

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

March 18, 2014

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

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP; Harold Berenzweig, M.D., Ben Raimer, M.D., Edward John Sherwood, M.D., Steffanie Risinger Campbell, M.D., Mary Annette Gary, Ph.D., Elizabeth Anne Linder, Ed.D., Patricia Vojack, JD, MSN.

CMHCC Members Absent: Cynthia Jumper, M.D.

Partner Agency Staff Present: Bryan Collier, Ron Steffa, William Stephens, Oscar Mendoza, Charlene Maresh, Robert Williams, M.D., Michelle Medlock, Marsha Brumley, Natasha Martin, George Crippen, Jerry McGinty, Chris Black-Edwards, Texas Department of Criminal Justice; Owen Murray, M.D., Stephanie Zepeda, Pharm.D., Olugbenga Ojo, M.D., Joseph Penn, M.D., Billy Horton, DDS., Anthony Williams, Stephen Smock, Kelly Coates, UTMB; Denise DeShields, M.D., TTUHSC

Others Present: Karen Damico, Linda Pugh, Inmate Assistance League; Cathy Corey, Abbott-Institutional Managing

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-Graham	Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 9:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.		
II. Recognitions and Introductions - Margarita de la Garza-Graham	Dr. de la Garza-Graham acknowledged that no one had registered to provide public comment. Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance. Dr. de la Garza-Graham introduced and recognized new CMHCC members Dr. Sherwood, Dr. Campbell, Dr. Gary, Dr. Linder, and Ms. Vojack.		
III. Approval of Consent Items - Margarita de la Garza-Graham			
<ul style="list-style-type: none"> o Approval of Excused Absences 	Dr. de la Garza-Graham noted there were no absences to report.		
<ul style="list-style-type: none"> o Approval of CMHCC Meeting Minutes – December 11, 2013 	Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Minutes from the meeting held on December 11, 2013.		Dr. Ben Raimer made a motion to approve the minutes and Dr. Harold

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<p>III. Approval of Consent Items (Cont.)</p> <ul style="list-style-type: none"> ○ Approval of TDCJ Health Services Monitoring Reports ○ University Medical Director's Reports <ul style="list-style-type: none"> - UTMB - TTUHSC ○ Summary of CMHCC Joint Committee/ Work Group Activities 	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was 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 CMHCC Joint Committee/ Work Group Activities.</p>		<p>Berenzweig seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the TDCJ Health Services Monitoring Reports and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the University Directors Reports and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Lannette Linthicum made a motion to approve the Summary of CMHCC Joint Committee/ Work Group Activities and Dr. Berenzweig 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 all consent items will stand approved.</p>
<p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Charlene Maresh 	<p>Dr. de la Garza-Graham called on Ms. Maresh to present the financial report.</p> <p>Charlene Maresh reported on statistics for the First 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 55.</p>		

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<p>IV. Update on Financial Reports (Cont.)</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 \$131.9 million and the total expenditures were \$131.6 million, resulting in a surplus of \$300,000 dollars.</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 56.4 percent, for a total of \$74.3 million.</p> <p>Hospital and clinical care accounts for 33.4% of total expenditures at a cost of \$43.9 million. This strategy experienced a shortfall within the first quarter of 1.9 million dollars.</p> <p>Pharmacy services makes up 10.2 % of total health care expenditures at a cost of \$13.4 million. This strategy experienced a surplus of \$1.7 million.</p> <p>The average service population is 150,232 which is a slight increase from FY 2013.</p> <p>The offender population age 55 and over continues to grow with an increase of 7.5% from FY 2013. The average daily census is 14,973, making up 10% of total service population and accounts for 39.6 percent of total hospital costs.</p>	<p>Dr. Raimer inquired if the trend on growth of the geriatric population remained about the same.</p> <p>Ms. Maresh responded yes.</p> <p>Dr. de la Garza-Graham asked if there had been an increase percentage wise over the last couple of years.</p> <p>Mr. Jerry McGinty explained there hasn't necessarily been a growth in the percentage, it has been very consistent, but the percent of the total has grown to nearly 10 percent.</p>	

