

Correctional Medicine Consultation Network

American Public Health Association Conference

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Correctional Medicine Consultation Network (CMCN)

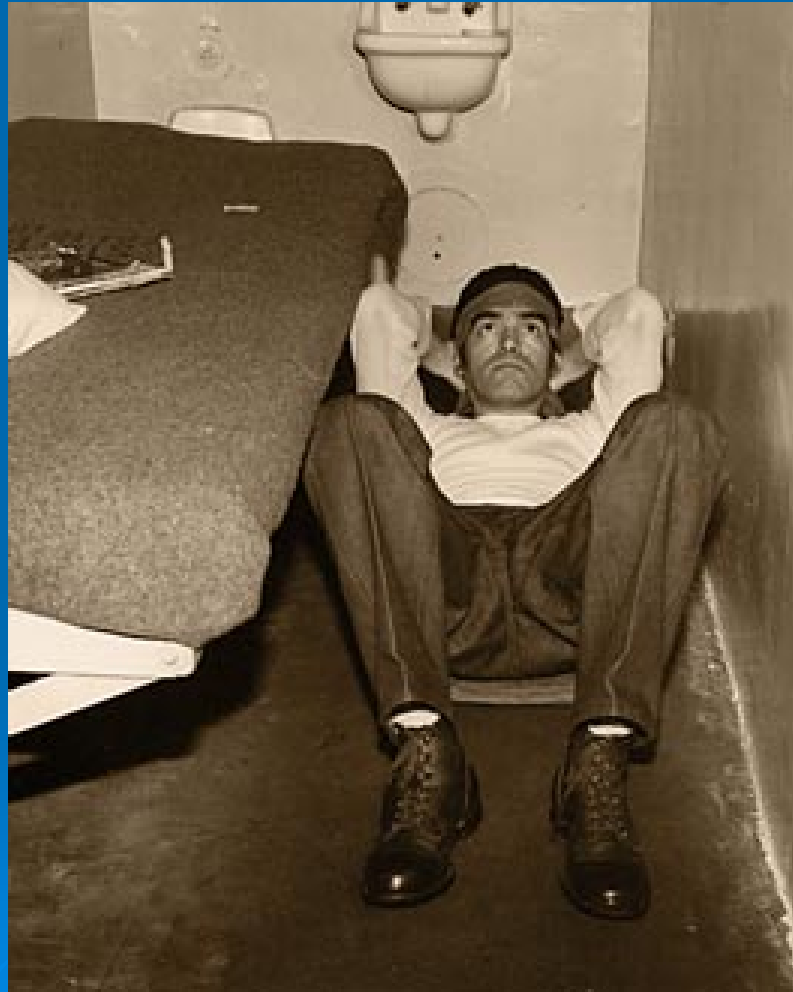
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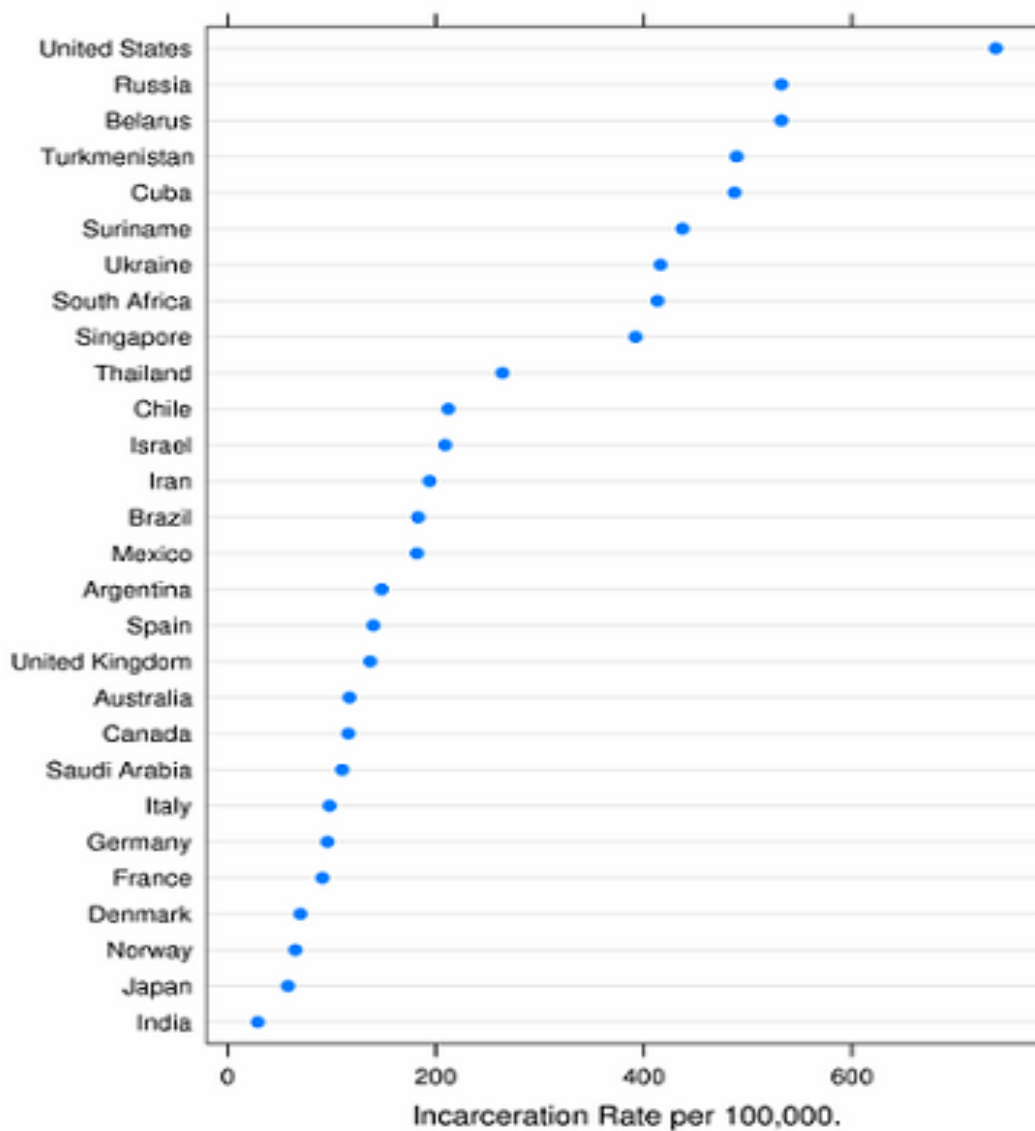
Overview

