



Managing Complex Pre-Existing Conditions while Abroad

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Presenters

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Learning Outcomes

At the end of this session participants will (or will be able to):

- Consider the challenges of managing complex pre-existing conditions while abroad.
- Discuss administrative, pre-departure, and on-site good practices of manage pre-existing condition issues.
- Respond to a student case with complex pre-existing health condition needs.



Outline

- **The Context**
- **Discussion: Who is responsible for student health?**
- **Administrative: Insurance Plans**
- **Pre-Departure Practices**
- **On-site Practices**
- **Case Studies**



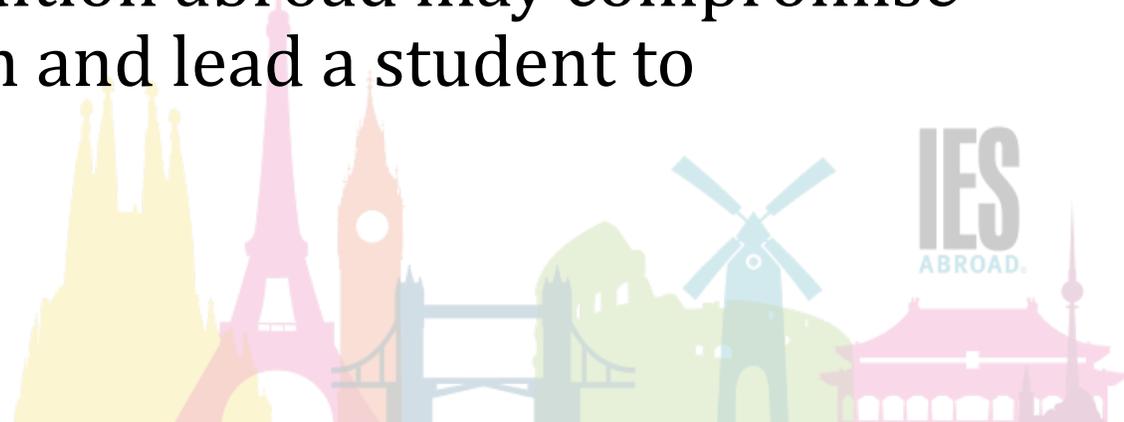
Context

- **Student going abroad for the first time**
- **First person from his/her family to go abroad**
- **Medical provider who is not familiar with healthcare outside of the U.S.**
- **Student managing a significant health issue independently for the first time.**
- **While the student is responsible for managing his/her own health while abroad, the student may not know where to begin.**



Why talk about pre-existing conditions in study abroad?

- Medication and treatment associated with pre-existing conditions can be costly for families.
- Ability for some students to study abroad may depend on continuity of care.
- Availability of treatment and medications can vary by country and can take significant time to locate.
- Difficulty managing a pre-existing condition abroad may compromise a student's ability to study and function and lead a student to withdraw from the program.



Pre-existing conditions in college age students

Mental Nervous	64%
All others (total loss < \$5,000)	16%
Crohn's Disease	16%
Allergy Injections	2%
Ulcerative Colitis	2%

The overall prevalence of chronic conditions in childhood and adolescents should thus be estimated to 15–20%. Some of these conditions require daily and lifelong medical treatment. *

About 50% of lifelong mental disorders begin by age 14 and 75% begin by age 24. **

Table 1: Prevalence of Pre-Existing Conditions, 2014

	Number with Pre-Existing Condition (Millions)		Share with Pre-Existing Condition	
	Narrow Definition	Broad Definition	Narrow Definition	Broad Definition
All non-elderly	61	133	23%	51%
Male	26	66	20%	50%
Female	35	67	26%	51%
Under age 18	4	17	6%	24%
18-24	5	11	15%	37%
25-34	8	20	19%	46%
35-44	10	23	26%	59%
45-54	16	31	38%	75%
55-64	18	31	49%	84%
<=138% of poverty	13	27	24%	48%
139-400% of poverty	23	51	21%	47%
>400% of poverty	25	55	25%	56%
Hispanic	8	20	15%	39%
Non-Hispanic White	42	85	28%	56%
Non-Hispanic Black	7	17	20%	52%
Non-Hispanic Asian	2	5	14%	34%
Other race	2	5	21%	47%

Source: HHS analysis of the 2014 MEPS.

Note: Narrow Definition based on criteria for state high risk pools before the ACA; Broad Definition based on pre-ACA underwriting criteria used by insurers.

