

Chronic Illness Management.....	1
I. Identification of Chronic Illness.....	1
A. Identification.....	1
B. Enrollment into Chronic Clinic.....	2
C. Initial Treatment Plan .....	2
D. Inmate Transferring Facilities.....	2
II. Routine Chronic Illness Clinic Visits .....	3
A. Inmate with Chronic Illnesses .....	3
B. Routine Visits.....	3
III. Monitoring of Chronic Illnesses .....	3
IV. Inmate Education .....	4
V. Chronic Clinic Guidelines .....	4
A. Clinical Guidelines .....	4
B. Clinical Guideline References.....	4
C. Guidelines for Routine and Annual Follow-up.....	5
D. Chronic Care Management.....	5
VI. Co-payment.....	5
VII. References.....	5
VIII. Action .....	5
Referenced Forms.....	7
Attachments .....	7

<b>Section-14 Health Services</b>	<b>OP-140137</b>	<b>Page: 1</b>	<b>Effective Date: 04/07/2022 Revision-01 dated 10/04/2022 Revisions on pages 1 and 2</b>
<b>Chronic Illness Management</b>	<b>ACA Standards: 2-CO-4E-01, 5-ACI-6A-07, 5-ACI-6A-18M</b>		
<b>Scott Crow, Director Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## **Chronic Illness Management**

Chronic illnesses are defined as illnesses that are either ongoing or recurring over a course of several months to years. The purpose of managing chronic illnesses is to provide close monitoring, maintain the inmate's health status or slow the progression of the illness. The Oklahoma Department of Corrections (ODOC) tracks the more common chronic illnesses as outlined in this procedure although any disease or condition that is persistent or reoccurring is considered a chronic illness. Other chronic illnesses include but not limited to: cancer, chronic renal disease, inflammatory and autoimmune mediated diseases, neurodegenerative diseases such as Multiple Sclerosis, Parkinson, and Dementia.

For some chronic illnesses, nationally recognized clinical practice guidelines exist. These guidelines serve as the framework within which care will be provided. Individualized treatment will be based on co-existing illnesses, medications, health history, and objective data from illness monitoring. (2-CO-4E-01)

### **I. Identification of Chronic Illness**

#### **A. Identification**

Chronic illnesses are typically identified in one of the following ways:

1. At intake, through review of health history and examination;
2. At a regularly scheduled periodic physical examination; or
3. Upon presentation for acute or episodic care.

At the time a chronic illness is identified, the inmate diagnoses will be entered in the Problem List and scheduled for routine visits to the health services unit. Severity classifications will be in accordance with "Severity Classification of Common Chronic Illness" ([Attachment A](#), attached).

**B. Enrollment into Chronic Clinic (Revision-01 dated 10/04/2022)**

When an inmate is identified with a qualifying medical condition appropriate to be managed through Chronic Clinic, the following sequence of actions are to occur:

1. Enroll the inmate into chronic care clinic and place an "Alert" indicating such status into the inmate's medical record.
2. An initial chronic clinic appointment must be made and the inmate seen by a qualified medical provider within the next 30 days for initial evaluation. More urgent assessment may be necessary if clinically appropriate.
3. Medical staff (nurses and providers) must ensure that active chronic disease medications are reviewed and appropriate prescriptions continued when clinically warranted prior to the inmate being seen in chronic clinic. Medical staff are to seek guidance in chronic illness management from appropriate qualified medical providers when uncertain about action to take.

**C. Initial Treatment Plan**

The initial treatment plan will be developed by a health care provider and documented on the "Chronic Clinic and/or Routine/Physical Examination" form ([DOC 140137A](#), attached), as outlined in [OP-140106](#) entitled "Healthcare Record System." The plan will include, but will not be limited to: patient education, instructions and orders about diet, exercise, adaptation to the correctional environment, medication, type and frequency of diagnostic testing, special therapies, activity restrictions and the frequency of follow-up for medical evaluation/referral and adjustment of treatment modality. (5-ACI-6A-07, 5-ACI-6A-18M)

**D. Inmate Transferring Facilities (Revision-01 dated 10/04/2022)**

When an established chronic clinic inmate is transferred to another facility, the receiving medical staff must review the previous chronic clinic note and

orders and ensure that appropriate timely follow-up with the facility's chronic care provider occurs. For some cases where the condition(s) are not well controlled or complex circumstances exist, the receiving facility provider should evaluate the case no later than 30 days after arrival. For well-controlled, stable cases, the next follow-up appointment may be around the same time as was scheduled at the previous facility, but should not exceed six months. If any uncertainty, the receiving facility chronic clinic provider will review the medical record and determine the appropriate time for next follow-up and any related orders needed.

## II. Routine Chronic Illness Clinic Visits

### A. Inmate with Chronic Illnesses

An inmate identified with a chronic illness will be scheduled for routine visits to the health services unit to ensure reevaluation of the condition and adjustment of the treatment plan as needed. Follow-up will be provided as clinically indicated for inmate with unstable or poorly controlled illnesses.

### B. Routine Visits

Routine visits will be conducted by a health care provider.

