

**REPORT TO THE LEGISLATURE**  
**Pursuant to P.A. 114 of 2009**  
**Section 811**  
**Quality Assurance Report**

The Quality Assurance Office (QAO) of the Michigan Department of Corrections (MDOC) was established in April 2008 to monitor and improve the quality of prisoner health care. The intent was to implement a Quality Assurance (QA) system that makes it possible to cover the three fundamental areas of any health care system: health services; infrastructure; and credentialing. The health services area covers medical, psychological, pharmaceutical, and dental services. The infrastructure area covers the structures needed to support quality health services, such as: data systems, adequate staffing, contract monitoring, and policy and procedures. Finally, the area of credentialing covers successful accreditation of facilities, appropriate peer review, and third party review of performance.

During FY09, QAO established an approach to meeting its objectives in these three fundamental areas. The first objective was the identification and implementation of Healthcare Effectiveness Data and Information Set (HEDIS) performance measures. These measures were developed by the National Committee for Quality Assurance, are updated annually, and are widely used throughout the healthcare industry to measure and monitor performance, thereby identifying areas in need of improvement. HEDIS measures represent a data driven approach to quality improvement.

The second objective of the QAO approach is monthly Quality Review Meetings with the MDOC Bureau of Health Care Services (BHCS) leadership team. Monthly Quality Review Meetings are opportunities for the QAO to present issues of concern that have been found in the various areas of the health care system the QAO monitors, such as prisoner grievances and mortalities. Quality Reviews represent an event/incident approach to quality improvement.

The third objective of the QAO approach is reports produced by the QAO for health care using multiple data sources, such as the EMR and OMNI. These reports cover topics such as timeliness of response to kites, the relationship between acuity and inmate transfers, health care grievances, and summary reports of Pain Management Committee activities. These reports help health care to identify areas by facility, region, and statewide that are functioning well, as well as, those that may need some improvement.

Finally, the QAO has been active in implementing a medication refills pilot project in two facilities since the end of FY09. This project, once complete and implemented statewide will decrease medication costs for the department and eliminate waste.

**Monitoring Performance Using Healthcare Effectiveness Data and Information Set Measures (HEDIS)**

HEDIS measures were developed by the NCQA to “ensure that the public has the information it needs to reliably compare performance among [health care] organizations”.<sup>1</sup> As this reference to

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<sup>1</sup> NCQA, 2007, “Volume 1: HEDIS 2008 Narrative”, p.12.

“the public” indicates, HEDIS was not originally developed for use in a Corrections health care context. Instead, the measures were intended to be used by providers of care to the commercial, Medicare, and Medicaid populations. Indeed, HEDIS measures are not widely used at this time in Corrections health care nationally. The MDOC QAO chose to implement HEDIS measures because it makes it possible for the BHCS to compare its performance to benchmarks of health services performance in the community, regardless of the funding source for those services. The application of HEDIS measures to the Corrections setting establishes Michigan as a pioneer and leader nationally in this regard.

HEDIS 2008 includes 70 measures across 8 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Satisfaction with the Experience of Care
- Use of Services
- Cost of Care
- Health Plan Descriptive Information
- Health Plan Stability
- Informed Health Care Choices

As the domains of care suggest, not all measures are directly applicable to a Corrections setting. In mid FY09, QAO and BHCS staff met to select the measures most relevant to our health care system. Eventually we selected 31 measures in 4 domains for application to the BHCS system. Each measure is composed of one or more components that must be calculated to obtain a complete picture of performance in the area. For example, the blood pressure control measure has only one component, but the diabetes control measure has nine different components that must be calculated to obtain a complete picture of performance in managing this complex chronic disease. The 31 measures we selected include a total of 66 components which must be individually calculated.

Seven measures composed of 20 components were completed in FY09 and early FY10. These measures rely upon CY2008 data; the most recent benchmarks provided by NCQA for comparison. HEDIS provides very detailed technical specifications for each measure that must be met for valid benchmarking against other populations over the same span of time.

### **HEDIS Measures Results**

The QAO was able to assess 20 HEDIS measures using CY08 data. The results demonstrate that, when compared to commercial, Medicaid, and Medicare benchmarks, the MDOC is providing care that meets or exceeds the community standard in the majority of areas.

### **FY2010 Reports and Quality Improvement**

The QAO focused on three areas:

- Pain Management in Health Care

- Timeliness of Response to Health Care Kites
- Prisoner Acuity and Transfers

### Pain Management in Health Care

QAO has compiled two Pain Management Committee (PMC) reports. Both reports have presented the prescribing trends for chronic pain and timeliness of review of cases. Generally, PMC has acted to remove patients from narcotics where possible and taken a more conservative approach to pain management.

### Timeliness of Response to Health Care Kites

The QAO analyzed the average time it takes health care facilities to respond to kites and the average time it takes to schedule appointments when an appointment is required. We found the following:

- There is wide variation in how facilities use the kite program in Serapis.
- A large percentage of facilities that have Mental Health and Psychological Services do not use the kite program in Serapis.
- The value of the data depends on which departments in the facilities concerned use the kite system.
- Most facilities pick up and process kites in a timely manner.
- Region I and Region III are scheduling appointments in a timely manner.
- RGC collects, responds to and schedules appointments within the policy timelines.
- Blanks in the request type column occur because this is not a required field.

The QAO made the following recommendations:

- There should be standardization of how the kite program is used and by whom.
- It is better if everyone always uses the kite program.
- If PSU wants to put an inmate's ERD in the appointment date, this should be done in the document.
- The date entered as the appointment date has to be within policy guidelines.
- Date usage needs to be consistent.

### Prisoner Acuity and Transfers

In the BHCS health care system, inmates are assigned an acuity level based on a number of factors related to their health, such as the presence or absence of chronic diseases. Acuity level is indicated using a 5 letter scale A through E, with those inmates having an A acuity being the most healthy. The QAO pursued analyzing these data due to concerns some inmates with significant health issues may be experiencing multiple transfers. Although prisoners of A acuity accounts for almost 50% of transfers, higher acuity prisoners (C & D) are more likely to be transferred and tend to be transferred a higher number of times over the same time period than lower acuity prisoners. QAO staff will be meeting with BHCS leadership in the near future to review the findings and if conclusive, develop improvement strategies.

## **Medication Refills Demonstration Project**

Late in FY09, the QAO and BHCS began implementation of a medication refills and distribution pilot project aimed at improving productivity and reducing waste. Two sites have been selected (Kinross and Parnall) to test new methods of refilling inmate medications that will result in cost savings and fewer destroyed medications without compromising prisoner access to medications. Once the pilot phase is completed, the process will be implemented statewide.