

APPENDIX 6



GOAL

Support continuous program evaluation and positive change in order to:

- Improve quality, cost effectiveness, and safety of care delivery
- Improve cost-efficiencies and value-added work, and reduce waste
- Improve patient outcomes

OBJECTIVES

Access to Health Care Services

- ❑ By June 30, 2010, greater than eighty-five percent of patients at each institutions will have timely access to health care services, as defined by policy timeframes, in the following areas:
 - Episodic care requests
 - Chronic care evaluation
 - High-priority specialty services
 - Routine specialty services
 - Return from a higher level of care (community hospital/ED setting)

Quality, Value and Outcomes

- ❑ By December 31, 2010, greater than 85% of diabetic patients who have been under treatment for at least 6 months will have most recent HbA1c result less than 8%.*
 - ❑ By December 31, 2010, greater than 85% of diabetic patients will have most recent LDL-C result within the past twelve months lower than 100 mg/dL.*
 - ❑ By December 31, 2010, greater than 85% of diabetic patients who are not prescribed ACEI or ARB therapy will have had microalbuminuria screening in the past 12 months.
 - ❑ By December 31, 2010, greater than 75% of a sample of diabetic patients will have most recent blood pressure result within the past three months lower than 130/80 mmHg.
 - ❑ By December 31, 2010, greater than 85% of a sample of diabetic patients will have had a dilated retinal exam in the past 12 months.
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- ❑ By December 31, 2010, greater than 85% of eligible inmates 50 years and older will have a fecal occult blood test (FOBT) performed in the preceding 12 months.
 - ❑ By December 31, 2010, greater than 85% of a sample of female inmates 50 years and older will have a mammogram performed in the preceding 24 months.
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- ❑ By December 31, 2010 the ratio of SABA to ICS prescription for asthmatic patients will be less than 2:1.
 - ❑ By June 30, 2010, non-formulary medications including OTC medications will comprise 3% or less of prescriptions per month.
 - ❑ By June 30, 2010, annual medication costs PMPM will be reduced by at least 10% compared to fiscal year 2008-2009.
 - ❑ By June 30, 2010, average number of medications PMPM will be reduced by at least 10%.
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- ❑ By June 30, 2010, average number approved routine requests for specialty services will be less than 65 per thousand members per year.*
 - ❑ By December 31, 2010, average number of bed days will be less than 550 per thousand members per year.*

* If an institution is unable to achieve this objective, it is expected it will achieve at least a 25% improvement in performance compared to baseline status.

2010 STRATEGIES AND INITIATIVES

Strategy 1: Establish organizational structures and processes to manage system performance, in order to identify and address improvement opportunities at statewide, regional, and institution levels.

- 1A Implement a system-wide Quality Management Program. Coordinate the activities of committees/subcommittees with programmatic responsibility for prioritizing, planning, developing, implementing, and evaluating clinical initiatives through central office and institution Quality Management Committees and Health Care Operations Committee. (*Turnaround Plan Objective 4.2*)
- 1B Sentinel Event Review Redesign. Consolidate and coordinate the process for reviewing and acting upon different types of sentinel events, including emergency medical response, death reviews, contract network issues, and other significant health care events. (*Turnaround Plan Objective 4.1*)
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Strategy 2: Redesign the clinical service delivery system to reflect national standards of care and to promote proven methods of care management and primary care.

- 2A National Accreditation. Collaborate with stakeholders to examine the option of modifying *Plata* program requirements to be more consistent with national standards within a correctional environment and transitioning from the current medico-legal inspection process to a nationally recognized accreditation process.
- 2B Primary Care and Care Management. Through the Integrated Leadership Team, continue to redesign the delivery system processes including reception, medical classification, episodic care, specialty services, urgent care, planned primary care and chronic care. (*Turnaround Plan Objectives 1.1, 2.1, 2.2, 2.4*)
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Strategy 3: Establish an organization-wide balanced scorecard to accurately measure and analyze progress towards performance objectives related to access, quality, utilization, cost, and outcomes.

- 3A CPHCS Dashboard. Examine, validate and improve existing methods and requirements for data collection and reporting to include the *Plata* metrics and Key Indicator Report and Office of Inspector General medical inspections in order to recommend areas where measures and reporting can be consolidated, eliminated or modified. (*Turnaround Plan Objective 4.1*)
- 3B Patient Outcome Measures. Establish access to laboratory, pharmacy, and other data necessary for measuring and reporting patient outcomes for the highest-priority health care conditions. (*Turnaround Plan Objective 4.1*)
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Strategy 4: Cultivate workforce capacity to effectively manage change and an organizational culture that promotes team-based care, and continuous learning and quality improvement.

- 4A Clinical Outcomes Initiative. Establish system-wide and targeted strategies and tools to be leveraged by institution teams for improving outcomes in patients with high priority conditions using change packages that include specific major and incremental objectives; meeting forums, schedules, performance and patient outcome measures; exception and progress reports; provider and nursing practice self-assessments, evidence-based decision support and self-management support; ongoing mentoring and modeling, and training, evaluation and feedback. (*Turnaround Plan Objectives 2.1, 2.2, 4.1, 4.2*)



Clinical Outcomes Initiative 2010
Cardiovascular Risk Reduction, Part One: Diabetes

Diabetes Outcomes Report

*An analysis of diabetic patient outcomes
during calendar year 2009*



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Report Issued: March 2010

Diabetes Outcomes Report

March 2010

An analysis of diabetic patient outcomes during calendar year 2009



INTRODUCTION

As part of a new organizational approach to quality improvement, California Prison Health Care Services (CPHCS) will introduce a Clinical Outcomes Initiative each year to support the system and individual behavioral changes that will enhance the quality and value of health care services. Under the Clinical Outcomes Initiative, CPHCS identifies a priority patient population each year for a series of coordinated interventions, including staff decision-support and professional development activities, patient education and self-management support, patient outcomes reports, and technical assistance and training. These coordinated interventions are designed to reinforce team-based primary care, build quality improvement capacity and improve patient outcomes.

The first Clinical Outcomes Initiative, implemented during calendar year 2010, focuses on patients with cardiovascular risk and diabetes. This patient population was selected for a number of reasons:

- These conditions are associated with significant patient morbidity and mortality as well as significant cost to the overall healthcare system,
- Potential to make significant positive impacts on patient outcomes,
- The opportunity to continue the progress many institutions have already made in developing diabetes treatment initiatives,
- Ability to collect data for this condition, and
- Recognition within the broader health care community of diabetes as a condition to strengthen primary care model implementation, among other factors.

The 2010 Clinical Outcomes Initiative will be implemented in three parts. Part One emphasizes reduction of cardiovascular risk for patients with diabetes. Part Two addresses hypertension and hyperlipidemia. Part Three examines patients with metabolic syndrome. As each part of the initiative is introduced, institutions will receive technical assistance, training and an implementation package with support tools and strategies that assist in system improvements.

