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December 30, 2008

Michael E. Marshall
Secretary of the Senate
State Capitol Building
Des Moines IA 50319

Mark Brandsgard
Chief Clerk of the House
State Capitol Building
Des Moines IA 50319

Re: Report on Care Provided to Residents of State Institutions

Dear Members of the Iowa General Assembly:

Pursuant to §128 of SF 2425 from the 2008 General Assembly, the enclosed report from the University of Iowa Hospitals and Clinics is respectfully submitted. The report includes the review and findings of the workgroup in compliance with the language in SF 2425.

If there are any questions concerning this report, please do not hesitate to contact us.

Sincerely,

Robert Donley

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Attachments

cc: Dwayne Ferguson
Legislative Liaisons
Legislative Log

Report on Care Provided to Residents of State Institutions

Background

The University of Iowa Hospitals and Clinics (UIHC) has a long history of serving residents of state institutions. In fact, among the provisions of the Perkins Bill, enacted in 1915 by the Iowa General Assembly, was language stipulating that residents of state institutions could receive care at University Hospital at state expense. At that time this represented a mutually beneficial partnership as the state required a way to meet the care needs of this population while the UIHC sought to assure it had a sufficient patient base for the health professions educational programs at the University of Iowa.

The means by which compensation was provided to the UIHC for care delivered to state institution patients varied over time. The annual appropriation associated with former Ch. 255, Medical and Surgical Treatment of Indigent Persons, served as the most recent source of financial support for care provided to residents of state institutions by the UIHC. This appropriation provided a capped amount that could be applied toward hospital services associated with care provided to indigent Iowans with a “State Paper,” as well as to care provided to residents of state institutions. The appropriation funding, however, could not be utilized to pay for physician services provided by faculty in the Carver College of Medicine (CCOM).

The State was confronted with a \$65 million loss in funds and the IowaCare Act [Ch. 167, Laws of the Eighty-First General Assembly, 2005 Session, HF 841] was designed to address this. However, this created an impact on flexibility associated with the annual appropriation of state dollars associated with Ch. 255. The method currently being used by the Department of Human Services (DHS) to estimate the cost of IowaCare program to the UIHC is based on an estimate of the number of individuals that will be enrolled in IowaCare and the regular Medicaid reimbursement policy for the UIHC. The DHS estimate does not include in the cost of the IowaCare program the cost of individuals who are not covered by IowaCare, which would include most of the individuals residing in those state facilities operated by DHS. In addition, another impact of this decision is that funding for Iowa’s prison, parole and work release populations are not accounted for in the above referenced formula. The IowaCare Act, however, stipulated that the UIHC and CCOM must continue to provide care to state institution patients. Two sections in the Iowa Code describe this obligation.

263.21 Transfer of patients from state institutions.

The Director of the Department of Human Services, in respect to institutions under the Director's control, the Administrator of any of the divisions of the Department, in respect to the institutions under the Administrator's control, the Director of the Department of Corrections, in respect to the institutions under the Department's control, and the State Board of Regents, in respect to the Iowa Braille and Sight Saving School and the Iowa School for the Deaf, may send any inmate, student, or patient of an institution, or any person committed or applying for admission to an institution, to the University of Iowa

Hospitals and Clinics for treatment and care. The Department of Human Services, the Department of Corrections, and the State Board of Regents shall respectively pay the traveling expenses of such patient, and when necessary the traveling expenses of an attendant for the patient, out of funds appropriated for the use of the institution from which the patient is sent. 2005 Acts, Ch 167, §50, §66.

263.22 Medical care for parolees and persons on work release.

The Director of the Department of Corrections may send former inmates of the institutions provided for in section 904.102, while on parole or work release, to the University of Iowa Hospitals and Clinics for treatment and care. The Director may pay the traveling expenses of any such patient, and when necessary the traveling expenses of an attendant of the patient, out of funds appropriated for the use of the department of corrections. 2005 Acts, Ch 167, §51, §66.

The UIHC and CCOM are obligated to provide an unlimited amount of medical and surgical services to state institution patients at their Iowa City location at no cost to the patients or the institutions. Durable medical equipment, outpatient pharmaceuticals, psychological services and most dental services are not part of this obligation.

State institution patients receive the same high quality care as other patients treated at the UIHC. State institutions are responsible for providing the transportation to and from the UIHC and for any supervisory oversight required by the patient.

