



# The **TURNAROUND** Lifeline

California Prison Health Care Services

## INSIDE THIS ISSUE

<b>Crucial Rulings Favor Receivership</b> Motion to Terminate is Denied	1
<b>Receiver's Corner:</b> Progress and Commitment	1
<b>▲ Above and Beyond ►</b> The Invoice Strike Team	2
<b>Costs Analysis</b> Health care reform will save money	2
<b>Access to Care Update</b> Diabetes chronic care pilot begins	3
<b>Access to Care Update</b> Asthma program rolls out Statewide	3
<b>Travel the Web:</b> Web conferencing tool saves on travel	4

## CRUCIAL RULINGS FAVOR RECEIVERSHIP



Recently, the Receivership came down on the winning side of two important court rulings. The first ruling, rendered on Tuesday, March 24<sup>th</sup>, came from the Northern California U.S. District Court in response to the State's motion to replace the Receiver and terminate his construction program. Judge Thelton Henderson denied the State's motion and upheld the authority of the Receiver to continue his work on California prison health care reform. The second ruling was issued the following day from the U.S. Ninth Circuit Court of Appeals. The State had appealed to stop contempt of court proceedings against Governor Schwarzenegger and State Controller John Chiang for refusing to pay \$250 million due to the Receiver to begin his construction program, but the Ninth Circuit Court denied their appeal. That ruling clears the way for contempt proceedings to begin if necessary. In response to the Court rulings, the Receiver said: "I look forward to working with State officials to expand on the CDCR Secretary's and Receiver's on-going commitment to improving medical care for the State prison system and on improving operations between the CDCR and the Receivership."

## RECENT EDITORIALS

### San Francisco Chronicle

March 22, 2009

*"Of course the state has a fiscal emergency, and of course there are competing considerations for that money. But the fact that the state would have to spend quite a bit of money to revamp its unconstitutional prison health care system should not be news to anyone in state government."*

### Monterey County Herald

March 25, 2009

*"California officials should stop trying to fight the federal courts over management of the state's deeply troubled prison system and the dysfunctional health care operation within the prisons. The energy spent on trying to get federal Judge Thelton Henderson to back off would be better spent working with him to fix the problems that caught the bench's attention in the first place."*

## RECEIVER'S CORNER: PROGRESS & COMMITMENT

By J. Clark Kelso

Slowly but surely, the litigation between the Receivership and the State is getting resolved. (Please see story above.) So the federal courts are working through the legal disagreements. Of greater importance to our goal of improving health care in the prisons, Secretary Matt Cate and I have recommitted ourselves and our executive teams to full cooperation and coordination in our efforts. We have, in short, normalized our relationships, reinstating the positive working relationships we had developed last Spring and Summer. There have been some executive changes at the top of the Receivership. Mr. John Hagar and Dr. Terry Hill have left and will not be completing the journey with us. I am sure you all share my sense of gratitude and appreciation for their dedicated service. Let me assure you that their departure in no way affects our commitment to achieve the goals identified in the Turnaround Plan. Our direction is the same. Dr. Dwight Winslow has agreed to serve as Acting Chief Medical Officer. He has my complete confidence. Most important, we are seeing concrete improvements in the field. The clinical staffing crisis which used to exist – i.e., a large percentage of vacancies in institutions Statewide – has essentially been solved. Statewide, clinician vacancy rates are down to

10%. We still have a few institutions where hiring is a problem, but the problem is now more manageable. The healthcare appointments crisis – i.e., a large percentage of missed appointments for medical, mental health and dental services – is being successfully addressed. Statewide, missed appointments are down to 15%. Again, a vast improvement and a manageable number. Although final analysis has not been completed, it appears that the rate of deaths per 100,000 inmates in 2008 is continuing its three-year decline. Very good news. Finally, the Office of Inspector General is now conducting medical care audits for each of the 33 adult institutions. These audits assess how well medical care is being delivered and provide an objective basis for measuring improvement. A similar audit program for dental services is under development. These type of objective performance measures are just what we need to focus our attention. I am so proud of the improvements we are seeing in the field. Each of you is an indispensable part of this effort, and I want to congratulate you on the progress being made. Keep your focus on building the teamwork between patient, nurse, physician and custody that is so important to providing quality medical care in the prison setting.