Reports are a critical component of the Clinical Outcomes Initiative. Each institution will receive regular exception reports, which indicate which patients have not received services per guidelines or who have abnormal values. Primary care teams will use the exception reports to make necessary modifications to the care of individual patients and to improve clinical practice and patient outcomes. Institutions will receive quarterly performance data from headquarters, showing institutional, regional, and statewide progress towards patient outcome objectives. This is the first of quarterly performance reports, which provides a clinical snapshot of patient outcomes for the diabetic population based on nationally accepted measures.

DATA SOURCES AND METHODOLOGY

For calendar year 2009, data from Quest and Foundation Laboratories were merged with Maxor pharmacy and DDPS data through March 2010 in order to obtain clinical information regarding the diabetic patient population in California adult institutions.

As of early March 2010, of 33 adult institutions, 11 were using Quest Laboratory, 22 were using Foundation Laboratory, and 30 were using Maxor/Guardian pharmacy data systems (see *Table 1 in Appendix*). CPHCS is in the process of implementing the Maxor pharmacy data system to the remaining three adult institutions in California.

Estimating the number of diabetes mellitus patients for 30 institutions was based on an inmate patient being on one or more medications to treat diabetes at any time through December 2009 or having a Hemoglobin A1c (HbA1c) greater than or equal to 6.5 percent from July 2009 through December 2009. The remaining three institutions sent lists of their diabetes patients to headquarters since these institutions have not yet implemented the new pharmacy system.

This is the first statewide report, which includes estimates of the prevalence of diabetes, and quality of care and patient outcomes for the diabetic population in California's adult inmate population based on pharmacy and laboratory data. However, these estimates have limitations. Specifically:

- Well controlled diabetic patients not on medications were not included.
- The variation in patient population needs to be considered when looking at these results. Certain comorbid conditions including, but not limited to, the use of certain psychiatric and antiretroviral medications may predispose a patient to developing metabolic syndrome. Institutions with higher prevalence of inmates on these medications may have higher rates of diabetes.
- These estimates come from a variety of data sources gathered during different times, such as laboratory data from 2009, but current Guardian pharmacy data and current DDPS inmate location. Recently incarcerated diabetic patients, identified by 2010 pharmacy records, may be incorrectly identified as lacking laboratory data because 2010 laboratory results were not captured.
- This report does not include laboratory data from outside medical facilities, such as testing that occurred during inpatient hospitalizations, data from community laboratories that were not processed through Quest or Foundation or testing performed at the point-of-care within institutions. Many institutions (most notably CIM, CMC, CMF, COR, KVSP, NKSP, PVSP, SATF, and WSP) operate an internal reference laboratory, data from which was not captured in this report. These omissions may result in under-reporting of both diabetes prevalence and the rate of HbA1c and/or LDL testing.
- The data in this report were not restricted to patients who had been at an institution at least six months for HbA1c testing or 12 months for LDL testing or microalbumin testing. Patient location of residence is listed as of March 2010. Results may not be entirely reflective of the practices of the clinician who is currently caring for the patient if a transfer recently took place from another prison or from the community.

- The Guardian pharmacy tracking system had not yet been implemented at CMF, RJD and SOL. Thus, the standardized method developed to obtain medication data to identify patients with diabetes could not be used. Self-reported data from these three institutions were obtained to determine prevalence, and those self-reported datasets were then used to measure the remaining performance and outcome indicators. The Guardian system will be implemented at these three locations within the next few months. Therefore, future outcomes reports will be better able to include accurate data regarding the performance at these three institutions and to generate exception reports.
- For ten institutions (PBSP, SCC, CTF, WSP, CAL, CCI, CEN, CIM, CRC), pharmacy data was not available for all twelve months of 2009, because of the staggered implementation of the Guardian system across the state. For these institutions, there may be under-reporting of diabetes prevalence, although this was partly mitigated by the use of laboratory data.

MAJOR FINDINGS

- Diabetes mellitus (DM) prevalence statewide was approximately 4.6 percent or 7167 of 154,345 inmates in the 33 institutions. There was considerable variation in diabetes prevalence among the institutions.
- Of diabetic patients who had an HbA1c test from July through December 2009 statewide, 76 percent or 4160 of 5495 inmates had an HbA1c less than eight percent for their most recent test.
- Of the diabetes mellitus population who received an LDL-C test in from January through December 2009, 66 percent or 3335 of 5061 patients had their most recent LDL-C less than 100 mg/dL.
- Among patients with diabetes, 57 percent or 4071 of 7167 had received microalbumin testing between January and December 2009. Of patients who did receive the test, 77 percent or 3151 of 4071 had test results less than 30 mg/dL. It should be noted that for this first report, diabetic patients who already are prescribed an ACEI or ARB medication were not excluded. In future reports, this analysis will be performed.

EXPECTATIONS FOR FOLLOW-UP

It is expected that institutions will widely disseminate this report and discuss the findings at Quality Management Committee and Medical Program Subcommittee meetings and with primary care team members during different forums, including monthly all-team meetings and staff meetings.

In April 2010, primary care teams will receive exception reports that identify individual patients who have not received the services discussed in this report or who have abnormally high values. Primary care teams are expected to use the exception reports to make necessary modifications to the care of individual patients to improve patient outcomes.

Institutions should contact their regional leadership team for clarification or technical assistance.

