



# **Alaska Department of Corrections**

## **Inmate Health Care Overview**

**February 14, 2013**

**House Finance Sub-Committee**

Inmate Health Care has a statutory obligation to provide medical care to offenders who are placed in the custody of the Alaska Department of Corrections.

Inmate Health accounts for 12% of the Department of Corrections budget.

# Inmate Health Care at a Glance

Inmate Health arranges for and administers medically necessary health care to:

- 5,000 inmates in custody in 13 facilities in Alaska and a contract facility in Colorado
- 800 offenders housed in 8 Community Residential Centers
- 150 offenders in 15 contract jails

Anxiety  
Diabetes  
Infection  
STDs  
Schizophrenia  
Paralysis  
Dementia

Cancer  
Organ failure  
Arthritis  
Pacemakers  
Depression  
Chronic pain  
Cirrhosis

Hypertension  
Detox  
Colds & Flu  
Surgeries  
Hearing Loss  
Pregnancy  
Dentistry

# Inmate Health Care at a Glance

- Inmate Health is made up of 175 staff and 44 professional service contractors that ensure services are provided to prisoners using a standard of medically necessary care in accordance with court decisions, legislation, accepted correctional and health care standards, and DOC policies and procedures

# Medical Staffing by Facility

## Anchorage Correctional Complex

- On-site medical providers & mental health staff
- 24-hour nursing
- Medical Segregation=
- Acute & subacute psychiatric units

## Anvil Mountain Correctional Center

- Contract medical provider
- Contract mental health staff
- 11 hour nursing coverage
- Telepsychiatry

## Fairbanks Correctional Center

- On-site medical provider
- On-site mental health staff
- 24-hour nursing
- Telepsychiatry

## Goose Creek Correctional Center

- On-site medical provider
- On-site mental health staff
- 24-hour nursing
- Contract psychiatric provider w/telepsychiatry support
- Medical segregation (to open 2014)

## Hiland Mountain Correctional Center

- On-site medical provider & mental health staff
- 20-hour nursing
- Acute & subacute psychiatric units

## Ketchikan Correctional Center

- Contract medical provider
- Contract mental health staff
- 11-hour nursing coverage
- Telepsychiatry

## Lemon Creek Correctional Center

- Contract medical provider
- On-site mental health staff
- 20-hour nursing
- Telepsychiatry

## MatSu Pretrial Facility

- On-site medical provider & mental health staff
- 11-hour nursing

## Palmer Correctional Center

- On-site medical provider & mental health staff
- 18-hour nursing
- Subacute psychiatric unit

## Pt Mackenzie Work Farm

- 3-day per week nursing (7.5 hours per day)

## Spring Creek Correctional Center

- On-site medical provider & mental health staff
- 20-hour nursing
- Subacute psychiatric unit
- Telepsychiatry

## Wildwood Pretrial & Correctional Center

- On-site medical provider & mental health staff
- 20-hour nursing
- Telepsychiatry

## Yukon-Kuskokwim Correctional Center

- Contract medical provider & mental health staff
- 11-hour nursing
- Telepsychiatry

**Two questions must be asked when addressing inmate health care.**

- Why are costs rising?
- What are we doing about it?

# Why are the costs associated with inmate health care increasing?

- **Medical costs in general are rising.** Over the past decade, medical care costs in Anchorage have increased by 56.2%, compared to 29.8% nationwide (*Alaska Economic Trends, July 2012*)

## – Kidney Dialysis

- 6 offenders currently on kidney dialysis
  - 2 more will start dialysis in the next few months
- The length of sentences for 7 of these inmates ranges from 5 to 106 years

## – Cancer

- 8 offenders currently being treated for cancer
  - 6 more have not yet started treatment



## – Pregnancy

- 35 pregnant offenders in first 6 months of FY13
- 11 currently in our system -- two with twins
- The average cost of a delivery is approximately \$10,000
  - one this year exceeded \$36,000
- All are considered “high risk” simply by virtue of their lifestyles

