Beyond the "Nuts and Bolts": Changing the Paradigm in a New Age of Health Care Delivery

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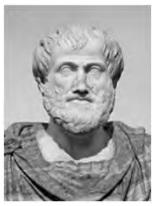

" Excellence is never an accident. It is always the results of high intention, sincere effort, and intelligent execution; it represents the wise choice of many alternatives – choice, not chance, determines your destiny."

- Aristotle

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Objectives

At the conclusion of this presentation, participants should be able to:

- Emphasize the constitutional basis for offender healthcare.
- Reinforce offender healthcare services to include 8th amendment rights, deliberate indifference, Estelle v. Gamble, and community standard of care.
- Understand the levels of care provided by UTMB Correctional Managed Care.
- Underscore the ethical dilemmas in correctional care.

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Did you know?

Inmates are the only Americans with a guaranteed right to adequate healthcare as a result of the Historic 1976 U.S. Supreme Court Ruling in the Texas case, Estelle v. Gamble.

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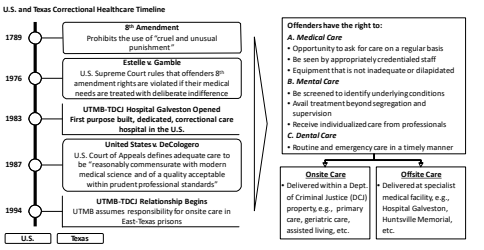
U.S. Inmates are Constitutionally Entitled to Healthcare, Requiring States to Provide Comprehensive Care Programs



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History of Correctional Care

- Estelle v. Gamble, U.S. 1976
- Established that prison inmates have a constitutional right to treatment.
- Based upon the 8th amendment to the U.S. Constitution prohibiting "cruel and unusual punishment."
- Defined "deliberate indifference" as deliberately withholding medical care constitutes unnecessary infliction of pain.
- Cost of care is not defense (Hepatitis C)

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There are several models states currently use to deliver correctional healthcare

Correctional Health Provision Model

Direct Care | University Hospital Systems | Private Providers | Hybrid

- **Direct Care**
  - In unit care[1] is provided by DCJ employees
  - Outpatient and inpatient care is provided by free world[2] facilities and university partners
- **University Hospital Systems**
  - In unit care is provided by university employees
  - Outpatient and inpatient care is provided by free world facilities and university partners
- **Private Providers[3]**
  - In unit care is provided by private contractor employees
  - Outpatient and inpatient care is provided by free world facilities and university partners
- **Hybrid**
  - In unit care is provided by more than one type of provider (e.g., some direct, some private)
  - Outpatient and inpatient care is provided by free world facilities and university partners

Note: (1) Care provided within the prison unit – usually primary care; (2) Care provided offsite and outside of DCJ property and/or a secure unit; (3) Leading providers include Centurion, Corizon, Wellpath

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Texas is One of Three States That Uses a University-led Model; ~50% of States Have Now Outsourced Their Care to a Private Provider

Low → Degree of Independence from State Government → High

	Direct Care	University Hospital Systems	Private Providers
# of States	• ~25 States (e.g., CA, NY, WA)	• 3 States (Texas, GA, NJ)	• ~25 States (e.g., FL, MA, VT)
Staffing Model	• Onsite (in prison) healthcare staff are State employees • Offsite (hospital) care is provided by contracts with 3rd party providers (free world or University hospitals)	• Healthcare professionals both onsite (in prison) and offsite (in hospital) are University employees • Emergency and surplus care may be provided by 3rd party providers	• Onsite (in prison) healthcare staff are company employees • Offsite (hospital) care provided by contracts with 3rd party providers (free world University hospitals)
Benefits to State	• State retains higher degree of control and oversight over internal operations	• Operational efficiency and enhanced staffing capability through University expertise • Visibility into fixed budget (in contract) • Reduce state liability in litigation • Access to 340B drug pricing • Educational opportunities (GME)	• Competitive bidding process highlights competencies and helps manage costs effectively • Limited State payroll and benefits • Reduced liability through risk sharing
Risks to State	• Potential inefficiency in care delivery • Difficulty recruiting and retaining staff • Reliance on 3rd party for off-site care • Additional costs of benefits/pension to State employees • State bears full liability in litigation	• Uncertainty around responsibility for capital investments • Potential risk of liability (e.g., Heat, Hep C, etc.)	• Difficulty recruiting and retaining staff • Reliance on 3rd party for offsite care • Heightened media scrutiny
Example	• Bellevue Hospital (NY), Lemuel Shattuck Hospital (MA), etc.	• UTMB Health, Rutgers University, Augusta University	• Wellpath, Centurion, Corizon, etc.
	Hybrid models allow the State to align its delivery model with the needs of different facilities		

Source: The PEW Charitable Trusts

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Texas Correctional Health

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Correctional Managed Care

Strategic Partnership between:

- The Texas Department of Criminal Justice
- The University of Texas Medical Branch at Galveston
- Texas Tech University Health Sciences Center

Focused upon a shared Mission:

- To develop a statewide health care network that provides TDCJ offenders with timely access to a constitutional level of health care while also controlling costs

Managed by a statutorily established body:

- The Correctional Managed Health Care Committee

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Geographic Areas of Responsibility

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

18.7%, 24,824 offenders

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81.3%, 108,069 offenders

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UTMB Provides Care to ~80% of Texas Inmates Across ~98 Correctional Facilities, Including Inpatient Care at Hospital Galveston