*Three months and 29,620 Paid Invoices Later,*

## INVOICE STRIKE TEAM CHARMS ANGRY CREDITORS INTO SATISFIED PARTNERS



Chris Troughton

On any given midday this past blustery winter, there would come a moment when Liep Goeij would just have to get up and leave his desk. "I'd just walk away for a few minutes to get my mind refreshed." Leaving the warm shiny glass building that serves as the Receiver-ship's headquarters for a short walk in chilly downtown Sacramento was a temporary but necessary escape for Liep Goeij. Then he'd head back to his desk and continue plowing through the piles of aging invoices. There were also those most unpleasant phone calls, dozens of them, from angry vendors who had gone months without getting paid. Goeij knew it wouldn't be easy, but joining the Receivership's invoice strike team was a challenge he readily accepted. "It's really important for the Receivership because if we don't pay the vendors they will cut the service." Service, namely medical care, is what the California Prison Health Care Receivership is all about. But the situation was getting dire. Beginning January of this year, three invoice specialists, Goeij, Nate Gilmore and Chris Troughton were tapped to make up the core of an invoice strike team. The team's mission- to get caught up with the 33,000 invoices that had piled up from medical providers all across the State. The problem developed when the rapid recruitment of clinicians meant more inmates were being seen by specialists and the resulting invoices began to stack up. Receivership officials had seen this coming and had invested in computer software to tackle the problem. But the software didn't live up to its marketing and couldn't keep up with the volume of invoices coming in. The legal department is at work trying to recoup the money spent on the soft-

ware. But that didn't help the providers. The vendors grew more tense by the day. So when Administrative Services Director Mitzi Higashidani took the reins of the Accounting Department she initiated the strike team concept to catch up with good old-fashioned elbow grease. Each of the team members put in at least ten overtime hours every week. On weekends, additional



Liep Goeij

invoice specialists were brought in from other parts of the State. Now, nearly three months later, things are looking up. "The high point is right now! The numbers are getting a lot better and I know they will continue to improve," says Gilmore. Those numbers are much better says Michelle Ogata, the team supervisor. From December 24, 2008 to March 13, 2009 the strike team processed an impressive 29,620 invoices. "The Strike Team approach to paying outstanding claims was truly a team effort. This effort would not have been successful without the collaboration between CPHCS and CDCR," says Health Program Manager III Karen Creighton. She adds, "the Headquarters Accounting Branch and all of the Regional Accounting Offices were extremely helpful and instrumental in the process running smoothly and providers getting paid in a timely fashion. Individuals from the fiscal and contract departments provided assistance on overtime, as did the Strike Team Lead, Donna Scott. In addition, many individuals from throughout the State also made themselves available in Sacramento on an overtime basis to adjudicate and enter claims to help alleviate the backlog. This complete team is a shining example of what can be accomplished when we all come together for a common purpose." Gilmore and Goeij still take short walks from time to time but the stress has subsided. Spring is back, the angry calls have stopped and the stack of invoices is much more manageable.



Nate Gilmore

## U.M. & Field Efficiencies Can Help Pay for Facility Improvements

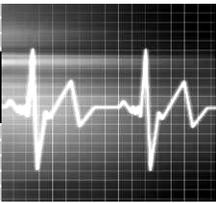
Given the fiscal situation in which the State finds itself, one of the Receivership's objectives is to cut waste in the prison health care system so that we can offset the cost of needed improvements. The results are now in, and the bottom line is simple, yet startling. We have found ways to cut the annual cost of prison health care by more than half a billion dollars (\$500,000,000) by cutting waste. In just one major cost-driving area alone, the cost of sending officer-escorted inmates to doctors and specialists in the communities, we can save enough money every year (\$200-400 million) to make the annual payments on construction bonds for the scaled-back long-term care facilities the Receiver recently proposed (approximately \$200-250 million annually for the life of the bonds). Here's some background: The cost of prison health care increased dramatically during the first half of this decade, well before the federal court established a receivership to take charge of prison medical care. However, those increases - over \$600 million worth - did not translate into improved delivery of health care services. Improved care in California prisons can and should be delivered in a more cost-effective manner. The key to accountability in spending taxpayers' dollars is to develop public performance measures that

objectively demonstrate progress or lack of progress in achieving agreed-upon program goals. Absent such performance measures, the public has no way of knowing whether their tax dollars are producing the value that taxpayers have a right to expect. That's why we are implementing performance measures in the prison medical care program. The two most general performance measures are the Receiver's annual report on inmate deaths (which analyzes the connection between inmate deaths and lack of access to appropriate care) and institution-by-institution audits being conducted by the State's independent Office of the Inspector General (which reports on access to care across 18 component measures). In addition, as many of you know, we now have performance metrics that measure our progress in improving the pharmacy system, ensuring access to clinicians, meeting hiring goals, managing information technology projects, and improving utilization of outside hospitals and specialists. The Receivership is also taking steps to make big cuts in medical care costs. It is anticipated that the pharmacy program will save the State a total of \$50 million annually. We are implementing a structured utilization management program based on national standards that

