

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**December 11, 2013**

**Chairperson:** Margarita de la Garza-Graham, M.D.

**CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP; Cynthia Jumper, M.D., Harold Berenzweig, M.D., Ben Raimer, M.D., Craig Brown, M.D. (sitting in for Kyle Janek, M.D.)

**CMHCC Members Absent:**

**Partner Agency Staff Present:** Bryan Collier, Ron Steffa, William Stephens, Charlene Maresh, Robert Williams, M.D., Michelle Medlock, Marsha Brumley, Texas Department of Criminal Justice; Owen Murray, M.D., Avi Markowitz, M.D., Olugbenga Ojo, M.D., Anthony Williams, Stephen Smock, Kelly Coates, UTMB, Denise DeShields, M.D., TTUHSC

**Others Present:**

**Location:** Frontiers of Flight Museum, 6911 Lemmon Ave., Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b></p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the CMHCC meeting to order at 9:04 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p>		
<p><b>II. Recognitions and Introductions</b></p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham thanked everyone for being in attendance. Dr. de la Garza-Graham recognized Dr. Craig Brown who sat in for Dr. Kyle Janek, Olugbenga Ojo, M.D and Dr. Avi Markowitz, M.D. with UTMB.</p> <p>Dr. de la Garza-Graham acknowledged that no one had registered to provide public comment.</p>		
<p><b>III. Approval of Consent Items</b></p> <p>- Margarita de la Garza-Graham</p> <ul style="list-style-type: none"> <li>o Approval of Excused Absences</li> <li>o Approval of CMHCC Meeting Minutes – June 18, 2013</li> </ul>	<p>Dr. de la Garza-Graham noted that Dr. Lannette Linthicum was absent during the September 26, 2013, CMHCC meeting due to medical leave.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Minutes from the meeting held on September 26, 2013.</p>		<p>Dr. Ben Raimer made a motion to approve the minutes and Dr. Linthicum seconded the motion which prevailed by unanimous</p>

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<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Approval of TDCJ Health Services Monitoring Reports</li>   <li>○ University Medical Director's Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li>   <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul>	<p>Dr. de la Garza-Graham stated the next items on the agenda were the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next items on the agenda were the approval of the UTMB and TTUHSC Medical Director's Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Summary of Joint Committee/ Work Group Activities.</p>		<p>vote.</p> <p>Dr. Raimer made a motion to approve the TDCJ Health Services Monitoring Reports and Dr. Harold Berenzweig seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Linthicum made a motion to approve the University Directors Reports and Dr. Raimer seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Linthicum made a motion to approve the Summary of CMHCC Joint Committee/ Work Group Activities and Dr. Raimer seconded the motion which prevailed by unanimous vote.</p> <p>Seeing no amendments or objections to the proposed consent items, Dr. de la Garza-Graham advised that the all consent items will stand approved.</p>
<p><b>IV. Update on Financial Reports</b></p> <ul style="list-style-type: none"> <li>- Charlene Maresh</li> </ul>	<p>Dr. de la Garza-Graham called on Ms. Maresh to present the financial report.</p> <p>Charlene Maresh reported on statistics for the Fourth Quarter of FY 2013, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 55.</p>		

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<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>Ms. Maresh explained that the report indicates a high level summary of funding and expenditures as follows:</p> <p>Funding received by the universities is \$482.1 million and the total expenditures were \$513.9 million, resulting in a shortfall of \$31.8 million. The shortfall was covered using \$2.4 million in offender health services fees and an additional \$29.4 million in other approved funding sources.</p> <p>The report also shows the expenditures broken down by strategies.</p> <p>Unit and psychiatric care makes up the majority of the costs at 56.7 percent, for a total of \$291.7 million.</p> <p>Hospital and clinical care accounts for 33.9% of total expenditures at a cost of \$174 million.</p> <p>Pharmacy services makes up 9.4 % of total health care expenditures at a cost of \$48.2 million. This strategy experienced a surplus of \$5.4 million. Of the \$48.2 million in expenditures, 76 percent of that \$36.5 million is actual pharmaceuticals.</p> <p>The average service population is 149,072 which is a slight decrease from FY 2012.</p> <p>The offender population age 55 and over continues to grow with an increase of 4.2% from FY 2012. The average daily census is 14,243, making up 9.6% of total service population and accounts for 39.1 percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,771, which is 1.2 percent of the total service population.</p>	<p>Dr. de la Garza-Graham had a question about the shortfall and asked for clarification on where the other approved funding sources come from.</p> <p>Ms. Maresh explained that they had contracted temporary capacity funding of \$15 million that was not utilized that went towards the \$29.4 million shortfall. Additionally, with the declining population at Mineral Wells, those funds were available for use as well.</p>	