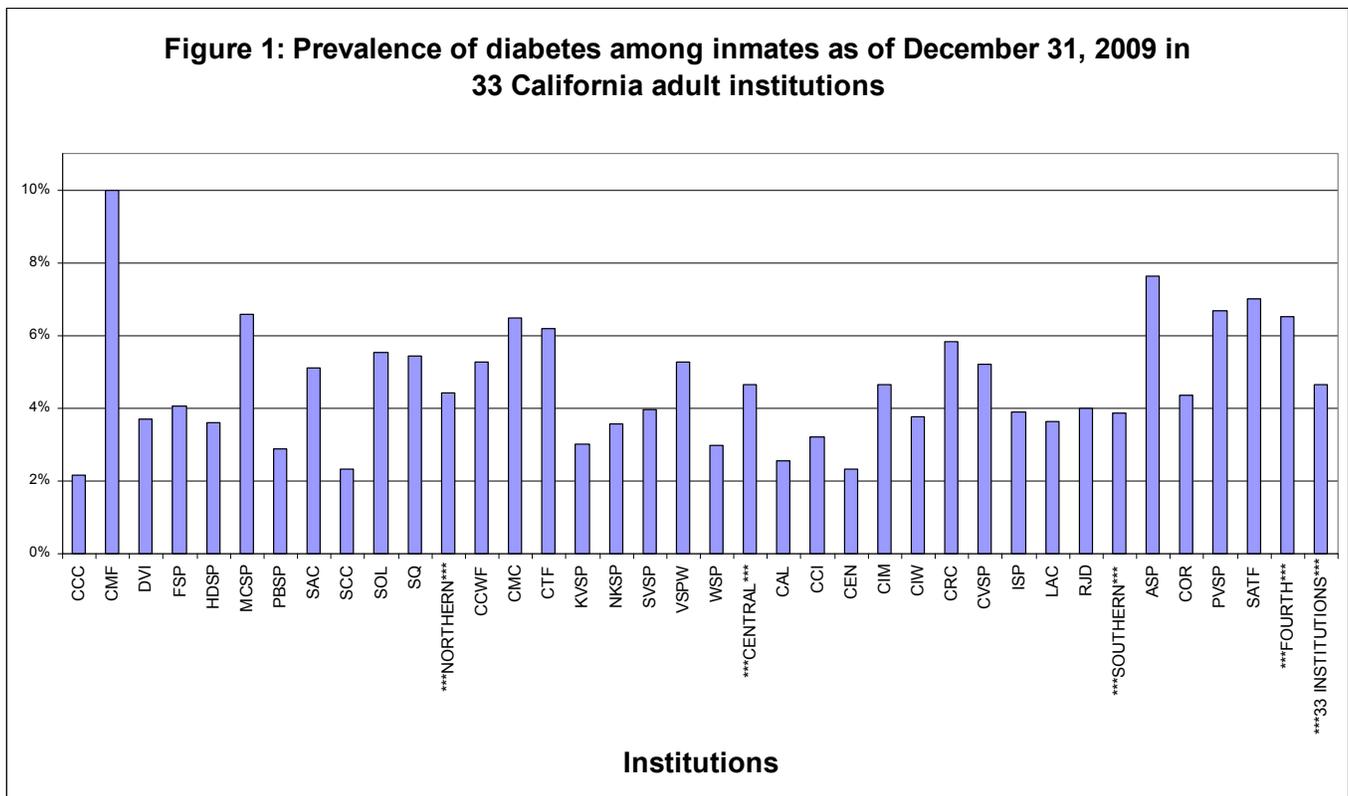
Outcome Findings by Category



PREVALENCE

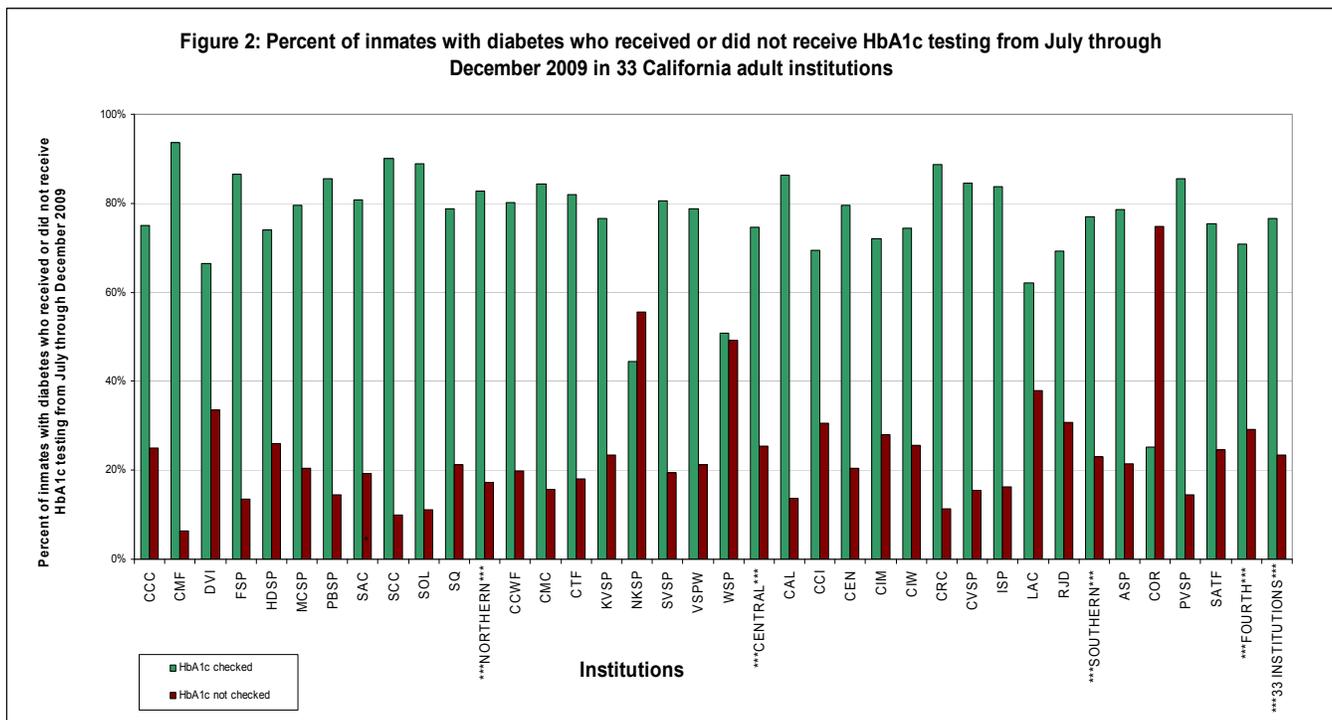
The estimated prevalence of diabetes mellitus (DM) among inmates in all California adult institutions in 2009 is shown in Figure 1 and Table 1 (in Appendix).

- The prevalence of DM statewide was 4.6 percent, or 7167 of 154,345 inmates, in the 33 institutions.
- The highest prevalence of DM occurred at California Medical Facility, which was 10.0 percent; the lowest prevalence occurred at California Correctional Center at 2.1 percent.



