NIJ Reports Help Practitioners Through Health Care Maze

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by Cheryl A. Crawford and Marilyn C. Moses

Until recently, "unmanaged" health care delivery outside prison walls was an accepted norm in the United States. Over the years, the medical profession, private and public health care providers, private insurers, pharmaceutical companies, and federal and state agencies spun a web that grew increasingly tangled.

Today, many "free world" Americans find it difficult to afford basic health care. Many fear maneuvering through the insurance claim maze more than receiving an audit notice from the Internal Revenue Service. All this has led to the recent national discussion on containing medical costs, the development of a more efficient universal claim process and a move toward managed health care.

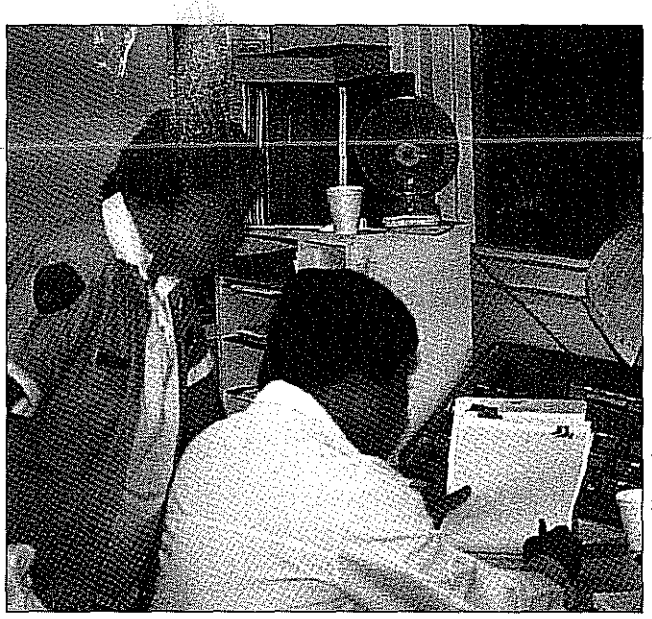
Managed care is not a new concept in corrections. Corrections health care incorporates many of the key concepts of managed care: global budgeting, universal coverage, mandatory "enrollment," no "open season" or patient choice of insurer or health care provider and, to an extent, the ability to regulate patient consumption of health services.

Although correctional administrators are not managed care novices, the nature of their "insured pool" dictates the development of management strategies and policy decisions unique to the field. The National Institute of Justice (NIJ) has created a number of resources correctional administrators and health care providers can use to guide them in making medical and mental health care policy decisions.

Managing Care and Costs

Although ballooning health care costs are a dilemma shared by both the public and private sector, correctional institutions have been hit particularly hard. Private insurers fiercely defend the need to control their risk; "correctional insurers," on the other hand, must deal with "mandatory enrollment." Correctional institutions cannot limit the number of patients they will insure, nor can they deny coverage to the elderly, substance abusers, women with high-risk pregnancies, smokers or those with chronic diseases. This inability to control assumed risk is further exacerbated by a number of institutional conditions: an increase in time served, the increased violence of some segments of the offender population, and the greater prevalence of infectious diseases in crowded facilities. All these factors present challenges to the correctional health care provider and budget officer.

To assist correctional administrators in meeting these challenges, NIJ has released "Managing Prison Health Care and Costs," which describes how federal and state prison administrators have adapted managed care principles and techniques to provide prison health care services.



Courtesy Kim Marie Thorburn

Sometimes two heads *are* better than one, especially when it comes to making sense of the intricacies of health care. NIJ's publications can help staff stay up-to-date on the latest trends.

Female Offenders and Health Care

In the past decade, the number of women in prison has grown at a faster rate than for men. It is widely acknowledged that "free world" women use medical services more frequently than men. This pattern is found in correctional settings, too.

Incarcerated women also face other health care problems, such as a high incidence of substance abuse and depression often caused by separation from their children. Many also have been victims of physical or sexual abuse.

The Georgia Department of Corrections (DOC), like many other state corrections agencies, had to respond to a general conditions lawsuit brought on behalf of female inmates. The plaintiffs brought claims relating to the institutional delivery of medical and mental health care. In addition, claims were made against a number of correctional officers for sexual misconduct.

With the cooperation of the Georgia DOC, NIJ funded a case study to examine the correctional management implications of the suit. The case study will be used as a teaching tool for correctional administrators facing similar litigation and those interested in improving health care delivery and preventing abuse by correctional officers. The final report is expected to be published next month.

HIV, TB and STDs Among Corrections Populations

Since 1985, NIJ has conducted national incidence studies

to track HIV/AIDS in incarcerated populations. Recent studies have been carried out in partnership with the Centers for Disease Control and Prevention. In addition to measuring the incidence of HIV/AIDS and tuberculosis (TB), the studies also examine correctional policy responses (for example, how inmates with these infectious diseases are medically treated and housed).

In 1994, data collection was expanded to include other sexually transmitted diseases (STDs). In addition, juvenile facilities reported data for the first time. Although HIV infection rates are quite low among confined juveniles, other STDs are more prevalent. Many believe that it is important to seize the opportunity to provide comprehensive HIV/STD education and prevention programs early on. Although some systems have met this challenge, most believe that more work needs to be done.

The 1994 survey represents findings from the Federal Bureau of Prisons, the 50 state correctional systems and 29 of the 50 largest city and county jail systems in the country.

The survey, which was conducted between May and December 1994, found that more than 4,500 inmates have died of AIDS since the beginning of the epidemic and that more than 5,000 inmates have been diagnosed with AIDS.

Although correctional administrators are not managed care novices, the nature of their "insured pool" dictates the development of management strategies and policy decisions.

Although the AIDS epidemic continues to grow among correctional populations, the 1994 survey indicated a decline in the number of correctional agencies providing face-to-face inmate HIV education. Survey results also suggest that there are continuing needs for improvement in HIV and STD prevention counseling, drug treatment capacity for inmates and transition services for inmates released with medical conditions requiring consistent use of proper medication, such as in the case of TB.

The findings from these studies will enable corrections and public health officials to better plan prevention, treatment and transition services. The "1994 Update: HIV/AIDS and STDs in Correctional Facilities"—as well as its companion reports, "TB in Correctional Facilities" and "HIV/STDs in Juvenile Facilities"—will be available in the fall of 1995.

The increasing incidence of TB is of grave concern to corrections officials because much of the increase has occurred among those in the criminal justice system. Unless arrestees and inmates with TB are identified and appropriately treated while incarcerated, TB—including drug-resistant TB—will spread among released inmates, their families, community corrections staff and the general public.

The NIJ Research in Action report, "Controlling Tuberculosis in Community Corrections," presents an overview of TB as a criminal justice and public health issue. The report gives six examples of TB control efforts in community corrections, along with a summary of the problems and benefits that can be expected. Special attention is given to inmates released on parole, but the policies and strategies discussed can be tailored to other community corrections settings.

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