

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Chronic Care

**Policy Number:** 507.04.28

**Effective Date:** 1/27/2022

**Page Number:** 1 of 12

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

**I. Introduction and Summary:**

All patients will be screened, identified, and monitored for chronic illnesses to initiate appropriate therapeutic regimens, which will promote health and prevent complications. Patients will be provided education and counseling to encourage healthy behaviors. This policy is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders to include private and county prisons.

**II. Authority:**

- A. GDC Standard Operating Procedures (SOPs): 507.04.04 Patient Tracking Systems, 507.04.18 Discharge Planning, 507.04.23 Medical Classification and Profiling, and 507.04.25 Health Screening-Offender Transfers;
- B. GDC Clinical Update 01.01 - Medical Diets and GDC Clinical Update 02.05 - Cost Effective Laboratory and Clinical Practices;
- C. NCCHC 2018 Adult Standards: P-F-01; and
- D. ACA Standards: 5-ACI-6A-07, 5-ACI-6A-14, 5-ACI-6A-16, 5-ACI-6A-18, 4-ALDF-4C-07, 4-ALDF-4C-17, 4-ALDF-4C-1, and 4-ALDF-4C-26.

**III. Definitions:**

- A. **Chronic Illness Clinic (CIC)** - Periodically scheduled encounters between a Clinician and a patient with a chronic medical disease.
- B. **Clinician** - Physician (MD or DO), Nurse Practitioner (NP), and Physician's Assistant (PA).

**IV. Statement of Policy and Applicable Procedures:**

- A. Identifying and Establishing Chronic Illness Clinics:

- 1. Chronic Illness Clinics will be established at all Georgia Department of

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Chronic Care

**Policy Number:** 507.04.28

**Effective Date:** 1/27/2022

**Page Number:** 2 of 12

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

Corrections (GDC) facilities, county prisons (CPs), or private correctional facilities caring for patients in GDC custody.

2. The contract vendor Statewide Medical Director, as the responsible physician, establishes and annually approves clinical protocols.
3. Clinical protocols are consistent with national clinical practice guidelines.
4. Chronic Illness Clinics will be established for the following chronic illnesses:
  - a. Cardiovascular (CV)/Hypertension (HTN);
  - b. Diabetes Mellitus;
  - c. Hyperlipidemia;
  - d. General Medicine (for patients with more than one chronic illness OR another chronic condition being medically monitored and not listed in this section);
  - e. Infectious Diseases (e.g., HIV/AIDS, HCV, Latent TB, etc.);
  - f. Pulmonary (e.g., asthma, emphysema, COPD, etc.);
  - g. Seizure disorder;
  - h. Pregnancy, postnatal care, and gynecologic disorders;
  - i. Thyroid Disease;
  - j. Cancer/Oncology;
  - k. Chronic Pain; and

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Chronic Care

**Policy Number:** 507.04.28

**Effective Date:** 1/27/2022

**Page Number:** 3 of 12

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

1. GERD.

5. In addition, any patient who in the Clinician's judgment has a chronic medical condition that should be medically monitored throughout incarceration, should be enrolled into the General Medicine clinic, and be scheduled for follow up on an ongoing basis. Examples of conditions to consider include, but are not limited to, the following:
  - a. Autoimmune (rheumatoid arthritis, systemic lupus erythematosus, etc.).
  - b. Gastrointestinal (irritable bowel syndrome, GERD, Crohn's disease, etc.).
  - c. Degenerative diseases (osteoarthritis, disc disease, ankylosing spondylitis, etc.).
  - d. Others (sickle cell trait/disease/crisis, psoriasis, anticoagulation therapy, etc.).
6. The Clinician is responsible for recording all chronic illnesses onto the Problem List with the comment "resolved" added if applicable.

