



A UNIFIED VIEW

# CARING FOR THE WHOLE PATIENT

An integrated solution for  
correctional healthcare systems



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## Introduction

According to data collected by The Marshall Project and the Associated Press, one in five state and federal inmates has tested positive for coronavirus—that’s four times the infection rate of the US general population.<sup>1</sup> Not only are those numbers alarming, but inmates also suffer disproportionate rates of mental illness, substance use disorder, and chronic illness compared to the general population. Many do not have health insurance, nor do they receive adequate healthcare. The need for effective and efficient correctional healthcare services—with a whole-health, mind-body approach—is a public health issue. Additionally, how inmates reintegrate back to the general population must be seamless so proper transitions of care can take place.

### **This E-book will explore:**

- The pre-pandemic mental health crisis
- How opioid and substance use disorders complicate care efforts
- Factors that contribute to improved healthcare in corrections
- 11 questions for your EHR partner
- Solutions that offer visibility into a patient’s entire care continuum for improved coordination and better patient outcomes

# A DUAL CRISIS IN HEALTHCARE

## Mental illness trends upward

An estimated 46 million adults in the US—1 in 5—experience mental illness in a given year.<sup>2</sup> Those with serious mental illness die, on average, 25 years earlier than others, largely due to treatable medical conditions.<sup>3</sup> Behavioral health and substance use problems that persist in the general population are more likely than not shared by those in correctional facilities, such as state and federal prisons.



1 in 5 adults experience mental illness in a given year<sup>4</sup>

At least one in four people arrested will be arrested again within the same year. Among that 25% are often those suffering from poverty, mental illness, and substance use disorders.<sup>5</sup> Regardless of the specific group affected by mental illness, more than 85% of those in need of treatment do not get it. This may be a contributing factor to the rise in the US suicide rate, which is at its highest point in more than 70 years. Furthermore, suicides are the leading cause of unnatural death in inmate populations.<sup>6</sup>



### Some of the factors contributing to a rise in mental illness among inmates and the general population include:

- An increase in overall US population, therefore, an increase in the US patient population
- Population aging, which introduces physical health factors that can compound symptoms and complications of mental illness
- Expanding awareness and understanding of serious mental illness in youth, which results in a new influx of patients at an earlier age
- Stay-at-home orders, social distancing measures, and pandemic anxiety
- Economic unrest and job loss

### The opioid crisis complicates mental health efforts

In addition to a rise in mental illness, the US faces an opioid crisis that has escalated at startling rates. Every day, more than 130 people die from opioid-related drug overdoses.<sup>7</sup> But opioid dependency doesn't happen in a vacuum. Among the millions of adults who misused opioids in the prior year, approximately 40 percent had a mental illness, and around 15% suffered from serious mental illness.<sup>8</sup> Therefore, opioid misuse has implications for both behavioral and physical health.

One study found that 14.8 percent of all former prisoner deaths from 1999 to 2009 were related to opioids. Insufficient pre-release counseling and/or post-release follow-up are partially responsible for this alarming increase in mortality.<sup>9</sup>