In recognition that the creation of the IowaCare program had consequences for the UIHC associated with care provided to state institution patients, language calling for a review of the provision of care to state institution patients was contained in Sec. 61 of the IowaCare Act. This review, due in December 2005, was never performed because the workgroup was never convened.

In the years since implementation of the IowaCare Act of 2005 the UIHC and CCOM have incurred significant financial costs associated care provided to state institution patients. Costs associated with care provided to state institution patients annually have been in excess of \$6 M, and were \$7.7 M in FY 08. Over 90 percent of these costs have been associated with patients from the Department of Corrections (DOC) and its percentage has been increasing. Given projected growth in Iowa's prison population, the likelihood that the costs associated with care provided to state institution patients will grow is high. The ability of the UIHC and CCOM to continue to absorb these increases is limited.

At the request of the Board of Regents, the mandate for completion of the review of the provision of care to state institution patients was re-established [Ch. 1187, Sec. 128, Laws of the Eighty-Second General Assembly, 2008 Session, SF 2425]. The President of the State Board of Regents was directed to convene a workgroup to carry out the review. Membership of the workgroup was specified to include: the President of the State Board of Regents or the President's designee; the Director of the Department of Corrections or the Director's designee; the Director of the Department of Human Services or the

Director's designee; and, a representative of the University of Iowa Hospitals and Clinics. University of Iowa Vice President for Medical Affairs, Jean Robillard, M.D. was asked by Board of Regents President David Miles to chair the workgroup. The other members of the workgroup are listed in Appendix 1.

The workgroup met three times. The first meeting was in Iowa City on October 3, 2008. It was followed by a second meeting in Des Moines on November 5th. The final meeting of the workgroup occurred on December 3rd in Des Moines. This report constitutes the findings and recommendations of the workgroup and fulfills its obligation to submit a report of its findings to the Governor and the General Assembly no later than December 31, 2008.

Responses to Specific Legislative Requests

Sec. 128 of SF 2425 specified the review to be conducted by the workgroup should determine all of the following:

- (1) The actual cost to the University of Iowa Hospitals and Clinics to provide care and treatment to the inmates, students, patients, and former inmates on an annual basis.
- (2) The number of inmates, students, patients, and former inmates provided treatment at the University of Iowa Hospitals and Clinics, annually.
- (3) The specific types of treatment and care provided to the inmates, students, patients, and former inmates.
- (4) The existing sources of revenue that may be available to pay for the costs of providing care and treatment to the inmates, students, patients, and former inmates.
- (5) The cost to the Department of Human Services, the Iowa Department of Corrections, and the State Board of Regents to provide transportation and staffing relative to provision of care and treatment to the inmates, students, patients, and former inmates at the University of Iowa Hospitals and Clinics.
- (6) The effect of any proposed alternatives for provision of care and treatment for inmates, students, patients, or former inmates, including the proposed completion of the hospital unit at the Iowa State penitentiary at Fort Madison.

Each of these areas is addressed in detail on the following pages. While there are slight disagreements over specific numbers reported, the workgroup is in agreement all numbers reported are within the ballpark for planning purposes.

The actual cost to the University of Iowa Hospitals and Clinics to provide care and treatment to the inmates, students, patients, and former inmates on an annual basis.

The number of inmates, students, patients, and former inmates provided treatment at the University of Iowa Hospitals and Clinics, annually.

As shown in Tables 1-3, the costs incurred by the UIHC and CCOM associated with the provision of care to patients from the Department of Corrections has grown steadily from \$5,797,377 to \$7,316,667. The number of admissions rose from 257 to 313 and the number of clinics visits increased from 6,096 to 6,600, although there was a slight volume decrease between FY 07 and FY 08.

For those Department of Corrections patients who had an admission at the UIHC, the average was 1.3 admissions in FYs 06 & 07 and 1.2 admissions in FY 08. Those patients who had a clinic visit averaged 2.8 visits in FY 06 and 3.0 visits in FYs 07 & 08.

Costs associated with the provision of care to patients from the Department of Human Services have fallen, from \$625,068 to \$360,169, as shown in Tables 4-6. The number of admissions fell from 18 to 12 while the number of clinics visits increased from 389 to 442, although there was a slight volume decrease between FY 07 and FY 08.

