



Linking Health Care in Jails and Communities Through Information Technology

Issue Brief

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Local jail officials struggling to provide appropriate health care to inmates increasingly see the benefits of a community-based approach to inmate care. Under this approach, inmates are paired with doctors from the community, who diagnose and treat inmates while they are in jail and continue treating them after they are released. Community-based care leverages the resources of both the jail and the community to provide coordinated, ongoing treatment to inmates and reduce the public health burden.

There are challenges to this approach. Chief among them is connecting the health care system in the jail with the health care system in the community. Information technology (IT) can help bridge those two systems.

But for most jails, the idea of automating and integrating information systems—especially those pertaining to medical care—is still very new. This lack of experience with integrated IT systems can present serious barriers to jails trying to implement a community-based approach to care.

Integrated systems allow jails and community health providers to share information about their patients and coordinate care across settings. Without such systems, jails and health care practitioners may lack the information they need to provide effective care. In essence, society's massive investment in inmate health is lost the moment the inmate leaves jail, because care is not coordinated in the community—and, in many cases, is not even continued.

IT can help protect that investment. Inside the jail, computerized systems can store inmate health data, schedule appointments and provide medication reminders. And by connecting health care in jail with health care in the community, these systems can help manage care before, during and after incarceration.

The COCHS Approach

COCHS—Community Oriented Correctional Health Services—is a nonprofit organization supported by the Robert Wood Johnson Foundation to foster partnerships between local jails and community health providers. With inmate re-entry becoming an increasingly important issue in communities across the country, COCHS focuses on jails as unique places of opportunity for introducing health change. Although few people think of jails as providers of health care, they are in fact required by law to provide the community standard of care to inmates. COCHS takes a public health approach to correctional health, addressing both the health needs of people who are in jail and those of their communities, where ultimately these inmates return. In this way, COCHS brings an extraordinarily practical solution to a broad social problem.

Connectivity—linking jails with community health providers—is key to making the COCHS approach work. In correctional medicine, many of the critical processes involved in providing care are not clinical. Instead, they focus on issues like initiating the medical encounter, usually through health screening at booking; inmate classification; transportation; and security. Three stages of inmate experience—entering jail, incarceration and discharge—present different challenges and opportunities for IT in this setting.

Entering Jail: The Need for Inmate Health History

Inmates generally are screened for health problems when they enter jail, during booking. A nurse conducts the screening to document the inmate's existing chronic illnesses, medications, dietary needs and allergies. But booking is not an ideal environment in which to collect health data. People entering jail can be uncommunicative, angry, combative, intoxicated or suffering from a mental health condition. They may be unlikely or unwilling to

Orange County's IT Solution

The Orange County Corrections Department in Orlando, Fla., has fully integrated its inmate management and medical records systems. When a booking clerk enters an inmate's demographic information into a computer, an electronic medical record (EMR) is generated. As intake information is entered, pertinent data are transferred automatically to the inmate's EMR.

Conversely, when a doctor or nurse enters information in the inmate's EMR, data essential to corrections are transmitted to the inmate management system. Medical records can be accessed instantly by authorized medical personnel.

Since implementation of the new integrated system, acute illness goes untreated less frequently and health providers manage chronic illness better. This translates to fewer emergency visits by inmates, which in turn reduces the number of hours spent by corrections officers guarding inmates in unsecured locations.

Discharge planning has also improved. Case managers can see from inmates' files whether they need medical attention prior to release. They can also ensure that inmates leave with needed prescriptions, and notify the local health department if an inmate has been diagnosed with tuberculosis or AIDS.

In addition, the system simplifies health care if an inmate is re-incarcerated, because the EMR is still in the system. Health providers know right away when they have to deal with a severe illness.

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disclose important medical information. Even if they cooperate, they may not have received consistent medical care for a long time, and may be unaware of their own conditions.

Integrating jail medical management and booking systems would allow health screeners to view inmates' health experiences and recommend appropriate medical, security and scheduling actions. For example, inmates who are sick or pose a threat to themselves or others may need special attention or to be placed in special housing.

Expanding system integration outside the jail walls to include partner health centers in the community would support care coordination. In many cases, jails and community health centers are treating the same patients. Continuity of care between these settings requires continuity of information.

Technologically modest solutions can also pay great dividends: even the relatively basic information supplied on a CMS 1500 claim form—used by health care providers to bill Medicare and Medicaid for treatment—could support provision of effective care. Since these forms are often digitized by the providers who submit them, they represent an easily accessible but important source of information.

Incarceration: Swift Access to Current Information

Once an inmate enters jail, information is needed to ensure that the right care is provided at the right time. Here, paper-based systems are often inadequate. Many failures occur because an inmate is supposed to be in two places at the same time. For example, an inmate with a serious health condition who's scheduled for a medical appointment at the same time he's supposed to be in court could have a problem. Electronic systems do a better job of managing these processes and avoiding conflicts than paper-based methods or verbal instructions.

Managing everyday health-related needs—from medications to special diets—can be done more easily through IT systems. That means less disruption in the jail and less work for jail staff. IT systems can also help ensure correct medication dosages and administration, and track whether a patient is receiving or refusing medications.

Technology can also help jails respond more quickly and effectively to inmate requests. Electronic receipt of such requests—at, for instance, a digital kiosk—is speedy and private. Once received, these requests can be relayed quickly to the appropriate jail staff for action and stored for future reference.

Release: Ensuring and Coordinating Care in the Community

Under a community-based approach to correctional care, inmates leave jail with medication prescriptions and an appointment for continued care at a neighborhood health center. This ensures that care is coordinated, that efforts are not duplicated and that medical decisions are better informed. Inmates leave jail in stable health and with a plan for getting care in the future.

Lacking this continuum of care from jail to the community, inmate health is likely to deteriorate after release. This is particularly true of inmates who have chronic health problems, such as diabetes or heart disease. Without continued treatment, their problems may become so severe that they wind up in the emergency room, where care is much more costly.

Looking Ahead

The success of a community-based inmate care program depends in large part on connectivity: building strong linkages between jails and community health providers.

An effective IT solution will help build those linkages. Different jurisdictions and communities will require different solutions, depending on their needs and capabilities. It is important to remember that IT is not an end to itself—it is a means for building an infrastructure that will help improve the health and safety of inmates re-entering society, their families and the communities in which they live.