

Highlights of the Alliance for Health Reform’s Briefing *“Health Care Behind Bars: A Key to Population Health?”*

Overview

The Alliance for Health Reform recently hosted a [briefing on correctional healthcare](#). The briefing, which was sponsored by the Centene Corporation, focused on how states are wrestling with rising correctional healthcare costs and mounting complexities, such as specialty drugs, to providing care to those behind bars. The briefing’s panels included two former inmates, a correctional services medical director, and private sector experts who presented overviews of their work, their experience with correctional healthcare, and their recommendations for reforming correctional healthcare. The briefing also showcased the findings of a newly released report by The Pew Charitable Trusts and the MacArthur Foundation on “[State Prison Health Care Spending](#),” which surveyed 42 states on their correctional healthcare spending.

Summary of Panel Presentations and Comments

Steve Rosenberg, President of Community Oriented Correctional Health Services (COCHS), spoke about his company’s work in providing correctional healthcare services. COCHS works to promote and to build partnerships between communities, local healthcare providers, and jails.

- Mr. Rosenberg defined jails as city-, county-, or locally-operated or -based institutions while prisons are exclusively state- or federally-operated institutions.
- Approximately 11.6 million people in the United States spend time in jail in a given year, with about 96 percent returning to the community following their incarceration.
- The prevalence of individuals with Hepatitis, HIV, and substance dependence or abuse is higher among jail inmates than the general population.
- According to one study, about 90 percent of all individuals upon their release from jail have no health insurance. Another study found that 80 percent of individuals in jail with chronic medical conditions had not received treatment in the community prior to their arrest.

Dr. Sharon Lewis, Statewide Medical Director for the Georgia Department of Corrections, focused on Georgia’s correctional healthcare system and the challenges the State faces.

- Georgia is the 9th most populous state but has the 5th largest prison population, with approximately 55,000 inmates.
- Georgia has constitutionally-mandated healthcare for inmates, which includes the right to access medically-necessary care, to receive such care that is requested, and to request professional medical opinions from specialists and other providers.
- Dr. Lewis said about 37 percent of the inmate population in Georgia has a significant chronic illness and about 17 percent receive some mental health services. Among female inmates, 50 percent receive mental health services.
- Inmates over the age of 65 are about 2% percent of the total correction population but account for 8% percent of claims. The average claim for an inmate over 65 is roughly \$3,000 more than the average claim of an individual below age 65.

Dr. Asher Turner, State Medical Director for Centurion of Tennessee, highlighted his company’s work in providing correction healthcare services to Tennessee inmates. Centurion is a collaboration and partnership between Centene Corporation, a managed care company, and

MHM Services, a correctional healthcare services provider. Centurion currently operates in Tennessee, Minnesota, and Massachusetts.

- Centurion provides care to approximately 21,000 inmates across Tennessee.
- Individuals with mental illness, older adults, and female inmates, account for “some of the most dramatic cost drivers within the correction (healthcare) system.”
- Centurion is working to “aggressively manage (the treatment of inmates with the) Hepatitis C virus (HCV).”
- Centurion uses telehealth, on-site chemotherapy, and health and wellness programs to provide healthcare services to Tennessee inmates.

Discussion and Questions & Answers

When asked about Sovaldi, an expensive drug manufactured by Gilead Sciences which can cure HCV, Dr. Lewis said it could bankrupt the State of Georgia’s correctional health system. She said her Department is prioritizing inmates to limit the prescribing of the drug and is also following Federal Bureau of Prisons guidelines. Dr. Turner agreed that patients with HCV should be prioritized with regards to Sovaldi, but also stressed the need for more dialogue among all correctional healthcare stakeholders.

When asked about inmates and incidence of serious mental illness (SMI), Dr. Lewis said there is a significantly higher rate of individuals with SMI and numerous other mental health issues in prison. Dr. Turner described his company’s multi-dimensional approach to the treatment of behavioral health issues and their unique polypharmacy management program.

Panel Recommendations for Reform

- Develop partnerships between criminal justices agencies and community-based healthcare providers.
- Allow departments of corrections to benefit from lower drug pricing through federal 340B drug pricing program.
- Incentivize departments of corrections to obtain electronic health records technology.
- Integrate behavioral and medical health services and reconsider definitions of mental illness to reflect best practices.

State Prison Health Care Spending Findings

- In fiscal 2011, states spent a total of \$7.7 billion on correctional healthcare, down from a peak of \$8.2 billion in fiscal year 2009.
- Forty-one states had growth in their prison healthcare spending from fiscal year 2007 to 2011, with median growth of 13 percent.
- Thirty-nine states saw per-inmate healthcare spending rise from fiscal year 2007 to 2011, with median growth of 10 percent.
- Forty of the 42 states surveyed experienced a rise in the share of older inmates, who generally require more expensive care, from fiscal year 2007 to 2011.