TDCJ Facility Map
2019, Type of Facility

In Unit Clinics[1] (e.g. Ellis, Hobby)
- Primary care provided by MDs / nurses
- Specialist and psychiatric care provided by telehealth
- Onsite psychiatric care available in certain locations
- Infirmary capacity at 13 locations (~250 in total)
- 149 Sheltered Housing Unit (SHU) beds across two units (Jester 3, Telford)

Regional Medical Facilities (RMF) (Carole Young, Estelle)
- 269 infirmary beds (~50% of total capacity)
- 74 SHU beds, including 60 geriatric
- Dialysis program with ~30 stations per RMF
- Physical respiratory therapy centres

Hospital Galveston
- 300 outpatient specialist visits per day
- 136 inpatient beds for medical care
- Care provided by UTMB faculty and students

○ Texas Tech
○ UTMB In Unit
○ UTMB In Unit + Infirmary
○ UTMB Inpatient Psychiatric
☆ Hospital Galveston

Note: (1) In Unit clinic highlighted locations are representative – all facilities on map contain an in unit clinic
Source: TDCJ Key Personnel Roster, UTMB Staff By Facility, Correctional Managed Health Care Committee (CMHCC) Agenda 6/19, UTMB Hospital Galveston Presentation

1 Overview of the UTMB CMC-TDCJ Contract

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Population

- Overall inmate service population has increased 5.9% from FY2023
  - Average daily census through 1st quarter
    - FY2023: 125,435
    - FY2024: 132,894
- Inmates aged 55 or older population has increased 6.6% from FY2023
  - Average daily census through 1st quarter
    - FY2023: 19,401
    - FY2024: 20,685
  - While comprising about 15.6% of the overall service population, these inmates account for 50.6% of the hospitalization costs received to date.
- Mental health caseloads:
  - FY2024 average number of psychiatric inpatients through 1st quarter: 1,738
  - FY2024 average number of psychiatric outpatients through 1st quarter: 33,532

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UTMB Correctional Health

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Correctional Managed Care (CMC)

- Contract originated September 1994
- Correctional Managed Healthcare Committee (CMHCC)
- Partners
  - Texas Department of Criminal Justice (TDCJ)
  - Texas Tech (TT)
  - Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)
- UTMB CMC currently has 2,994 employees
- There are 79 facilities within TDCJ

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Correctional Managed Care (CMC)

- Inmate Service Population: 108,069
- Healthcare Encounters: 11,674,248 annually
- Infirmaries: 16 infirmaries, 539 total infirmary beds within TDCJ
- Huntsville Pharmacy 4.57 million prescriptions filled in FY23
- Dialysis: 2nd Largest Outpatient Dialysis Facility in Texas (217)
- UTMB Laboratory: 534,000 tests performed annually
- Facility Imaging: Plain film, Mammography, MRI
- Quality (HEDIS) / Accreditation (ACA)
- Off-site Hospital Network: 107 Hospital (9 with LBB exemption).

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Facility Healthcare Services

- Intake screening
- Sick call
- Chronic care
- Mental health
- Dental services
- CID
- Laboratory services
- Radiology
- Infirmary and SHU services
- Pill window
- Pearl electronic health record
- Telemedicine
- Dialysis
- Respiratory therapy
- PT/OT
- Dietary
- Hospice
- Prenatal services
- BAMBI

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Case 1: Cost of Care

- George Washington a 34-year-old male inmate admitted to UTMB for cellulitis. He also has Hepatitis C and HTN.
- He is serving a life sentence for murder.
- He has heard about new curative therapies for Hep C and is requesting treatment.
- The cost of new Direct Acting Antiretroviral for Hep C is $110K.

Dilemma: Should George be treated for Hep C?

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Clinical Services

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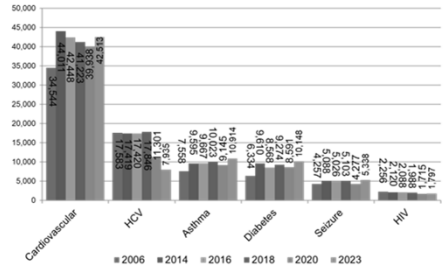
TDCJ Population with Chronic Diseases



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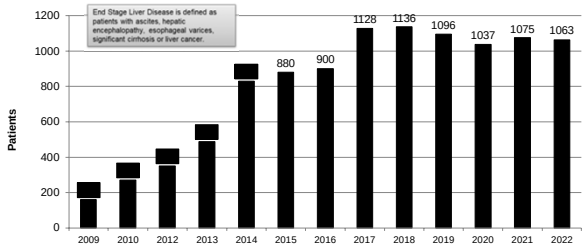
TDCJ Population with End Stage Liver Disease



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ESRD in TDCJ: By the Numbers (FY23 Snapshot)

Estelle Unit (Huntsville, TX)
- Capacity: 300, census: 179
- Male offenders of all custodies (State Jail confines to Death Row).

Carole Young Unit (Texas City, TX)
- Capacity: 42, census: 30
- All female offenders and male offenders with comprehensive medical needs.