Discussion: Who is responsible for a student's health?

- **Is the student responsible to manage his/her own health?**
- **Why should a program care or be more involved in helping a student manage a health matter for an abroad program?**



Administrative

- **Having an insurance plan that covers pre-existing conditions on a primary basis gives the program greater opportunity to directly advise and support a student.**
- **Ensure that when pre-existing (congenital) conditions are not covered, support is still available.**



Pre-Departure:

- Medical Form
- Having a process after a student has been admitted to review medical forms, screen and make continuity of care plans with a student provides the greatest opportunity to arrange seamless medical and mental health support.

IES ABROAD Medical Report **PART I: STUDENT SELF EVALUATION**

Name _____ IES Abroad Program _____ Term _____
 Home College _____ Email Address _____
 Home Phone _____ School Phone _____ Cellular Phone _____

To be completed by the student: Please complete and sign the front side of this form. You are responsible for coordinating with a physician, certified nurse practitioner or physician's assistant to complete the backside of this form after having a CURRENT exam, and return the ORIGINAL form to IES Abroad Chicago by the deadline. No other medical forms will be accepted in substitution.
 Your physical examination must take place within six months of your IES program start date. You will not receive your housing assignment nor will you be allowed to participate in any on-site activities until we receive both parts of your original medical report.

Gender: M _____ F _____ Date of Birth: _____
 Do you hold religious beliefs that might impact the provision of emergency medical treatment while you are abroad? YES _____ NO _____
 If yes, give details: _____
 Are you required to or do you wear a health emergency bracelet? YES _____ NO _____ If yes, for what condition? _____

Have you had or do you currently have any of the following conditions? Please mark all that apply, specifying the date, whether past or current. If yes, please detail information. Attach additional sheets if necessary.

Medical Condition	Past Date	Current	If yes, please detail information.
1. Alope or other skin Condition	_____	_____	_____
2. Alcohol/Drug addiction	_____	_____	_____
3. Allergies	_____	_____	_____
4. Asthma	_____	_____	_____
5. Cancer	_____	_____	_____
6. Chronic Condition	_____	_____	_____
7. Diabetes	_____	_____	_____
8. Eating Disorder	_____	_____	_____
9. Epilepsy/Seizure Disorder	_____	_____	_____
10. Frequent Trouble sleeping	_____	_____	_____
11. Gastrointestinal Condition	_____	_____	_____
12. Heart Disease	_____	_____	_____
13. Hypoglycemia	_____	_____	_____
14. Painful shoulder, knee or back	_____	_____	_____
15. Thyroid Condition	_____	_____	_____
16. Chronic Headaches/Migraines	_____	_____	_____
17. Other:	_____	_____	_____

If you have ever been hospitalized or been treated in an emergency room, you must provide treatment details here (please attach an additional sheet if necessary):

Date(s)	Reason for/Nature of Treatment	Outcome/Present Condition
_____	_____	_____
_____	_____	_____

Are you currently taking any medications? YES _____ NO _____ If yes, which medications and for what? _____

Have you ever been treated for any psychological/emotional problems? YES _____ NO _____ If yes, list dates: _____
 If yes, please describe the nature of the problem: _____
 Did or does your treatment require medication and/or therapy? YES _____ NO _____ If yes, please list medications: _____
 Current Status: _____

PLEASE NOTE: The following questions address disability-related needs of students. Provision of the following information is voluntary.
 Do you have a documented disability as defined by the Americans with Disabilities Act? YES _____ NO _____
 If yes, please state the nature of the disability: _____
 In which areas does your disability currently impair your ability to perform daily academic activities? _____

Are you requesting any accommodations from IES for the above listed disability? YES _____ NO _____
 If yes, separately please provide documentation from a qualified professional that applies to your current needs for accommodation.
 For full consideration, this information must arrive at IES Abroad Chicago at least 4 weeks prior to the program start date.

(Receipt of the medical report after the deadline will result in issues with your housing placement and/or you having to find independent housing at your own expense.
 In signing this document, I verify that all of the medical and psychological information I have provided is accurate and complete. I agree I will notify IES Abroad immediately of any relevant changes in my health that occur prior to the start of the program.