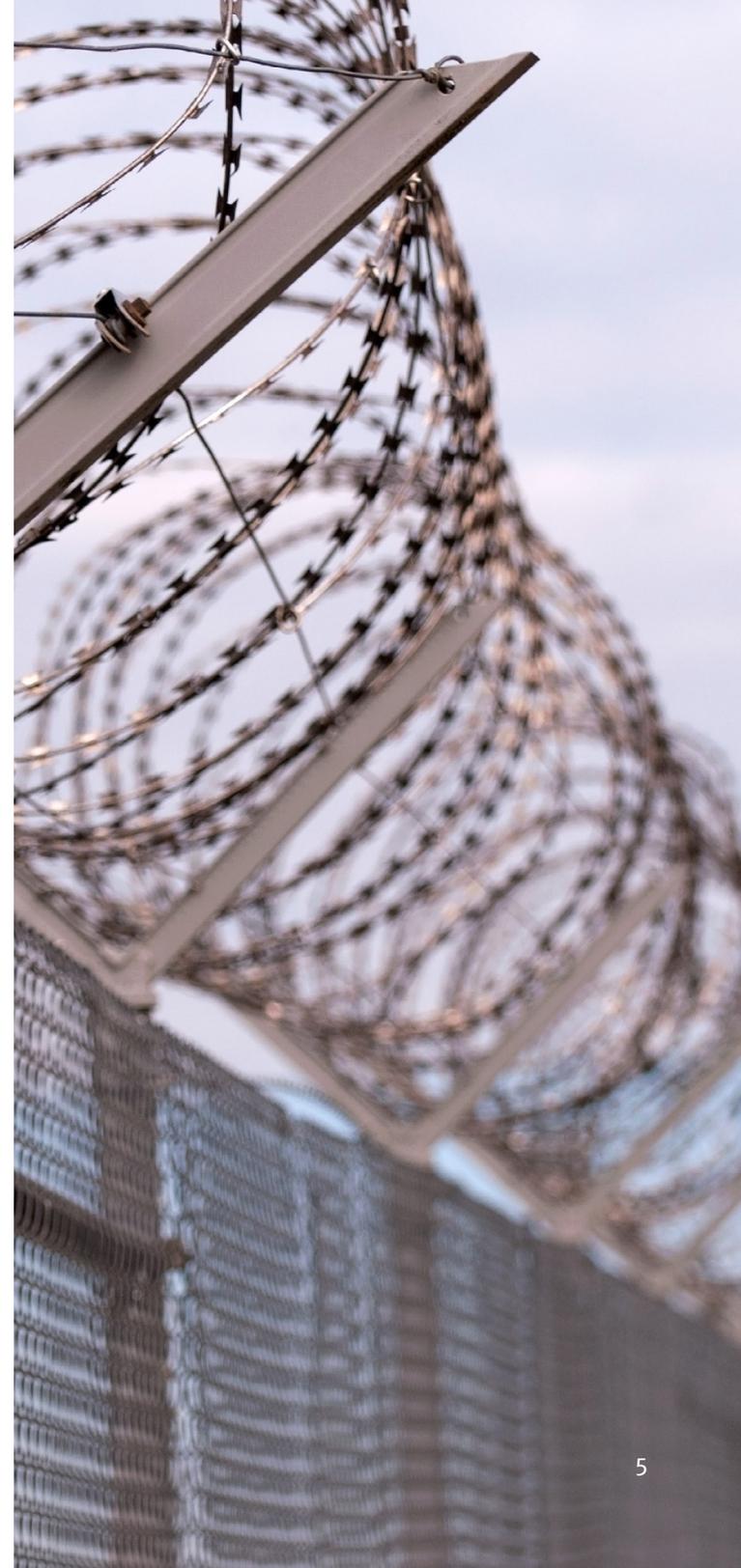
## Mental health impacts dental needs

Typically, those struggling with mental illness and/or substance abuse aren't able to care for themselves optimally. They often suffer from oral health problems and other ailments in tandem with their core mental illness and/or substance dependency. Additionally, individuals living with serious mental illness face a higher risk of having chronic medical conditions.<sup>10</sup>

## Opioid impact on oral health needs

Opioid and other addictions have significant negative impact on oral health. Inmates with opioid addiction who violate and re-violate will require significant amounts of oral healthcare. Oral healthcare needs that go unattended will lead to additional healthcare consequences, ultimately harming the patient and greatly impacting long-term health.

Many incarcerated individuals enter jails and prisons with myriad health problems, often suffering from co-morbidity of symptoms and illnesses. The prevalence of some chronic diseases, substance abuse, and mental health issues is much higher among incarcerated offenders compared with non-offenders.<sup>11</sup>



“ With our aggressive timelines and large practice needs as a state correctional entity, the Medicalistics team has consistently delivered quality support and results throughout our EMR project. Medicalistics has proven to be an invaluable asset in providing staff training and development, go-live support, as well as content enhancement and customizing deliverables to meet our unique needs. ”

