Assessing Mortality for Keep on Person (KOP) Patients in Illinois Department of Corrections (IDOC)

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Background:
Medication adherence is critical for the management of chronic diseases. Incarcerated individuals, particularly those prescribed Keep on Person (KOP) medications, face unique challenges in adherence monitoring, as the Illinois Department of Corrections (IDOC) relies on manual charting and lacks structured follow-up procedures.

Objective:
This study aimed to assess how medication adherence among KOP patients in the IDOC affects achievement of clinical goals for diabetes, hypertension, and hyperlipidemia.

Methods:
A retrospective chart review was conducted on incarcerated individuals who received KOP medications and had a diagnosis of diabetes, hypertension, or hyperlipidemia. Adherence was defined as ≥80% proportion of days covered (PDC). Clinical goal achievement was defined by guideline-directed targets: A1C <7% (diabetes), blood pressure <130/80 mm Hg (hypertension), and LDL <100 mg/dL (hyperlipidemia). The Fisher's exact test was used to evaluate associations between adherence and clinical outcomes. The timeliness of chronic clinic follow-up visits was also assessed.

Results:
A total of 20 deceased incarcerated individuals were included in the analysis. Only 40% of patients were considered adherent. Achievement of clinical goals was low, with 10% of diabetic patients, 38.9% of hypertensive patients, and 43.8% of hyperlipidemia patients reaching goal targets. No statistically significant association was found between adherence and goal achievement across disease states ($p > 0.05$). Additionally, 50% of patients were overdue for a chronic clinic visit at the time of death.

Conclusion:
Medication adherence and chronic disease management were generally poor among deceased KOP patients evaluated. Systemic gaps such as lack of adherence monitoring, suboptimal achievement of clinical goals, and inconsistent clinic follow-up could be factors contributing to mortality in this population.