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Office of the Secretary

October 23, 2019

The Honorable John Wiik
The Honorable Chris Karr
Joint Committee on Appropriations
500 East Capitol Avenue
Pierre, SD 57501

Dear Senator Wiik and Representative Karr:

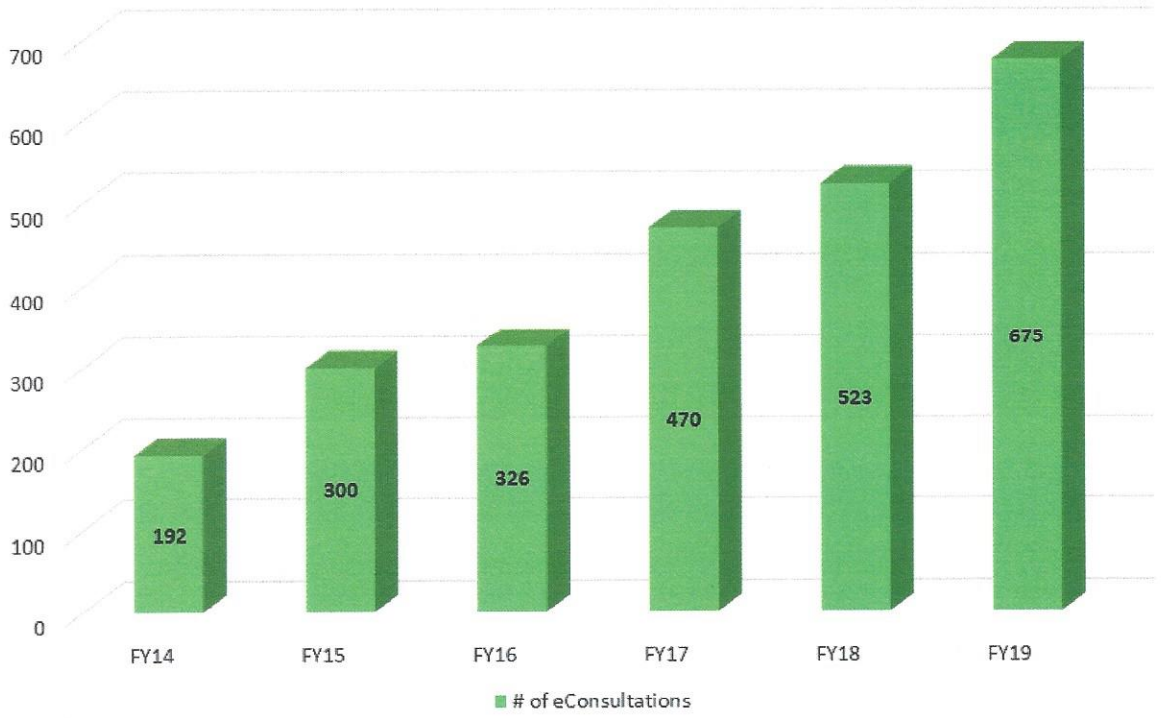
As requested in the Letter of Intent Regarding use of Telemedicine within Correctional Health dated May 22, 2019, below are the DOH responses to the committee's questions.

1. **Where is telemedicine being used and how often**

Correctional Health (CH) uses telemedicine as one part of the overall effort to provide as much care as possible within the institutions. eEmergency provides 24/7 availability of board-certified emergency physicians and nurses through the Avera eCare hub. Telemedicine physician consultations allow medical consultations, follow-up appointments, and other non-emergency physician services to take place inside the prison thus avoiding outside transports. eEmergency care and telemedicine physician consultations are utilized at the South Dakota Women's Prison, Mike Durfee State Prison, and SD State Penitentiary – Hill and Jameson clinics.

Due to the increase in population and severity of health issues of inmates at correctional work centers, telemedicine physician consultations are being implemented at both the Rapid City and Yankton Work Centers during FY20.

During FY19, a total of 609 eEmergency encounters and 675 telemedicine physician consultations were conducted. Over the past 5 years we have successfully averted 49.78% emergency room visits through the use of eEmergency. Also, since FY14 eConsultations have increase by 251%, please see the following graph:



2. **Describe the services of eCare being used by the State, the annual cost of eCare services, a breakout of outsourced services, and an explanation of eCare services not utilized**

The eEmergency contract with Avera is $162,809 annually and is part of the CH Clinic Services expenditures. During FY19, there were 234 eEmergency visits avoided through the use of telemedicine that resulted in an estimated cost savings of $314,428 for emergency room services.

Telemedicine physician consultations are billed per appointment, the same as if the appointment took place in the physician's office. Expenses are part of Outsourced Services expenditures. Cost savings are related to avoided DOC transports to clinics.

Telemedicine physician consultations are available for the following specialties:

- cardiology,
- endocrinology,
- gastroenterology,
- hepatology,
- infectious disease,
- internal medicine,
- nephrology,
- neurology,
- neurosurgery,
- oncology,
- pulmonology,

- rehabilitation, and
- wound care

Outsourced Services that are not available in CH clinics are those that require hospitalization or a higher level of health care not appropriate for a clinic setting for example, intensive care, major surgery and labor and delivery. During FY19 Outsourced Services expenditures occurred in all the specialties where telemedicine is available, as well as dermatology and orthopedics.

eCare services available from Avera not utilized by CH include:

- ePharmacy - CH already has electronic pharmacy services provided through the Human Services Center pharmacy.
- eICU and eHospitalist - these services are for hospital-based support and not applicable in CH clinics.

