

**Testimony of Glenn S. Goord, Commissioner, New York State Department of Correctional Services, on combined Assembly Correction and Health Committees  
Hearing on Health Care in New York State Prisons  
November 14, 2003**

Thank you for the opportunity to provide testimony before the Assembly hearing on "Health Care in New York State Prisons".

I am pleased to provide an update on the Department's health care program initiatives and our dedicated staff who provide more than one million primary care patient encounters annually.

**INFECTION CONTROL ACTIVITIES:**

In 2002, 26,147 inmates passed through one of the Department's four reception/classification centers. All incoming inmates are given physical exams, x-rays and lab work at their reception/classification center and screened for TB, Hepatitis B and C and other medical problems. They are assigned to a permanent facility based on their medical condition as well as mental health, programs and security needs. In addition, every inmate in reception is given educational materials regarding TB and HIV.

Ongoing opportunities for education to prevent the spread of blood-borne infections such as HIV and Hepatitis B and C are offered throughout the time an inmate is incarcerated. Peer education programs have been developed in many of our facilities and are recognized nationally as models. Educational videotapes have been prepared together with Albany Medical Center's Division of HIV Medicine. These innovative and award winning videos feature ex-inmates talking in their own words about how to avoid infection and the importance of adherence to treatment if infected. We have developed videos for males, for females and for Spanish speaking inmates. An additional video to encourage prevention and testing for HIV, Hepatitis and sexually transmitted diseases is nearly complete.

As you know, we do not screen every incoming inmate for HIV disease. However, we do recommend testing for patients at risk. In 2002, 16,436 inmates were counseled and tested by either Department staff, Department of Health (DOH) staff or staff from Community Based Organizations (CBO) working with the Department through our Memorandum of Understanding with the AIDS Institute.

The DOH has worked with the Department for a number of years performing Blind Seroprevalence tests at our reception/classification centers. The most recent series of tests demonstrated that 4.7% of incoming males, and 13.9% of incoming females were HIV positive. Based upon the current trend, we estimate a total of 5,500 inmates within the Department to be HIV positive. As of December 2002, we had 1,061 inmates with symptomatic HIV disease in our custody. This number has remained relatively stable for several years as the AIDS-related death rate has fallen by 93% since 1995.

The most recent seroprevalence survey indicated that approximately 13.6% of males and 23% of females entering our system showed evidence of having had Hepatitis C infection. (Weighted combined rate of 14.1% of 65,500 inmates is approximately 9,250 total.) Inmates are screened at reception for risk of Hepatitis C infection and testing is offered to those with apparent risk. Those who have been infected with Hepatitis C are evaluated for treatment according to clinical care guidelines based upon recommendations of the National Institutes of Health and Centers for Disease Control.

The Department also aggressively tests for tuberculosis. In 2002, 66,138 inmates and 29,936 staff were tested for TB. As a result of the Department's aggressive testing program and other infection control measures, the rate of TB disease in our system has been dramatically reduced. It is currently 28/100,000 versus 225/100,000 in 1991. The case rate for those diagnosed while in our system is 12/100,000.

#### ADEQUATELY TRAINED HEALTH STAFF:

The Department has undertaken several ongoing training initiatives to maintain our staff's knowledge and understanding of chronic diseases. Examples of these efforts include.

- The credentialing of 30 Department physicians in 2002 by the American Academy of HIV Medicine.
- The participation by 1,077 clinical staff of this Department in 15 teleconferences on topics related to the treatment of AIDS patients. These teleconferences were developed in collaboration with Albany Medical Center and the New York and New Jersey AIDS Educational Training Centers. These programs are broadcast to DOCS facilities and via satellite to correctional facilities in 40 other states as well as facilities of the Federal Bureau of Prisons.
- The Department has also contracted with Albany Medical Center and Erie County Medical Center to conduct in-service education and "medical grand rounds" using our video conferencing system. In 2002, 906 staff participated in 17 programs.
- The development and distribution of a Clinical Practice Guidelines Manual which includes guidelines for: Diabetes, Hepatitis B and C, HIV, Hypertension, Men's Health and Women's Health. Each guideline is monitored and updated by a task force of clinicians including one or more appropriate specialists from the community.

The task forces that develop Clinical Practice Guidelines for HIV and Hepatitis C each have a member in common with the task forces that develop practice guidelines for these diseases for the AIDS Institute of the Department of Health. Thus, there is liaison between our agencies and the AIDS Institute has concurred that our Guidelines for these diseases are consistent with their's.

- The Department is obliged by OSHA to provide annual training regarding Bloodborne Pathogens and Tuberculosis. In 2002, 26,980 employees participated in training offered by Infection Control Unit and facility staff.

