

# American College of Occupational and Preventive Medicine 2011 Annual Meeting, Orlando, Florida, October 31, 2011

## Clinical Care in Correctional Settings

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## Correctional System

- Corrections =
  - Agencies at local, state and federal level
  - Detention – individuals accused of crimes
  - Correction – individuals convicted of a crime



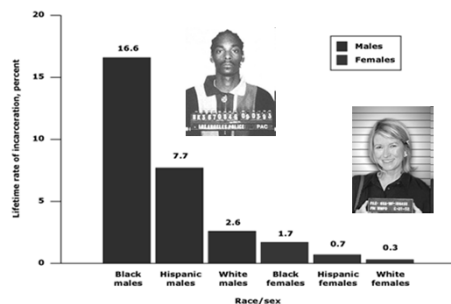
## Correctional System

- Correctional settings
  - Lockups
  - Jails
    - Local and county
    - Awaiting trial, sentencing or transfer
    - Serving short terms (<12 months)
    - Majority are NOT convicted
  - Prisons
    - State and Federal
    - Convicted of a crime
- Mandated alcohol and drug treatment programs
- Community mental health supervision and treatment

## Demographics

- 2008 – 7.3 Million under correctional supervision (jail, prison, parole, probation)
  - 3.1% of the population
  - 1 in every 32 adult US residents
- Minorities disproportionately represented
- At current rates....
  - 32% of African American men
  - 17% of Hispanic men
  - 5.9% of Caucasian men
- ...will be incarcerated in their lifetimes

## Prevalence of Imprisonment in the US by Race and Gender



## Providers

- County, State or Federal employees
- Local Public Health Departments
- University Medical Centers
- For-profit Contractors
- Telemedicine



Careers : Become a Prison Doctor.

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## The Challenge

- To meet the same standards as health care in the general population
- Health Services vary widely in availability and delivery by county, state, country, and by setting, budget and size of facility



## The Opportunity

- To promote public health to a high-risk population



## Prevalence of Infectious Diseases, TDCJ 1999-2000

Disease	Prevalence of disease per 100,000
Latent tuberculosis infection	16,511-24,600*
Hepatitis C	8377
HIV/AIDS	1458
Syphilis	655
MRSA	328
Herpes zoster	206
Hepatitis B	84
Active tuberculosis	39
Pneumonia	27
Gonorrhea	15
Encephalitis	3.6

## 15 Most Prevalent Diseases, TDCJ 1997-1998

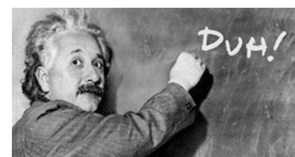
Disease	Percentage of inmates
Tuberculosis infection (history of or current positive tuberculin skin test)	28.1
Hypertension	9.6
Asthma	5.2-6.5*
Low back pain	5.1
Virat hepatitis	5.0
Affective disorders	3.9
Arthritis	3.5
Fractures	2.9
Cirrhosis	2.8
Diabetes mellitus	2.6-4.8*
Hernia	2.0
Schizophrenic disorders	2.0
Epilepsy	1.9
Heart disease	1.7
HIV/AIDS	1.6

## Barriers



## Money

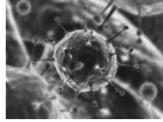
- Financial and human resource constraints
  - IM w/limited access to health care prior to incarceration
  - Limited community resources to care for IM needs
    - Inmate Co-Payments



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## Infection Control

- HIV, HEP C, TB, MRSA
- Building Design – space
- Ease of Transmission – proximity, overcrowding
  - No Bleach
  - No Condoms
- Containment
  - Isolation
  - Lack Access to Showers/Clean Clothes
  - Limited Cleaning Supplies/Appliances



## Privacy

- For Provider – Patient Confidentiality
- From the Security Apparatus
  - Legal and punitive concerns
- From other inmates
  - Stress, anger, hostility,
  - Exacerbation of symptoms,
  - Psychiatric disturbance



## Security Apparatus

- Differing Goals – Differing Perspectives
- Housing – Movement, Medical Housing
- Idleness
- Safety/Security – Hand-cuffs/shackles
- Sending Pt's Off-Site
- Privileges – e.g., Shoes
- Shake-Downs



## Lifestyle Modifications

- Diet
- Exercise
- Commissary
- Coping Strategies



## Access to Medication

- Getting Seen by a Provider
- Formulary
- Dispensing Issues
- Pain Control
- The ER
- Referrals and Consults



## Inmate Turnover

- Release from Custody
- Continuity of Care
- Return to Custody



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## Uniqueness



## A Unique Situation

- FRONT LINE (infxn, Psych, Detox)
- Suicide -32% of deaths in jail vs 6% in prison; 48% in 1<sup>st</sup> week
- OP Clinic
- IP Infirmary
- Urgent Care
- Limited Formulary
- Time / Productivity
- Patient Education



## Legal Issues

- Be Prepared to be Sued
- Legal Standard – Deliberate Indifference
  - A prison official cannot be found liable under the Eighth Amendment unless the official knows of and disregards an excessive risk to inmate health or safety. Thus, the inmate must show more than negligence or the misdiagnosis of an ailment.



## Caveats

- Secondary Gain
- Drug Seekers
- Rapport - Assumptions about “truth”
- Safety Concerns



## Ethics – beneficence, do no harm, honor confidentiality

- |                         |                                     |
|-------------------------|-------------------------------------|
| • Informed Consent      | • Reason for Incarceration          |
| • Right to Refuse       | • Security Apparatus “examinations” |
| • Confidentiality       | • Restraints                        |
| • Pain Control          | • Witnessing                        |
| • Right to Die          | • Executions                        |
| • Forced relationship – | • Fee for Service                   |
| • no “Divorce”          |                                     |

## The First Week

- Screening Process
- Suicide Prevention
- Avoiding Interrupting Medication Regimens
- 1<sup>st</sup> Medical Visit
- Supplies and Privileges

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## Process

- Screening – 5 Min
  - Acute and Chronic Medical Problems
  - Psychiatric Problems
  - Drug/ETOH use/withdrawal
  - Injuries
  - Meds
  - Communicable Disease
  - Pregnancy
  - Suicide Risk –



## MHMR & Dental