B. Screening Upon Diagnostic Intake:

1. Patients will be screened for the presence of chronic illnesses during diagnostic intake.
2. Chronic illnesses identified during intake screening should be recorded onto the receiving screening and into the medical history.
3. A licensed health care staff member should review information provided by the patient.
4. During the diagnostic intake physical exam, the Clinician must review the medical history with particular attention to chronic illnesses requiring ongoing

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

<b>Policy Name:</b> Chronic Care		
<b>Policy Number:</b> 507.04.28	<b>Effective Date:</b> 1/27/2022	<b>Page Number:</b> 4 of 12
<b>Authority:</b> Commissioner	<b>Originating Division:</b> Health Services Division (Physical Health)	<b>Access Listing:</b> Level I: All Access

monitoring. This information should be documented during the diagnostic physical exam. The Clinician should develop a treatment plan which includes diagnostic measures, therapeutic measures, and patient education. This treatment plan should be initiated during diagnostic intake. The Clinician is responsible for reviewing this information at the time the patient is seen at the initial chronic illness visit.

5. The initial CIC visit, and corresponding CIC Data Base form must be completed within thirty (30) days of arrival to GDC.
6. The Clinician should write an order enrolling the patient into the designated Chronic Illness Clinic(s) along with specific medications, and laboratory/diagnostic tests needed for monitoring at the next scheduled appointment. Refer to the Clinical Update Manual for additional disease-specific Chronic Illness Clinic procedures and protocols.

**C. Screening for Chronic Illnesses During Intrasystem Transfer:**

1. Sending Facility:
  - a. Prior to offender transfer, a licensed health staff member should review the health record to determine if the patient has a chronic illness.
  - b. For patients with a chronic illness, the name(s) of the clinic(s) and date(s) the patient was last seen should be noted during the Intrasystem transfer process.
  - c. Refer to SOP 507.04.25, Health Screening-Offender Transfers, for additional information related to Intrasystem transfer screening.
2. Receiving Facility:
  - a. The licensed health care staff involved in intake processing of newly

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Chronic Care

**Policy Number:** 507.04.28

**Effective Date:** 1/27/2022

**Page Number:** 5 of 12

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

arriving patients should review the health record to determine if the patient has a chronic illness.

- b. For patients with a chronic illness, the nurse should forward the health record to the Clinician for review within two (2) working days of arrival.
- c. The Clinician will initiate orders for patient follow-up when the next CIC visit is due or as medically necessary. The clinician will renew/approve current medications ordered, profiles, CIC follow-up schedule, and pending consultations.
- d. Refer to SOP 507.04.25 for additional information related to Intrasystem transfer screening.

**D. CIC Tracking:**

- 1. Refer to SOP 507.04.04, Patient Tracking Systems, for additional information.
- 2. At permanent facilities, tracking of patients with chronic illnesses begins with the intrasystem transfer process. The date of the previous CIC appointment should be noted, and the next appointment scheduled as ordered at the previous clinic visit. Diagnostic centers should develop an internal system to ensure that patients are monitored in accordance with this SOP.
- 3. Patients newly diagnosed with chronic illnesses following the diagnostic process should also be enrolled into the Chronic Illness Clinic program.
- 4. There are two (2) tracking logs for listing CIC patients.
  - a. The Chronic Illness Clinic and Lab Tracking Log (P03-0005.06) or other approved tracking should be used to list patients with a single chronic illness.

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Chronic Care

**Policy Number:** 507.04.28

**Effective Date:** 1/27/2022

**Page Number:** 6 of 12

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

- b. A separate log sheet should be maintained for each Chronic Illness Clinic. For example, there should be a CIC and Lab Tracking Log sheet listing patient enrolled in the Diabetes Clinic and a separate log sheet for those patients enrolled in the Pulmonary Clinic.
- c. The General Medicine CIC and Lab Tracking Log (P03-0005.19) or other approved tracking should be used to list patients with more than one chronic illness.
  - 1) This log contains columns for each chronic illness. A check should be placed in the corresponding column indicating the chronic illnesses the patient experiences.
  - 2) The number of patients enrolled in each clinic can be summed at the bottom of the tracking log sheet to provide an accurate determination of the total numbers of diseases in the General Medicine CIC.
5. A computerized tracking system may be used if the hardcopy report produces the same tracking data that appears on the GDC tracking logs. The computerized system must also be able to retrieve historical data in the prescribed format without time limitations.
6. Each facility must maintain an accurate listing of patients enrolled in the CIC program. Newly arriving patients must be added to the respective tracking log no later than 48 hours after arrival, and patients no longer at the facility should be removed from the tracking log by highlighting through the entry.
7. On a monthly basis, each facility must report to the GDC Office of Health Services, the number of patients enrolled in each designated Chronic Illness Clinic on the designated data reporting form.