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Dialysis in TDCJ: By the Numbers (June 2023 Snapshot)

- **CMC cost per patient per treatment: $268**
- **Cost per patient per treatment freeworld: $1,403**
- **Annual savings: $30,748,285**

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Success: CVC Reduction Project

- **March 2022: Census 218 patients**
  - 144 (66%) patients had arteriovenous fistula (AVF) or graft (AVG)
  - 74 (33%) patients used a CVC
    - Seven patients used CVC with maturing AVF or AVG
- **October 2022: Census 218 patients**
  - 173 (80%) patients have AVF or AVG
  - 44 (20%) have a CVC
    - 26 with maturing AVF or AVG
    - Of remaining 18
      - 13 have signed Refusals of Treatment for permanent access creation
      - Five (2%) awaiting access creation
- **Results:**
  - 199 (91%) patients have a mature or maturing AVF or AVG.
  - Achieved 30 days prior to goal.

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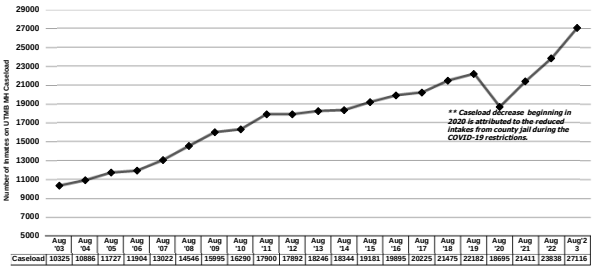
Mental Health Caseload on TDCJ Units within UTMB Sector



	Aug '03	Aug '04	Aug '05	Aug '06	Aug '07	Aug '08	Aug '09	Aug '10	Aug '11	Aug '12	Aug '13	Aug '14	Aug '15	Aug '16	Aug '17	Aug '18	Aug '19	Aug '20	Aug '21	Aug '22	Aug'23
Caseload	10325	10886	11727	11904	13022	14546	15995	16290	17900	17892	18246	18344	19181	19895	20225	21475	22182	18695	21411	23838	27116

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Oncology services

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Virology Services

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Services provided - HIV

- 1868 patients
- Evaluation and management of appropriate Anti-retroviral medications.
- Identified at Intake, enrolled in HIV clinics within 4 weeks of Intake; those newly diagnosed or not on active HIV medications are prioritized and seen within 2 weeks.
- Evaluation, management and monitoring of Opportunistic Infections, including appropriate prophylactic treatments and vaccinations.
- HIV- focused discharge planning for patient releasing from TDC.

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HIV medications

- Generic Anti-Retroviral medications
- First line medications for viral suppression in formulary
- 80% viral suppression (national average of 66%,CDC, as of 2021)

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Services provided – Hepatitis B and C

- Universal testing (opt out) for Hepatitis C.
- Chronic HBV infection referred to the Virology clinics.
- Chronic HCV infection referred based on their APRI, which reflects their disease stage.
- Prioritize their treatment based on their liver disease stage.
- Hepatitis -focused discharge planning for patients releasing from TDC custody.

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Hepatitis Statistics, as of 11/2/2023

- 7963 patients diagnosed with HCV
  - SVR 98% (cure rate)
  - 1793 (24%) cured
  - 98% (SVR) cure rate
  - in the last 1 year, of the 835 patients treated, released and returned to custody, only 1 was found to have been re-infected with HCV
- 244 patients diagnosed with HBV
  - 59% on treatment
  - 13% are cured

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Optometry

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Services Offered

- Optometry Examination
- Diabetic Retinal Scans
- Ocular Prosthetics

All Optometry Evaluations are Performed at the Prison Units

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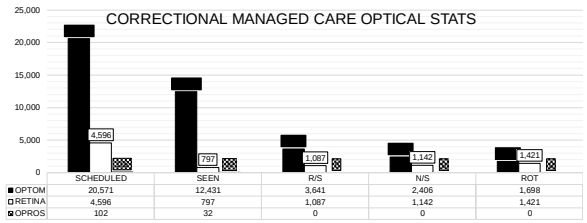
FY2023 Clinic Volumes



	SCHEDULED	SEEN	R/S	N/S	ROT
OPTOM	20,571	12,431	3,641	2,406	1,698
RETINA	4,596	797	1,087	1,142	1,421
OPROS	102	32	0	0	0

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Pharmacy

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Overview of Pharmacy Services

FY23 Fast Facts

4.57M prescriptions dispensed annually or 35.5 PMPY	$11.26 average cost per prescription *Formulary $9.13 *Non-Form. $107.36	92.5% generic utilization rate	Non-formulary medications account for 20.7% cost and 2.2% volume

Prescription Dispensing
- **UTMB Huntsville Central Pharmacy dispenses all outpatient prescriptions**
  - Medications are repackaged into correctional suitable unit dose packaging and are typically provided as a 30-day supply
  - Pharmacists perform an in-depth review prior to dispensing to ensure safe and effective use of medications

Clinical Pharmacy Program
- **Pharmacists work directly with physicians, other health professionals, and patients to ensure that medications contribute to the best possible health outcomes**
  - Direct patient care including drug therapy management clinics, multi-disciplinary rounds, medication reconciliation, & specialty medication services
  - Population health management such as P&T Committee consulting, formulary design, & evidence-based disease management guidelines that prioritize use of cost-effective therapy

340B Drug Pricing Program
- **UTMB participates in the federal 340B Drug Pricing Program which requires manufacturers to provide covered entities with discounts on outpatient drugs**
  - TDCJ patients qualify for 340B pricing through UTMB's status as a disproportionate share hospital
  - Prices are often discounted up to 50% or more compared to typical market prices

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Strategies Used to Maximize Services

