

Health care for released prisoners prevents high emergency department use

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Expediting primary health care for chronically ill inmates soon after release from prison results in fewer visits to hospital emergency departments, a Yale study has found. The study is published in the *American Journal of Public Health*.

The United States has the highest incarceration rate in the world, with over a million individuals in prison at any given time. These prisoners suffer high rates of medical, psychiatric, and substance abuse problems. Although they receive [health](#) care while in prison, the 700,000 prisoners

that are released each year receive little coordination of care between prison and community health systems, and face very poor [health outcomes](#). Left on their own, they frequently use hospital emergency departments as their regular source of care.

The researchers compared two interventions designed to improve primary care engagement in this population: Transitions Clinic, a primary care-based care management program with a formerly incarcerated community health worker who specializes in the care of released prisoners, versus the control arm of the study which provided expedited but less specialized primary care.

They studied 200 recently released prisoners with [chronic medical conditions](#). The researchers found that while both groups had similar rates of primary care utilization, participants in the Transitions Clinic had a 51% lower rate of emergency department visits in 12 months of follow-up.

First author Dr. Emily A. Wang, assistant professor at Yale School of Medicine, said, “Our study shows that chronically ill patients who usually bypass the [health care](#) system will engage and remain in primary care if efforts are made to provide them patient-centered services immediately after leaving prison. In addition, providing them with a [primary care](#) management program tailored to their needs will reduce emergency department utilization.”

Yale, in partnership with the San Francisco Community College District and University of California-San Francisco, has received a \$6.8 million grant from the Center for Medicare & Medicaid Innovation for the expansion of the national Transitions Clinic Network (also funded by the Langeloth Foundation). Former prisoners will be trained as community health workers, giving them an opportunity to overcome the stigma of incarceration, leverage their experiences to gain employment, and give

back to their communities.

Other authors are Dr. Clemens Hong, of Massachusetts General Hospital; Dr. Shira Shavit, of University of California-San Francisco, executive director of Transitions Clinic Network; Ronald Sanders of Transitions Clinic at Southeast Health Center in San Francisco; Eric Kessell and Dr. Margot B. Kushel of San Francisco General Hospital.

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Provided by Yale University

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