

JAPAN P&I NEWS

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To the Members

Dear Sirs,

Medical Expenses in the U.S. (No.5)

Considerations for Smoother Escorted Medical Repatriations from the U.S.

We refer to our previous Japan P&I News No.773, No.790, No.803 and No.817 in which we provided you with information received from a U.S. medical services coordinator, Sphere MD regarding medical expenses in the U.S.

This is the fifth in a series of articles that they have provided to us regarding medical expenses in the U.S.

Yours faithfully,

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Attachment: Information provided by Sphere MD



Considerations for Smoother Escorted Medical Repatriations from the U.S.

Very often, seriously injured crew can be medically repatriated with the idea of continuing care in their home country. While medical repatriations are very expensive, in many cases they can be a cost effective loss limiting measure as compared to continuing care in the U.S.

With U.S. Hospital and doctors' charges costing \$2,000-\$6,000 per day, a medical repatriation may pay for itself in just 4-5 days. Beyond cost savings, medical repatriation allows crewmembers to receive treatment and convalesce at home with their families, in a familiar culture. It is a generally accepted concept that patients tend to get better quickly when they have better emotional support systems around them.

Medical repatriations can be broken into two categories based on patient acuity. "Unstable" patients which require air ambulance services and "Stable" patients who can be transported via commercial airlines with accommodations. This article will focus on considerations for smoother medical repatriations of "stable" crewmen from the U.S., aboard commercial aircraft.

Gain Repatriation Consent:

Escorted repatriation requires the order of the crewman's US attending physician, and consent from the crewman. The physician's order should include the actual order to repatriate, and the approval of flight attributes such as flight durations, number of layovers, and seat angles. The crewman's consent form must describe changes to the venue of care, as well as language mentioning repatriation risks. Such risks include the possibility that some lifesaving care may not be available aboard a flight, deep vein thrombosis, and discomfort. SphereMD recommends that ship owners and P&I Clubs demand to see the physician's order and crewman consent for transport before any medical repatriation is finalized. Failure to gain proper crewman consent can increase ship owner liability, should medical complications occur during the repatriation process, or issues arise surrounding a change in venue of care.

Plan Repatriation in Advance:

An experienced medical manager can usually determine fairly early on in a medical case if escorted repatriation will be required. Certain illness or injuries such as stroke, long bone fractures, some chest and back surgeries will always require escorted repatriation. Check with your case manager early in the medical treatment process and inquire about the likelihood of needing to appoint a repatriation escort. Start the process of finding and appointing a repatriation service early to avoid delays in repatriation. SphereMD has seen cases where medical repatriations were delayed days or weeks because logistics were not handled in advance of the preferred repatriation date. Logistics issues to which attention must be paid include special seating on commercial flights, oxygen in flight, flight certified equipment such as IV pumps, special medications requiring refrigeration, medical equipment requiring security pre-approval, visas for escorts, etc.

Choose the Right Repatriation Service:

Reliable repatriation services are those that are experienced and can provide numerous references upon request. Reputable services will be backed by global liability insurance, and will always request a conversation with the attending physician before accepting any repatriation assignment. Escorted repatriation service expenses vary widely depending on the required qualifications of the escort. U.S.-based services generally charge somewhere between \$2,000-3,000 per day for nurses, and more for physicians. It is unusual that a physician is required for a “stable” medical repatriation

Address Patient Anxiety:

Crewmen tend to be very anxious about medical repatriation. Fear of not receiving continuing care, anxiety of traveling with a nurse, concern over being blamed for an accident that requires medical care, or dealing with a new medical diagnosis are all causes for anxiety. Crewman anxiety will be dealt with from a medical perspective by the crewman’s doctors and the medical transport service; typically via the use of appropriate medications to relieve anxiety thereby assuring the most comfortable, effective, and safe escorted repatriation. From a non-medical perspective, SphereMD recommends that the ship owners contact the crewman to provide answers to questions and to provide assurance long before the repatriation occurs. Topics that are typically important to discuss include medical care upon arrival in the home country, airport pick-up, transport to the hospital, family waiting at the airport, and impact (if any) on the crewman’s pay.

Arrange Flights with Crewmen’s Safety in Mind:

It is critical to remember that the main goal of a repatriation is to safely and comfortably move a patient from care in the U.S. to care in his home country. Practically speaking, this means as few stops as possible. Specific aircraft seats should be reviewed to assure that they are appropriate. Not all business class seats are appropriate for all medical conditions. Many business class seats are “recliner” or “pitched lay flat” seats; often, patients require the ability to be completely recumbent. In particular, 180-degree flat seating is important to those crew members with long bone and pelvic fractures, or those with blood circulation issues. Consideration should be given to the transit countries or states. It is important to know which cities offer the highest quality medical care, and if possible, select those cities for any necessary transit points. The choice of transit cities may be critical should an emergency present itself.

Plan for Home Country Arrival:

It is critical that arrival arrangements be made for the patient in advance of departure from the U.S. Furthermore, it is important that the crewman be made aware of these arrangements well in advance. Specifically, a plan should be in place from exiting the aircraft in the crewman’s home country to admission to a properly equipped local hospital for assessment. SphereMD recommends admitting patients to a hospital in their home country for at least 24 hours upon arrival. Doing so limits risk to ship owners and P&I Clubs by assuring that a thorough assessment is completed of the patient’s health post-flight. This approach also allays crewmen’s suspicions that they will be denied care upon returning home. Such fears often cause them to resist repatriation efforts. Admission to a hospital assures the patient that they will be cared for and turns them into active participants in the repatriation process.

Summary:

Medical repatriations can improve patient outcomes, reunite crewman with their families, and substantially save medical and claim expenses. Medical repatriation should be considered for any stable patient who still requires 5 days or more of medical treatment in the US but is safe to travel with an escort. When selecting a medical repatriation service, require it to provide you with medical approval from the attending physician as well as crewman consent before giving final approval for travel. The overriding goal of medical repatriation should always be patient safety and comfort. This is best achieved by making all logistical and arrival arrangements well in advance of the repatriation. Crewmembers should be a part of the repatriation planning to help manage their anxiety and fear out their future.