- Centralized drug distribution services
- Technology
  - EHR & electronic POE
  - Pharmacy automation
  - Electronic stock ordering system
- Board of Pharmacy initiatives
  - Elimination of pharmacist final check
  - Conversion of inpatient orders to discharge orders
  - Reclamation program
- Purchasing initiatives
  - 340B drug pricing program
  - Prime vendor agreement
  - Single source contracts
  - Monitoring generic drug prices
- Clinical pharmacy program
  - P&T Committee consulting
  - Formulary and utilization management
  - Medication therapy management
  - Academic detailing and educational programs
  - Drug information
- Formulary management program
  - Strict formulary controls
  - Use of disease management guidelines

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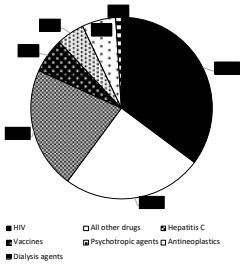
Major Pharmacy Cost Drivers

Major cost drivers account for 75.1% of total drug cost and include

- HIV
- Chronic hepatitis C
- Psychotropic agents
- Vaccines
- Antineoplastic agents
- Dialysis agents



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Cost Savings Initiatives

In addition to leveraging the 340B Program, UTMB utilizes its clinical expertise, formulary management program, contracting strategies, and distribution capabilities to drive additional savings.

Strategy	Description	FY22 Annual Savings
340B Drug Program	• Participation in the 340B Program provides substantial discounts	$105M
Formulary Management Non-formulary Consults	• Requests for non-formulary drugs requires authorization by clinical pharmacists to assess medical necessity over approved formulary agents	$3.5M
Formulary Management Drug Sourcing	• Generic equivalent sourcing prioritizes the use of the most cost-effective agents	$0.34M
Contract Strategy Wholesaler Cost Discount	• Wholesaler contract terms provides a volume discount on drug purchases • Cost of good sold discount is provided due to UTMB's purchase volume and payment cycle terms	$3.5M
Contract Strategy 340B Sub-ceiling Price for High-Cost Drugs	• A discount was obtained for a preferred agent for the treatment of chronic Hepatitis C • A discount was negotiated for combination agents used for the treatment of HIV	$20.2M
Reclamation Avoidable Drug Waste	• Unused medications are returned for distribution to prevent avoidable drug waste	$4.7M

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Baby and Mother Bonding Initiative (BAMBI)

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BAMBI program

- Baby And Mother Bonding Initiative
- Partnership with
  - Rehabilitation Programs Division
  - UTMB and Santa Maria Hostel
- Accepts up to 22 mothers with their babies
- Mother receives
  - Education in child development
  - First aid and CPR, life skills, nutrition
  - Anger management and family reunification
  - Life altering skills

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Case 2: Level of Appropriate Care?

- 42-year-old John Adams with Liver Cirrhosis from Hepatitis C, he was admitted to UTMB with Hepatic Encephalopathy from decompensated cirrhosis.
- His MELD score is 30 and is not a candidate for liver transplant
- He has no family or next of kin on file.
- Hepatology feels that the patient is terminal and a palliate care/hospice referral/DNR is appropriate.
- Patient is confused and lacks decisional making capacity

Conundrum: Should the team discontinue therapy and transition to hospice care?

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CMC Ambulatory Operations

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UTMB CMC Patient Demographics

- 30% of CMC patients have at least one chronic condition
- 8,000 patients with asthma
- 2,500 patients with heart disease
- 34,000 patients with hypertension
- 8,000 patients with diabetes
- 14,500 patients with hepatitis C
- 2,000 patients who are HIV+
- 290 dialysis patients (the largest dialysis program in the state of Texas)
- 509 infirmary beds
- 1,000 mental health inpatients
- 18,500 patients on the mental health caseload
- Rapidly growing 55+ population – 20,000 patients

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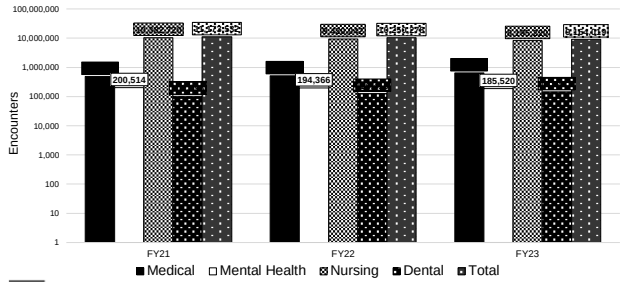
UTMB Clinical Encounters



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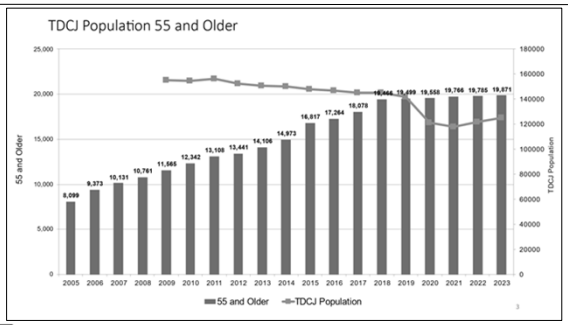
TDCJ Population 55 and Older



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Ethics

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Being deprived of one's liberty does not also imply the deprivation of one's humanity or dignity.