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<p data-bbox="65 134 407 253"><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p data-bbox="128 565 327 589">-Dr. Owen Murray</p> <p data-bbox="128 1179 369 1203">- Dr. Denise DeShields</p>	<p data-bbox="472 134 1108 285">There is also a Program Supervisor V position that supports the CMHCC by coordinating meetings, preparing meeting agendas, making postings to the Texas Registry, etc. This position has been filled. Marsha Brumley was the selected applicant.</p> <p data-bbox="472 321 1108 407">There is a Licensed Vocational Nurse Position vacant in OPS. TDCJ Health Services is in the process of requesting approval to post this position.</p> <p data-bbox="472 443 1108 529">There is a vacant Investigator II – PLP at the Montford Unit. TDCJ Health Services is in the process of requesting approval to post this position.</p> <p data-bbox="472 565 1108 618">Dr. de la Garza-Graham then called upon Dr. Murray to report on UTMB’s critical vacancies.</p> <p data-bbox="472 654 1108 959">Dr. Owen Murray reported that UTMB will have the Senior Medical Director for Outpatient Services position currently held by Dr. Charles “Danny” Adams and the Senior Medical Director for Inpatient Services position currently held by Dr. Glenda Adams as they will both be retiring in May 2014, and staying on part-time. Dr. Murray stated that it will be a challenge to fill their roles. Advertising efforts will be underway during the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) conferences.</p> <p data-bbox="472 995 1108 1146">UTMB will continue to advertise for physicians, mid-level practitioners and dentist positions. A lot of UTMB’s workforce from the various disciplines is close to retirement within the next five years. UTMB will need to look at recruiting younger individuals in the health care system.</p> <p data-bbox="472 1182 1108 1235">Dr. de la Garza-Graham then called on Dr. DeShields to report on TTUHSC’s critical vacancies.</p> <p data-bbox="472 1271 1108 1445">Dr. DeShields reported that the PAMIO Medical Director position at the Clements Unit is still vacant and advised they are continuing using several recruiting firms, posting fliers and on the internet. Over the past five years, there have been six qualified applicants for this job. Two have declined due to salary, two were not able to obtain a license</p>		