For those Department of Human Services patients who had an admission at the UIHC, the average was 1.13 admissions in FY 06, 1.06 admissions in FY 07, and 1.0 admissions in FY 08. Those patients who had a clinic visit averaged 2.8 visits in FY 06, 3.6 visits in FY 07, and 3.3 visits in FY 08.

Per instructions in the legislation, hospital actual costs were determined utilizing Medicare cost accounting principles. Physician costs were calculated specifically for each department using cost to charge ratios determined as follows: faculty salary and fringe benefits + non-faculty salary and fringe benefits + general expense + malpractice insurance + overhead [includes the billing overhead and the clinic overhead paid to the UIHS, Dean's tax, UI Physicians management overhead, UI overhead, and Outreach overhead] all divided by gross physician charges by department [including IowaCare charges written off 100 percent].

Table 1
 Volumes and Costs Associated with Treatment of Department of Corrections Patients at
 the UI Hospitals and Clinics in FY 06

Unit	Admits	Clinic Visits	Unique Admitted Patients	Unique Clinic Patients	Physician Costs	Hospital Costs	Total Costs
Anamosa State Penitentiary	37	671	30	251	\$201,753	\$623,743	\$825,496
Clarinda Correctional Treatment Unit	13	361	12	164	\$114,373	\$281,514	\$395,887
Fort Madison State Penitentiary	27	588	21	249	\$155,987	\$459,562	\$615,549
Fort Dodge Correctional Facility	14	445	14	169	\$122,737	\$357,201	\$479,938
Iowa Correctional Institution for Women	17	827	13	297	\$148,970	\$336,117	\$485,087
Iowa Medical Classification Center	72	1,092	48	307	\$243,935	\$913,558	\$1,157,493
Mount Pleasant Women's Unit	1	125	1	54	\$20,193	\$38,166	\$58,359
Mount Pleasant Correctional Facility	31	919	24	286	\$187,502	\$479,687	\$667,189
Newton Correctional Facility	30	723	21	261	\$155,563	\$532,889	\$688,452
North Central Correctional Facility	0	133	0	58	\$24,549	\$50,436	\$74,985
Work Release	15	212	13	51	\$79,711	\$269,231	\$348,942
TOTAL	257	6,096	197	2,147	\$1,455,273	\$4,342,104	\$5,797,377

Table 2
 Volumes and Costs Associated with Treatment of Department of Corrections Patients at
 the UI Hospitals and Clinics in FY 07

Unit	Admits	Clinic Visits	Unique Admitted Patients	Unique Clinic Patients	Physician Costs	Hospital Costs	Total Costs
Anamosa State Penitentiary	60	1,073	43	305	\$308,451	\$1,157,865	\$1,466,316
Clarinda Correctional Treatment Unit	13	371	10	177	\$106,125	\$315,583	\$421,708
Fort Madison State Penitentiary	27	771	25	322	\$190,418	\$631,167	\$821,585
Fort Dodge Correctional Facility	9	455	7	185	\$101,126	\$281,549	\$382,675
Iowa Correctional Institution for Women	15	793	6	315	\$115,980	\$322,467	\$438,447
Iowa Medical Classification Center	75	1,211	59	295	\$285,316	\$1,117,660	\$1,402,976
Mount Pleasant Women's Unit	4	114	3	43	\$29,568	\$71,896	\$101,464
Mount Pleasant Correctional Facility	44	923	31	261	\$217,143	\$801,397	\$1,018,540
Newton Correctional Facility	20	738	17	265	\$130,127	\$424,023	\$554,150
North Central Correctional Facility	6	164	5	59	\$47,415	\$139,346	\$186,761
Work Release	6	100	6	37	\$29,819	\$75,886	\$105,705
TOTAL	279	6,713	212	2,264	\$1,561,488	\$5,338,839	\$6,900,327

Table 3
 Volumes and Costs Associated with Treatment of Department of Corrections Patients at
 the UI Hospitals and Clinics in FY 08

