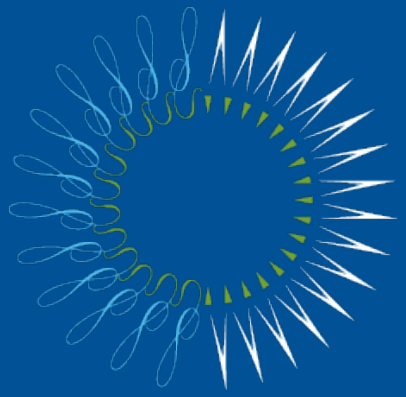


THE PEW CHARITABLE TRUSTS

State Prison Health Care: Spending, Quality, and Continuity

Matt McKillop, Research Officer
The Pew Charitable Trusts

Academic Consortium on Criminal Justice Health
Academic and Health Policy Conference on Correctional Health

Baltimore, MD
March 17, 2015

Disclosure

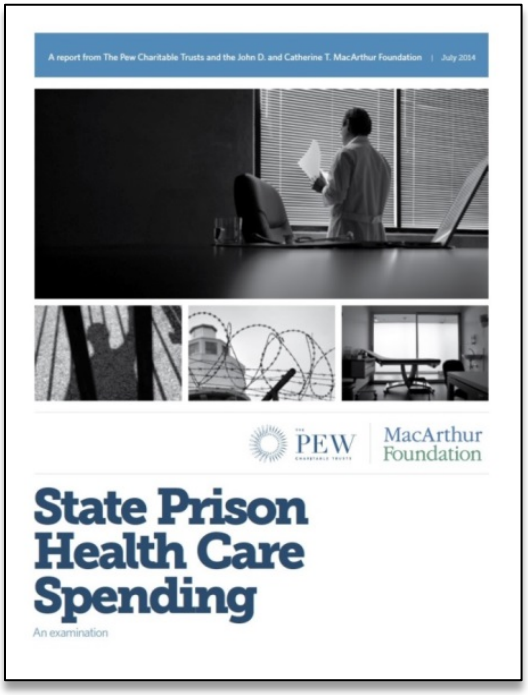
I have no actual or potential conflicts of interest in relation to this program/presentation.

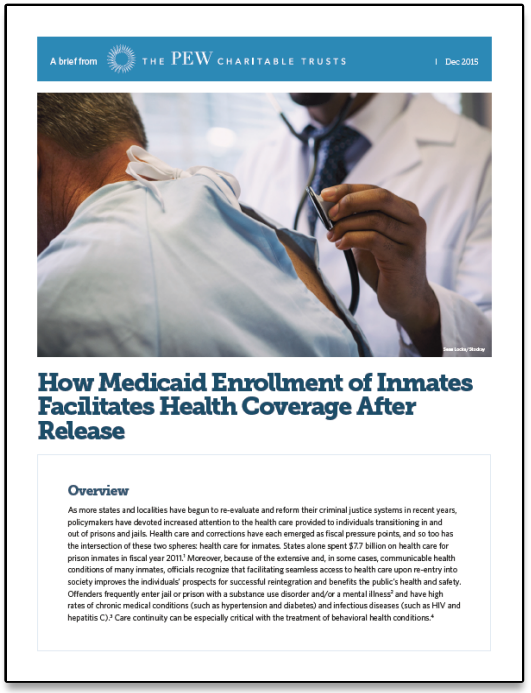
Correctional Health Care Research

Objectives:

- Provide a long-term look at state prison health care spending
- Help policymakers understanding and preserve the value of state and local spending
- Highlight policies and practices that may contain costs while maintaining or improving public health and safety

Correctional Health Care Research





State Prison Health Care Spending , 2007-11
July 2014 Study

THE PEW CHARITABLE TRUSTS

Total Spending

- Total spending increased in 41 states. Median growth was 13%.
- Spending peaked in a majority of states before 2011.
- Primary driver behind downturn was a drop in prison populations.

Per-inmate Spending

- Per-inmate spending went up in 39 states. Median growth was 10%.
- Per-inmate spending varied dramatically.
- Higher spending is not necessarily an indication of waste. Lower spending is not necessarily a sign of efficiency.

