Building Continuity of Care for Chatham County Jail Inmates

Session 157, February 13, 2019
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Conflict of Interest

Lisa Hayes, M.B.A.

Has no real or apparent conflicts of interest to report.
Agenda

- Who is Chatham County Safety Net Planning Council (Safety Net)
- ChathamHealthLink (CHL) and interconnecting with the Georgia Regional Academic Community Health Information Exchange (GRAChIE)
- CHL/GRAChIE, improving continuity of care for vulnerable populations
- Connecting the Chatham County Detention Center
- Measuring “Continuity of Care” through crossover data
- Jail Heath Care Provider Accountability
- Recommendations
Learning Objectives

• Assess project readiness, local resources and political will necessary to connect a county jail to a Health Information Exchange (HIE)

• Design a process to onboard a county jail to a local HIE and assess possible barriers

• Design meaningful accountability structure and performance measurements to ensure accountability for healthcare vendor and decrease liability for local governments
Mission:

The mission of Chatham County Safety Net Planning Council (Safety Net) is to develop an infrastructure to maximize access and utilization of affordable health services and to leverage available resources to assure improved health status for our Chatham County residents.

• Key Partners:
  – Memorial University Medical Center
  – St. Joseph’s/Candler Health Systems (SJ/C)
  – SJ/C St. Mary’s Health Center, Good Samaritan Community clinic, St. Mary’s Community Center
  – Curtis V. Cooper Primary Health Care, Inc.
  – J.C. Lewis Primary Health Care Center
  – Gateway Community Service Board
  – Coastal Health District

• Key Programs:
  – Evaluation
  – Health Information Exchange
  – Homeless Health Care Delivery
  – Children’s Health Insurance
  – Behavioral Health Capacity Building
  – Community Suicide Awareness & Prevention
  – Community Information Exchange
ChathamHealthLink (CHL)

A History from 2005 to present
Who is Georgia Regional Academic Community Health Information Exchange (GRAChIE)?

- Founding Principle and Focus – Care Coordination
- Membership across the state of Georgia includes
  - 2.5 million unique patients
  - 14 Hospitals systems
  - 199 Independent Physician Practices
  - FQHCs
  - Correctional healthcare
  - Long-term care
- Centralized HIE with external partner connections – eHealth Exchange (VA & DOD), partners in neighboring states.
- Data elements available in GRAChIE adhere to CCD and/or CCDA standards, plus ADTs and clinical documentation via ORU
ChathamHealthLink/GRACHIE today

**ChathamHealthLink Members:**
- Memorial Health University Medical Center
- Curtis V. Cooper Primary Health Care, Inc.
- J. C. Lewis Primary Health Care Center, Inc.
- Chatham CARE Ryan White Center
- Gateway Community Service Board (GAIT Consortium)
- Chatham County Detention Center
- Community Health Mission (historical data)

**Non CHL local GRACHIE members:**
- Chatham Ortho
- ENT Consultants of Savannah
- Gastroenterology Consultants of Savannah
- Nephrology and Hypertension Medical Associates
- Pediatric Associates of Savannah
- Savannah Cardiology
- Savannah Vascular
- SouthCoast Medical
- Southeast Lung

**GRACHIE National and State:**
- Veterans Association
- GaHIN (Emory, Grady, CHOA, NE GA Health System, GRITS)
- eHealth exchange
- Palmetto Health System – Columbia, SC
- Department of Defense (onboarding)
- Social Security Administration (onboarding)
CHL/GRACHIE: Adding Value through Connectivity in Chatham County

- Jail
- Behavioral health
- Indigent care
- Early Childhood Intervention
- HIV+
- Street medicine clinics

If we could provide continuity of care for these populations, it could in the long run reduce homelessness and incarceration and reduce chronic health issues for our lower income and most vulnerable populations.
Chatham County Detention Center (CCDC)
Connecting the County Jail to CHL/GRACIE and Building a Continuity of Care
Health Care at the CCDC

- 18,000 inmates per year
  - 45% are treated for chronic illness (Source: CCDC)
  - 90% of the inmate population is uninsured (Source: Kaiser Family Foundation kff.org)
  - Limited access to primary or behavioral health care; CCDC may be their only access to health services. Georgia is a non-Medicaid expansion state
  - Complex healthcare needs. Untreated mental health, substance use disorders, infectious diseases and other chronic conditions are prevalent
  - Deaths
  - Focus on short-term stabilization
Project Readiness & Political Will

• Chatham County
  – New County Manager in 2015, recognized jail as a critical piece of health care safety net. County funds indigent care
  – CCDC sought to improve safety for both inmates and staff. And reduce exposure to liability
  – County fully committed to long-term financial support
  – Support of newly-elected County Sheriff

• Community health care providers
  – Inmates prior to and after incarceration use regional safety net health care providers

• Safety Net and GRACHIE provided technical support
  – Use of outside experts
Process to Onboarding

• Convert paper medical records at CCDC to electronic medical records (EMR)
  – Repurposed EMR license (GE Centricity) from a local Federally-Qualified Health Center (FQHC) for a total cost of $300,000, saving the County $2.5 million
• Implement reliable way to identify patients and make sure access to one longitudinal record (fingerprinting)
• Formulate performance metrics and system of accountability in contract for health care provider
• Train CCDC staff and health care providers on process
As of October 2018, Memorial Health University Medical Center recorded 11,168* patients that had been processed through the CCDC.

- Patient crossovers account for 62.0% of the average yearly detainee population (based on 18,000 yearly census).

FQHCs, Curtis V. Cooper Primary Health Care and J.C. are newer connections to the HIE. As of May 2018, they share 2,698 patients or 17% of detainee population. FQHCs are more likely to become a “medical home” for patients.

* Patient count in HIE is cumulative.
Health Care Provider Accountability

Accountability Structure:

• All detainees at booking must be queried in HIE to see medical history. No ability to miss critical medical information or change paper records

• Maintain minimum staffing levels of qualified medical personnel or face financial penalties

Performance Measure:

• Maintain accreditation in order to demonstrate ability to meet regulatory requirements and standards
Recommendations

Key factors to initiate a project to onboard a jail:

1. Assess project readiness with local safety net primary and mental health providers as well as the political will among elected officials

2. Find subject area experts/consultants that can help design a process to onboard a county jail to a local HIE and help work through barriers

3. Write a contract that has a meaningful accountability structure with performance measurements that ensure accountability for all parties to increase safety for staff and inmates and decrease liability for local governments
Questions

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