Committee and then to the Joint Medical Directors.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Disease Management Guidelines (Cont.) - Dr. Zepeda	Dr. Zepeda stated that information on DMGs is disseminated to practitioners and health care staff by posting on the intranet, publishing in the newsletter and the formulary. Dr. Zepeda stated that they are also shared during meetings and staff in-services and they are promoted through information technology by a link in the EMR. Dr. Zepeda shared that they periodically evaluate the impact that the DMGs are having on direct patient care using two primary methods. One is called Medication Use Evaluation (MUE). This is a formal study of a sample of the patient population and a chart review is done to see if goals are being met and if the recommended therapies are being followed. The other is utilization of the Dashboard. The evaluations aim to locate sources of variance and identify why that variance exists, whether there is a clinical reason or some barrier that need to be addressed. Dr. Zepeda noted that some patient related reasons why there may be a variance are if the patient had a contraindication, failed to respond to the therapy or had an allergy. Some provider related barriers might be a lack of awareness or familiarity which would indicate a need for additional training. There may also be a difference in interpretation or clinical decision. The DMGs are guidelines and there is not merely one right way to treat a patient. The DMG may be overly cumbersome and confusing and was not simple enough to use. The DMG may need to be pulled back and modified. Dr. Zepeda next shared how the Dashboard is used to asses outcomes. The Dashboard allows for the identification of units where they may need to do some intervention or additional training to assist them with meeting goals. If a unit falls below the threshold established in the Dashboard, the management team is required to submit an action plan designed to improve performance. Dr. Zepeda then gave an example, using diabetes, of how the Dashboard is used to measure uptake of specific recommendations taken from DMGs through the routine analysis of data. Healthcare Effectiveness Data and Information Set (HEDIS) measures are used as benchmarks to assess performance.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Disease Management Guidelines (Cont.) - Dr. Zepeda	Dr. Zepeda explained that performance measures can be seen for the system as a whole or drilled down to individual facilities. Dr. Zepeda further explained that the facility pages are designed to quickly assess performance, green indicates meets or exceeds goal and red indicates that the goal is not being meet. Dr. Zepeda shared that from the facility page you can drill down to specific areas and this can be drilled down further to each individual patient. Dr. Zepeda stated that the Dashboard is a great tool because it is real time data and quicker than an MUE where there is a formal study and chart review. The Dashboard can be followed regularly to see how we are doing and which patients we need to be targeting and seeing more frequently. Dr. Zepeda answered that the medical staff can provide the education or training in group classes or if it is a disease state where there is a peer education program, they could reach out and encourage them to sign up for peer education. It is designed so that a medical director can review and redirect resources where needed. Dr. Zepeda answered that the Dashboard does not, but the Pharmacy computer system does. They can issue recalls and they know which patients on which units are issued the particular medication.	Dr. Linthicum stated that the senior medical directors utilize the Dashboard as a supervisory tool to improve the quality of care. Dr. DeShields shared that they can access the Dashboard in the Texas Tech sector; however, there are a few units with some difficulty with interface of the lab to the EMR. That issue is being worked on to see if it can be rectified. Dr. Linthicum noted that page 141 shows a list of all the available DMGs. Dr. Raimer asked about targeting interventions at the unit level and if that includes peer education. Dr. Raimer asked if the database can allow for medication recalls, would it allow for the pulling of medication if needed?	