Unit	Admits	Clinic Visits	Unique Admitted Patients	Unique Clinic Patients	Physician Costs	Hospital Costs	Total Costs
Anamosa State Penitentiary	38	913	31	298	\$241,380	\$824,725	\$1,066,105
Clarinda Correctional Treatment Unit	22	447	20	179	\$148,347	\$419,451	\$567,798
Fort Madison State Penitentiary	32	720	24	291	\$187,434	\$596,695	\$784,129
Fort Dodge Correctional Facility	10	432	10	161	\$102,664	\$281,013	\$383,677
Iowa Correctional Institution for Women	20	746	17	290	\$138,768	\$395,645	\$534,413
Iowa Medical Classification Center	106	1,506	84	312	\$363,971	\$1,534,146	\$1,898,117
Mount Pleasant Women's Unit	4	67	3	31	\$13,029	\$33,792	\$46,821
Mount Pleasant Correctional Facility	27	742	22	243	\$180,060	\$761,566	\$941,626
Newton Correctional Facility	46	713	33	254	\$186,112	\$653,056	\$839,168
North Central Correctional Facility	2	208	2	88	\$35,849	\$104,281	\$140,130
Work Release	6	106	5	35	\$26,866	\$87,817	\$114,683
TOTAL	313	6,600	251	2,182	\$1,624,480	\$5,692,187	\$7,316,667

Table 4
 Volumes and Costs Associated with Treatment of Department of Human Services
 Patients at the UI Hospitals and Clinics in FY 06

Unit	Admits	Clinic Visits	Unique Admitted Patients	Unique Clinic Patients	Physician Costs	Hospital Costs	Total Costs
Cherokee Mental Health Institute	3	9	2	4	\$19,871	\$75,580	\$95,451
Civil Commitment Unit	8	85	7	29	\$60,293	\$243,427	\$303,720
Clarinda Mental Health Unit	2	2	2	2	\$2,751	\$18,908	\$21,659
Eldora Training School for Boys	1	92	1	31	\$11,642	\$72,544	\$84,186
Independence Mental Health Institute	0	23	0	10	\$1,320	\$3,660	\$4,980
Mount Pleasant Mental Health Institute	0	7	0	6	\$248	\$1,765	\$2,013
State Juvenile Home	4	167	4	54	\$28,970	\$83,920	\$112,890
Woodward State Resource Center	0	4	0	2	\$99	\$70	\$169
TOTAL	18	389	16	138	\$125,194	\$499,874	\$625,068

Table 5
 Volumes and Costs Associated with Treatment of Department of Human Services
 Patients at the UI Hospitals and Clinics in FY 07

Unit	Admits	Clinic Visits	Unique Admitted Patients	Unique Clinic Patients	Physician Costs	Hospital Costs	Total Costs
Cherokee Mental Health Institute	3	12	3	5	\$23,093	\$145,934	\$169,027
Civil Commitment Unit	6	146	5	31	\$42,777	\$119,882	\$162,659
Clarinda Mental Health Unit	1	9	1	2	\$3,120	\$12,748	\$15,868
Eldora Training School for Boys	2	90	2	27	\$13,540	\$83,547	\$97,087
Independence Mental Health Institute	2	29	2	11	\$1,822	\$12,574	\$14,396
Mount Pleasant Mental Health Institute	1	15	1	10	\$3,224	\$8,786	\$12,010
State Juvenile Home	3	196	3	53	\$19,253	\$96,474	\$115,727
Woodward State Resource Center	0	4	0	1	\$0	\$40	\$40
TOTAL	18	501	17	140	\$106,829	\$479,985	\$586,814

Table 6
 Volumes and Costs Associated with Treatment of Department of Human Services
 Patients at the UI Hospitals and Clinics in FY 08

Unit	Admits	Clinic Visits	Unique Admitted Patients	Unique Clinic Patients	Physician Costs	Hospital Costs	Total Costs
Cherokee Mental Health Institute	1	3	1	2	\$1,225	\$3,316	\$4,541
Civil Commitment Unit	3	125	3	31	\$25,359	\$57,562	\$82,921
Clarinda Mental Health Unit	2	7	2	4	\$10,100	\$39,521	\$49,621
Eldora Training School for Boys	1	89	1	22	\$9,599	\$75,441	\$85,040
Independence Mental Health Institute	2	47	2	13	\$7,537	\$25,685	\$33,222
Mount Pleasant Mental Health Institute	0	29	0	12	\$1,658	\$10,741	\$12,399
State Juvenile Home	3	122	3	42	\$11,710	\$80,715	\$92,425
Woodward State Resource Center	0	0	0	0	\$0	\$0	\$0
TOTAL	12	422	12	126	\$67,188	\$292,981	\$360,169

The specific types of treatment and care provided to the inmates, students, patients, and former inmates.

