



COMMONWEALTH of VIRGINIA

Department of Corrections

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October 15, 2021

Senator Janet D. Howell, Chair
Senate Finance Committee
P.O. Box 2608
Reston, VA 20195

Delegate Luke E. Torian, Chair
House Appropriations Committee
4222 Fortuna Plaza, Suite 659
Dumfries, VA 22025

Dear Senator Howell and Delegate Torian:

Pursuant to Chapter 552 from the Reconvened 2021 Special Session I Virginia Acts of Assembly, please accept this report as an update on the progress and outcomes of the previously authorized university medical pilots.

The 2019 Virginia Acts of Assembly Chapter 845, Item 390 (R), required the Director of the Virginia Department of Corrections (VADOC) to convene a workgroup to be co-chaired by the chief executive officer of the Virginia Commonwealth University Health System (VCUHS), and the executive vice president for health affairs at the University of Virginia Health System (UVA Health) to develop a pilot partnership to provide comprehensive medical care for inmates in at least one state correctional facility. In accordance with the directive, VADOC convened a workgroup that developed a proposal for implementing two pilot projects. The projects included a pilot at the State Farm Correctional Complex and a pilot at the Fluvanna Correctional Center for Women (FCCW).^{1,2} VCUHS proposed establishing an onsite orthopedic clinic at the State Farm Complex, while UVA proposed expanding 340B access to hepatitis C treatment at FCCW via telemedicine. Additionally, both university hospital systems participate in the federal 340B drug program, and included provisions in their proposals allowing VADOC to purchase certain high-cost outpatient medications through them at substantial discounts.³ In November 2019, VADOC submitted the

¹ The scope of the initial university pilot was limited due to the complexity of providing comprehensive medical services in correctional settings. Over time, it was anticipated that the hospital systems would assume responsibility for all medical services at each site.

² State Farm Correctional Complex was selected because it served as a hub of VADOC health care services and its location allowed VCUHS to easily organize providers and clinics onsite. Fluvanna Correctional Center was chosen as a site for UVA Health because of the high medical acuity and facility location.

³ 340B pricing is a federal program that requires drug companies to provide outpatient medications to eligible health care organizations at substantially reduced prices. By serving vulnerable, low-income and uninsured patient populations, the university hospital systems are eligible to receive 340B pricing.

proposal to the Senate Finance and House Appropriations Committees along with a request for funding to implement it. Although the 2020 General Assembly approved the request, the funding was unallotted due to the coronavirus 2019 (COVID-19) pandemic and was never restored.

The 2021 Virginia Acts of Assembly, Chapter 552, Item 401, subsection E directs VADOC to continue the workgroup and report annually on the progress and outcomes of the university pilot to the Senate Finance and House Appropriations Committees no later than October 15th of each year.

As you are aware, the COVID-19 pandemic caused substantial economic, health, and social disruptions in Virginia. VADOC and its university partners leveraged the challenges brought on by the pandemic to engage in new collaborations while strengthening previously existing ones.⁴ It is now in this new landscape of collaboration that the three partners are re-evaluating how best to collaborate on innovative health care projects to ensure the delivery of comprehensive medical services to all VADOC inmates. Thus, the workgroup chairs agree that the initial proposal submitted to the General Assembly in 2019 is no longer the direction for collaboration to occur and the partners will continue to capitalize on work performed to date.

Although the pilots, as proposed, were not funded or implemented, VADOC and the university hospital systems spent the time collaborating on many health care projects, especially those that arose due to the COVID-19 pandemic (See Appendix A). Three projects are especially noteworthy.

First, VADOC worked with faculty at both universities during the pandemic to develop a statewide testing strategy that incorporates several approaches such as real time polymerase chain reaction (RT-PCR) testing, which is one of the most accurate diagnostic laboratory methods for detecting COVID-19, of all inmates and staff at correctional facilities; surveillance antigen testing across institutions; targeted testing of inmates in specific housing blocks; and wastewater monitoring to identify traces of the virus shed from individuals prior to exhibiting symptoms. In this initiative, the top medical executives from VCUHS and each university's epidemiology department and clinical laboratory were critical partners in managing and mitigating the spread of COVID-19 within the inmate population.

Second, both universities expanded their educational support for VADOC care providers to provide additional resources during a time of decreased ability to transport inmates to their facilities for care. Examples include Project ECHO through UVA Health and educational series for Hepatitis C treatment and Sickle Cell disease management from VCUHS. VADOC institutions across the state were able to benefit from these resources, regardless of which provider was managing the care of inmates.

