



## Metro

# Texas prisons try telemedicine to curb spending

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By SEEMA YASMIN  

Staff Writer

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HUNTSVILLE — Christopher Aldridge walks into the clinic, hops onto the edge of the examination table and greets his doctor.

Aldridge, 33, had brain surgery in Austin three years ago because of a buildup of pressure inside his skull. He now needs regular appointments with a specialist.

“Have you had any vision changes?” asks the doctor. Aldridge replies “yes” before responding to

questions about headaches, dizziness and pain.

It sounds like a routine medical visit — but patient and doctor are not in the same room or even in the same city. The doctor is in a clinic in Galveston, and Aldridge, an inmate at the Estelle prison in Huntsville, is 135 miles away in the prison clinic, talking to the doctor on a TV screen.

The high-tech medical consultation, known as telemedicine, uses technology to connect prisoners, who are often housed in remote areas, with medical experts throughout the state.

It's just one way that the Texas Department of Criminal Justice is trying to control spending on prison health care. But while telemedicine has shown some success in curbing spending, it hasn't been enough to stem rising costs due to an aging prison population.

From 2001 to 2008, the cost of providing health care per inmate increased nationally by an average of 28 percent, according to a 2013 report by the Pew Charitable Trusts that examined cost data from 44 states.

During that period, Texas and Illinois were the only states to see a reduction in spending. Texas reduced the cost of health care per inmate by 12 percent while Illinois saw a 3 percent decrease.

But that trend has changed in recent years. From 2007 to 2011, Texas prisons have seen a 24 percent increase in health care spending per inmate, according to a more recent study by the Pew Charitable Trusts. The July 2014 report looked at cost data for 50 states and found spending increased by an average of 10 percent.

An aging prison population is driving up the cost of health care in Texas prisons, said Maria Schiff, director of Pew's state health care spending project.

“The number of prisoners over the age of 55 increased in the majority of states, but in Texas it went

up by 32 percent from 2007 to 2011,” she said.

Prison health care is expensive. It cost \$7.7 billion to provide health care to U.S. prisoners out of an overall \$38.6 billion spent on corrections in 2011, according to the Bureau of Justice Statistics.

More than \$581 million was spent on health care for Texas’ 152,841 prisoners in 2011.

Texas is trying to lower that cost by subcontracting prison health care to the University of Texas Medical Branch and Texas Tech University. The partnership reduces medication costs through a federal program and uses cost-saving technology such as telemedicine.

“What we’re doing collectively between UTMB, Texas Tech and the Texas Department of Correctional Justice, no one in the country is doing that,” said Dr. Owen Murray, vice president of offender health services at the University of Texas Medical Branch.

But critics argue that telemedicine isn’t the way to save money in a system plagued with long-standing concerns of poor medical care.

The Texas Civil Rights Project has filed dozens of lawsuits against the Texas Department of Criminal Justice and its medical contractors citing medical negligence.

Wayne Krause Yang, the project’s legal director, is concerned that telemedicine could shortchange an already vulnerable population.

“I see the potential for danger where, for example, psychiatric care is not given in person and a doctor doesn’t see the cuts on the person’s arm and the next day they commit suicide,” said Yang. “Telehealth could save money, but it could hurt health care.”

Telemedicine saved the Texas Department of Criminal Justice \$780 million from 1994 to 2008.

Those savings are set to increase as the number of telemedicine consultations rises. About 100,000 telemedicine encounters take place in Texas state prisons each year.

The Pew report found that, by some measures, the health of inmates has improved since telemedicine was rolled out in Texas in 1994. Deaths from AIDS fell 84 percent, blood sugar levels for diabetic inmates dropped 18 percent and blood pressure control improved.

Murray points to a combination of strategies used to lower costs in Texas prisons. He said telemedicine, along with electronic medical records, preferred drug lists and adherence to disease-management guidelines, have curbed spending while improving access to care.

But a steady increase in the number of older prisoners is stretching the prison health budget. Costs for their medical care are two to three times higher than for younger prisoners.

Regardless of age, prisoners have disproportionately higher rates of infectious diseases such as HIV and hepatitis C, which are expensive to treat.

Almost half of Texas' prison pharmacy budget is spent on medications for the less than 2 percent of inmates who are HIV-positive.

The University of Texas Medical Branch uses a federal program called 340B that allows it to buy medications at a discounted price, a benefit that's passed onto inmates.

The university is eligible for the special pricing program because its hospitals care for a large proportion of underserved communities. That cost-saving benefit is passed onto the Texas Department of Criminal Justice when University of Texas Medical Branch doctors write prescriptions for inmates.

“You think about all of the high-profile, really expensive diseases that we see in prison. There's

HIV, [hepatitis] C, cancer, that’s where we really save money with 340B,” said Murray.

Texas will save more than \$60 million on medication costs through 340B pricing this year.

Transporting inmates is not only inconvenient and expensive, it’s dangerous, said Murray. “We’re a public safety agency first and foremost, and safety is a big issue when you’re transporting prisoners to outside clinics.”

While some states begin to enroll inmates in health insurance under the new Medicaid expansion part of the Affordable Care Act — an option not available to prisoners in Texas — others look to Texas for cues on expanding telemedicine and accessing federal drug pricing programs.

“Prison usually flies below the radar,” said Murray. “But now everyone needs to find ways to save money in health care and they’re looking at us.”

As Texas loses its place as a leader in cutting prison health care costs, Murray is concerned that the spending increase will continue. “What I’m seeing is older, sicker inmates,” he said. “And the state needs to mull that over.”

*Dr. Seema Yasmin, a former epidemiologist with the Centers for Disease Control and Prevention, is a physician and a professor at the University of Texas at Dallas.*

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I agree, but full prisons mean revenue for the government. Mo money, mo money, mo money! <http://www.texasprisonbidness.org/map>

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Texas Tech in Amarillo was doing this years ago.

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It's time for the legislature to look at releasing more inmates from excessive sentences. Research shows that those most likely to return to prison are the younger ones, not those who have been locked up for a long time. Of course that requires an increase in the compassion index!

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Actually telemedicine has been in use in the Texas prison system for over 25 years. Never noticed any gouging.

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