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<p>IV. Update on Financial Reports (Cont.)</p>	<p>The average mental health inpatient census is 1,929, which is 1.3 percent of the total service population. The average mental health outpatient census is 18,883, which is 12.6 percent of the total service population.</p> <p>The average health care cost is \$9.63 per offender, per day, which is a slight increase of 1.9 percent from FY 2013 which was \$9.45, and an 8.2 percent increase from FY 2012 which was \$8.90.</p> <p>Dr. de la Garza-Graham thanked Ms. Maresh. Dr. de la Garza-Graham then called on Dr. Linthicum to report TDCJ's critical vacancies.</p>	<p>Dr. Raimer asked for clarification if the growth of the geriatric offender population which consumes more resources is growing faster than that of the general population.</p> <p>Dr. Murray inquired if there is a category accounting for the \$15 million dollar anticipated shortfall.</p> <p>Ms. Maresh clarified that the hospital pharmacy is looking good for the First quarter, but we are anticipating pharmacy cost to increase due to the use of Hepatitis C medications in the near future.</p> <p>Dr. Raimer stated that with the current sentencing profiles of offenders serving out their complete sentences we have a lot more older offenders that come into TDCJ with illness such as cancer, infectious diseases, Alzheimer's, and generative diseases. These offenders cannot parole or be put in step down facilities, so many of them spend their time in Intensive Care Units.</p>	
<p>V. Summary of Critical Correctional Health Care Personnel Vacancies</p> <p>-Dr. Lannette Linthicum</p>	<p>Dr. Linthicum reported that the TDCJ Health Services Division had a Manager III position vacant in the Office of Professional Standards (OPS). This is a Registered Nurse position. TDCJ Health Services has posted this position interviewed, and hired the selected applicant.</p> <p>There is one vacant LVN position in the Office of Health</p>		

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<p data-bbox="113 181 474 267">V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p data-bbox="134 964 373 987">- Dr. Denise DeShields</p>	<p data-bbox="506 181 1100 293">Services Liaison. Management made the decision to move this position to the Office of Professional Standards (OPS). This position has been posted and interviews will be conducted after the closing of the position.</p> <p data-bbox="506 329 1104 441">There is one Nurse II position vacant in Utilization Review. The extended title will be changed to Nursing Program Monitor. This nurse will be crossed trained in other categories besides utilization review.</p> <p data-bbox="506 477 1087 557">Additionally, there is one Administrative Assistant IV-Grievance Investigator position vacant. Health Services is in the process of getting this position posted.</p> <p data-bbox="506 592 1094 639">The position of Executive Assistant I - Division Director's office has been filled.</p> <p data-bbox="506 675 1108 755">Dr. Linthicum further noted that there is a vacant Health Specialist V position. The posting has closed and interviews will be conducted soon.</p> <p data-bbox="506 790 1056 837">The position of Accountant II - Resource Management office has been filled.</p> <p data-bbox="506 873 1108 930">Dr. de la Garza-Graham then called on Dr. DeShields to report on TTUHSC's critical vacancies.</p> <p data-bbox="506 966 1110 1104">Dr. DeShields reported that the Program for the Aggressive Mentally Ill Offender (PAMIO) Medical Director position at the Clements Unit is still vacant and has been for around seven years. However, there are three candidates that will be interviewed for this position by April 15, 2014.</p> <p data-bbox="506 1140 1110 1219">Dr. DeShields further reported that an applicant had been selected for the Medical Director position at Dalhart and is hopeful the position will be filled by April 1, 2014.</p> <p data-bbox="506 1255 1110 1302">Dr. de la Garza-Graham then called upon Dr. Murray to report on UTMB's critical vacancies.</p>		

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<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p>-Dr. Owen Murray</p>	<p>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 becoming vacant, as they will both be retiring in May 2014, and staying on part-time. Dr. Murray further noted that the interview process for the Inpatient Medical Director will start March 19, 2014. For the Outpatient Medical Director’s position, UTMB will be attending the National Commission on Correctional Health Care Conference to recruit additional applicants to add to the group of applications that have already been received for the position. The anticipated fill date for the inpatient position will be the end of March and the beginning of summer for the outpatient position.</p> <p>Dr. Murray stated the large dialysis program located at the Estelle Unit is also an area of concern. A number of Texas Tech patients were relocated to the Estelle Unit for treatment, but it has been difficult to recruit more dialysis nurses to the Huntsville area to fill these positions.</p>	<p>Dr. de la Garza-Graham asked how many RN’s are needed for the dialysis program.</p> <p>Dr. Murray reiterated that a large issue is the recruitment of Dialysis Nurses to the Huntsville area. Agency staff is a step in the right direction. However, it is better for UTMB when they can hire their own staff.</p> <p>Tony Williams responded there are about four vacancies and they are looking into trying to increase the salaries because these positions are considered positions of a specialized group. If the increase in salary is accepted, these positions are anticipated to be filled by mid-April.</p> <p>Dr. Linthicum also responded there is a dialysis center at the Huntsville Memorial Hospital as well as Conroe which is competition for TDCJ’s recruitment process.</p> <p>Mr. Williams responded that at any given point, about six to seven new patients come into TDCJ</p>	