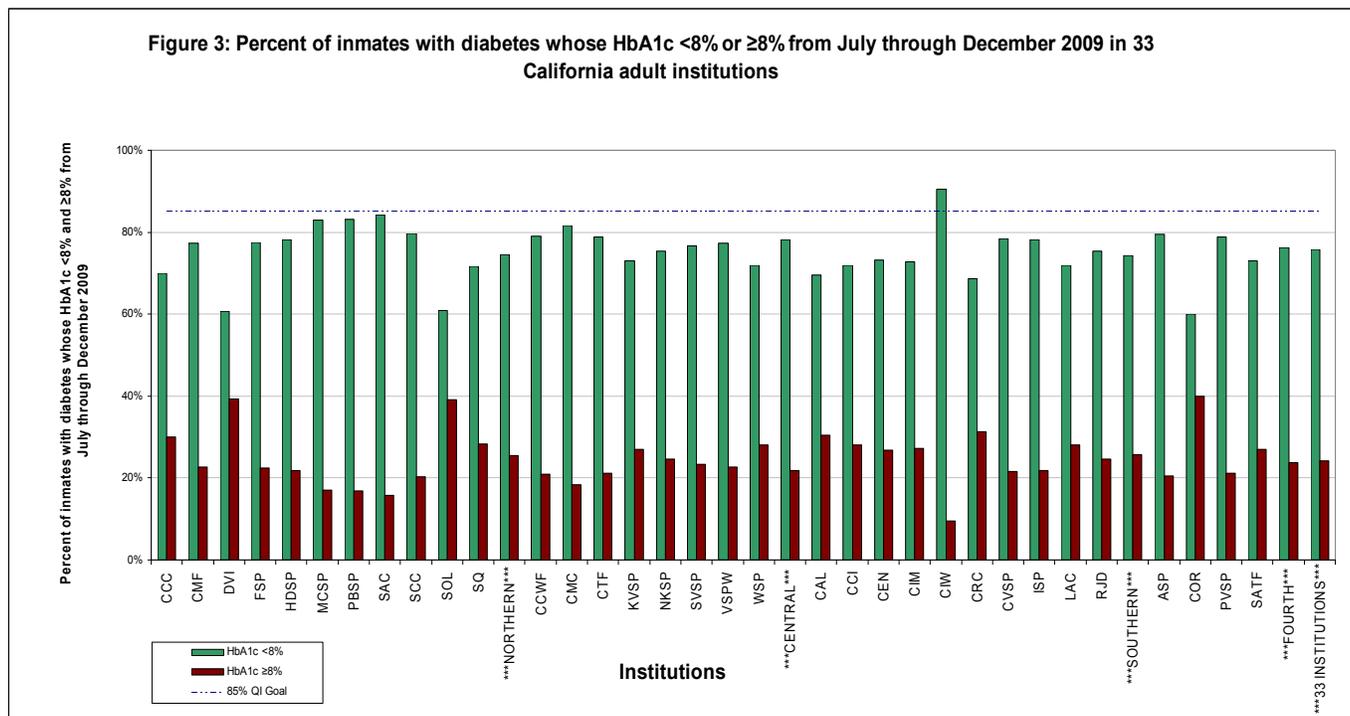
HEMOGLOBIN A1c TESTING DURING SIX MONTHS (JULY THROUGH DECEMBER 2009)

- Approximately 77 percent or 5495 of 7167 of the diabetes mellitus population received an HbA1c test in the six-month period from July through December 2009 (Figure 2 and Table 2). However, it should be noted that DM patients who are well controlled do not necessarily require testing every six months.
- The institution with the highest proportion of HbA1c testing for diabetic patients from July through December 2009 was California Medical Facility (CMF) at 94 percent. The lowest proportion was found for California State Prison, Corcoran (COR) at 25 percent. However, for COR as well as other institutions with lower than expected results, this may, in part, represent under-reporting related to performing on-site HbA1c testing.



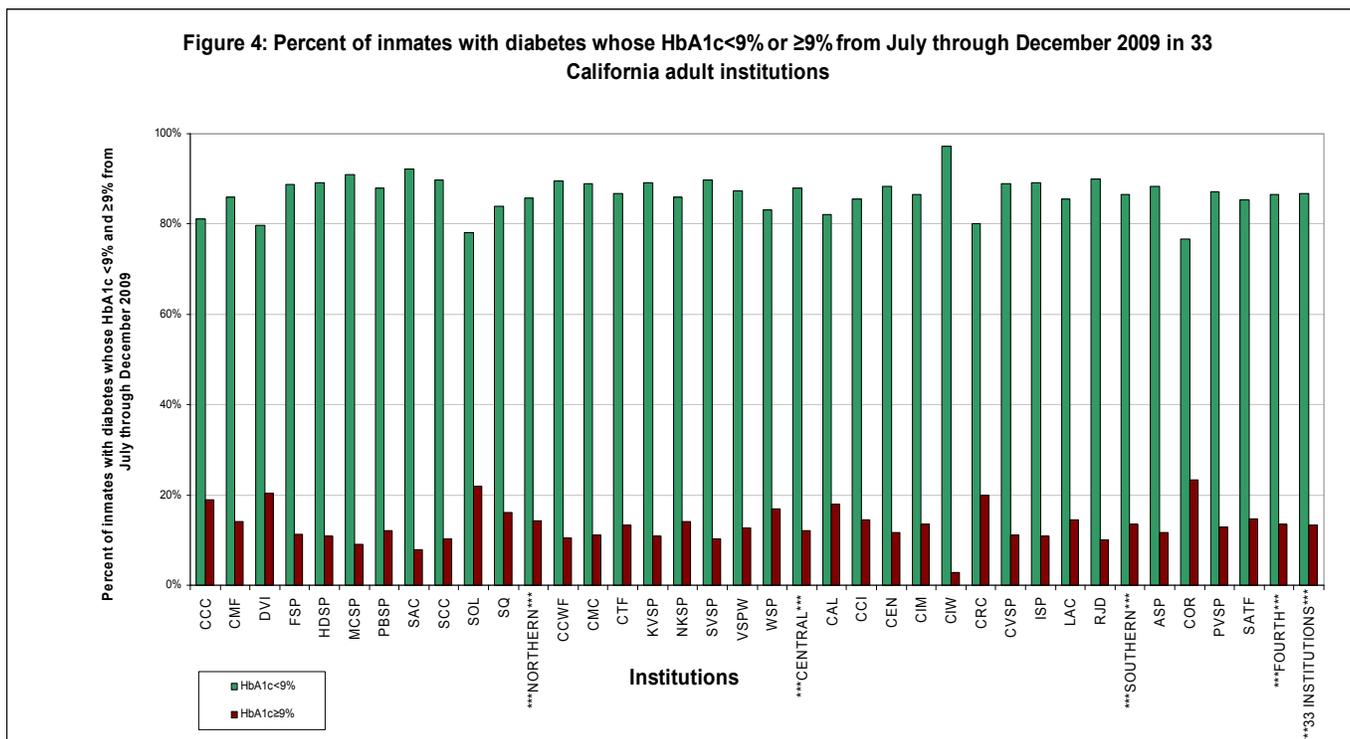
HEMOGLOBIN A1c < 8 PERCENT AND ≥ 8 PERCENT

- Of diabetic patients who had an HbA1c test from July through December 2009, 76 percent or 4160 of 5495 inmates had an HbA1c less than eight percent for their most recent test (Figure 3 and Table 3).
- The institution with the largest proportion of diabetic patients with an HbA1c less than 8 percent from July through December 2009 was California Institution for Women (CIW) at 90 percent. The lowest proportions occurred at COR, Deuel Vocational Institution (DVI), and California State Prison, Solano (SOL), each between 60 and 61 percent.
- Only CIW met the 2010 quality improvement objective set by the executive staff of the Quality Improvement Committee of having 85 percent or more patients with an HbA1c of eight percent or less, although California State Prison, Sacramento (SAC) was close at 84 percent.



