

Reduce risk and lower costs for correctional health through virtual specialty care



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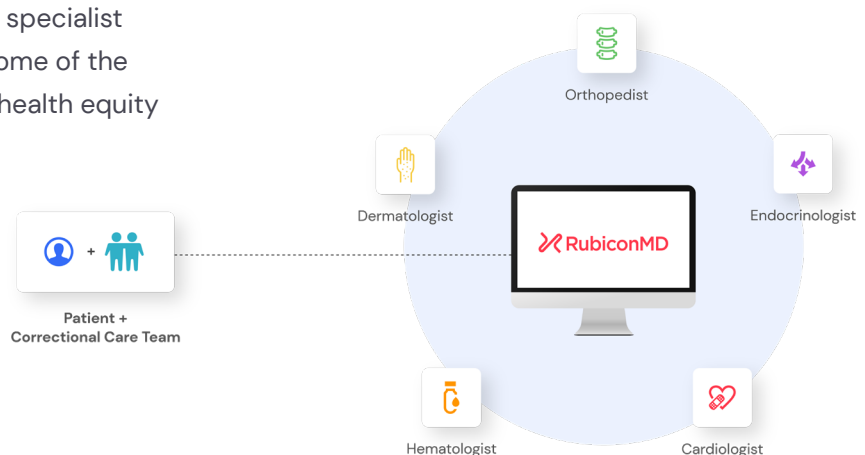
Summary

The health care of incarcerated people is an essential part of every correctional institution's work. Providing **timely, cost-effective, and safe primary care** is the foundation of correctional healthcare services, and a source of hope for the populations they serve. Incarceration is a documented social determinant of health, with significant short and long-term impacts on individuals, their families, and their communities.¹ Race and ethnicity compound existing socioeconomic and health disparities in correctional settings, and those with a history of incarceration carry a greater burden of chronic disease and risk of adverse health outcomes, including death. Black or Hispanic people, along with those with lower levels of education, experience incarceration at higher rates; women of color also encounter similar disparities, with rates of incarceration nearly twice as much as their counterparts. A comprehensive health care model, with fair access to specialist care and insights, can help address some of the foundational challenges to delivering health equity in carceral settings.

Organizations must adopt a multi-specialty care platform that allows for **faster access to specialists, improves patient care, provides cost savings, mitigates staffing concerns, and meaningfully reduces risk** and liability by enhancing patient care.

Expand what's possible for correctional health

Coordinate specialty care with **RubiconMD eConsult technology**. Improve quality of care for incarcerated people while reducing cost and lowering risk by integrating virtual specialists into the care model. Empower care teams to make impactful clinical decisions, drive PCP engagement, and curate the best experience based on current workflow needs.



