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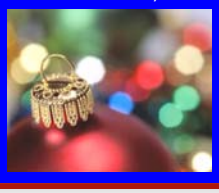

The TURNAROUND Lifeline

California Prison Health Care Services

INSIDE THIS ISSUE

DO YOU KNOW?

The Receiver has established a Construction Oversight and Advisory Board (COAB) to provide advice, expert recommendations, and transparency regarding the construction of the 10,000 bed health care facilities. The eleven-member COAB includes representatives from public and private sectors with expertise in the fields of governmental accountability, facility planning, and construction in order to obtain the highest quality of advice and to be able to ensure optimum quality and accountability for project scope, schedule, and budgets, including a representative from the United States Justice Department's National Institute of Corrections, California's State Auditor, and California's Inspector General.

CPHCS Construction & Projects will Save Lives, Boost Economy, & Save Taxpayers' Money

The Receiver's Health Care Construction program is an investment that will save taxpayer's significant amounts of money in the long run. Upon reviewing the plan, Mitzi Higashidani, the Receiver's new Director of Administrative Services, which encompasses the Finance Department, says "When I hear anyone complain that the State simply can't afford the Receiver's Plan of Action, I realize they don't fully understand its benefits. I tell them that if they want our State to get back on the right track, they need to support the plan and explain it to everyone they know."

The construction and operation of the facilities will create what's called direct, indirect and induced jobs. Direct jobs are the total number of individual jobs, either full or part-time, at the sites. Indirect jobs include jobs that are created by suppliers of goods or services. Finally, induced jobs are those created by the purchases and consumption of goods and services by direct and indirect employees.

Here are the latest approximated figures by the Sacramento Regional Research Institute of the economic benefits that are expected to result just from the construction of the health care facilities alone:

Construction Job Impacts:

Direct construction jobs per site: 25,600
Indirect construction jobs per site: 16,000
Induced construction jobs per site: 22,800
Total construction job impact:
64,400 jobs state-wide

Once the construction is done, more lasting impacts will be felt.

Permanent Job Impacts:

Direct: 12,750 Indirect: 3,900 Induced: 7,600
Total permanent jobs: 24,250 jobs statewide

It's expected that each site will have an approximated annual payroll of $110,000,000. Since there are 7 sites planned, the approximate total is $800 million dollars per year and that doesn't even account for larger staffing at 2 of our sites. Benefits paid to the total amount of employees will add another 32% of those annual salaries in economic stimulus to the state. That's another $256 million dollars. But the story of the economic benefits to the State doesn't end there. Many of the clinical support functions that are being planned or implemented will not only save inmates' lives but will also provide California taxpayers with significant savings in the cost of health care delivery. The results are already beginning to surface. Based on a review of the first 8 months of the major clinical support function which has been implemented, the Maxor Pharmacy Project projects a cost avoidance of approximately $33 million in 2008 compared to prior drug cost trends. These cost avoidances are the result of targeted pharmaceutical contracting strategies, disease medication management, and increased pharmacy services accountability and oversight. It is expected that other planned support programs will also yield considerable cost savings.

MITZI HIGASHIDANI

But there's more. McKenzie-Stephenson, Inc., has concluded a comprehensive assessment of CDCR's medical imaging services including radiology, CT, MRI, and ultrasound and created a road map for future improvement. McKenzie-Stephenson, Inc. recently presented evidence that implementation of their recommendations could result in annual savings to the state of $67 million after just two years.

Additionally, consultants from the University of Texas Medical Branch estimate that an improved telemedicine program could avoid inmate transport costs totaling nearly $60 million annually.

Plus, Navigant guarantees its high-quality lab services will yield five-year cumulative savings of approximately $5 million. Navigant believes this model has the potential to additionally reduce operating costs by 10 to 15 percent over 5 years through reduction of waste, inefficiency, and unnecessary duplicated testing.

From Crisis to Opportunity,

Folsom Health Care Team Raises the Bar–Behind Bars

Folsom's Health Care Team: (Left to Right:) HCM/CMO Dr. Renee Kanan; DON-Mark Glowski; Care Manager-Darrell Kirby RN; SRNII Loretta Franklin RN; PCP Dr. John Dunlap; AGPA Barbara Shane.

