

Corrections

FY16-17 Biennial Budget Change Item

Change Item: Offender Health Care

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	2,871	2,742	2,742	2,742
Revenues				
Other Funds				
Expenditures				
Revenues				
Net Fiscal Impact = (Expenditures – Revenues)	2,871	2,742	2,742	2,742
FTEs	23.5	23.5	23.5	23.5

Recommendation:

The Governor recommends \$2.871 million in FY 2016 and \$2.742 in FY 2017 for the Department of Corrections (DOC) to invest in more comprehensive health care services to the offender population and in an interoperable electronic health records (EHR) system.

This proposal includes:

- \$1.1 million each year to purchase and implement an interoperable EHR system for offenders; and
- \$1.771 million in FY2016 and \$1.642 million in FY2017 and each subsequent year for medical/nursing and release planning services.

In total, this proposal represents a 3.8% increase to the budget for offender health care, and a 0.5% increase to the agency's total general fund budget.

Rationale/Background:

The DOC is required to provide professional health care to all incarcerated offenders. All of the initiatives in this proposal not only are representative of best practices in the industry, but are related to compliance issues with Minnesota's Olmstead Plan, the Prison Rape Elimination Act (PREA), recommendations by the Office of the Legislative Auditor, accreditation standards, and/or other statutory requirements. They also support our Transition from Prison to the Community initiative.

EHR: The 2007 and 2008 Legislatures enacted laws that mandated all hospitals and health care providers to have an interoperable EHR system by 2015. The DOC is considered to be a health care provider. An EHR system will ensure efficiency of health care delivery. It will integrate medical and behavioral health information and help manage the prescription medication process. Providers located in multiple locations will be able to view an offender's health care record simultaneously. The use of an EHR system is a required action step to ensure compliance with Minnesota's Olmstead Plan. Problems related to the sharing of health information have been a recurring complaint across all systems responsible for supporting and managing offender with disabilities. EHR systems improve continuity of care, decrease grievances, improve record-keeping capabilities and result in better overall client health care. Lastly, an EHR system will help us comply with recommendations made by the Office of the Legislative Auditor in 2014, citing the benefits that could be achieved and recognized by the agency with the use of an EHR system. Due to budgetary constraints the DOC has not had resources available to purchase an EHR system.

Medical/nursing services: In response to a recent report issued by the Office of the Legislative Auditor, we developed a detailed plan to address the key findings and recommendations as follows:

- Complete a staffing analysis and develop a comprehensive health services staffing plan;
- Expand and formalize chronic disease management protocols;
- Improve risk management, oversight, accountability and quality improvement processes; and
- Decrease overtime hours and associated expenditures with improved staff retention and satisfaction.

The staffing analysis indicates the current number of health services staff is inadequate to meet the increasing complex health care needs of the offender population. The offender population has increased in number and age. The number of Minnesota inmates over the age of 50 grew from 310 in 1998 to 1,349 in 2014. Skilled nursing beds have increased from 46 to 54, and 73 assisted nursing beds have been added. Research shows that prison inmates tend to be less healthy than the general population and are affected by chronic

disease and conditions at a higher rate than the general population. Approximately one-third of offenders in our prisons have been diagnosed with a chronic disease such as asthma, diabetes, epilepsy, heart disease, Hepatitis C, HIV/AIDS or hypertension.

Release planners: Due to limited resources it isn't possible to provide release planning services to all offenders diagnosed with chemical dependency (CD). A recent study published in the Journal of Offender Rehabilitation found that offenders who received post-release aftercare in addition to prison-based CD treatment were 44% less likely to return to prison within 6.9 years after release. A critical component of CD release planning is connecting the offender to supportive aftercare programming.

Proposal:

The DOC proposes an increase in funding to implement an EHR system, expand sick call access, expand 24-hour nursing coverage from two to five prisons, increase medication management and monitoring, increase and improve supervision and management of medical care activities, ensure review and compliance with professional health care standards, and expand our ability to provide comprehensive release planning services.

