

OVERVIEW

- The DOC's budget for correctional healthcare services covers the costs of providing all healthcare services, except the costs for providing inpatient hospital services.
- The contract value from 2/1/2015 through 1/31/2018 is \$60,107,501.
- Total costs for an Average Daily Population of 1550 inmates in FY17 were \$20,160,656 (\$13,006.87 annual; per diem = \$35.64)
- Number of sick slips and walk-ins: 43,064
- Number of provider (MD, NP, PA) encounters: 10,030
- Number of mental health encounters: 9,144
- % of patients with active health insurance upon discharge: Improved from 65% in June 2016 to 74% in August 2017.
- % of patients with a serious medical or MH diagnosis whose records were shared with a patient centered medical home upon discharge: 98% since Dec. 2016.
- % of patients hospitalized for mental health reasons who was seen by a psychiatric provider within 48 hours of returning to DOC: 100% since July 2017
- % of patients with new episode MDD and treated with an antidepressant who were seen for follow up within 6 weeks: 94% since Jan. 2017.
- % of hospital re-admissions for the same reason/diagnosis: 6%
- % dental screenings completed within 30 days: 99%
- % of patients whose healthcare records were reviewed by the receiving facility within 12 hours of transfer: 98%

DISCUSSION

Departments in four states (California, New Mexico, Vermont, and Wyoming) spent more than \$10,000 per inmate.

- Vermont: 19% increase in spending from 2010-2015. (\$11,581→\$13,747)
- Per-inmate costs have decreased 9% since 2011, compared to some estimates in the private insurance market which indicate that premiums increase up to 13% per year.

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	Percentage change
\$11,581	\$15,256	\$13,065	\$13,998	\$13,791	\$13,747	19%

- 15th oldest prison population. 11% age 55+ and 27% age 40-54

Proportion of inmates age 55+, FY 2010	Proportion of inmates age 55+, FY 2015	Change in number of inmates age 55+, FY 2010-15	Proportion of inmates age 40-54, FY 2015
8%	11%	40.3%	27%

- ENFORCING VENDOR REQUIREMENTS: Vermont was highlighted as a jurisdiction which is leading in the use of performance-based metrics which are linked to financial incentives.
 - Vermont is one of 4 jurisdictions that uses quality metrics, financial incentives, and financial penalties in its contracting.
- The EHR in VT is one of just a few across the country that is interoperable with certain community providers, meaning that at least some practitioners outside the prison walls can use electronic health information populated by prison staff. Info includes labs, radiology results, and transcription information from NWM in St. Albans and Springfield Hospital.
- Female Prisoner Proportion
 - Average: 8.4%
 - Vermont: 8.6%
- 17 states provide correctional healthcare services directly (state employee model).
 - 20 states utilize contractor models (VT is one of those)
 - 4 states utilize university models.
 - 8 states use a hybrid model
- 19 states utilize a capitation model of financing (VT is one of those).
 - 2 states utilize cost-plus financing models.
- FTEs per 1000 inmates:
 - MEDIAN: 40.1
 - Vermont: 52.2 (10th highest ratio nationwide)
- Ben's question to PEW: I am curious if Pew will be working to develop a set of performance based metrics which could be standardized across jurisdictions (similar to NCQA-HEDIS, except corrections-specific).