

CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.

J. Clark Kelso
Receiver

April 23, 2008

Lambert N. King, MD, PhD, FACP
Director of Medicine
Queens Hospital Center
82-68 164th Street
Jamaica, NY 11431

Dear Dr. King:

We very much appreciate your longstanding leadership in correctional medicine as well as your past and present support of reform efforts in California. We will respond to each of your major points in turn.

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 has 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 O CPR, 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.

We agree completely that we need outside assistance and new, ongoing engagement with mainstream healthcare transformation efforts. Fortunately, the three CPR clinical executives have helped lead national patient safety and quality projects in collaboration with the Joint Commission, National Quality Forum, Institute for Healthcare Improvement, and other national and state organizations engaged in mainstream health care transformation. We began sending our statewide and regional leaders to trainings by the Institute for Healthcare Improvement last summer, and each training has yielded significant organizational benefits. We have engaged mainstream state and national leaders for assistance with our Access-to-Care Initiative. We would welcome your feedback on our plans for that initiative.

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.

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While the concept of correctional health care parity as yet lacks operational definition, the Receiver's work on new health care facilities, our new public health programs, and our growing relationships with public health and community providers already illustrate aspects of the parity concept. We address sustainability on page 1 of our draft strategic plan as follows: "For the court's orders to be efficacious, the medical care system established by the Receiver must be sustainable long after federal court supervision has ceased. It is not enough to simply bring CDCR's health care system up to constitutional minimums. The system created must be one that the State itself will be able to maintain long into the future." It is premature to specify which state agency will be best positioned to sustain the system we develop. We agree that Texas provides an interesting model. We have appreciated our tours of Texas prisons and the assistance we continue to receive from those parts.

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.

We share your concerns for credibility and sustainability, both of which motivate our explicit commitment (on page 4 of the draft strategic plan) to the aims and strategies formulated by the Institute of Medicine. We appreciate the recent evolution of the Joint Commission in support of those aims and strategies, and we appreciate the invaluable historical contributions made by organizations that offer correctional health care accreditation. Given the early stage of our sustainability discussions and ongoing developments with accrediting organizations, it is premature to commit to a particular course of action.

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.

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While we did not detail our activities in this regard within the draft strategic plan, we have recently established three new classifications of Nurse Executive, Medical Executive and Chief Executive Officer, consistent with your recommendation. In coordination with the other Courts, we have selected three prisons as sites to pilot the new classifications, and we have begun the requisite salary surveys. The draft strategic plan does reflect our shared concern for communication and information technology. We have already begun to make electronic evidence-based resources available to our clinicians.

Again, we thank you for your support of correctional health care and the Receiver's efforts.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Clark Kelso", with a long horizontal stroke extending to the right.

J. Clark Kelso
Receiver