#### ACCESS TO SPECIALISTS:

The Department employs primary care staff (physicians, nurses, dentists, pharmacists and medical records staff) to meet the day-to-day needs of the inmate population. As referenced above, this staff provides over one million primary care encounters annually. However, when an inmate requires specialty care, we obtain that care from specialists based in the community. The Division of Health Services has established agreements with 992 specialty care providers around the state. These specialists provided 112,710 specialty care appointments/procedures in 2002. Of this number, 6,950 were with an infectious disease specialist. Many of these specialists come on-site to one of our Regional Medical Units (RMU) or into a correctional facility health unit. In 2002, these specialists conducted 890 on-site clinics. Bringing these specialist providers on-site not only facilitates the provision of care but avoids security costs related to that care and reduces the potential for a breach of security.

Additionally, the Department has developed a "Telemedicine" program using video conferencing equipment. At 49 facilities the health units have been equipped and our health staff have been trained in the use of video conferencing equipment. These video conferencing units are used to triage urgent/emergent patients as well as perform scheduled clinical consultations.

To triage emergencies, the Department has contracted with Erie County Medical Center's (ECMC) Department of Emergency Medicine. ECMC physicians are available 24 hours a day, 365 days a year to the 49 facilities referenced above. Except for the most serious of emergencies, all inmates potentially requiring off-site emergency care are first triaged by an Emergency Department physician at ECMC. Two thousand one hundred eighty eight inmates were triaged using this service in 2002. Of that number, 29% of these inmates were appropriately treated on-site and did not require transport to a hospital. For those inmates who required a trip to a hospital emergency room (ER), the ECMC physician contacted the receiving hospital ER in advance of the inmate's arrival. This facilitates treatment and/or expedites the inmate's admission to the hospital. This practice is not only beneficial from a health care perspective, but is also good security and reduces escort and transportation costs for these trips.

The Department's specialist physicians also use our telemedicine equipment to evaluate and treat their patients particularly for follow up visits. The greatest use has been in the areas of: dermatology, cardiology, and infectious disease. One thousand five hundred fifty five patient encounters were completed using this technology in 2002. As with emergency room patients, this is not only good medicine, but it reduces costs and provides care without compromising security.

To provide the hospital-based care our inmate population requires, we contract with the following hospitals: Albany Medical Center, Erie County Medical Center, University Hospital of Staten Island, University Hospital at Syracuse, and Wyoming County Community Hospital. (Due to the unexpected closure of the White Plains Pavilion of Westchester Medical Center (St. Agnes Hospital) we are in active discussion with several potential hospital partners in the lower Hudson region.) At each of the aforementioned hospitals we have a secure unit for the confinement of inmate-inpatients. With the exception of St. Agnes and Wyoming County Community Hospital, all of our hospital partners are AIDS Designated Treatment Centers.

In 2002, 15,258 inpatient days of care were provided the Department's inmate population versus 37,500 days in 1995. This is a significant reduction in the use of inpatient hospital resources when compared to the recent past. We attribute this to: the availability of more effective HIV medications, the opening of our RMU skilled nursing inpatient beds, the use of outpatient and ambulatory surgery, and better utilization management. To insure that the correct level of care is provided, the Department contracts with the University of Texas Medical Branch (UTMB) at Galveston, Texas for utilization management of planned inpatient and outpatient care. UTMB validates the necessity of the care requested using nationally recognized standards.

#### CAPITAL CONSTRUCTION PROGRAM:

Over the last ten years, the Department has renovated or replaced with new construction the health units at nearly all medium and all but one maximum security facilities. We have also constructed five new RMU's. All construction has been consistent with the New York State Health Code. The Department has realized many benefits from this construction.

- The RMU inpatient units have permitted us to develop true "skilled nursing" care programs for sub-acute and long term care inmates at each of the five RMUs. The availability of this new level of care has allowed us to discharge inmates from community hospitals in a manner that is consistent with the community standard of care and practice.
- The RMU outpatient space has provided appropriate facilities for community based specialists to conduct clinics for our inmates. This has enabled us to bring our specialist provider panel on-site to evaluate and treat our patients instead of requiring them to be seen in a hospital outpatient department or a private office.
- One third of the capacity of facility infirmaries and RMU inpatient units are code compliant respiratory isolation rooms. As a result, inmates requiring isolation do not need to be admitted to a hospital unless other health problems require hospital care.
- The new construction has aided in the recruitment and retention of departmental as well as specialty providers.

#### PROVISION OF NEEDED THERAPIES:

The Department is at the forefront in the treatment of chronic diseases. As mentioned above, a Practice Guidelines Manual has been issued to every one of the Department's physicians. These guidelines reference the current appropriate therapy for each condition/disease addressed. The practice guidelines are regularly updated by task forces that include DOCS physicians and specialists from the community.

