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Letter to the Editor

COVID-19: From the short term crisis mode to a long term maintainance mode, International Medical Assistance to reinvent?

Dear Editors:

International Medical Assistance companies have been managing coronavirus disease 2019 (COVID-19) on a crisis mode for almost 4 months.[1] As of May 20th, 175 cases have been confirmed positive for severe acute respiratory syndrome coronavirus 2 across our network, which is located in 47 different countries with United States, Japan, Egypt, Spain, and Thailand being the top 5 in terms of case numbers. Of these 175 cases, 86 have recovered, 78 are still under medical care, and 11 died.

We now find a diverse context from one location to another with the first wave having passed for China, a decreasing phase in Western Europe, and a peak not yet reached everywhere in the United States, among others. Modalities on when and how to progressively reopen borders and authorize movements are under discussion within governments and international institutions. Nevertheless, the chances of getting substantial levels of global herd immunity or an efficient vaccine within 1 or 2 years appears relatively small.

As it has done to health care systems around the globe, the COVID-19 pandemic has forced International Medical Assistance to adapt. The new challenge is how to progress from a short-term crisis mode to a long-term maintenance mode because the need to view COVID-19 as a part of life moving forward appears more and more likely. In particular, the impact of COVID-19 on when and how to repatriate patients, which is a core activity for International Medical Assistance, continues to evolve. The 3 main changes include the following:

1. Extended hospital stays and later repatriations: we are already using a more local/regional-based approach that involves moving patients to closer-proximity centers capable of supporting their treatment needs with a view to a later-stage return to their home country.
2. Sending out medical escorts as strictly required: quarantine restrictions limiting the capacity to deploy medical escorts to many destinations now have to be factored into decision making. These restrictions are constantly changing, forcing different approaches to individual case management. As a consequence, we have had to review and make significant changes to our existing guidelines and standard operating procedures in this regard.
3. Greater use of air ambulances: evacuating patients aboard scheduled commercial aircrafts is both feasible and cost-effective and is the preferred option when immediate transfer is unnecessary. It is often not understood by those outside this area of specialization that this can include highly complex patients, even carefully selected ventilated patients. Compared with specialized fixed wing air ambulances, commercial aircraft offer improved flight stability and allow long haul flights without as many time-inefficient technical and refueling stops and at at least half the cost.[2,3] We anticipate a continued greater use of air ambulances compared with commercial aircraft for medical repatriation because exemptions for cross-border movements are easier to obtain when using dedicated medical transport options.

Conclusion

Because we expect these profound changes to be required for the foreseeable future, the structure of our operations has had to be reinvented and will likely evolve further over time.

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