04/15/08 7:51 AM

Dear Receiver Kelso:

Thank your for the opportunity to review and comment on The Federal Receiver's Draft Strategic Plan.

My comments that follow are based on my thirty-five years of health care management experience, both in correctional facilities and in large teaching hospitals and community-based health systems.

1. The Vision, Mission, objectives, and goals you articulate are in essence those of major, experienced, established and respected health care systems across the nation that have joined together in their efforts to "cross the quality chasm." No one should be critical of these worthy and crucial ideals. However, neither the CRCR nor the Office of the CPR have the requisite experience and expertise, standing alone, to implement successfully and timely the stated objectives and goals. Unlike mainstream health care institutions and delivery systems, CDCR and OCPR, have no long term relationships and commitments to those organizational leaders - like the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and the Institute for Health Care Improvement - that are actually achieving the desired results in patient safety and quality.
2. It is not the receivership itself that needs to articulate, embrace and enable the stated vision and mission. It is the CDCR that must do so. Excellence of health care must have full parity with the other key components of the CDCR mission, including security and rehabilitation. If CDCR is not prepared or willing to actualize full parity, then it is crystal clear that an independent delivery system model must be built. A successful example of such a model is that of the University of Texas Medical Branch (Galveston) and Texas Tech University in the Texas prison system.
3. Thinking strategically and looking forward, I believe it is imperative that your plan stipulate the goal of achieving and maintaining full accreditation in concert with pertinent standards (e.g. ambulatory care programs) and under the aegis of the JCAHO. If this is not done, the prison health care system will continue to lack credibility and be vulnerable to deterioration.
4. Although I understand this draft is a strategic plan, it is important that greater attention be given to recruiting within each prison those health care leaders and making those immediate changes that are necessary to provide far better health care despite the multiple deficiencies in systems and facilities that have been so starkly documented. Within each prison, there needs to be an identifiable, capable and inspirational clinician champion of change in the arena of medical, dental and mental health care. This leader will mobilize the necessary staff to address the serious health care needs of patients, coordinate care within and between facilities, push for CDCR cooperation. In order to overcome the lack of reliable medical information systems, these key leaders and the other clinicians working for them, need to be linked continuously via laptop computers with broadband connections, thereby providing full access to evidence based medical resources and the capacity to share and transmit patient-related information when the existing medical records system does not

perform. Similarly, each institution needs to be equipped with high volume scanners and fax machines to facilitate transfer of information.

Attached are the Power Point slides from a recent presentation I gave at the 2nd Annual Conference on Academic Medicine and Health Policy in Correctional Medicine. Some of the slides explain in more detail what I mean by full parity of mission for correctional medicine.

I wish you the very best in your efforts on behalf of many men and women whose lives and well being are tied to your appointment and work as Receiver.

Kind regards,

Lambert King

Lambert N. King, MD, PhD, FACP
Director of Medicine
Queens Hospital Center