CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 8, 2021

Chairman:	Robert D. Greenberg, M.D.
CMHCC Members Present:	Lannette Linthicum, M.D., CCHP-A, FACP; Erin Holt, LPC; Cynthia Jumper, M.D.; Phillip Keiser, M.D.
CMHCC Members Absent:	Jeffrey Beeson, D.O.; Michelle Erwin; Preston Johnson, Jr.; John Burress, M.D.
Partner Agency Staff Present:	Oscar Mendoza, Bobby Lumpkin, Rebecca Waltz, Natasha Mills, Renee Warren, Lora Pace, Chris Black-Edwards, Eidi Millington, M.D., Alice Castleberry, PsyD, Jennifer Gonzales, Ashley Cameron, Manual Hirsch, D.D.S., Jewel Archie, Texas Department of Criminal Justice (TDCJ); Denise DeShields, M.D., Lindsey Tubbs, Carrie Culpepper, Will Rodriguez, Texas Tech University Health Sciences Center (TTUHSC); Anthony Williams, Stephanie Zepeda, PharmD, Justin Robison, Joseph Penn, M.D., David Connaughton, Emily Mielsch, Monte Smith, D.O., University of Texas Medical Branch (UTMB)
Others Present:	Ms. Derrelynn Perryman, Texas Board of Criminal Justice (TBCJ)
Location:	UTMB CMC Offices, 200 River Pointe Drive, Suite 200 (Training Room), Conroe, TX 77304

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - Dr. Robert Greenberg	Dr. Robert Greenberg 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. Greenberg acknowledged that all wishing to offer public comment were instructed to register prior to the meeting and would be allowed a three-minute time limit to express comments. There were no public members registered to address the committee or offer public comment.		
II. Recognitions and Introductions - Dr. Greenberg	Dr. Greenberg welcomed and thanked everyone for being in attendance. He then moved on to recognitions and introductions. Dr. Greenberg gave special thanks to Renee Warren and Natasha Mills for their diligence and support to the CMHCC during the remote meeting period.		

Agenda Topic / Presenter	Presentation	Discussion	Action
II. Recognitions and Introductions (cont.) - Dr. Greenbergee	Dr. Greenberg recognized two former CMHCC members: Ms. Erin Wyrick and Dr. F. Parker Hudson, III. Ms. Wyrick served on the CMHCC 2018-2021 and Dr. Hudson served 2017-2021. Plaques were made for Ms. Wyrick and Dr. Hudson commending each for their outstanding service, commitment and support to the CMHCC. Dr. Greenberg recognized and thanked Ms. Derrelynn Perryman, Vice-Chairman of the TBCJ for attending the CMHCC meeting. Dr. Lannette Linthicum introduced Lora Pace, Program Supervisor V as TDCJ support staff for the CMHCC and manager for Dr. Linthicum's office staff. Dr. Denise DeShields introduced Carrie Culpepper, Chief Nursing Officer for TTUHSC and Lindsey Tubbs, Budget Director for TTUHSC. Dr. Monte Smith wished David Connaughton, Associate Vice President Finance CMC, well on his retirement, effective February 2022 and emphasized the value he's brought to the UTMB Correctional Managed Care (CMC) program during his career.		
III.e Approval of Consent Items - Dr. Greenbergee - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – September 15, 2021	Dr. Greenberg next moved on to agenda item III, Approval of Consent Items. Dr. Greenberg stated that the following five consent items would be voted on as a single action: The first consent item was the approval of excused absences from the September 15, 2021 meeting – Dr. Philip Keiser. The second consent item was the approval of the CMHCC meeting minutes from the September 15, 2021 meeting. Dr. Greenberg asked if there were any corrections, deletions, or comments. Hearing none, Dr. Greenberg moved on to the third consent item.		

