



Inmate Health Information Exchange

Department of Public Safety
Division of Adult Correction and Juvenile Justice

Joint Legislative Oversight Committee on Health and Human Services
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Presentation

- ▶ Overview of Session Law 2017-57, Section 16C.11A
- ▶ Background/Context - Overview of correctional health care
- ▶ State's health information exchange
- ▶ Q & A

Overview of legislative study and report

- ▶ Pursuant to Session Law 2017-57, Section 16C.11A:

“The Department of Public Safety, in collaboration with the Department of Health and Human Services, shall study the feasibility of the State acquiring and implementing an inmate health information exchange program...”

- With the intent of the inmate health information exchange system to:
 - Allow for the secure and effective transfer of pertinent medical information on an inmate;
and
 - Minimize or eliminate the need for the replication of tests on inmates
- ▶ In this report:
 - “Inmate” is defined as individual incarcerated in the state’s prisons system
 - Adult inmate health care/health services referred to as “correctional health care”

Overview of state's adult inmate health care

- ▶ G.S. 148-19 establishes “health services” for Division of Adult Correction (DAC)
- ▶ Mandates standards for health services to inmates
 - Establishes the following:
 - Outside medical facilities may be used if necessary
 - Department of Public Safety (DPS) shall seek cooperation with other agencies
 - A connection created between DPS/DAC, Department of Health and Human Services (DHHS), and other state agencies for necessary assistance in the provision of inmate health care
 - That each inmate shall receive examinations after admission and that inmates' work and other assignments shall be made with due regard to their physical and mental condition
 - That the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall adopt standards for the delivery of mental health and mental retardation services to inmates by DPS/DAC

Overview of state's adult inmate health care

- ▶ System-wide adult inmate healthcare includes:
 - Medical
 - Psychiatry
 - Behavioral health, including Substance Abuse (Alcoholism & Chemical Dependency Programs- ACDP)
 - Dental
 - Pharmacy
 - 2 on-site health care facilities (Central Prison and North Carolina Correctional Center for Women)

- ▶ For FY 16-17:
 - Total expenditures of \$329.7M
 - Total FTEs of 2,232

- ▶ Current total inmate population (02/05/18) = 36,399

Background/Context

State DPS/DAC Perspective

- ▶ **118%**
 - % increase over the last 10 years of inmates age 55+
- ▶ **60%**
 - % increase over the last 10 years of inmates diagnosed with chronic illnesses
- ▶ **65%**
 - % increase over the last 10 years of inmates diagnosed with mental illness
- ▶ **95%**
 - % of inmates expected to return to society after incarceration
 - = approximately 24,000/year
 - = “major public safety and public health player”
 - = need to focus on “continuum of care”

Background/Context

National Perspective

▶ **According to a recent Pew Charitable Trusts study:**

“Prison health care sits at the intersection of pressing state priorities. From protecting public safety to fighting disease and promoting physical and behavioral health, and from fine-tuning budgets that trim waste to investing in cost-effective programming with long-term payoffs, the health care that prisons provide to incarcerated individuals and the care that prisons facilitate post-release is a critical linchpin with far-reaching implications.”

“Well-run, forward-thinking prison health care systems are vital to state aims of providing care to incarcerated individuals, protecting communities, strengthening public health, and spending money wisely. Likewise, poorly performing systems threaten to make states less safe, less healthy, and less fiscally prudent. Put simply: The stakes extend far beyond the confines of prison gates.”

Background/Context

National Perspective

- ▶ Continuum or continuity of services is not a new concept in criminal justice reform with reentry/transition efforts in terms of jobs, transportation, housing, etc.
- ▶ Correctional health care viewed in past in isolation – now needs to be well-connected with reentry and transition
- ▶ “Public safety is public health; public health is public safety.”
 - Richard Carmona, U.S. Surgeon General, 2002 - 2006

Need for technology

- ▶ The cost, scope and complexity of today's inmate health care system demands the support of technology that is robust, comprehensive, and broadly interoperable.
- ▶ DPS/DAC has recently developed and is implementing an internal electronic health record (EHR) system, state-wide.
- ▶ This EHR is also capable of integrating with a viable state-wide health information exchange (HIE) system.
- ▶ The State of North Carolina has invested in such a system - the NC Health Information Exchange Network.

Health Information Exchange in NC

- ▶ In 2015, the General Assembly of North Carolina established a state-managed Health Information Exchange Authority (NC HIEA) to oversee and administer the N.C. Health Information Exchange Network (NCGS 90-414.7). The cost, scope and complexity of today's inmate health care system demands the support of technology that is robust, comprehensive, and broadly interoperable.
- ▶ The NC HIEA operates North Carolina's state-designated health information exchange, NC HealthConnex, a secure, standardized electronic system in which providers can share important patient health information. DPS/DAC has recently developed and is implementing an internal electronic health record (EHR) system, state-wide.
- ▶ State law requires that all health care providers that receive State funds connect to NC HealthConnex by certain dates in 2018 and 2019 in order to continue to receive payments for services provided (NCGS 90-414.4).
- ▶ General fund appropriations for the NC HIE have been authorized by the North Carolina General Assembly as follows:
 - \$9 million, recurring;
 - an additional \$3 million, non-recurring, for fiscal year 2017-2018 to support an upgrade of the health information exchange system; and
 - no fees to connect to NC HealthConnex charged by state – may be charged by providers' electronic health record vendors.

Conclusions/Recommendations

- ▶ The State of North Carolina already has a comprehensive, enterprise-level HIE in production - NC HealthConnex – for which substantial investments of state funds have been made.
- ▶ The Department of Public Safety and Department of Health and Human Services believe the NC HealthConnex system represents a viable health information system which will allow for the secure and effective transfer of pertinent health information on inmates.
- ▶ The Department of Public Safety and Department of Health and Human Services believe that a less comprehensive system, such as one which would, for example, only connect jails and prisons with detainee/inmate health information, is duplicative in nature and falls short of the current correctional health care demands.
- ▶ The Department of Public Safety and Department of Health and Human Services recommend, therefore, that the Department of Public Safety work collaboratively with the Department of Health and Human Services and the Department of Information Technology's (DIT) Government Data Analytics Center (GDAC) to utilize the NC HealthConnex health information exchange system for the secure and effective transfer of pertinent health information on inmates.

Questions?

