NEW FRONTIER GROUP

WINNER

#OURPAST #OURPRESENT #YOURFUTURE

ISN’T IT TIME TO CHANGE #YOURFUTURE?
CALL 949.429.7130 TODAY!

The LAST NUMBER you’ll EVER need for cost containment.
## Contents

**Chairman’s message**  p.5

**ITIC & ITIJ Awards sponsors**

**New Attendees**  Welcome Reception  p.6

**Welcome Function**  p.8

**Networking in Barcelona**  p.10
- Including the Networking Lounge, exhibitors & running club

**Session reviews**
- Cyber security and safe transmission and storage of patient information  p.14
- Start-up disruptors and the role they are playing in the travel insurance sector  p.16
- Third party billing  p.16
- Fraud and claims investigations  p.18
- Medical network development in a fast-moving world  p.20
- Remote and geographical challenges  p.22
- Duty of care  p.24
- Cover and assistance for mental health conditions  p.28
- Finaccord insights  p.30
- Crisis management in dangerous times  p.30
- Case management - the ultimate tool in cost containment  p.32
- Security concerns shaping travel insurance products  p.34
- Attracting international patients  p.36
- Accreditation focus  p.38
- Cross-border health insurance solutions  p.40
- The future of healthcare  p.42
- Mining untapped resources in medical travel  p.42
- Transporting obese patients  p.43
- Taking drugs across borders  p.44
- Structured decision making on air ambulance evacuations  p.46

**ITIJ Industry Awards**  p.48
Chairman’s message

Thanks to everyone who joined us in Barcelona for this year’s ITIC Global and ITIJ Industry Awards. It was our biggest conference to date, and judging by the feedback we’ve had from attendees in the past few weeks, our most successful as well. The venue of the W Barcelona was stunning in its location on the beachfront, and the generous networking and exhibition areas meant that there was plenty of space for everyone to hold their meetings, building their business connections.

The conference sessions were all very well attended, with standing room only in a few of them, showing once more that the ITIC Committee have judged the industry’s interests well and formed an agenda that reflects the hottest topics on the table at the moment. Thanks to our speakers and panellists, who gave of their time and expertise to educate the ITIC audience in their respective fields.

The ITIJ Industry Awards were an incredible success once more, with hundreds of people enjoying the ITIC Finale Dinner just beforehand, and then being joined by thousands of viewers online, who tuned in to find out who the winners were on the night. Congratulations to all of our finalists and our winners.

Thank you to the ITIC Committee members, to the sponsors and to all of the attendees, for making ITIC Global Barcelona 2017 a truly memorable event. We look forward to seeing you all in Geneva next year for ITIC Global 2018!

All the best,

Ian Cameron
Conference chairman

Thanks to our ITIC Global 2017 Sponsors

Editor-in-chief: Ian Cameron
Editor: Sarah Watson
Copy editors: Mandy Langfield, Stefan Mohamed, Lauren Haigh, Christian Northwood & James Paul Walls
Designer: Katie Mitchell
Photography: Mick Shippen
Advertising sales: Mike Forster, James Miller, Richard James & Carlton Romaine
Events: Denise Clements, Kirsty Diclaudio, Genzenia Fearon, Helen Watts
Editorial: +44 (0)117 922 6600 ext. 3
Advertising: +44 (0)117 922 6600 ext. 1
Events: +44 (0)117 922 6600 ext. 2
Design: +44 (0)117 929 4636
Email: mail@itij.com
Web: www.itij.com

Published on behalf of Voyageur Publishing & Events Ltd
Voyageur Buildings, 19 Lower Park Row, Bristol BS1 5BN, UK

The information contained in this publication has been published in good faith and every effort has been made to ensure its accuracy. Neither the publisher nor Voyageur & Events Ltd can accept any responsibility for any error or misrepresentation. All liability for loss, disappointment, negligence or other damage caused by reliance on the information contained in this publication, or in the event of bankruptcy or liquidation or cessation of the trade of any company, individual or firm mentioned, is hereby excluded.

Printed by Pensord Press Ltd
Copyright Voyageur & Events Ltd 2017
Materials in this publication may not be reproduced in any form without permission.

INTERNATIONAL TRAVEL & HEALTH INSURANCE JOURNAL. ISSN 2055-1215
New Attendees Welcome Function

The New Attendees’ Welcome Function, sponsored by AIG, provided a great opportunity for first-timers to meet members of the ITIC and ITIJ teams, as well as the ITIC Committee, to find out more about what to expect from the event itself and how to get the most out of the conference. With more new attendees than ever before, this was a very successful function, enjoyed by all who joined us in the Eclipse Bar at the top of the W Barcelona.
FROM AFRICA TO THE REST OF THE WORLD

24 Hour Emergency Control Centre
Tel: +254 20 6992000 / +254 20 6992299
Mob: +254 (0) 733 639 088 / 722 314 239
Fax: +254 20 344170
Email: emergency@flydoc.org
www.flydoc.org
ITIC Barcelona 2017 Welcome Reception

Held in the spectacular setting of the Casa Llotja de Mar, the ITIC Welcome Reception was a phenomenal success. With ITIC attendees spread as far as the eye could see, enjoying fine wine and canapes, the event signalled the beginning of what was a frantic week of networking! The noise level in the room was testament to the how successful an evening it was, with representatives from around the world, from every discipline involved in the delivery of travel and health insurance services, joining together to meet new friends and catch up with old contacts.
Networking in Barcelona

One of the key aspects of ITIC Global is the various networking areas and events that allow industry peers to meet and share ideas and forge new relationships. This year at ITIC, the networking coffee breaks, Exhibition Hall, as well as the dedicated Networking Lounge hosted by REVA and CME all provided perfect spaces for networking; not to mention the all-new ITIC Running Club by Life Flight International, which really put the ‘keeping up’ into networking!

