OPEGA

Information Brief

Purpose

In March 2014, the Government Oversight Committee (GOC) directed OPEGA to conduct a limited scope, follow-up review of health care services in State correctional facilities. OPEGA had first reported on this topic in November 2011. Despite actions by the Maine Department of Corrections (MDOC) subsequent to that report, prisoner advocacy groups were still receiving numerous health care complaints. The purpose of OPEGA's review was to determine the root cause(s) of the continuing complaints and assess whether those causes represented systemic deficiencies in the provision of service by the health care services vendor.

At OPEGA's request, the Maine Prisoner Advocacy Coalition (MPAC) provided OPEGA with a list of 28 prisoners whose health care complaints they were most concerned about. MPAC also provided documents from their advocacy efforts describing the health care issues each prisoner faced. From these, OPEGA selected a sample of prisoners with complaints covering a range of issues and reviewed the prisoner medical files and records related to those specific issues.

To protect prisoner privacy, OPEGA captured issues and root causes in broad categories and did not discuss specific details of prisoners' situations.

November 2014

FR-CORRHC-14

Follow-up Review of Health Care in the State Correctional System: No Systemic Deficiencies Identified in Vendor Provision of Services; Inaccurate Information and Disagreements Over MDOC Policy are Primary Causes of Complaints Reviewed

Summary

OPEGA's case study and root cause analysis did not identify any systemic deficiencies in the vendor's provision of health care to the thirteen prisoners in our sample. OPEGA reviewed the medical files relevant to 48 specific complaints for these prisoners and found the majority of them stemmed from inaccurate information on the part of the advocacy group or prisoner (17 complaints), and disagreements over MDOC's philosophy and approach regarding pain management and the provision of only medically necessary services and accommodations (16 complaints).

Eleven complaints stemmed from accurately described issues that initially appeared to be indicative of some aspect of inadequate health care provision. However, OPEGA ultimately deemed only one of them to be solely due to a shortcoming of the medical department as file review and discussions with the health care vendor revealed reasonable explanations for the other ten. Those explanations included: mitigating factors associated with the prisoner's other health issues that were being treated or considered by the vendor (3 complaints); the prisoner's health issue already had been addressed, or was in the process of being addressed, at the time of the complaint (3 complaints); the prisoner was not compliant with the Keep on Person medications program (2 complaints); and communication issues between the prisoner and provider that were subsequently resolved (2 complaints).

Of the four remaining complaints, three stemmed from issues that were not the responsibility of the medical department. OPEGA could not make a determination on the final complaint of a provider's unprofessional behavior as the validity and root cause could not be determined from the contents of the medical files.

Overall, OPEGA observed that the current health care vendor generally provided the prisoners in our sample with appropriate and timely access to care, responses appropriate to the acuity of the condition, and treatment supported by a professional medical judgment that gave due consideration to the prisoners' issues.

Overview of Correctional Healthcare

The Supreme Court first recognized that prisoners have a right to be free of deliberate indifference to their health care needs in 1976 in *Estelle v. Gamble*. In the numerous published cases since, three basic rights have emerged: the right to access care, the right to care that is ordered, and the right to a professional medical judgment.

The right to access care ensures that if an prisoner needs medical attention, this cannot be denied or hindered. The right to care that is ordered imposes a legal duty on the custodial authority and staff to honor medical orders. The right to a professional medical judgment ensures appropriate healthcare staff assess and determine the necessary medical care for the prisoner.

The Maine Department of Corrections' own policy, titled *Access to Health Care Services*, states that "Access to necessary health care services is a right, rather than a privilege. Each prisoner shall have unimpeded access to necessary health care services provided by qualified health care professionals licensed by the State of Maine."

OPEGA observes that in the prison setting, however, there are restrictions, limitations and considerations that may contribute to prisoners feeling a lack of control and dissatisfaction with their medical treatment. Prisoners do not have the right to choose their health care provider nor to choose a specific form of medical treatment. Prisoners' movements are restricted, they cannot simply drop in at the clinic when feeling ill, place an order at a medical supply store for equipment they feel they need, or leave their current doctor for a different one if they want to. For security reasons, they are not informed of when a medical appointment is scheduled, and their medication is dispensed under heavily controlled conditions. These and other factors may result in some prisoners reaching out to external advocacy groups to voice their complaints and ask for assistance.

