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## Like a recovering patient, prison health care needs vigilance

Ending the decade-long partnership with Correctional Medical Services Inc. and approving a three-year, \$326-million contract with Tennessee-based Prison Health Services Inc. holds promise and perils for Michigan's dysfunctional and sometimes deadly prison health care system. The new contract takes effect today.

Switching providers for primary medical care services for the state's 48,000 inmates was a necessary first step to improve a system that has brought Michigan national shame. But the Michigan Department of Corrections must ensure that the new contract is executed in an efficient, humane and cost-effective way.

MDOC Director Patricia Caruso acknowledges that the department had not always adequately monitored and overseen its contract with CMS. "We won't do that again," she vows. "It's not acceptable from a financial, or human, standpoint." Lawrence Pomeroy, president of state corrections for PHS, promises his company will be more transparent than its predecessor, but several other things must happen to make this partnership work.

- First, the governor's office, the Legislature and its new Corrections ombudsman must make sure that MDOC is exercising proper oversight, especially in monitoring incentives to cut costs in the new managed-care contract. Caruso is right that proactive and preventive health care can lower costs by keeping prisoners healthier, but she must ensure that PHS does not cut corners on medically necessary treatments, medications and procedures.
- Second, the department must provide better ways for prisoners to make complaints. The cumbersome prisoner grievance system does not work for sick inmates with urgent medical needs. A fast-track process is needed for medical complaints, and prisoners' families must have better access to medical information. The department has moved in this direction by running health care complaints through a new health care quality office. Administrator Lynda Zeller has shown a refreshing willingness to talk to inmates and prisoner advocates.
- Finally, the department should end its adversarial relationship with its court-ordered monitor. A 29-year-old class-action lawsuit brought by prisoners to correct unconstitutional conditions is winding down, but the monitor, Dr. Robert Cohen, and the prisoners' attorney, Patricia Streeter, can provide valuable information about the prison health system's strengths and failings.

Ending the contract with CMS will not, by itself, improve prison health care. Independent oversight, better communication, and a responsive inmate grievance procedure remain essential to making the promise of better prison health care a reality.