



Review

Telehealth: Increasing Access to High Quality Care by Expanding the Role of Technology in Correctional Medicine

Jeremy D. Young ^{1,*} and Melissa E. Badowski ²

¹ Division of Infectious Diseases, Department of Medicine, University of Illinois at Chicago, Immunology and International Medicine, University of Illinois at Chicago, 808 S. Wood Street, #888, Chicago, IL 60612, USA

² Department of Pharmacy Practice, College of Pharmacy, University of Illinois at Chicago; Chicago, IL 60612, USA; badowski@uic.edu

* Correspondence: youngj@uic.edu; Tel.: +1-312-413-0579

Academic Editors: Rajender Gattu, Richard Lichenstein, Núria Solà-Valls and Yolanda Blanco

Received: 18 November 2016; Accepted: 8 February 2017; Published: 13 February 2017

Abstract: The United States (US) has a large correctional population. However, many incarcerated persons lack access to evidence-based, up-to-date medical care, particularly by subspecialty providers, due to limitations of geography, travel, cost and other resources. The use of telehealth technologies can remove these barriers, increasing access to high quality, multidisciplinary care. Studies have shown that, with telemedicine, timely triage and medical management can be provided across many disciplines, which may lead to improved clinical outcomes and significant cost savings.

Keywords: telehealth; telemedicine; correctional healthcare

1. Disease and Healthcare in Correctional Facilities

The United States (US) incarcerates a relatively high proportion of its convicted criminal offenders. At the end of 2014, there were 1,561,500 prisoners housed in state and federal correctional facilities, amounting to nearly 500 inmates per 100,000 US residents [1]. The total combined federal, state and local correctional population in 2014—including those on probation and parole—was 6,851,000 persons, consistently around seven million for more than a decade [2]. The US imprisons more individuals per population than any other nation in the world, with a 239% increase during the 1990s, stimulated in large part by the institution of harsher sentencing for non-violent drug offenses [3]. This large correctional population contains a diverse array of individuals, many of whom suffer from both acute and chronic diseases, who must be diagnosed and managed while incarcerated in jails or prisons. However, correctional settings often lack the appropriate resources to provide timely, expert medical care. Some correctional facilities transport inmates to local hospitals or clinics for medical care; however, this is costly, consumes personnel resources, presents a risk of flight, and is not always feasible.

Access to subspecialty care, in particular, is often lacking in facilities across the country. By design, prison facilities are frequently located in rural areas, relatively far from larger cities with tertiary care providers and consultants. Incarcerated individuals often do not have easy, or any, access to medical professionals with subspecialty training and experience due to the common barriers of geography, limited transportation and cost. If experts are involved directly with patient care and provide high quality, up-to-date, evidence-based medical care—particularly in experienced, multidisciplinary care teams—there may be an improvement in disease-related morbidity and survival for persons with a variety of chronic diseases. The literature contains myriad examples of complex, chronic disease states for which subspecialist care positively effects patient outcomes, including human immunodeficiency virus (HIV) [4–8], diabetes mellitus [9–11], inflammatory bowel disease [12], cystic fibrosis [13,14], rheumatoid arthritis [15–17] and many others.