



## CALIFORNIA PRISON HEALTH CARE SERVICES

### **For Immediate Release**

# Receiver to Court: Prisoner Deaths Down Significantly

## ***9<sup>TH</sup> QUARTERLY REPORT: CHANGE BEGINNING***

*Please call contact below for a PDF of the full report.*

**For September 15, 2008**

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(Sacramento) In the 9<sup>th</sup> Quarterly Report, Federal Receiver J. Clark Kelso reports to Judge Thelton Henderson that during the June 15, 2008 through September 15, 2008 reporting period, the Turnaround Plan of Action has begun to have an impact exactly where intended, improving medical care for those prisoners most at risk. Significantly, the Receiver's efforts have reduced prisoner mortality rates. Kelso says, "The steady reduction in the prison population's death rate is one of the strongest indicators of our progress. For the first time in many, many years, there is genuine reason for some hope that CDCR's health care system can be fixed. It is also a strong indicator that the Receivership is the right instrument for completing the fix in a reasonable period of time and at reasonable cost." In addition to Reduced Prisoner Mortality Rates, staffing is also bolstered, new clinical support functions are beginning to yield savings of taxpayer's monies, and the Receivership is taking steps to strengthen the oversight and accountability of the its own expenditures.

**Reduced Prisoner Mortality Rates** While many gross problems of the California prison medical delivery system continue, and more remedial work (including the dire need for adequate treatment space for chronically ill prisoners) is needed, there are, for the first time, indications that elements of the Turnaround Plan of Action, including the addition of clinical staff, are having a positive impact on prisoner deaths. The prisoner death rate in California's prisons has trended downward for the last 10 quarters. Please see graphs on following page.

**Staffing** A number of factors contribute to this favorable trend in inmate mortality rates. Most prominently, an influx of new physicians and nurses has bolstered the physicians and nurses already providing services. In the last year CPHCS hired 172 new physicians; every one of them is board-certified in internal medicine or family medicine as required by the new credentialing criteria. This figure is almost half of the authorized positions in the physician pool. During this same period, CPHCS added 488 Registered Nurses and 533 Licensed Vocational Nurses to the prison medical delivery system.

**Fiscal Savings** Major clinical support functions are being planned and implemented in the hopes of saving inmate lives while at the same time, providing California taxpayers with significant savings in the cost of health care delivery.

-Based on a review of the first 8 months of the major clinical support function which has been implemented, the **Maxor Pharmacy Project projects a cost avoidance of approximately \$33 million in 2008** compared to prior drug cost trends. These cost avoidances are the result of targeted pharmaceutical contracting strategies, disease medication management, and increased pharmacy services accountability and oversight. It is expected that other planned support programs will also yield considerable cost savings.

-McKenzie-Stephenson, Inc., has concluded a comprehensive assessment of CDCR's medical imaging services including radiology, CT, MRI, and ultrasound and a road map for future improvement. **McKenzie-Stephenson, Inc.** presented evidence that implementation of their recommendations could result in **annual savings to the state of \$67 million after two years.**

-The consultants from the **University of Texas Medical Branch** estimate that an improved telemedicine program could **avoid inmate transport costs totaling nearly \$60 million annually.**

-**Navigant guarantees its high-quality lab services will yield five-year cumulative savings of approximately \$5 million.** Navigant believes this model has the potential to additionally reduce operating costs by 10 to 15 percent over 5 years through reduction of waste, inefficiency, and unnecessary duplicated testing.

**Oversight** The Receiver established and conveyed the first meeting of his Construction Oversight and Advisory Board (COAB) during the reporting period. The purpose of the COAB governing body is to provide advice, expert recommendations, and transparency regarding the construction of the 10,000 bed health care facilities. The eleven-member COAB includes representatives from public and private sectors with expertise in the fields of governmental accountability, facility planning, and construction in order to obtain the highest quality of advice and to be able to ensure optimum quality and accountability for project scope, schedule, and budgets, including a representative from the United States Justice Department's National Institute of Corrections, California's State Auditor, and California's Inspector General.