## – Hepatitis

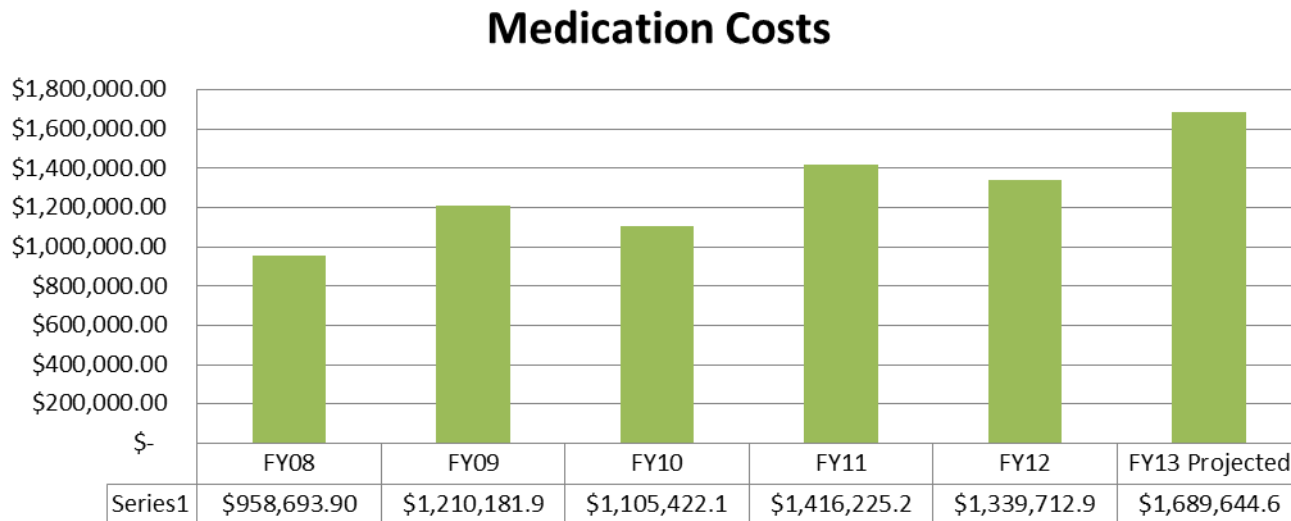
- 30% of our inmate population has Hepatitis C
- We treat 8-10 cases per year
- \$10,000 for the initial work up
- Medication treatment for HepC: \$40,000 per year

## – Mental Health

- DOC is the largest provider of mental health services in the state
- 42% of our inmate population has a mental disorder
- 18% of our population has a serious, persisting mental illness such as schizophrenia or bipolar disorder
- The mentally ill re-offend 1.6x as often as non-mentally ill offenders
- The demand for mental health services continues to increase within the department
  - 100-120 new patients every month
  - 20% increase in mental health contacts over the past 5 years
  - Acute and sub-acute psychiatric treatment units are consistently at maximum capacity
    - » 33% increase in the Women's Mental Health Unit over 7 years
    - » 44% increase on the Men's Mental Health Unit over 7 years

## – Medications

- Projected 26% increase in physical health care pharmaceutical costs from FY12 to FY13
  - \$139,600 year-to-date for 2 HIV medications
  - \$10,244/month for one leukemia patient
  - \$7,636/month for one sickle cell patient



- **The inmate population is growing** at a rate of 3% per year. As all inmates require health care services, this growth in the inmate population leads to a corresponding increase in department health care costs
  - 100 outside medical appointments per month in Anchorage and Eagle River alone
  - 75 outside medical appointments per month in Hudson, Colorado

- **Our inmate population is aging.** Elderly patients account for a disproportionately higher amount of health expenditures as they need more clinical visits, hospital admissions and medications than the general inmate population
  - DOC houses 77 offenders age 65 or older
  - 2011 was the first time there were more offenders age 65 years and older than there were offenders 19 years or younger
  - 78% of these offenders have 10 years or more to serve on their sentences
  - 1 in 10 people over age 65 develop dementia. (Alzheimer's Association, 2011)
  - 60% of all cancers occur in people over 65. (National Cancer Institute, 2012)
  - 27% of people over age 65 have diabetes. (National Center for Chronic Disease Prevention, 2011)
  - 65% of people over age 65 have high blood pressure
    - 3x more likely to have diabetes, 2.5x as likely to have a stroke, 2x as likely to have heart disease and 2x as likely to have depression. (US Department of Health & Human Services, 2010)

