



Photo by the Duluth News Tribune

Todd Leonard, MD

TODD LEONARD, MD TALKS CORRECTIONAL CARE

MAFP member **Todd Leonard, MD**, of Waite Park, is a correctional medicine physician and president of MEnD Correctional Care, PLLC, a company he founded in 2008 to provide health care services to correctional facilities. MEnD serves 31 county facilities within Minnesota, Wisconsin and Iowa.

WHY DID YOU CHOOSE TO BECOME A CORRECTIONAL MEDICINE PROVIDER?

I actually had the opportunity arise from my hometown area, in Sherburne county. In 2006, they had a unique opportunity — and challenges — that required an improved way to manage and care for detainees in the Sherburne county jail. The jail houses not only county inmates, but also federal inmates from the U.S. Marshals Service and Immigration and Customs Enforcement. The sheriff at that time was someone I knew since childhood, and he turned to me for consultation and consideration of becoming the medical director at the jail. Although I had never thought about working in corrections before, and had never set foot in a county jail, I agreed to help part-time in managing the clinic, and caring for the 600 or so inmates there. I soon realized this was a very stimulating and

challenging environment, and it played to my strengths as a medical provider. I began talking with other counties in Minnesota, and realized that there was a void that needed to be filled with better systems to care for this patient population, and that there was a business opportunity to provide correctional health care in the upper Midwest. For this reason I decided to leave community practice, and I formed MEnD Correctional Care in 2008. We began operations in 2009, with two employees (myself and one registered nurse) and have worked very hard to grow the business ever since.

HOW CAN SOMEONE BECOME A CORRECTIONAL MEDICINE PROVIDER?

There are recruiting and advertising opportunities almost every day for position openings in this industry. All you have to do is reach out to companies like MEnD, and discuss the opportunities available. It really becomes a career decision regarding scope of practice and work/life balance.

WHAT CERTIFICATION DO YOU NEED?

There are so many intricacies in the merging of law enforcement and medical care, along with judicial and other legal issues

arising out of daily care and situations involving our patients. As of 2017, we don't have board certification in correctional healthcare, however we have advanced certifications as practitioners (with the gold standard being through the National Commission on Correctional Healthcare — NCCHC) and we now have partnerships developing between such agencies as the AAFP and the NCCHC, and other medical oversight agencies and law enforcement agencies.

WHAT ARE GOOD HEALTH HABITS FOR PRISONERS?

Unfortunately, jails are riddled with temptations for poor health choices. Many inmates don't participate enough in the recreational activities available to them, and their vending or commissary food choices are typically unhealthy. Therefore, good habits would include staying as active as possible within the confines of the correctional system, and limiting snacking to a minimum. These issues provide great challenges for us in treating diabetic patients.

WHAT ARE OTHER CONTRIBUTING FACTORS TO PRISONER HEALTH?

With so many people confined in close quarters, communicable diseases can pose serious issues. The factors stated previously surrounding activity and diet choices can certainly affect their health. Ownership and participation from inmates in their own illness and overall health can greatly affect prognosis and outcomes. The ongoing threat of violence from other inmates can certainly affect health on occasion. Lastly, patients' mental health and chemical abuse issues can greatly affect their health, and we can typically help these patients stabilize, improve their health while incarcerated with treatment and avoidance of chemicals.

HOW DO YOU HANDLE STRESS?

After 10+ years in correctional healthcare, you develop strategies to prevent oversteering or burning out. One major lesson I've learned over this time is to not escalate discussions with patients, and to build rapport and respect with them. I call it my "place of zen." Too often I see medical professionals in this industry verbally sparring with patients, and it never ends well for either party. At MENd we preach the mantra of helping the patients who will cooperate, respecting patients and colleagues, and de-escalating volatile situations and always trying to take the high road. Outside of work, it's important to have hobbies and interests that have no relationship to correctional healthcare. In that way it's like any other specialty in medicine. What's most important is that you leave work at work as much as possible, and engage in activities that take you away from work-related stress.

WHAT UNIQUE ISSUES DO YOU ENCOUNTER?

As a physician who has practiced in both the community and in corrections, I've seen both sides. Most community

medical providers have very little idea as to the extent of issues we face in corrections, and the information we are able to obtain regarding their patients. I would say probably the most surprising fact I've learned over this time is just how rampant the abuse is in the community involving prescription and illegal drugs. It is at an epidemic level, and when we work together with community providers, we can break the cycle of this type of abuse, and set our patients up for a much higher probability of success upon re-entry into the community. Conversely, one of the biggest advantages of practicing correctional healthcare is the ability to actually observe your patients 24/7 and determine exactly how well they are functioning. This comes into play significantly with chronic pain conditions. We are able to determine if a patient is functioning at a high level, or if they need additional treatment to curb their painful symptoms. This is in stark contrast to community practice, where we may be able to observe our patients for maybe 30 minutes, while having little idea as to their true level of function for the remaining 23 1/2 hours of the day.

HOW ARE REFERRALS HANDLED?

All correctional healthcare starts with a comprehensive health assessment early in their incarceration, identifying all mental and medical health issues that are present or could arise soon. Then, depending on these screenings and triage, patients may need urgent or routine referrals to our medical providers and mental health professionals. If we feel patients warrant further medical care outside of our scope, we refer them to community specialists. It really is a true primary care-centric system, with the primary care medical provider acting as the quarterback of the medical team caring for each patient. However, in correctional healthcare, the registered nurse is often at the center of medical care efforts, and plays a larger role in patient care compared to many community settings.

DO YOU FIND YOURSELF PRACTICING OUTSIDE THE SCOPE OF FAMILY MEDICINE?

I aggressively maintain my scope of practice boundaries. However, I will say that my skill in psychotropic medication prescribing has improved dramatically since entering correctional healthcare. With the massive shortage of psychiatric prescribing providers in the community, correctional medical providers are challenged with managing mental health conditions a bit farther than we were accustomed to in the community. Other than that, chemical detoxification and withdrawal treatment is another aspect of care that many primary care providers are not exposed to on a regular basis in the community. In correctional healthcare, it is a daily exercise, with many patients requiring aggressive treatment for benzodiazepine, opiate, and alcohol withdrawal. **MP**