State Prison Health Care Spending , 2007-11
July 2014 Study (cont'd)

Disaggregated Spending

- Just 10 states provided complete data for each year and each category
    - general medical care, hospitalization, mental health care, pharmaceuticals, substance abuse treatment, dental care, health care administration, and other

Older prisoners

- Share of inmates age 55+ rose in 40 of 42 states
- States with older inmates tended to have higher per-inmate spending

State Prison Health Care Spending , 2010-15 (forthcoming)

Updates and Upgrades

- Total and per-inmate spending, 2010-15
- Refined disaggregation categories, adapted from CMS NHEA
- Age demographics, 2010-15
  - 5-yr increments from 40 – 65+, allowing for projections

New Features

- Organizational and payment models
- Prescription drug cost drivers
- Staffing detail - total and disaggregated FTEs

Staffing detail

Medical Professional FTEs	State employees				Contract employees	Current FTE Vacancies (State + Contract)	Number Board Certified/ Licensed
	DOC	University	Other State Agency	Name of agency			
Physicians (general practitioners, specialists, etc; not psychiatrists)							
Psychiatrists (prescribing mental health professionals)							
Dentists							
Physician Assistants and Nurse Practitioners							
Other clinical mental health professionals (e.g., psychologists, mental health counselors, clinical social workers, psychiatric technicians, etc.)							
Pharmacists							
Clinical Nurses (licensed practical nurse, registered nurse, etc.)							
Other clinically trained staff (occupational therapists, physical therapists, recreational therapists, radiology technicians, lab technicians, etc.)							N/A
Paraprofessionals (nurse technicians, certified nursing assistants, medical assistants, orderlies, aides, dental assistants, pharmacy technicians, etc.)							N/A
Health care administrative staff (e.g. staff who do not provide direct health care)							N/A
Other							N/A
Total FTEs	0	0	0	N/A	0	0	N/A

Spending detail

	FY2010 ($)	FY2011 ($)	FY2012 ($)	FY2013 ($)	FY2014 ($)	FY2015 ($)
Disaggregated expenditures for inmates in state custody						
Offsite Care						
Inpatient Care						
Outpatient Care						
Emergency Department care						
Offsite Dialysis						
Medical and diagnostic lab services (including specimens produced in prison)						
Onsite Professional Services						
Physician Provider Compensation						
Nurse Provider Compensation						
Dental Provider Compensation						
Other Provider Compensation						
Health Care Administrator Compensation						
Medical and diagnostic lab services (including specimens produced in prison)						
Other health, residential, and personal care						
Onsite Dialysis						
Hospice						
Residential Mental Health Treatment						
Residential Substance Abuse Treatment						
Other (Please Describe)						
Long Term Care (e.g., skilled nursing; inpatient nursing; medication; medical equipment and supplies; intravenous therapy)						
Outpatient Medical Products						
Prescription Drugs (not including MAT)						
Medication-Assisted Treatment (MAT)						
eyeglasses; oxygen and hearing aids; wheelchairs)						
Other nondurable medical products/supplies						
Other expenditures						
Total disaggregated expenditures for inmates in state custody	-	-	-	-	-	-

Preliminary findings

- Slow spending growth: total and per-inmate
  - Even mix of states where spending rose and fell
  - Possible continuation of downturn trend

- Continued aging
  - Share of inmate pop age 55+ grew in nearly every state

- Heavy reliance on contracted vendors

- Varied staffing composition and inmate: staff capacity.
  - Most states provided complete data across organizational models

- Spending disaggregation limitations.
  - Most states could not provide detailed data, instead tracking broad, varied categories


$
?
Value?

Prison health care quality monitoring

Prison health care quality monitoring

Quality monitoring system in place

- Impetus
- Oversight responsibility
- Objectives
- Key facilitators
- Quality measures monitored across distinct domains (e.g., behavioral health, chronic diseases, etc)
  - Data source
  - Benchmark
  - Frequency of measurement
  - Chart-based sample or comprehensive audit
  - Derivation of measure
- CQI feedback loop

Prison health care quality monitoring

No quality monitoring system in place

- Quality monitoring actions
- Reasons for no system, as defined by Pew & Vera
- Future plans to establish system

All states

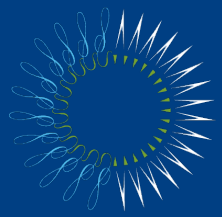
- Accreditation
- Prevalence tracking
- Continuous quality improvement policy

Prison health care continuity

Prison health care continuity

- Screening policies and procedures
- Medical records transfer and medium
- Coordination with community providers and supervisors
- Continuity programs/services
  - Medication prescription/supply
  - Provider referrals
  - Appointment scheduling
  - Patient education
  - Medicaid enrollment
    - Suspension/termination
    - Presumptive eligibility
    - Timing of enrollment completion
    - Alternative documentation
    - Managed care plan requirements
  - Etc


STAY
TUNED!



THE PEW CHARITABLE TRUSTS

For additional questions or information, please contact:
Matt McKillop
mmckillop@pewtrusts.org
@mattmckillop
202-540-6398
pewtrusts.org/correctionalhealth