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<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p>		<p>from county jails.</p> <p>Dr. de la Garza-Graham asked with having such a large number of offenders coming in needing dialysis, how will the facilities become equipped? Will outside sources still be used or will units be revamped to accommodate the large number of dialysis patients?</p> <p>Dr. Linthicum stated that strategic planning has already begun. Water capacity has been increased and dialysis operation is now being offered six days per week at Estelle and Carole Young.</p>	
<p>VI. Medical Director's Updates</p> <ul style="list-style-type: none"> • TDCJ – Health Services Division FY 2013 First Quarter Report - Lannette Linthicum, MD <ul style="list-style-type: none"> o Operational Review Audit 	<p>After discussion of the Critical Correctional Health Care Personnel Vacancies, 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 First Quarter of FY 2014, (September, October, November), Operational Review Audits (ORAs) were conducted on eight facilities: Allred, Boyd, Clemens, Darrington, Powledge, Roach, Scott, and Terrell. There were also eight ORAs for several facilities closed during this quarter. Dr. Linthicum referred to the nine items found to be most frequently below 80 percent compliance.</p>	<p>Dr. Raimer asked if compliance could be defined so everyone would have a clear understanding.</p> <p>Dr. Linthicum responded that guidelines and policies are set in place for facilities to follow. It is the responsibility of the facilities to remain in compliance under these guidelines. The Health Services Division has joint committees to follow up, monitor and ensure compliance is met.</p>	

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Capital Assets Monitoring ○ Dental Quality Review Audit ○ Grievance and Patient Liaison Correspondence ○ Quality Improvement (QI) Access to Care Audit 	<p>Dr. Linthicum next reported that the same eight 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 fifteen facilities: Bartlett, Connally, Daniel, Garza, Halbert, Havins, Hobby, Marlin, McConnell, Rudd, San Saba, Smith, Stevenson, Travis State Jail, and West Texas ISF.</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 First Quarter of FY 2014, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received 3,357 correspondences. The PLP received 1,656 correspondences and Step II Medical Grievance received 1,701. There were 402 Action Requests generated. The percentages of sustained Step II medical grievances from UTMB were 11 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 43 Sick Call Request Verification Audits conducted on 42 facilities. A total of 315 indicators were reviewed and 12 of the indicators fell below 80 percent compliance.</p>	<p>Dr. de le Garza asked how many sick calls are received per week.</p> <p>Mr. Steve Smock responded they are broken down by month, not day in the UTMB sector between medical, dental, and mental health. There are approximately 42,000 sick call requests received within a month.</p>	

