District of Columbia
Corrections Information Council

RECOMMENDATION ASSESSMENT REPORT: BOP MEDICAL

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District of Columbia Corrections Information Council

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About the District of Columbia Corrections Information Council

The District of Columbia Corrections Information Council (CIC) is an independent oversight body mandated by the United States Congress and the Council of the District of Columbia to inspect, monitor, and report on the conditions of confinement in correctional facilities where residents from the District of Columbia are incarcerated. This includes facilities operated by the Federal Bureau of Prisons (BOP), the District of Columbia Department of Corrections (DOC), and private contractors.

The CIC reports its observations and recommendations to the District of Columbia Representative in the United States Congress, the Mayor of the District of Columbia, the Council of the District of Columbia, the District of Columbia Deputy Mayor for Public Safety and Justice, the Director of the BOP, the Director of the DOC, and the community.

About the Recommendation Assessment Series

The Corrections Information Council inspects and reports on conditions of confinement in correctional facilities where DC Code offenders are located. The Recommendation Assessment series reviews and reports on common recommendations from previous inspection reports. The series also assesses the implementation of recommendations. In some instances, additional recommendations are provided to better address residents' needs. The CIC will monitor and report on the recommendations and publish updates following significant changes to the implementation or creation of new recommendations.

Introduction

Incarcerated DC residents have a constitutional right to physical, mental, and dental healthcare while in Bureau of Prisons (BOP) custody.[1] Medical concerns are the second most common topic about which DC residents contact the CIC, and medical recommendations were made in ten of the last thirteen CIC inspections during the last five years.[2] While the BOP has policies concerning medical, mental health, and dental staffing and services, they do not resolve resident concerns regarding wait times and barriers to accessing care. The proposed recommendations below incorporate the standards established by the American Public Health Association (APHA) in an effort to develop systems within the BOP that better address the healthcare needs of DC residents.[3]

Through interviews and correspondence with the CIC, incarcerated DC residents continue to report issues with medical copays, wait times, and receiving care. Most of these issues can be addressed by increasing access to health services and increasing staffing at BOP facilities.

Previous Recommendation Summary

The below recommendations have been previously made to the BOP in inspection reports over the last five years. The recommendations stem from reports at various facilities and have been edited for clarity and brevity.

Recommendation	Status
Increase access to health services by removing barriers to receiving care.	Not resolved
Reduce wait times by increasing medical staff.	Partially resolved
Implement methodology to improve and assess quality of care.	Partially resolved
Ensure residents who request treatment receive a timely response and appropriate care.	Partially resolved

1 Bureau of Prisons (BOP), "Health Services Quality Improvement", 6013.01, https://www.bop.gov/policy/progstat/6013_001.pdf

2 Referring to CIC inspections of BOP non-medical institutions where residents are held.

3 American Public Health Association (APHA), Standards for Health Services in Correctional Institutions. United States: United Book Press, 2003.

Previous Recommendation: Increase access to health services by removing barriers to receiving care.

Status: Not resolved

Updated Recommendation # 1: The BOP should expand resident options to request medical and dental care, permit outside medical consultations, and establish contracts with local agencies to facilitate external medical care.

Resident concerns include not only barriers which prevent accessing care, but also the methodology of requesting care. Current BOP policies require residents to submit a request to staff for care. The exact methodology for submitting medical requests can vary between institutions, as does the speed with which residents are seen through sick call.[4]

The CIC recommends the BOP expand resident options to request medical and dental care by allowing residents to submit written or verbal requests directly to medical staff and that all requests for care are reviewed daily in accordance with the APHA's recommendations. Currently, residents are unable to get a second opinion or receive medical care outside the institution unless the BOP staff concurs and schedules the appropriate appointments.[5] The CIC recommends that residents are allowed consultation with private physicians if they desire a second opinion, and appointments for outside urgent care and non-urgent specialty care should be scheduled within 2 weeks and 4 weeks of the referral, respectively.[6] Each BOP facility must have adequate staff and vehicles available to transport patients to outside medical facilities to avoid delays in access to care.[7] Additionally, the CIC recommends that each BOP facility establish contracts with local emergency vehicle transport and hospitals to ensure residents have expedited access to emergency care if needed.[8]

4 "Sick call" is the initial clinical interaction for residents requesting medical care.