SIGN HERE Student Signature _____ Date _____ **OVER** _____

Student is responsible for completing Part I and coordinating with the physician to complete Part II after exam. Both sides of the form must be completed before submission. Incomplete forms will be returned to the student. Student must return ORIGINAL form (faxes not accepted) by the deadline to: IES Abroad, 33 W. Monroe Street, 23rd Floor, Chicago, IL 60603-5405. Phone: 800-995-2300, ext. _____ page 1 of 2

IES ABROAD Medical Report **PART II: PHYSICIAN EXAM**

EXAMINATION DETAILS
 The physician MUST complete ALL items in this box for this form to be accepted as complete.
 Patient's Name _____ Examination Date: _____
 Blood Pressure _____ Height _____ Weight _____
 How long have you known the patient? _____

MEDICAL HISTORY/CURRENT CONDITION(S)
 The physician should check all that apply and provide details, if applicable, where requested.

_____ Allergies of any kind	_____ Frequent indigestion or ulcer	_____ Reaction to antibiotics
_____ Anaphylactic Shock	_____ Heart or circulatory complications	_____ Recent gain of weight
_____ Asthma	_____ Head injury	_____ Recent loss of weight
_____ Cancer or tumors	_____ High blood pressure	_____ Skin disease
_____ Chronic respiratory problems	_____ Jaundice/hepatitis	_____ Thyroid problems
_____ Chronic digestive/g.i. problems	_____ Liver or gall bladder problems	_____ Trouble with ears, nose, or throat
_____ Colitis	_____ Menstrual problems	_____ Tuberculosis
_____ Diabetes	_____ Narcotic/alcohol dependency	_____ Venereal disease
_____ Dizziness/fainting spells	_____ Psychological/emotional/psychiatric conditions	_____ Vision correction
_____ Eating Disorder	_____ Neurological condition	_____ Other: _____
_____ Epilepsy or seizures	_____ Orthopedic injury or condition	

EMERGENCY TREATMENT/HOSPITALIZATION
 If the patient has ever been hospitalized or been treated in an emergency room, please provide treatment details here:

Date(s)	Reason for/Nature of Treatment	Outcome/Present Condition
_____	_____	_____
_____	_____	_____

Please attach an additional sheet if necessary.

MEDICATION(S)
 If the patient is now taking any medication that he/she will be bringing with him/her on the IES study abroad program, please provide details of all medication. Additionally, please discuss with patient means to obtain necessary supply of medicine while abroad.

Name of Medication	Prescribed for	Dosage
_____	_____	_____
_____	_____	_____

Please attach an additional sheet if necessary.

SUMMARY & SIGNATURE

Is there any medical condition that currently affects this patient and may require follow-up care while the patient is abroad?
 YES - Please explain _____
 NO _____

Is there any psychological condition that is currently affecting this patient and may require follow-up care while the patient is abroad?
 YES - Please explain _____
 NO _____

With my signature below, I acknowledge the patient is physically and mentally able to participate in a study abroad program.

SIGN HERE Examiner's Signature _____ Date _____
 Examiner's Name (please print) _____ Title _____
 Examiner's Address _____
 Examiner's Telephone Number _____

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IES ABROAD Medical Report **STUDENT SELF EVALUATION (continued)**

Name _____ IES Abroad Program _____ Term _____

STUDENT: Please complete the requested information about your immunity to certain diseases. If your immunity is due to vaccination, please include the date of your most recent vaccination. If your immunity is due to having been ill with the disease before, please indicate when you were ill with the disease in the column marked, "Other." If you have neither been vaccinated for nor become immune by having been ill with the disease, please write "N/A" in the column marked "Other."

DISEASE	DATE OF MOST RECENT VACCINATION	OTHER (DATE OF ILLNESS OR N/A)
Measles, Mumps, Rubella (MMR)	_____	_____
Polio	_____	_____
Varicella (Chicken Pox)	_____	_____
Tetanus, Diphtheria, Pertussis (Tdap)	_____	_____
Meningitis/Meningococcal Tetravalent (ACWY-135)	_____	_____
Pneumonia/Pneumococcal Polysaccharide	_____	_____
Hepatitis A	_____	_____
Hepatitis B	_____	_____
Other (e.g., Typhoid, Japanese Encephalitis, Yellow Fever, or Rabies)	_____	_____

For CDC recommendations, please visit www.cdc.gov/travel



How to make a continuity of care plan with existing on-site resources

- **Local Contacts**
- **Consider the local resources and how to manage student/family/home provider expectations**