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Ethical Principles

Autonomy

- Patient has right to refuse or choose their treatment

Non-Maleficence

- Primum non nocere / first do no harm

Beneficence

- Act in the best interest of the patient

Confidentiality

- Act of keeping patient information private

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Examples of ethical dilemma in caring for prisoners

- Hepatitis C
- LGBTQ care
- Gender Dysphoria
- Solid organ transplant

https://www.prisonpolicy.org/

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General Approach to Ethical Dilemmas

1. Recognize the need for ethical inquiry
2. Collect facts and understand stakeholder perspectives
   - Clinical indications, patient preferences, quality of life, contextual features*
3. Identify the ethical issues/values at conflict
4. Discuss options and develop a plan
5. Implement plan and reflect on the outcomes
6. Consider options that may resolve the ethical dilemma if patient were in a free-world context.
7. Are there pragmatic/safety concerns within the correctional context that limit

*Jonsen *et al.* (2015) Clinical Ethics: a practical approach to ethical decisions in clinical medicine. 8th Ed. McGraw Hill Education

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Case 3: End of Life

- Thomas Jefferson a 60-year-old **death row inmate** admitted to UTMB MICU for end stage heart disease.
- Patient is tired of frequent hospitalizations
- Cardiology concurs and feels transition to comfort care serves his best medical interests.

Conundrum: Can a physician discuss end of life and DNR orders with an inmate?

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Telemedicine

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Correctional Managed Healthcare - History of Telemedicine

- Early 1990s.
- Telehealth started with full range of diagnostic capabilities.
- Equipment ranges from $1,500-$8,000 per unit depending on peripherals.
- ↑Internet speed higher resolutions has drastically improved telehealth capabilities.
- Evolution of Electronic Health Record (EHR) in 2004 has further enhanced capabilities due to readily available history being widely accessible
- CMC an early adopter

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CMC Telehealth Encounters

	HIV / Hepatitis C	Wound Care	Pharmacy	Primary Care	Mental Health	After Hours Urgent Care	Nephrology	HG Specialty	Total
FY08	10,061	43	407	23,384	24,858				62,535
FY09	9,750	391	388	26,064	28,553				74,866
FY10	13,936	244	356	34,922	28,461				82,322
FY11	14,422	445	519	36,620	38,267				90,273
FY12	11,086	579	862	30,838	40,375				83,740
FY13	14,414	849	1,681	44,491	43,085				104,520
FY14	18,355	853	2,320	47,506	43,948				112,982
FY15	17,716	1,304	2,752	52,634	46,449	4,872	840	5,132	131,699
FY16	18,186	1,713	2996	56,799	48,568	16,110	1,500	6,199	152,071
FY17	17,623	1,163	3,518	60,396	53,230	15,494	-	4,616	156,040
FY18	14,795	1,127	3,813	50,765	43,355	16,254	-	5,018	135,127
FY19	18,121	1,229	2,322	54,455	38,711	14,297	-	4,861	133,996
FY20	16,043	1,185	2,246	37,203	50,702	14,007	-	5,665	127,051
FY21	12,399	1,002	1,681	29,912	54,093	1,820	-	7,324	108,231
FY22	13,424	1,055	3,294	30,454	58,567	-	-	5,274	112,068
FY23	15,396	1,259	3,866	27,190	58,574	-	-	6,201	112,486

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Provider Care

Primary Care Provider

Telepsychiatry and Telepsychology

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Telehealth Cost Savings and Expansion Opportunities

Cost Savings:
- Estimated Cost Avoidance = $6.3M annually

Expansion Opportunities:
- Teleoptometry
- Teledentistry.
- Other disciplines.

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Case 4: Surrogate Decision Maker

- 82-year-old James Madison was admitted to UTMB with Hypoxic respiratory failure, ESLD and severe dementia (MMSE 10/30)
- The patient isn't responding to treatment and does not have an advanced directive.
- His team is unequivocal about the terminal nature of his disease.

Dilemma: Next steps?

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Ethical Principles

Principles at conflict:
Beneficence & non-maleficence vs. Autonomy
- We don't know what the Patient's preferences are nor is there a surrogate to provide us insight into his values, preferences or beliefs.

Resolution:
- Conduct reasonable search for family/next of kin
- If no surrogate located, request an independent assessment of the plan of care; proceed if there is documented concurrence. (The "double doc")

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CMC Quality

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UTMB HEDIS* Scores

	UTMB	Current HEDIS Benchmark
Asthma	**91.9%**	90.0%
Diabetes		
HgbA1C	**68.0%**	48.3%
Blood Pressure	55.4%	60.3%
Nephropathy Screening	**95.0%**	89.7%
Statin Therapy	**81.4%**	64.7%
Hypertension	53.3%	58.6%
Mental Health: Diabetes Screening	**86.3%**	79.2%

*The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of performance measures developed and maintained by the National Committee for Quality Assurance (NCQA).

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HEDIS Measure	Definition
Asthma	Percentage of patients who were prescribed the appropriate treatment based on the current CMC asthma disease management guideline at the time of the report.
Hypertension	Percentage of hypertension patients whose most recent blood pressure measurement at the time of the report met both the systolic and diastolic standards (<140/90).
Coronary Artery Disease (CAD)	Percentage of male CAD patients 21-75 years of age and female CAD patients 40-75 years of age who were dispensed a statin medication during the last 12 months.
Diabetes	
HbA1c	Percentage of diabetes patients whose most recent HbA1c result at the time of the report was <8%.
Statin Therapy	Percentage of diabetes patients 40-75 years of age who do not have clinical cardiovascular disease who were dispensed a statin medication during the last 12 months.
BP	Percentage of diabetes patients whose most recent blood pressure was less than 140/90.
Nephropathy Screening	Percentage of diabetes patients who have either had a documented urine micro albumin result in the EMR or who have an active prescription for an ACE inhibitor or ARB medication.
Mental Health Diabetes Screening	Diabetes screening for People with Schizophrenia or Bipolar disorder who are using antipsychotic medication.