Changes in MDOC's Provision of Health Care Services Since 2011

At the time of OPEGA's 2011 report on Health Care Services in the State's Correctional Facilities, MDOC was preparing to issue a Request for Proposals (RFP) seeking a new health care services vendor to provide a full range of medical, dental, pharmaceutical and mental health services. MDOC had been contracting with multiple vendors for various services and with some of the same vendors for many years. The RFP culminated with the selection of a new health care services vendor, Correction Care Solutions (CCS), which began providing services in July 2012.

A notable change in MDOC's provision of care in recent years relates to a shift in philosophy regarding what services will be provided. In June 2011, MDOC adopted a new philosophy of providing only necessary medical care. Previously, MDOC's practice allowed prisoners to receive prescription items that were largely comfort items, such as over-the-counter pain medications and skin creams or baby powder. Under MDOC's new philosophy of providing only medically necessary care, prisoners' prescriptions were reviewed by a medical doctor to assure that medically necessary provisions were continued, while discontinuing those deemed medically unnecessary. Prisoners still have access to those items, but must purchase them from the facility canteens. This change in philosophy also extended to determining what medical procedures would be provided. In general, procedures or treatments to address medical conditions of an acute or emergent nature, that without medical intervention may be life threatening or cause a deterioration in function, are considered medically necessary and require immediate attention. Procedures or treatments to address chronic conditions that can be life threatening if untreated are also considered medically necessary. Other procedures that may improve the prisoner's quality of life, such as a joint replacement, may not always be deemed medically necessary.

Starting in 2012 with the prior vendor, and continuing with the current vendor, there was also a changing philosophy in the medical community to move away from the continued use of opiates for long-term pain management. According to MDOC and CCS, current studies show that opiate use to treat chronic pain is not recommended and should only be used in instances of acute pain, end of life situations, and pain related to cancer. In addition, many prisoners have a history of substance addiction, misuse and/or abuse and it may very well not be in their best interest to treat their pain with opiates. CCS explained that their philosophy is to treat the underlying cause of pain (such as inflammation, muscle spasms, etc.) with non-opiate medications and surgical interventions, as necessary, rather than mask pain with opiates. As such, CCS has been weaning prisoners off opiates while utilizing other pain control methods. CCS reported that its Regional Medical Director went before Maine's Board of Licensure in Medicine to explain this philosophy and that the Board was supportive.

Lastly, CCS has implemented an Electronic Medical Record (EMR) system. EMR is a digital record containing each prisoner's comprehensive medical information that is capable of being shared across facilities. EMR capability was rolled out by facility in the spring of 2013. It has mitigated risks of inaccurate or unavailable medical information, especially for prisoners transferred between MDOC facilities. CCS also implemented an Electronic Medication Administration Record (EMAR) within the individual health record that helps prevent and avoid medication administration errors and monitors any missed doses. These systems have given MDOC better direct access to prisoner health care files and facilitated MDOC's monitoring of the quality of care being provided.

OPEGA's Approach to Review of Prisoner Complaints

Selection of Case Study Sample

OPEGA used a case study approach for this follow-up review. The population of potential cases was selected, at OPEGA's request, by the Maine Prisoner Advocacy Coalition (MPAC) based on complaints made to them and their related advocacy efforts. MPAC provided a list of 28 prisoners and the related communications from the prisoner, or between MPAC and CCS or MDOC, that described the concerns. Most of the 28 prisoners had multiple specific complaints. The documentation provided by MPAC indicated that these complaints generally occurred in 2012 and 2013, and there were some for which MPAC was able to provide a more recent status. OPEGA relied on the documentation provided to catalogue specific complaints associated with each prisoner.