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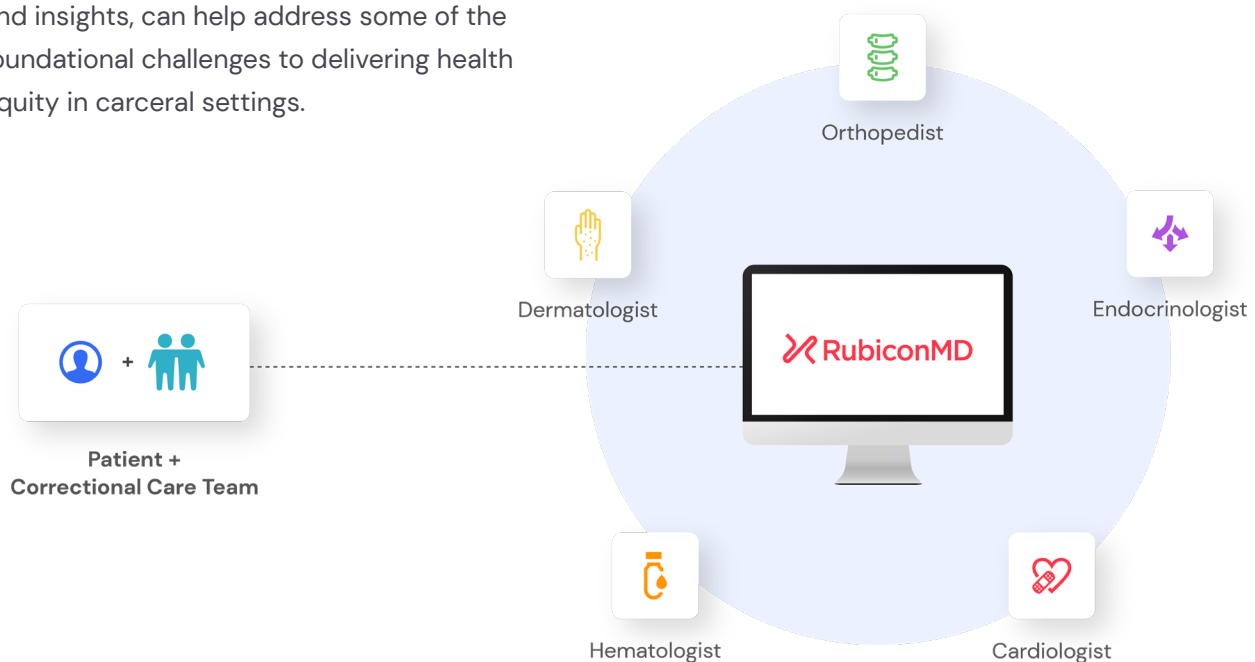
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Discussion

Today, millions of primary care patients are treated in correctional facilities, with hundreds of thousands living with substantial medical challenges and multiple chronic conditions, such as asthma, arthritis, hypertension, and diabetes.^{2,3,4} Supporting the whole patient is key to improving care for any vulnerable population. Complex and prevalent conditions, like those commonly seen in institutional settings, can be effectively treated by primary care providers when supported by a high quality virtual care model.⁵

Incarcerated patients have a constitutional right to receive healthcare, but delivering access to specialty care presents unique challenges. In-person visits call for elaborate coordination and offsite transportation, incur staffing-related expenses, safety risks, and require specialty providers willing to see these patients.⁷ Offsite care costs are a sizable part of correctional healthcare budgets. A 2018 report from the Pew Charitable Trust showed that the state of Virginia spent 27% of its prison healthcare budget on offsite hospital care.⁸ Moreover, states with a higher proportion of aging incarcerated populations likely spend a larger proportion of their budgets on offsite services. The cost of offsite healthcare for incarcerated adults 55 and older was twice as much that for younger individuals.⁹

51% of state incarcerated persons report having a chronic medical condition⁶

The cost of in-person specialty referrals

Higher cost of care



\$500+
per offsite transfer

Longer wait times lead to poorer outcomes



114 days
average wait time for correctional patient

Increased risk exposure



More
litigation and safety risk

Reduce the need for off-site care

eConsults empower primary care clinicians to deliver more effective care within the correctional setting, avoiding referrals ~70% of the time and improving care planning 80% of the time.

How it works

1

Correctional PCP submits a question in the RubiconMD platform

2

RubiconMD specialist responds within 1-2 hours and answers and follow up questions

3

Correctional PCP uses eConsult insights to inform the patient care plan, treat in place, and avoid an unnecessary referral



Minimizing risk in correctional care

eConsults improve care coordination and facilitate timely access to specialty care without the challenge of offsite transport. **RubiconMD is uniquely experienced in supporting the needs of correctional healthcare organizations**, with over 17,000 eConsults to date from correctional healthcare providers, and serving facilities across the US. Our integrated platform can help providers ensure patients are receiving the right care in the right setting, better manage chronic conditions and improve patient outcomes while reducing risk and challenges with offsite transfers.

RubiconMD is the only HITRUST certified platform certified for virtual specialty care. This certification demonstrates the highest commitment to excellence and the most comprehensive data security for patient privacy.