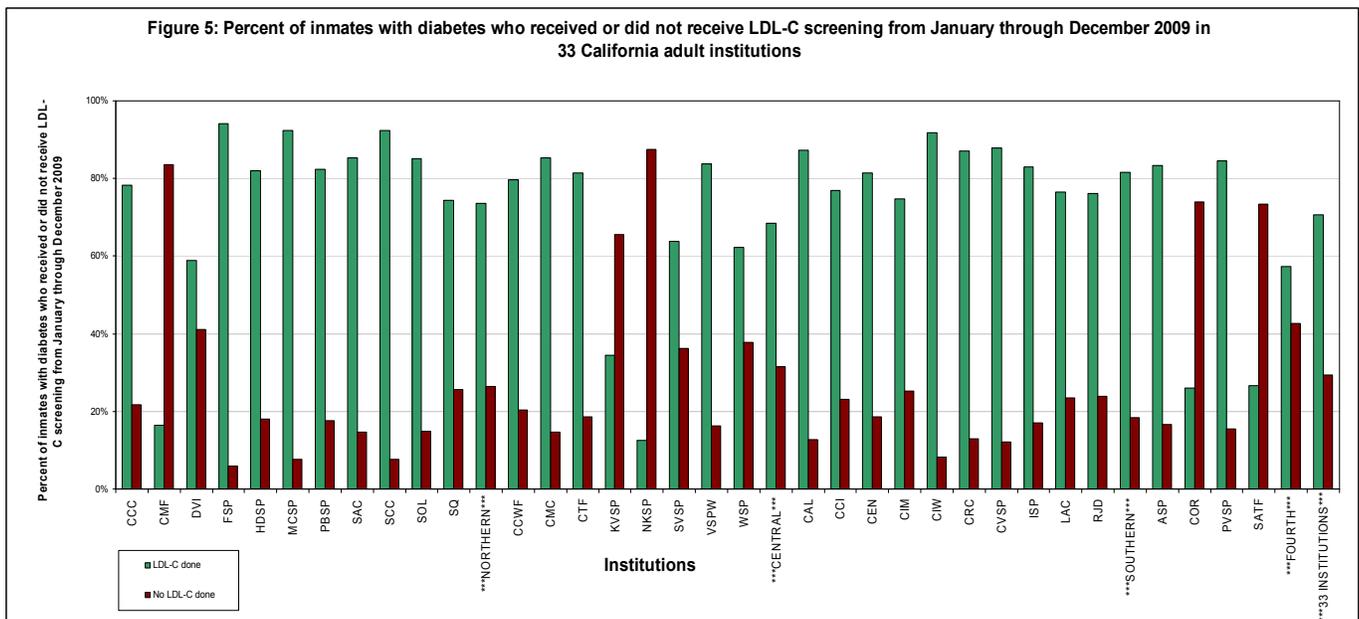
HEMOGLOBIN A1c < 9 PERCENT AND ≥ 9 PERCENT

- Of diabetic patients who had an HbA1c test from July through December 2009, 87 percent or 4760 of 5495 had an HbA1c of less than 9 percent for their most recent test (Figure 4 and Table 4).
- The highest proportion of patients with diabetes with HbA1c less than nine percent from January through December 2009 was CIW at 97 percent. The lowest proportions occurred at COR with 77 percent and SOL at 78 percent.



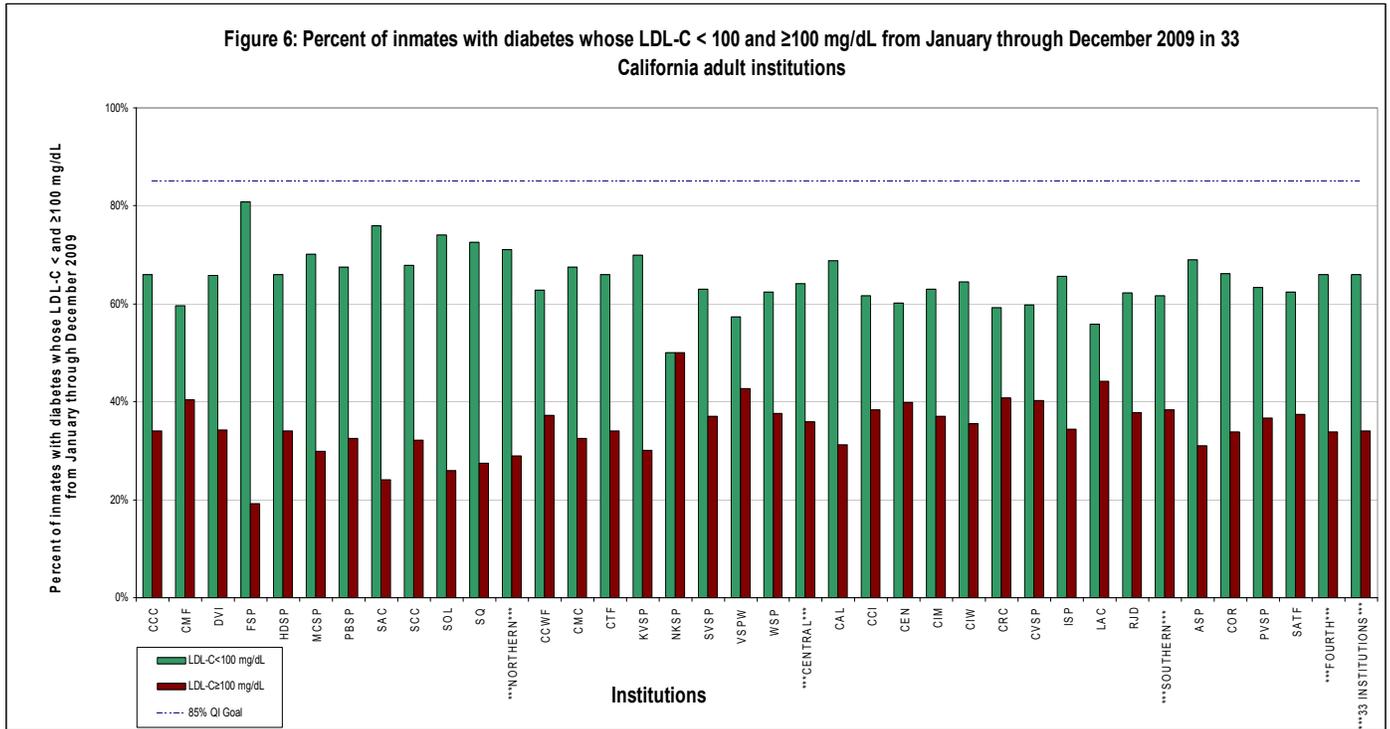
LDL-C TESTING DURING 12 MONTHS

- Approximately 71 percent or 5061 of 7167 of the total diabetes mellitus population in institutions had an LDL-C test from January through December 2009 (Figure 5 and Table 5).
- The highest proportion of LDL-C testing from January through December 2009 occurred at Folsom State Prison at 94 percent. The lowest proportions occurred at North Kern State Prison at 13 percent and California Medical Facility at 16 percent. Again, these figures do not reflect the onsite laboratory assessments that are performed at many institutions; therefore, some results may be falsely depressed. In addition, it should be noted that preventive service testing such as lipid analysis may be lower at Reception Centers, as the abbreviated length of stay at a Reception Center may prevent the clinician from completing all assessments prior to permanent endorsement and transfer of the inmate.