Table 1: Categories of Complaints Captured in OPEGA Sample

Complaint	Count
Inadequate Provision of Medical Care	17
Inadequate Accommodations	8
Availability of Medication	4
Removal or Denial of Pain Medications	4
Dismissal of Outside Specialist Recommendations	3
Inadequate Provision of Mental Health Care	3
Untimely Delivery of Care	3
Removal or Denial of Mental Health Medications	2
Improper Detox	1
Inaccurate Recording of Medical Information	1
Inadequate Provision of Dental Care	1
Unprofessional Behavior of Provider	1
Total	**48**

Source: OPEGA's review and categorization of prisoner complaints

From the population of 28 prisoners, OPEGA judgmentally selected a sample with complaints covering a range of issues. Thirteen prisoners with 48 discrete complaints were selected for case study review. Table 1 lists the categories these discrete complaints fell into and the number of complaints in each category that we reviewed.

Medical Records Review

OPEGA reviewed the relevant portions of the prisoners' medical files to address the specific complaints that had been raised in their communications to MPAC. Medical records reviewed included medication administration registers (MARs), progress notes, provider orders, outside medical provider reports, sick call slips, and physical activity limitation forms. In addition to reviewing medical documentation, OPEGA interviewed CCS health care providers, staff and administrators at MDOC, and selected prisoners.

OPEGA sought to determine the root cause of each of the 48 complaints and assess whether those root causes indicated systemic issues in the provision of care to prisoners. OPEGA focused primarily on the time period when the specific complaint was being made to assess the root cause existing at that point in time. OPEGA also reviewed documentation from prior or subsequent time periods when necessary to more fully assess the complaint or the root cause. We ultimately defined 13 categories of root causes which are listed and generally described in Table 2.

Our Criteria for Assessing Care: The prisoner should have appropriate and timely access to care, responses appropriate to the acuity of their condition, and treatment supported by a professional medical judgment that gives due consideration to the prisoner's health issues.

In the course of identifying the records associated with the 48 specific complaints, OPEGA also reviewed numerous other unrelated medical records associated with the 13 prisoners, many of whom have multiple, and often chronic, health issues. OPEGA's extensive review of medical files for these prisoners provided an opportunity to more generally assess the overall quality of care. OPEGA lacks the expertise and qualifications to second guess medical judgments made by health care providers. However, we were able to assess whether prisoners had appropriate and timely access to care or treatment, whether they received a response appropriate for the acuity of their condition, and whether treatment was supported by professional medical judgment that gave due consideration to the prisoners' health issues.

Table 2: Categories of Root Causes with Descriptions and Examples

Category	Description	Example
Inaccurate Information	A substantive component of the complaint is inaccurate and, thereby, OPEGA deemed the complaint invalid.	A prisoner stated no one in the medical department had seen him, when in fact they had.
Disagreement over Medical Necessity Related to the Prisoner's Ability to Function in Prison	The prisoner disagreed with the provider's assessment of his current ability to sufficiently function in prison.	A prisoner would like a surgical intervention that the provider deemed medically unnecessary as the prisoner appeared comfortable and can independently perform all of their activities of daily living.
Disagreement over Medical Necessity Related to the Provision of Comfort Items	The prisoner disagreed with the provider's assessment that a given comfort item was not medically necessary and would not be provided via prescription.	A prisoner was previously provided skin lotions, but will no longer be prescribed these as the provider noted the prisoner does not have a documented skin condition.
Disagreement over the Change in Pain Management Philosophy	The prisoner desired to be treated with opiates while the provider offered other pain management alternatives.	A prisoner wanted to continue treating their long-term back pain with opiates, while the provider instead prescribed anti-inflammatories and muscle relaxants to treat the underlying causes.
Disagreement over Treatment Plan (Other than Pain Management)	The prisoner and provider agreed on the diagnosis, but disagreed on the course of treatment.	A prisoner preferred once-a-day, long-acting insulin, but the provider prescribed twice-a-day insulin to better regulate blood sugar.
Disagreement over Approach to Service Provision	The prisoner disagreed with how services are fundamentally provided.	A prisoner wanted to be seen by a provider without seeing a nurse first, but that is not how sick calls are processed.
Mitigating Factors	Mitigating factors associated with the prisoner's other health issues impacted the provision of service.	A prisoner's treatment appeared untimely, but the prisoner had another health condition that had to be addressed before treatment could begin.
Timing of Complaint and Resolution	The prisoner's desired action had already been initiated prior to the date on the complaint in the documentation from MPAC.	A prisoner complained that they had not been sent to a specialist for a consultation, but the request for a consultation had already been placed a week before.
Noncompliance with Keep On Person(KOP) Program	The prisoner was not compliant with the KOP program's procedures which adversely impacted the availability of medication.	A prisoner's KOP medication refills were unavailable due to the prisoner not submitting the refill tag at the appropriate time.
Issue Unaddressed at Time of Complaint	The complaint was accurately described, there were no mitigating factors, and the issue causing the complaint was unaddressed as of the date on the complaint in the documentation provided by MPAC.	Through no fault of their own, the prisoner's KOP medication refills were unavailable.
Nonmedical Issue	The medical department does not have responsibility for the issue and the complaint should be addressed through another department.	A prisoner with no documented dietary restrictions complained to medical about the meals they were provided.
Communication Issue between Prisoner and Provider	The provider's actions or inactions described in the complaint were due to a miscommunication between the patient and provider.	The prisoner informed the provider that a treatment was not working so it was stopped, but what the prisoner really meant was the treatment, while helpful, did not fully resolve their condition.