There is a sign displayed proudly in the Folsom State Prison Health Center. It reads: "Raising the Bar Behind Bars." Chief Executive Nurse Betsy Chang Ha says it's absolutely appropriate for the Folsom Health Care Team, "here's an institution that turned crisis into opportunity." The Folsom team has had its share of tough breaks. They were one of the first institutions to implement Maxor's Guardian Program, (see story page 4). It was the pharmacy pilot program that exposed the problems that can come with rapid change that's attempted without the proper preparation. Like many other institutions they suffer from a lack of Connectivity and other issues common to prison sites. But they are now credited for being a model site for the roll-out of several Access to Care initiatives including the Asthma Initiative, the Specialty Care and Case Management Pilot, the Community Standards for Referrals Project and the Sick Call Pilot "They've come a long way. They are one of our stars. They embraced the new ideas and ran with them," Chang-Ha adds.

Folsom's Health Care Manager/ Chief Medical Officer, Dr. Renee Kanan credits her outstanding team and says the key to their success is to "rally everyone around a common purpose and to leverage everyone's strengths," by giving them proper respect and realizing that "everyone brings something important to the table." Kanan says her team simply set out to identify their goals together and everyone on the team was asked for input on "how we should do it."

That's exactly the kind of challenge Specialty Care Nurse Champion Loretta Franklin was seeking. Loretta prides herself in heading off problems before they get serious, saving her patients needless suffering and saving taxpayers from avoidable bills.

She is fully aware that some of the public doesn't understand why inmates should get adequate health care at all. "For me, it's a patient to me- inmate to custody, but a human being to all of us." Loretta is a certified case manager who came on board to be part of the Specialty Care, Access to Care Project. She once worked as a case manager at a hospital in Northern California that was located between a State Prison that is located on the edge of one county and its contract provider which was in a different county. The ambulance service that was called for emergencies wouldn't cross county lines, so emergency prisoner cases would always end up at her non-contract provider hospital – costing taxpayers huge bills and health providers massive headaches because they weren't equipped for security. "I was looking at that and thought, oh my gosh what a waste." Now she uses her

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The Receiver's Corner

By J. Clark Kelso

The holidays are now upon us. Amidst the turmoil of the national and global economic crisis, the state budget crisis, and the daily challenges that each of us faces in fulfilling our professional obligations, now is the time of year to make extra room in our hearts and minds for thoughts of family and friends, of home and community, and of sharing and giving.

We all have special traditions that we fall back upon during the winter holidays. Families reunite for the Thanksgiving feast. Children perform in The Nutcracker Ballet all across the nation, with visions of sugar plums dancing before our eyes. We exchange gifts and glad tidings. We remind ourselves of our common humanity, and we restoke the fires of hope and optimism.

However, for some, the holidays are not a time for happiness. For some, ironically, the happiness and joy they see around them only magnifies their own anger, resentment or insecurities. Be sensitive in your relationships and in the workplace to those who may not share your enthusiasm for the holidays.

Our patient-inmates will also have mixed emotions about this time of year. Their confinement and the conditions of confinement, particularly for those who are suffering from recurring pain or chronic illness, are constant reminders of the freedom, joy and family on the outside that they are missing. Depression will be on the rise, and this is the time of year when we see substantial increases in rates of sickness and death. Take a moment to reflect upon their circumstances and suffering. True, each of them is responsible for their own confinement. But equally true, each is a human being entitled to decent treatment and common respect. We are healers, and we can be proud that our efforts are committed to improving their lives. After all, that is one of the overriding messages of the holiday season: love of and service to others who are less fortunate than we.

Happy Holidays!

Hep-C Training Begins for First Responders

Class Participants Qualify for CME Credits

Trainers and Students: (Left to Right:) Shawn Mostafania, P.A.; Elizabeth Dos Santos Chen, D.O.; Cheng Cong Wu, M.D; Paulette Finander, M.D.; Kashif Ali, M.D.; Junaid Fitter, M.D.; Wale Olukanmi, P.A.; Ann Vuletich, M.P.H.; James Gocke, N.P.; Paul Fortaleza, M.D.; Hai Le, M.D.

