

# To treat or repat? That is the question

**Cindy Lubiartz, RN, BSN**, national director of business development for CareMeridian, asks whether international insurers are considering all their options if they have a client ill or injured in the US

De-complicating patients prior to repatriation by using a sub-acute healthcare and specialty rehabilitation facility can significantly reduce medical and related costs in an environment that is also conducive to a better recovery, with less stress and a more comfortable return home for the insured.

## The choice is yours

Travellers suffering a traumatic injury or acute illness while visiting the US are faced with a multitude of challenges while they recover, and most will have the goal of returning home as quickly as possible. Sending them back to their country prematurely, though, could result in added expense and health risks. How do you assure these patients quality care, reduced stress, and the best possible recovery, while containing the inevitable associated medical costs?

There is an alternative to an extremely expensive air ambulance repatriation: discharge the patient from the hospital as soon as possible and then transfer the patient to a sub-acute healthcare and specialty rehabilitation facility. There are significant advantages, including the cost savings; an opportunity to simplify and stabilise a

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### Mark Litchfield, chief medical officer, Europ Assistance

“Our customers have been benefiting from the services offered by sub-acute and specialist rehabilitation centres in the US for a number of years. Patients are transferred to smaller units with a higher staff to patient ratio, affording them much more personalised care and intensive rehabilitation than they would otherwise get in an acute facility, speeding up their mobilisation and recovery to the point where a commercial repatriation is feasible. Simply, our approach is to ensure that the patient comes first and by using sub-acute facilities to enable them to reach recovery more quickly and therefore return home sooner, we as an insurer indirectly receive cost benefits through a reduction in treatment and repatriation costs.”

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### Dr Cai Glushak, MD FACEP, international medical director, AXA Assistance

“This is an excellent subject and I tend to take the use of subacute rehab for granted – it is used routinely in the US to move patients out of overloaded, more expensive acute care hospitals into better adapted, lower acuity and lower cost care. We do this frequently for our travelling patients already as a means to save our clients on the costs of acute hospitalisation as well as to ensure faster recovery progress for the patient ... However, goals and endpoints with the rehab planners must be clearly discussed and agreed; otherwise they are likely to wish to keep the patient for a prolonged stay to reach endpoints well beyond ‘fit to fly’.”

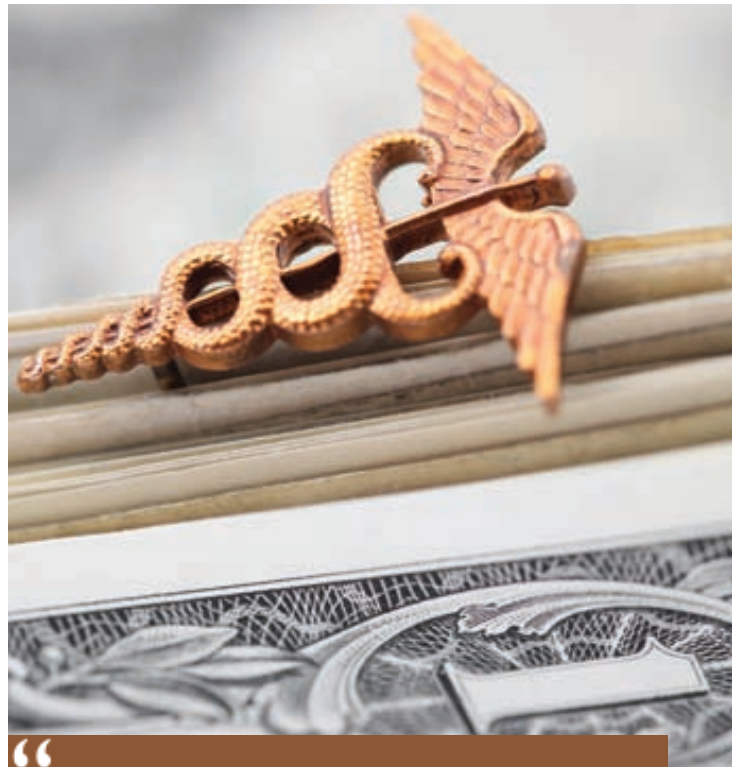
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patient’s clinical status; faster functional gains; and repatriation without an air ambulance transfer. Ordinary costs for air ambulance flights can run to as much as \$50,000, depending on the state of the patient and their needs, as well as their final destination. Too often, travellers who are seriously hurt abroad are sent home prematurely directly from the hospital, thus creating the need for intense in-flight care and increasing the odds of suffering added complications related to their illness or injury. The cost to the insurer quickly adds up, particularly if there is a need for a specialist physician and/or equipment onboard the aircraft.

Consider this: the average daily bed rate in a short-term acute hospital in the US can be over \$2,500 per day for room and board, and this figure is not including physician costs, labs and pharmacy, all of which serve to substantially increase overall expenses for a traveller hurt abroad.

The transfer home can take extra time, effectively elongating the hospital stay. Add that to the cost of the air ambulance and it’s easy to see how a catastrophic case could easily add up to \$100,000 in excess of the ER and surgical procedures.

Now, as an insurer, imagine sending this same patient from the hospital to a sub-acute facility after only a few days. The average sub-acute facility will charge around \$900 per day, which is inclusive of room and board, nursing, therapy and many of the other ancillary costs. And then, after a short stay there, the insurer would be able to send that traveller home by commercial flight because they were more medically stable and on the path



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“Patients benefiting from these services include not only trauma patients, who require intensive physiotherapy and rehabilitation following surgery to get them mobile, but also the elderly and any patients who have been admitted for a significant time and have become debilitated. Obviously, it is not always possible to transfer a seriously ill patient to these sub-acute facilities within 48 hours, especially if they are on ICU requiring intensive care. However, once they are stabilised then transfer to these centres will speed their recovery and get them home sooner.”

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to functional recovery. This approach could save thousands of dollars, as well as resulting in a much-improved prognosis for long-term recovery.

At smaller non-institutional sub-acute and specialty rehabilitation facilities, patients are offered specialised care from a highly trained rehabilitation team, comprised of physical, occupational, respiratory and speech therapists, as well as neuropsychological specialists. Many medical teams at the larger facilities do not understand the unique complications and preventative measures that need to be undertaken in order for a TBI (traumatic brain injury) or SCI (spinal cord injury) patient to reach their highest potential. Because the high nursing staff to patient ratio at these higher end sub-acute facilities is 1:4, patients receive personalised clinical attention and are up on a daily basis – imperative in preventing pneumonia, increasing circulation and preventing skin breakdown. Whirlpool bath therapy is also utilised for increasing circulation and reducing stress. In the end, care in a sub-acute facility prior to repatriation could be a win-win for patients, their families and their insurers.

In summary, sub-acute and specialty rehabilitation facilities offer not only significant cost savings (less than half), but also the highest possible opportunity for recovery in non-institutional-like community-based settings. Patients can be moved to these facilities directly from the hospital emergency room or within the first 24 to 48 hours of a patient’s stay and will receive care from an expert healthcare and rehabilitation team in an environment comparable to a five-star hotel.

Cindy Lubiartz, RN, BSN was appointed national director of sales and business development for CareMeridian in 2008. With more than 15 years of healthcare and marketing experience within long-term acute care hospitals, skilled nursing facilities and outpatient settings, her responsibilities include strategic direction and oversight of marketing and expansion initiatives. A native of Troy, Michigan, US, Cindy moved to Las Vegas in 1994, joining the CareMeridian team in 2006.

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