

Health Care

What to Know Before You Go



Preparation for the different health care and medical systems around the world can reduce the stress of an international assignment. Clyde discusses the differences for employees leaving the United States and those entering the United States.

BY DR. J. DAVID CLYDE

“Every aspect of the U.S. medical system was a surprise and shock.” These were the words of a manager who relocated to the United States. This 2003 British inpatient went on to say, “The learning curve was about two years. Since I was a healthy person, I did not require frequent doctor visits, but with each episode, I encountered a new aspect previously unknown to me.”

Said another British inpatient in 2000, “When we moved to the United States, my husband and I assumed that it would be like the United Kingdom. Gosh, did we have a shock! Everyone in the company assumed that we spoke English so we did not need any assistance during the relocation. When it came to medical care, we encountered several surprises. How do you find a doctor? What are these strange terms: HMO, PPO, co-payment,

deductible, pre-certification, or network doctor?”

Said one American expat in 1999, “When I visited the local clinic to evaluate a small laceration of my arm, the facility was so dirty that I decided not to take a chance with infection and let the wound heal itself.”

Where Are the Priorities?

When offered an international assignment, most employees consider salary as their first priority, then the location of the new assignment, followed by details of the relocation package (housing, household goods, homesale assistance, and so on). Most employees do not ask and many companies do not provide information about medical care at the new location. Some families with special medical issues or special needs children may ask questions about the medical issues, but is there a resource available to answer their questions?

Some companies have encountered situations where there is a special medical need that is not self-identified by the employee until there is a crisis at the new location. One example is a family with a child with attention deficit-hyperactive disorder (ADHD) taking Ritalin® was assigned to a country where this medication was not available locally. When the medication supply ran low, the father contacted the company medical director and said “My son’s medication is running out; you’ve got to

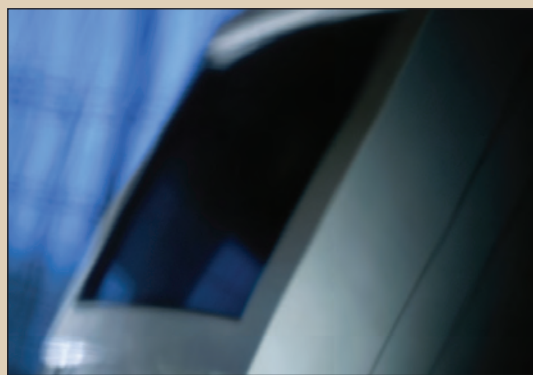
help us get some of his medicine.” This created a problem for the company. The medication is a tightly controlled drug and could not be shipped internationally via air parcel carriers. The family never told the company about the special needs child so they could advise them about the medication issue. How could the company help meet this need?

With little or no preparation, the relocating family must flounder along trying to adapt in the new medical system. They may be fortunate enough not to need much medical care; however, when a significant problem arises in areas with poor medical care, it will be very stressful for the family and in some cases result in bad medical outcomes. The poor preparation can lead to a failed assignment if the family stress levels rise too high or too frequently. Failed assignments are costly to the employer in lost productivity and actual dollars from the “bottom line,” and the failed assignment hinders, if not destroys, a career for the employee.

Several companies provide some type of information for expats moving to lesser developed countries, but do not provide any specific medical information or assistance for the expat moving to the more developed countries in Europe, Asia, or Australia. There is an assumption that good medical care exists in the country, but there is no preparation about how to best use the system. The time to learn about a medical system is not when a person is ill or is dealing with a sick family member. Good planning always improves the odds of positive outcomes.

Impatient Americans

Moving from the U.S. medical care system into a socialized medical care system can be difficult. In the U.S. system, Americans frequently choose a specialist to care for the immediate medical problem. They



Useful Web Sites

Centers for Disease Control & Prevention

www.cdc.gov

World Health Organization

www.who.int/en/

U.S. Department of State —Traveling & Living Abroad

www.state.gov

Travel Health Online

www.tripprep.com/scripts/main/default.asp

American Medical Association

<http://dbapps.ama-assn.org/aps/amahg.htm>

can call and schedule an appointment with the specialist at any time. However, in a socialized system all specialist appointments are by physician referral only. The primary doctor, usually a general practitioner, must write a letter of referral and the specialist must accept the referral prior to an appointment for the patient. For an impatient American this can seem to be an “unnecessary” delay in medical care. Hospitalizations and procedures are prioritized and non-emergency problems must “wait in queue” for the medical procedure.

