North Carolina Department of Public Safety

Adult Correction and Juvenile Justice

Roy Cooper, Governor
Erik A. Hooks, Secretary

Todd E. Ishee, Commissioner of Prisons
Chris Holland, Deputy Secretary

MEMORANDUM

TO: Joint Legislative Oversight Committee on Justice and Public Safety
Chairs of the House Appropriations Committee on Justice and Public Safety
Chairs of the Senate Appropriations Committee on Justice and Public Safety

FROM: Erik A. Hooks, Secretary EAH
Todd E. Ishee, Commissioner of Prisons

RE: Feasibility Study of Telehealth Services

DATE: October 1, 2019

Pursuant to Session Law 2019-135, Section 6.(a), by August 1, 2019, the Department of Public Safety, Health Services Section, shall report to the Joint Legislative Oversight Committee on Justice and Public Safety and the chairs of the House of Representatives and Senate Appropriations Committees on Justice and Public Safety on the feasibility study of telehealth services referenced in the February 2019 Memorandum of Agreement between the Department and UNC Health Care.

The February 2019 Memorandum of Agreement between DPS and UNC Health Care states that both parties agree to conduct a feasibility study for telehealth services no later than July 1, 2019. Please find attached the feasibility study of telehealth services completed in June 2019.

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VII. POTENTIAL FUTURE COMPONENTS OF AGREEMENT:

The following subsections describe potential additional components of the relationship described in this AGREEMENT. Additional details related to these components will be incorporated into this AGREEMENT via amendment if appropriate. While neither party is compelled to implement one, all, or any of the below components, the parties agree as of the Effective Date of this AGREEMENT that these are potentially attractive components of a broader relationship at some future point due to potential safety enhancements, cost savings and efficiencies, improved delivery of health care to the INMATE population, and other positive outcomes, and desire to briefly describe these potential enhancements as follows:

A. **TELEHEALTH SERVICES**: Both parties agree to conduct a feasibility study for telehealth services no later than July 1, 2019, recognizing the mutual cost saving potential of this innovative method of care delivery. Initial capability will focus on telehealth from UNC Hospitals to CPHC and NCCIWHF, with eventual expansion to all other DPS facilities.

B. **MANAGEMENT OF INMATE VISIBILITY IN UNC FACILITIES:** Both parties agree to meet, at a mutually agreeable time, to review and modify, where needed, existing processes and procedures related to the manner in which INMATEs, and their accompanying correctional officers, gain access to and occupy UNC Health Care patient locations. The goal of said review is to ensure that appropriate processes and procedures are in place to minimize the visibility of INMATEs at all UNC locations covered under this AGREEMENT. Specific areas to review include, but are not limited to:
    1. Designated parking spaces for DPS staff with appropriate signage, where warranted
    2. Ensuring separate entry points, other than front door of clinical areas, are identified for INMATEs to access services
    3. Developing a process to ensure wheelchairs (or other modes of transport) are readily available at each entry point for transportation to the specific clinic
    4. Working with clinic staff to ensure that a separate area is identified and available, if an exam room is not yet ready, to allow the INMATE to wait for an appointment, separate and apart from the common clinic waiting area and other patients

UNC / DPS Telemedicine Feasibility Study
June 2019

In accordance with Section VII.A. of the agreement between the UNC Health Care System and the North Carolina Department of Public Safety, UNC has conducted an initial feasibility inquiry with multiple clinical departments. The intent is to explore the feasibility of telemedicine services with regard to both the suitability of the delivery format for specific clinical areas, as well as the availability of resources.

The responses from the clinical departments are included below. Going forward, the UNC Health Care Virtual Care Center, under the leadership of Dr. Robert Gianforcaro and Barb Edson, look forward to being engaged in the development of a multi-specialty telemedicine program for the DPS.

CARDIOLOGY:
Given the patient backlog at DPS facilities, Cardiology would be willing to be a pilot or first in line to attempt to move more services to Telemedicine format.

RADIOLOGY:
Radiology currently provides interpretation of imaging studies. The imaging exams are performed at DPS facilities and the images are transmitted to UNC for interpretation. UNC then transmits the reports back to DPS. Overall, things are working well and Radiology would be open to expanding to other facilities, if there is a need.

