



Multimorbidity as a predictor of healthcare quality in recently released prisoners: a retrospective cohort study

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The views expressed herein are solely those of the authors, and in no way reflect the views or policies of Queensland Corrective Services

50,000 people released from Australian prisons every year

14x over representation of Indigenous Australians in prisons

1 in 3 prisoners have not completed year 10

1 in 4 prisoners are homeless prior to incarceration

Significant burden of disease in this population

Disease prevalence statistics largely from self-report data and prisoner census

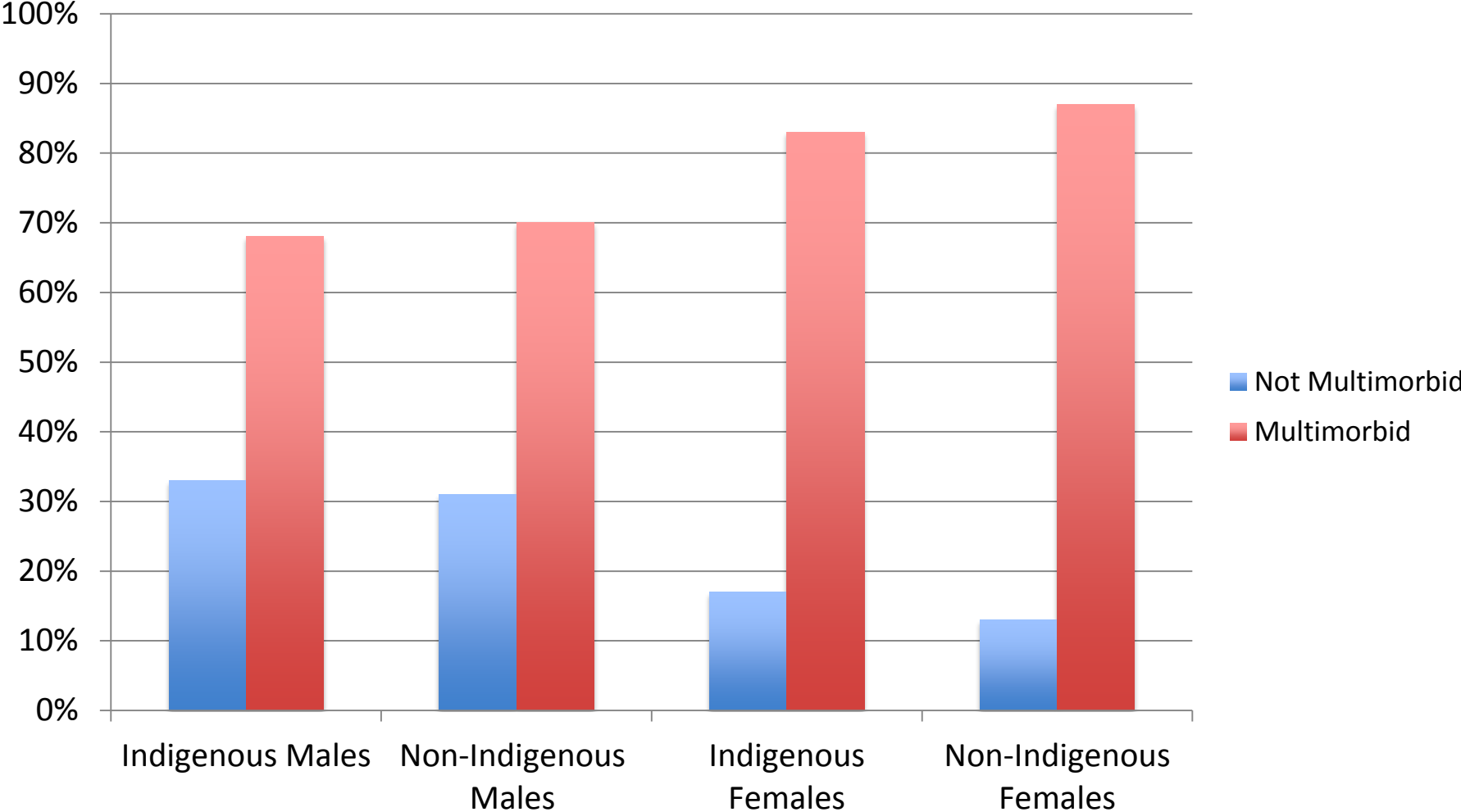
Poor understanding of patterns of disease clustering and multimorbidity

1049 prison medical records coded using
Cumulative Illness Rating Scale and ICPC coding