- Scope of health care and treatment needs in California's prison system
- UCSF CMCN's model of clinical consultation & care provision
- Evaluation and quality improvement

Incarceration in the U.S.

- 2.2 million people in prisons and jails
- Highest per capita incarceration rate in the world 724/100k
- Chance of incarceration during lifetime
 - Black males 1 in 3
 - Latino males 1 in 6
 - White males 1 in 17

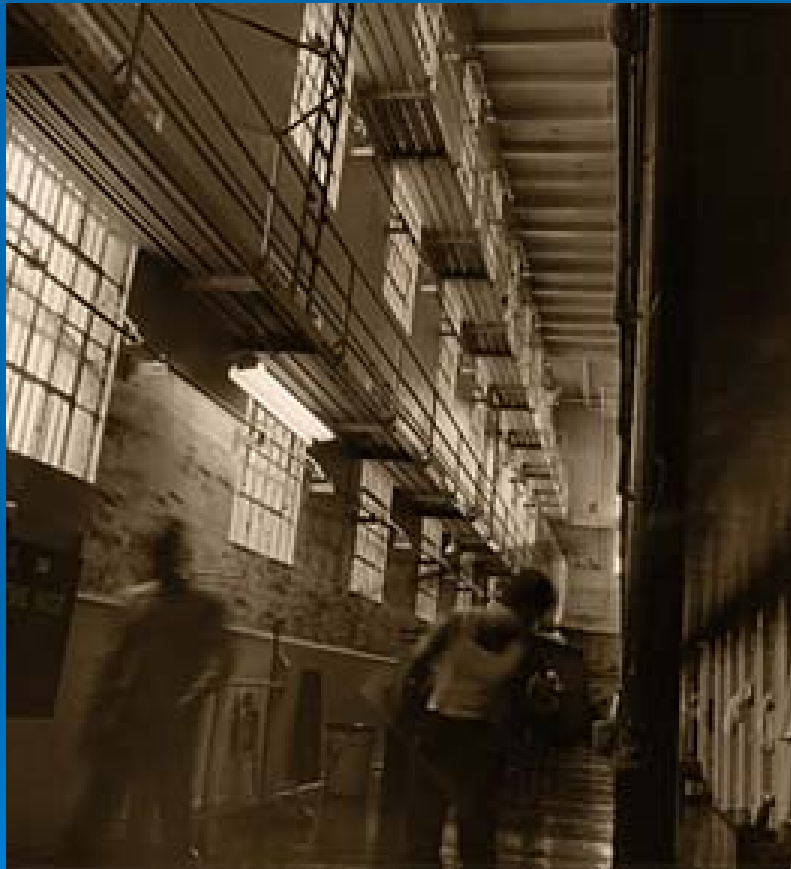
Incarceration Rates for Selected Countries



Data are for 2003, '04 or '05.
Source: U.S. BJS and <http://www.kcl.ac.uk/depsta/rel/icps/world-prison-population-list-2005.pdf>

Incarceration in California

- 170,000 current; 302,000 total per year
- 93% male, 7% female
 - 29% African American
 - 37% Latino
 - 29% white
- Reading level 7th grade



Plata v. Schwarzenegger

- The largest ever prison class action lawsuit
- Prisoners alleged that California officials inflicted cruel and unusual punishment by being deliberately indifferent to serious medical needs, violating 8th Amendment
- Settlement agreement filed in 2002
Requires the California Department of Corrections to completely overhaul its medical care policies and procedures

California Prison Receivership

- Second time in U.S. history that a federal receiver has presided over a correctional system
- Receiver has access to resources and ability to override usual procedures