OPEGA's Analysis of Root Causes

Based on documentation in the medical files and follow-up discussions with MDOC and CCS, OPEGA identified the primary root cause for 47 of the 48 complaints. We were unable to make a determination on one complaint of a provider's unprofessional behavior as the validity and root cause could not be determined from the medical files. Table 3 summarizes our root cause determinations. Refer to Table 2 for a description of the root cause categories.

Table 3: Complaints Voiced To MDOC/CCS Grouped By Category of Root Cause		
Complaint	**Root Cause**	**Count**
Complaints Substantively Inaccurate:		
Availability of Medication	Inaccurate Information	1
Dismissal of Outside Specialist Recommendations	Inaccurate Information	2
Improper Detox	Inaccurate Information	1
Inaccurate Recording of Medical Information	Inaccurate Information	1
Inadequate Accommodations	Inaccurate Information	2
Inadequate Provision of Medical Care	Inaccurate Information	7
Inadequate Provision of Mental Health Care	Inaccurate Information	1
Removal or Denial of Pain Medications	Inaccurate Information	1
Untimely Delivery of Care	Inaccurate Information	1
Complaints Described Accurately That Reflected a Disagreement Between Prisoner and Provider:		
Dismissal of Outside Specialist Recommendations	Disagreement Over Treatment Plan	1
Inadequate Accommodations	Disagreement Over Medical Necessity - Comfort Item	2
Inadequate Accommodations	Disagreement Over Medical Necessity - Ability to Function	1
Inadequate Accommodations	Disagreement Over Treatment Plan	1
Inadequate Provision of Medical Care	Disagreement Over Medical Necessity - Comfort Item	2
Inadequate Provision of Medical Care	Disagreement Over Medical Necessity - Ability to Function	3
Inadequate Provision of Medical Care	Disagreement Over Treatment Plan	2
Inadequate Provision of Mental Health Care	Disagreement Over Approach to Service Provision	1
Removal or Denial of Mental Health Medications	Disagreement Over Treatment Plan	1
Removal or Denial of Pain Medications	Disagreement Over Change in Pain Management Philosophy	2
Complaints Described Accurately That Initially Appear to be a Medical Department Deficiency :		
Availability of Medication	Issue Unaddressed At Time of Complaint	1
Availability of Medication	Noncompliance with KOP Program	2
Inadequate Accommodations	Timing of Complaint and Resolution	1
Inadequate Provision of Dental Care	Timing of Complaint and Resolution	1
Inadequate Provision of Medical Care	Mitigating Factors	1
Inadequate Provision of Medical Care	Timing of Complaint and Resolution	1
Removal or Denial of Mental Health Medications	Communication Issue Between Patient and Provider	1
Removal or Denial of Pain Medications	Communication Issue Between Patient and Provider	1
Untimely Delivery of Care	Mitigating Factors	2
Complaints That Were Not the Responsibility of the Medical Department		
Inadequate Accommodations	Nonmedical Issue	1
Inadequate Provision of Medical Care	Nonmedical Issue	1
Inadequate Provision of Mental Health Care	Nonmedical Issue	1
Complaint That Could Not Be Reviewed Through Medical File:		
Unprofessional Behavior of Provider	Indeterminate	1
Total Complaints		**48**