**Daniel Mullins, BSN, RN**  
**Branch Chief, Health IT and Informatics**  
**South Carolina Department of Corrections**

# INTEGRATED CARE CAN BRIDGE THE GAP

## How to meet complex healthcare challenges

A specialized EHR is central to the effective administration and quality initiatives in a corrections setting. Leading EHR solutions are configurable to the needs of your general population. An EHR with a special focus on the unique needs represented in corrections environs should include:

- Complete content adapted to corrections
- Complete oral healthcare
- Ability to exchange health records with external EHRs
- Flexible and robust client-configurable reporting
- Specialized analytics to increase quality of care and contract compliance

By leveraging integrated care, with a configurable EHR, you can increase productivity, improve healthcare outcomes, exchange information with external care providers, and enrich the community reintegration experience. To make sure you're getting the 360-degree patient view integrated care affords—including physical, behavioral, and oral health data—ensure your behavioral health EHR partner can answer “yes” to the questions in the next section.

**For many offenders, their incarceration period provides a good starting point for addressing their unmet needs and risk factors, as well as their risk to the community.<sup>12</sup>**



## 11 questions for your EHR partner

- 1 Do they provide robust, out-of-the box behavioral health content?**

Your partner should offer a comprehensive, integrated EHR solution with extensive, out-of-the-box behavioral health content—including medical and oral health content—for truly integrated care.
- 2 Will they help scale your correctional facility without nickel-and-diming you?**

Find a partner with a comprehensive solution that includes the additional capabilities you will grow into, such as integrated telehealth, information capture devices, interfaces to equipment and patient monitoring devices, health records exchange, and more.
- 3 Can their solution help you be autonomous or does it rope you into their services every time you're in need?**

Look for a solution that allows you to create your own content and reports without vendor assistance, so you can evolve your services without added costs, and easily add content and reports for new service lines on your own.

- 4 Is their solution based on current standards of care in custody environments, such as the ACA and NCCHC?**

You'll want a standards-based solution for the protection it provides and the quality of care it promotes.
- 5 Does their solution provide a single database for the entire solution?**

Many vendors claim to offer an integrated solution, but once you look deeper you find they have multiple databases that must exchange information. This interjects significant risk and performance issues. One database is essential to save you time and money.
- 6 Is their solution interoperable? Does it allow you to seamlessly and securely share protected client information with other providers and practices, even if they have different EHR solutions?**

Your prison or jail must rely on care provided outside of your walls. In addition, community reintegration programs are designed to promote continuity of care among other things. You should be able to exchange health information with any disparate system, anywhere, for better reintegration plans and more collaborative care.

**7 Does their solution easily capture both discrete information and free text—anywhere?**

Some solutions allow a provider to capture needed data with the stroke of a pen. That discrete data is then automatically transferred directly to the EHR solution. Ensure the one you choose has the capabilities you need.

**8 Do they offer data analytics solutions?**

You need to improve outcomes. You may also need to ensure contract compliance with your healthcare vendor(s). Integrated corrections data analytics will help you effectively manage your vendors and enhance proactive and/or preventive care.