Challenges in Prison Health Care

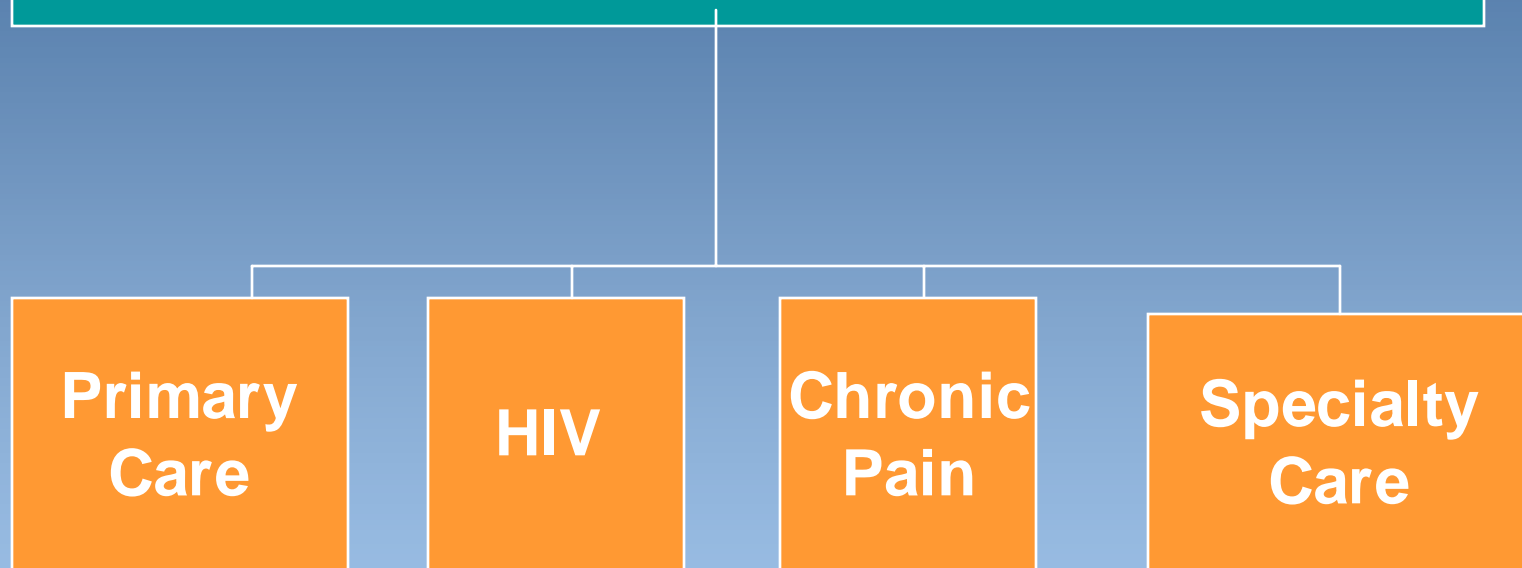
- Medical provider isolation
- Limited access to consultation
- Culture of low self esteem
- Institutionalized low standards of care
- Poor patient doctor relationship
- No chronic care model or training
- Dysfunctional system of care
- Prisons not designed for health care
- Conflict of values in custodial setting



Who are we?

- The Correctional Medicine Consultation Network
- University of California physicians and nurse practitioner primary care consultants specializing in chronic disease and HIV.

