



University of Connecticut Health Center

TESTIMONY

RAISED COMMITTEE BILL NO. 5736

AN ACT AUTHORIZING THE DEPARTMENT OF CORRECTION AND A CONTRACTED HEALTH CARE PROVIDER TO SHARE CERTAIN RECORDS AND RESTRICTING THE DISCLOSURE OF THE FINDINGS OF AN INVESTIGATION OF A SERIOUS INJURY OR UNEXPECTED DEATH

Judiciary Committee

March 24, 2006

Senator McDonald, Representative Lawlor, members of the Judiciary Committee, my name is Dr. Mark Buchanan, Clinical Director, Correctional Managed Health Care with the University of Connecticut Health Center. I am writing in support of Raised Committee Bill No. 5736 AN ACT AUTHORIZING THE DEPARTMENT OF CORRECTION AND A CONTRACTED HEALTH CARE PROVIDER TO SHARE CERTAIN RECORDS AND RESTRICTING THE DISCLOSURE OF THE FINDINGS OF AN INVESTIGATION OF A SERIOUS INJURY OR UNEXPECTED DEATH

Correctional Managed Health Care (CMHC) is a division of the University of Connecticut Health Center (UCHC) and provides medical, mental health, and dental care to inmates in the facilities of the Department of Correction (DOC). We strongly support the initiative to extend confidentiality to the findings and proceedings of peer review within the correctional environment.

Hospital medical staffs have long used the peer-review process to analyze adverse medical outcomes in hopes of improving quality of care. The effectiveness of this process was limited on the one hand by the defensiveness of the physician whose care was under scrutiny, and on the other hand by the fear of the reviewing physicians that they could be sued by that physician if they rendered a decision that was critical of that physician's practice. Both federal and state lawmakers have attempted to let this process function most effectively by providing confidentiality to the proceedings, and by granting immunity against civil prosecution by the reviewed physicians against the reviewing physicians.

Existing state law allows for hospital peer review but does not give similar protection to health care services within correctional facilities. Adopting this legislation would allow for the same type of peer review within correctional facilities with the same kind of protections and thereby increase the effectiveness of the peer review. These issues are extraordinarily important in corrections, where proper care of and supervision of inmates requires close cooperation among multiple health professionals. Protecting inmates from suicide is a prime example of the need for such cooperation; custody staff depends on medical staff for evaluation of suicidality and for prescription of cautionary measures, while medical staff depends on custody to make observations on inmate behavior, house inmates in suicide-resistant cells, and provide continuous observation.

An effective peer-review process in a protected environment is one where staff can share their thoughts without fear or intimidation, identify areas of individual or system failure, and produce changes in practice that may reduce adverse events in the future. Absent such protection, many staff will not participate in the process, but will try to protect their own standing and reputation. In such an environment, the case-review process is unlikely to lead to improvement in the care rendered to other inmates in the future.

Again, we support the Raised Bill 5736 and thank you for your attention and consideration.