Agenda Topic / Presenter	Presentation	Discussion	Action
III. Approval of Consent Items (cont.) - Dr. Greenberg - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities	The third consent item was the approval of the Fiscal Year (FY) 2021 Fourth Quarter TDCJ Health Services Monitoring Report. The fourth consent item was the approval of the FY 2021 Fourth Quarter University Medical Director's Reports. There were no comments or discussion of these reports. The fifth consent item was the approval of the FY 2021 Fourth Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports. Dr. Greenberg then called for a motion to approve the consent items.		Dr. Cynthia Jumper made a motion to approve all consent items, and Dr. Linthicum seconded the motion which prevailed by unanimous vote.
IV. Update on Financial Reports - Rebecca Waltz	Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report. Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Fourth Quarter of FY 2021, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 43. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website. Dr. Greenberg thanked Ms. Waltz and opened the floor for questions.		

Agenda Topic / Presenter	Presentation	Discussion	Action
IV. Update on Financial Reports (cont.) - Ms. Waltzee		Dr. Greenberg asked if the TDCJ is again taking inmates from county facilities and if so, are there projections regarding how that may affect medical services? Bobby Lumpkin, TDCJ Director Correctional Institutions Division responded by saying that intake resumed in July of 2021. The populations are monitored closely with Texas counties. Dr. Linthicum added that there are still unknowns regarding future intake numbers but, at present, intake numbers are still within manageable amounts and lower than projected.	
V. Medical Director's Updates -TDCJ – Health Services Division FY 2021 Fourth Quarter Report - Dr. Lannette Linthicumee	Dr. Greenberg then called on Dr. Linthicum to present the FY 2021 Fourth Quarter 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 and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website. Dr. Linthicum begins her report with a continuation of the previous discussion noting that staffing on the units is a challenge. Vacancy rates are 22 to 30% overall which is unprecedented. Position conversions and adding medical assistants are being considered by upper management to help mitigate the staffing shortages. Dr. Linthicum provided current statistics for COVID-19 by stating that the TDCJ has tested over 800,000 inmates. Testing for employees (both TDCJ and CMC employees) continues and over 300,000 tests have been administered. Up to date statistics can be found on the TDCJ website.		

Agenda Topic / Presenter	Presentation	Discussion	Action
V. Medical Director's Updates (cont.) - Dr. Linthicumee	Dr. Linthicum explains that the increase in noncompliance reflected in the medical director's report is a direct result of not having normal clinic operations for reasons previously stated. The clinic modifications experienced have been based on the number of lockdowns, isolations, restricted movements, etc. In mid-November, at the urging of the Joint Medical Directors and due to a downward turn in the number of cases across the system in conjunction with corresponding communities trending downward, a concerted effort was made to resume normal clinical operations; however, that information will not be reflected until the FY 2022 First Quarter report.		
- **Texas Tech University Health Sciences Center** - Dr. Denise DeShieldsee	Dr Greenberg asked if there were any questions or comments on Dr. Linthicum's report and there were none. Dr. Greenberg thanked Dr. Linthicum and then called on Dr. DeShields to present the report for TTUHSC. Dr. DeShields reported that TTUHSC has administered approximately 35,000 vaccines to inmates and employees with an approximate acceptance rate of 60% for both of those populations.	Dr. Linthicum added that Mr. Oscar Mendoza, TDCJ Deputy Executive Director previously proposed that UTMB and TTUHSC offer vaccines and boosters to TDCJ employees' family members which they graciously have done. Dr. Greenberg noted that, from the information given, the inmate positivity rate is 4.7% and the employee positivity rate is 4.2%. This is impressive as the public rate in the Houston area is 6%. Dr. Linthicum gives thanks to Dr. Philip Keiser, UTMB Infectious Disease Specialist, who has been acting as a consultant to the agency throughout the pandemic.	

