



REPATRIATION

MISSION POSSIBLE

DIANE PRIOLO
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IMPOSSIBLE MISSION FORCE (IMF)

AGENT PROFILE



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MISSION IMPOSSIBLE ?

REPATRIATION



MISSION POSSIBLE



DEFINITION OF REPATRIATION

In the Healthcare Setting:

Repatriation is the process of voluntarily returning a patient to their country of origin or citizenship



WHEN TO CONSIDER EXECUTING A REPATRIATION MISSION

Candidates for repatriation include patients with on going clinical care needs who DO NOT have the family/caregiver/social/financial support within the USA to meet these ongoing needs



LEGAL CONSENT CONSIDERATIONS

- ★ Repatriation requires the consent of the patient or surrogate decision maker or legal guardian
- ★ Repatriation requires the consent from the family or surrogate decision maker or legal guardian in the country of origin or citizenship
- ★ The patient's Attending Physician must agree to the plan to repatriate



REPATRIATION POINT TO PONDER



Repatriation is
an emotional
journey of
acceptance

REPATRIATION CONSIDERATION: SCENARIO #1

- ★ Jose is a widower, undocumented, and is a citizen of Mexico
- ★ Jose has been admitted to the hospital for an acute crisis of his disease which is chronic and progressive in nature
- ★ His care needs used to be able to be met by his family caregivers
- ★ Jose's disease has progressed to the point where he now requires care and supervision 24/7/365
- ★ The family caregivers all work full time and no one can afford to quit to care for Jose
- ★ Jose's care needs have progressed beyond the capabilities of his family
- ★ Living in the hospital for the rest of his life is not a viable solution

REPATRIATION CONSIDERATION: SCENARIO # 2

- ★ Amaka is an elderly woman from Africa with many health issues
- ★ Family brought her to the USA to live with them for childcare purposes
- ★ Amaka's health issues advanced to where she could no longer babysit
- ★ Amaka is hospitalized with many debilitating health issues
- ★ Amaka had LPR (green card) but had only been in the USA for a few months
- ★ Amaka would not be eligible for Medicaid with full benefits until she had her green card for 5 years
- ★ Family cannot afford to private pay for her care needs
- ★ Family in her country of citizenship want to care for her and is able to do so

REPATRIATION CONSIDERATION: SCENARIO # 3

- ★ Luis is undocumented and is a citizen of Mexico
- ★ He works as a farm laborer
- ★ He lives with several other fellow farm hands in a shared trailer
- ★ Luis's cousin Jorge lives in another state and is his only relative in the USA
- ★ Luis is admitted to the hospital with chronic and progressive health conditions that require care and supervision that neither his trailer mates nor Jorge can meet
- ★ There are no other potential caregivers in the USA



EXPLORING REPATRIATION 101

IMF Agent in Training Point #1

Obtain thorough psychosocial information including:

- ★ Where was the patient born? Is he/she a citizen of that country?
- ★ What is the patient's immigration status? Did they enter the USA with a visa or without?
- ★ Marital status and location of spouse if married
- ★ Significant other? Relevance in patient's life?
- ★ Number of children, if any, Minors or adults? Where do they live?
- ★ Are the parents alive, and if yes, where do they live?
- ★ Number of siblings, if any, and their location



EXPLORING REPATRIATION 101

IMF Agent in Training Point #2

If the patient has living family in his/her country of origin, ask

- 1. Have you been able to visit back home since you have been in the USA?***
- 2. Are you in contact with your family back home?***



These questions often yield much helpful information such as the strength of the relationship with relatives back home as well as the desire for reunification.

- ★** It enables you to know if there may be a viable support system back home which can be explored as potential caregivers as well as consent givers to the plan to repatriate if it evolves to this

EXPLORING REPATRIATION 101

IMF Agent in Training Point #3

- ✓ Determine what the patient's understanding is of his/her medical condition and prognosis
- ✓ If the patient has a good understanding ask:

3. Have you thought of returning back home to receive medical care in your own country?

Potential Responses

- ★ *“Yes, but I have no money or insurance”*
- ★ *“No, they will throw me on the streets like a dog”*
- ★ *“No, is that even possible? “*

Case Mgr.: Would you be willing to explore this further to see what is possible and what is not so you know all your options?



EXPLORING REPATRIATION 101

IMF Agent in Training Point # 4

ATTENDING PHYSICIAN BUY IN

Case Manager: “If this patient’s medical needs and care could be safely provided and met in his/her own country, would you be willing to explore this option further?”





EXPLORING REPATRIATION 101

IMF Agent in Training Point # 5

So now, IMF Agents in Training, you have both the patient and the Attending Physician willing to explore treatment options in the patient's country of origin or citizenship. What comes next?

OPLAN (Operational Plan): Determine whether the patient's medical condition can be treated or managed in their own country, is treatment readily available, and if so, where?