To insure that medical supplies and prescribed medications are readily available, the Department operates a Central Pharmacy (which is licensed as a wholesale supplier of drugs and medical supplies) and 21 facility pharmacies (licensed to dispense). In FY 2002/03, pharmacy expenditures totaled \$59,362,342. Of this total, \$22,852,342 were spent on HIV drugs. Central Pharmacy supplies the Department's pharmacies as well as individual health units. In 2002, Central Pharmacy shipped more than 1,000,000 items, and our 21 pharmacies filled approximately 78,000 prescriptions. Due to the difficulty of recruiting and retaining pharmacists, we are unable to provide prescriptive medications to the entire inmate population through the Department's pharmacies. To ensure that prescriptive medications are readily available, we have contracted with 2 commercial pharmacies who ship prescriptions to those facilities within a reasonable time frame.

#### QUALITY ASSURANCE PROGRAMS:

The Department's staff engage in a number of Quality Assurance initiatives. Among the more important are the following programs.

- American Correctional Association (ACA) Accreditation - Every one of the Department's facilities and Central Office are accredited by ACA. The ACA recently enhanced its approach to accreditation of health care operations by adopting "Performance-Based" Standards which require the collection, measurement and interpretation of data through "Outcome Measures." Although this new approach to accreditation will not be applicable until January 1, 2004, Central Office and the first of our facilities have already undergone accreditation successfully.
- Infection Control Medical Record Reviews - The Department's Infection Control staff routinely audit medical records for compliance with CDC, DOH and Departmental guidelines for the treatment of infectious diseases. In 2002, staff reviewed 24,752 inmate medical records providing essential feedback to facility clinical staff.

- Quality Improvement Program - In 2001, the Division of Health Services established a Quality Improvement Program to address the operational and clinical issues of the health care delivery process. A central office Quality Improvement Committee consisting of facility and regional staff and chaired by the Deputy Commissioner/Chief Medical Officer, meets regularly to monitor Quality Improvement activities. Facilities are reviewed with the assistance of central office staff. Facilities then develop plans of improvement for any deficiencies noted. In the first seven months of 2003, this program has reviewed the medical records of 972 inmates with asthma, diabetes and hypertension.
- HIV QUAL Program - This Department and the DOH AIDS Institute (AI) have undertaken a Quality Improvement Initiative to improve and sustain the quality of HIV care to our inmates. Using the computer programs developed by DOH for individuals in the community with HIV, a retrospective review of the medical records of 220 male and 111 female HIV positive inmates were reviewed in 2002. Data are shared with the AIDS Institute which provides regular ongoing consultation.

#### CONTINUITY OF CARE ISSUES:

The Department has continued to be diligent in its review of continuity of care for inmates moving within the system as well as for inmates being released. To this end, intra-system transfer of inmates with significant health problems are reviewed by central office health care staff to insure that the medical needs of the inmate can be met at the receiving facility. Additionally, policy and procedure establishing a "medical hold" for inmates awaiting treatment has been established to avoid the inadvertent transfer of an inmate with a medical appointment. Policy and procedure have also been developed and implemented to assure that every inmate being released has an adequate supply of medications and supplies upon release as well as appointments with community based providers to maintain continuity of care.

#### DOCS/DOH ONGOING COLLABORATION:

The Commissioners and executive staff of DOH and DOCS recognize the public health opportunities that correctional healthcare provide. There have been frequent and regular meetings of senior and line staff of both agencies. As a result we have embarked upon a number of innovative and collaborative programs. Among the more significant initiatives described above are:

- HIV Qual Program
- Anonymous HIV Testing and Counseling
- HIV and TB Testing
- Blind Seroprevalence Testing
- Clinical Care Guideline Development

The State Commission of Correction provides ongoing public scrutiny of all operations of our prison facilities including health aspects. My Department has collaborated closely with the Department of Health as noted above. I do not believe that correctional facilities are the same as Article 28 (PHL) facilities or that the regulations, as written, could or should apply directly to correctional facilities which have very different issues and settings from those of health care institutions. My Department and other State agencies, including the Department of Health, operating as separate and distinct State agencies, have Memoranda of Understanding and formal and informal arrangements for consultation.

#### CONCLUSION:

The development of a comprehensive health care network and the delivery of quality health care services to the 65,500 inmates in the custody of the Department is both a formidable challenge and a significant public health opportunity since the overwhelming majority of inmates will someday be released to the community. The fulfillment of this monumental responsibility requires a sincere commitment by staff, the provision of sufficient resources, ongoing training initiatives, vibrant introspection and self-correcting measures, and regular collaboration with medical experts outside of the Department. Undoubtedly, with a system of this magnitude, individual shortcomings will occur. However, taken as a whole, the Department is confident that its medical care system is not only fundamentally sound, but a model for correctional systems throughout the country.