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<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p>	<p>in Texas and two said that Amarillo was too far away. The position is currently being covered by contract staff. Recruitment efforts will be continued.</p> <p>Dr. DeShields further reported that there is an applicant for the Medical Director position at Dalhart and is hopeful the position will be filled.</p>		
<p><b>VI. Medical Director's Updates</b></p> <ul style="list-style-type: none"> <li>• <b>TDCJ – Health Services Division FY 2013 Third Quarter Report</b> <ul style="list-style-type: none"> <li>- Lannette Linthicum, MD               <ul style="list-style-type: none"> <li>○ Operational Review Audit</li> <li>○ Capital Assets Monitoring</li> <li>○ Dental Quality Review Audit</li> <li>○ Grievance and Patient Liaison Correspondence</li> </ul> </li> </ul> </li> </ul>	<p>Hearing no further discussions, Dr. de la Garza-Graham then called on Dr. Linthicum to provide the Medical Director's Update for TDCJ.</p> <p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews have been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Fourth Quarter of FY 2013, (June, July and August), operational review audits (ORAs) were conducted on nine facilities: Baten Intermediate Sanction Facility, Bridgeport Pre-Parole, Fort Stockton, Holliday, Hutchins, Jordan, Luther, Lynaugh and Middleton. There were also eight ORAs for several facilities closed during this quarter. Dr. Linthicum referred to the six items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same nine units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Linthicum explained that Dental Quality Review audits were conducted at the following seventeen facilities: Crain, Darrington, Formby, Hilltop, Hughes, Jester I, Jester III, Jester IV, Luther, Montford, Mountain View, Murray, Pack, Tulia, Vance, Wheeler, and Woodman.</p> <p>Dr. Linthicum referred to the items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program and Step II Medical Grievance Program and Sick Call Request Verification Audit process. During the Fourth Quarter of FY 2013, the Patient Liaison Program (PLP) and</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Quality Improvement (QI) Access to Care Audit</li> <li>○ Office of Public Health</li> </ul>	<p>the Step II Medical Grievance Program received 3,645 correspondences. The PLP received 1,947 correspondences and Step II Medical Grievance received 1,698. There were 455 Action Requests generated. The percentage of sustained Step II medical grievances from UTMB was 10 percent and six percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 44 Sick Call Request Verification Audits were conducted on 42 facilities. A total of 351 indicators were reviewed and six of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 501 cases of Hepatitis C identified for the Fourth Quarter FY 2013. There were 24,728 intake tests and 132 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Third Quarter FY 2013, 18,207 offenders had intake test and 125 were HIV positive. Only 15 new AIDs cases were identified in the Fourth Quarter FY 2013 and 16 new Acquired Immunodeficiency Syndrome (AIDS) cases identified during the Third Quarter FY 2013.</p> <p>212 cases of suspected Syphilis were reported in the Fourth Quarter FY 2013. 15 of those required treatment or retreatment.</p> <p>194 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2013.</p> <p>Dr. Linthicum advised that there was an average of 17 Tuberculosis (TB) cases under active management for the Fourth Quarter FY 2013.</p>	<p>Dr. de la Garza-Graham stated that 17 active TB cases doesn't seem very high and asked if that number is high or low.</p> <p>Dr. Linthicum reported that a lot of those offenders come into the TDCJ with TB. TDCJ tests offenders at the beginning of their incarceration and annually thereafter. TDCJ works closely with the Texas Department of</p>	

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<p><b>Medical Director's Updates (Cont.)</b></p>	<p>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 2013, 25 training sessions were held and 364 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 232 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 52 bloodborne exposure baseline labs were drawn on exposed offenders. To date, one offender has tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that seven units received a two day training and one unit received a four day training which included the Wall Talk Training which is part of the Peer Education Program. 101 of the 111 facilities have active peer education programs. 106 offenders trained to become new peer educators. 17,693 offenders attended classes presented by educators.</p>	<p>State Health Services to help control TB.</p> <p>Dr. Linthicum explained that all of the 2250 prototype units and regional infirmaries have respiratory isolation beds. Also, TDCJ Health Services has a physician, Dr. Carol Lynn Coglianesse that Chairs the Infectious Disease Specialist that assists with handling the TB patients.</p> <p>Dr. Berenzweig asked if there were 232 chart reviews for sexual assault, but only 52 bloodborne blood test, is that because the other 180 were not as a result of sexual assault?</p> <p>Dr. Linthicum explained that if an offender reports an alleged sexual assault, testing is initiated.</p> <p>Dr. de la Garza-Graham asked, what is a peer educator?</p>	

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<p><b>Medical Director's Updates (Cont.)</b></p>		<p>Dr. Linthicum explained that a peer educator is an offender that goes through training on various curriculums. TDCJ has a Wall Talk training that includes HIV, Hepatitis C and sexually transmitted infections. There is also information about suicide risk and prevention. Offenders are trained twice a year during refresher conferences as new therapies become available and they can communicate the newly received information. Each unit has staff that coordinates the trainings and schedules these training to be held in the unit chapels. They use training tools such as drama, skits, handouts and presentations. Health Services has a Peer Education Coordinator position that coordinates the program state-wide. The Safe Prison Program and the Rehabilitation Programs Division have related modules as well.</p> <p>Mr. William Stephens explained that newly received offenders receive peer education training providing awareness of sexual assault prevention and the zero tolerance.</p> <p>Dr. Raimer asked if education targeting diabetes and hypertension is still being provided.</p> <p>Dr. Linthicum explained there was a physician that was a coordinator and educator. However, some positions were lost during the reduction in force; therefore, this training is not currently being done.</p> <p>Dr. Raimer stated that self-management of chronic diseases is an opportunity to decrease medical costs. There are approximately 30,000 offenders with hypertension and 9,000 diabetics.</p> <p>Dr. Linthicum stated that she and Dr. Murray would take that recommendation into consideration.</p>	