COA (Course of Action):

1. Contact the Consulate of the Country of Citizenship And/or
2. Contact a full service medical repatriation company

ROLE OF THE CONSULATE OF THE COUNTRY OF CITIZENSHIP



ROLE OF THE CONSULATE OF THE COUNTRY OF CITIZENSHIP

Repatriation may well require the cooperation of the Consulate of the country of citizenship



Mexican Consulate – General

<http://www.mexonline.com/consulate.htm>

https://embassy-finder.com/mexico_in_usa



Mexican Consulate: Protection and Legal Services

- **Repatriation: vulnerable individuals**, human remains, minors
- **Visits to Hospitals** and correctional facilities
- **Search for missing people**
- **Issue Presumption of Nationality** (Mexican National lacks proof of identity or citizenship and wants to return to Mexico)
- Humanitarian permit



SRE

Mexican Consulate Repatriation Process

1. Hospital contacts the Consulate General of Mexico
2. Obtain pertinent documents (Medical summary, patient's ID, liability letter)
3. Mexican Consulate staff interviews patient
4. Contact with relatives in the USA and Mexico
5. Request to Dept. of Health in Mexico for appropriate medical facility
6. Response from Mexican Dept. of Health-health facility identified
7. Patient travels to Mexico (Commercial flight or **medical escort or air ambulance**)
8. Consulate can pay the tickets for a commercial flight and non-medical escort only
9. Hospital must pay for **medical escorts or air ambulance**



MISSION POSSIBLE CASE EXAMPLE # 1 Execution Level Low

- ★ Undocumented Mexican citizen had a fatal progressive disease
- ★ His declining care needs progressed beyond the capabilities of his family in the USA
- ★ He had adult children he had not seen in decades and grandchildren he never met plus other extended family living in Mexico City
- ★ A prestigious hospital specializing in his condition was located in Mexico City
- ★ He longed to be reunited with his family in Mexico before he died and his family there was equally receptive. Both patient and family in Mexico easily consented to repatriation.
- ★ Patient had a photo ID and proof of Mexican citizenship
- ★ MD in the specialty hospital in Mexico City accepted his case and Attending MD agreed
- ★ Patient was able to fly commercially to Mexico City with a **medical escort service**

MISSION POSSIBLE CASE EXAMPLE # 2 Execution Level Medium

- ★ An elderly patient from Africa with many co-morbidities, lacked decisional capacity
- ★ Family in the USA could no longer meet the progression of the patient's many 24/7/365 care needs
- ★ The patient was ineligible for Medicaid; family in USA could not afford to private pay for services or placement
- ★ Family in Africa had the desire, experience, support system and medical care to meet the patient's needs
- ★ Attending MD & Family in USA and Africa consented to the plan to repatriate
- ★ The Hospital facilitated an **air ambulance** to safely transport the patient home to Africa



MISSION SEEMINGLY IMPOSSIBLE

IMPOSSIBLE MISSION FORCE AGENTS-IN-TRAINING:

There are some repatriation missions that are so complex and difficult to execute that you will require mission assistance from a full service medical repatriation company



MISSION SEEMINGLY IMPOSSIBLE

WHEN TO CONSIDER USING A FULL SERVICE REPATRIATION COMPANY :

- ★ The patient and /or family is ambivalent about giving consent, not trusting that they will be cared for and not abandoned once repatriated
- ★ The Consulate of the country of citizenship is difficult to work with and slow to respond
- ★ Identity and proof of citizenship of the patient is difficult to establish
- ★ Family cannot be located to satisfy due diligence requirements
- ★ Complex medical needs such as ventilators, tracheostomies, hemodialysis, long-term care in a hospital or post-acute facility and complex home discharges and DME
- ★ Guardianships need to be established in both the USA and country of citizenship

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MEXCARE, L.L.C

SCOPE OF PRACTICE

A NETWORK OF OVER 50 HOSPITALS, DIALYSIS CENTERS AND PHYSICIANS IN LATIN AMERICA

- ★ Medical escort and air ambulance transportation services
- ★ Patient Family locator service
- ★ Hospital to hospital/post-acute facility bed to bed transfers and care
- ★ Care in home country at appropriate level until patient can be matriculated into their own healthcare system
- ★ Link patient and family to services closer to home
- ★ Case Management services

MISSION POSSIBLE CASE EXAMPLE # 4 Execution Level HIGH

- ★ Undocumented Mexican woman with a fatal and progressive disease rendered her life support dependent with a life expectancy of a few years
- ★ The patient could not live outside of the US hospital
- ★ Patient had family and significant other in the USA as well as adult children/grandchildren, and extended family in Mexico
- ★ Mexcare located an appropriate hospital in the family's home town for a hospital to hospital transfer
- ★ Family in Mexico was mistrustful of the process and belief that US hospital would pay for patient's care until matriculated into the Seguro Popular healthcare program. Children were fearful of patient abandonment and family obligation for medical care cost.
- ★ Humanitarian permit arranged for adult children to come to USA to participate in person in decision making and repatriation exploration
- ★ Mexcare, in conjunction with medical team at US Hospital, worked with patient/family system until they were satisfied and comfortable consenting to the plan to repatriate
- ★ Patient transported via air ambulance to designated hospital in Mexico

MISSION POSSIBLE CASE EXAMPLE # 5 Execution Level VERY HIGH

- ★ Undocumented patient from Central America had complex surgeries performed in the USA and required additional surgery months later only after some healing occurred
- ★ Attending MD refused to consent to repatriation unless post-acute care could be provided in the community as well as the specialty surgery months later
- ★ Mexcare found a qualified surgeon who agreed to perform the surgery once appropriate to do so and who was acceptable to the US Attending MD
- ★ Mexcare arranged for MD medical escort back to the family in the home country
- ★ Mexcare arranged for Case Mgmt., appropriate DME, and outpatient PT/OT & MD
- ★ Patient successfully completed the specialty surgery 3 months from discharge to home

IMPOSSIBLE MISSION FORCE AGENT SUMMARY-REPATRIATION

- ★ You cannot repatriate a patient without their consent or the consent of their surrogate decision maker
- ★ You cannot repatriate a patient without the consent of the family in the country of origin
- ★ You cannot repatriate a patient without the consent of the Attending Physician
- ★ The patient needs proper identification to fly back home. If they do not have it they will need a Presumption of Nationality from their Consulate
- ★ Repatriation is an emotional ***journey of acceptance***
- ★ Dare to think outside of the box... *Dissolve* the box if need be



QUESTIONS?