Tables 7-10 provide information regarding the most common reasons why inpatient and outpatient care by state institution patients is sought at the University of Iowa Hospitals and Clinics. State institution patients may also receive care within the state institution or from other health care providers, but such care is not reported here. Care provided to state institution patients for which there is a source of reimbursement, such as Medicaid for some Department of Human Services patients, is also not reflected in these tables.

Table 7
 Most Common Outpatient Principal Diagnoses for Department of Correction Patients
 Treated at the UI Hospitals and Clinics During FY 06, FY 07 & FY 08

Rank	Count	Dx	Description
1	457	V580	Encounter for Radiorx
2	370	7295	Pain in Limb
3	328	07054	Chr Hep C w/o Hepat Coma
4	278	52100	Unspec Dental Caries
5	272	V7612	Oth Scr Manno-Breast Mal
6	266	52430	Unsp Anom Tooth Position
7	246	71946	Joint Pain – L/Leg
8	210	V221	Supervis Oth Normal Preg
9 (tie)	201	7242	Low Back Pain
9 (tie)	201	78650	Chest Pain NOS

Rank determined by the number of clinic visits during this three year period.

Table 8
 Most Common Outpatient Principal Diagnoses for Department of Human Services
 Patients Treated at the UI Hospitals and Clinics During FY 06, FY 07 & FY 08

Rank	Count	Dx	Description
1	67	7295	Pain in Limb
2	49	V221	Supervis Oth Normal Preg
3 (tie)	23	71946	Joint Pain – L/Leg
3 (tie)	23	938	Foreign Body GI NOS
5	22	71947	Joint Pain – Ankle
6	21	7061	Acne NEC
7 (tie)	20	79500	Abnl Glandular Pap Sm Cx
7 (tie)	20	78609	Respiratory Abnorm NEC
9	19	81500	Fx Metacarpal NOS - Closed
10	16	36616	Senile Nuclear Cataract

Rank determined by the number of clinic visits during this three year period.

Table 9
Most Common Diagnosis Related Groups for Department of Correction Patients Treated
at the UI Hospitals and Clinics During FY 06, FY 07 & FY 08

Rank	Count	DRG	Description
1	33	313	Chest Pain
2	26	603	Cellulitis w/o MCC
3	25	287	Circulatory Disorders except AMI x Card Cath w/o MCC
4	24	775	Vaginal Delivery w/o Complicating Diagnoses
5	21	101	Seizures w/o MCC
6 (tie)	17	247	Perc Cardiovasc Proc w Drug-Eluting Stent w/o MCC
6 (tie)	17	795	Normal Newborn
8	13	392	Esophagitis Gastroent & Misc Digest Disorders w/o MCC
9	10	203	Bronchitis & Asthma w/o CC/MCC
10 (tie)	9	194	Simple Pneumonia & Pleurisy w CC
10 (tie)	9	683	Renal Failure w CC
10 (tie)	9	766	Cesarean Section w/o CC/MCC
10 (tie)	9	192	Chronic Obstructive Pulmonary Disease w/o CC/MCC

CC=complications or comorbidities; MCC=major complications or comorbidities
Rank determined by the number of admissions during this three year period.

Table 10
Most Common Diagnosis Related Groups for Department of Human Services Patients
Treated at the UI Hospitals and Clinics During FY 06, FY 07 & FY 08

Rank	Count	DRG	Description
1	4	775	Vaginal Delivery w/o Complicating Diagnoses
2 (tie)	2	794	Neonate w Other Significant Problems
2 (tie)	2	395	Other Digestive System Diagnoses w/o CC/MCC
2 (tie)	2	392	Esophagitis Gastroent & Misc Digest Disorders w/o MCC

CC=complications or comorbidities; MCC=major complications or comorbidities
Rank determined by the number of admissions during this three year period.
Numerous DRGs appeared only once.

The existing sources of revenue that may be available to pay for the costs of providing care and treatment to the inmates, students, patients, and former inmates.

Neither the Board of Regents, Department of Corrections, nor the Department of Human Services have existing sources of revenue available to alleviate the costs incurred by the University of Iowa Hospitals and Clinics and Carver College of Medicine associated with the provision of health care to their populations. New funding sources are required.

