Corrections to Community: Transition and Integration of Health from the Justice System

ONC Learning Event - August 23, 2016 1:00pm- 2:00pm ET
Kate Kiefert, ONC HIT Resource Center Consultant
Patricia MacTaggart, ONC Sr. Advisor
Michal Rudnick, Arizona Health Care Cost Containment System (AHCCCHS)
Tom Check, President and CEO, Healthix, Inc.
Corrections, Justice, and Health Integration Topics

- Health IT Considerations
- Corrections, Justice, and Health Integration Key Points
- State and Regional Examples
  - Arizona
  - New York City
- Information Sharing Needs, Concerns, and Challenges
- Other resources
### Health IT Considerations: Corrections and Justice System Transitions

<table>
<thead>
<tr>
<th>Reporting Services</th>
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<tbody>
<tr>
<td>Analytics Services</td>
<td>Consumer Tools</td>
</tr>
<tr>
<td>Notification Services</td>
<td>Provider Tools</td>
</tr>
<tr>
<td>Exchange Services</td>
<td>Patient Attribution</td>
</tr>
</tbody>
</table>

#### Some combination of these modules needed for all Health IT use cases:
- none excluded

#### Corrections/Justice System Transitions Additional Challenges:
- Policy/legal
- Identity & consent management
- Exchange services
- Notification services

#### Health IT Variables:
- Where and When: pre-incarceration  →  incarceration  →  re-integration/transition to the community
- Justice System/Corrections Technology Capability (EHR-connectivity to HIE)
Corrections to Community: Transition and Integration of Health from the Justice System Key Points

Pre-incarceration: Justice system/jails – pre-incarceration & intake
- Community HIE to lookup patients upon intake, reconcile medications, etc.
- Alerts to subscribed providers notifying if person jailed

During incarceration
- Care within facilities - availability of EHR, certified EHR’s
- ePrescribing in an institutional setting - cost savings opportunities
- Electronic Medication Administration Records - error prevention

Care between facilities
- Telehealth/eConsults - cost savings opportunities, reduction in liability
- Interoperability with hospitalization - HIE to monitor patients

Transition to Community
- HIE integration
- Discharge alerting
- eReferrals for follow-up
Corrections to Community: Transition and Integration of Health from the Justice System Key Points

**Pre-incarceration:**
- Justice system/jails – pre-incarceration & intake

**During incarceration:**
- Care and HIT Funding considerations
  - Enrolling released offenders
  - “Suspend” not “terminate” flag
  - HIT/E Financing
    - Eligibility for MU incentives
    - 90/10 IAPD funding

**Care between facilities**

**Transition to Community**
Corrections to Community: State Medicaid Agencies are focusing on enrolling individuals upon release from prison/correctional facilities

• **Maryland Example:** Seeking federal approval through an amendment to its managed care waiver renewal application to be effective in 2017 to provide Medicaid presumptive eligibility (PE) to individuals newly released from incarceration, which would permit enrollment based on attestation of eligibility information to be followed by a full verification process.

• **Washington Example:** Health Care Authority (HCA) developed a MOU for use between HCA and correctional facilities that outlines processes for enrolling incarcerated individuals in Medicaid prior to their release, which defines roles and responsibilities for each agency related to conducting enrollment and describes guidelines for the application process. The MOU allows for the application process to begin 30 days prior to an individual’s release from incarceration.

• **Wisconsin Example:** DHS and DOC MOU updated January 2015. DHS implemented a new policy of allowing incarcerated individuals with explicit dates of release to apply for health coverage 20th day of the month prior to the month of the individual’s scheduled release date.
Justice Processes

• Enrollment Suspense
• Pre-Release Applications
  o County Jail Partnerships (e.g. ALPHA)
  o Department of Corrections
• Care Coordination and Reach-in
  o Managed Care Contractors
Enrollment Suspense

- Counties and the DOC partnered with AHCCCS – over 90% of AZ
- As many as 9,000 AHCCCS members incarcerated at any given time in a month
- FY2016 - Approximately $30,000,000.00 in avoided payments