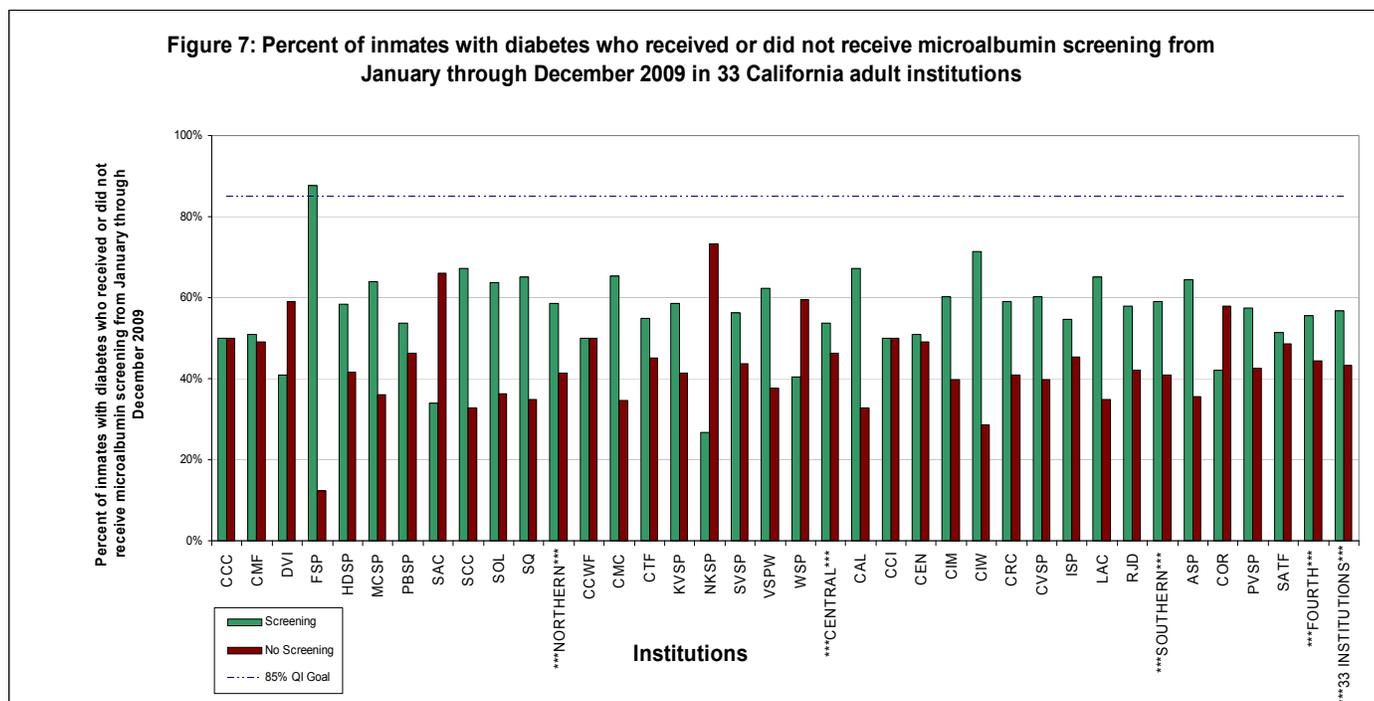
LDL-C < 100 AND ≥ 100 mg/dL

- Of the diabetes mellitus population who received an LDL-C test from January through December 2009, 66 percent or 3335 of 5061 had their most recent LDL-C measure less than 100 mg/dL (Figure 6 and Table 6).
- The highest proportion of LDL-C less than 100 mg/dL from January through December 2009 occurred at Folsom State Prison with 81 percent. The lowest proportion occurred at North Kern State Prison at 50 percent.
- None of the institutions have yet met the 2010 quality improvement objective set by the executive staff of the Quality Improvement Committee of having greater than 85 percent of diabetes mellitus patients with a LDL-C less than 100 mg/dL.



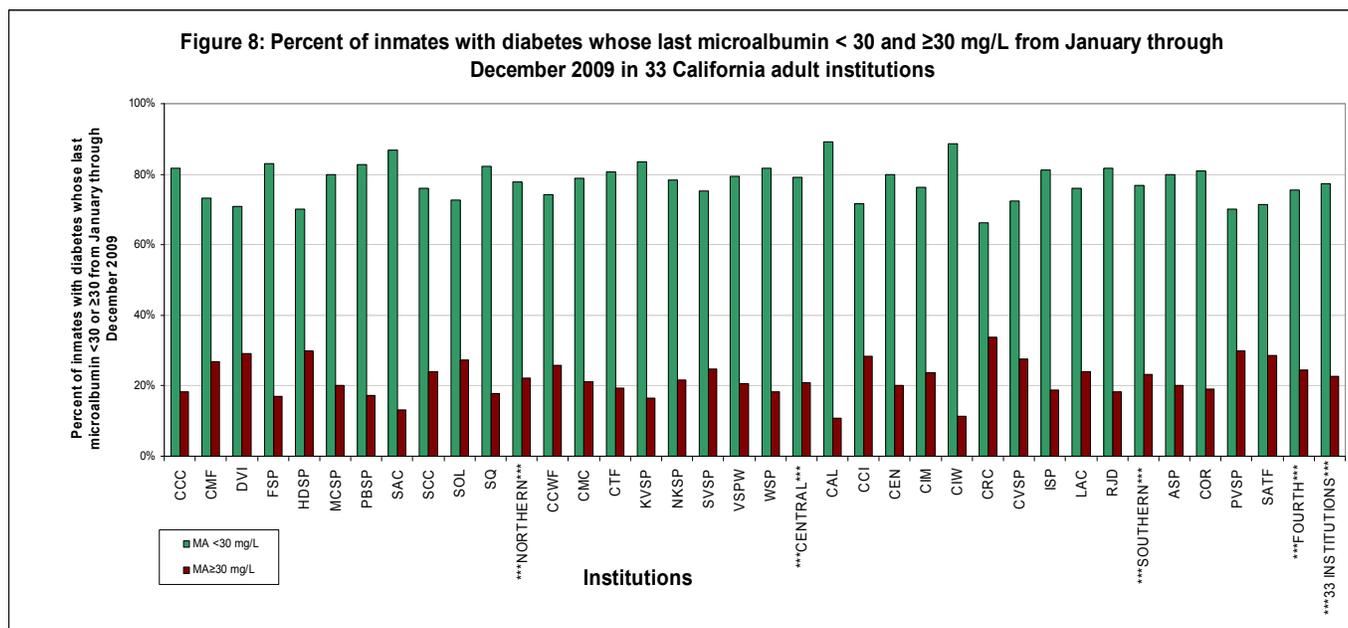
MICROALBUMIN TESTING DURING 12 MONTHS

- Among patients with diabetes, 57 percent or 4071 of 7167 had received microalbumin testing from January through December 2009 (Figure 7 and Table 7).
- The institution with the highest proportions of microalbumin testing from January to December 2009 was Folsom State Prison (FSP) at 88 percent. The lowest proportion occurred at North Kern State Prison with 27 percent.
- Only FSP met the 2010 quality improvement objective set by the executive staff of the Quality Improvement Committee of having greater than 85 percent of diabetes mellitus patients screened for microalbuminuria.
- ACE Inhibitor or Angiotensin II Receptor Blocker use was not considered in this analysis. Diabetic patients taking these types of medications may not require microalbumin screening.