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Chronic Care

**Policy Number:** 507.04.28

**Effective Date:** 1/27/2022

**Page Number:** 7 of 12

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

E. The Initial Clinic Visit:

1. The Clinician is responsible for completing the respective CIC Data Base form within thirty (30) days of arrival to GDC.
  - a. The Clinician should complete the disease-specific Data Base form for patients with a single chronic illness.
  - b. For patients with more than one chronic illness, the Clinician may complete the General Medicine Clinic Data Base.
2. If a patient is transferred from the diagnostic facility prior to having the initial visit and CIC Data Base completed, the Clinician at the receiving facility must complete the initial clinic visit and respective CIC Data Base within thirty (30) days of arrival at the new facility. This should allow ample time to obtain medically necessary laboratory or diagnostic tests prior to the initial clinic visit.
  - a. The Clinician should complete the disease-specific Data Base form for patients with a single chronic illness.
  - b. For patients with more than one chronic illness, the Clinician may complete the General Medicine Clinic Data Base.
3. If a patient is newly diagnosed with a chronic illness following completion of the diagnostic process, the nurse should schedule the patient to be seen for the initial clinic visit within thirty (30) days of the new chronic illness diagnosis. The Clinician is responsible for ordering medically necessary laboratory or diagnostic tests prior to the initial clinic visit. During the initial clinic visit, the Clinician will be responsible for completing the respective CIC Data Base form. The clinician will be responsible for ordering medically necessary medication no later than 48 hours after the initial clinic visit.

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Chronic Care

**Policy Number:** 507.04.28

**Effective Date:** 1/27/2022

**Page Number:** 8 of 12

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

4. If a patient has had medical evaluations prior to incarceration that would be helpful in the assessment and treatment of the chronic illness (es), the Clinician or nurse should obtain a Consent to Release or Request Medical Information.
5. Short-term facilities (Detention Centers, etc.) should conduct the initial screening and assessment of chronic illnesses during the diagnostic phase and monitor patients thereafter based on the patient's degree of disease control and status. Refer to the Chronic Illness Outcome Measures – Definitions of Disease Control and Status (P30-0004.00) for additional information.

**F. Frequency of CIC Monitoring:**

1. In general, patients in Chronic Illness Clinics should be evaluated in accordance with their disease control and status.
  - a. The default frequency for monitoring patients in the CIC program should be every six (6) months.
  - b. Patients whose chronic disease is poorly controlled should be monitored as often as clinically indicated until disease control stabilizes. There is no absolute time frame, and each case should be handled on an individual basis. However, patients should be seen no less frequently than once a month.
  - c. For patients with a chronic illness that is consistently well controlled and who are adherent to prescribed medications (if applicable), follow-up appointments may be scheduled less frequently. The Clinician must document the clinical rationale for recommending less frequent monitoring. These patients may be scheduled for follow-up appointments every six (6) months.

There are exceptions to monitoring well-controlled patients every six (6) months. These exceptions are HIV and HCV patients prescribed antiviral



GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Chronic Care

**Policy Number:** 507.04.28

**Effective Date:** 1/27/2022

**Page Number:** 9 of 12

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

therapy, diabetics, and patients with multiple diseases in the General Medicine clinic.

2. For patients found to be in fair or poor disease control and/or worsening status, the Clinician is responsible for making changes to the treatment plan in an effort to improve disease control and/or status.