Source: OPEGA's analysis of prisoner medical files

Inaccurate Information

Roughly one-third of the complaints reviewed (17) contained inaccurate information to the extent that OPEGA considered the claim invalid. Inaccurate information included: prisoners' claims of diagnoses or conditions that were never actually diagnosed as such by a medical professional, and may have even been ruled out in subsequent testing; claims of not being seen when records showed that they were seen - sometimes multiple times - and in a timely fashion; and claims of not receiving pain medication when they had received multiple medications to alleviate pain. OPEGA noted prisoners claiming to have not been seen were apparently not counting the nurse who triaged their condition during an examination at the clinic. Similarly, when prisoners claimed to have not received pain medications, it appeared that they meant they had not received opiates, as records clearly indicated they had received non-opiate pain medications.

Disagreements between Prisoners and Providers

Another one-third of complaints (16) stemmed from disagreements between prisoners and providers over medical necessity or approaches to treatment. It was apparent that some issues in particular are a current source of disagreement and may continue to be so in the future. These issues are related to medical necessity determinations for both procedures and comfort items, the change in pain management philosophy, outside specialist recommendations, and medical necessity for prisoner release to a supervised community confinement program.

- **Medically Necessary Care** - As described earlier, since 2011 MDOC has adopted a philosophy of providing only necessary medical care and disagreements over necessity were a common cause of the complaints reviewed by OPEGA. These disagreements centered on two areas: comfort measures not truly required to treat any medical condition to the acceptable standard of care, and the prisoner's ability to function in the correctional setting. There were four complaints from prisoners previously provided comfort items who disagreed with the provider's assessment that the items were not medically necessary and, therefore, prescriptions for them were discontinued. In all four instances, the medical files included documentation showing the provider appeared to give due consideration to the prisoner's issues. OPEGA noted one case in which the prisoner's issues were reconsidered by the provider, who reissued a prescription for the desired items. There were also two complaints from prisoners who wanted particular procedures performed which the provider determined were not necessary for the prisoner to sufficiently function in the prison environment. CCS explained the considerations taken into account to determine the necessity of a procedure including the risks and benefits of the treatment and the prisoner's ability to function in the correctional setting - specifically the prisoner's ability to perform their activities of daily living without impairing pain.[1] OPEGA observed the documentation of these considerations, and often the providers' discussions with prisoners about them, in prisoners' medical files.

- **Pain Management Philosophy** - Another source of complaints from prisoners involved the change in pain management philosphy at MDOC. Prisoners who had been receiving opiate medications for pain were transitioned to non-opiate medications and other pain management approaches, with exceptions for certain conditions. OPEGA reviewed several complaints related to opiate pain medications – either that opiates were not being provided when prisoners felt they needed them or that the detoxification process was improper. In the files reviewed, OPEGA observed documentation of providers consistently mitigating detox effects through the use of 3 or 4 week tapers, the addition of alternative pain medications to treat the underlying causes of the pain, the addition of medications to treat withdrawal symptoms, and the monitoring of patients via a detox protocol named the Clinical Opiate Withdrawal Scale (COWS) which is used to assess the severity of withdrawal symptoms. In one case, there was a change in the treatment plan of a prisoner during opiate withdrawal due to a COWS assessment. OPEGA also observed documentation of providers consistently applying the new pain management philosophy in not prescribing opiates, and seeking combinations of other pain medications and therapies that would sufficiently alleviate a prisoner's pain instead. Documentation also showed providers monitoring prisoners' responses to those pain management protocols and adjusting them when necessary.

[1] Activities of daily living are activities related to personal care and include bathing, dressing, getting in or out of bed or a chair, using the toilet, eating, and the walking or assisted mobility necessary to accomplish these activities.