- **The inmate population is at greater risk for developing medical issues simply by virtue of lifestyle and socioeconomic status**
  - Lack of access to medical care in the community
    - Nearly 50% report having current medical problems other than colds or viruses
      - Many of these inmates have not sought medical care until they arrived at DOC
  - Alcohol and Drug use
    - The rate of substance abuse in the offender population may be as high as 80%
  - Trauma
    - 65-75% of female prisoners at Hiland Mountain Correctional Center report having been sexually victimized
      - National studies place the number of female offenders who have been physically and/or sexually abused at 88-95%
      - Traumatic experiences are strongly associated with the development of substance using behaviors

# Challenges

- **Recruitment difficulties** for health care workers affect overtime and contract provider costs. Essential fill-in coverage in outlying areas can also significantly impact travel costs
  - National nursing shortage expected to grow to 260,000 by 2025
  - The Affordable Care Act (ACA) will create new demand for health care workers, far exceeding today's health care workforce capacity
  - Graduates in the health care profession are not always inclined to choose prison health care as a career
  - Contractors must cover the cost of their own malpractice insurance
  - Recruitment and retention of health care staff has been particularly difficult in outlying areas

**What are we doing about it?**



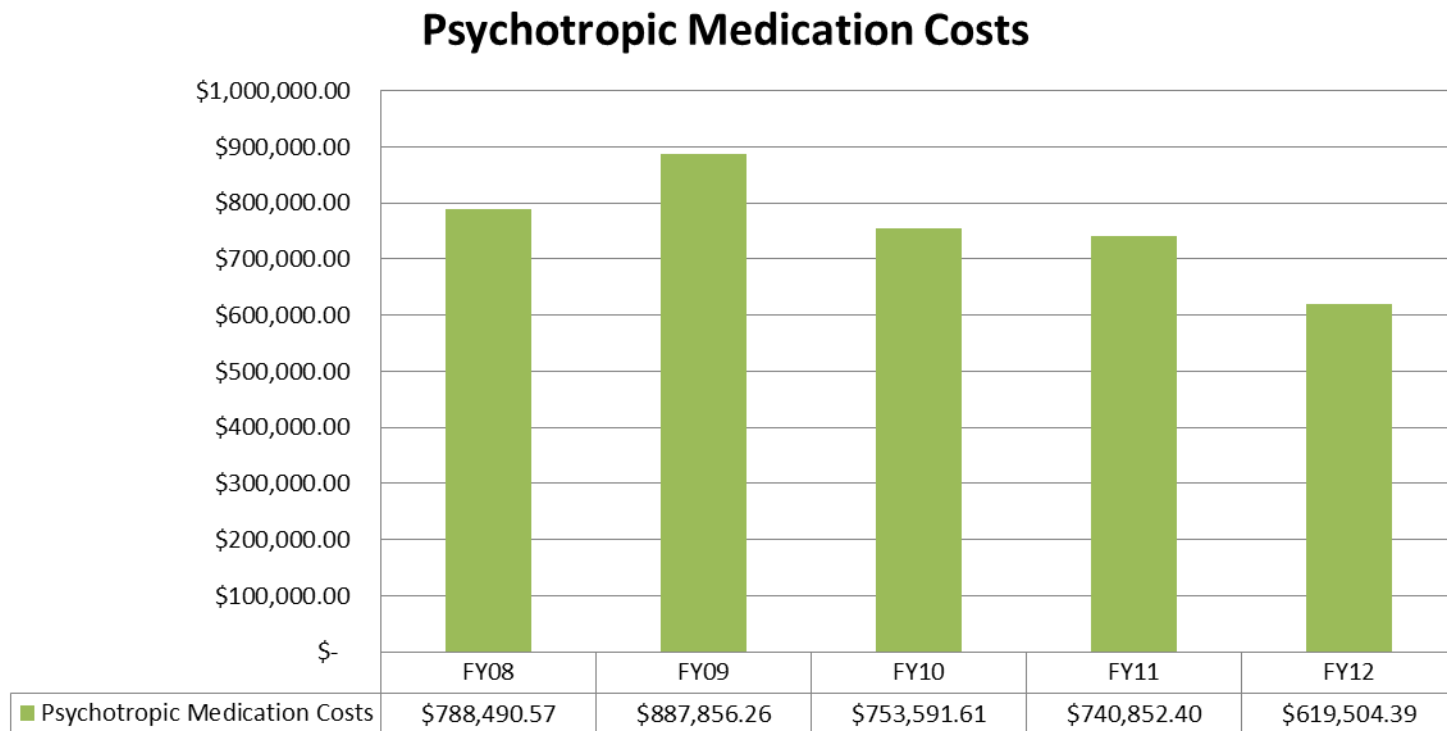
- **Our medical segregation unit** at the Anchorage Complex allows us to treat more complex needs patients at lower cost
  - Average cost to house an inmate in ADOC: \$53,732/year or \$147/day
  - Cost to house an inmate in Med Seg: \$103,935/year or \$285/day
  - Housing an inmate in a contract hospital or extended care bed: as high as \$2,400/day