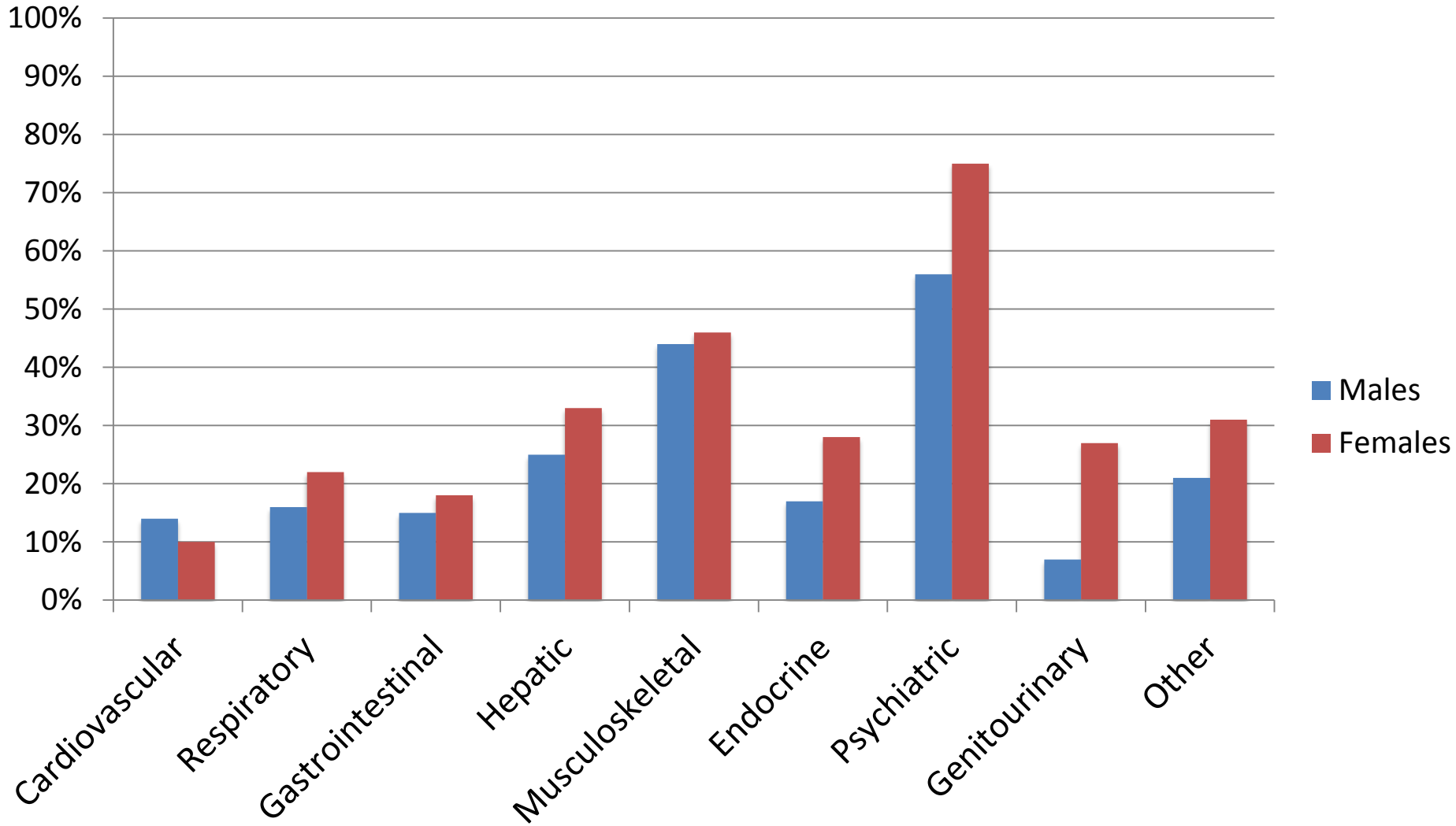
Illnesses sorted into 14 anatomical domains