1st ITIC Global: 1993 Cannes approx. 60 attendees

Exhibitors in Barcelona

ITIC Running Club sponsored by Life Flight International Inc.
Over 50 expert speakers
Exhibitors in Barcelona cont.

254
ITIC first-timers

Sydney
11-13 June 2018
InterContinental Sydney
EARLY BIRD REGISTRATION

closes 22nd December

GENEVA

itic.co

28 October - 1 November 2018

Hotel President Wilson
Cyber security and safe transmission and storage of patient information

Dan Hyde
Partner, commercial dispute resolution – Penningtons Manches LLP

If you deal with data on citizens of European Union (EU) member states, then you need to prepare for the General Data Protection Regulation (GDPR), said Dan. The GDPR comes into force on 25 May 2018 and applies to any business that offers goods or services in the EU or holds information on individuals from the EU. Importantly, emphasised Dan, it applies no matter where in the world that business may be based.

Under the regulation, data processing is any operation performed on personal data, such as collection, storage or transferring information. The data subject is the person who the data is about; and the data controller is the person or organisation who is processing data, and protects EU data subjects wherever their data is processed.

The general principles set out by the regulation are lawfulness, fairness and transparency. Under GDPR, organisations may only use data for a specific, legitimate purpose. Also, they must only request the data they actually need and no more (a concept known as ‘data minimisation’), and only store the data for as long as it is needed. Organisations are also charged with ensuring that the data they hold is accurate, and must rectify any errors. Data must be held confidentially and not disclosed, and organisations are required to not only comply with the act, but to be able to show that they comply.

A key feature of GDPR is that organisations that collect and process data must be transparent and explain to the individual at every stage what is being done with the data. They must also inform the individual of the rights afforded to them by the act, such as ‘portability’ (you must help them if they wish to transfer data to another provider), the right to withdraw their consent, and the right to be forgotten (under which you must delete data unless you can show a legitimate reason why you need to retain it).

There are additional rules that pertain to sensitive data, such as health information. This can only be processed if the individual has given their explicit and unambiguous consent. The consent must be given freely (not under pressure from an employer, for example), by an affirmative action (not by, say, failing to untick a pre-ticked check box) and after the individual has been informed of the whys and wherefores using clear, plain wording. The exceptions to this are few, such as where a patient is in a life or death situation but unable to give consent. Cybercrime and data breaches, said Dan, are the second most reported economic crime after theft of assets, but he thinks this category will soon be number one, given that roughly 80 per cent of cybercrime goes unreported. Under GDPR, there are obligations for organisations to notify regulators and any individuals affected by hacks and data leaks. Dan noted that regulators are likely to take an interest in whether consent has been given for the collection of the affected data, and whether it has been stored for too long.

Worryingly, according to a PWC survey cited by Dan, only 37 per cent of organisations in the world can demonstrate that they have a data breach response plan in place. “Everyone thinks they have a plan until someone punches them on the nose,” he said.
WE FLY FOR YOUR LIFE.

- Air Alliance founded in 1993
- Headquartered in Germany
- All aircraft owned
- Offices in the UK and Austria
- Innovative aircraft technology
- Premium medical equipment
- Fleet of 14 dedicated aircraft: Challenger 604, Learjet 55 and 35A

- Worldwide operations, expertise in long range flights
- Regular missions in crisis and remote areas
- Medical excellence for all levels of aeromedical care

Visit our Blog at www.medflight.de

Request a quote 24/7:
express@air-alliance.de
+49 2736 44 28 45
Start-up disruptors and the role they are playing in the travel insurance sector

Rafael Senén Garcia
CEO – Coverontrip

The key to understanding how and why insurtech is evolving for travel insurers is to look at consumer behaviour. Rafael began by looking at data from Quebec and Montreal University that showed various interesting traveller trends to 2020. The traveller journey is changing, continued Rafael, with social media and digital channels playing a bigger part in the pre-travel experience, as well as during and after travel. Travellers are also increasingly using digital platforms to select their travel insurance and pay for trips. Furthermore, they are looking for immediate services, such as updates on flights and the ability to purchase experiences and excursions once they are in resort, as opposed to ahead of their trip. They share their experiences immediately too. The travel insurance industry and its many facets (such as claims, assistance, distributors, underwriters) need to work out how each is going to adapt to these new trends, and one of the most important factors is technology – this is key to keeping up with consumer demands. However, beyond quoting and purchase options, digital capabilities are lacking. Although significant numbers of insurers realise that on-demand insurance is going to be a serious competitive force within five years, that insurance will become part of a wider package of digitally enabled value-added services, and that pay-as-you-go insurance is expected to replace the annual renewal, still only 36 per cent of insurers expect insurtech to disrupt the market with a new product or service before 2019. Also, according to the 2017 Insurance Nexus Insurance IoT Industry Survey, only 30 per cent of insurers will be focusing on the changing needs of consumers in the next 12 months, and only 23 per cent and 21 per cent respectively will be focusing on getting to grips with automation, blockchain and AI, and navigating the start-up environment.

Those insurers that have already begun to invest in start-ups and make the changes that consumers will be looking for – with the help of AI, blockchain, smart contracts, data analytics, GPS tracking, chatbots and other new developments – are the ones that will get ahead in the travel insurance industry. Most insurers are still selling the same policies as they did 20 years ago, but customer needs are changing and tailor-made policies will become more sought after. “If we do not start disrupting the industry, others surely will,” said Rafael.