MICROALBUMIN < 30 AND ≥ 30 MG/L

- Of patients who had received testing for microalbumin, 77 percent or 3151 of 4071 had lower than 30 mg/L at their last test (Figure 8 and Table 8).
- Calipatria State Prison (CAL) and California Institution for Women (CIW) had the highest proportion, 89 percent, of diabetes patients with microalbumin testing at lower than 30 mg/L. The institution with the lowest proportion was California Rehabilitation Center (CRC) at 66 percent.



Appendix

Table 1: Number and prevalence of inmates with diabetes as of December 31, 2009 in 33 California adult institutions

Region	Diabetes Population (n)	Inmate Population on Dec 31 2009 (n)	Diabetes Prevalence
CCC	120	5,596	2.1%
CMF	287	2,873	10.0%
DVI	134	3,627	3.7%
FSP	155	3,819	4.1%
HDSP	161	4,484	3.6%
MCSP	250	3,797	6.6%
PBSP	97	3,370	2.9%
SAC	156	3,058	5.1%
SCC	131	5,614	2.3%
SOL	281	5,082	5.5%
SQ	269	4,946	5.4%
NORTHERN	2,041	46,266	4.4%
CCWF	202	3,833	5.3%
CMC	421	6,497	6.5%
CTF	376	6,064	6.2%
KVSP	145	4,804	3.0%
NKSP	191	5,333	3.6%
SVSP	144	3,622	4.0%
VSPW	202	3,821	5.3%
WSP	175	5,871	3.0%
CENTRAL	1,856	39,845	4.7%
CAL	110	4,311	2.6%
CCI	190	5,938	3.2%
CEN	108	4,676	2.3%
CIM	246	5,295	4.6%
CIW	98	2,593	3.8%
CRC	256	4,393	5.8%
CVSP	181	3,483	5.2%
ISP	165	4,237	3.9%
LAC	166	4,571	3.6%
RJD	188	4,710	4.0%
SOUTHERN	1,708	44,207	3.7%
ASP	517	6,786	7.6%
COR	238	5,480	4.3%
PVSP	325	4,868	6.7%
SATF	482	6,893	7.0%
FOURTH	1,562	24,027	6.5%
33 INSTITUTIONS	7,167	154,345	4.6%

Table 2: Number and percent of inmates with diabetes who received Hemoglobin A1c testing from July through December 2009 in 33 California adult institutions

Region	Diabetes Population (n)	Received Hemoglobin A1c test in last 6 months (July - Dec 2009) (n)	A1c test in last 6 months (July - Dec 2009) (%)
CCC	120	90	75%
CMF	287	269	94%
DVI	134	89	66%
FSP	155	134	86%
HDSP	161	119	74%
MCSP	250	199	80%
PBSP	97	83	86%
SAC	156	126	81%
SCC	131	118	90%
SOL	281	250	89%
SQ	269	212	79%
NORTHERN	2,041	1,689	83%
CCWF	202	162	80%
CMC	421	355	84%
CTF	376	308	82%
KVSP	145	111	77%
NKSP	191	85	45%
SVSP	144	116	81%
VSPW	202	159	79%
WSP	175	89	51%
CENTRAL	1,856	1,385	75%
CAL	110	95	86%
CCI	190	132	69%
CEN	108	86	80%
CIM	246	177	72%
CIW	98	73	74%
CRC	256	227	89%
CVSP	181	153	85%
ISP	165	138	84%
LAC	166	103	62%
RJD	188	130	69%
SOUTHERN	1,708	1,314	77%
ASP	517	406	79%
COR	238	60	25%
PVSP	325	278	86%
SATF	482	363	75%
FOURTH	1,562	1,107	71%
33 INSTITUTIONS	7,167	5,495	77%

Table 3: Number and percent of inmates with diabetes whose latest Hemoglobin A1c < 8% from July through December 2009 in 33 California adult institutions

Region	A1c test in last 6 months (July - Dec 2009) (n)	Latest A1C < 8% (n)	Latest A1C < 8% (%)
CCC	90	63	70%
CMF	269	208	77%
DVI	89	54	61%
FSP	134	104	78%
HDSP	119	93	78%
MCSP	199	165	83%
PBSP	83	69	83%
SAC	126	106	84%
SCC	118	94	80%
SOL	250	152	61%
SQ	212	152	72%
NORTHERN	1,689	1,260	75%
CCWF	162	128	79%
CMC	355	290	82%
CTF	308	243	79%
KVSP	111	81	73%
NKSP	85	64	75%
SVSP	116	89	77%
VSPW	159	123	77%
WSP	89	64	72%
CENTRAL	1,385	1,082	78%
CAL	95	66	69%
CCI	132	95	72%
CEN	86	63	73%
CIM	177	129	73%
CIW	73	66	90%
CRC	227	156	69%
CVSP	153	120	78%
ISP	138	108	78%
LAC	103	74	72%
RJD	130	98	75%
SOUTHERN	1,314	975	74%
ASP	406	323	80%
COR	60	36	60%
PVSP	278	219	79%
SATF	363	265	73%
FOURTH	1,107	843	76%
33 INSTITUTIONS	5,495	4,160	76%

Table 4: Number and percent of inmates with diabetes whose latest Hemoglobin A1c < 9% from July through December 2009 in 33 California adult institutions

Region	A1c test in last 6 months (July - Dec 2009) (n)	Latest A1c <9% (n)	Latest A1c < 9% (%)
CCC	90	73	81%
CMF	269	231	86%
DVI	89	71	80%
FSP	134	119	89%
HDSP	119	106	89%
MCSP	199	181	91%
PBSP	83	73	88%
SAC	126	116	92%
SCC	118	106	90%
SOL	250	195	78%
SQ	212	178	84%
NORTHERN	1,689	1,449	86%
CCWF	162	145	89%
CMC	355	316	89%
CTF	308	267	87%
KVSP	111	99	89%
NKSP	85	73	86%
SVSP	116	104	90%
VSPW	159	139	87%
WSP	89	74	83%
CENTRAL	1,385	1,217	88%
CAL	95	78	82%
CCI	132	113	86%
CEN	86	76	88%
CIM	177	153	86%
CIW	73	71	97%
CRC	227	182	80%
CVSP	153	136	89%
ISP	138	123	89%
LAC	103	88	85%
RJD	130	117	90%
SOUTHERN	1,314	1,137	87%
ASP	406	359	88%
COR	60	46	77%
PVSP	278	242	87%
SATF	363	310	85%
FOURTH	1,107	957	86%
33 INSTITUTIONS	5,495	4,760	87%