5 BOP, "Patient Care", 6031.004, https://www.bop.gov/policy/progstat/6031_004.pdf

6 APHA, Standards for Health Services.

7 Id.

8 Id.

Updated Recommendation # 2: The BOP dental policy should be amended to remove section 7b. "Requirement for Adequate and Proper Oral Hygiene" and the provision in section 9. "Comprehensive Dental Care" that permits a dentist to discontinue care.[9]

The BOP's dental policy allows for dental professionals to deny care to patients if they determine the resident is not practicing proper oral hygiene.[10] Dentists can also remove residents from the dental waitlist if they have two missed appointments within a 6-month period.[11] These provisions neglect a multitude of factors which could be preventing a resident from exercising good oral hygiene habits or attending appointments. Residents are responsible for purchasing their own oral hygiene products through commissary,[12] which may be a barrier to good oral hygiene for those with limited financial resources or limited access to commissary. Residents are also escorted to the dental clinic by correctional staff and are not permitted to attend appointments by their own volition.[13] The BOP should not implement any policy which penalizes residents for circumstances outside their control.

Updated Recommendation # 3: The BOP should eliminate the use of medical copays.

The CIC recommends that the BOP eliminate the use of medical copays, which present an additional barrier to accessing care.[14] With certain exceptions, residents are charged a two-dollar copay anytime they request medical care.[15] Most residents have limited income prior to incarceration and earn only twelve to 40 cents per hour through BOP work programs.[16] Yet, residents must pay for essentials like stamps and phone calls and are also expected to make contributions towards outstanding fines or fees. Due to these financial constraints, residents might be forced to choose between seeking medical care or purchasing necessary items like toiletries. Delaying or avoiding medical treatment can cause more serious conditions to develop later or prevent early detection of certain diseases or illnesses.

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9 Id.

10 BOP, "Dental Services" 6400.003, https://www.bop.gov/policy/progstat/6400_003.pdf

11 Id.

12 Id.

13 Id.

14 APHA, *Standards for Health Services*.

15 BOP, "Inmate Copayment Program 6031.002, https://www.bop.gov/policy/progstat/6031_002.pdf

16 BOP, "Work Programs", https://www.bop.gov/inmates/custody_and_care/work_programs.jsp. Most DC residents in BOP custody do not participate in UNICOR job assignments, but those who do can earn up to $1.15 an hour.

Previous Recommendation: Reduce wait times by increasing medical staff.

Status: Partially resolved

Updated Recommendation # 4: The BOP should implement methods to track wait times and increase staff to ensure residents are seen within 24 hours of their initial request.

The BOP acknowledged the importance of filling medical staff vacancies and developed initiatives to attract and retain medical professionals.[17] However, even if all BOP authorized positions were filled, there is no current way to verify that the number and type of staff at each facility are sufficient to address resident needs.[18] The authorized number of medical personnel for a facility is determined when the institution first opens and then not reassessed, but the medical needs of a resident population are dynamic and should be regularly reevaluated to determine the staffing levels required to provide sufficient medical care.[19] The APHA recommends a ratio of one doctor for every 250-700 residents, with the exact ratio depending on factors like population turnover rate.[20] Even in BOP facilities that maintain the requisite staffing ratios, residents report lengthy wait times for care. The CIC recommends all BOP facilities increase permanent or contracted medical staffing to achieve the ratio recommended by the APHA. The BOP should implement methods to track average wait times to receive care and ensure patients requesting medical assessments are seen within 24 hours of the request and triaged appropriately in accordance with the APHA's recommendations.[21] Residents utilizing the sick call system to request care should be seen the next day if staff determines that immediate or emergency medical care is not required.[22]

17 U.S. Department of Justice Office of the Inspector General, *Review of the Federal Bureau of Prisons' Medical Staffing Challenges.* Department of Justice, 2016.

18 U.S. Government Accountability Office, *Opportunities Exist to Better Analyze Staffing Data and Improve Employee Wellness Programs.* Government Accountability Office, 2021.

19 Id.

20 APHA, *Standards for Health Services.*

21 Id.

22 APHA, *Standards for Health Services.*

Updated Recommendation # 5: The BOP should ensure each facility has enough dental staff to offer residents services every six months by tracking times between dental appointments and adjusting staff levels in accordance with residential population needs.

