CALIFORNIA PRISON HEALTH CARE SERVICES

VOLUME 7: CHRONIC CARE PROGRAM	Effective Date: 12/03
CHAPTER 1B	Revision Date(s): 1/06, 1/09, 5/16/11
CHRONIC DISEASE MANAGEMENT PROGRAM PROCEDURE	Attachments: Yes ☐ No ☒

I. PURPOSE

The purpose of this procedure is to provide direction to California Prison Health Care Services staff in implementing the Chronic Disease Management Program (CDMP) policy.

II. PROCEDURE

A. Identification and Initial Evaluation of Patient-Inmates

1. Patient-inmates are identified for CDMP participation through mechanisms including but not limited to Reception Center initial health screening, Receiving and Release (R&R) bus screening for new arrivals, provider referral, and medication or diagnostic services review.
2. If a member of the primary care team identifies during a primary care encounter that a patient-inmate has a chronic disease, he or she will refer the patient-inmate for CDMP enrollment.
3. Referrals to the CDMP will be documented in the Unit Health Record (UHR). Appropriate testing to support the referral may be ordered by the referring team member at the time of referral for evaluation and enrollment.
4. The CDMP initial health care evaluation, documented on a CDCR Form 196B "Intake History and Physical Form," shall be completed within 14 calendar days after arrival to a Reception Center as part of the primary care intake, or 30 calendar days after transfer to a California Department of Corrections and Rehabilitation (CDCR) institution.

B. Chronic Care Encounters

1. The primary care team shall prepare for CDMP visits by retrieving relevant patient management information, which may include the following data:
   a. List of patient-inmate's chronic illnesses
   b. Current medications
   c. Interval vital signs
   d. Diagnostic test results
   e. Interval to next appointment
2. The following activities, at minimum, shall occur at each CDMP encounter:
   a. Obtain an interval history from the date of the last visit to the date of the current visit;
   b. Review current medications, complaints or problems;
   c. Assess adherence with the chronic care program; and
   d. Review results of laboratory tests, diagnostic studies, monitoring, and reports from specialty referrals.

3. The PCP performs either a detailed or a focused physical examination for chronic care conditions, as clinically indicated.
4. The PCP determines and documents the clinical status of each chronic disease based on professional standards, treatment goals, and the clinical trend in comparison to prior visits. The PCP documents a treatment plan including goals:
   a. If treatment goals have not been achieved, or if the status has worsened, the treatment plan must reflect strategies for improvement or document why there is not a change to the treatment plan.
   b. The PCP evaluates the patient-inmate's need for medications, diagnostic studies, monitoring, and referrals to a specialist, and makes orders as appropriate.
   c. The PCP orders the follow-up chronic care visit based on professional judgment, achievement of treatment goals and disease management guidelines.
   d. Patient-inmates in the CDMP shall be evaluated a minimum of every 180 days or more frequently based on professional judgment, achievement of treatment goals, and disease management guidelines.
   e. If a patient-inmate has achieved treatment goals and is clinically stable on at least two consecutive encounters, the patient-inmate may be reevaluated every 180 days unless the PCP determines the patient needs to be evaluated more frequently.
5. The primary care team shall review and update the self-management action plan as appropriate, providing feedback to the patient-inmate regarding his or her progress to date.
6. Primary care team members will follow CDCR formulary policies governing prescriptions and medication. The duration for medications ordered as a result of a CDMP encounter shall match the interval to the next CDMP encounter to ensure that prescriptions do not expire.
7. All CDMP patient-inmates who refuse treatment shall continue to be offered an appointment for the CDMP within the time period that is clinically indicated. Primary care team members shall follow current policies to document refusal of treatment.
8. Primary care team members will document CDMP encounters using approved forms.

C. Health Care Education

1. Once endorsed to an institution, the primary care team will ensure that patient-inmates have the information and tools they need to manage their chronic illness between clinical encounters, such as training in assessing symptom severity, medication management, and modifying behaviors and lifestyle choices to improve health outcomes.
2. Once endorsed to an institution, a member or members of the primary care team should collaborate with each patient-inmate to develop a self-management action plan to improve his or her health status. The self-management action plan will focus on specific problems (e.g. pain or interference with functioning) caused by the chronic disease, set realistic objectives for improving health status, and outline measurable steps to achieve the objectives.
3. Patient-inmate education may occur in a variety of formats including individual and group sessions, posted materials, brochures, surveys, and presentations.
4. Targeted health care education should be provided for the following:

a. Poor adherence with medications and other treatments;
b. Poor adherence with nutritional and exercise recommendations; and
c. Diagnostic tests and laboratory results, other tests, or special procedures outside the normal range.

5. All health care education provided to patient-inmates shall be documented in the UHR.

D. Surveillance of Chronic Care Subpopulations

1. The primary care team shall review the list of chronic care patient-inmates within the team's assigned patient-inmate panel using medication and laboratory data and/or a registry organized by diagnosis to:
   a. Identify patient-inmates whose risk level, as reflected in recent urgent care visits, hospitalization, diagnostic studies, or other indicators, require more frequent monitoring;
   b. Identify and refer patient-inmates who have not yet received diagnostic testing, preventive services, specialty care or other services as indicated per guidelines; and
   c. Identify subpopulations and design interventions to address subpopulation needs, such as medication changes, patient education and self management support.