Third party billing in Spain

José M. Farré
Senior counsel – Ramallo Pallast & Partner

José gave an overview of the progress made on the issue of persuading Spanish hospitals to accept the EHIC. In 2010, Gestitursa began to sue private insurers over sums it alleged were owed. In 2012, his firm began representing insurers, including ADAC and ANWB. Despite this, Gestitursa chalked up victories before the first circuit court between 2012 and 2014, even though Ramallo presented a good case. In 2013, the European Commission requested information from the Spanish government as the first stage of an infringement procedure. The tide turned in January 2015 when a Barcelona court of appeal accepted Ramallo’s interpretation of the law and reversed a first instance judgment against ANWB. In October, a Madrid court of appeal reversed another first instance judgment against a UK-based insurer. Since then, said José, it has been a ‘landslide’, with all judgments being made in favour of insurers.

Asked what had led the appeals court judges to reach a different conclusion from earlier court rulings, José simply stated that the original judges had been wrongheaded. However, he added, Gestitursa has lodged several appeals before Spain’s supreme court. Although these cases remain pending, José shared his view that the court will accept to hear them, but will ultimately rule against Gestitursa – although it could be 2020 or later before the process reaches this conclusion.

The advice for insurers, said José, is that if you are subject to legal proceedings from Gestitursa of the nature described, then you should defend yourself and will probably win. For those who paid and had no litigation from Gestitursa, there is, said Farré, a theoretical possibility of claiming back the money. He argued that the ‘unjust enrichment’ doctrine applies; those who paid in good faith to ‘false creditor’ Gestitursa would be able to claim back their money. However, the statute of limitation could nix such claims: if an invoice was issued by Gestitursa before 7 October 2015, then claims must be made within 15 years, but a change in Spanish civil law means that invoices issued on or after that date must be challenged within a five-year period. A further challenge is the fact that Gestitursa is insolvent. There is a possibility, José suggested, that International Care Patient Assistance and Hospiality (now Tourist Care Assistance) are de facto successors of Gestitursa, as they have declared themselves to be such in legal proceedings, and so it might be possible to show they are liable. Currently, said José, these successors are respecting patients’ EHIC rights, and are instead focusing on non-EU patients. New controversies are brewing, however, whereby patients are being steered to private clinics that are not required to accept the EHIC, so that travel insurers foot the bills.
We take your complex challenges in Turkey and turn them into simple, high quality and low cost solutions!
Fraud and claims investigations

Jorge Rodriguez
Country manager – ChoiceNet International, a Global Excel company

Jorge gave an overview of the types of losses insurers are seeing from cases of healthcare fraud in Mexico, where ChoiceNet is based. In 2016, he began, fraudulent care claims made in the country totalled US$260 million. The types of losses he mostly sees relate to abusive claims, claims leakage, and fraud. Abusive claims include those for unnecessary procedures, excessive charges, duplicate charges, multiple consultations, upcoding and unbundling. Claims leakage often involves failure to apply the doctrine of insurance properly, such as not applying a deductible or co-insurance correctly; paying claims for which the insurer has no liability; failing to pursue recoveries; and litigation due to in-house errors. Healthcare fraud, meanwhile, is the most common reason for such insurance losses in Mexico, said Jorge, and often includes providers submitting claims for services not rendered, or falsifying medical records, cases of non-certified medical providers, and identity theft.

ChoiceNet, explained Jorge, carries out medical provider checks on both hospitals and individual doctors to ensure they meet local licensing and certification standards. The company also sometimes performs site inspections using local partners to assess the quality of care provided, while constantly updating its blacklist of any providers it learns to avoid using. As in other parts of the world, it’s usual for taxi firms, hotels and holiday companies in Mexico to work together to send patients to medical facilities at which they may receive a commission, but which may be of low quality. Thus, by using medical triage to promote real steerage and effective case management, case managers can maintain control of the claim and put up effective defences against fraud. Using local doctors as case managers and getting them to visit the treating doctor and look at the patient notes is particularly effective, as treating doctors are more co-operative in such situations. Bill reviews and audits are also essential, and are performed at ChoiceNet by both doctors and administrative staff. In Mexico, there is no standard billing format and no billing codes, so these are not supposed to be used by hospitals. It is also prudent to look at charges versus local costs, and use analytical tools to look at suspicious billing patterns where they occur.

Claims leakage often involves failure to apply the doctrine of insurance properly

Bernadette Breton
CEO – AIMS

Corruption is a big issue in Sub-Saharan Africa, where Bernadette is based. Dishonest or fraudulent conduct by those in power is very often the ‘precursor to the fraud, bribery and unrealistic pricing brought about by the illicit financial flows leaving the African continent’. Claims investigations, then, are a necessary course of business for insurance companies as part of their risk management processes to prevent fraudulent or invalid claims payments. Although the neighbouring countries of Nigeria and Cameroon – commonly referred to as the ‘Siamese Twins’ – were commonly seeing the highest ratio of claims investigation cases, in recent years several other African countries have become equally synonymous with the need to conduct claims investigations. A popular trend appears to be physicians colluding with policyholders to contrive treatment documents when no treatment or hospitalisation took place. Naturally, such fraudulent activities don’t just take place in Africa, but Bernadette gave an example of high air ambulance costs in one south-west African country to show how exorbitant currency conversion rates can make it seem as though a fraud is being committed when in fact it might not be. If it appears that such an air ambulance company is asking for well above what is reasonable and customary in that country, it might not be due to fraud but rather due to conversion costs that are necessarily passed on to the insurer. Bernadette raised the question of whether a claims investigation would be initiated in such a case by the insurer, or whether the claim would simply be paid. In a similar vein, she said she had paid reasonable and customary amounts to doctors before, telling the insurer to pay more if they so chose, but that her company would not be implicit in such a payment. Bernadette also touched on the role that travellers play in the proliferation of fraud, saying there are common ways in which people will commit fraud, sometimes unwittingly. In some cases, for example, parents will take out insurance cover on behalf of their children, or people will hope to bring their insurance premium down by declaring a different or less risky
profession, or they will exaggerate a loss. Some travellers don’t see fraudulent claims as a serious matter, perhaps not realising they could end up being prosecuted if found out. Bernadette questioned, however, whether the insurance industry is a help or a hindrance in reducing such fraudulent activity, and asked whether insurers could do more to deter fraudsters by naming and shaming them, for example, and refusing cover to those who have offended in such a way before.

