

Health care has become one of the largest expenditures for corrections programs nationwide. In 2005 the US correctional enterprise spent \$31.4 billion¹ with health care representing approximately 10% of the total budget. The amount spent on health care is growing annually at the rate of ten percent. This alarmingly fast rate of increase in health care spending has prompted the correctional community to look for new models and strategies for managing the correctional health care environment. Health Information Technology (HIT), and more specifically an Electronic Health Record (EHR), is seen by many as the ultimate tool for improving the quality of health care delivery, lowering health care costs, and providing better information for patients and physicians.

Although EHR systems in custodial communities have not been studied extensively, they are expected to provide valuable benefits in correctional settings, ranging from restraining growing health care costs by increasing efficiency and accountability, to improving public safety by eliminating inmate travel to specialty care appointments, and improving quality of care for inmates by offering easy and timely access to accurate and continuously updated medical records. The public itself is expected to benefit as well from the overall improvement in the health of inmates both while incarcerated and after their release.

The adoption of a fully automated health record has far-reaching implications for the New York State Department of Correctional Services (NYS DOCS), for inmates themselves and for all the organizations involved with NYS DOCS' inmates before, during, and after their incarceration. The work practices of every staff member with even the most minor connection to an inmate's health care will be affected. The extent of the changes necessary is not fully understood, but the criticality of making the change is. The NYS DOCS has successfully invested in the automation of related processes such as problem lists and appointment scheduling. However tackling the core challenge, the medical record itself, has been side-stepped. This is no longer possible if the agency is to realize the full potential of an EHR.

Unfortunately, the complexity associated with the transition from a paper to an electronic record is consistently underestimated. The complexity of this transition stems from the centrality of record creation, management and use processes in the day to day activities of professionals involved in the health care process. In the correctional setting, these complexities are significantly compounded by the particular characteristics of the environment making an already complicated change even more difficult.

Any government organization engaged in an enterprisewide transformation effort must be aware of the context within which they are working; i.e., the social, political, and economic environment and the management, policy, and technology characteristics of the organization itself and of other organizations involved in and affected by the transformation. In this case, the

1 Perez, Arturo, 2005. "States Wrangle With Corrections Budgets", **State Legislatures**, May 2005.

To reach the true benefits of an EHR requires transformation of the practices, based on quality improvement methodologies, system and team based care, and evidence-based medicine.

American Association of Family Physicians <http://www.centerforhit.org/x1318.xml>

context is framed by the intersection of two highly complex and critical public services with inherently different priorities – corrections and health care. The figure below illustrates this complexity by showing the intersection between a set of unique environmental factors that affect the mechanism of health care delivery and the use of health care information in a correctional setting.

Organization level management, policy, technology factors

This report presents 18 key findings from the analysis of the current environment of NYS DOCS outlined in the figure above. These findings in turn informed the identification of four relevant categories of benefits obtainable through the use of an EHR within the NYS DOCS, the barriers to achieving these benefits and finally, seven recommendations for next steps. The four benefit categories are as follows:

At this point, health information management and technology investment decisions as NYS DOCS are not being made within the context of a strategic plan, but rather as loosely related components. Until an enterprisewide perspective on these efforts can be developed, it is not possible to make specific determinations about the cost or value of current and future investments in delivering the expected benefits. The seven recommendations drawn from the analysis are presented as next steps for NYS DOCS as they work toward understanding the

implications of an EHR for NYS DOCS. The recommendations focus on building the capability of the organization

Executive Summary

to be successful in their effort to implement EHR functionality. They do not include a recommendation to buy or build a system; not enough information is available to inform such a conclusion nor do they provide the analysis of specific system costs. An analysis of the cost implications of an EHR for DOCS must look beyond the cost of computers, networks, and software, and take a holistic look at the organizational and management costs. As agreed by the project sponsors, this report provides insight into those costs as input into a comprehensive cost analysis.

Seven recommendations for next steps