Agenda Topic / Presenter	Presentation	Discussion	Action
V.ee Medical Director's Updatesee (cont.) - Dr. Linthicumee		Dr. Keiser notes that, from the beginning of the pandemic, it was recognized that corrections could have dire consequences and control measures were quickly put in place that have been instrumental in achieving these low numbers. He gives praise to Dr. Linthicum and the whole Correctional Managed Health Care system for developing the procedures. Dr. Linthicum added that the success the TDCJ has had during the pandemic correlates to the Quality Improvement Quality Management (QIQM) mission statement which focuses on a clinically driven system. She says further that the leadership of the three joint medical directors for 27 years has propelled the system to where it is today. Dr. DeShields remarks that the greatest acknowledgment for the success of the COVD-19 efforts is due to the nursing staff going beyond expectations to ensure the greatest efforts were being made for the sake of best possible patient outcome during the pandemic. They deserve the utmost public acknowledgments for their efforts.	
- **University of Texasee Medical Branchee** - Dr. Monte Smithee	Dr. Greenberg thanked Dr. DeShields and then called on Dr. Monte Smith to present the report for UTMB. Dr. Smith confirmed that all reporting information had been mentioned during Dr. Linthicum's report and he has no additional comments.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. SGLT2i for the Treatment of Type 2 Diabetes - Dr. Stephanie Zepedann	Dr. Greenberg thanked Dr. Smith and then called on Dr. Stephanie Zepeda to begin the presentation to discuss SGLT2i for the Treatment of Type 2 Diabetes. Dr. Zepeda introduced herself as the Associate Vice President of Pharmacy Services for UTMB/CMC. The presentation is based on the recommendation of the CMHCC Joint Pharmacy and Therapeutics Committee. Dr. Zepeda outlined her presentation to include the status of diabetes in the world today, the specific agents called sodium-glucose cotransporter 2 inhibitors (SGLT2i), and the proposed place in therapy within the agency. Dr. Zepeda stated that there is a significant economic impact in using these agents within the agency and they are seeking endorsement of the CMHCC for the use of SGLT2i for diabetes treatment. Dr. Zepeda confirmed that diabetes represents a significant health burden for the United States. It is estimated that more than 34 million Americans have diabetes which is one out of every 10 with the vast majority having type 2 diabetes. She continues to say that medical costs for those with diabetes are approximately twice as high per year as those without diabetes. This translates to be about one in seven health care dollars spent treating diabetes and its complications. Dr. Zepeda affirms that people with diabetes are at a higher risk for serious health complications including blindness, kidney disease, and it is the seventh leading cause of death in the United States.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. SGLT2i for the Treatment of Type 2 Diabetes (cont.) - Dr. Zepedadd	Dr. Zepeda explains that when looking at the complications of diabetes, they are typically broken up by microvascular and macrovascular complications. Macrovascular complications lead to Atherosclerotic Cardiovascular Disease (ASCVD) which is the leading cause of morbidity and mortality in diabetics. This is important when looking at current therapy and offering incentive glucose lowering therapy because there has been an impact on the outcomes of microvascular complications. Historically the drugs that have been used haven't done well at reducing the risk of the macrovascular complications. This is the cause of the paradigm changing to focus on therapy which would not only lower the glucose but has demonstrated cardiovascular benefits. Dr. Zepeda goes on to say that there are two groups of agents that have demonstrated cardiovascular benefits in trials. Those are glucagon-like peptide 1 receptor agonists (GLP-1 RA) and sodium glucose cotransporter 2 Inhibitors (SGLT2i). When looking at these two treatments, the GLP-1 RA is primarily an injectable treatment and the SGLT2i is an oral tablet. This is significant in the prison system due to the lack of required refrigeration and not being an injection, it is easier to administer. Dr. Zepeda explains further that when looking at the national guidelines set forth by the American Diabetes Association (ADA) or the American Association of Clinical Endocrinologists/American College of Endocrinology (AACE/ACE), both organizations recommend GLP-1 RA and SGLT2i as first line therapy for those patients that are high-risk, ASCVD, CKD, or have heart failure. When looking at second line recommendations, the SGLT2i and GLP-1 RA are recommended by both ADA and AACE/ACE as well. Dr. Zepeda summarized by saying that there is compelling data that there should be a focus using agents for treatment that impact cardiovascular disease. There is mounting evidence that those SGLT2i inhibitors are favored and since it is an oral treatment, easier to administer.