**Steve Douglas**

Senior business development manager, Asia – RRC Services Asia

With offices throughout the Asia-Pacific region and specialising in insurance investigation services across multiple lines for companies around the world, Steve provided a detailed insight into a number of critical fraud and revenue leakage issues penetrating the insurance and medical industries in South East Asia (SEA), while explaining how to mitigate claim losses and exposure. The most common types of travel and health insurance fraud committed in the region, he said, relate to excessive baggage claims, cosmetic surgery claims disguised as injury claims, and excessive or fictional billed costs for treatment. There are, however, four pillars to mitigating claims and cost exposure. The first is ‘investigations management’, a traditional tool that not only assists in mitigating exposure but also in recovery. It involves investigating suspicious claims activity by identifying high-risk groups and red flags. Such indicators include: major claims where the policy was taken out shortly before the claim was made; high-value claims for clinic-based services; and claims clustering to a particular clinic or hospital. Creating and using price comparison tables for specific countries and following up with medical providers are all essential steps when mitigating claims losses.

The second pillar is strategic cost containment, which involves understanding the medical provider’s environment, the contractual set-up and medical costs down to a granular level, including knowing actual costs and ensuring you’re provided with rate cards, as well as knowing where to direct business with providers and training claims teams.

The third pillar is proactive mitigation planning, which involves implementing any findings from your strategic cost containment activities, and proactively managing a claim from the time of the report. This is especially important in medical insurance claims. Points to note: private hospitals in SEA often gouge on prices to an unacceptable level; international insurers and foreign visitors are charged more than locals; and hospitals manage insurers, instead of the other way around. Steve gave some excellent advice on managing relations with providers in the region before discussing the fourth pillar – ‘grey area’ claims management. Often, grey area claims, which are dubious yet time-consuming, are written off – i.e. paid when they shouldn’t be. This is why RRC has created an online claims verification system that will be rolled out in 2018 and assist in dealing with such claims.
Medical network development in a fast-moving world

Dr Jude McSharry
Medical director – Advance Medical Network

Dr McSharry’s presentation focused on what is medically necessary versus what is medically appropriate, and whether evacuation or continuing treatment locally is required. He explained that some policies aren’t clear, as one can argue that nearly everything is appropriate, but not enough to interpret. After providing some case examples, he clarified that an expert review of the case in question is required.

When it comes to whether to evacuate or continue treatment locally, Dr McSharry explained that this depends on the nature of the medical condition, the ability of the local hospital to manage the condition, and whether the treating doctor recommends evacuation. He then closed his presentation with some additional case studies to illustrate this.

Dr David Jaimovich
President and founder – Quality Resources International

Dr Jaimovich began his presentation on evaluating the delivery of quality healthcare by asking: “How should we evaluate hospitals when we are trying to get them to be part of our network?” He said that although healthcare organisations are data rich, outcomes are poor because while the organisations keep collecting data, they aren’t using it to change processes or what is being delivered. “When evaluating an organisation, you need to ask what and how are they evaluating,” he said. “What is their strategy; their five-year plan? They should be able to tell you. What are they benchmarking themselves against?”

Next, Dr Jaimovich discussed the tools being used to evaluate, measure and change. He said that ‘PDVA’ is a simple process that hospitals use to improve – plan, do, verify, act. Hospitals should be transparent regarding the data they have and be prepared to show you this information, and he added that multidisciplinary teams give hospitals the best results when they undertake a project. He also highlighted the importance of communication between patients and a healthcare team, along with a stable hospital climate.

If a project is piloted in one area of the hospital, he said, it should then be disseminated. Giving an example of a PDVA project, Dr Jaimovich said that, over a period of six months, the clinic was able to: reduce the number of patients seen from 1,600 a day to 600 a day; re-assign 50 per cent of nurses to other areas of the hospital where they were needed; and make cost savings on antibiotics and IV fluids.

Dr Jaimovich then highlighted the role of leadership in quality and safety, explaining that change requires leaders who: are dedicated to quality improvement; practise proactive systems analysis and risk reduction; standardise processes and equipment; promote effective communication; lead towards a more safety-orientated climate within the culture; ensure adequate and effective staffing; implement teamwork training for all.

We are what we repeatedly do; excellence is not an act, but a habit

Rory O’Gara
TPA manager, medical provider management – Allianz Worldwide Care

Rory began his presentation with an introduction to Allianz Partners, which is part of Allianz group. He said that Allianz is driven by its customers, who are the organisation’s number one priority. He went on to discuss medical provider network management (MPM), which he said requires a worldwide presence,

Dr Jaimovich quoted Aristotle, saying: “We are what we repeatedly do; excellence is not an act, but a habit.”

Aristotle, saying: “We are what we repeatedly do; excellence is not an act, but a habit.”

