

# NDOC Tele-medicine update

## 1. Number of locations where tele-medicine is occurring

All seven locations have very basic telehealth set-ups. Four locations (Ely, Lovelock, High Desert, and Southern Desert) have been approved for \$35,000 Grant Funding for complete telehealth carts, but cannot be deployed until we solve the infrastructure/internet connectivity issues.

## 2. Number of inmates being seen broken down by service (i.e. psychiatry, specialists, etc.)

Currently, despite the fact that Renown has over 40 specialties in the program, only HIV and Hepatitis C tele-med appointments are currently being utilized. The Gastroenterology providers have changed and the Medical Division is working on bringing that service back to the institutions.

NDOC treated the following with telemedicine:

	Psychiatry*	HIV	Hep C	Gastroenterology
SFY 2017	333	239	40	10
SFY 2018 to February 1, 2018	205	216	13	1

\*In SFY17, psychiatry was provided through tele-med to LCC and ESP. In SFY18 to date, psychiatry has been provided through tele-med to LCC (ESP has a Sr. Psychiatrist providing the services in person for SFY18).

## 3. Current limitations

1) Broadband infrastructure – The facilities are operating on very old infrastructure and equipment. Due to the location of the actual facility, running fiber is cost prohibitive in some cases. Due to the topography and terrain finding a resolve is difficult.

2) Lack of a competitive market place – The lack of a competitive market place in rural areas limits the number of providers willing to engage in a solution and actual build outs, whether fiber, towers, and/or equipment.

3) Lack of confidence in Telemedicine system – NDOC has to overcome an old mindset that dictates a patient must be present in order to receive quality

healthcare, when in fact a new study shows the improvement of medical outcomes and reduced costs as well as emphasizes the improvement of depression, anxiety, and stress, especially with Behavioral Health. Telemedicine also aids in fewer hospital admissions.

4) Technical Training and Equipment – purchasing equipment takes time and costs money. Physicians, practice managers, nurses, CMA's and other medical staff need to be trained on new systems.

#### **4. Current areas for improvement**

- 1) Broadband Infrastructure and other connectivity solutions
- 2) Training
- 3) Acquisition of Telemedicine Equipment and technology
- 4) Strategic Plan to move initiatives forward

#### **5. Number of doctors currently providing services**

NDOC currently uses one doctor for HIV and one doctor for Hep C treatments. There are over 300 providers in the program. NV has a huge opportunity because with telehealth, people in rural or remote areas benefit from quicker and more convenient specialist access. Telemedicine offers better access to more specialists without the use of transports, employee overtime, inmate safety issues, and overall facility efficiency.

#### **6. Areas where we have a critical need that is not met**

Telemedicine consults specifically related to dermatology, gastroenterology, and urology are needed.

#### **7. Are we working with University of Nevada School of Medicine (UNSOM)? If no, why not? If yes, in what capacity?**

No. UNSOM does not have telemedicine services. They do Project Echo, which is a peer to peer case review, but they do not currently provide care to patients via telehealth.

#### **8. The equipment available for NDOC use from Renown - what would it provide in terms of cost-savings.**

Renown is resistant to expanding services to more specialties given the current infrastructure. The HIV and HEP C providers are very patient with network inadequacy issues (pixilation, no sound, no video, unable to use stethoscope, unable to use exam camera). If we want to expand this program to all 40 specialties in the program, the bandwidth situation must be improved. Once we are able to utilize telemed, the cost savings would include

- Cost of Correctional Officers to transport;
- Travel costs for transport (gas, wear and tear)
- Population Health (Prison health services are much less expensive when you are managing a chronic disease state proactively as opposed to having to transport them to the hospital for an acute exacerbation (transport costs, ER costs, Hospitalization costs, etc.)



# Nevada Department of Corrections

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Public Information Office: 775-887-3309  
PIO Brooke Santana Cell: 775-350-0037

February 14, 2018  
For Immediate Release

## NDOC Improving Medical Systems in Prison

The Nevada Department of Corrections (NDOC) announces the integration of a kiosk system for medical requests. The automation of this inmate request system will heighten efficiencies for inmates and staff handling medication refills, as well as dental and eye doctor requests, with no added cost to the state.

The kiosks are provided by Keefe Group and have been in place since 2012, used by inmates when purchasing items from the store. In November 2016, a pilot program was launched at Florence McClure Women's Correctional Center in Las Vegas to utilize the kiosks for more than just purchases. The program was a success and this week is being incorporated in each institution across the state.

"This self-serve style of technology is well received in prisons by both the inmates and staff," stated NDOC Director James Dzurenda. "The more ways in which we can get inmates to be responsible for themselves, the more likely they are to take an active role in self-care when released. This is just one more step in the right direction."

The kiosk works much like an email delivery system. One benefit is time management. What used to take a few days will now only take a few hours as nurses receive requests and submit responses in the pharmacy system. Another benefit is the curbing of false claims or multiple paper requests being sent which clogs the system and slows the process.

Last year the Medical Division handled approximately 52,000 paper inmate requests, meaning 1,000 pieces of paper being handled by numerous people each week throughout the state. This kiosk system will save paper, time and money and will ensure better delivery of medical services.