1. The inmate will be seen by a health care provider at least twice annually, and more frequently if the disease state warrants. Adjustments to the treatment plan will be made as clinically indicated. (5-ACI-6A-18M, b#3)
2. Results of the chronic illness visits will be documented by the health care provider on the "Chronic Clinic and/or Routine/Physical Examination" form ([DOC 140137A](#), attached). (5-ACI-6A-18M, b#4)
3. Between routine health care provider visits, nursing visits with a registered nurse (RN) or licensed practical nurse (LPN) may be scheduled as clinically indicated for inmate education, monitoring, review of testing, and other nursing interventions as part of a collaborative multidisciplinary approach. These visits will be documented utilizing the "RN/LPN Chronic Clinic Note" ([DOC 140137B](#), attached).

## III. Monitoring of Chronic Illnesses

For some chronic illnesses, frequent monitoring is an integral part of the treatment plan (e.g., blood pressure, blood sugar, peak flow) and will be provided by a qualified health care professional (QHCP) as ordered and recorded in the electronic health record (EHR). If a separate log is kept of the results of monitoring, this information will be scanned, placed into the inmate's electronic healthcare record and assigned to the health care provider for review, weekly at a minimum.

#### IV. Inmate Education

Inmate education is a vital part of chronic illness management and should be done at each visit. Providing reasonable opportunities for inmates to participate in self-care prepares them to manage their conditions during their incarceration and upon discharge from custody.

#### V. Chronic Clinic Guidelines

##### A. Clinical Guidelines

ODOC has developed clinical guidelines for certain chronic illnesses, based on nationally recognized clinical practice guidelines. These clinical guidelines are located in the Medical Services Resource Manual (MSRM). They are as follows:

1. MSRM: 140137-01 entitled "Management of Asthma;"
2. MSRM: 140137-02 entitled "Management of Diabetes;"
3. MSRM: 140137-03 entitled "Management of Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome;"
4. MSRM: 140137-04 entitled "Management of Hypertension;"
5. MSRM: 140137-05 entitled "Management of Seizure Disorder;"
6. MSRM: 140137-06 entitled "Management of Hepatitis C;"
7. MSRM: 140137-07 entitled "Management of Coronary Artery Disease;"
8. MSRM: 140137-08 entitled "Management of Chronic Obstructive Pulmonary Disease;" and
9. MSRM: 140125-01 entitled "Management of Viral Hepatitis."

##### B. Clinical Guideline References

Clinical guidelines will be utilized to form the basis for monitoring activities for performance improvement. Clinical guidelines address the following: (5-ACI-6A-18M)

1. Frequency of follow-up visits; (5-ACI-6A-18M, b#3)
2. Recommended content for history and examination;
3. Routine laboratory and other diagnostic tests; (5-ACI-6A-18M, b#2)

4. Recommended therapeutic measures;
5. Chronic clinic documentation; (5-ACI-6A-18M, b#4)
6. Specialty consultation; (5-ACI-6A-18M, b#5)
7. Monitoring of medications; (5-ACI-6A-18M, b#1)
8. Goals of therapy; and
9. Criteria for discontinuance in chronic clinic enrollment.

C. Guidelines for Routine and Annual Follow-up

The “Chronic Illness Management Guidelines-Routine and Annual Treatment Guidelines” ([Attachment B](#), attached) provides treatment guidelines for routine and annual follow-up.

D. Chronic Care Management

Chronic care management uses a collaborative multidisciplinary team approach. To assist the health care provider in the management of chronic illnesses, a RN or LPN may schedule routine appointments and procedures, order and obtain routine labs, and perform EKG's per “Chronic Illnesses Management Guidelines–Routine and Annual Treatment Guidelines” ([Attachment B](#), attached). The RN or LPN will utilize the “Chronic Clinic Nursing Interventions” (MSRM 140117.01.12.1) nursing protocol. The “Chronic Clinic Nursing Interventions” nursing protocol is approved by the chief Medical Officer for nursing to perform in accordance with the “Chronic Illness Management Guidelines–Routine and Annual Guidelines.” The approved “Chronic Clinic Nursing Interventions” nursing protocol does not require a healthcare provider's order. The “Chronic Clinic Nursing Interventions” nursing protocol is based upon nationally recognized evidence-based guidelines and recommendations.

VI. Co-payment

The visits and medications associated with the chronic illness will be exempt from co-pay.

VII. References

Policy Statement P-140100 entitled “Inmate Medical, Mental Health and Dental Care”

OP-140106 entitled “Healthcare Record System”

VIII. Action

<b>Section-14 Health Services</b>	<b>OP-140137</b>	<b>Page: 6</b>	<b>Effective Date: 04/07/2022</b>
-----------------------------------	------------------	----------------	-----------------------------------

The chief Medical Officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140137 entitled "Chronic Illness Management" dated February 16, 2021

Distribution: Policy and Operations Manual  
Agency Website

Section-14 Health Services	OP-140137	Page: 7	Effective Date: 04/07/2022
----------------------------	-----------	---------	----------------------------

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140137A</a>	"Chronic Clinic and/or Routine/Physical Examination"	Attached
<a href="#">DOC 140137B</a>	"RN/LPN Chronic Clinic Note"	Attached
<a href="#">MSRM 140117.01.12.1</a>	"Chronic Clinic Nursing Interventions"	<a href="#">MSRM 140117.01</a>

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
<a href="#">Attachment A</a>	"Severity Classification of Common Chronic Illness"	Attached
<a href="#">Attachment B</a>	"Chronic Illness Management Guidelines-Routine and Annual Treatment Guidelines"	Attached