- **Outside Specialist Recommendations** - Often prisoners are sent to outside medical providers for consultations or procedures that the prison medical facility cannot provide. These consultations or procedures usually result in recommendations or orders, including for prescriptions, from the outside provider. MDOC and CCS explained that, while prisoners may view these as "doctor's orders" for the exact treatment regimen they are to receive, they are technically only recommendations as only the prison's providers can place orders at the prison medical facility. Like other medical establishments, prison medical facilities have a staff privilege system and only providers granted those privileges can practice medicine in that facility. Outside providers cannot place orders to be followed at the prison as they lack the necessary privileges to do so. If the prison provider agrees with the outside provider recommendations, the prison provider can place the orders themselves. However, if prison providers find the outside specialists' orders inappropriate or inconsistent with treatment policies existing in the correctional system, they are under no obligation to honor them.

- **Release to Supervised Community Confinement (SCCP)** - Currently, the MDOC Commissioner may permit a prisoner to be transferred to a supervised community confinement without meeting time served requirements if the Regional Medical Director determines the prisoner has a terminal or severely incapacitating medical conditon and care outside a correctional facility is medically appropriate. The prisoner would then reside in a hospital, nursing facility or residential care facility. The Regional Medical Director assesses the prisoner's ability to perform their activities of daily living with or without assistance from the medical department, along with considerations of whether the prisoner has the functional ability to re-offend. OPEGA noted at least one disagreement over this issue. With an aging prison population, and considering assessments of medical necessity are already a source of disagreement between prisoners/advocates and the Department, disagreements over asessments for recommending prisoners for SCCP may become more common.

OPEGA noted that in several cases where there were disagreements, CCS's Regional Medical Director became involved, saw the prisoners, reviewed their files, assessed their conditions, and generally served as a second opinion. In some unique cases, the Regional Medical Director reported either consulting with other CCS doctors to determine how similar situations have been handled or even consulting the MaineCare manual to use as a baseline for decision-making.

Issues that Initially Suggest Deficiencies in Vendor Provision of Services

Eleven complaints stemmed from issues that initially appeared indicative of some aspect of inadequate health care provision. However, OPEGA ultimately deemed only one of them to be solely due to a shortcoming of the medical department after file review and discussions with the health care vendor revealed reasonable explanations for the other ten.

- **Mitigating Factors Affecting Service Provision –** In three complaints, mitigating factors associated with the prisoners' other health problems, including scheduling issues with outside providers, impacted provision of services for the health issue being complained about. OPEGA saw evidence in the medical files of time delays related to obtaining an accurate diagnosis of the condition, assessing the risk presented by other health conditions and/or needing to treat more pressing health issues first. MDOC reported difficulties in scheduling prisoner appointments with some specialists, because some either did not want to treat prisoners, or wanted to limit appointments to times when the practice was otherwise empty.

- **Timing of Complaint Versus Resolution –** In three other complaints, medical records showed that the health issue being complained about had either already been addressed, or was in the process of being addressed, as of the date of the complaint documentation OPEGA received from MPAC. According to MDOC, for security reasons, prisoners are not informed when a procedure or consultation will occur - only that it has been scheduled. OPEGA also observed that MPAC's communications to CCS or MDOC regarding complaints are sometimes follow-ups on previous issues that they do not have current information about.

- **Prisoner Not Compliant with KOP Program[2] -** OPEGA reviewed documentation related to complaints on the availability of medication for prisoners in the Keep On Person (KOP) medication program. In two instances, the medications were not available due to the prisoner's noncompliance with the KOP program process. In one instance, the prisoner attempted to refill medications before the next refill, as per the dosage instructions, was due and, as in the community, the refill was not processed. In the other instance, the prisoner turned in the refill tags only shortly before running out of medications (instead of the seven days prior as required), thus not leaving adequate time for the refills to be processed. MDOC and CCS explained that when a refill of a prisoner's KOP medications is properly due but the medications are not available because of late reordering, the prisoner can go to the pill line to receive the medication on a dose-by-dose basis until the blister pack arrives. If the unavailable medication is uncommon and not something kept in stock for pill line, MDOC has agreements in place with local pharmacies and hospitals that allow MDOC to obtain and purchase the needed medications to be administered until the prisoner's prescription can be filled and delivered. For those prisoners who attempt to refill too soon and are out of medications because they have taken improper dosages or traded them, CCS has now established an Unavailable Medication form and process. This form is to be filled out and placed in the sick call box by the prisoner when their refill is unavailable. Sick call slips are collected twice a day at the larger facilities and once a day at the smaller facilities. The completed Unavailable Medication forms are forwarded to either the Director of Nursing or Health Services Administrator who can then investigate why the medication is unavailable, consult with the provider, and take appropriate action if medications need to be provided despite the noncompliance.