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Case 5: Level of Appropriate Care?

- 74 year old James Monroe admitted to UTMB with transfusion dependent myelodysplastic syndrome, ESLD and Osteomyelitis
- His mentation waxes and wanes, he is unable to provide clear directive to the team about further transfusion. His prognosis remains very poor.
- His family lives in Austin.

Dilemma: Should the team continue to transfuse him?

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Hospital Galveston

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Hospital Galveston

- Opened in 1983
- Only maximum security hospital on the campus of a major academic medical center
- One of a kind setting granting nurses, students, fellows, residents and faculty a very diverse pathology
- Tertiary acute inpatient and outpatient facility
- Accredited by Joint Commission for Accreditation of Health Care Organizations

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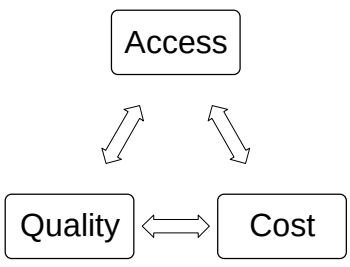
"Iron Triangle"



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Mission, Vision and Values

Mission

Hospital Galveston's mission is to provide patient centered, high quality, evidenced based and high value care to the offender population of Texas.

Vision

At Hospital Galveston, we will provide the best care to every patient, every time, through a culture of patient and family centeredness.

Values

We exude **integrity**.

We commit to **safety**.

We embrace **diversity** and **innovation**.

We exemplify **quintessential professionalism**.

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FY23 HG Inpatient Metrics

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Inpatient Metrics

Metrics	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23
Average Daily Census (ADC)	101.3	100.7	91.0	93.0	87.1	87.7	94.9	93.4
Case Mix Index (Weighted Acuity)	1.65	1.66	1.67	1.97	2.19	2.14	2.05	2.15
Avg. Length of Stay (Raw Data)	9.02	8.37	6.94	8.19	7.64	7.70	8.05	7.87
Discharges	4,109	4,392	4,787	4,141	3,660	4,158	4,303	4,329

	Percent	LOS
Infirmary	41%	10.8
GP	59%	6.2

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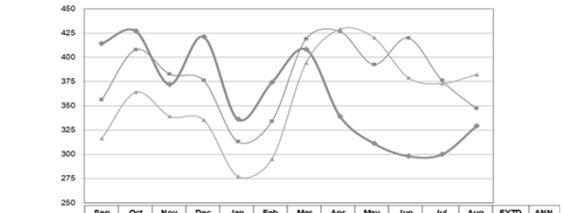
TDCJ Hospital Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	FYTD	ANN.
FY 2023 Act	414	427	372	421	336	374	408	339	311	298	300	329	4,329	
FY 2023 Bud	356	408	382	376	313	334	419	427	392	420	376	347	4,550	4,550
FY 2022 Act	316	364	339	335	277	295	394	429	420	379	373	382	4,303	4,303
FYTD Budget Variance													-4.9%	
YTY Variance													0.6%	

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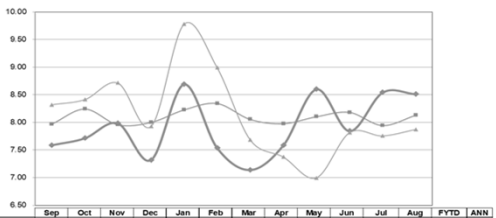
TDCJ Hospital Average Length of Stay



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	FYTD	ANN
FY 2023 Act	7.59	7.71	7.98	7.32	8.69	7.54	7.14	7.58	8.60	7.84	8.54	8.51	7.87	
FY 2023 Bud	7.97	8.24	7.95	8.00	8.23	8.34	8.05	7.98	8.10	8.18	7.94	8.13	8.09	8.09
FY 2022 Act	8.32	8.41	8.71	7.93	9.78	8.99	7.68	7.37	6.99	7.81	7.75	7.87	8.05	8.05
FYTD Budget Variance													-2.7%	
YTY Variance													-2.2%	

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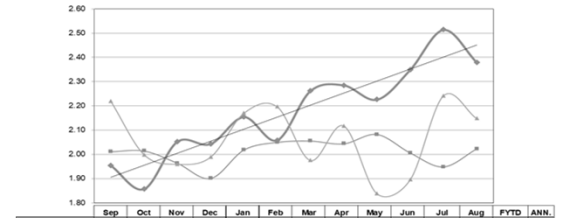
TDCJ Hospital CMI (Billed)



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	FYTD	ANN.
FY 2023 Act	1.95	1.86	2.05	2.04	2.15	2.06	2.26	2.28	2.23	2.35	2.51	2.38	2.16	
FY 2023 Bud	2.01	2.01	1.96	1.90	2.02	2.05	2.05	2.04	2.08	2.01	1.95	2.02	2.01	2.01
FY 2022 Act	2.22	2.00	1.96	1.99	2.17	2.20	1.97	2.12	1.84	1.90	2.24	2.15	2.05	2.05
FYTD Budget Variance													7.4%	
YTY Variance													5.0%	

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HG Best Care

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Be the Best.