...
direct settlement arrangements and member-focused network development. He then explained how customer experience underpins how MPM works. The next portion of Rory’s presentation focused on medical assessment, outlining a hospital evaluation programme (HEP), which involves an expert panel of AWP doctors and selected external doctors, supported by local network managers or correspondents, and evaluates public hospitals, private sector hospitals and clinics, medical centres offering the possibility of stabilisation and air ambulance services. He explained that the evaluation process comprises

the evaluation process comprises 300 medical data fields that cover all aspects of patient care

300 medical data fields that cover all aspects of patient care. Data is collated in advance of a visit, while evaluation criteria are observed and completed during assessment and data are stored on an internal system. This data is integrated on internal Allianz Partners’ network systems and evaluation made, based on the clinical situation and the stability of the patient. Finally, execution occurs with the mission being deployed. Rory said that some of the challenges faced are: setting expectations, with expats’ familiarity and experience with healthcare inconsistent globally; evaluating the situation, which entails understanding the balance between medical capacity versus the member desires and/or expectations, reviewing the availability of medical transport and assessing the capacity and availability of the nearest medical centre of excellence; quality and costs, i.e. looking at the quality and medical capacity of the facility, as well as investigating the cost of treatment locally compared with other options; and understanding and being prepared for the risks.
Remote and geographical challenges

Buhara Demir
Key account manager – Redstar Aviation

Due to its location in Turkey, multiple patient transport capabilities and experience with carrying out evacuations from war-torn areas, Redstar Aviation often works with patients affected by war and terrorism in nearby countries such as Libya, Afghanistan, Iraq and even Djibouti. The company is commonly challenged by patient visa issues, unreliable visa reports, permit access, overflight issues, and having to deal with multiple authorities for various individual missions. This is often because neighbouring countries have issues or tensions with each other, or they are at war. Redstar carries out a lot of risk mitigation work – with airports, teams on the ground, and local contacts – to get an assessment of what’s happening on the ground at any point in time. Nevertheless, situations change very quickly, and even with the best preparation, plans often need to be adjusted or missions aborted in some cases. Buhara gave the example of how a missile attack had changed a flight route in one case: the plane, coming from Libya, had to land in Malta because at the time it was the nearest place that would allow a plane to land from this country. Despite having to factor in whether the aircraft had sufficient fuel, the ground ambulance, naturally, had to be rearranged too, and so, said Buhara, it pays to have good partners to assist in such situations. Redstar categorises countries into three levels based on their individual risk and security assessments. Level 1 includes ‘no-go’ countries, such as Yemen, Syria and North Korea. Level 2 countries have airspace warnings or are internally assessed as posing significant risk but are accessible, and include Iraq, Libya, Afghanistan, Pakistan and Somalia. Level 3 countries require ‘caution’ and include Sudan, Djibouti, Iran and Saudi Arabia. The company has a Safety Review Board that determines these categories based on airspace security, a country evaluation and available infrastructure. Pre-flight audits are also carried out, with further information taken from a number of international agencies, before the decision is made to ‘go’ (with Plan B options and an entry/exit strategy in place) or consider the area a no-fly zone. Buhara continued by providing examples of missions in which technical and security issues had been overcome, before looking in more depth at how the company provides services in Iraq, Libya and Afghanistan and the challenges faced when operating and planning missions in each of these countries. Over the past 15 years, the assessment of risk has changed, concluded Buhara. We need to be transparent and work together, he said, to find solutions for customers.

Ted Jones
CEO – Northcott Global Solutions

The world has changed exponentially in the last 10 years began Ted; and the countries or regions that we now consider remote and challenging have changed too. Modern travel risks — including lost passports, natural disasters, kidnap and ransom, security incidents, medical emergencies and the need for medical assistance — are supported by greater intelligence, but the challenge remains in providing business continuity to corporate travellers, as well as seamless services to individuals. The hurdles of providing assistance in remote regions, then, include: situations where there are gaps in the local emergency infrastructure; the fact
that we now have more fluid security situations with terror attacks occurring in major tourist cities; corruption and bribery; and constantly changing sanctions. The ‘assistance problem’ we have now is that the traditional model is 40 years old. Furthermore, in recent times, there has been a massive increase in travel – in terms of geographic spread as well as traveller numbers – and the industry has had to deal with recent high-profile issues such as the Arab Spring. Added to this is the background obligation of having to meet duty of care requirements. Remote regions thus require a multi-dimensional assistance solution that includes land, sea and air options. Forward-thinking assistance companies now look at different countries through a prism of potential client scenarios or emergencies in order to anticipate situations and plan potential solutions, and while medical will always be the most common issue, there is now a much broader range of problems to regularly deal with, such as kidnap and ransom, legal, logistical support, diplomatic issues, cyber, and security risks. While medical assistance providers and aviation companies will always be key in this regard, assistance companies now have to add to this more land transport and maritime options, hibernation options, link-ins with various hotel chains so clients can be easily moved, diplomatic assistance and so forth.

Ted then went on to talk about the importance of using local assistance providers. These partners need to be verified, but they enable you to respond more quickly as they are in situ. Such local networks allow for multiple assistance options and also enable better cost containment before, during and after each case. He also focused on maritime assistance and the challenges involved in providing assistance to cruise lines, luxury yachts and shipping companies, and talked of the particular challenges faced in Nigeria. To conclude, remote assistance ‘requires a different set of tools’, said Ted, and expert operators are crucial to co-ordinating more complex cases.

