

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

IN THE UNITED STATES DISTRICT COURTS  
FOR THE EASTERN DISTRICT OF CALIFORNIA  
AND THE NORTHERN DISTRICT OF CALIFORNIA

RALPH COLEMAN, et al.,

Plaintiffs,

No. CIV S-90-0520 LKK JFM P (E.D. Cal.)

v.

ARNOLD SCHWARZENEGGER,  
et al.,

Defendants.

MARCIANO PLATA, et al.,

Plaintiffs,

No. C 01-1351 TEH (N.D. Cal.)

v.

ARNOLD SCHWARZENEGGER,  
et al.,

Defendants.

CARLOS PEREZ, et al.,

Plaintiffs,

No. C 05-5241 JSW (N.D. Cal.)

v.

JAMES TILTON, et al.,

Defendants.

1 JOHN ARMSTRONG, et al.,

2 Plaintiffs,

No. C 94-2307 CW (N.D. Cal.)

3 v.

4 ARNOLD SCHWARZENEGGER,  
5 et al.,

ORDER APPROVING INFORMATION  
TECHNOLOGY COORDINATION  
AGREEMENT

6 Defendants.  
7 \_\_\_\_\_/

8 The Receiver in Plata, the Special Master in Coleman, and the Court Representatives in  
9 Perez and Armstrong presented to the judges in the above-captioned cases the attached  
10 agreement regarding information technology that they reached during the coordination meetings  
11 they have held to date. On February 4, 2008, the undersigned judges granted the parties until  
12 February 15, 2008, to show cause as to why the agreement should not be adopted as a court  
13 order. Defendants filed a timely response in each case, but none of the four sets of Plaintiffs  
14 filed a response.

15 In their response, Defendants stated that they did not object to the agreement but sought  
16 “to ensure that the [Plata] Receiver will coordinate with the Department of Mental Health in  
17 order to facilitate technological compatibility and communication regarding patient care between  
18 the Department of Mental Health [DMH] and the California Department of Corrections and  
19 Rehabilitation [CDCR].” Defs.’ Response at 2. The Receiver has no objection to such  
20 coordination.

21 Accordingly, with good cause appearing, IT IS HEREBY ORDERED that:

- 22 1. The attached coordination agreement regarding information technology is approved.
- 23 2. The Plata Receiver shall coordinate with DMH to facilitate technological
- 24 compatibility and communication regarding patient care between DMH and CDCR.


25 //

26 //


1 3. The Plata Receiver shall file quarterly reports in each of the above-captioned cases  
2 concerning developments pertaining to matters that are the subject of the information technology  
3 agreement. The first such quarterly report shall be filed on or before June 15, 2008.

4  
5 **IT IS SO ORDERED.**

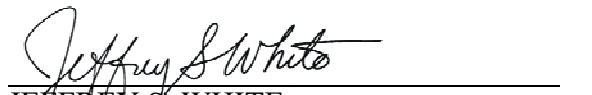
6  
7 DATED: 03/10/08

  
LAWRENCE K. KARLTON  
SENIOR JUDGE  
UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA


8  
9  
10  
11 DATED: 03/10/08

  
THELTON E. HENDERSON  
UNITED STATES DISTRICT JUDGE  
NORTHERN DISTRICT OF CALIFORNIA

12  
13  
14  
15 DATED: 03/10/08

  
JEFFREY S. WHITE  
UNITED STATES DISTRICT JUDGE  
NORTHERN DISTRICT OF CALIFORNIA

16  
17  
18  
19 DATED: 03/10/08

  
CLAUDIA WILKEN  
UNITED STATES DISTRICT JUDGE  
NORTHERN DISTRICT OF CALIFORNIA

1 INFORMATION TECHNOLOGY

2 The objective of the Receiver's long term information technology (IT) program is to  
3 construct and support the California Correction Health Care Information System based on the  
4 importance of "correct data at the point of care." The core design is based on an Electronic  
5 Medical Record (EMR) for each inmate/patient. The EMR will be paperless, medical  
6 information gathered in one location for physicians and clinicians to access, at various locations,  
7 and thereby enable them to make informed and safe medical decisions. All data obtained will be  
8 patient-centric to allow for an "Information at the Point of Care" system.

9 To support the establishment of an EMR, a foundation will be formed. It will contain  
10 four components: 1) technical infrastructure, 2) clinical infrastructure, 3) data infrastructure, and  
11 4) operational infrastructure. The technical infrastructure will provide a high-speed connection  
12 to a network of multiple sites. The clinical infrastructure will provide a repository of  
13 standardized data through verifiable data processes and compile medical data across all  
14 compliant data sources into a unified database that can be used to generate information valuable  
15 for patient care and healthcare management. The data infrastructure will implement a secure  
16 clinical web-based portal tool that allows clinical staff appropriate access to verified and  
17 standardized patient data at the point of care or clinical work areas (i.e. university hospitals, local  
18 specialty care centers). The operational infrastructure will provide clinical informatics with a  
19 near zero fault tolerance system to support various operations (i.e. Maxor Pharmaceuticals).

20 Upon this foundation, the EMR will be supported by uniform clinical data provided by  
21 two types of clinical information systems: 1) clinical business systems and 2) clinical systems.  
22 The Clinical Business System will sustain such areas as access tracking, scheduling, correctional  
23 interface, clinical resource scheduling, clinical contracting, credentialing, and continuing  
24 medical education (CME) verification. The clinical systems will sustain such areas as  
25 laboratory, radiology, pharmacy, clinical department workflow, telemedicine, digital imaging,  
26 dental systems and mental health systems.

1 Based on these systems the EMR will facilitate:

- 2 • a clinical data warehouse
- 3 • views on data - patient, clinician, administrator portals and reports
- 4 • integrated patient care at the regional level
- 5 • clinical/case management and outcome reporting
- 6 • chronic disease registries
- 7 • enterprise wide/common scheduling
- 8 • supported clinical decisions
- 9 • cost effective and timely patient-centered care
- 10 • telemedicine delivery

11 The Receiver will assume responsibility for implementation of the long term IT program  
12 to include the medical, dental and mental health programs. The Coleman Special Master, the  
13 Perez court experts, the Armstrong court representative, and defendants' mental health and  
14 dental administrators will be kept informed of the progress of this long range project and will  
15 provide necessary input concerning mental health, dental and Armstrong clinical data needs.

16 Telemedicine is a critical component of the Receiver's plan to bring the California Prison  
17 Health Care system to a constitutional standard. The Receiver will assume responsibility for the  
18 telemedicine program serving the medical, dental, mental health and Armstrong programs to  
19 include direct oversight of the office of telemedicine services comprised of eight personnel [4  
20 RNs, 2 Staff Services Analysts (SSAs), 1 Health Records Technician II (HRT II), and 1 TCA II].

21 The Coleman Special Master will consult with defendants' mental health administrators to assist  
22 in establishing clinical guidelines for the mental health component of the telemedicine program.

23 The Receiver will assume responsibility to support the current Mental Health Tracking  
24 System until it can be integrated into the long term IT program.

25 There will be ongoing coordination among the four cases to ensure that the Disability and  
26 Effective Communication System (DECS) and the Receiver's IT system are integrated  
appropriately.