Other options to increase use of telemedicine in CH include services that are already provided by CH staff. Implementation would result in a duplication of existing services. Examples include:

- Management of gestational diabetes.
- Psychotropic medication management.
- Management of the geriatric population with multiple chronic disease processes.
- Management of high frequency/high risk disease processes.

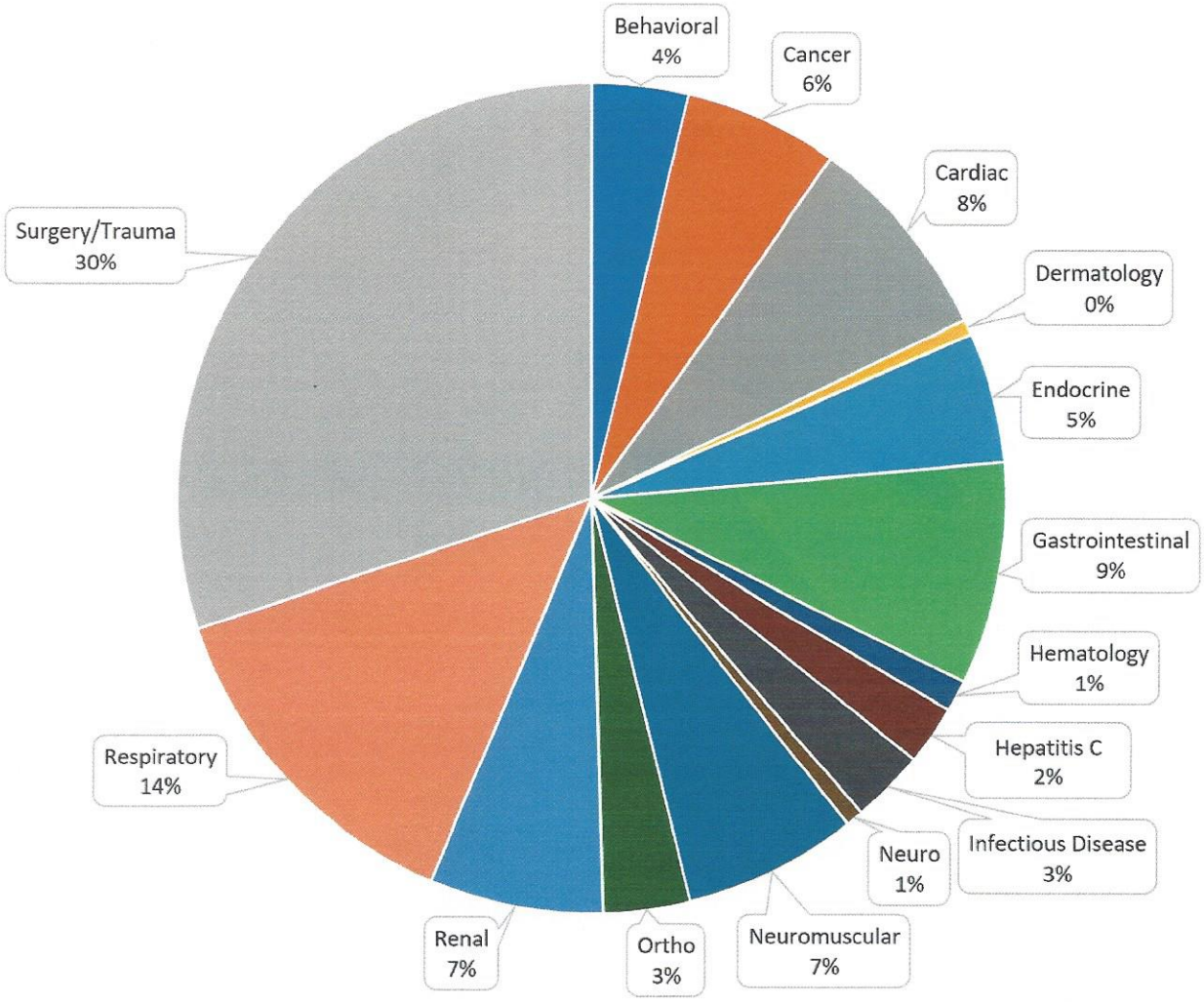
The CH program continually monitors use and availability of telemedicine services.

3. **Areas where telemedicine could be implemented to reduce costs per patient and an analysis of potential cost savings per patient for these areas**

eLongterm Care – Once the Jameson medical clinic is completed, the ability to provide long term care services inside the prison will increase. Based on cost analyses, CH will determine whether to provide eLongterm care.

4. **Report on the cost and frequency of hospital trips and how telemedicine could be used to further reduce the frequency and cost of hospital trips**

During FY19 there were 148 inpatient hospital stays at least 2 days, at a total cost of $1,353,573 or on average, $9,146 per stay. This does not include cost to DOC for transport, security etc. Inpatient hospitalizations are for services that cannot be provided in CH clinics. FY19 inpatient services were required for the following medical services:



We remain committed to providing cost effective care through various mechanisms including the use of telehealth.

If you need additional clarification on these questions, please let me know.

Sincerely,

Kim Malsam-Rysdon

Kim Malsam-Rysdon
Secretary of Health

Cc: Liza Clark
Hallie Getz