Third, VADOC partnered with the hospital systems to expand its telemedicine capabilities. While correctional facilities and outside providers were closed during the pandemic, the telemedicine expansion allowed the agency to continue providing specialty care to inmates onsite in lieu of transporting them to either hospital. This greatly benefited all sides. Care provision to VADOC inmates continued with very limited risk of COVID-19 transmission, and allowed both hospitals to use their resources and space to provide care to community members with more critical needs during that time period. Telemedicine expansion will continue between all three partners and is critical for expanding health care access to all VADOC inmates moving forward.

These projects, along with others identified in the attached appendix, clearly illustrate the ability and willingness of the VADOC, VCUHS, and UVA Health to closely collaborate on projects promoting the delivery of medical care to state inmates. The agency has a strong working relationship with the hospital systems that has proven to be mutually beneficial over the years, particularly during the pandemic, and all three partners anticipate continuing the relationship well into the future.

⁴ This relationship began in 1979 when VCUHS started providing medical care to state inmates. More recently, UVA Health started providing psychiatric, obstetrical/gynecological, and teleradiology care to inmates at Fluvanna Correctional Center, along with inpatient and outpatient medical care when needed.

I appreciate the engagement of my colleagues at VCUHS and UVA Health in preparing this report and in their ongoing support in areas of shared interest.

Please contact me if you have questions this information.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold W. Clarke". The signature is fluid and cursive, with the first name "Harold" and last name "Clarke" clearly distinguishable.

Harold W. Clarke

cc: The Honorable Brian J. Moran
Secretary of Public Safety and Homeland Security

The Honorable Dr. Michael Rao
President, VCU and VCU Health Systems

The Honorable James E. Ryan
President, UVA and UVA Health

| Appendix A | |
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| Summary of Virginia Department of Corrections and University Hospital System Collaborative Health Care Projects During COVID-19 | |
| Health Care Projects | Description |
| Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) Consultation | During the early stages of the pandemic, the VCUHS CMO and CNO assisted with interpreting and applying epidemiological projections on COVID-19 as well as best practices on infection control and prevention strategies in correctional facilities. |
| Hepatitis C Support and Sickle Cell Educational Sessions | While VADOC hired additional clinicians to expand Hepatitis C treatment onsite, the agency has continued collaborating with VCUHS to treat additional numbers of inmates via their telemedicine as appointments are available. VADOC also worked with UVA Health on consultations on their internal hepatitis C cases and provider education. Individuals with sickle cell and similar blood disorders need specialized care and VADOC partnered with VCUHS for clinical training and telemedicine services for inmates with this disease. While not the initial reason for setting up telemedicine or education, individuals with either disease are at risk of severe COVID-19 and benefited further from both the care provided and the modality of telemedicine. |
| Hospital Laboratory Processing for COVID-19 Testing | At the beginning of the COVID-19 pandemic before testing services were widely available across the state, VADOC collaborated with laboratories at both university hospital systems to perform diagnostic and antibody testing to identify inmates and staff with COVID-19. Once identified, these individuals were either isolated/quarantined or triaged for appropriate care. Over time, testing capacity in the state increased and the agency entered into contracts with private companies to provide this service. |
| Infectious Disease Consultation | Infectious disease physicians at both university hospital systems are providing VADOC clinicians with ongoing consultation on appropriate standards of care for treating inmates with COVID-19. |
| Statewide COVID-19 Testing Strategy for VADOC | Epidemiology specialists at both hospital systems provided initial, one-time assistance with developing a statewide strategy for point prevalence survey (PPS) testing to identify all individuals with COVID-19 at specific correctional facilities. COVID-19 is shed through human waste, and the specialists assisted with interpreting and analyzing facility wastewater samples as part of testing. |
| Telemedicine Expansion | To decrease risk of infection among inmates and staff, VADOC expanded telemedicine during COVID-19. Both hospital systems provided equipment (e.g., iPads, tablets, laptops, webcams, and intraoral cameras) and technological support that allowed specialists to care for inmates via telemedicine. |
| UVA Health Project ECHO (Extension for Community Healthcare Outcomes) | VADOC collaborated with UVA Health to provide online specialist training to clinicians on medical topics outside their current expertise areas through Project ECHO. VADOC clinicians received continuing medical/nursing education credits for participating. |