

Bridging the Gap: NCDPS & Public Health



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Bridging the Gap: Objectives

- Discuss background related to delivery of healthcare in NCDPS
- Discuss NCDPS interaction with N. C. Public Health System
- Give overview of our management of disease processes within NCDPS
- Discuss our current key relationships with N. C. Public Health so as to prevent spreading of communicable disease

Custody Rules!

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Our Vision



To be regarded as the premier
correctional healthcare
program in the United States

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Our Mission

To provide access to quality, cost effective healthcare that is rendered by competent healthcare professionals



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Our Goals

- To uphold the mission and goals of the North Carolina Department of Public Safety
- To view correctional facilities as **public health** stations that significantly impact the health status of the larger community
- To manage the care so as to improve the health status of the inmates and the citizens of North Carolina assuring that the best value is obtained for the tax dollars spent
- To provide care consistent with community standards
- To focus on the internal and external customers served the North Carolina Department of Public Safety

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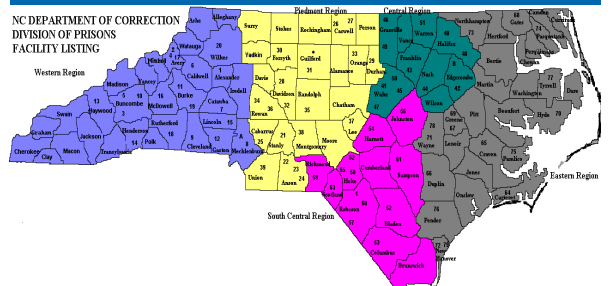
Health Services Motto



**TEAM + ACCOUNTABILITY =
SUCCESS**

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NCDPS Prison Locations



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Inmate Population

➤ Inmate Population as of 05/13/2013

- Males and Females: 37,359
- Growing at a rapid rate
 - Less than 20,000 in 1990
 - Projected to be 40,000 in 2009; projections have decreased

➤ Additional Considerations

- General health status
- Average age of inmates increasing
 - 1,473 inmates \geq 60 y.o.
 - 260 inmates above age 70



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Overall Services

- Comprehensive
 - Medical and Surgical Care
 - Mental Health Care
 - Dental Care
 - Nursing Care
 - Pharmacy
- Service Levels Include
 - Primary Care
 - Specialty Care
 - Inpatient Care
 - Residential Care

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Services

➤ Primary care services provided at 66 facilities across the state

- Five facilities proposed to close (Budget reductions)

➤ Specialty Care Services

- Provided at selected facilities:
 - Central Prison
 - North Carolina Correctional Institution for Women
 - Hoke Correctional Institution
 - Piedmont Correctional Institution
 - Western Youth Institution
 - Alexander
 - Maury

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Services

➤ Community based services also available throughout the state via negotiated agreements with providers

- Local and regional hospitals
 - Community Hospitals
 - Tertiary Care Facilities
- Local and regional professional providers
 - Individual Providers
 - Multispecialty Group Providers



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NCDOC Health Services Expenditures

FISCAL YEAR	TOTAL
2009-2010	\$226.0M
2010-2011	\$239M
2011-2012	\$219.M

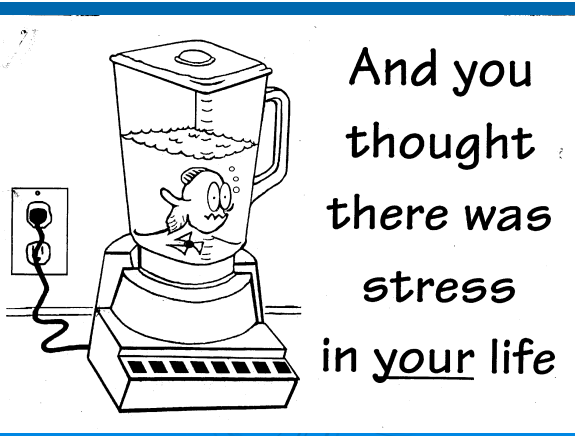
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Challenges

- Large Number of Prison Units Spread Across State
- Staff Shortages
- Aging Inmates
 - Youngest: **16** years old
 - Oldest: **90** years old
- State Budget Deficit - Less Money Available for NCDPS Health Services
- Multiple strategies implemented by Health Services to meet the challenges



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Performance Improvement

- **Medical Review Committee**
 - Facility Reviews
 - Peer Review
 - Sentinel Case Review
- **Risk Management Program**
 - Incident Reporting
 - Medication Error Tracking
 - ER Visit Tracking
- **Credentialing/Privileging**
- **Quality Council**
- **TAPS (employee appraisal process)**
- **Job Competencies Development**
- **Continuing education**

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Utilization Management

- Prospective review or Preauthorization,
- Concurrent Review,
- Discharge planning and
- Retrospective Review

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Consents

- Inmates can give consents if competent
- Legal guardian or authorized family member—info available from Custody Staff/Social Worker
- Emergency consent obtained
 - When pt unable and family unavailable
 - Call 919. 838. 4000
 - Chief of Health Services - Dr. Smith or
 - Deputy Medical Director - Dr Agarwal

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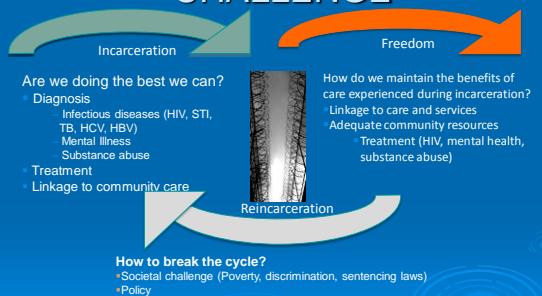
Think “Beyond the Box”



“If we do as we have always done, we get what we have always gotten.”