### County Jail Inmates in No-Pay Plan

<table>
<thead>
<tr>
<th>All Participating Counties</th>
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</thead>
<tbody>
<tr>
<td><strong>One Month Report Period</strong></td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Jul 1, 2015</td>
</tr>
<tr>
<td>Aug 1, 2015</td>
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<tr>
<td>Sep 1, 2015</td>
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<tr>
<td>Oct 1, 2015</td>
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<td>Nov 1, 2015</td>
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<td>Dec 1, 2015</td>
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<td>Jan 1, 2016</td>
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<td>Feb 1, 2016</td>
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<td>Apr 1, 2016</td>
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<tr>
<td>May 1, 2016</td>
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<tr>
<td>Jun 1, 2016</td>
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<tr>
<td>Fiscal 2016</td>
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</tbody>
</table>

Total and average numbers of member days count all days from the day the member was enrolled in the No-pay plan (or the first of the month if the member was already no-pay), until the member was returned to a paid plan, or was disenrolled from AHCCCS, or the end of this month, whichever was earlier. Beginning count may differ from previous month’s ending count due to information received retroactively.

1. Average Per Person Cost includes FFS members for which there is no capitation rate.
3. June 2015, Total Capitation Cost Avoided and Average Per Person Cost Avoidance values pending update.
Members impacted by Enrollment Suspense

# Members Enrolled At Any Time During The Month

7/1/2012: 987
7/1/2015: 8780

10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0

Reaching across Arizona to provide comprehensive quality health care for those in need

AHCCCS
Arizona Health Care Cost Containment System
Pre-Release Application Process

- Over 1,500 applications were processed in FY2015
- Includes juveniles, applications for people in need of long-term care and people in need of inpatient hospitalization
- ALPHA, AHCCCS, DES partnership
- Pima County Pre-trial applications
Care Coordination

- In FY2015, over 1,100 justice-involved AHCCCS members received care coordination
- 834 justice data provides health plans and RBHAs ability to increase care coordination
- Managed Care Contractors provide “high-touch”, warm hand-off for members re-entering communities with a complex health need
Keys to Success

• Statewide criminal justice stakeholder group of over 60 participants from across the continuum of justice and health
• Support and participation from Executive leaders
• Enrollment suspense enables capture of data
• Justice transitions is a SIM focus
• Broad and continuous communication
  o Information about Justice Strategies on AHCCCS website
  o Justice ListServe created
2016 – Moving Forward

- 1/11/16 – Governor announced in State of the State address that reducing recidivism is focus for AZ
- 7/2016 – HB2701 Approved – ADOC Pre-release Medicaid application assistance
- 10/1/16 - Contract requirements will increase health plan care coordination to reach more members prior to their release
- 10/1/16 – Proposed DSRIP Model to co-locate clinics in probation and parole offices throughout AZ
Engaging and Enrolling the Justice Population into Health Care
Health Care Needs
Maricopa County Jails

Active cases

- Infectious Disease: 368
- Chronic Disease: 1155
- Mental Health: 819
- Substance Abuse: 1500

Reaching across Arizona to provide comprehensive quality health care for those in need
Health Care Needs - Maricopa County Jails

MARICOPA COUNTY ADULT PROBATION DEPARTMENT  
November 2015

A snapshot of the adult probation population in Maricopa County, excluding probationers with serious mental illness, revealed:

- 54% of probationers under active supervision in the community had an identified need for mental health and/or substance abuse (GMHSA) treatment, nearly 14,000 probationers.
- The number of these probationers with identified needs in the following areas:
  - Alcohol: 1,800
  - Drug: 6,500
  - Mental health: 9,500
- Of these, 3,400 had co-occurring mental health and substance abuse needs.

Reaching across Arizona to provide comprehensive quality health care for those in need.
Health Care Needs - Maricopa County Jails

Maricopa County Adult Probation Department

The following is a snapshot of SMI probationers who are supervised by Maricopa Adult Probation on specialized caseloads.
- There are 17 specialized SMI probation officers in two units who supervise SMI probationers.
- As of a June 2014 snapshot, the units were supervising 683 SMI probationers.
- The median probation term length is 3.0 years.
- A small percentage of SMI probationers (23%) are ordered to pay restitution.

