CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.

J. Clark Kelso
Receiver

April 23, 2008

Bill Woodruff
Senior Vice President
ACS Government Solutions
300 Capitol Mall, Suite 1550
Sacramento, CA 95814

Dear Mr. Woodruff:

Thank you for your comments, dated April 10, 2008, on the Receiver's Draft Strategic Plan. Yours was among several detailed and thoughtful responses we received from the public.

I am writing to specifically address points made in your comments regarding Objective 2.1: Improve Chronic Care Beginning with Asthma; Objective 4.1: Establish Effective Clinical Support Services, Including Medical Records, Radiology Services, Laboratory Services and Telemedicine; and Points #1 and #2 made under the heading General Observations. Your other comments may be addressed in additional correspondence from this office.

Under Objective 2.1, you note:

A chronic care program should not only identify and treat patients with obvious chronic conditions, but should also use proven software analytics to identify patients most likely to develop chronic conditions and use appropriate care management to prevent/lessen the chronic conditions.

We share your vision of a pro-active chronic care program. Analytical software, such as a clinical data warehouse and clinical data marts, are part of our long-term plans. Unfortunately, CDCR is a currently data-poor environment, and many years away from having actionable electronic data, such as claims, problem lists, lab results, or medication histories. In the meantime, we will continue our efforts to develop a care management program that can make use of such tools.

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Under Objective 4.1, you state:

The establishment of a central data repository is a good first step, but to be truly effective, it should be expanded quickly.

A central data repository is not nearly as effective as a true electronic health record system which transforms that data into useful information:

- It should have seamless integration to facility based EMR systems – both for State operated and private facilities which treat inmate/patients, and it should be web-based to allow those small providers who can't justify an EMR to have direct input capability into the HER.
- It should have a comprehensive clinical rules engine that drives clinical alerts which is built upon clinically proven, sound criteria and expanded with CDCR criteria.
- It should deliver real, actionable information to providers.
- It must provide visibility into the patients information in a clear and concise manner – in a fashion that care giver's define.
- It must include all medical records, radiology, and laboratory services.

The clinical data repository is indeed a "first step" towards a more comprehensive electronic health record system. As we state in the Strategic Plan, it represents "the initial steps towards building a digital health care system." We share your vision of interoperable electronic health records; intelligent clinical decision support; and a comprehensive suite of applications and data presentation that enable all providers to provide efficient and constitutionally adequate healthcare.

Finally, in your general comments, you write:

We believe that you would be best served though the use of commercial off-the-shelf (COTS) products rather than custom built solutions, whenever possible. The nature of healthcare is changing rapidly and solutions which are regularly updated will be a better solution for California in the long run. The use of electronic document management systems (EDMS) would also benefit both the Receivership and CDCR in the long run. While the healthcare industry is moving toward standards that facilitate data to be entered into a database, some documents will never reach that level of standards. An EDMS would facilitate the electronic capture, storage, and sharing of non-standard information.

Both comments represent sensible strategies towards developing our clinical information system architecture. We will take these comments under advisement as we proceed with our IT strategy.

Thank you for your comments.

Sincerely,

J. Clark Kelso
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