

The Trinity of Correctional Telehealth: Primary, Specialty, and Urgent Care

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BACKGROUND

South Carolina has a significant incarcerated population who face persistent and complex barriers to accessing timely medical care, particularly for primary, specialty, and urgent needs. Restrictive access factors include geographic isolation, transportation challenges, high costs, and limited on-site resources. Telehealth technology provides a powerful solution to overcome these obstacles, expanding access to quality care, improving clinical outcomes, and driving meaningful cost reductions.¹

METHOD

The Medical University of South Carolina's (MUSC) Center for Telehealth collaborated with the South Carolina Department of Corrections (SCDC) to enhance healthcare access and reduce costs for incarcerated individuals across 21 correctional facilities statewide. From May to October 2024, the phased implementation of the "telehealth trinity" — Primary, Specialty, and Urgent Care services — was completed (Fig 1).

For this initiative, cost avoidance was defined as the financial savings achieved by utilizing telehealth services instead of transporting incarcerated patients off-site for medical care. This approach reduced direct costs associated with transport and emergency visits, as well as indirect expenses related to staffing and logistics.

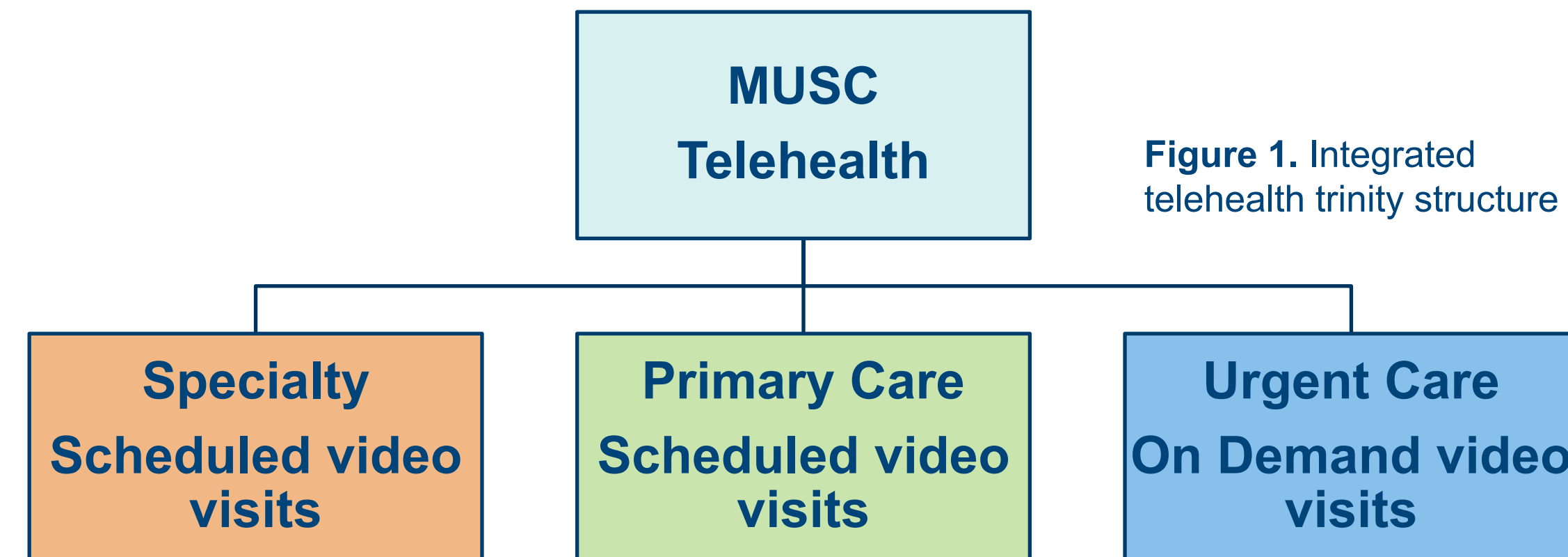


Figure 1. Integrated telehealth trinity structure

RESULTS

Telehealth demonstrated strong performance in both cost efficiency and clinical utilization:

- **Cost Avoidance:** Projected savings climbed to **\$913K** at higher volumes, with consistent cost avoidance across scenarios ranging from **\$274K to \$455K**. This trend underscores the scalable financial value of telehealth as volumes increase (Fig 2).
- **Utilization Patterns:** A total of **2,877 visits** were recorded, with the majority concentrated in **Specialty Care (1,401 visits)** and **Primary Care (1,350 visits)**. **Urgent Care** saw **126 visits**, providing accessible acute care when needed (Fig 3).