The BOP maintains a nationwide waitlist for routine dental care and multiple DC residents have reported waiting over a year for routine care appointments.[23] BOP staffing guidelines indicate each institution should have one dentist for every 1,000 residents and one dental assistant for each dentist, but has no methodology to assess whether this ratio is adequate to address resident dental needs.[24] High clinician to patient ratios have been linked to an inability to provide timely dental care, and the majority of CIC inspection reports in the last five years include resident concerns over dental wait times.[25] BOP policy requires dentists to see patients within three business days for urgent needs or acute pain, but the policy also includes provisions which can result in this not occurring, such as allowing a non-dental clinician to assess the patient.[26] Patients seen by non-dental clinicians are to be tracked and triaged by dental staff, but this is done remotely by reviewing the patients Electronic Medical Record (EMR) rather than through an in person examination.[27] The CIC recommends the BOP ensure each facility has enough dental staff to ensure residents are offered a dental examination, cleaning, or other prophylactic services every six months in accordance with the APHA's dental recommendations and that patients with urgent needs can be assessed by a dentist within 24 hours.[28] As with medical staffing, the BOP should implement a data entry system to monitor how many residents must wait longer than six months between routine dental appointments and longer than 24 hours for urgent care, using this information to analyze wait times and population needs to dynamically assess staffing requirements for each facility. While certain BOP facilities have indicated that they do or will implement this type of analysis, a nationwide report by the Government Accountability Office revealed that it is not a standardized practice like the CIC is recommending.[29]

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23 *See generally* CIC Inspection reports on USP Caanan, USP Lewisburg, FCC Petersburg, and USP Thompson at https://cic.dc.gov/page/inspected-facilities.

24 BOP "Dental Services"; GAO *Opportunities to Better Analyze Staffing.*

25 U.S. Department of Justice Office of the Inspector General, *Audit of the Federal Bureau of Prisons' Contract No. DJBP0616BPA12004 Awarded to Spectrum Services Group, Inc. Victorville, California.* Department of Justice, 2017.

26 BOP *Dental Policy*

27 Id.

28 APHA, *Standards for Health Services.*

29 OIG, *Audit of the Federal Bureau of Prisons' Contract No. DJBP0616BPA12004 Awarded to Spectrum Services Group, Inc. Victorville, California;* GAO, *Opportunities Exist to Better Analyze Staffing Data and Improve Employee Wellness Programs*

Previous Recommendation: Implement methodology to improve and assess quality of care.
Status: Partially resolved

Updated Recommendation # 6: The BOP should implement a methodology to assess patient satisfaction and frequency of care to ensure residents are provided adequate medical care.

More medical staff will likely improve resident concerns about quality of care and length of wait times for appointments; however, the BOP must implement a methodology to assess patient satisfaction and frequency of care to ensure residents are provided adequate medical care. The BOP has taken steps to better assess staff competency by establishing a new national clinical skills program for all 122 facilities and a methodology for continuously evaluating medical employees, which is an important step in increasing quality of care.[30] The CIC will continue to monitor resident correspondence and interview data to assess whether quality of care or wait times have improved for DC Residents in BOP custody.

Conclusion

Many of the tenants of the BOP's medical care policies are in line with the recommendations from other healthcare authority sources, such as the APHA. However, the implementation of these policies has fallen short of their intent, leaving many DC residents dissatisfied and concerned with the medical care they receive while incarcerated. Beyond the policy implementations recommended above, it is critical that the BOP implement data entry and analysis that allows it to assess the needs and performance of its medical care. There is currently no methodology to track data points such as wait times, quality of care, or reasons for appointment cancellations, which are issues that have been cited as points of failure in reviews of specific patient cases within the BOP.[31] This lack of data also prevents the BOP from being able to estimate the staffing levels required to adequately address resident medical needs. The CIC recommends the BOP prioritize establishing systems to assess these critical data points in order to improve the quality of care offered within facilities.

30 Buskey et al., "Use of a National Clinical Skills Assessment Program Improves the Clinical Competency for Correctional Nurses and Advanced Practice Providers." *Journal of Correctional Health Care.* (April 2023). https://doi.org/10.1089/jchc.21.11.0131

31 C.J. Ciaramella, "Newly Released Records Reveal Neglect of Terminally Ill Woman in Federal Prison," Reason, May 3, 2023. https://reason.com/2023/05/03/newly-released-government-records-reveal-horrible-neglect-of-terminally-ill-woman-in-federal-prison/