In another historic "first," CPHCS will soon become one of the few state correctional departments in the country to provide Continuing Medical Education (CME) credits to physicians. On October 9, Kashif Ali, MD., conducted the first lecture "Primary Care Introduction to Hepatitis C" for CME credit. Seven clinicians at California State Prison-Los Angeles County in Lancaster attended and were among the first providers in the CPHCS system to receive CME credit, which is required to maintain licensure. "This is truly exciting - the first CME lecture held by CDCR staff for CDCR staff! Hepatitis C at LAC," said Elizabeth Dos Santos Chen, D.O., Chief Medical Officer for the Southern Region, who attended the training. The Hepatitis C program is one of several developed to demonstrate a "track record" which is required before CPHCS can become accredited as a provider of CME. "Right now it's like riding a bike on training wheels," said Ann Vuletich, M.P.H., CME Program Manager. "Once we become accredited, which should happen early next year, we will be able to plan and approve all CME programs ourselves." Physicians from the Clinical Support Unit have also presented a one-hour course on "Primary Care Introduction to Chronic Pain Management." Over sixty providers in five institutions attended and received CME credit. The case-based lecture provides primary care providers with an introduction to pain management and tools they can use to better assess and manage patients with chronic pain. Participant response to the program has been overwhelmingly positive. Nearly 80% gave the lecture high marks (very good to excellent) in meeting its purpose, while over 70% listed specific changes they intended to make in their practice as a result of attending the course. One participant stated that the course was "extremely practical…it gives us some tools to use right away."

The CME Committee, chaired by Alan Frueh, M.D., Chief Medical Officer Clinical Operations, meets monthly to review and plan future program offerings. Topics in the development pipeline include coccidioidomycosis (Valley Fever), diabetes, asthma, and medical management of dental emergencies. Each program will be conducted throughout the 33 institutions in the prison health care system. Currently each session lasts for one hour but longer programs may be developed in the future. Regularly scheduled conferences, similar to case conferences and grand rounds in hospitals, are also under development. CPHCS is seeking accreditation because recruiting and retaining good physicians and keeping them abreast of medical changes is a continuing challenge. National research shows that a critical component of successful physician recruitment and retention is the quality and ease of acquiring continuing medical education. There are few CME programs focused on the unique challenges of treating patients in a correctional health care setting. Having an accredited CME program allows CPHCS to tailor its program to the health conditions that occur frequently in a patient-inmate population. CPHCS will also be one of the first organizations to undergo an accreditation survey under new, more rigorous accreditation standards. The new standards focus on evaluating changes in practice several months after physicians have attended the program, to give them an opportunity to put what they learned into practice. The increased focus on evaluation also fits well into the quality improvement culture that is being established throughout CPHCS. Participants provide feedback on how well the program resulted in changes in clinical practice; that information is then used to identify areas for improvement in future CME offerings.

Doctor & Nurse Champions Meet in Sacramento to Share Ways to Turn Hep-C Plans into Reality in Prison Settings

Clinician Champions share their own successful ways to combat Hep-C at this CPCHS-sponsored seminar in Sacramento.

Hepatitis C is a rapidly emerging infection, especially in the prison setting where nationwide the risk to inmates is 40% higher than in the general population. But as the risk is higher in the prison setting, diagnosis, and treatment are also more difficult. Just ask Dr. Lori Kohler, the Director of the Correctional Medicine Consultation Network at the University of California, San Francisco. Dr. Kohler was instrumental in coordinating a two-day seminar recently at the Pagoda Building in Sacramento where Doctor and Nurse Champions working on the Hep-C Initiative came together to share best practices for converting treatment methods into practical use in prisons. Dr. Kohler says one of the best outcomes of the seminar will be the forming of a systemwide "network of clinical professionals that can help track inmate Hep-C patients and communicate to keep treatment consistent." She also emphasized that only other clinicians who understand their limitations of space and equipment can help overcome the unique challenges. Aside from well known national experts, such as Dr. Joanne Imperial, the seminar also featured CPCHS Hep-C Champions who have found treatment methods that work within CDCR, such as Folsom's Public Health Nurse, Eric Washburn. His self-made e-system helps him track interferon recipients while the CPCHS IT system becomes integrated. His tracking system helps avoid lapses in treatment. He says a inmate patients are getting "much better care," but there's still a long way to go in fighting Hep-C.

