CSG West Health Committee convened on July 17th during the 2019 CSG West Annual Meeting. Two roundtable discussions were led by the Wyoming Representative Eric Barlow and New Mexico Representative Debra Armstrong, the respective chair and vice chair of the committee, focused on two key topics: state efforts regarding behavioral health and corrections, and what the future of health care delivery may look like in 30-years.

Sarah Wurzburg of the CSG Justice Center made a brief presentation on what various states are doing to address the subject of behavioral health and corrections. Ms. Wurzburg cited that prisoners were three times more likely to have serious psychological distress (SPD) than the total adult general population, and that female prisoners and jail inmates were more likely than males to have an indicator of a mental health problem. Additionally, about 60% of people in prisons have a substance use disorder.

Ms. Wurzburg covered a wide-number of areas including the partners needed to build a successful program, pre- and post- treatment and evaluations, service assessment procedures, data collection methods, well-structured provider contracts, access to medications, and services for segregated populations. She gave state examples for many of these areas, including efforts by Wyoming and Oregon to reduce recidivism and improve health outcomes.

Following Ms. Wurzburg’s presentation Representative Armstrong facilitated a roundtable discussion producing questions concerning medication assisted treatment in correctional facilities, training psychiatrists on working in jails, assessing the quality of treatment, Medicaid and Veterans Administration benefits in correctional facilities, how to pay for treatment when people are released from correctional facilities, and use of medical marijuana.

Following the discussion of correctional and behavioral health, Representative Barlow facilitated a conversation on the future of health care delivery. Wil Carroll of Deloitte Consulting gave a brief overview of Deloitte’s view of the future of health care. In summary, Mr. Carroll shared the following observations and predictions:
• robotics, 3D printing and internet connectivity are the current technologies poised to advance health care delivery;
• a data based informational approach will replace the current clinical approach;
• consumers will have the ability to choose where and how they access healthcare based off data;
• smaller and easy to access facilities will replace large hospitals; and
• innovations have the potential to reduce healthcare costs.

Because most of the current data in these areas comes from hospitals and/or non-profits themselves, Mr. Carroll suggested that governments need to invest in their own research to assess and address changes to health care delivery.

Committee discussion on this topic led to many questions, including how changes can best be managed. Mr. Carroll responded that government will have to take a lead role in educating and facilitating changes and that new health innovations need to be made accessible to consumers.

Addressing the question of privacy, Mr. Carroll said that a federal law implemented in 2008 prohibits sharing genetic data setting a foundation for legal protections. In responding to questions regarding accessibility of consumers, he suggested that government should take on the responsibility of ensuring connectivity - especially in rural areas.