Humberto Barreto Nardo
Director General – Asistur

Asistur was founded in 1991 to provide assistance services in Cuba and abroad, acting as a representative or correspondent to international assistance companies with insureds in Cuba, and providing assistance abroad to local insureds, explained Humberto. It is also an insurance broker. The main assistance services provided by the company are emergency outpatient, medical repatriation, financial and legal assistance and lost luggage location. Asistur offers a multi-lingual service and operates its Alarm Center 24/7/365. It also has offices in all the main tourist areas. Furthermore, Asistur has contracts with providers throughout the country, including with international clinics and hospitals, taxi companies, hotel chains and air ambulance providers. It has direct connections with such entities as the Ministry of Foreign Affairs and the Cuban Medical Services Market Developer, which is a corporate entity, created in response to the increase in tourism to the country, that aims to guarantee quality medical care for locals and international patients alike. Tourism to Cuba increased 13 per cent in 2016 compared to 2015 than in the same month in 2016, representing 90 per cent of the total number of cases handled in all of 2016 (approximately 55,000). Understandably, repatriation cases have also increased, with Asistur increasing its contracts with air ambulance providers as a result. The majority of air ambulance repatriations are to Canada, the US and the Caribbean (approximately 80 per cent); around 18 per cent of these repatriations are carried out via commercial flights. There is a good standard of healthcare in Cuba, continued Humberto, and a growing medical infrastructure. Hospitals, international clinics and hotel-based outpatient offices are all spread throughout the country, many in tourist areas, together with 20 international dental clinics and over 100 pharmacies. Humberto concluded by explaining to delegates that travel insurance has been mandatory for visitors to Cuba, as well as Cubans travelling abroad, since 2010. Esicuba is the main travel insurer in the country, offering medical expenses (illness and accident) cover up to US$30,000, and repatriation cover of $15,000. Visitors to Cuba must hold a policy issued by a Cuban insurer or recognised foreign insurer. Mortal repatriations are all made out of Havana, although Cuba is looking to expand this to other cities.
Duty of care

Ron DiLeo
Co-founder and CEO – Twin Bridge Technologies/SafeTravelRX

Ron began his presentation by showing the multiple definitions available for the term ‘duty of care’, and how this can be interpreted. Generally, it has to do with the fiduciary duty of employers. Considering what this has to do with business travel risk management, Ron then highlighted the myriad dangers that travel poses to those who need to, or are sent to, work overseas – health risks, terrorism, natural disasters and being the victim of a crime are just some of the ways in which a traveller can be exposed to risk. An employer, he said, is responsible for an employee’s wellbeing while they travel for business.

Employers thus need to take an active role in ensuring they are fulfilling their duty of care obligations, and security and assistance firms can provide several services to these companies that can be of use in this case. These include being able to track travellers at any given moment, the establishment of diverse communication methods for travellers, risk identification, the sourcing of emergency medical services, access to local market security intelligence, and the provision of emergency evacuation protocols. Furthermore, companies sending their staff overseas need to develop internal marketing and communications strategies that have relevance to all age groups of a company’s travelling population; staff need to understand that a company is taking their safety seriously, and this can help to fulfil a firm’s duty of care obligations. Ron also highlighted the importance of active role playing simulation scenarios, so that if the worst happens, everyone is prepared and knows what their role is in an emergency.

Ron concluded his presentation with a case study, in which he explained what could and should be done during a simulated travel crisis. One of the primary messages of this was that companies must have contingency plans in place, and be ready to activate them at a moment’s notice.

Dr Geoff Tothill
Chief medical officer – International Medical Group

Dr Tothill addressed the issue of duty of care in medicine, which has its basis in the Hippocratic Oath – a lot of the principles in that can be applied to duty of care. He then added: “It [a duty of care] may be considered a formalisation of the social contract, the implicit responsibilities held by individuals towards others in a society.” Asking ‘when does a duty of care exist?’, Dr Tothill explained that there are three main principles based in case law. “We must consider the ultimate question from three perspectives,” he said, namely:

• The foreseeability of the harm that ensues.
• The nature of the relationship between the parties, usually called the element of proximity
• And the question of whether it is fair, just and reasonable that the law should impose a duty of care.

He then went on to point out that duty of care is defined by various bodies, sometimes inconsistently, even in the same country. There are significant legal variations when deciding if a doctor owes a duty of care to a person, although in most countries, initiating treatment or directing care establishes duty as a result of proximity. In assistance cases, several aspects of duty of care come into play, according to Dr Tothill – moral, ethical, cultural and context, legal and contractual duties. The contractual duty involves establishment of the person’s entitlement to benefits, which enables a commitment to pay that allows assistance to be provided. Dr Tothill then asked if this would establish a duty of care between the assistance doctors and their patient – there is, he said, debate about this. Thankfully, it is not often tested. However, assistance cases do sometimes beg the question: Is there such a thing as duty of care at a distance? There are many factors influencing this, said Dr Tothill, explaining that questions such as whether there are more proximate physicians, and whether the assistance doctor is significantly attempting to change clinical outcomes, must be answered.
Randall Gordon-Duff
Head of product, corporate travel – Collinson Group

Randall’s presentation focused on the difference between duty of care and duty of loyalty. The need to satisfy legislation is important, he said, in order to mitigate the risk of legal action against a company and its directors.

Employees have a duty of loyalty to their company to adhere to a company’s business travel rules and adhere to the policy in place.

Duty of loyalty, though, is different. Employees have a duty of loyalty to their company to adhere to a company’s business travel rules and adhere to the policy in place.

“The broader notion of traveller wellbeing and duty of care is not only likened to emergencies and medical incidents,” said Randall. “In order to address the latter, an internal travel policy must address both the risk and traveller welfare.” If it does not, he warned that it would likely result in travellers being less compliant with travel policies, less willing to travel, more interested in alternative jobs, and less satisfied with the outcome of their trips – and the cost of these less effective trips is potentially very significant and could affect a company’s bottom line.

Randall went on to identify several keys to a successful travel risk management (TRM) policy. These include making the traveller aware of their responsibility to comply with the company’s business travel risk management, and explaining how it can help the traveller before and during a trip. Furthermore, company should incentivize (so that travellers are compelled to comply with it), automate (i.e., make it easy to access) and innovate (keep your policy current and effective). From a travel risk perspective, companies need to provide fit for purpose insurance coverage supported by 24/7 assistance services, centralized travel bookings and a corporate travel insurance policy. All of these are supported by pre-travel preparation, in-trip support and crisis response plans.

