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UC doctors treat inmates through video program

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Published 12:00 am PDT Sunday, August 3, 2008

As part of his infectious diseases practice, Dr. Javeed Siddiqui regularly sees Department of Corrections and Rehabilitation prisoners as patients.

It's just that he's never in the same room with them.

The UC Davis physician is a part of the increasing role that telemedicine has been playing in inmate care in the past two years.

Between 1997 and 2006, about 50,000 corrections agency inmates were seen by doctors via telemedicine. In the year ending June 2008, the patients numbered more than 16,000.

Doctors who treat inmates say telemedicine is a win-win because it's easier on them and the patient, more cost-efficient for the prison system and provides a patient base for medical institutions.

Transporting prisoners for outpatient visits costs taxpayers a lot of money and is logistically difficult, said Dr. Thomas Nesbitt, head of the UC Davis telemedicine program.

Community providers near prisons can be backlogged, but with telemedicine, "patients don't have to wait," said Annie Brennan, who schedules telemedicine appointments for the prison system.

Telemedicine works this way:

Patients are brought into a room with a TV monitor and video camera. They see the doctor on-screen. The doctor, often hundreds of miles away, sees them the same way.

The audio is clear and picks up sound well. The video is not incredibly sharp, but sufficient. When doctors require a clear and close image – to inspect a lesion on a patient's skin, for example – they use special cameras that can magnify about 80 times.

Alongside the patient is a "presenter," usually a nurse, who serves as the hands of the doctor, using stethoscopes and other instruments that relay information directly to the physician. The presenter also provides the doctor with medical profiles and progress notes.

"I've never come across a situation where I feel I need to see the patient in person," Siddiqui

said of his telemedicine experience.

Ricky Reeder, a prisoner at Mule Creek State Prison in Ione, has had hepatitis B and C for at least 12 years. He's been a telemedicine patient for about one year.

"It's a lot easier than going to the yard to see the doctor," said Reeder, 54. He likes that he can get in and out of appointments quickly.

Reeder likes seeing the same doctor every time. His infectious diseases doctor also treats his other health needs, even prescribing him multi- vitamins, he said.

About 30 percent to 40 percent of UC Davis telemedicine consultations are with inmate patients, Nesbitt said.

"They needed specialty services," he said of the corrections agency. "We had specialty services. Our equipment talks to each other."

For UC Davis, prison telemedicine is a stable source of business that allows the medical center to have a program big enough to also serve smaller, rural hospitals, said Nesbitt.

Doctors in the prison system said patient feedback has been positive.

"I'm pleasantly surprised with their lack of concern about not seeing a live doc," said Dr. Dwight Winslow, prisons medical director. "Maybe they're getting attention they previously weren't given. Maybe they grew up with TVs and they accept it as the way business is done."

Winslow believes telemedicine is underutilized. All 33 state prisons have the technological capabilities, though some institutions don't use their equipment. He aims to use it in more prisons and to recruit more specialist partners.

Prison health care has changed dramatically, Winslow said, since it was put under federal receivership in 2001 after a federal judge found that the program violated the U.S. Constitution's prohibition against cruel and unusual punishment. The challenge is now figuring out how telemedicine fits into the delivery plan, he added.

According to Siddiqui, receiver J. Clark Kelso has demonstrated an increased commitment to telemedicine, having visited the UC Davis telemedicine offices several times.

"He looks at technology as real tools to solve (the prisons') problems. He's investing in these tools," Siddiqui said.

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