



# HEALTH SERVICES



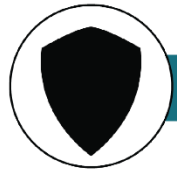
PRIDE



STRENGTH



RESPECT



PROTECT



SERVE

**MISSION:** TO DELIVER PROFESSIONAL, QUALITY, CONSTITUTIONALLY MANDATED HEALTH CARE USING AN EFFICIENT MANAGED CARE SYSTEM IN SUPPORT OF THE MISSION OF THE DEPARTMENT OF CORRECTIONS

Colette S. Peters, Director of Oregon Department of Corrections



# AGENDA

- Definitions
- Clinical Care
- Health Services Requests
- Medicaid Eligibility
- Transportation
- Electronic Health Records
- Emergency and Routine Care Scenarios



# DEFINITIONS

- Onsite Care vs. Offsite Care
- Emergent vs. Routine Care
- Medically Necessary
- Medically Appropriate
- Community Standards



# CLINICAL CARE

Providing Adults in Custody (AIC) with the ability to have unimpeded access to health services to meet their serious medical, dental and mental health needs

- Hepatitis C
- Vaccinations
- Chronic Illness and Elderly





# CO-OCCURRING DISORDERS TREATMENT

- Co-occurring treatment targets mental health and substance use disorder needs
  - No co-occurring treatment in DOC
  - Programs closed in 2014
- 2,091 adults in custody with co-occurring needs
  - 518 female AICs
  - 1573 male AICs



# HEALTH SERVICES REQUESTS

Providing Adults  
in Custody (AIC)  
with the ability to  
have unimpeded  
access to health  
services to meet  
their serious  
medical, dental  
and mental health  
needs

- Certified Medical Assistants
  - \$5.9M, 34.4 FTE
- Contractor Conversion
  - No Cost, 52.36 FTE
- Hospital Watches
  - \$2.1M, 12 FTE



# MEDICAID ELIGIBILITY

- AICs are not eligible for benefits while incarcerated
- An AIC with “inpatient” status is considered to be under hospital care and custody, making them eligible for Medicaid
- Approved Medicaid eligibility determination relieves DOC of financial responsibility for
  - Inpatient expenses and
  - Follow-up care with outside providers



# ELECTRONIC HEALTH RECORDS (EHR)

EHR would increase quality of care, improve pharmacy and provider interactions, and augment staff productivity

- Continuity of Care
  - Intake
  - Coordination of onsite care
  - Management of Chronic Illnesses
  - Coordination between onsite and offsite care
  - Release
- Data





# TRANSPORTATION

Providing safe and secure transport of all AICs throughout Oregon utilizing highly trained, professional, and experienced Officers

- Offsite Medical Trips
- Emergency and Routine
  - Employees
  - Custody Information



# EMERGENCY CARE SCENARIO

Air ambulance scenario from Warner Creek Correctional Facility

- Institution calls 911 for an emergency medical event
- Patient is flown to Portland
- CRCI assumes unplanned security watch
- Patient medical records are driven from sending institution to CRCI
- Patient is admitted
- Hospital services submitted for Medicaid application to determine eligibility of coverage
- Follow up for routine care–treatment requirements determine housing location (OSP Infirmary, CRCI, or sending institution)



# ROUTINE CARE SCENARIO

- AIC completes a sick call communication
- AIC's vitals are taken and is triaged by the nurse
- Triage determines treatment by nursing team then referred to DOC provider
- DOC provider meets with patient several times if necessary to diagnose and treat medical condition
- DOC provider refers to offsite medical care if necessary
- For most non-emergent communications the AIC is treated onsite with multiple evaluations and treatment regimes as needed
- For uncontrollable routine events the AIC may be referred to offsite care for additional treatment



# THANK YOU

Questions?



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