

J Clarke Kelso
Receiver
California Prison Health Care Receivership Corporation
PO Box 4038
Sacramento, California 95812-4038

Dear Mr. Kelso,

It was great having the chance to meet with you last week. I hope you found our dialogue to be helpful and trust it will lead to more opportunities to collaborate in the future.

During our meeting you requested that we take the opportunity to provide comment to you on your draft strategic plan "Achieving a Constitutional Level of Medical Care in California's Prisons". I read the strategic plan over the weekend and was impressed with the clarity and concise nature of the plan. We all know of strategic plans that get so voluminous that they are rarely if ever used and just sit on a shelf. The Vision is clear and the 5 goals are in my opinion the critical building blocks for a sound correctional health care delivery system. You stated clearly to Judge Henderson in your cover letter what we all know to be true. Patient-inmates must be given access to competent medical and clinical personnel, with accurate patient records and supported by appropriate housing, medical facilities, equipment and processes. Further they must have timely access to prescribed medications, treatment modalities, specialists, and appropriate levels of care. I think your plan does just that and we compliment you on taking these bold steps.

If helpful we would be glad to share with you some of our experience at CCA as you refine the action steps in your plan. While they may not be appropriate in your setting I hope that they may be helpful toward achieving the goals set out in the plan. Let me highlight a few and if you are interested we can explore further at another time.

Goal 1: While I understand that in the CDCR system you may need to designate specialty teams to handle medical escort and transportation functions until you can get the system working, our experience is you need to:

- Have consistent custody staff assigned to medical during normal operations (IE: when inmates are routinely seen in medical), and
- Insure that your shift supervisors and chief knows from his/her warden that medical appointments take precedence and are not cancelled or modified without consent of the health authority (HSA).

- Further, we have found that using the web based Medical Development International (MDI) scheduler for off-site appointments gives us a great management tool to see who is scheduled, when, and by provider. That way we can anticipate needs, cluster transportation if appropriate and reschedule in a priority fashion if we have unavoidable conflicts in the schedule or the provider needs to reschedule.

Goal 2: Some thoughts on pharmacy management and off-site provider networks and access:

- We concur with the importance of an approved formulary but would add that the P&T committee needs to review and update it at least quarterly to insure that the most appropriate and cost effective medications are on the formulary. At CCA through a continual focus on formulary compliance and drug utilization management (DUR), in 2007 our costs are averaging \$20.08 Per Member per Month (PMPM).
- We have been using a mail-order system for 10 years and have been very happy with the quality and service levels. Again, this may not be appropriate for CDCR however, you may want to consider this type of system. It gives a cost effective approach and 24/7 access to a pharmacist for our facilities.
- Objective 3 is one that all correctional systems struggle with. The objective states that "by July 2009, we will establish a specialty care and hospital provider contracting program at a statewide level" Tying this together with concerns by providers that CDCR's payments for services rendered I would recommend that you look at out-sourcing this function. We would be happy to demo the system we use so that you can see what is available and why we use them. It has improved greatly not only our cost but the timeliness of care and treatment.

Goal 3: I have nothing to add but to agree that the continued recruitment of clinical staff and review and oversight of the medical delivery process is essential to our work.

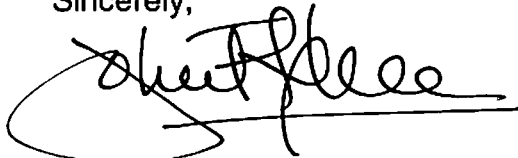
Goal 4: This goal is far-reaching and clearly important to the success of the plan. My one caution would be to make sure the basics are in place first (medical record system, good lab and radiology, etc) before focusing a lot of effort and resources on data base and technology initiatives. They are exciting but can distract from the foundational activities that are essential to good patient care. As we discussed when we were together in Sacramento, we have found that doing the electronic record and interfacing lab, pharmacy and soon radiology has been the most beneficial improvement in our patient care delivery system. We now have real-time data to manage quality and utilization.

Goal 5: With 33 facilities requiring a facility upgrade and the need for additional specialty beds, this will be an immense undertaking. We look forward to you

seeing our 3,060 bed La Palma (Arizona) facility that will be operational and receiving CDCR inmates in July of this year. We have learned a great deal having built and operated many facilities in multiple locations and would be happy to share our learning and suggestions.

I hope these comments are helpful and in no way construed to be anything but supportive of your efforts. I hope you will call on me or any of our CCA team if we can assist you in any way as you refine and begin executing your strategic plan. I look forward to a long and meaningful relationship as we serve the State of California.

Sincerely,

A handwritten signature in black ink, appearing to read "John F. Tighe", with a large, stylized flourish at the end.

John F. Tighe
Vice President, Health Services

CC: John Ferguson
Bradley Regens