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Disease Management Guidelines (Cont.)	Dr. Zepeda further explained that with the new federal track and trace data that has to be implemented, tracking of a drug will be from cradle to grave, from the manufacturer all the way to the patient taking it. Serialization is coming out too. Dr. Zepeda stated that is all coming in the next year and the systems will be upgraded. Dr. Zepeda replied that refusals are documented in the medical record. Dr. Zepeda shared that they do develop patient education material for each disease state. These are available in English and Spanish and are customized. Dr. Zepeda answered that all providers have access to the Dashboard. And again, if their unit falls below the benchmark, the management team will be asked to provide a corrective action plan explaining what they are going to do to meet their goal. The whole team comes together to put the plan together, which is then passed on to the senior medical directors.	Dr. Mills shared that he has patients in the Tarrant County Jail that will refuse medications and have gone through counseling. He asked how that data is handled as far as the computed rates. Dr. Linthicum stated that they are included in the data. We do not have a peer education program for these chronic diseases. We have a women's wellness module and wall talk which includes mainly communicable diseases, a parenting module, a baby bonding module and a safe prisons module. We have been talking with Aids Foundation Houston trying to find grant funds to allow us to take a look at the whole curriculum and maybe develop some new modules. Dr. Linthicum stated that she would love to develop some chronic care modules, but at this time we just don't have the resources. Dr. Hudson asked if providers are involved in audits of their own performance. Dr. Linthicum shared that physicians do have a peer review process in place that reviews all providers.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Disease Management Guidelines (Cont.)		Dr. Smith stated that the Dashboard has an automated alert system and he meets with his staff monthly. Dr. Murray stated that we have had the EMR for 20 years so we really have had the opportunity to move away from paper and benefit from an EMR that has grown with us and we have a Chief Medical Information Officer, Dr. Leonardson, who is behind this and works with both UTMB and Texas Tech. Dr. Leonardson could come and speak about the Dashboard. The Dashboard itself speaks to the commitment to quality that both universities and TDCJ have in terms of trying to deliver care to patients with chronic disease and putting in systems comparable to the freeworld that safeguard proper compliance and follow up. How we compare to the freeworld is an important piece as well. Dr. Burrow stated that this is a good program and better than a lot of freeworld hospitals and clinics to have this level of monitoring. Dr. Burrow asked about the large number of intakes each year and whether that skews the numbers. Dr. Murray shared that to be included in the sample a patient would need to be diagnosed for six months. Mr. Williams shared that another feature of the Dashboard is that you can sort and look at only intake facilities or any other unique facility type. Dr. Linthicum stated that this data is also shared with Business and Finance who in turn share the data with the legislature.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Disease Management Guidelines (Cont.)		Mr. Rodriguez shared that they take the data down to the unit level. If there is a deficiency the facility health administrator is contacted and the administrator is required to present a corrective action plan to the leadership team. Dr. Linthicum stated that of course patients can refuse treatment; they have the same rights as patients in the freeworld. Dr. Burrow asked how often patient hemoglobin A1c is monitored. Dr. DeShields stated that it depends on the patient. Mr. Rodriguez stated that the provider decides the frequency. Dr. Linthicum stated that a patient with a higher score might be every three months while a patient with a lower score might be every six months. She shared that the American Diabetes Association published a guideline for diabetic control in corrections. The standard for corrections is higher because of the response time. They say our target should be around 8% as opposed to the freeworld standard of about 6%.	
	Dr. Zepeda stated that the DMGs outline frequencies based on the patient. There are general guidelines in the DMGs that suggest frequency of lab draws and follow up as well.		
IX. Public Comments - Dr. Burrow	Dr. Burrow thanked Dr. Zepeda and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. He stated that one person had signed up to speak. Dr. Burrow recognized Ms. Francis Vaughn and invited her to speak.		

Agenda Topic / Presenter	Presentation	Discussion	Action
IX. Public Comments (Cont.) - Dr. Burrow	Ms. Vaughn stated that she would like medical to look into the targeting of her husband at the Robertson Unit. She stated that security involved medical. Ms. Vaughn stated that on August 31 she sent an email to Ms. Bailey to make them aware of her husband telling her about the prevalence of meth flowing through the unit. Within hours of that notification, her husband was taken to medical for a physical which included blood and urine testing. Ms. Vaughn shared that the following week he was sent back four more times for the same tests. Ms. Vaughn stated that her understanding is that routine physicals are not performed until an offender is 50 years of age or older. Her husband was 38 at the time. During that time that he was being taken for testing, she was contacting the medical department to speak with the family liaison. She was told by the liaison that she did not know why he was being tested and that it did not show that 'they' were doing the layins. She said that she could see that all the results were being entered into the system, so there was no reason for him to be continued to be called back. Ms. Vaughn shared that the liaison called her back later that day and told her that 'they' told her that the urine had to be poured into a different tube and Ms. Vaughn asked her what that meant and she said that she had no idea. Ms. Vaughn stated that there is an ongoing investigation into the security portion of this. But, she believes that security staff manipulated medical into getting involved in this. Ms. Vaughn stated that yes her husband was being taken to the medical department repeatedly. Ms. Vaughn thanked Dr. Linthicum and asked if she could also find out why her husband was asked by a provider at Darrington why he was transferred from Robertson to the Darrington Unit.	Dr. Linthicum asked Ms. Vaughn to clarify if she was saying that medical was performing the tests? Dr. Linthicum stated that they will look into the electronic medical record and figure out what is going on and she and Dr. DeShields will work together to get Ms. Vaughn a response.	

Agenda Topic / Presenter	Presentation	Discussion	Action
IX. Public Comments (Cont.)		Dr. Linthicum stated that it was inappropriate if the doctor asked that. Unit of assignment is not medical's decision. That would fall under the purview of classification. Dr. Linthicum stated that she and Dr. DeShields will look into Ms. Vaughn's concerns and get her a written response.	
	Ms. Vaughn thanked the committee.		
X. Adjourn	Dr. Burrow thanked Ms. Vaughn, then called for a motion to adjourn the meeting.		Dr. Raimer made a motion to adjourn the meeting, and Dr. Jumper seconded the motion which prevailed by unanimous vote.
	Dr. Burrow thanked everyone for their attendance and adjourned the meeting. Dr. Burrow announced that the next CMHCC meeting is scheduled for March 18, 2019 in Austin, Texas.		
	The meeting was adjourned at 11:51 a.m.		

Rodney D. Burrow, M.D., Chairperson
Correctional Managed Health Care Committee

3-18-19
Date