How to find resources for a complex continuity of care plan

- **Work with your insurance provider and their 24-7 assistance team**
- **Reach out to peers – Other program providers may have had similar situations in the same locations**



When a student's needs exceed the existing resources of the location

- **Think outside of the box – Will your insurance provider consider web-based consultations for certain conditions?**
- **What resources are available in neighboring cities/countries (and how feasible is it to get to/from such areas)?**



On-site:

- **Having protocols and policies in place to add structure to how students are supported in managing their physical and mental health issues can help to minimize disruption to students and avoid distraction from the academic mission**
 - **Protocols for managing student health matters.**
 - **A compassionate approach that still holds student accountable.**
 - **Identifying appropriate health resources in the program location.**
 - **When a student has to go home.**



Case Study 1-Part 1

- **Study Abroad Location:** Sydney, Australia

Kylie, a student with extensive health needs, including Cystic Fibrosis (CF), a congenital condition, as well as mental health concerns, enrolls in your program. Kylie disability accommodations at her home school related to a learning disability and CF. Kylie's parents are deceased and Kylie, non-traditional aged, has a limited support system at home, mostly utilizing the help of a social worker. The student receives significant aid from the school and has insurance through Medicaid and Medicare in the U.S.

Kylie intends to bring a full supply of medication to Australia and it will need to be refrigerated. Kylie has had frequent hospitalizations in the past related to Cystic Fibrosis and reaches out to you because she will need regular port flush procedures while in Australia. Kylie is anxious about traveling with medication and has difficulty being timely with pre-departure tasks. You are concerned about how Kylie will manage her health while abroad.

Case Study 1-Part 1 Discussion

- How might you work with Kylie to help her prepare to manage her extensive health needs pre-departure?
- What steps can you take before Kylie arrives to assist Kylie with managing her health while on site?



Case Study 1-Part 2

Kylie arrives and brought all of her medications. She is enthusiastic to be on site, but requires a high amount of staff time. Kylie's agrees to see a counselor and you arrange this. Classes begin and you have the sense that Kylie may not be managing all of her health needs. She is sick and needs to see a doctor related to Cystic Fibrosis. Kylie is struggling to manage her health and is falling behind in her classes. Kylie is hospitalized and you suspect she may not be taking her medication.



Case Study 1-Part 2 Discussion

- How do you respond to Kylie's health situation?
- What resources might you utilize to respond to Kylie's health situation?
- What can you do regarding the academic concerns that are developing?



Case Study 1- Summary

• Conditions:

- Cystic Fibrosis (Congenital), Pancreatic insufficiency
- Migraines
- Attention Deficit Disorder
- Generalized Anxiety Disorder
- Anxiety w/Depression

• **Medications:** Acetaminophen 500 mg tab; Advair Diskus 250-50 mcg inhaler; Aerochamber spr; Albuterol 2.5 mg nebulizer solution; Albuterol 90 mcg inhaler; azelastine 137 mcg nasal spray; azithromycin 500 mg tab; aztreonam lysine 75 mg/ml Nebu; BD Luer-lok Syringe 3 ml; Budesonide 0.5mg/2 ml nebulizer solution; buspirone 5mg tab; calcium-vitamin D 500 mg; cholecalciferol (vitamin D3) 5,000 unit capsule; colistimethate 150 mg injectable for inhalation; Creon 24,000-76,000-120,000 unit Cpdr; cyclobenzaprine 10 mg tablet; Daily vite tab; destroamphetamine-amphetamine 25 mg; DOK 100 mg; dornase alfa 1 mg/ml nebulizer solution; ferrous sulfate 325 mg tab; heparin lock flush (porcine) 100 unit/ml soln; ibuprofen 800 mg tab; lactobacillus rhamnosus (GG) 10 billion cell capsule; loperamide 2 mg capsule; loratadine 10 mg tab; Lorazepam 0.5 mg tab; lumacaftor-ivacaftor 200-125 mg tab; montelukast 10 mg tab; neilmed sinus rinse complete nasl; Nexium 40 mg capsule; olopatadine 0.2% drop; ondansetron 4 mg tab; oxycodone 10 mg tab; oysco-500 500 mg calcium tab; polyethylene glycol 17 gram/does powder; ranitidine 150 mg tab; scopolamine 1.5 mg patch; sertraline 100 mg tab; sodium chloride 0.65 % nasal spray; sodium chloride 7% nebu; sumatriptan 100 mg tiotropium 18 mcg inhalation capsule; tobi podhaler 28 mg cpdv; tramadol 50 mg tab; vitamin E 400 unit cap; zolpidem 10 mg tab