The cost to the Department of Human Services, the Iowa Department of Corrections, and the State Board of Regents to provide transportation and staffing relative to provision of care and treatment to the inmates, students, patients, and former inmates at the University of Iowa Hospitals and Clinics.

Tables 11-13 show the number of trips made to the UIHC by the Department of Corrections has increased from 2,870 to 3,691 between FY 06 and FY 08. During this same time the number of offenders transported has grown from 4,621 to 5,932, with a decrease of only 10 offenders between FY 07 and FY 08.

The cost incurred by the Department of Corrections for transportation and staffing was \$891,678.83 in FY 06, \$1,210,557.75 in FY 07, and \$1,113,733.62 in FY 08. This represents a cost per trip of \$310.69 in FY 06, \$339.66 in FY 07, and \$301.74 in FY 08. The cost per offender transported was \$192.96 in FY 06, \$203.73 in FY 07, and \$187.75 in FY 08.

Tables 14-16 show the number of trips made to the UIHC by the Department of Human Services has increased from 395 to 499 between FY 06 and FY 08. During this same time the number of patients transported has grown from 252 to 276. This count includes Medicaid-eligible patients transported to the UIHC, as well as patients to be served without reimbursement. It is important to recognize, however, the number of trips reported by the Department of Human Services were higher than the number of patients transported because unduplicated patients from each facility were reported. For example, patient A may have been taken to the UIHC five times during the year, so the number of trips would show five, while the number of patients would show one.

Table 11
 Transportation and Staffing Costs for the Department of Corrections Associated with
 Seeking Care at the UI Hospitals and Clinics in FY 06

Unit	Number of Trips	Number of Offenders Transported	Cost of Transportation & Staffing
Anamosa	277	479	\$37,395.26
Oakdale	669	1,055	\$22,628.49
Newton	428	512	\$55,854.00
Mount Pleasant	457	751	\$154,304.10
Rockwell City	58	91	\$51,859.27
Clarinda	161	283	\$198,287.60
Mitchellville	284	646	\$43,202.08
Fort Dodge	249	332	\$82,828.11
Fort Madison	287	472	\$245,319.92
TOTAL	2,870	4,621	\$891,678.83

Table 12
 Transportation and Staffing Costs for the Department of Corrections Associated with
 Seeking Care at the UI Hospitals and Clinics in FY 07

Unit	Number of Trips	Number of Offenders Transported	Cost of Transportation & Staffing
Anamosa	386	735	\$58,192.54
Oakdale	811	1,498	\$31,720.15
Newton	436	522	\$58,075.00
Mount Pleasant	625	814	\$182,409.30
Rockwell City	70	122	\$50,010.80
Clarinda	332	668	\$411,381.20
Mitchellville	328	664	\$51,207.36
Fort Dodge	231	332	\$81,307.88
Fort Madison	345	587	\$286,253.52
TOTAL	3,564	5,942	\$1,210,557.75

Table 13
 Transportation and Staffing Costs for the Department of Corrections Associated with
 Seeking Care at the UI Hospitals and Clinics in FY 08

Unit	Number of Trips	Number of Offenders Transported	Cost of Transportation & Staffing
Anamosa	372	732	\$70,322.93
Oakdale	1,158	1,927	\$43,618.82
Newton	453	506	\$61,155.00
Mount Pleasant	558	735	\$170,621.81
Rockwell City	84	156	\$78,640.60
Clarinda	189	353	\$257,066.46
Mitchellville	312	656	\$53,077.44
Fort Dodge	213	309	\$80,716.94
Fort Madison	352	558	\$298,513.62
TOTAL	3,691	5,932	\$1,113,733.62

Table 14

Transportation and Staffing Costs for the Department of Human Services Associated with Seeking Care at the UI Hospitals and Clinics in FY 06

Unit	Number of Trips	Number of Patients Transported	Cost of Transportation & Staffing
CCUSO	50	31	\$29,754.00
Cherokee	8	7	\$7,172.48
Clarinda	8	7	\$7,338.80
Eldora	55	30	\$16,983.67
Glenwood	0	0	\$0
Independence	187	89	\$51,567.03
Mt. Pleasant	16	16	\$3,424.80
Toledo	52	60	\$23,546.08
Woodward	19	12	\$8,343.09
TOTAL	395	252	\$148,129.95