Correctional Medicine Consultation Network



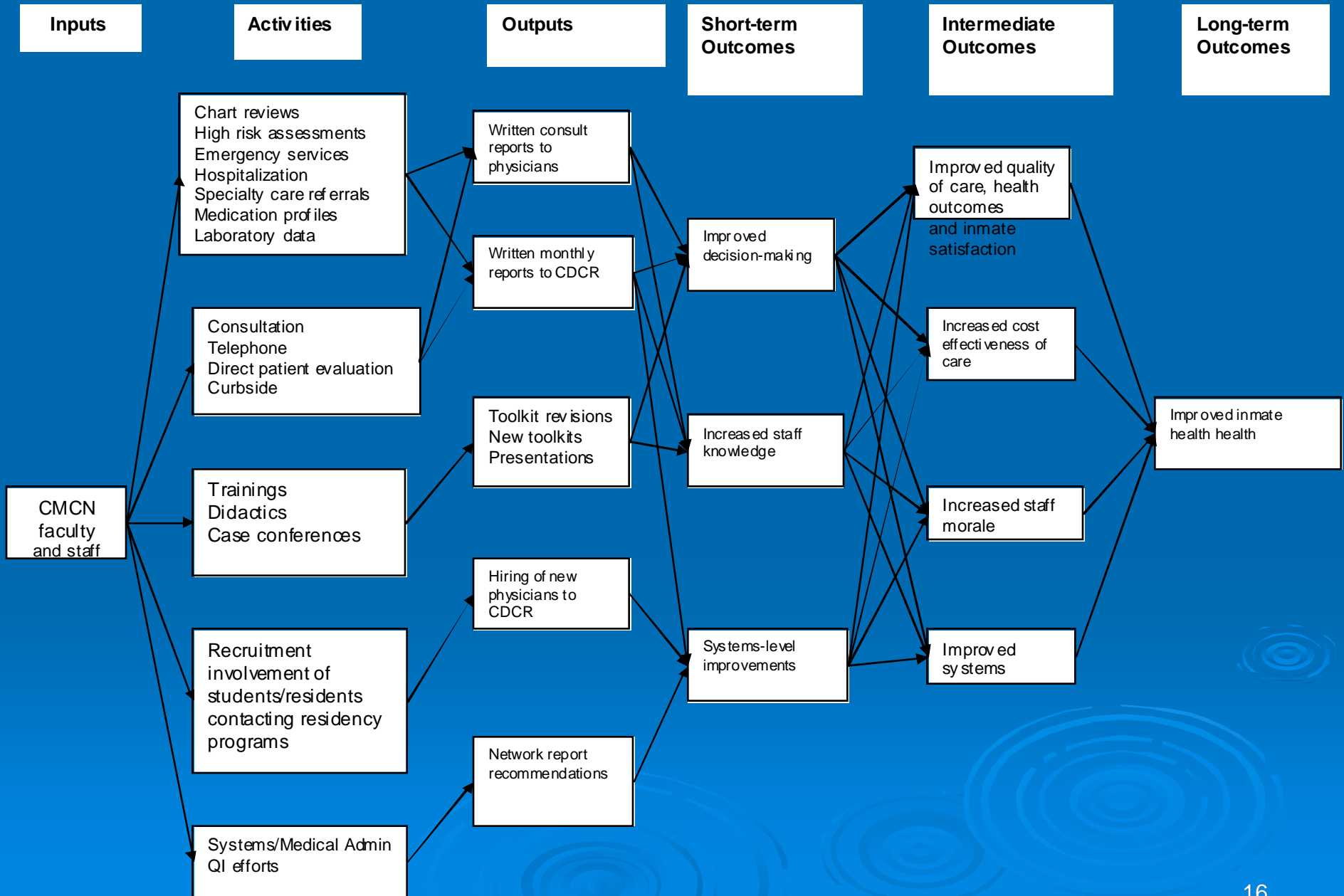
CMCN Overview

Improve quality of patient care through:

- Peer education and professional development
- Consultation for chronic care and high risk patients
- Recruitment of new clinical staff
- Multidisciplinary team development
- Evaluation of medical care delivery system components
- Culture Shift



Correctional Medicine Consultation Network Logic Model



HIV Program: Assessment

➤ High Risk Chart Reviews

- 1,000 charts reviewed over 4 month
- Identified problem areas based on prescribing patterns, high risk patients (CD4, HIV VL, co-morbidities)

➤ Electronic Database Mining & QI

- Linking pharmacy, laboratory, inmate corrections



Assessment

- Provider, Clinic, Policy and Systems level recommendations at each institution
 - Provider prescribing patterns
 - Clinic flow, utilization of midlevel practitioners
 - Labs: routine HIV genotyping, U/S viral load for patient on HAART
 - Systems: Routing of inmates to specific facilities

Policy Level Recommendations

- HIV statewide advisory committee
 - Intake forms, HIV census database
 - Statewide policies (e.g. routine HIV testing, inmate locations, program codes)
 - Medication formulary

Clinical & Public Health Consultations

- Clinical Care (onsite and telemed, 7 prisons, ~1000 patients)
 - Specialty Care Model
 - Rescue Model
 - Primary HIV Care Model
- Public Health & Disease focused activities
 - HIV, Hepatitis (vaccination, screening, referrals, education), Asthma, Heart Disease, Cancer, Seizures



Continuous Quality Improvement

- Onsite presentations, case conferences
- Training with AETCs
- Multidisciplinary provider meetings (e.g. psychiatry)
- HIV provider meetings
 - Pharmacy profile reviews
 - Peer review of charts
- Clinical tools (Epocrates, UpToDate, HIV guidelines)

Patient-Oriented Care

- Cultural shifts
 - communication styles, work attitudes
 - academic presence, students, residents
 - projects, empowerment in policy decisions
- Patient Advocacy
 - Inmate health care satisfaction surveys
- Peer HIV education
- Support groups
- Transitional Case Management Program



Special thanks to:
Prison Law
Office (photos)

The California Prison Receivership
www.cprinc.org

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