will reduce referrals to out-of-prison hospitals and specialists at a savings of an estimated \$100 million annually. We expect the new method for managing health records to save another \$85 million per year, and we'll save another \$275 million over the next five years by improving our diagnostic imaging processes. And here's perhaps the most important piece of the cost-saving puzzle. The State can avoid hundreds of millions of dollars more in costs every year by building appropriate long-term care facilities for the oldest, sickest and most disabled prisoners. Sending these prisoners into the community for treatment is extraordinarily expensive. In fact, the cost of outside-the-prison referrals is fast approaching \$1 billion per year, so a 20 to 40 percent reduction of these trips into the community for medical services would amount to savings of \$200 to \$400 million annually on contract medical costs, in addition to savings on custody guarding. The cost to construct 5,000 needed long-term care beds is estimated to be \$2.5-3.0 billion (depending upon the mix of medical and mental health beds), and the payment on the construction bond is *approximately* \$200-250 million annually for 25 years. So the savings pay for the bonds.



# ACCESS TO CARE UPDATE



## Chronic Disease Management Flourishes

### DIABETES CHRONIC CARE PILOT PROGRAM BEGINS



**Blood Tests are part of the screening process for diabetes.**

Imagine waking up on the middle bed of a triple bunk in the midst of a sea of identical bunks. Packed into a converted gymnasium, your cramped quarters don't leave much room for exercise and your time in the yard passes too quickly. You eat when it's time to eat, sleep whenever you can, and live a routine that isn't very active. Unfortunately for many, the lifestyle and environment found within the walls of our crowded California State prisons is not naturally healthy. As a result, prison is considered a high risk environment and the rate of many chronic diseases within the system is much higher than in the general population. One of those chronic conditions, diabetes, is a serious problem in California prisons, but proper medical management of the disease can help reduce its incidence and

cut down on its associated costs. Fortunately, a new CPHCS diabetes program seeks to provide clinicians the tools to combat the problem across the State. Although still in the pilot stage, when the new Statewide chronic care focus shifts to diabetes, it will better the quality of care relating to diabetes on all levels. To achieve that goal, Access to Care recently held a diabetes learning collaborative with the six pilot institutions to discuss new strategies for treating and controlling the disease. Corey Langdale, Project Manager with Access to Care, described the success of the learning collaboratives. According to Langdale, this type of cooperation and discussion is critical for correcting medical deficiencies at prisons across the State. Thanks to a real engagement from those in the field, CPHCS is experiencing a fundamental culture shift. "It's been a revolutionary process" he says. "It's changing the way people operate at the institutions." On the agenda at the conference were strategies for solving diabetes related problems like the backlog which persists at some prisons. Speaking at the conference were medical experts from around the country, including Dr. C.R. Kannan, a specialist in endocrinology. He described how the "epidemic of diabetes

has closely followed after the epidemic of obesity" and also noted that Type 2 diabetes is common in minority and older populations. His presentation highlighted the challenges facing the California prison health care system because both of those high-risk populations are disproportionately represented in California prisons. One critical technique for controlling diabetes is patient self-management. That means educating inmates on healthy eating habits and the advantages of exercise so that they are able to take responsibility for their own health and prepare for when they are released back into their communities. At the end of the day, that's really what it's all about and that's why improving chronic care is so important. Diabetes is just one of several chronic conditions being addressed by the Receiver's plan as part of the Access to Care Chronic Disease Management Project.



**Conference participants gather at the Diabetes Learning Collaborative in Sacramento.**

### ASTHMA PROGRAM ROLLS OUT STATEWIDE

**A**sthma is one of the most common afflictions suffered by California inmates, but it is also one of the easiest to prevent. Take, for example, the experience of CIW Nurse Champion Fran Kelly. She tells the story of one particular patient who used to have constant asthma problems which resulted in her having



to be seen regularly for her asthmatic incidents. As it turns out, that patient had simply never been instructed in the proper use of her inhaler. Thanks to an asthma training session conducted at the institution, medical staff at CIW were able to provide the patient with instructions and a demonstration on using her inhaler. Since then, her symptoms have improved dramatically to the point where she no longer has regular asthmatic incidents. Kelly notes that "by providing education, we

give these patients the tools they need to take care of themselves in the 'real world.'" In that spirit, clinical staff from all over the State met in Folsom on March 10<sup>th</sup> and 11<sup>th</sup> at an Asthma Learning Collaborative. The Asthma program, previously piloted at just a few institutions, was rolled out to the entire State during this conference. Like the diabetes program, the asthma program is part of the larger Chronic Disease Management Program under the umbrella of the Access to Care initiative.