Table 15

Transportation and Staffing Costs for the Department of Human Services Associated with Seeking Care at the UI Hospitals and Clinics in FY 07

Unit	Number of Trips	Number of Patients Transported	Cost of Transportation & Staffing
CCUSO	85	30	\$51,377.70
Cherokee	16	14	\$11,775.36
Clarinda	21	14	\$28,828.10
Eldora	50	23	\$16,310.41
Glenwood	0	0	\$0
Independence	145	71	\$43,215.05
Mt. Pleasant	27	30	\$6,059.16
Toledo	52	60	\$29,671.68
Woodward	18	11	\$8,267.40
TOTAL	414	253	\$195,504.86

Table 16
 Transportation and Staffing Costs for the Department of Human Services Associated with
 Seeking Care at the UI Hospitals and Clinics in FY 08

Unit	Number of Trips	Number of Patients Transported	Cost of Transportation & Staffing
CCUSO	70	32	\$57,107.40
Cherokee	15	14	\$11,226.98
Clarinda	21	14	\$26,122.10
Eldora	47	18	\$15,567.62
Glenwood	0	0	\$0
Independence	195	74	\$61,332.75
Mt. Pleasant	37	37	\$9,375.60
Toledo	52	61	\$21,544.68
Woodward	62	26	\$29,338.40
TOTAL	499	276	\$231,615.53

The effect of any proposed alternatives for provision of care and treatment for inmates, students, patients, or former inmates, including the proposed completion of the hospital unit at the Iowa State penitentiary at Fort Madison.

While alternatives for the provision of care to state institution patients were discussed, the workgroup recognizes there is merit associated with the centralization of care at the University of Iowa Hospitals and Clinics for these populations, whenever possible. Providing the state institution population with access to a nationally recognized health care facility minimizes quality concerns and lawsuits alleging differential treatment.

The workgroup also acknowledges the current situation is not sustainable without reimbursement for care delivered to state institution patients being provided to the University of Iowa Hospitals and Clinics and Carver College of Medicine. Funding equal to the costs associated with the provision of care to state institution patients, drawing from sources not currently available to the Board of Regents, Carver College of Medicine, Department of Corrections, Department of Human Services, or the University of Iowa Hospitals and Clinics, must be found.

The Departments of Corrections and Human Services recognize the quality and value of the services provided by the UIHC and CCOM. The latter acknowledge the important role state institution patients once played in assuring a sufficient patient base for the health professions educational programs at the University of Iowa. Public policy has been for the UIHC and CCOM to be responsible for the provision of care to individuals served by DOC and DHS. DOC and DHS support establishing a fund for the cost of care at the UIHC and CCOM for individuals served by DOC and DHS, to the extent that the UIHC and CCOM continue to provide requested services and the obligation for payment by the Departments does not exceed the amount in the fund. It is recommended that a workgroup be established to develop a cost estimating process, similar to that established for the State Medicaid program, to provide the Iowa General Assembly with periodic estimates of costs to the UIHC and CCOM so that sufficient dollars are always maintained within the fund.

In addition, the workgroup discussed mechanisms to reduce costs associated with caring for residents of state institutions. One option involves increasing the use of telemedicine. This has the potential to reduce travel costs for the state institutions. It also reduces the UIHC staff involved in the delivery of care to state institution patients. State support for the time, equipment and technology associated with telemedicine is recommended.

Merit has also been seen in hiring an ARNP to coordinate care needs between the state institutions and the UIHC. Having someone with this level of expertise to assist in screening patients so the right care is delivered by the right professional, in the right setting, and assuring multiple needs can be addressed on a single trip, has the potential to reduce costs. Salary support for such an individual is highly desirable.

Finally, the workgroup is supportive of the delivery of educational programming and the sharing of protocols for care management. This, in conjunction with an ARNP coordinator, could lead to a more efficient utilization of scarce resources.

In summary, the workgroup recognizes that the UIHC and CCOM cannot continue to take care of this population in a “pro bono” fashion. In the past the state made payments toward the care provided but the costs of these services have been passed to the UIHC since FY 06. Any suggestions for reducing costs, hiring an ARNP, or developing educational programs will come only after a reimbursement system is implemented

Appendix 1

Workgroup Participants

Department of Corrections

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