A score in two or more domains =
multimorbidity

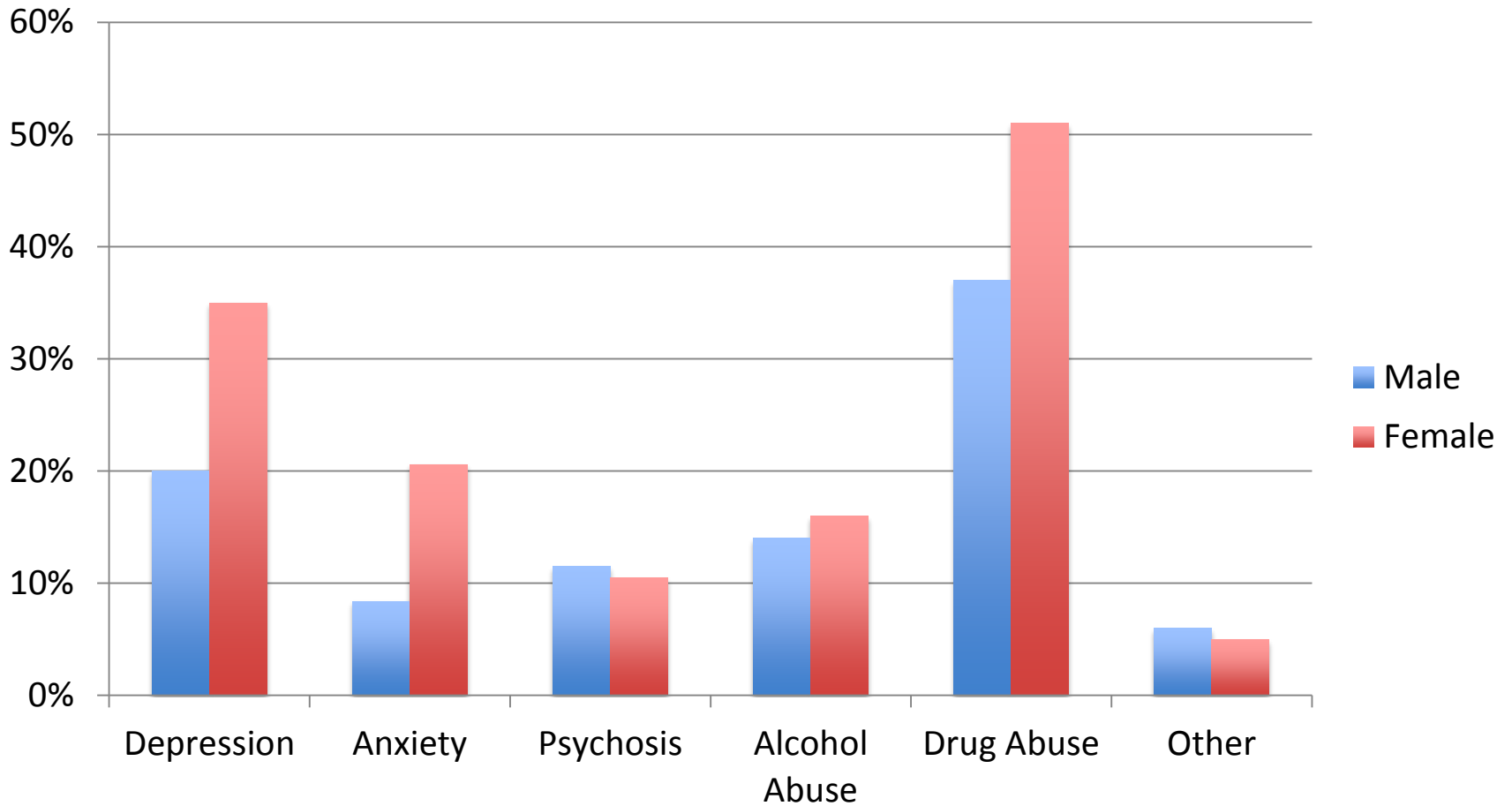
Multimorbidity by sex & Indigenous status