Snapshot March 2015
ID= HIV/AIDS, Hep C
CD= Hypertension, diabetes, asthma, lung, kidney, liver, heart, seizure, sickle cell, cancer

Reaching across Arizona to provide comprehensive quality health care for those in need
Program integration is key

All outreach, classes, materials and enrollment are offered in conjunction with existing programs and services.
Program integration is key

A Collaboration of Health Care and Criminal Justice

Reduce Recidivism

Engage, Educate, Enroll

Continuity of Care

Access to services

Treatment Options

Health Care Integration

Public Defender

Correctional Health Services

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Education

Reaching across Arizona to provide comprehensive quality health care for those in need
Education

4th Ave. Central Intake

Reaching across Arizona to provide comprehensive quality health care for those in need
ALPHA Program

ALPHA inmates get AHCCCS to assist with community reentry
Outcomes

- 10,775 touched by outreach
- 2,078 educated on health care
- 2,781 assisted with Medicaid enrollment

February 2014-February 2016 APD, CHS, MCSO

Reaching across Arizona to provide comprehensive quality health care for those in need
References

• Maricopa County KCMU April, 2016 presentation
• February 2014-February 2016 APD, CHS, MCSO
• AHCCCS No-pay report for FY16
Corrections to Community: Transition and Integration of Health from the Justice System

Webinar August 23, 2016

Tom Check, President and CEO, Healthix, Inc.
Healthix: a Public HIE in New York City and Long Island

**SHIN-NY**

**PRIVATE HIEs**

PRIVATE HIEs INCLUDE:
- Health Plans
- Large Provider Systems
- DSRIP Programs
- More...

**eHealth Exchange and SHIEC**

**PROVIDERS and PLANS**

- Health Plans
- Large Provider Systems
- DSRIP Programs
- More...

HEALTHIX

- CARE COORDINATION
- TREATMENT
- QUALITY IMPROVEMENT

16 MILLION PATIENTS

Live

In Development
• Correctional Health Services (CHS) provides medical services in the New York City Correction System
  » A 42 CFR Part 2 facility within NYC Health + Hospitals; uses eCW EHR
  » Conducts medical exam within first 24 hours and follows patient until release
  » Healthix has prior medical history, and adds CHS encounters to the record
• Sends Healthix an “Admit” event and a “Discharge” event
  » Healthix sends notification of Admit and Discharge to provider or care manager in the community who is managing the patient and has “subscribed” to alerts (provided that patient has given NYS consent to provider or care manager)
  » Especially important for patients with complex medical, mental and behavioral health conditions under active care management – need to know if patient is removed from the community or returned to the community
### Volumes in July 2016

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Enter NYC Correction System</th>
<th>Discharge from NYC Correction System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Events reported to Healthix by NYC Correctional Health Services</td>
<td>812</td>
<td>699</td>
</tr>
<tr>
<td>Events for patients with “subscriptions” who have given consent – Healthix delivers these alerts</td>
<td>101</td>
<td>101</td>
</tr>
</tbody>
</table>
Corrections/Justice Information Sharing Needs

• Action plans for 1\textsuperscript{st} responders
• Ability to maintain individuals on Medicaid
• Increase opportunities for wrap around services
• Continuity of care between correctional facilities, hospitals and community agencies
• Universally accepted release (consent)
• Access to current treatment plans, provider and medications
• Increase opportunities for in-reach prior to reentry
Corrections/Justice Information Sharing Concerns/Challenges

- Cost of justice and health information exchange
- Cost of delivering appropriate treatment
- Concerns about secondary disclosure of health information
- Offenders unwilling to participate in mental health treatment
- Interoperability between justice and health communities (HL7 vs NIEM) etc.
- Privacy concerns
- Many healthcare organizations refuse to share health information to jails, even if requested by a HIPAA-covered provider—including recent ER visits
Resources

- IJIS - Opportunities for information sharing to enhance health and public safety outcomes [https://c.ymcdn.com/sites/ijis.site-ym.com/resource/resmgr/Docs/Opps_Info_Sharing_Enhance_He.pdf](https://c.ymcdn.com/sites/ijis.site-ym.com/resource/resmgr/Docs/Opps_Info_Sharing_Enhance_He.pdf)
Next Steps

• **ONC Listening Session**
  
  » Wednesday, August 24, 2016
  
  » 4:00 – 5:00pm ET
    
    – Conference Line: 877-928-8611
    
    – Participant Code – 43294870

• **Additional Questions**
  
  » Contact your ONC HIT Resource Center TA