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. SGLT2i for the Treatment of Type 2 Diabetes (cont.) - Dr. Zepedaaa	Dr. Zepeda recommended that CMC begin using Empagliflozin, brand name Jardiance, specifically for patients with ASCVD, heart failure with reduced ejection fraction, or CKD. She recommended that consideration be given for those patients that are high risk, obese, or that have not maximumly tolerated first line therapy. If there is no history of ASCVD, HF, or CKD, existing formulary agents continue to be appropriate. Dr. Zepeda began reviewing costs using projections which include the current pricing of a penny. The penny price occurs when a manufacture increases the price of a 340B drug more quickly than the rate of inflation. It is then subject to a "penny pricing" penalty and is required to sell that drug at a price of one penny for a period of time. Dr. Zepeda specifies two estimates for both the UTMB sector and the Texas Tech sector. The first calculation is based on the reported number of patients with ASCVD in the electronic health record. Overall, for the TDCJ that's 14.5% of the diabetics, lower than those reported in medical literature which is 44% of diabetics with ASCVD. Based on these figures, projected 340B costs at 14% would be an additional $786,512 and at 44% would be an additional 2.9 million dollars. Dr. Zepeda's second calculation was formed from forecasts based on the historical 340B pricing of 50% lower than TTUHSC cost. Assuming the penalty penny price will no longer be available and assuming the incident rate is accurate, the cost could be as much as 3.2 million dollars a year. If the medical literature information is accurate, it could be as much as 8.1 million. Dr. Zepeda concludes her presentation and asks for questions.	Dr. Linthicum asks how the process would be operationalized with the use of clinical pharmacists in the approval process.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VI.aSGLT2i for the Treatmentaa of Type 2 Diabetesaa (cont.) - Dr. Zepedaaa	Dr. Zepeda responds by saying that because these agents are to be used only for specific patients and to keep from having unnecessary widespread use, they will be kept as nonformulary agents. The Empagliflozin will be the workhorse agent and the patient must meet the discussed criteria. Other compelling reasons will be determined on a case-by-case basis.	Dr. Linthicum explains that would require unit providers to go through the non-formulary process and a clinical pharmacist will review it, making sure that it meets all the criteria and guidelines that the Joint Medical Directors have approved.	
	Dr. Zepeda concurs and notes the guidelines and DMG will be revised with the appropriate criteria and the recommendations for use.	Dr. Keiser asks if there will be a bidding process to get pricing below the 340B pricing.	
	Dr. Zepeda confirms that Empagliflozin will be the workhorse agent used. Historically, other than a few companies, a lot of companies don't like to offer a subceiling 340B contract and it is not the standard method. Doing otherwise has not proven to be successful.	Dr. Keiser continues by asking if using the agents in selective cases should give some downstream cost savings and would there be a way to capture cost avoidance? If so, is there any way to evaluate that?	
	Dr. Zepeda answers that, when calculating the projections, there was not a way to capture the cost avoidance figures but expands her answer by explaining that if the diabetes is managed and controlled in the patient, then the expensive long term health complications alluded to earlier could be avoided.	Dr. Greenberg asks about the possibility of this not being approved and, therefore, would not be able to provide this therapy.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. SGLT2i for the Treatment of Type 2 Diabetes (cont.) - Dr. Zepeda		Dr. Linthicum states that the proposed treatment is the national standard of care promulgated by both the ADA and the AACE/ACE. It is important that it be considered seriously for diabetic patients in the TDCJ. The TDCJ will stratify according to the recommendations set forth and would also have another layer of clinical pharmacists that would do the non-formulary requests, making sure that the criteria are met. In addition, the Joint Medical Directors will constantly monitor use and costs at bimonthly meetings. Dr. Greenberg agrees that the standard of care is optimal. Dr. Keiser adds that the HIV drugs faced similar challenges. In that situation, there was a carefully formatted monitoring program to ensure that guidelines were followed and setting up a monitoring system will be important.	
	Dr Greenberg thanked Dr. Zepeda and called for a motion to endorse the recommendations as presented by Dr. Zepeda.		Dr. Keiser made the motion to endorse the recommendations as presented by Dr. Zepeda and it was seconded by Dr. Jumper which prevailed by unanimous vote.
VII. Public Comments - Dr. Greenberg	Dr. Greenberg noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Adjourn	Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for March 23, 2022 in Dallas, Texas. The meeting was adjourned at 11:05 am.		

Robert D. Greenberg, M.D., Chairman
Correctional Managed Health Care Committee

3/23/2022
Date