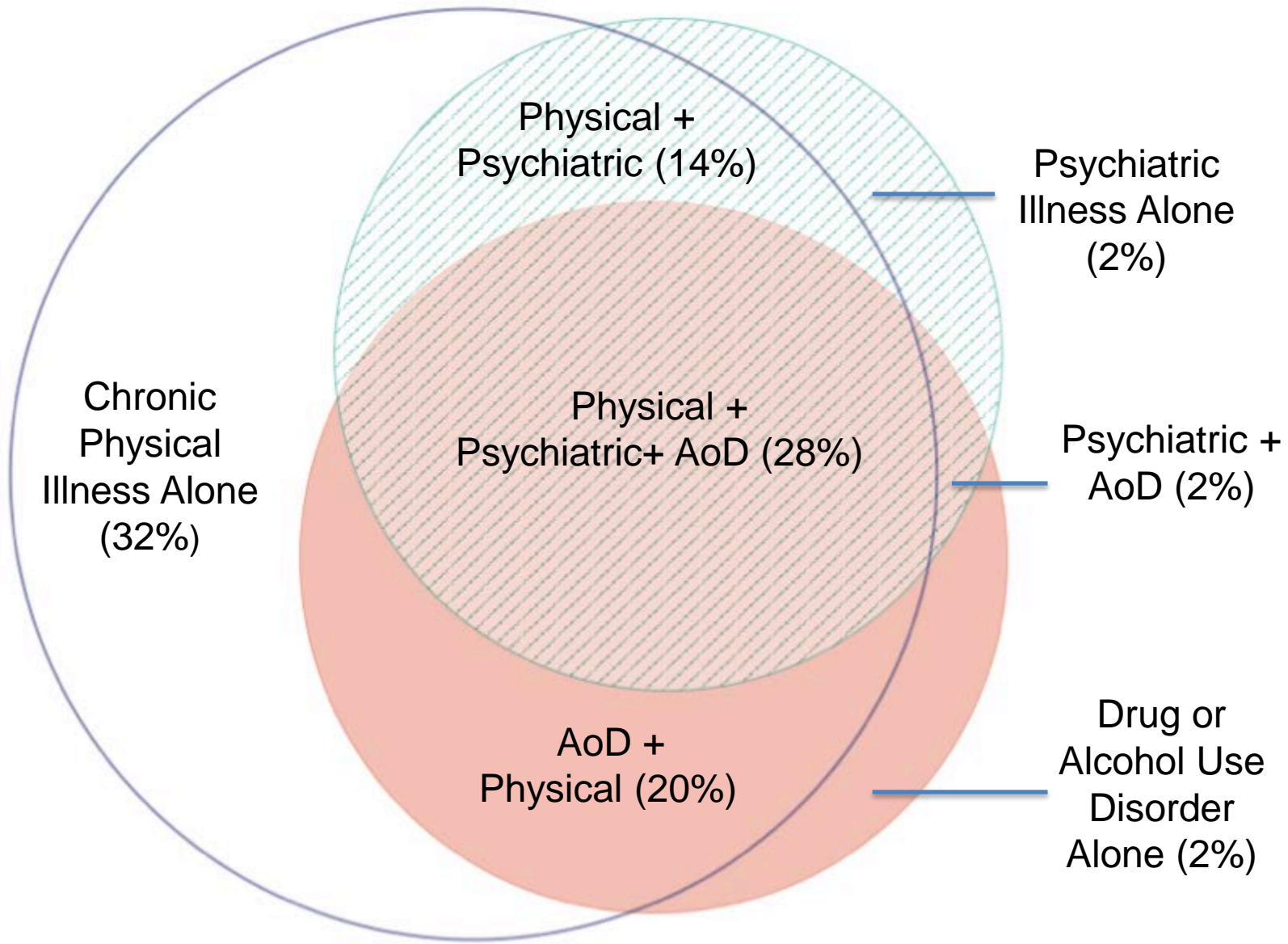


Domains by gender



Psychiatric domain





Chronic
Physical
Illness Alone
(32%)

Physical +
Psychiatric (14%)

Psychiatric
Illness Alone
(2%)

Physical +
Psychiatric + AoD (28%)

Psychiatric +
AoD (2%)

AoD +
Physical (20%)

Drug or
Alcohol Use
Disorder
Alone (2%)

Multimorbidity is a key predictor of health service use

Multimorbid patients require good continuity of care and access to long consultations in order to maximise health

To what degree do multimorbid ex-prisoners receive the long consultations and good continuity of care required to maximise their health?

1.2 per 1,000 person years: Mortality rate in prison

13.4 per 1,000 person years: Mortality rate in
first month after release

Recently released prisoners tend have good access to primary health services

Access rate two fold that of aged matched peers

Ex-prisoners see GPs as an important part of getting their lives back on track

Problem: Good health service access +
deteriorating health outcomes

Medicare data for two years after release

Good continuity of care = more than half of all
consults with one practice

Extended consultations = level C and D
consultations (>20mins), GP Management Plan,
Mental Health plan, Aboriginal Health check

48% did not receive good continuity of care
(at least half of visits with at one practice)

90% increase in odds of receiving good
continuity of care for multimorbid patients
(controlled for age, sex, drug use, alcohol use,
Indigenous status)

45% did not receive an extended
consultation

50% increase in odds of receiving an
extended consultation for multimorbid
patients (controlled for age, sex, drug use,
alcohol use, Indigenous status)

Take home messages:

Multimorbidity is the norm for ex-prisoners

Take home messages:

Multimorbidity patients benefit from good continuity of care and extended consultations

Take home messages:

Incarceration + good transitional care provide an opportunity to improve prisoners' health

Take home messages:

Many ex-prisoners are probably not receiving the continuity of care and long consultations they require to maintain the health gains achieved in prison