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> o Office of Public Health 	<p>Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 762 cases of Hepatitis C identified for the First Quarter FY 2014. There were 19,375 intake tests and 139 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Fourth Quarter FY 2013, 24,728 offenders had intake test and 132 were HIV positive. Only 15 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the First Quarter FY 2014 and 15 new AIDS cases identified during the Fourth Quarter FY 2013.</p> <p>225 cases of suspected Syphilis were reported in the First Quarter FY 2014. 14 of those required treatment or retreatment.</p> <p>247 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2014.</p> <p>Dr. Linthicum advised that there was an average of 18 Tuberculosis (TB) cases under active management for the First Quarter FY 2014.</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 First Quarter FY 2014, 13 training sessions were held and 126 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 276 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 45 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 six units received a three day training that included the Wall Talk Training which is part</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Mortality and Morbidity ○ Office of Mental Health Monitoring & Liaison 	<p>of the Peer Education Program. 99 of the 109 facilities have active peer education programs. 145 offenders trained to become new peer educators. 16,684 offenders attended classes presented by educators. Dr. Linthicum reported Wall Talk is nationally recognized with a high success rate and has been requested and mirrored in a number of departments of corrections around the country.</p> <p>Dr. Linthicum reported that there were 97 deaths reviewed by the Mortality and Morbidity Committee during the First Quarter of FY 2014. Of those 97 deaths, 13 were referred to peer review committees for further review.</p> <p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the First Quarter of FY 2014:</p> <p>Administrative Segregation (Ad Seg) audits were conducted on 18 facilities. 3,687 offenders were observed 2,675 were interviewed and 7 offenders were referred to the university providers for additional services. Two of the 18 facilities fell below 100 percent compliant while the remaining 16 were found to be 100 percent compliant.</p> <p>Access to Care (ATC) 6 was met at 100 percent on all 18 facilities.</p> <p>Three inpatient mental health facilities were audited with respect to compelled medications. 62 instances of compelled psychoactive medication administration occurred. All three facilities were 100 percent compliant for logging all incidents of compelled psychoactive medication and for documenting the required criteria in the medical record.</p> <p>There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 17 facilities that met or exceeded 80 percent compliance.</p> <p>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</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Office of Health Services & Liaison ○ Accreditation ○ Biomedical Research Projects ▪ Texas Tech University Health Sciences Center <ul style="list-style-type: none"> - Denise DeShields, MD ▪ University of Texas Medical Branch <ul style="list-style-type: none"> - Owen Murray, DO 	<p>(BAMBI) Program. Nine offenders were reviewed and all nine were allowed to participate.</p> <p>The Office of Health Services Liaison (HSL) conducted 152 hospital and 45 infirmary discharge audits. UTMB had 17 deficiencies identified and TTUHSC had six deficiencies identified for the hospital discharge audits. UTMB had 23 deficiencies identified and TTUHSC had 22 deficiencies for the infirmary discharge audits. UTMB had one deficiency identified and TTUHSC had three deficiencies identified.</p> <p>Dr. Linthicum reported that there were nine 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 the struggle of finding providers is constant due to the broad geographical region of the facilities locations. Currently, TTUHSC Correctional Managed Health Care has 932 employees with over a \$100 million dollar budget. Dr. DeShields also spoke on the PAMIO and Chronically Mentally Ill (CMI) Program. TTUHSC as well UTMB struggles with competitive salaries compared to the health care market as well as a maturing workforce. TTUHSC is making every attempt to be proactive with regard to institutional succession as they move forward.</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 noted that UTMB Galveston is the only prison hospital in the nation and is part of the Academic Health Sciences Center. UTMB plans to expand adding an additional 14 beds at Hospital Galveston providing transitional care units. The 340B pricing will become a large contributor in cost savings for Hepatitis C treatment.</p>	<p>Dr. de la Garza-Graham asked with the additional rooms being added to Hospital Galveston, is the</p>	

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<p>VI. Medical Director's Updates (Cont.)</p>	<p>Dr. Murray reported that over the past four years a pay raise had not been seen by UTMB staff. A raise was given this past year, but it is not enough to remain competitive in the health care market especially in certain geographical locations. UTMB's goal is to become more competitive to be able to retain staff.</p> <p>Dr. Murray stated TDCJ has done a great job in promoting programs to help in specific areas for offenders so as they are discharged, they are not just stepping out of inpatient</p>	<p>space allocated for offenders.</p> <p>Dr. Murray responded yes, the space is already being paid for and is available. The benefit of this will be that it will take some of the offenders out of the free world hospitals and put them in a more secure environment where staff is already available. This will reduce spending from the use of free world hospital beds and cut cost of having to have additional officer's onsite sitting with offenders at free world hospitals.</p> <p>Dr. Berenzweig asked with the occupancy rate going down between FY 2011 and 2012, number of patients seen, understanding that UTMB is not fully staffed, what is the effective occupancy rate for staffed beds. Would it be more efficient to have better coverage rather than put more resources into capital intense hospitals?</p> <p>Dr. Murray responded one group of specialist provides care that helps to control costs and another strategy being considered is the use of University of Texas Health Northeast-Tyler and Huntsville Memorial Hospital.</p> <p>Dr. Linthicum responded one of the outcomes from the Ruiz Lawsuit was TDCJ built three regional medical facilities in order to increase the medical services available to offenders at the facilities.</p>	