**9 Do they provide hosted solutions?**

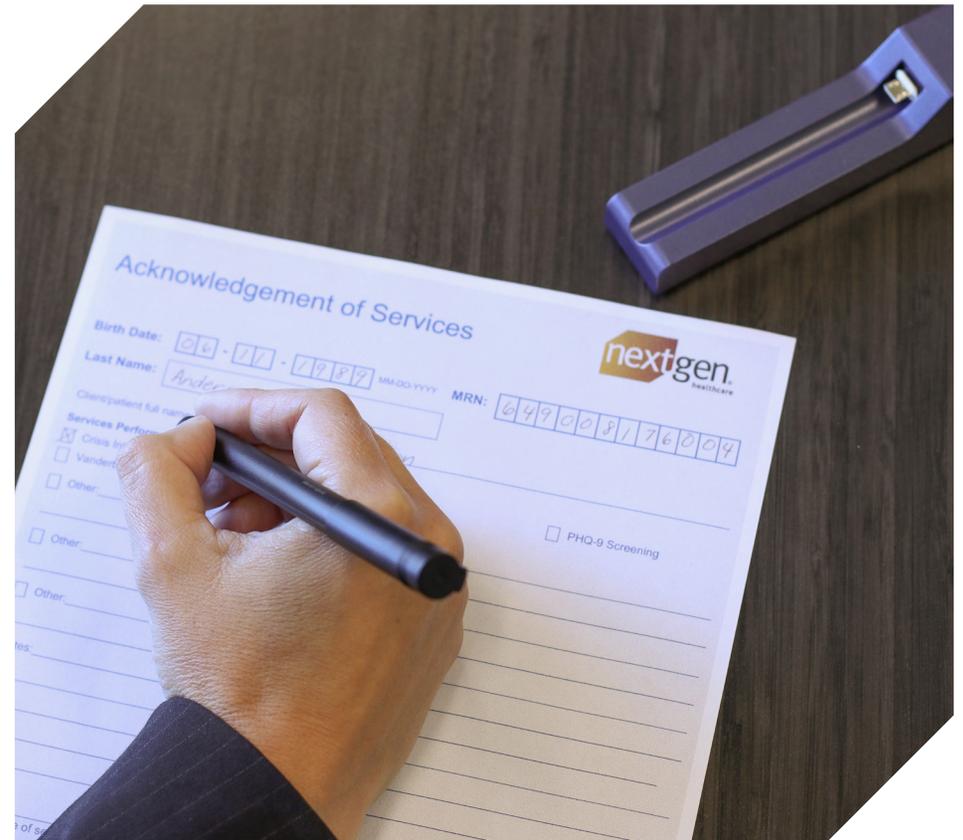
In-house servers and maintenance will drain your IT budget. A partner who cuts corners on hosting will expose you to significant risk. Find a partner who is SOC-2 and HITRUST certified.

**10 Do they offer the types of interfaces you need?**

An EHR is only as good as its ability to exchange information with the critical systems you rely on every day. At a minimum, this includes your jail or offender management system (JMS or OMS), your lab vendors (contract and state for STDs), and your contract pharmacy vendor. It also includes the equipment you use.

**11 Does the vendor offer full-service implementations?**

An experienced vendor will have multiple states and counties live and happy on their solution. This experience will have taught them the need to provide training for all users and coaching facilities for the first several shifts when they begin using the system. These steps improve end user acceptance— the metric by which success is measured.



Easily capture clinical notation and client intake information with a digital pen.

# THE FIRST FULLY INTEGRATED CORRECTIONAL CARE SOLUTION

NextGen® Correctional Health Suite unites traditionally disparate data—typically contained within separate physical, behavioral, and oral health records—into one record on a single platform. Clinicians can now have a comprehensive view of a patient’s record and can share the information seamlessly and securely to improve care outcomes.

NextGen Correctional Health Suite facilitates the delivery and administration of healthcare services across your jail or prison, including:

- Comprehensive, out-of-the-box content for physical, behavioral, and oral health, women’s health, juvenile health, ophthalmology, etc.
- Standard interfaces to your JMS/OMS, contract pharmacy vendor, contract lab vendor, state labs, state HIE and other registries, as well as all the various IoT-enabled healthcare equipment
- World-class hosting that is SOC-2 and HITRUST certified
- High R&D investment producing unique tools like NextPen®
- Analytics to identify risk areas and vendor compliance
- Full-service implementation offerings that provide training for all your users and on-site coaching for your facilities
- Integrated quality improvement tools, including telehealth, mobile, portal, and HIE/registry connectivity
- Award-winning interoperability and health record sharing, recognized by KLAS



““ Over the last 8+ years, Medicalistics has worked with us to upgrade NextGen Helathcare, provide stable and reliable interfaces, integrated pharmacy systems, and kept everything running for our medical and pharmacy teams. ””

**Tiffany Curnutt, PMP**  
**Travis County Sheriff's Office**



## Improve care collaboration with seamless interoperability

With NextGen® Share, users can easily exchange clinical information with external entities, such as hospitals and health systems, state and government agencies, referral groups, labs, and pharmacies.