• Request:

- **Medication Research:** Member wished to take a full 5 month supply of their medications to last the duration of the program. Needed verification that she would be permitted to carry in a 5 months' supply of the medications. Also needed verification that the medications were legal/available locally in case the member needed to obtain a local prescription/refill.
- **Specialist and Hospital Referrals:**
 - Physician specializing in Cystic Fibrosis requested. Member would need to visit a doctor when sick, or every three months for a check-up.
 - Port flush every month by a doctor at a medical facility
 - Biweekly sessions with a therapist, and psychiatrist visits as needed
- **Cost Estimates:** As congenital conditions are not covered under the member's policy, estimates for the specialist visits, and port flush were requested.

• Coordination Assistance:

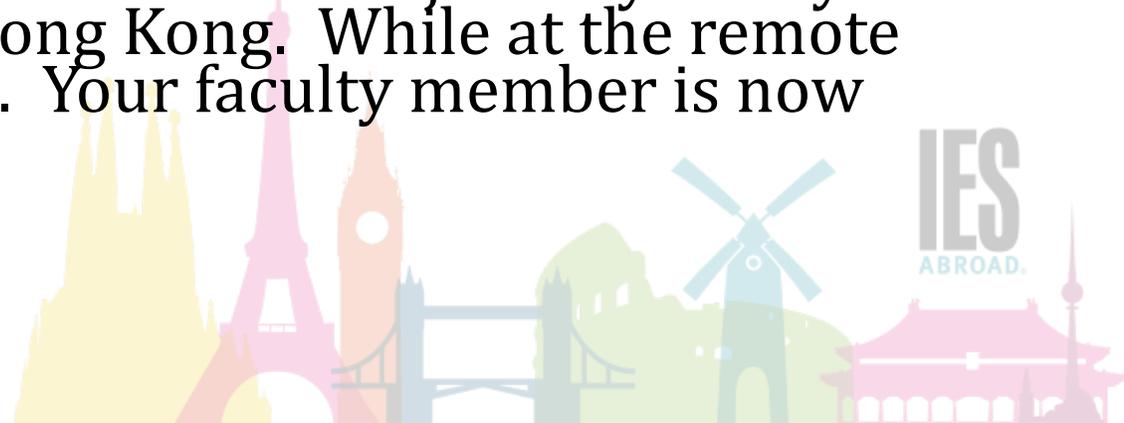
- **Medication Research:** Team Assist advised the majority of the medications were legal and available in Australia. They did advise that Cyclobenzaprine was not available and did not have any viable alternatives in Australia. Advised member to consult with home doctor for an alternative medication. Adderall and Colistimethate injectable were also listed as not available, but had viable alternatives locally (Dexamphetamine, and Colistin (Polymyxin)) that the member was instructed to review and clear with their home physician. Additionally, Team Assist reported that the Australian government requires special permission to travel into the country with more than a 3 month supply of medication. The member was instructed to communicate with DCS@health.gov.au to obtain further details regarding steps needed to seek approval for travel with a 5 month supply of the medications.
- **Specialist and Hospital Referrals:** St. Vincent's Hospital in Sydney identified as best facility to continue treatment for Cystic Fibrosis. Determined to be a 20 minute drive from the member's University. The hospital could accommodate the port flush in the ER, and had a suitable Cystic Fibrosis specialist on staff – Dr. Monique Malouf. AXA also reported that the member would need to first see a General Practitioner to obtain a referral to see a local psychologist and psychiatrist. Once the referral was received they would work to arrange direct billing with the referred provider.
- **Cost Estimates:** Team Assist researched several local hospitals and confirmed that the member would need to obtain the port flush in a hospital setting, and could do so as an outpatient visit/procedure through the ER at St. Vincent's Hospital. Estimate for the port flush determined to be \$2,260 AUD, not inclusive of any tests or medications that might be needed at that time.

Case Study 2

- **Study Abroad Location:** Beijing, China

A faculty member of yours is leading a one-month program to China. There are presently 18 students enrolled for this program/course. As you are collecting medical reports for the program you note there are two fraternal twins participating. Both twins have been diagnosed Hemoglobin H-Dartmouth and have alpha thalassemia. Due to their numerous blood infusions, both students have had their spleens removed.

