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Correctional Health Care Today

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The dedication of this issue of *Corrections Today* to health care issues could not be more timely. Correctional health care providers in 2006 are coping with increasingly complex inmate-patient populations, learning to use a vast array of new technologies and medications, and struggling to meet their health care budgets as community medical costs outpace inflation on an annual basis. Despite these enormous challenges, I routinely hear from Federal Bureau of Prisons physicians that inmates are the most clinically interesting and rewarding patient populations they have treated. Indeed, few medical practices require the breadth and depth of clinical decision-making that is needed by correctional practitioners. The combination of substance abuse histories, mental illness, chronic infectious diseases and often neglected personal health creates patient populations that are largely unique to corrections. A man or woman with hepatitis C, latent tuberculosis infection, mental illness and new onset diabetes would be an enigma to many physicians, but is a well-known patient for most correctional health care providers. Correctional medicine, now more than ever, needs the best and brightest clinicians to meet today's heath care challenges.

Addressing the complexities of correctional medicine from an administrative perspective requires embracing strategies that ensure the delivery of cost-effective, evidenced-based medicine. The highly structured, controlled environment of a prison is conducive to managed-care efforts that foster smart medicine, such as clinical practice guideline implementation, formulary adherence, utilization review for elective procedures and diagnostics, monitoring specific outcome measures in disease management, and clinician peer review programs. These strategies are crucial for correctional systems with large numbers of mobile, chronically ill inmates to ensure that their medical needs are consistently and effectively managed.

Beyond internal controls and protocols, jails and prisons must look beyond their walls and engage the broader medical community to optimize their health care systems. Potential initiatives include employing experts for bill adjudication to scrutinize costly hospital expenditures, implementing telehealth and on-site services to engage knowledgeable subspecialists to improve patient outcomes and reduce inpatient care requirements, and pursuing academic affiliations to not only develop future correctional practitioners, but also evaluate inmate health care systems and further advance the field of correctional medicine.

Maintaining healthier inmate populations is also an investment in security. The mentally ill inmate who assaults an officer becomes calm and engaged in inmate programs when medically managed. The inmate with active tuberculosis who is coughing violently becomes quiet and noncontagious as a result of effective treatment. The inmate with diagnosed angina with appropriate interventions, can be successfully managed as an outpatient and not require midnight resuscitation and urgent transfer to a community hospital. In short, quality health care by seasoned correctional professionals makes jails and prisons safer environments for inmates and correctional workers alike.

Promoting excellence in correctional health has potential effects far beyond jails and prisons. Our successes in prevention and treatment can play a vital role in meeting the federal priorities of eliminating health disparities among racial and ethnic minorities, reducing violence, detecting and containing infectious diseases, and improving the treatment of mental illness and addiction. Indeed, the surgeon general has highlighted the important link between correctional medicine and public health by planning a "Call to Action for Corrections and Community Health." This document should further advance the nation's understanding that inmate-patients are part of the broader community as they will eventually return to live with their families, friends and neighbors. Thus, they should be targets for public health interventions, both before and after incarceration.

It remains uncertain how quickly or easily correctional medicine will become more fully integrated with the broader public health care infrastructure and medical profession. What is certain, however, is that correctional medicine will remain at the forefront of caring for a large subset of our country's sickest patients who have eluded more traditional health care networks. As long as there are large numbers of incarcerated populations in this country, correctional medicine will stand as public health's best friend. Now is the time to join hands. ◆