Suzanne Garber
Co-founder and chair of the board – Gauze LLC

Suzanne pointed out that everyone who travels is at risk of becoming ill while abroad, with some estimates suggesting that of the 1.2 billion international travellers, between 10 and 45 per cent can get sick while travelling. Food is always going to be a big part of a travel experience, whether a person is travelling for business or leisure.
Foreign food, though, is one of the most common causes of referrals to doctors from tourists and business travellers. This is thus a foreseeable risk to travellers. During the course of research into the area of companies being found to be negligent in their duty to their employee, while Suzanne could only find a small number of cases that went to court where a company was found to be negligent in their duty, the payouts in these cases amounted to millions of dollars. One of the most notorious cases involved a teenager who had been sent by her school to China and developed encephalitic fever, having been bitten by a tic. She received a $30-million payout from the courts. While the school argued that the disease wasn’t a foreseeable risk, the court and the jury said that the school district and the company responsible for her wellbeing while she was in China should have prepared her for any situation. Suzanne then took a selfie, and showed how dangerous a trend it is among travellers, especially among millennials, with serious injuries and even deaths resulting from people going to extreme efforts to take pictures. Balcony falls are also sadly incredibly common – and given how well known it is that such accidents happen, they are thus foreseeable. How can these risks be mitigated by a company, asked Suzanne, answering her question with the following: “Engage with policyholders, empower them with a policy, and enforce the priorities of these policies.”

Engage with policyholders, empower them with a policy, and enforce the priorities of these policies

should provide, said Dick, includes a 24/7 emergency response number for the employee to call. Considering what kind of specific legal assistance is needed, he added, giving out a lawyer’s name is not sufficient. A legal consultation must be provided as part of a leisure and business travel policy, whether this is done internationally or locally, as needed. The number an employee should call should be the same no matter what the emergency – medical, security or legal. Making it easy for the employee is key. Dick then went on to give several examples of legal consultations provided by employers fulfilling their duty of care responsibilities and saving the employee a great deal of time, money and hassle. Very few people intentionally violate local law, said Dick, and this is why it is so important that companies can help when their employees accidentally fall foul of local, cultural-specific laws. Each case demonstrated the importance of having a 24/7 legal assistance hotline available to the employee and their family. Subrogation can also mean that a company can recoup the cost of providing assistance to an injured or sick employee, and a permanently injured member of staff can receive money to help with ongoing medical costs. This can be achieved via the legal assistance helpline.

Making it easy for the employee is key

Dick Atkins
Legal counsel – International Recoveries LLC

Dick kicked off his presentation with an introduction to the development of duty of care legislation, which began with the Corporate Manslaughter and Homicide Act of 2007 in the UK, and has since been expanded to include non-death cases, corporate employees travelling abroad for work, expats and their family members living abroad, and students studying abroad. The minimum coverage an employer...
Your best partner in Portugal for world-class private healthcare services

With 7 hospitals and 8 outpatient clinics with urgent care, HOSPITAL DA LUZ offers greater geographical coverage through the largest private hospital group in Portugal, which includes Hospital da Luz Lisboa, the biggest and best in class private hospital in the country.

Delivering excellence and innovation through the integration of patient care, research and advanced training, HOSPITAL DA LUZ moves medicine forward with high-end technology, placing great value on team medicine and multidisciplinary cooperation.

Our experience in working with global insurance and assistance companies guarantees a cost-effective, quality driven solution for international clients through the ease of one multiunit agreement supported by internationally focused relationship managers.

Our International Patient Services provides personalized support throughout the process of care with consideration for the needs and particular concerns of expats, travelers, evacuation cases, and other patients who travel to us for planned care.

For further information, including advice on how to partner with us, call +351 213 138 260 or email intlpatientservices@luzsaude.pt

hospitaldaluz.pt  luzsaude.pt
Dr Frank Gillingham

Chief medical officer – GeoBlue

Dr Gillingham started his presentation by commending the ITIC committee for choosing the topic of mental health, as it is an increasingly pertinent subject. At GeoBlue, for example, he said it didn’t take them long to work out that mental health issues need to be treated the same way you would treat physical issues. After giving a quick overview of different mental illnesses – broadly broken up into psychoses (whereby the sufferer is unable to function) and neuroses (e.g. anxiety, whereby sufferers can generally continue with their day-to-day lives, up to a point) – Dr Gillingham talked about how travel can either exacerbate existing conditions or create unique problems. Air rage was one example that he cited, with the interesting observation that economy class passengers who have to walk through first class en route to their seats are significantly more likely to suffer from air rage than those who don’t. He also talked about culture shock, which he said ‘can have a profound impact’ – for example, he said that GeoBlue had dealt with some anxiety sufferers who needed help within an hour of getting off the plane. Travel can mean the loss of essential emotional support systems, and this, combined with jetlag-induced lack of sleep and even the side effects of some medications such as antimalarials, can easily provoke an adverse reaction in a traveller.

Dr Gillingham said that at GeoBlue, the last two years have seen an increase of around 70 per cent in mental health-related claims. Does this mean, he asked, that mental health issues are actually more prevalent? There are opposing schools of thought, with some statistics suggesting that rates of mental health issues are significantly higher, and others purport that perhaps it is more a matter of the general public being more accepting of these issues, and visibility increasing as a consequence, giving the illusion of higher rates of incidence.

“As insurers,” said Dr Gillingham, “we would love it if we didn’t have to insure mental illness.” But it’s a necessity, so how can risk be minimised? Effective screening is an essential element of this, but insurers also need to be aware of the limitations of mental healthcare overseas. Language barriers are an immediate and obvious issue, but attitudes towards sufferers can also be less developed in some countries, as can facilities. Following some case studies, a conversation ensued about the intricacies of consent – how can someone who may not be of sound mind give informed consent? The general consensus was that it’s a minefield.

As insurers ... we would love it if we didn’t have to insure mental illness

Cover and assistance for mental health conditions

Dr Suzanne A. Black, Psy.D.