Part of this one-month program involves taking students to a remote village in China for a week. This village is over 12 hours journey to any western hospital in Beijing, Shanghai or Hong Kong. While at the remote village both twins start having high fevers. Your faculty member is now concerned for their health.



Case Study 2 - Discussion

- What should you do pre-departure for these students?
- What would you do upon learning of the illness of these students?
- How would you work with the family and school actors related to this information?



Case Study 2 - Summary

- **Study Abroad Location:** Kaili, China
- **Conditions:**
 - Hemoglobin H-Dartmouth with Alpha Thalassemia
- **Medical Background and Medications:**
 - Dependent on transfusions (washed red blood cells) every 4 weeks to maintain baseline hemoglobin > 10 g/dl.
 - Moderate transfusional iron overload and well maintained on chelation w/Deferasirox in the Jadenu formulation.
 - Splenectomy in 2005.
 - Seek urgent medical care for fever > 101 degrees
 - Levaquin (antibiotic) orally for trip (IV infusions at home)
- **Medical Complaint:** Case opened w/Team Assist while member was in Kaili. Had been experiencing fever of 102 degrees. Received IV antibiotics locally but was not successful in lowering the fever. Program arranged for member to take high speed train back to Beijing so he could be evaluated at Beijing United Family Health for a higher standard of care.
- **Medical Request:**
 - Research train stops (3 in total) and provide hospital referrals for each stop should the member's condition deteriorate while on the train.
 - Initiate medical monitoring with Beijing United Family Health for potential medical evacuation assistance.
- **Coordination Assistance:**
 - **Day 1:** AXA identified the three stops along the train route to be Zhengzhou, Wuhan, and Changzhou. The following referrals were provided:
 - **Zhengzhou:** Henan Provincial Third People's Hospital (Dongyuan District)
 - Minsheng Road and Zhenguang Road, Jinshui District, Zhengzhou City
 - **Wuhan:** Wuhan Central Hospital (Hohu Lake Campus)
 - Jiang'an District, Wuhan City
 - **Changzhou:** Changzhou First People's Hospital
 - No. 185, Houqian Street, Tianning District, Changzhou City, Jiangsu Province, China
 - **Day 2:** Program confirmed that the member was evaluated and admitted for inpatient care. Team Assist's medical team reached out to the hospital to initiate medical monitoring. Brief medical report received and reviewed by medical team. Noted that the member was being treated for Acute Gastroenteritis, and that they were working to rule out a gastrointestinal bleed.
 - **Day 3:** Insurance company was in communication with hospital's billing office. Guarantee of Payment was placed with instructions that we would cover all medical treatment in relation to acute gastroenteritis, but that treatment of congenital condition would be patient responsibility. Additional Medical report received from the hospital. Noted treatment with IV Fluids and antibiotic levofloxacin, as well as transfusions of washed red blood cells. Team Assist's medical team confirmed care appropriate.
 - **Day 4:** Insurance company received invoice estimates from hospital's billing office and sent for review with claims manager and Team Assist's medical team to determine expenses related to congenital condition only.
 - **Day 5:** Medical update from Team Assist indicated that member was recovering well. Estimated discharge planned for the following day. CISI updated hospital billing representative and program with estimates of covered expenses and patient responsibility. The program confirmed that the member had recovered well and would be permitted to finish out the program as planned.
 - **Day 6:** Member discharged. Medical report from hospital confirmed that member was medically fit to complete the program as planned.
- **Medical Expenses:**
 - Covered Expenses: ¥56,405.07 / \$ 8,814.61
 - Patient Responsibility: ¥14,459.19 / \$2,259.59



Case Study 3 – Part 1

- **Study Abroad Location:** Edinburgh, Scotland

Jack, a student with Attention Deficit Hyperactivity Disorder (ADHD), plans to study abroad at the University of Edinburgh for spring semester. He is currently taking prescription medication Vyvanse for his condition and plans to take a 30-day supply of medication with him. He does not report his condition and medications to your office until two days prior to his departure.

All students have comprehensive study abroad insurance as a part of the program. A case is immediately opened with the 24-7 assistance company to verify if the medication is available locally, and to help arrange for him to see a medical provider locally who will be able to write a local prescription for the medication. The assistance company is able to verify that the medication is available in Scotland/UK, but that it must be prescribed by a licensed psychiatrist. They begin reaching out to psychiatrists on Jack's behalf to set up an appointment for him.