- The provisions of this proposal represent a significant expansion to accommodate the current offender population and offender health care needs, and include some operational changes. The requirement to use an EHR system is new.
- This proposal will add 23.5 FTEs as follows:
 - The EHR system will require 4 FTEs (3 DOC and 1 MN.IT) including a project manager, a management analyst, a support staff and an information technology specialist. Funding for contracted services, hardware, software and training will also be necessary.
 - The expansion of and improvements to medical and nursing services require
 - an addition of 10.5 FTEs for registered nurses to expand sick call access, ensure 24-hour nursing coverage at five prisons, manage the needs of a population that is aging and with chronic illnesses, and for required PREA screening;
 - an addition of 7 FTEs for licensed practical nurses to increase medication management and monitoring in 24/7 operations (more than 63% of the offender population receive prescription medications); and
 - an addition of 1 FTE to manage specialty appointments and off-site scheduling, track chronic care offenders, enter data into the corrections offender management system, and for medical records management.
 - We will add 1 FTE responsible for release planning for offenders with chemical dependency.
- We will work with other state agencies, county agencies and other providers and oversight entities. We will collaborate with the Olmstead Implementation Office.
- This proposal is intended to: 1) ensure e-health requirements apply across the entire continuum of care for offenders; 2) decrease risk; 3) provide for quality health care consistent with professional and correctional standards; 4) reduce the need for overtime in health services; 5) provide for optimal patient outcomes; and 6) ensure offenders with chemical dependency are better prepared for successful reentry into the community.
- Implementation of an EHR system will ensure compliance with state law and with Minnesota's Olmstead Plan. It will ensure health information can be shared among providers and will result in procedural efficiencies and time savings.
- The expansion of medical services will allow us to increase and improve delivery of on-site clinical services, improve oversight of clinical operations, increase accountability, and provide for a formalized chronic disease management program.
- Effective release planning will address offenders' CD health needs post-release and improve their chances for success.
- A formal quality assurance program will allow us to more adequately address performance indicators and health care outcome measures. We will work to establish relevant performance measures and achieve successful outcomes.
- An effective EHR system will ensure a continuum of care for offenders while incarcerated and after release from prison. Improvements in the provision of offender health care will decrease risk for adverse patient outcomes and potential litigation, reduce the need for overtime and increase the effectiveness of staff who are working, and provide for comprehensive care management.
- We have developed a request for proposal (RFP) for an EHR that includes nearly 1,000 business requirements, which can be updated and published within a short period of time. A vendor can be selected and contract negotiations can begin with six months of the publication of the RFP. We will immediately begin implementing organizational changes on July 1, 2015 to add medical/nursing staff and the release planner.

IT Related Proposals:

Estimated costs of approximately \$800,000 to maintain the use of an EHR system will continue into the FY2020-21 biennium and subsequent years, including \$700,000 each year for contracted services and \$100,000 for personnel.

Results:

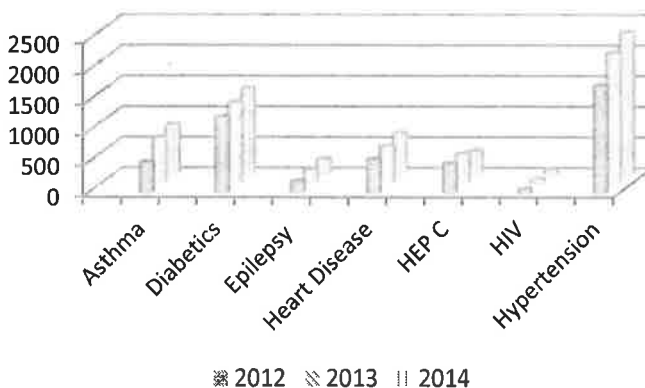
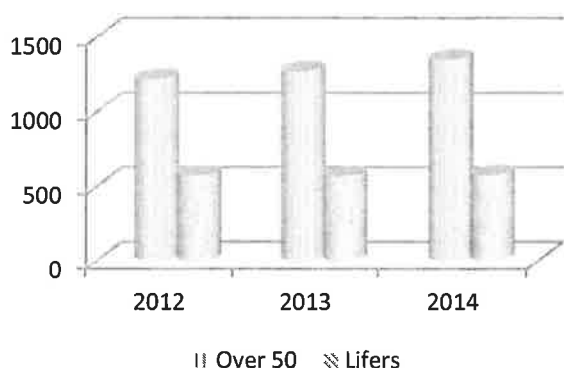
We will need to track the percentage of offender medical records converted to an electronic system to begin measuring performance. Subsequent measures will include but are not limited to tracking the dates of psychiatric visits to ensure appropriate and timely follow-

up, measuring the percent change in the number of repeat hospitalizations due to diabetes, tracking the number of physician-patient encounters and measuring the number and effectiveness of chronic care management for hypertensive offenders. It will be important to know providers are able to access e-health information for offenders after they are released into the community.

We will continue to monitor the use and cost of overtime. We authorized 17,837 hours of overtime valued at \$901,755 for medical personnel in FY2014, which was fairly consistent with the previous year. The overtime usage is expected to decrease with this proposal.

We will develop performance measures to ensure we are adequately addressing the needs of the offenders identified in the charts below.

**Minnesota Department of Corrections
Offender Age and Chronic Disease Data
October, 2015**



Statutory Change(s):

Not applicable.