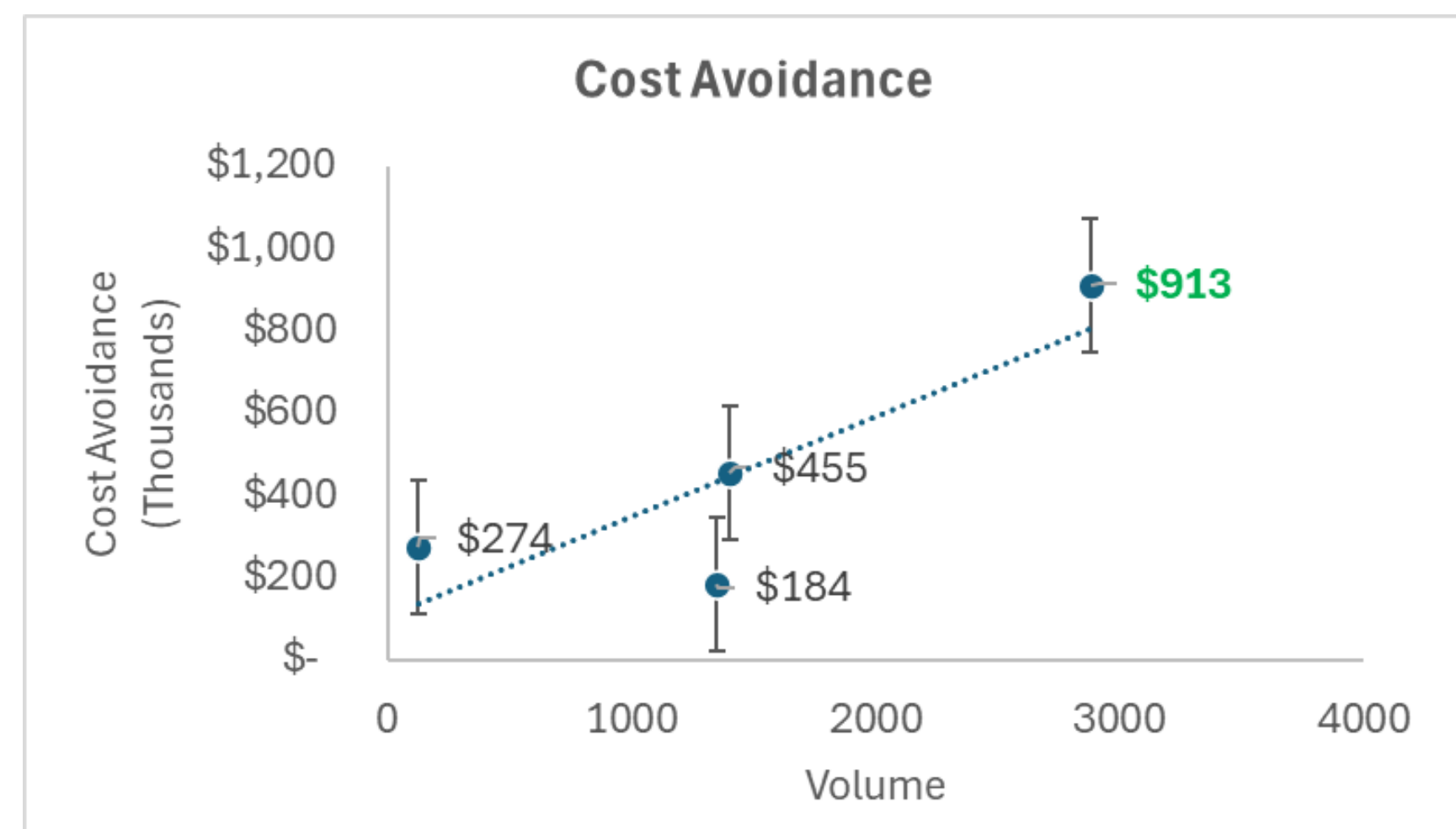


Figure 2. Correlation between cost avoidance & volume

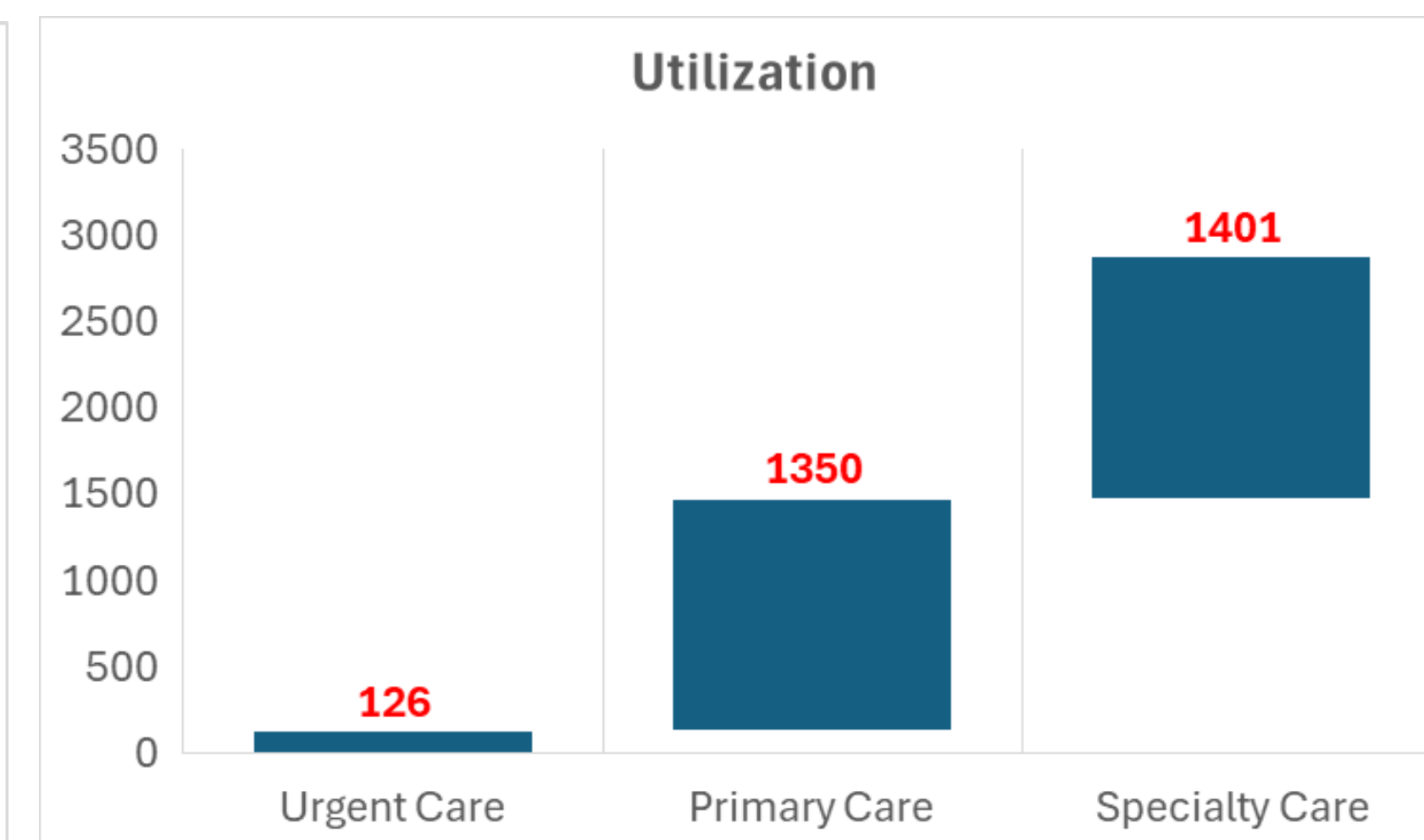


Figure 3. Volume per clinical service offering

CONCLUSIONS

The implementation of a comprehensive, statewide telehealth system has been a transformative SCDC. By reducing the need for costly off-site medical visits and improving access to essential healthcare services, Telehealth has generated significant savings for both SCDC and the state of South Carolina. Beyond the financial impact, this initiative has enhanced healthcare delivery by providing timely, evidence-based care to incarcerated individuals who otherwise face substantial barriers to treatment.

As the program continues to evolve, telehealth will remain a critical component of SCDC's healthcare strategy. Its ability to deliver specialized care directly to correctional facilities not only reduces costs but also minimizes security risks associated with inmate transport and enhances clinical outcomes.

SUMMARY

Since its implementation, the telehealth system has saved SCDC and the state thousands of dollars while improving access to essential medical care. This initiative demonstrates the potential for telehealth to transform correctional healthcare by delivering cost-effective, high-quality services. Telehealth will continue to play a key role in SCDC's healthcare operations.

REFERENCES

1. Williams, K. S., Singh, M. J., Elumn, J. E., Threats, M., Sha, Y., McCall, T., Wang, K., Massey, B., Peng, M. L., & Wiley, K. (2024). Enhancing healthcare accessibility through telehealth for justice impacted individuals. *Frontiers in public health*, 12, 1401950. <https://doi.org/10.3389/fpubh.2024.1401950>