“We’re in the middle of building an interoperability platform with our city partners, and you can’t do that if you don’t have NextGen Healthcare. We’re going to build something equitable that takes the burden off our providers.”

### **Isaiah Nathaniel**

Chief Information Officer  
Delaware Valley Community Health

# DELIVER HIGH-QUALITY CORRECTIONAL HEALTHCARE

## Virtual visits that integrate with your EHR/PM

Virtual visits are critical to maintain care continuity during the coronavirus pandemic. Beyond the crisis, providing the capability to leverage remote specialty professionals increases the scope of care provided to patients without needing transportation off site.

Given this new normal, a virtual visit solution that integrates with your EHR and PM is essential. When you add virtual visits to your existing workflow, you optimize your time and enhance efficiency, safety, and outcomes for patients and custody staff.

Connect with patients on any device and maintain productive engagements. With an integrated solution, patients can participate more actively in their own health and recovery.

The COVID-19 crisis has changed the way healthcare is delivered. Integrated virtual visits provide a safe, effective alternative to the traditional in-office visit, especially for routine and follow-up care.

## Features of integrated virtual visits

- In-visit features enable a customized patient experience
- Screen sharing capabilities to pass documents, invite a third party or interpreter and chat with your patient all within the virtual visit
- Simple, secure, no login required patient access
- Ability to test a device before a visit
- Clinical administrator workflow capabilities
- Transition calls to integrated virtual visits

# BETTER STARTS HERE.

Contact us at 877-405-5540 or [info@medicalistics.com](mailto:info@medicalistics.com)

## Choose a targeted solution from a strategic partner

Partner with NextGen Healthcare and gain a comprehensive view of patient health.  
Reduce the burden placed on providers and staff and improve patient outcomes.

**1** Beth Schwartzapfel, Katie Park, and Andrew Demillo, "1 in 5 Prisoners in the U.S. Has Had COVID-19," The Marshall Project, December 18, 2020, <https://www.themarshallproject.org/2020/12/18/1-in-5-prisoners-in-the-u-s-has-had-covid-19> **2** Any Mental Illness (AMI) Among Adults. (n.d.). Retrieved May 1, 2019, from [https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part\\_154785](https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154785) **3** National Association of State Mental Health Program Directors Council. (2006). Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: Parks, J., et al. Retrieved January 16, 2015 from <http://www.nasmhpd.org/docs/publications/MDCdocs/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf> **4** <https://www.sciencedaily.com/releases/2019/03/190315110908.htm> **5** Wendy Sawyer and Peter Wagner, "Mass Incarceration: The Whole Pie 2020," Prison Policy Initiative, March 24, 2020, <https://www.prisonpolicy.org/reports/pie2020.html>. **6** Lior Gideon, "Bridging the gap between health and justice," Health Justice 1, 4 (2013). <https://doi.org/10.1186/2194-7899-1-4> **7** <https://www.hhs.gov/opioids/> **8** <https://www.nimh.nih.gov/about/director/messages/2019/nimh-and-the-heal-initiative-collaborating-to-address-the-opioid-epidemic.shtml> **9** NIDA. "Criminal Justice DrugFacts." National Institute on Drug Abuse, June 1, 2020, <https://www.drugabuse.gov/publications/drugfacts/criminal-justice> Accessed 25 Mar. 2021. **10** Colton, C.W. & Manderscheid, R.W. (2006). Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States. Preventing Chronic Disease: Public Health Research, Practice and Policy, 3 (2), 1-14. Retrieved January 16, 2015 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1563985> **11** Lior Gideon, "Bridging the gap between health and justice," Health Justice 1, 4 (2013). <https://doi.org/10.1186/2194-7899-1-4> **12** Lior Gideon, "Bridging the gap between health and justice," Health Justice 1, 4 (2013). <https://doi.org/10.1186/2194-7899-1-4>

## BELIEVE IN BETTER.®

Medicalistics LLC | 14850 Montfort Dr. | STE 295 | Dallas, TX 75254

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