

Recommendations and Options: Spending on Inmate Health Care

RECOMMENDATION 1

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Department of Corrections (VADOC) to design a pilot project that would test the feasibility and assess the impact of using lower rates, potentially based on Medicare rates, for physician and outpatient services. VADOC should submit the pilot project design to the House Appropriations and Senate Finance Committees, and implement the pilot project no later than 2021. (Chapter 3)

RECOMMENDATION 2

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Department of Corrections, VCU Health Authority, and the University of Virginia Health System to develop and implement a plan to treat inmates with chronic conditions that require long-term or high-cost prescription drugs through a 340B-eligible provider. (Chapter 3)

RECOMMENDATION 3

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Department of Corrections and the VCU Health Authority to undertake a pilot project to provide clinical pharmacy services to a specific population of inmates. (Chapter 3)

RECOMMENDATION 4

The governor should extend the life expectancy requirement for terminally ill inmates to be considered for medical clemency to 12 months. (Chapter 3)

RECOMMENDATION 5

The Virginia Department of Corrections (VADOC) should develop and implement a health administrator peer review program in which experienced leadership or front-line staff review the operations at VADOC facilities—other than the one at which they work—to identify inefficiencies and share potential solutions. (Chapter 4)

RECOMMENDATION 6

The Virginia Department of Corrections should seek to ensure stable health administrator and front-line staffing at contract facilities by modifying contracts to incentivize and ensure stability. (Chapter 4)

RECOMMENDATION 7

The Virginia Department of Corrections should evaluate whether the contract modifications have resulted in more stable staffing and efficient care delivery by measuring turnover rates, compliance findings, and inmate grievances. The results of the evaluation, including a determination of whether staffing stability at contract facilities has improved from prior years and is similar to non-contract facilities, should be submitted to the Senate Finance and House Appropriations Committees by the end of 2020. (Chapter 4)

RECOMMENDATION 8

The Virginia Department of Corrections should modify its comprehensive health services contracts to increase the fines, and reduce the 90-day grace period, for not meeting critical standard of care requirements. (Chapter 4)

RECOMMENDATION 9

The Virginia Information Technologies Agency should collaborate as necessary with the Virginia Department of Corrections (VADOC) and the Office of the Attorney General to ensure the selection of a vendor capable of successfully implementing an electronic medical records system that can meet the specific functional requirements of the correctional system and be cost-effectively used by all VADOC facilities. (Chapter 4)

RECOMMENDATION 10

The Virginia Department of Corrections should develop and implement a formal risk-based monitoring program as part of its existing continuous quality improvement program. The program should (i) identify risk factors related to access and follow-up; (ii) monitor risk on a regular basis across all facilities; (iii) use the results of monitoring to address the problems identified; and (iv) track the resolution of the problems identified through monitoring activities. (Chapter 4)

RECOMMENDATION 11

The General Assembly may wish to consider including language in the Appropriation Act directing the initiation of a pilot partnership program for a university health system to provide comprehensive medical care for at least one Virginia Department of Corrections (VADOC) facility. The program should be jointly developed by (i) the director of VADOC; (ii) the chief executive officer of the VCU Health System; and (iii) the executive vice president for health affairs at the University of Virginia. The plan should be submitted to the House Appropriations and Senate Finance Committees no later than November 1, 2020. (Chapter 4)

OPTION 1

The General Assembly could amend Title 53.1 of the Code of Virginia to allow inmates to petition the Virginia Parole Board for conditional release based on serious illness. (Chapter 3)

OPTION 2

The Virginia Department of Corrections could make health administrator positions state employee positions, if the stability of staffing at contract facilities does not sufficiently improve. (Chapter 4)