BEST CARE
EVERY PATIENT. EVERY TIME.

BEST CARE: Deliver the right care, at the right time, in the right way, for the right person – and have the best possible results – every patient, every time.

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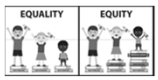
Ethos for Hospital Galveston

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable



By the Institute of Medicine

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Perfect 10 Award
The Journey to Zero

How to Use
This chart is meant to be used as a reference card. Each unit should review the categories listed above once per month to track their progress. In each category, a unit can score either zero or one, with one being the best and indicating the unit had zero incidents in a particular category for the month. The goal is to score a one in all 10 categories, also known as scoring a perfect 10. The unit that scores the highest out of 30 total points every quarter will be awarded the Perfect 10 Award: The Journey to Zero.

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FY23 HG Journey to Zero Sep 22 – Aug 23

FY23 Hospital Galveston Journey to Zero

Reporting End Date	CLABSI	CAUTI	HAPI/UAPI (Stage III/IV)	Inpt Falls	Hypoglycemic Event	WBIT	Specimen Rejection	Blood Culture Comtamination	Unplanned Readmission	Total Potential Harm Score	# Discharges	Harm/100 discharges
FY22 AVG (Baseline)	**1.25 (2/qtr)**	**0.83 (1.25/qtr)**	**0.16**	**7.58 (Goal=5)**	**9**	**0.33**	**111.22**	**8**	**49.17**	**179.54**	**379.17**	**47.35**
Sep-22	0	0	1	7	5	0	96	7	64	173	413	41.89
Oct-22	0	1	0	5	10	0	102	7	69	187	425	44.00
Nov-22	2	0	0	2	11	0	106	8	54	175	373	46.92
FY23Q1	**2**	**1**	**1**	**14**	**26**	**0**	**304**	**22**	**187**	**535**	**1208**	**44.29**
Dec-22	1	1	0	10	6	0	105	9	72	195	418	46.65
Jan-23	0	1	1	13	15	0	118	7	45	193	335	57.61
Feb-23	0	1	0	9	11	1	101	7	62	185	373	49.60
FY23Q2	**1**	**3**	**1**	**32**	**32**	**1**	**324**	**23**	**179**	**573**	**1126**	**50.89**
Mar-23	0	0	0	16	13	0	123	3	59	211	411	51.34
Apr-23	2	1	0	4	5	0	91	4	44	147	340	43.24
May-23	1	0	0	2	4	0	115	2	46	168	311	54.02
FY23Q3	**3**	**1**	**0**	**22**	**22**	**0**	**329**	**9**	**149**	**526**	**1062**	**49.53**
Jun-23	2	0	1	4	5	0	102	2	40	154	298	51.68
Jul-23	2	0	0	9	11	0	95	8	33	150	289	50.17
Aug-23	0	0	1	5	6	0	120	2	37	169	329	51.37
FY23Q4	**4**	**0**	**2**	**18**	**22**	**0**	**317**	**12**	**110**	**473**	**926**	**51.08**

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Mortality

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HG FY23 Mortality Categories

	Category A (Expected w/o Opportunity)	Category B (Expected w/Opportunity)	Category C (Unexpected)	Total
September	1	0	0	1
October	3	0	0	3
November	4	0	0	4
December	6	0	0	6
January	0	0	0	0
February	1	0	0	1
March	3	0	1	4
April	1	0	0	1
May	0	0	0	0
June	2	0	1	3
July	2	0	0	2
August	5	TBD	TBD	1 pending = 6
Total	28	0	2	31

*FY22 (Sep-Aug) = 90

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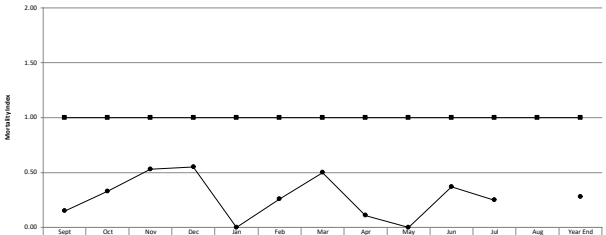
HG FY23 Mortality Index



	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Year End
O/E	0.15	0.33	0.53	0.55	0.00	0.26	0.50	0.11	0.00	0.37	0.25		0.28
Target	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

September - August

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Readmissions

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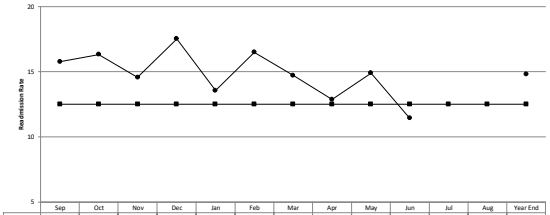
HG FY23 30-Day Unplanned Readmission Rate



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Year End
Rate	15.76	16.31	14.56	17.52	13.55	16.49	14.71	12.87	14.89	11.45			14.81
Target	12.50	12.50	12.50	12.50	12.50	12.50	12.50	12.50	12.50	12.50	12.50	12.50	12.50

