Roy Cooper, Governor Erik A. Hooks, Secretary Timothy D. Moose, Chief Deputy Secretary Todd E. Ishee, Commissioner of Prisons

MEMORANDUM

TO:

Joint Legislative Oversight Committee on Justice and Public Safety

Joint Legislative Oversight Committee on Health and Human Services

FROM:

Erik A. Hooks, Secretary

Todd E. Ishee, Commissioner of Prisons

RE:

Interim Assessment Report – Correctional Facilities Telemedicine Pilot Program

DATE:

January 1, 2020

Pursuant to Session Law 2019-135, Section 6.(d), on or before January 1, 2020, the Department of Public Safety, Health Services Section, shall provide an interim report on the assessment criteria outlined in subsection (c) [of Section 6], including any additional findings and recommendations, to the Joint Legislative Oversight Committee on Justice and Public Safety and the Joint Legislative Oversight Committee on Health and Human Services.

Assessment criteria outlined in subsection (c) are as follows:

- (1) Number and cost of telemedicine encounters by service area.
- (2) Comparison of the number and cost of telemedicine encounters, by service area, to:
 - a. The number of in-person encounters provided the previous year to inmates housed at that facility; and
 - b. The number of in-person encounters provided during the pilot period at similar correctional facilities not participating in the pilot.
- (3) Comparison of the number of days lapsed between referral date and treatment date, by service area, to:
 - a. The number of days lapsed the previous year in that facility; and
 - b. The number of days lapsed during the pilot period at similar correctional facilities not participating in the pilot.
- (4) Amount of inmate transportation and custody costs avoided from receiving telemedicine.
- (5) Amount of provider transportation costs avoided from providing telemedicine.
- (6) Cost of initial telemedicine equipment and other related costs with descriptions.
- (7) Obstacles and concerns related to expanding telemedicine to other correctional facilities.

Please see the following page for the interim report.



Telemedicine Pilot Program - Interim Report

Per Session Law 2019-135, Section 6.(b) the Department of Public Safety, Health Services Section, shall establish a telemedicine pilot program to provide physical health services to inmates in remote correctional facilities...The pilot program shall be established with consideration of the results of the study referenced in subsection (a) of this section. The telemedicine pilot program shall initially be established in two correctional facilities serving male immates. One pilot site shall be located in a correctional facility in the eastern portion of the State and one pilot site shall be located in a correctional facility in the western portion of the State. The pilot program design must connect the two correctional facility pilot sites with the Central Prison Healthcare Complex and its contracted providers' facilities and shall be operational on or before January 1, 2020.

Given the short timeframe to conduct the feasibility study referenced in Session Law 2019-135, Section 6.(a), the primary focus was to ensure the availability of operational technology to DPS. Furthermore, the Department needed to ensure the State IT firewall would allow connection between UNC Healthcare and DPS without using Webex.

As of a result of significant efforts between DPS and UNC Healthcare staff a positive outcome was realized when telemedicine encounters with UNC urology (December 10, 2019) and UNC psychiatry (December 12, 2019) proved successful with inmate patients located at Maury and Alexander Correctional Institutions. The pilot program appears promising, however performance data described in subsection (c) are unavailable at this time due to the limited amount of time between implementation (occurring in mid-December) and reporting date (January 1).

Now that the pilot has proven successful, DPS and UNC Healthcare will discuss the full implementation of specialty clinic encounters via telehealth. The overarching goal of telemedicine encounters is not to completely replace in-person visits, but rather to triage the patient's complaints to maximize the efficiency and effectiveness of the eventual in-person visit. Data will be collected over the next year, and DPS will report in January 2021 on the assessment criteria outlined in Session Law 2019-135, Section 6.(c).