

Types of Health Care Services Provided

- Inpatient hospital care
- Ambulatory sick call
- Emergency care
- Routine preventative examinations
- Chronic disease management
- Medication program
- Health care education
- Dental services
- Psychiatric services
- Infectious disease prevention and treatment
- Access to specialty care
- Inpatient/outpatient psychiatric services

Types of Health Care Services Not Provided

- Services determined not to be medically necessary
- Experimental or investigatory treatment
- Cosmetic surgery
- Radial keratotomy (vision improvement surgery)
- Transsexual surgery
- Fertility treatment
- Treatment for sexual dysfunction
- Tattoo removal
- Dental braces

Health Care Cost Summary Fiscal Year 2002-03

Regional Contract Costs	\$ 91,584,000
Medical Personnel Costs (includes medical records staff and nurses)	\$ 44,101,000
Dental Personnel Costs	\$ 6,454,000
Other Costs (administrative, fixed assets, etc.)	\$ 11,434,000
Total Cost	\$ 153,573,000

Inmate vs. Public Health Care Cost Comparison

Average Annual Health Care Cost Per Inmate*	\$ 3,917
Average Annual Blue Cross/Blue Shield (BC/BS) Cost Per Patient**	\$ 3,022 to \$ 6,634
Average Annual COBRA Cost Per Patient***	\$ 3,332

*DOC costs include hospitalization, specialty care, preventative care, pharmacy, psychiatric care, dental, and vision.

**BC/BS costs include hospitalization, specialty care, preventative care, pharmacy, and psychiatric care. Does not include dental or vision and certain deductible costs must be met by the patient.

***COBRA costs include hospitalization, specialty care, preventative care, pharmacy, psychiatric care, vision, and hearing. Does not include dental.

April 2004
www.cor.state.pa.us

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services



PUBLIC SAFETY • SOBRIETY • EDUCATION • WORK
CITIZENSHIP • PARENTING

The department is committed to providing quality health care that is consistent with its constitutional obligation and community standards.

Edward G. Rendell, Governor
Jeffrey A. Beard, Ph.D., Secretary of Corrections

Highlights

Since 1995, the Department of Corrections has:

Implemented a Quality Improvement Process, which includes the development of nationally accepted clinical guidelines or pathways, a utilization review program to track and examine medical services for timeliness and appropriateness, and a management review audit system of all sites for compliance with DOC policy and procedures.

Developed infection control practices, including a Hepatitis C protocol, which are used throughout the prison system.

Instituted a telemedicine program to provide better access to off-site medical specialists. Telemedicine is now used in all institutions.

Opened SCI Laurel Highlands, a specialized facility for the care and treatment of elderly and seriously ill inmates.

Overview

The Department of Corrections (DOC) has a constitutional duty in its delivery of health care to provide inmates with access to care, care that is ordered, and professional medical judgment. The Department is committed to providing quality health care consistent with community standards. Efficient and effective health care delivery is achieved through quality improvement processes, administrative supervision of contract medical vendors, comprehensive policy and procedures, adequate staffing, preventative and specialty services, dental services, chronic care clinics and infection control.

Contracted Medical Services. The DOC contracts medical services for its 26 institutions. Prison Health Services, Inc., provides medical services, MHM Correctional Services provides mental health services, and Diamond Pharmacy provides pharmacy services.

By contracting medical services, the Department reduces its fiscal liability because costs are set at a constant daily rate per inmate regardless of the level of care needed. A private contractor also has greater ease and flexibility to recruit competent clinical staff and is able to negotiate large discounts with hospitals and vendors, resulting in reduced costs to the contractor.

Doctor Visits. In FY 2002-03, there were 326,122 inmate doctor visits. 218,865 of these visits were initiated by the inmate through the normal sick call procedures and the remaining 107,257 visits were initiated by DOC staff.

Preventative Health Care. Inmates age thirty-nine and under have a health appraisal every three years, age forty to sixty-four have a health appraisal completed every two years, and inmates age sixty-five and over have a health appraisal completed annually. Health appraisals include a rectal exam, vision screening and risk assessment for chronic diseases.

For females, pap and pelvic exams are included as preventative health care and are performed annually. An electrocardiogram is completed yearly for inmates age sixty and over, and if clinically indicated by the presence of cardiac risk factors.

Disease Management. The Department created a Correctional Infection Control Practices Manual to standardize infection control procedures throughout the Department. Inmates are tested for HIV/AIDS under the provisions of Act 148 of 1990 and treatment is consistent with community standards. Inmates are tested annually for tuberculosis and treated according to established guidelines. The Department has developed a Hepatitis C treatment protocol that guides treatment decision-making and improves consistency of care.

Medical Co-Pay. In accordance with Act 40 of 1996, the Prison Medical Services Act, the Department, in 1998, instituted a \$2 medical co-pay policy. Medical co-pay is required for non-emergency sick call visits, initial medical prescriptions, self-inflicted injury or illness, and sports injuries. Medical co-pay is not required for emergency medical treatment, mental health treatment, chronic disease treatment, follow-up medical visits, and infirmary or long term care.

Telemedicine. Telemedicine technology allows the Department to conduct consultations, primarily in the areas of psychiatry, dermatology, and infectious diseases. This has resulted in less off-site inmate medical trips and has increased the continuity of healthcare.

Transplant Policy: In 1997, the Department established a policy on inmate organ donor/recipient transplants that authorizes donations/transplants on a case by-case basis. For an inmate to be an organ recipient, he or she must be identified by the medical director of the institution as being a candidate for transplant. Because many inmates have chronic illnesses and histories of drug and alcohol dependency, few are acceptable medical candidates to donate or receive organs. A donor/recipient transplant allows an inmate to donate an organ to a family member, and the inmate must be the only family member suitable for donation. The patient or family member is responsible for all costs associated with the inmate's participation as a donor, including reimbursement for corrections officers who will provide security at the hospital.

SCI Laurel Highlands is a specialized correctional institution designed to provide long-term care to elderly and seriously ill inmates. There are 111 skilled care beds and 143 personal care beds.

If you would like more information about Health Care Services, please call :

Bureau of Health Care Services
717- 731-7031

Or visit our website
www.cor.state.pa.us