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<p>VII. Correctional Managed Health Care Brief Overview of Joint Committee Structure</p> <p>- Lannette Linthicum, M.D., CCHP-A, FACP</p>	<p>mental health facilities into the community. The state has also done a great job in becoming proactive with technology.</p> <p>Dr. de la Garza-Graham thanked Dr. Murray then called on Dr. Linthicum to give a Brief Overview of Joint Committee Structure.</p> <p>Dr. Linthicum began by explaining that the CMHCC is structured under Texas Government Code § 501.146. Under this code, the committee provides expertise to departments and may appoint subcommittees to assist the departments in developing policies and procedures for implementation of the managed health care plan.</p> <p>Dr. Linthicum emphasized on the Quality Improvement Plan which is adopted and approved by the CMHCC, updated annually, and signed by the chairman. This is a statewide mechanism for monitoring access, and quality care. All data collected is reviewed by the System Leadership Council.</p> <p>The CMHCC and its partner agencies work steadily to enhance these monitoring processes. Monitoring is a joint effort among all the parties and involves numerous mechanisms for providing feedback on both access to care and quality of care issues.</p> <p>Dr. Linthicum next gave an overview of the Joint Committees and Working Groups introducing the chairs and members of the committees and the roles each committee has.</p>	<p>Dr. de la Garza-Graham asked how often these committees meet and if there is a set time they must meet.</p> <p>Dr. Linthicum responded, per policy some meet monthly and some quarterly.</p>	

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<p data-bbox="117 183 491 293">VIII. Joint Pharmacy and Therapeutics Committee & Pharmacy Operations Presentation</p> <p data-bbox="117 329 491 383">- Stephanie Zepeda, Pharm.D.</p>	<p data-bbox="491 183 1125 264">Dr. de la Garza-Graham thanked Dr. Linthicum, then with no further questions called on Dr. Zepeda to present the Joint Therapeutics Committee Presentation.</p> <p data-bbox="491 329 1125 557">Dr. Zepeda began by explaining the primary functions of the Pharmacy and Therapeutics (P&T) Committee and its structure. This committee is comprised of staff from TDCJ, UTMB, and TTUHSC. The committee works together to develop medication formulary, drug use policies and procedures, educational programs relating to drug use and evaluation studies, and implement changes when needed. The committee meets every other month.</p> <p data-bbox="491 589 1125 873">Dr. Zepeda reported on updates made to the HIV formulary. This is a generic medication which resulted in an estimated cost savings of about \$1.5 million dollars annually with no difference in outcome or compliance being found from patients after a 6 month evaluation. An annual pricing agreement is pending at this time for Hepatitis C medications which is a growing concern with the increase in patient population. The pricing agreement has an estimated potential savings of about \$600,000 dollars annually.</p> <p data-bbox="491 906 1125 1421">New practice tools were implemented this past summer. A major revision was presented to the committee for Hepatitis C and the new end stage liver disease management guidelines. An electronic returns process has been implemented for controlled substances on a unit level allowing electronic oversight and management of this process which was converted from paper. Dr. Zepeda gave an example of the unique benefit UTMB brings to the health care system by explaining a recent agreement negotiated through the UT alliance which combined purchasing power for the TDCJ contract with the universities and three other UT System Institutions increasing the discount of cost of goods sold from a prime vendor wholesaler. With this change the cost of goods discount went from 5% to 6.7% annually, an additional estimated savings of \$580,000 dollars per year. Based on last year's values, instead of a \$1.9 million dollar savings, a \$2.4 million dollar savings is expected.</p>		

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<p>VIII. Joint Pharmacy and Therapeutics Committee & Pharmacy Operations Presentation (Cont.)</p>	<p>Dr. Zepeda reported that on average the non formulary program saves about \$1.5 to \$2 million dollars per year. In FY13, a \$3.7 million dollar savings was seen. This additional money saving was due to the HIV medication formulary change and rebate through the 340B Program of \$150,000 dollars.</p> <p>Dr. Zepeda explained the overview of operations relating to pharmacy services and the benefits medical technology have shown being more efficient, reducing errors, eliminating the need for transcription, and saving time. Dr. Zepeda stated the average census served at end of year was 149,000 patients and doses administered by nursing staff were over 33.4 million. Prescriptions filled were slightly under 4.5 million an average of 18,000 dispensed per working day.</p> <p>Dr. Zepeda gave an overview of challenges. With the larger service population, increase in drug use and multiple</p>	<p>Dr. Berenweig asked how solid the 340B parameters are.</p> <p>Dr. Zepeda responded historically, the parameters have been solid; however, what impact the affordable health care act will have on these percentages has not yet been seen and the overall impact on the Texas Department of State Health Services (DSHS) is yet to be seen. Prisons are not considered an eligible entity.</p> <p>Dr. Sherwood asked if working with the Veterans Administration (VA) had been explored as a strategy to reduce cost because veteran benefits do not end due to incarceration.</p> <p>Dr. Linthicum responded that during incarceration, veteran benefits are suspended. TDCJ met with the Veteran's Administration and they will only see the offenders who are enrolled in clinical trials. Occasionally, forms are received from the Veteran's Association for the determination of disability benefits and at times offenders are transported to the (VA) for exams to be conducted.</p>	