A good example of specialist referral and waiting in queue is the case of a young single, American office worker on assignment in Great Britain who developed several lumps in her neck and groin area. She was able to make an appointment with a general practitioner who wrote a letter of referral and arranged for her to see a specialist. The appointment was one month after first being examined.

The specialist took some blood

for testing and recommended that she have a surgical biopsy of the lump in her neck and some more specialized testing, but these could not be arranged for at least three weeks. The panicked young lady contacted her company medical director to ask if a family member should plan to be with her during these procedures. The worker was transported back to the U.S. city near her family and arrangements were made for an urgent consultation. Within three days of arriving home the diagnosis was made and appropriate medical treatment was instituted. Being alone in a foreign country during a medical “crisis” plus the stress of waiting with an unknown diagnosis had incapacitated the woman for productive work.

Type of Information Needed

Families with chronic medical conditions, special medication needs, or special needs children should be certain that medical care for their condition is available at the new location before departing for the assignment. Families, even those with good health, need to be fully apprised of the health risks in the new area so they can make informed decisions and preparation for the assignment.

People relocating to developing countries need to: 1.) understand the health risks associated with the new country, 2.) understand how these health risks might affect their medical condition, and 3.) understand the limitations of the medical facilities in the new location. In addition, the company should have a contingency plan to move severely injured or critically ill personnel or family members to a quality regional medical facility.

Emergencies

One part of the medical information that a family needs is how to get medical assistance in an emergency. Most Americans would call 911. However, the emergency con-

tact number varies by country around the world. It may be 119, 190, 192, 999, 129, or another number. Good information and planning can help avoid a panic situation during a crisis and expedite medical assistance.

Moving into the United States

Employees relocating to the United States face significant challenges with the medical care system. Some of the information needed is how to work within the U.S. medical system, how to find a doctor, where to go in an emergency, and how to get help for emergencies.

Medical care in the United States in general is of high quality. Many doctors and most hospitals are independent businesses that must generate enough revenue to continue business operations. U.S. medical care also uses the highest technology available for laboratory and radiological testing. Unlike many other countries, the United States does not have socialized medical care except for the elderly and the indigent. U.S. medical care is a fee-for-service business, which means that payment is due at the time of service.

Confusing Insurance Plans

Many employers provide group health care insurance for the employee and the employee family members. Many employers pay part of the cost for this group insurance. The employee must pay a portion of the cost of this insurance. Group health insurance plans take many forms: indemnity, managed care (PPO or POS), or health maintenance organization (HMO). The majority of foreign nationals moving into the U.S. come from countries with socialized medical care, and all of these concepts and terms are unfamiliar to them. When contacting medical offices for appointments, most will encounter the question, "What type insurance plan do you have?" Confusion generates stress for the inpatient family and may contribute to failed assignments.

One area that generates total confusion for foreigners in the U.S.

medical system is billing for medical services. The hospital bill, the insurance explanation of benefits, along with co-payments and deductible, totally confuse people from socialized medical systems. The terminology is new to them and the level of payment for services is confusing. To reduce stress levels, the foreign national should have access to someone to help guide them through the maze of terms and paperwork for medical bills.

Emergencies in the United States

The inpatient should understand that for an emergency, he or she should go to the nearest hospital where the medical staff will evaluate and treat the condition or call a specialist to care for the problem. Even knowing to call 911 for emergencies can alleviate stress for the family and especially the trailing spouse. Again, reducing these stressors improves the likelihood of a successful inpatient assignment.

Think of a situation where English is very difficult for the trailing spouse

and a child has an accident at home. The parent does not know how to contact emergency assistance and the child is bleeding. Just imagine the panic of the parent. Later, when the parents are together again the family situation suddenly can explode. The trailing spouse blames the working spouse for causing the "mess." Many stories exist about divorces caused by repeated smaller stresses and minor crises. These situations are costly to the employer in lost productivity and possibly failed assignments.

Just as due diligence reduces risks in business deals and good planning improves the chance of success for projects, good preparation of employees for international relocation improves the chances for a productive and successful assignment. ■



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