Connecting correctional clinicians to trusted specialists

The RubiconMD Specialist Network is the largest, most extensive network of board-certified specialists, specifically trained in virtual care. The team has been supporting correctional clinicians for 8 years, helping to transform care for incarcerated people with a tailored approach to this unique patient setting.

The RubiconMD standard for specialist insights employs clinical rigor for consistent, high-quality consults, every time.

Features of the RubiconMD quality assurance program include:

- ✓ Recruiting and training top specialists
- ✓ Real time monitoring of consults
- ✓ Peer-reviews of eConsults
- ✓ Validated scale to assess quality
- ✓ Auto-routing for a second opinion for low-rated consults



Top utilized specialties in correctional settings

Dermatology

Hematology

Urology

Orthopedics

Endocrinology

Neurology

Cardiology

Gastroenterology

Rheumatology



Certified Correctional Health Professional (CCHP-P) Credentialing

RubiconMD has dedicated correctional medicine specialists with extensive experience practicing medicine and advising PCPs in a correctional setting.

Specialty eConsults deliver cost savings

Correctional PCPs who rapidly access specialist expertise through a virtual platform can deliver more effective and timely care. eConsults improve interim care planning and help avoid referrals, driving cost-saving and risk-reducing opportunities. Providers and their institutions can rest assured they are giving patients the best care possible by bringing best-in-class specialist insights into their facility.

Cardiology

Background

Cardiovascular disease (CVD) is a serious health concern and the top cause of death among incarcerated people.¹⁰ Studies have shown that even once released from correctional facilities, previously-incarcerated individuals are more likely to be hospitalized or die from CVD than the general population.¹¹ Along with higher levels of stress and exposure to violence, justice-involved individuals are more likely to be of racial and ethnic minority populations, poor, and experience more cardiovascular risk factors, such as tobacco use and hypertension.¹² Addressing deeply rooted inequities through better access to care can help improve healthcare outcomes.

The following cost analysis is based on a 90-day total cost of care per referral, specific to cardiology. High-quality specialty eConsult insights help keep this patient at the appropriate site of care, avoiding an onsite referral. As cardiology specialist visits often require multiple visits — this may potentially save thousands to a correctional healthcare organization.

RubiconMD advances the most extensive panel of practicing US specialists, leaders in their field, and trained in virtual care.



Referral
total cost:

\$3,356

Average visits
needed per referral:

4

Transport cost for patient,
including staffing:

\$500

Total savings per
referral avoided:

\$3,856

(Based on 90 day total cost of care per referral by Northern CA Medicaid Plan and Kaiser Family Foundation Adjustment Factor: 2016 data.)





Cardiology eConsult Case Example

Primary Care Provider:

54 year old incarcerated with history of HTN (metoprolol succinate ER 200 mg BID), HLD (atorvastatin 20 mg daily), chronic back pain (on meloxicam 7.5 mg daily), and GERD (on pantoprazole 40 mg daily). Patient with HTN claims clonidine with metoprolol is the only BP medications that works for him. He claims to have adverse reactions to the following medications (subjective complaints such as HA, dizziness, nausea, etc): amlodipine, lisinopril,, hydralazine, losartan, hydrochlorothiazide, prednisone, chlorthalidone, cardizem, verapamil). On direct observation therapy, his blood pressure continues to run high on just metoprolol succinate 200 mg BID.

Patient with slightly elevated creatinine 1.52, eGFR 52 with protein 30 in UA.

Do you have any other medication/Tx recommendations for this pt?

eConsult+ reduces risk and lowers costs for correctional healthcare



Improved access

Reduce specialist wait time by 38 days



Most expertise

140+ specialties, top-tier trained specialists



Optimize efficiency

reduce need for outside referral ~70% of the time



Promote cost savings

Up to \$1,000+ per eConsult

Specialist:

Hi there, thanks so much for your question. This sounds like a difficult situation but I'm sure we can find a therapy that works for him. I think it's a great idea to trial the metoprolol and start low dose diuretic or if he is open to trying another beta blocker, **labetalol works very well with refractory hypertension as it has both alpha and beta blockade.** I usually start with 100 mg TID and increase as needed. So these are just a few options to consider but I think your current plan is just fine. And then I'll leave you with some of my general methods for refractory hypertension in case you find it helpful towards your practice.