September - August

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HACs/PSIs

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HG FY23 HACs/PSIs

HG HACs/PSIs Cases - FY 2023

Month	NHSN: CLABSI	NHSN: CAUTI	Vizient: PSI12 Periop DVT/PE	Vizient: HAPI/UAPI (PSI03: Stage III/IV)	Inpt-Falls w/Injury
September	0	0	0	1	2
October	0	1	0	0	1
November	2	0	2	0	2
December	1	1	0	0	2
January	0	1	0	1	5
February	0	1	0	0	0
March	0	0	1	0	4
April	2	1	0	0	0
May	1	0	0	0	1
June	2	0	1	1	0
July	2	0	0	0	2
August	TBD	TBD	TBD	TBD	1
Total	10	5	4	3	20

HACS – Hospital Acquired Conditions
PSI – Patient Safety Indicators
NHSN – National Healthcare Safety Network
CLABSI – Central Line Associated Blood Stream Infection
CAUTI – Catheter Association Urinary Tract Infection
PE – Pulmonary Embolism
DVT – Deep Vein Thrombosis
HAP – Hospital Acquired Pressure Injury
UAPI – Unit Acquired Pressure Injury

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HG Ambulatory Operations

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Contractual Obligations

- Urgent Appointments
  - o 10 days
- Expedite Appointments
  - o 30 days
- Routine
  - o 90 days

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Outpatient Metrics

Metrics	FY19	FY20	FY21	FY22	FY23
F2F Clinic Visits	40,825	26,580	28,378	33,057	34,414
No Show %	26%	29%	36%	44.6%	42.0%
Telemedicine	5,391	6,473	8,396	6,539	6,201
No Show %	42%	49.5%	45.3%	26.1%	26.4%
Surgical Cases	4,584	3,226	3,330	3,483	3,897

Decrease in 20% F2F from FY19 to FY22.

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Why Does This All Matter?

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Patients First!



BEST CARE EVERY PATIENT. EVERY TIME.

Welcome to Your 5-Star Academic Health Center

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High Value Practicing Organization

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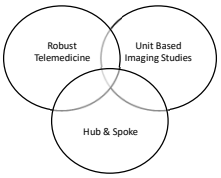
Strategies



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Challenges

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Correctional Healthcare Costs Have Been Steadily Rising Due to an Increasingly Elderly and Unhealthy Offender Demographic

Key Trends	Rationale	Cost Impact	Texas Commentary
Aging Population	• **Elderly population has greater need** for preventative and emergency procedures • Elderly population is more likely to **require assisted living** accommodations and provisions	⇧	• Texas' **50+** offender population **increased 11.5%** 2013 – 2018 • **6.7% of offenders are now 60+**, up from 3.1% in 2008
Changing Epidemiology	• **Diseases prevalence is high** relative to the free world e.g. HIV rate is ~5 times higher for offenders • New drugs such as for Hep C are **complex and expensive,** and may have large eligible populations	⇧	• All HepatitisC patients are treated in UTMB facilities due to **340B saving UTMB passes on** • **Hepatitis C drug spend relative to total drug expenditure has risen** from 6% (2014) to 15.2% (FY2018)
Mental Health Conditions	• Offenders with mental health conditions often **enter correctional environment unstable** • Patients can require high level of psychiatrist interaction, as well as **monitoring and segregation**	⇧	• TDCJ houses **~1,800 psychiatric inpatients,** with >50% cared for by UTMB • **~17% of TDCJ offenders are psychiatric outpatients**, receiving medication and/or care
Offender Population Size	• Population size affects **staffing levels** at onsite facilities (e.g., number of nurses) • Population size is correlated to demand for **planned care**	⇨	• TDCJ population declined 0.6% 2013-2018; UTMB's **population increased by ~300** offenders • Changes not sufficient to change case volume or impact staffing needs

Source: TDCJ FY Statistical Report Population on Hand, CMHCC Committee Agenda

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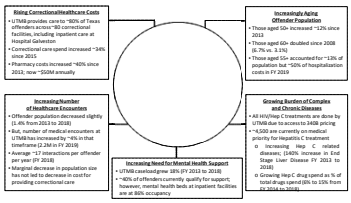
Changing Offender Population Characteristics Have Resulted in New Challenges to Deliver Correctional Healthcare Effectively in Texas



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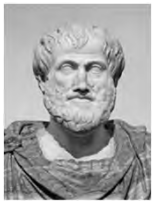

" We are what we repeatedly do, Excellence, then, should not be an act but a habit"
- Aristotle.

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Questions

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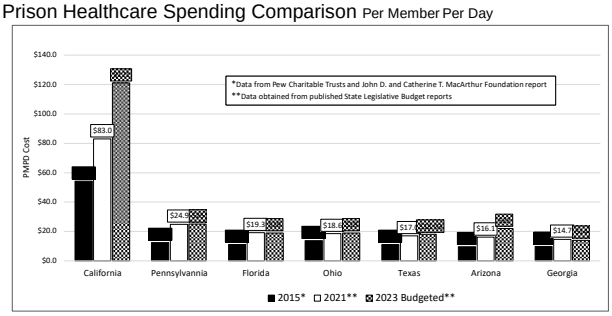
Prison Healthcare Spending Comparison Per Member Per Day



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Top 5 Manner of Death

Manner of Death	2014	2015	2016	2017	2018	2019	2020	2021	2022
CARCINOMA	127	155	127	136	165	155	151	147	155
CARDIOVASCULAR	99	85	94	112	92	92	93	113	107
LIVER DISEASE	57	54	53	55	55				
SUICIDE	31	32	28			35	50	59	52
LUNG	28			42	46	33			50
OTHER		32	47	46	57	49	54	58	82
COVID							221	63	

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