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THE CONTINUUM CHALLENGE



Slides from: Dr. David Wohl
UNC Infectious Disease Department

Disease Management

Chronic disease Tracking

- Cardiovascular
 - HTN
 - CAD
 - CHF
- Diabetes
- Seizures
- HIV/AIDS
- Asthma/COPD

Chronic Disease

An illness or condition that affects an individual's well being for an extended interval, usually at least six (6) months and generally is not curable but can be managed to provide optimum functioning within limitations of the disease

(revised definition)

CAUSES OF DEATH

2001 -2012

CAUSE	01	02	03	04	05	06	07	08	09	10	11	12
CARDIAC/MI	13	16	13	31	24	23	24	31	18	19	18	4
CANCER	19	9	19	27	22	28	36	35	32	27	27	12
PULMONARY	3	5	10	10	7	12	14	13	11	9	6	
LIVER/GI												
BLEED	9	6	8	11	8	8	10	13	6	11	3	3
RENAL	2	1	3	2	3	5	5	5	3		3	
HIV/AIDS	9	10	3	2	0	3	2	2	4	4	2	1
CVA/BLEED	3	3	8	3	3	3	3	3	5	2	0	2
SUICIDE	4	5	3	2	0	4	1	6	3	1	1	2
OD/ACCIDENT	1	1	2	2	0	2	1	0	1	1	0	
HOMICIDE											1	
OTHER	10	8	13	11	8	6	4	9	3	6	10	4
TOTAL	73	64	82	101	75	94	100	117	86	80	71	28

CASE MANAGEMENT

- ESTABLISHED – 1994
- PARTNERSHIP - DHHS/STATE PUBLIC HEALTH SYSTEM
- PROGRAM COMPONENTS
- EDUCATION
- BEHAVIOR MODIFICATION INFORMATION
- POST-TEST COUNSELING
- RISK ASSESSMENTS
- CARE PLAN DEVELOPMENT/DISEASE MANAGEMENT
- INITIATION OF TREATMENT/UNC INFECTIOUS DISEASE
- TRACKING
- AFTERCARE PLANNING

Case Management

- Eleven (11) Registered Nurses
 - Tracking of all +HIV or AIDS
 - Education (inmates & staff)
 - Testing
 - Counseling
 - Release/Discharge Planning
- Health Law Violators
- Patient advocacy
- Liaison with Public Health and other governmental agencies
- Approximately 1000 HIV/AIDS enter system/yr
- Approximately 325 released/yr
- Opt out testing since early 2009
 - 90% new admission tested
- HIV testing available
 - annually,
 - upon inmate request
 - as medically indicated

HIV Care

- On-site Clinical care
- Longstanding relationship with UNC ID Department
- Treatment protocols
- Linkage to care
 - Discharge planning
 - Referral



Case Management Expansion

- Hand Hygiene Campaign
- Infectious Disease Tracking
 - Hepatitis C
 - Hepatitis B
 - MRSA
 - Outbreaks
- Communicable Disease Reporting

Monitoring/Tracking TB

- Nurses trained to give PPD
- All inmates skin tested at admission and annually
- All staff offered annual testing
- Treatment of Active TB (4-drug regimen)
- Latent TB (treatment options)
- Consultation with TB consultants
 - Monthly on-site conferences/case reviews
 - Quarterly meetings with LHD
- Immediate access to Dr. Stout/designee

Management of TB



- Assigned case managers
- Close monitoring
- Tracking of contacts
- Contact investigations
- Coordination with County and State Public Health Officials
- Review of x-rays as needed

Other Initiatives



- New Healthcare Facilities
 - NCCIW
 - CP
- Telemedicine
- Recruitment and Retention Efforts
- Development of LTC facilities
- Electronic Health Records

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UNC HEALTHCARE – NCDPS PARTNERSHIP

- Longstanding relationship
- Inpatient Care
- Specialty Clinics

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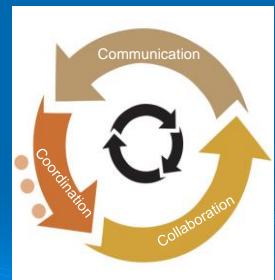
NCDPS Future

- Opportunity for more extensive partnership
 - Staff education
 - Staff training
- Opportunity to involve more specialty groups
 - Onsite at prisons
 - In office settings

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Next Steps

Keys to ongoing Partnership



Questions & Answers