Table 5: Number and percent of inmates with diabetes who received LDL testing from January through December 2009 in 33 California adult institutions

Region	Diabetes Population (n)	LDL test in last 12 months (Jan - Dec 2009) (n)	LDL test in last 12 months (Jan - Dec 2009) (%)
CCC	120	94	78%
CMF	287	47	16%
DVI	134	79	59%
FSP	155	146	94%
HDSP	161	132	82%
MCSP	250	231	92%
PBSP	97	80	82%
SAC	156	133	85%
SCC	131	121	92%
SOL	281	239	85%
SQ	269	200	74%
NORTHERN	2,041	1502	74%
CCWF	202	161	80%
CMC	421	359	85%
CTF	376	306	81%
KVSP	145	50	34%
NKSP	191	24	13%
SVSP	144	92	64%
VSPW	202	169	84%
WSP	175	109	62%
CENTRAL	1,856	1270	68%
CAL	110	96	87%
CCI	190	146	77%
CEN	108	88	81%
CIM	246	184	75%
CIW	98	90	92%
CRC	256	223	87%
CVSP	181	159	88%
ISP	165	137	83%
LAC	166	127	77%
RJD	188	143	76%
SOUTHERN	1,708	1393	82%
ASP	517	431	83%
COR	238	62	26%
PVSP	325	275	85%
SATF	482	128	27%
FOURTH	1,562	896	57%
33 INSTITUTIONS	7,167	5061	71%

Table 6: Number and percent of inmates with diabetes whose latest LDL < 100 mg/dL from January through December 2009 in 33 California adult institutions

Region	LDL test in last 12 months (Jan - Dec 2009) (n)	Latest LDL < 100 mg/dL (n)	Latest LDL < 100 mg/dL (%)
CCC	94	62	66%
CMF	47	28	60%
DVI	79	52	66%
FSP	146	118	81%
HDSP	132	87	66%
MCSP	231	162	70%
PBSP	80	54	68%
SAC	133	101	76%
SCC	121	82	68%
SOL	239	177	74%
SQ	200	145	73%
NORTHERN	1,502	1,068	71%
CCWF	161	101	63%
CMC	359	242	67%
CTF	306	202	66%
KVSP	50	35	70%
NKSP	24	12	50%
SVSP	92	58	63%
VSPW	169	97	57%
WSP	109	68	62%
CENTRAL	1,270	815	64%
CAL	96	66	69%
CCI	146	90	62%
CEN	88	53	60%
CIM	184	116	63%
CIW	90	58	64%
CRC	223	132	59%
CVSP	159	95	60%
ISP	137	90	66%
LAC	127	71	56%
RJD	143	89	62%
SOUTHERN	1,393	860	62%
ASP	431	297	69%
COR	62	41	66%
PVSP	275	174	63%
SATF	128	80	63%
FOURTH	896	592	66%
33 INSTITUTIONS	5,061	3,335	66%

Table 7: Number and percent of inmates with diabetes who received microalbumin testing from January through December 2009 in 33 California adult institutions

Region	Diabetes Population (n)	Microalbumin testing in last 12 months (Jan- Dec 2009) (n)	Microalbumin testing in last 12 months (Jan-Dec 2009) (%)
CCC	120	60	50%
CMF	287	146	51%
DVI	134	55	41%
FSP	155	136	88%
HDSP	161	94	58%
MCSP	250	160	64%
PBSP	97	52	54%
SAC	156	53	34%
SCC	131	88	67%
SOL	281	179	64%
SQ	269	175	65%
NORTHERN	2041	1198	59%
CCWF	202	101	50%
CMC	421	275	65%
CTF	376	206	55%
KVSP	145	85	59%
NKSP	191	51	27%
SVSP	144	81	56%
VSPW	202	126	62%
WSP	175	71	41%
CENTRAL	1856	996	54%
CAL	110	74	67%
CCI	190	95	50%
CEN	108	55	51%
CIM	246	148	60%
CIW	98	70	71%
CRC	256	151	59%
CVSP	181	109	60%
ISP	165	90	55%
LAC	166	108	65%
RJD	188	109	58%
SOUTHERN	1708	1009	59%
ASP	517	333	64%
COR	238	100	42%
PVSP	325	187	58%
SATF	482	248	51%
FOURTH	1562	868	56%
33 INSTITUTIONS	7167	4071	57%

Table 8: Number and percent of inmates with diabetes whose latest microalbumin < 30 mg/L from January through December 2009 in 33 California adult institutions

Region	Microalbumin testing in last 12 months (Jan-Dec 2009) (n)	Latest microalbumin < 30 mg/L (n)	Latest microalbumin < 30 mg/L (%)
CCC	60	49	82%
CMF	146	107	73%
DVI	55	39	71%
FSP	136	113	83%
HDSP	94	66	70%
MCSP	160	128	80%
PBSP	52	43	83%
SAC	53	46	87%
SCC	88	67	76%
SOL	179	130	73%
SQ	175	144	82%
NORTHERN	1198	932	78%
CCWF	101	75	74%
CMC	275	217	79%
CTF	206	166	81%
KVSP	85	71	84%
NKSP	51	40	78%
SVSP	81	61	75%
VSPW	126	100	79%
WSP	71	58	82%
CENTRAL	996	788	79%
CAL	74	66	89%
CCI	95	68	72%
CEN	55	44	80%
CIM	148	113	76%
CIW	70	62	89%
CRC	151	100	66%
CVSP	109	79	72%
ISP	90	73	81%
LAC	108	82	76%
RJD	109	89	82%
SOUTHERN	1009	776	77%
ASP	333	266	80%
COR	100	81	81%
PVSP	187	131	70%
SATF	248	177	71%
FOURTH	868	655	75%
33 INSTITUTIONS	4071	3151	77%

Table 9: California Adult Institutions that use Quest Laboratories, Foundation Laboratories, Maxor Pharmacy, or Patient Pharmacy Tracking System (PPTS), February 2010

	Laboratory		Pharmacy	
	Quest	Foundation	Maxor	PPTS
Northern Region				
CCC	■		■	
CMF	■			■
DVI	■		■	
FSP	■		■	
HDSP	■		■	
MCSP	■		■	
PBSP	■		■	
SAC	■		■	
SCC	■		■	
SOL	■			■
SQ	■		■	
Central Region				
CCWF		■	■	
CMC		■	■	
CTF		■	■	
KVSP		■	■	
NKSP		■	■	
SVSP		■	■	
VSPW		■	■	
WSP		■	■	
Southern Region				
CAL		■	■	
CCI		■	■	
CEN		■	■	
CIM		■	■	
CIW		■	■	
CRC		■	■	
CVSP		■	■	
ISP		■	■	
LAC		■	■	
RJD		■		■
Fourth Region				
ASP		■	■	
COR		■	■	
PVSP		■	■	
SATF		■	■	