ORTHOPAEDICS:
Orthopaedics is putting together a working group on how we can best service the needs of the prison system. A core part of that solution is leveraging telehealth to provide consulting services across the state system. Part of our challenge is insuring that care is coordinated and delivered in a timely fashion. From our perspective, we believe we can leverage telemedicine best to help ensure that patients are being triaged in a timely fashion to the right locations, and to ensure correct imaging is being performed at local camps. We believe using telemedicine has the potential to greatly reduce the costs to the prison system, and are enthusiastic to engage.

GENERAL SURGERY:
The Department of Surgery might be able to provide telehealth for clinical visits, but it would be very limited. The decision of surgery is based upon a workup on the patient that includes touching for a complete overview before putting a patient under anesthesia and surgery. Using telemedicine for follow-up after surgery, at least the initial follow-up, would only be a possibility if the camera were able to provide an extremely clear and detailed image. Potentially willing to explore.

DERMATOLOGY:
Dermatology currently serves DPS via our Hillsborough Medical Office Building at UNC with services offered weekly. Our throughput for this clinic over the last fiscal year (Jul 17 – May 19), included 663 office visits of which 264 (39.8%) included a procedure that resulted same day of the office visit. Additionally, DPS patients are scheduled for surgical procedures after initial assessment for a variety of conditions that are not included above. Feasibility of teledermatology for this population would then lay with the remaining office visits where procedures were determined to be required, which accounts for 60% of visits with our DPS population over the last 11 months.

Development of teledermatology would be best suited to prescreening patients to determine who needs to be seen for an in person visit where technical work could then be done including biopsy, removal, treatment. This could be structured with either a scheduled live video visit with a dermatologist or via stored image review of representative photographs taken via established protocol. There would need to be development

of robust protocols for documentation of information before proceeding with asynchronous teledermatology. Our in-office technical components could not be adequately duplicated via remote management. We do not currently have equipment that enables us to perform a live video visit.

PSYCHIATRY:
The UNC faculty psychiatrists currently providing telepsychiatry services for DPS are doing so either from the DPS prison administration building (the Randall Building, located in downtown Raleigh) or from their UNC offices (utilizing laptops/VC equipment provided by DPS).

The experience for the UNC psychiatrists who are providing telepsychiatry services to DPS has generally been a positive one. There have been upgrades to the technology platforms/VC equipment utilized by DPS since the UNC psychiatry faculty-DPS partnership began in 2015, and this has definitely been an improvement in terms of the quality of the video image. DPS has an electronic health record that is pretty good (it is not as good as EPIC, but it is based on the EHR utilized by the Federal Bureau of Prisons and is of good quality). The "negatives" associated with providing these services to DPS do not have to do with telepsychiatry, but are associated with working within a correctional system (clinics can sometimes be cancelled last-minute if the prison goes on lock-down, clinics can be delayed when custody's inmate counts take longer than expected, etc.).

OB-GYN:
Feedback from Dr. Knittell and Dr. Munoz :

> **OB:** Prenatal care requires that we physically see the patient. We do not anticipate that this will change, in part because many of our new patients require not only physical exam but also bedside ultrasound for confirmation of gestational age. A significant number of our returns need BPPs. We have been sending patients to UNC for ultrasounds and occasionally MFM consultation. In a recent conversation with Drs. Amos and Alexander, there was discussion around the possibility of sending OB ultrasound images to UNC so that they could be read by MFM instead of by the contract service they currently use. I think that this would be a phenomenal service that would save the prison substantial money on transportation and would also improve the speed with which we could obtain needed imaging. We have also been working with Dr. Goodnight and the e-health team on a pilot e-consultation service by MFM to eliminate the need to transport patients for in-person MFM consultation in most cases.
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> Dr. Amos has agreed that we could submit utilization review (UR) requests for these e-consults, as he thought that judicious use of a more formalized process with MFM was reasonable. Although it will not be cost saving in terms of converting a currently free informal service into a billed service, it would benefit DPS in the following ways:
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> - Having documented recommendations instead of informal conversations improves the quality of our brief consults and also decreases some of the liability issues that come with phone conversations
> - We are less likely to request an in-person consultation for a patient who could be evaluated through an e-consult, saving on transportation, in-person visit costs, etc.
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> **GYN:** Over the past year, we have phased out GYN results visits by sending letters, similar to what we do for our non-incarcerated patients. This has eliminated almost all non-procedural GYN visits. I do not think that we can further decrease the very small number of follow-up visits that we currently schedule, as many of them end up being procedure visits or pre-operative visits in which an additional exam by the surgeon may be required.