Dr. Lori Kohler

Raising the Bar

(Continued from Page 2)

common sense to avoid similar waste of time and money as a case manager in the chronic care program pilot.

Her goal is to involve the inmates, who have chronic conditions that can turn serious or even deadly, in their own care and teach them to be partners in case management. Many have a "low socio-economic background and may not be used to actively participating in care." But she says that once they understand their condition, know the consequences of non compliance they often become motivated to be involved." For Loretta, that's a challenge that is worth taking on. Because as Dr. Kanan likes to say, "if you think good care is expensive, try bad care." That's much more expensive in dollars, more costly when it comes to human suffering and more wasteful of staff energy. And that's reason enough for the Folsom team to raise the bar-behind bars.

We're on the Web at:
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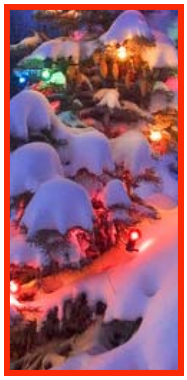
Receivership's Mission

Reduce unnecessary morbidity and mortality and protect public health by providing patient-inmates timely access to safe, effective and efficient medical care, and coordinate the delivery of medical care with mental health, dental and disability programs.



Recruitment : Do you Know someone Interested in Joining our Health Care Team?

Website: ChangingPrisonHealthCare.org

Phone: 1-877-793-HIRE (4473)

Phase 1 Maxor Implementation "Lessons Learned"

CPCHS has concluded a study of staff concerns following the Phase 1 implementation of Maxor's Guardian Rx™ Phase I implementation that began at the California Men's Colony and a few other institutions about one year ago. At that time, the goal of the implementation was to control skyrocketed pharmacy costs and waste. But Chief Nurse Executive, Betsy Chang-Ha, who headed the study, says the experience there has left them with "a lesson learned," that haste to solve one problem can cause others. Like most CDCR Institutions, CMC lacks IT connectivity. A limited

dedicated network circuit was installed and Maxor's Guardian system was implemented. But Guardian was originally designed for use in full-fledged pharmacies. Without other upgrades such as full internet technology connectivity and an expansion of the physical space, the use of the Guardian system under Phase I, sometimes resulted in inaccuracies and often caused more paperwork for the clinical staff. " We recognize that it was not the optimal implementation process for CMC." says Chang-Ha.

Maxor says clinicians didn't follow training protocols, but instead created 'work-arounds' to speed up the pill line distribution. Nurses argue that they did what was necessary to insure patient-inmates got their proper medications in a timely way. Chang-Ha says the entire pilot process was a learning experience which will help improve their method of implementation for the other facilities so that a smoother transition and more extensive training can be achieved. As a result of the study, CMC was placed on a fast-track for internet connectivity and Phase II Guardian implementation. Soon, it's expected that in its second phase, many of the problems will be worked out and the Guardian program will become much more of a help than a hindrance, producing higher accuracy rates, and cutting down on paperwork. CMC's Guardian Phase II upgrade began in November.

Pre-Construction Preparations On-going

The Stockton EIR shows where the California Prison Health Care Facility would stand among existing buildings. For more info, go to WWW.CPHCS.CA.GOV

It's an exciting, busy time at the Receiver's office in Sacramento, as our construction project management partnership with URS/Bovis moves ahead with the formal environmental review process at several potential health care facility sites.

As the Lifeline goes to print, the formal environmental review process called CEQA (California Environmental Quality Act) has been started at sites in San Diego, Stockton, Chino and Folsom. Draft environmental review reports for the Stockton and San Diego sites are currently being reviewed by those communities.

"The CEQA process is really the very beginning of the development process for each one of these sites," said Wendy Saunders, URS/Bovis' CEQA Manager. "It gives a formal, structured opportunity for the community to ask questions and give input on these projects. Also, it formalizes any physical mitigations that might be needed for things like traffic impacts."

The CEQA process can take anywhere from 9 to 12 months. Upon review and approval of the environmental impact reports (EIR), clearing and construction can begin at the sites. It is anticipated that clearing at the first site will begin in February or March of 2009.