As a first step, I confirm the accuracy of blood pressure readings, and identify and exclude readings that may be obviously spurious.

Secondly and often alongside my first step I confirm that the patient does not have excess sodium intake in their diet from processed food, that they are not drinking excessive alcohol or coffee, and that they are not taking NSAIDs frequently. I have found that these are all not infrequent contributors to hypertension and there is good data in guidelines that screening for these contributors improve outcomes. (See: Carey et al. Resistant Hypertension: Detection, Evaluation, and Management: A Scientific Statement From the American Heart Association. Hypertension. 2018;72(5):e53-90)

Dermatology

Background

Skin diseases are commonly seen in correctional settings due to a variety of contributing factors including stress, substance addiction, personal hygiene challenges found in carceral settings due to lack of access, and even overcrowding.¹³ The three most common dermatological diagnoses made via eConsult (acne, psoriasis and rosacea) are similar to those made through in-person assessment (acne, psoriasis and other superficial mycoses), making eConsult an effective and appropriate tool for diagnosis and treatment recommendations.¹⁴

The following cost analysis is based on a 90-day total cost of care per referral, specific to dermatology. High-quality specialty eConsult insights help keep the patient at the appropriate site of care, avoiding an onsite referral. As requests for dermatology specialist visits often arise — eConsults present opportunities for vulnerable and isolated populations related to risk reduction and cost savings.

Referral
total cost:
\$537

Average visits
needed per referral:
1

Transport cost for patient,
including staffing:
\$500

Total savings per
referral avoided:
\$1,037

(Based on 90 day total cost of care per referral by Northern CA Medicaid Plan and Kaiser Family Foundation Adjustment Factor: 2016 data.)

Dermatology eConsult Case Example

Primary Care Provider:

37 y/o M pt in the correctional facility has been dealing with skin issues for several months now, which consists of red splotching to extremities, face, neck, abd and back with a crusting and flaky appearance to the scalp and around ears. He is being treated for Crohn's disease and gets a Remicade infusion Q6 weeks as well as 100 mg of Imuran daily. He has been given steroid dose packs, IM steroids and benadryl, these initially help with acute flare but within a week to a week and a half he flares back up. He has taken hydroxyzine and benadryl daily without improvement. We also have him on eucerin creams, hc lotions and hydrophilic ointments. Today he presented with a flare and says he is just itching all over. We have also treated with ketoconazole to the scalp, concerned it was maybe more seborrheic dermatitis without any improvement either and has used coal tar shampoo for a while now as well. I performed a biopsy last month which reported spongiotic dermatitis with parakeratosis with a DD of pityriasis rosea and allergic contact dermatitis. I've been questioning if his infusions could be causing these flares, as he has reported he feels it gets worse after them but isn't completely sure. We have given him so many steroids and topicals that I hate to keep loading him up with these.

What would you recommend doing at this point?

Specialist:

This is consistent with **Remicade Induced Psoriasis** which is a paradoxical reaction that has been [described](#). I would recommend the following – Triamcinlone 0.1% ointment BID x 2 weeks to the lesions on the trunk and extremities followed by 2 weeks of calcipotriene 0.005% ointment BID x 2 weeks on the trunk and extremities – Desonide 0.05% ointment BID x 2 weeks on the face then transition to protopic 0.1% ointment (not a steroid) for the face BID – Consider switching to a non-TNF-alpha inhibitor for treatment of Crohn's disease such as Stelara if GI agrees.



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When I can't find an answer to my clinical question, RubiconMD specialists respond quickly and with information that is up to date and useful. Their consultants can tailor their recommendations to be more appropriate for my correctional setting. RubiconMD has reduced the need for off-site trips for those evaluations that don't rely on a face-to-face encounter.

- Medical Director, Correctional Health Client