We're on the Web at:

[www.cphcs.ca.gov](http://www.cphcs.ca.gov)

### 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 integrate the delivery of medical care with mental health, dental and disability programs.

## CALIFORNIA PRISON HEALTH CARE SERVICES



P.O. Box 4038

Sacramento, CA 95812-4038

Phone: 916-323-1923

STORY IDEAS, COMMENTS, OR QUESTIONS: [lifeline@cdcr.ca.gov](mailto:lifeline@cdcr.ca.gov)

**RECRUITMENT : DO YOU KNOW SOMEONE INTERESTED IN JOINING OUR HEALTH CARE TEAM?**

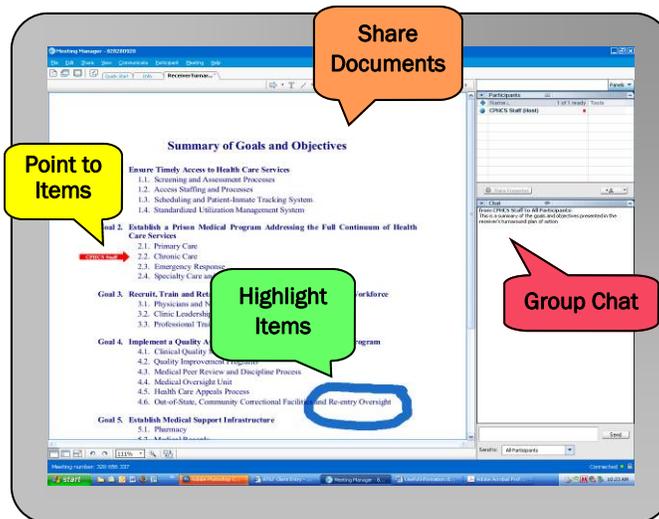
**Website: [ChangingPrisonHealthCare.org](http://ChangingPrisonHealthCare.org)**

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

## DON'T WANT TO DRIVE? TRAVEL THE WEB

Traveling for work can test the patience of even the steadiest State worker. Assuming the actual trip goes perfectly, getting reimbursed in a timely fashion for travel expenses is often quite a feat (especially when the State is broke). Some CPHCS travelers have waited months for their reimbursements. In an attempt to ease the travel reimbursement process, the State of California recently established a new system for processing travel claims called CaLATERS, but the electronic system takes some getting used to. When the State suspended payment of Travel Expense Claims at the end of January and the CDCR followed suit by suspending all non-mandatory travel, it became clear that something had to give. Enter web conferencing.

This new tool from AT&T allows for meetings to be held simultaneously over the internet and the phone. In addition to a normal conference call, the service allows users to interact in an online meeting room where they can share files, give presentations, and edit documents as a group. Meeting attendees can text chat with everybody at once, just the host, or privately amongst themselves (if the host allows it). There is even a whiteboard function which allows designated participants to conduct a live annotated brainstorming session or doodle a



### Web Conferencing Features

design which is visible to everybody in the meeting.

JoAnna Mabra-Hobson, Health Information Management Project Manager, describes the efficiency and convenience of web meetings by sharing her experience using the service to communicate with her team. "We needed to have regular meetings that lasted anywhere from 1-2 hours, but did not require the resources to travel to Sacramento for the sole purpose of attending just one meeting," she said. "The web meeting service allowed us to share information in a virtual conference room environment."

CPHCS had already begun to implement this new service in December before the travel freeze, but necessity provided an extra incentive to expedite its introduction. Sandy Coash, training coordinator for the program, estimates that she has created over 200 accounts on behalf of employees wishing to host online conferences. Getting an account is free, and holding a meeting costs only a few cents per minute per attendee. The whole process is significantly cheaper than having a group of people travel to one physical location, not to mention much quicker. Training on how to use the audio conferencing/web meeting service is available to interested parties. For more details, or to sign up for an account, contact Sandy Coash at (916) 324-7059 or [Sandy.Coash@cdcr.ca.gov](mailto:Sandy.Coash@cdcr.ca.gov).