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<p>VIII. Joint Pharmacy and Therapeutics Committee & Pharmacy Operations Presentation (Cont.)</p>	<p>services sites across the state, may at times cause issues with next day delivery services. National drug shortage has also been an issue over the last few years. When drugs are not available, formulary medication substitutes can be more costly. Cancer and Hepatitis C treatments and the increasing rise of dialysis patients are also major areas of concern. Dr. Zepeda also reported on strategies used to maximize pharmacy services.</p> <p>Dr. Zepeda explained the benefit of the 340B Drug Pricing Program stating that it is one of the most significant cost containment strategies implemented. The Office of Pharmacy Affairs reported a 25% to 50% savings with enrollment in the program. On average, over the lifetime of the program. Savings of around 47% are shown, an estimated \$307 million dollars. In FY13, an average savings of \$50.4 million dollars was shown or 56.9% and an average of about \$39 million dollars or 48% over the last 5 years.</p> <p>Dr. Zepeda reported on pharmacy health care cost and major cost drivers with drug purchasing cost representing the largest expense at 75%. During FY13 a 9.4% drop was seen in total health care cost primarily attributed to HIV medication formulary change and cost affixal contract with pharmacy wholesaler. The number of prescriptions, per member offender, per year for FY 2013 was about 30.2. Dr. Zepeda stated major cost drivers were therapy treatments with HIV at 47%, Chronic Hepatitis C at 4.5%, Psychotropic agents at 7%, and dialysis expenditures depleting 2.9% of the total drug budget. The rising number of aging offender patients is another contributor to the use of more health care resources.</p> <p>Dr. Zepeda discussed the total number of prescriptions filled per year and explained the cost saving benefit of return trends on medication. Since the year 2000, return trends have shown savings of \$115 million dollars with an average savings of \$8.3 million dollars a year. Dr. Zepeda explained that the demand for additional pharmacist was a contributor to non-drug cost related expenses. However, these positions were needed to spread out pharmacists workloads.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Joint Pharmacy and Therapeutics Committee & Pharmacy Operations Presentation (Cont.)</p>	<p>Dr. Zepeda then explained recruitment tools used for attracting staff and major staffing challenges. UTMB educates students from both the University of Houston and University of Texas which is a beneficial recruitment tool. Pharmacists workloads have increased 47% over the last 19 years. In 1995, 1.8 million prescriptions were processed with a rise shown of 4.5 million last FY. Due to the rise in drug use and demand for orders, Dr. Zepeda stated that pharmacist positions will continue to be requested to ensure that accuracy is continually met with reviewing patient prescriptions.</p> <p>Dr. de la Garza-Graham thanked Dr. Zepeda, and with no further questions proceeded with the announcement of acceptance of any public comments.</p>		
<p>IX. Public Comments</p>	<p>Dr. de la Garza-Graham noted in accordance of the committee's policy during each meeting the public is given the opportunity to express comments. No one signed up to express comments. However, Chairman de la Garza-Graham recognized Linda Pugh for comments.</p>	<p>Ms. Pugh asked if the MRIS Program is helping with any of these expenses.</p> <p>Dr. Murray responded that the MRIS Program certainly helps in particular cases. However, it is not necessarily getting a large number of offenders out and back into the free world.</p> <p>Ms. Pugh asked if there is an outside overview of the monitoring or if TDCJ & UTMB police themselves.</p> <p>Dr. Linthicum responded that monitoring is a joint effort and procedures for monitoring falls under the CMHCC. The TDCJ's responsibilities include Operational Review Audits and Quality of Care Audits. There have been audits by the State Auditor and the Legislative Budget Board of the Correctional Managed Health Care (CMHC) Program. These are considered external groups. The Sunset Commission staff has also reviewed the CMHC Program at least three times since its inception.</p>	