**G. Ongoing CIC Monitoring:**

1. A Clinician is responsible for conducting the Chronic Illness Clinic visit for all patients in the CIC program.

**H. Clinician Responsibilities:**

1. The Clinician will be responsible for the following:
  - a. Clinically justifying any deviation from the protocol.
  - b. Writing physician orders enrolling the patient into the designated Chronic Illness Clinic.
  - c. Obtaining history information and performing a physical exam with focused attention on the organ system(s) affected by the chronic illness(es) being evaluated.
  - d. Recording and/or updating the Problem List when applicable.
  - e. Monitoring changes in the patient's condition.
  - f. Developing and updating the treatment plan based on the patient's disease control and status.
  - g. Writing physicians orders for:

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Chronic Care

**Policy Number:** 507.04.28

**Effective Date:** 1/27/2022

**Page Number:** 10 of 12

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

- 1) Medications – a thirty (30) day supply with up to five (5) refills. The Clinician must ensure that the medication quantity ordered is sufficient to get the patient through to the next scheduled clinic visit. Medications should be ordered as part of the clinic visit to avoid medications from running out before the next clinic visit is held.
- 2) Laboratory and/or diagnostic tests – those needed prior to the next scheduled clinic visit. Results should be available between seven (7) to ten (10) days before the next visit.
- 3) Therapeutic diets – if clinically indicated, specify the diet type and duration the diet should be in effect. Specify nutritional supplements, if medically indicated.
- 4) Immunizations (i.e., influenza, pneumovax, COVID, hepatitis A, hepatitis B, etc.) should be offered during the CIC visit according to disease-specific clinical guidelines. The Office of Health Services may periodically publish Clinical Updates regarding immunizations.
- 5) Follow-Up visits – indicate when the patient is to be seen for the next clinic appointment.
- 6) Consultations – complete the Consultation Request.
- h. Monitoring medication adherence by reviewing the current MAR during the clinic visit. Patients noted to be nonadherent should receive counseling, which should be documented on the CIC Follow Up form.
- i. Documenting patient education related to the specific disease process, immunizations, health promotion/maintenance, disease prevention, medications, etc.

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Chronic Care

**Policy Number:** 507.04.28

**Effective Date:** 1/27/2022

**Page Number:** 11 of 12

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

I. CIC Nurse Responsibilities:

1. The CIC nurse will be responsible for the following:

- a. Scheduling laboratory tests so that results are obtained within seven (7) to ten (10) days before the next scheduled clinic visit and results are available at the time the Clinician sees the patient.
- b. Scheduling clinic appointments.
- c. Obtaining complete vital signs and weight on the day of the clinic visit.
- d. Monitoring medication adherence and counseling patients noted to be nonadherent. This counseling should be documented in the health record.
- e. Reinforcing, and in some cases, initiating patient education related to specific disease processes, medications, health promotion and disease prevention strategies, and the importance of keeping scheduled medical follow-up appointments.
- f. Maintaining an accurate CIC tracking system.

J. Releasing Patients from Chronic Illness Clinics:

The following are examples of when a patient may be discharged from the CIC program:

1. The patient is being released from GDC custody. Refer to SOP 507.04.18, Discharge Planning, for further information.
2. The patient's chronic illness is well controlled, requiring no medications and in the Clinician's medical opinion, requires no further ongoing medical follow up. Complete documentation by the Clinician must be recorded in the health

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

<b>Policy Name:</b> Chronic Care		
<b>Policy Number:</b> 507.04.28	<b>Effective Date:</b> 1/27/2022	<b>Page Number:</b> 12 of 12
<b>Authority:</b> Commissioner	<b>Originating Division:</b> Health Services Division (Physical Health)	<b>Access Listing:</b> Level I: All Access

record prior to writing a physician's order to release the patient from the CIC program.

**K. Patients Refusing CIC Care:**

1. For patients who refuse CIC monitoring, the nurse and Clinician should document complete and detailed patient counseling progress notes, which address the potential health risks and dangers the patient could experience as a result of refusing medical follow up.
2. The Clinician should complete a Refusal of Treatment Against Medical Advice form (P82-0002.01), listing specific potential health risks which may result by refusing monitoring. The form should be filed in the *Consent* section of the health record.
3. The patient should continue to be scheduled for follow up, at a minimum of every six (6) months. All efforts taken by medical staff to encourage the patient to agree to be monitored should be documented in the progress notes.
4. The patient should continue to be tracked on the respective CIC Tracking log.

**V. Attachments:** None.

**VI. Record Retention of Forms Relevant to this Policy:** None.