- **Communication Issues between Prisoner and Provider** – Two complaints resulted from miscommunications between a prisoner and the provider regarding past and current medications. In both cases, once the prisoner made the provider aware of the situation, the provider immediately resolved the issue.

- **Medical Deficiency -** One complaint stemmed from a medication availability issue that was described accurately, was unaddressed at the time of the complaint with no extenuating circumstances, and represented a true shortcoming on the part of the medical department. The prisoner was compliant with the KOP program, but his medications were not available by the date he should have received them. OPEGA's review of this prisoner's MARs indicate that since CCS began providing services (both medical and pharmacy) his KOP medications have been dispensed to him on the established schedule and availability of his medications does not appear to be a continuing issue.

Medical Not Responsible for Issue

Three complaints OPEGA reviewed stemmed from varying issues that were not the responsibility of the medical department and which the medical department lacked the authority to resolve. These complaints would have been better routed to a different department, i.e. housing or food service.

OPEGA's Overall Assessment of Care

OPEGA's case study and root cause analysis did not identify any systemic deficiencies in the vendor's provision of health care to the thirteen prisoners in our sample. Rather we found the majority of complaints stemmed from inaccurate information from prisoners and their advocates, and disagreements between prisoners and providers over the philosophy and approach that MDOC is taking related to pain management and providing only medically necessary services and accommodations. The policy decisions and resulting disagreements will likely continue to generate prisoner complaints regardless of the overall quality of the health care services provided.

[2] The Keep On Person (KOP) medication program allows prisoners to keep a month's worth of certain medications in their possession to take as directed. The program is a privilege that allows prisoners to avoid lengthy pill lines where they would otherwise be given their medications on a dose-by-dose basis. Blister packs containing the prisoners' prescriptions are distributed to the prisoners and seven days prior to the blister pack running out, prisoners are to turn in the affixed refill tags. This seven day period ensures adequate time for refills to be processed.

Additionally, observations from our extensive review of medical records for these thirteen prisoners indicated that, overall, the current health care services vendor generally provided the prisoners in our sample with appropriate and timely access to care, responses appropriate to the acuity of their condition, and treatment supported by professional medical judgment that gave due consideration to the prisoner's issues. OPEGA observed that of the 13 prisoners, those putting in sick call slips were consistently seen by a nurse within one or two days, often the same day, and that chronic care and follow-up appointments were scheduled and occurred. Prisoners' medical complaints were assessed and responded to in accordance with the professional judgment of the medical provider and we noted prompt responses to situations that appeared acute. Progress notes indicated medical staff appeared to give due consideration to the prisoners' issues, and obtained consultations, diagnostic imaging and testing from outside providers when additional information was needed. Treatment plans were developed by medical providers according to available information and treatment was provided.

Opportunity for Improvement

In the course of our review, OPEGA observed that many complaints advocates were communicating with MDOC and CCS about were based on inaccurate, incomplete, or misunderstood information about prisoners. However, due to confidentiality laws, MDOC is not allowed to discuss the details of a prisoner's medical treatment without a signed authorization from the prisoner. It seems in some cases that sharing the specifics of health care provided to a prisoner could alleviate some of the advocates' frustration and the inordinate amount of time and resources CCS and MDOC spend addressing repeated complaints. Consequently, OPEGA suggests that MDOC seek authorization from prisoners to share their medical information with advocates in those situations where particular issues continue to be a cause of concern or discussion for an ongoing period of time and the complaint is based in part on faulty information. This would provide the Department with the ability to address inaccurate information and better explain the level of care the prisoner is receiving.