- **Staff realignment strategies**
  - Scheduled overtime for nursing staff was eliminated
  - A process for covering necessary overtime shifts was established to ensure the lowest fiscal impact
  - A staff physician has been assigned to the medical segregation unit to allow more high-cost cases to be moved out of hospital beds sooner
  - Nursing supervisors are being placed on-site for quality assurance and utilization review

- **Aggressive contract negotiations**
  - Negotiated a 50% discount rate for kidney dialysis
    - Saving the Department in excess of \$315,000 over six months
  - New radiology agreement dropped per x-ray charges from \$36 to \$12
  - Similar contract negotiations are being reviewed for other health care services

- **Adherence to essential health care policy**
  - A centralized review system was put in place to ensure that only essential services are being provided
    - Health Care Authorizations have dropped by 23%
    - Outside medical appointments have dropped by 30%
  - Increased training and supervision for mid-level providers to ensure we provide only what is needed, not what is wanted
  - Review and realignment with clinical standards that are comparable to Medicaid coverage
  - Introduce cost containment strategies for the delivery of pharmaceuticals in DOC

- Cost containment strategies were effective in reducing the psychopharmacological costs in DOC over the past 3 years



- **Early identification of high cost inmates & assistance with care coordination and release options**
  - DOC's first Medical Social Worker
    - Tracking and reviewing high cost cases
    - Monitoring hospital stays
    - Discretionary parole, electronic monitoring or bail reduction and release
    - Coordinating specialized care and release plans for medically fragile offenders
  - 8 mental health clinicians provide release services and community oversight for chronically mentally ill offenders

- **Taking advantage of technological advancements**
  - **Electronic Health Care Records**
    - Better tracking of the delivery of health care services
    - Implement new protocols and cost-saving measures accordingly
    - Reduce medical errors and service duplication
  - **Digital x-ray processing**
    - Eliminates costs associated with films, chemicals, processing and maintenance
    - Allows for immediate access for radiology services
    - Direct interface with the electronic health record

- **Increased recruitment efforts**
  - Memorandum of Agreements to provide training sites for medical students
    - University of Alaska Anchorage School of Nursing for Nurses and Nurse Practitioners
    - WWAMI psychiatry students
    - University of Washington Physicians Assistants
  - Masters level practicum sites for psychology and social work students
  - Recruitment at University programs for new graduates
  - Collaboration with the Officer Training Academy and increased exposure at job fairs, health fairs, etc.



- **The need for medical care is unpredictable**
  - Planning and budgeting for inmate health care is complicated by constant changes in the inmate population through arrests and releases
  - We continue to experience a high number of catastrophic health care cases each year
    - \$3.5 million YTD spent on these cases
- We do know basic health care costs will continue to rise along with the number of inmates in our jails and prisons
- We continue to look for new ways to meet those growing needs and to safely streamline our services