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<p><b>Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Accreditation</li> <li>○ Biomedical Research Projects</li> <li>• <b>Texas Tech University Health Sciences Center</b> <ul style="list-style-type: none"> <li>- Denise DeShields, MD</li> </ul> </li> <li>• <b>University of Texas Medical Branch</b> <ul style="list-style-type: none"> <li>- Owen Murray, DO</li> </ul> </li> </ul>	<p>one deficiency identified and TTUHSC had four deficiencies identified. Dr. Linthicum explained that there has been tremendous improvement in this area, thus resulting in better continuity of care.</p> <p>Dr. Linthicum reported that there were twelve units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported that there are no new projects, but have recently completed a comprehensive market analysis of correctional managed health care salaries. TTUHSC as well as UTMB struggles with salaries compared to market as well as a maturing workforce. TTUHSC is making every attempt to be proactive with regard to institutional succession as they move forward. Dr. DeShields thanked UTMB and Dr. Jane Moultrie for allowing TTUHSC staff to participate in the very comprehensive web-based presentation on updated HCV policy.</p> <p>Dr. de la Garza-Graham thanked Dr. DeShields then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray advised that the Hepatitis C treatment program for male offenders is at the Darrington Unit and the female offenders are at the Carole Young Facility. There will be a director of nurses at each of the two facilities to take the lead role to ensure medication compliance.</p> <p>Dr. Stephanie Zepeda will give a presentation regarding pharmacy operations at the March 2014 CMHCC meeting.</p> <p>Dr. Murray stated that TDCJ is experiencing an aging offender population and there is a rising amount of cancer being seen. Therefore, there is a significant cost in the</p>		

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<p><b>VII. Novel Therapies for Cancer Treatment</b></p> <ul style="list-style-type: none"> <li>- <b>Avi Markowitz, MD, FACP</b></li> <li>- <b>Olugbenga Ojo, MD</b></li> </ul>	<p>management of offender patients. A presentation was prepared to discuss the current drug therapies.</p> <p>Dr. Murray introduced Dr. Avi Markowitz and Dr. Olugbenja Ojo to discuss the Novel therapies for cancer.</p> <p>Dr. Markowitz and Dr. Ojo gave a presentation on the current Novel therapies for cancer that UTMB is currently using and the expected costs, and discussed the drugs that were approved by the Federal Drug Administration over the past two years for treating cancers. The projected cost for cancer is projected to rise from \$104 billion in 2006 to over \$173 billion in 2020. The amount of cancer patients are increasing every year.</p> <p>Dr. Markowitz discussed transplants and the costs. He advised that UTMB does not perform transplants.</p> <p>Dr. de la Garza-Graham thanked Dr. Markowitz and Dr. Ojo for the presentation.</p>	<p>Dr. Murray stated that the drug prices reflect 340b pricing.</p> <p>Dr. Berenzweig asked if 340b pricing is available to TTUHSC.</p> <p>Dr. Murray advised that only UTMB qualifies for the 340b pricing as they are the covered entity because they have a disproportionate share hospital, employ the prescribers and run the medical record.</p> <p>Bryan Collier asked when offenders go through the transplant process and are released, would they be able to continue therapy, since they are usually indigent.</p> <p>Dr. Murray explained that Texas Correctional Office on Offenders with Medical or Mental Impairments and the Health Services Division work together to ensure that the offenders are provided with referrals for them to contact for their continuity of care.</p> <p>If they are not compliant with the continued treatment, the State may then later be burdened with additional costs of a higher level of HIV medication.</p>	