Case Study 3 - Part 1 Discussion

- What could have been done to ensure that there is more time to prepare for such situations prior to departure?
- How would you handle situations whereby a student can't bring the required medication to their destination?
- What resources do you have available to handle time-sensitive situations on-site if information is not shared until just prior to or even after departure for the program?

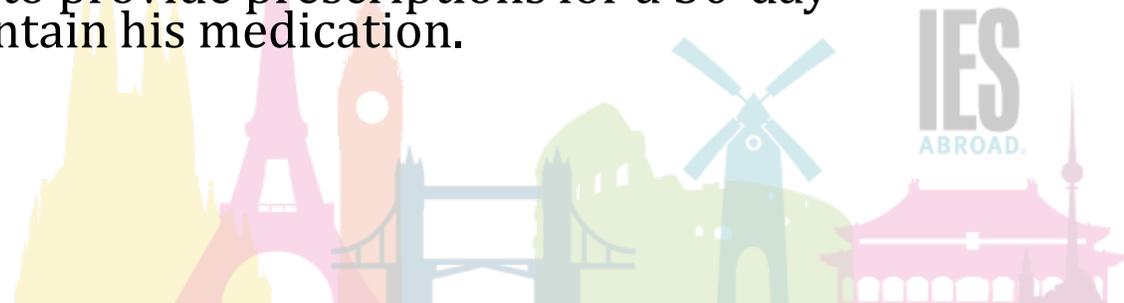


Case Study 3 – Part 2

Jack arrives safely in Edinburgh. Due to the short amount of time that elapsed between notifying the program of his needs and his scheduled departure, however, the assistance company is still trying to make arrangements for Jack to see a psychiatrist willing to prescribe the medication.

After reaching out to local providers, they discover that there are no licensed psychiatrists in Edinburgh with availability/willingness to treat Jack. They then shift their focus to Glasgow (as it is the next nearest city) and then all surrounding cities in the country. Unfortunately, all the providers they speak with indicate that they are unwilling to prescribe a controlled medication such as Vyvanse. Jack and the program become nervous and anxious for a resolution.

The assistance company is able to find a psychiatrist practicing out of London who is willing to conduct medical consultations via Skype, and can then post the prescription to the member in Edinburgh. They confirm with local pharmacies that they would be able to fulfill the prescription. An appointment is arranged with the Skype provider and takes place a week before the member is due to run out of medication. The prescription is posted to Jack as promised and he is able to fulfill the prescription at a local pharmacy. Subsequent appointments are arranged on a monthly basis until the end of his program. As the medication is a controlled substance, local providers are only able to provide prescriptions for a 30-day supply making monthly sessions a requirement to maintain his medication.



Case Study 3 - Part 2 Discussion

- What happens if you—and your partners—can't find the resources needed after the student arrives?
- Do you have a policy in place to help manage expectations in the event that a situation can't be resolved at the study abroad location?



Case Study 3-Summary

- **Condition:** Attention Deficit Hyperactivity Disorder (ADHD)
- **Medications:** Vyvanse
- **Request:**
 - **Medication Research:** Verify if the medication is legal and available locally, and if not available, whether there are recommended substitutes.
 - **Specialist Referrals:** Locate a provider able and willing to treat the member and prescribe the medication. Member was planning to bring a 30-day supply of the medication with them and then would need to see a specialist to obtain a local prescription.
- **Coordination Assistance**
 - **Medication Research:** Team Assist verified that the medication was legal locally. They reported the medication was a controlled drug which would require a prescription from a psychiatrist, as General Practitioners were not licensed to prescribe it.
 - **Specialist Referrals:** Team Assist researched local providers and found that there were no psychiatrists in the area licensed or willing to prescribe the medication. They widened the search radius to include Glasgow, the nearest large city. They again came up against the same issue. They reported that consultants practicing in Scotland do not prescribe controlled drugs. Team Assist's local office was able to locate a psychiatrist out of London who was able and willing to offer Skype consultations to the member. Once the Skype session took place, the psychiatrist posted the prescription to the member's address by recorded delivery, with estimated arrival within 48-72 hours. The member was then able to pick up the prescription from a local pharmacy near their address. This arrangement was carried out on a monthly basis without issue for the duration of the members program, which was 5 months.



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