**AAFP Resolution**

*Introduced by Mississippi Academy of Family Physicians*

**Subject*: ALLOW AND ENCOURAGE REPATRIATION OF ACUTE HOSPITAL PATIENTS TO RURAL AND LOWER ACUITY HOSPITALS***

***WHEREAS,*** rural and urban patients require hospitalization by their physicians; and

***WHEREAS,*** both rural and urban patients usually prefer to be treated close to where they and their families live; and

***WHEREAS,*** an appropriately designed regional health system encourages admissions at facilities appropriate for the patient's acuity and complexity and with access to care close to patients' homes; and

**WHEREAS,** rural and smaller community hospitals and ERs often have to transfer a patient immediately to a hospital of higher acuity for the best outcome; and

**WHEREAS,** this higher level of acuity may only endure for a brief period of hospitalization; and

**WHEREAS,** many higher level hospitals are full and often on diversion, often unable to accept patients from their own ERs due to full hospital censuses; and

**WHEREAS,** many rural and smaller community hospitals have empty rooms and could provide quality medical care for many lower acuity hospitalizations; and

**WHEREAS,** the beds in higher acuity facilities are often needed and when such facilities are on diversion due to overcrowding, such results in appropriate and needed transfers to higher levels of care being slowed or prevented; and

**WHEREAS,** Medicare, Medicaid, and insurance providers often refuse to pay for ambulance transfers, lateral acute transfers for further acute care, or repatriation of acute hospital patients who need further acute care to rural and smaller community hospitals even though care can be provided in a cost-effective manner; and

**WHEREAS,** if transfers for patients, so called "repatriation" could be more frequently accomplished and their transfer and continued acute management covered, such would aid rural and smaller community hospitals who could provide essential medical care in our country and necessary lower acuity care and also relieve the larger higher acuity hospitals of their full census status and ease overcrowding burdens, decreasing diversions of higher level facilities; therefore, be it

***RESOLVED,*** that our AAFP discuss with stakeholders and national policymakers the increased use and encouragement of allowing acute medical transfers in appropriate situations to lower acuity facilities or rural medical facilities in order to ease overcrowding and diversion status in larger hospitals and utilize ambulance transport from ERs or Acute Inpatient Hospitals to another acute hospital facility; and

**RESOLVED,** that AAFP ask Medicare, Medicaid, and all health insurance providers to allow and encourage pathways to repatriate patients (reimbursed by insurance) to lower acute inpatient status in their own community hospitals via ambulance transfers and extended acute inpatient care once the patient no longer requires the higher level of acuity of the higher level facility.