Clinical psychologist, global mental health advisor, professor of psychiatry – UCSF (Fmr)

Dr Black’s presentation was about the use of online video conferencing – or ‘doing therapy on Skype’ – and its potentially revolutionary application to the prevention, assessment and treatment of psychiatric issues. In therapy, she explained, maintaining the rapport between patient and psychiatrist is key. Video conferencing enables the use of visual cues, but she said that audio-only sessions had myriad benefits and were in fact considered the ‘more favourable modality’ among therapists. Audio-only therapy means greater privacy and fewer visual distractions, and according to Dr Black, many of her patients expressed a preference for it, saying it made them feel more at ease. Psychological boundaries are ‘loosened’ through the use of this modality, as patients are not observing – and potentially being influenced by – the therapist’s body language or facial reactions. As a result, people talk more confidently can be a problem when using online communications methods that are not entirely secure
freely, which is especially effective with anxiety sufferers. Millennials, said Dr Black, are very well suited to ‘telemental’ health services, as they are used to online communication and to doing things in their own time. With this method, they can schedule sessions whenever they need, wherever they are, without it taking a toll on their studies or social lives.

Other categories of sufferer for whom online therapy can be effective are people engaging in group psychotherapy – as participants who may be absent due to travel can still get involved – and families or couples. Those who live in remote areas can also benefit from easy, instant access to a therapist, as can those who are home-bound due to physical barriers, or conditions like agoraphobia. Dr Black said that she had also found it very useful when working with expats, as it maintains continuity of care and allows for immediate, but potentially brief, check-in sessions, which can be very reassuring for patients.

Ultimately, whatever makes the patient feel the most comfortable is the best option, said Dr Black. Control over schedule, time and place is very beneficial, but it can also help therapists in logistical terms, as they can be on the move without having to compromise on continuity. And while there are drawbacks – for example, Dr Black said that confidentiality can be a problem when using online communications methods that are not entirely secure – overall, she was very much in favour, not only for patients with ongoing issues, but for emergency situations where an immediate, effective response is critical, such as the aftermath of a terrorist attack. Not only does it ensure prompt care for the patient, but it can also massively decrease costs for insurers, both from a care point of view and from the perspective of mitigating future risks – and reducing financial loss.

**Dr Mitesh Patel**

**Medical director – Aetna International**

Expatriate mental health, said Dr Patel, is ‘a big big big issue’. Mental health is currently number three on the World Health Organization’s (WHO) global list of chronic diseases, and is set to be number one by 2050. According to WHO’s statistics, more than 300 million people dealt with depression in 2015, with approximately the same number suffering from anxiety. Expatriates, said Dr Patel, are 2.5 times more likely to suffer from these problems.

After talking about the five particular ‘pressure points’ for overseas workers – the challenges of a new role, the inability to take part in familiar activities that they enjoyed back home, the loss of support networks, cultural and language barriers, and the problem of a spouse not being able to find work – Dr Patel asked how employers can help to improve the mental health of their employees. It is, after all, part of their duty of care. Employees should be screened thoroughly to ascertain their suitability for an assignment so that pre-emptive action can be taken if necessary. A short trial period is advisable, and employers can offer to pay for language or cultural awareness classes and train employees in coping techniques before they leave. Employee assistance programmes are essential, said Dr Patel.

A few sobering figures were then given for the global economic impact of mental illness. Average GDP spend is around three per cent, equalling a trillion US dollars in lost productivity and trillions more in direct and indirect healthcare costs, and stressed employees take around 77 per cent more sick days, meaning a major loss of productivity.

Dr Patel went on to ask how insurance and assistance providers can help. Technology is key, he said – providers should leverage data mining, reporting metrics and predictive analytics, all of which can help to get ahead of potential issues, identify risks and neutralise them early. Instant remote access to counselling through virtual healthcare is also key. Dr Patel gave an example of an American who was living in Dubai with their Spanish spouse – the spouse had a mental health issue, but the healthcare system in Dubai was not geared towards giving the appropriate care for such a situation. The provider was able to instantly put the spouse in remote contact with a therapist.

*There is no single solution to these issues of stigma and access*

Dr Patel in closing, “but we are leveraging technology to break down barriers.” Things are improving, and the ultimate vision is to create a connected, personalised health experience for all who need it.
Finaccord insights

Finaccord’s research into multinationals and the sectors in which they operate. Important to note is the fact that the most rapid growth is expected among smaller multinationals, and that the Asia-Pacific region will overtake Europe by 2021 as the region with the highest number of employed corporate transferees (those working for the same company in a different country). David then focused on the Travel Metrics consumer research reports released in October 2017, which looked at coverage in Australia, Brazil, Canada, China, France, Germany, Italy, Spain, UK and the US. Significantly, US consumers are the least likely to undertake any significant travel – either in their own country or abroad – as well as being the least likely to take out travel insurance for foreign travel. Across the board, single-trip policies remain the most common policy type, but especially in the US. In Germany, annual policies are more popular than in other countries surveyed; while in France, policies as part of bank account or credit card are more popular than in other countries, and China leads the way in the take-up of policies packed in the price of a holiday or travel ticket. At the same time, travellers are increasingly taking out specialised policies such as backpacker, domestic-only and expatriate, gap year and student, and those covering pre-existing conditions. Finally, David showed how travel agents and tour operators remain the most popular distribution channel for travel insurance in Spain, while in the UK, direct from an insurer is most common. Face-to-face purchases are declining overall, but are still important in some markets, notably Spain. Online sales make up the majority of purchases in the US, and in Canada a significant number of purchases are still made via post and telephone. China, perhaps unsurprisingly, leads the way for acquisition of travel insurance by mobile phone, although laptops are, across the board, the most common tool used to acquire stand-alone travel insurance online, representing 80.5 per cent of online purchases.

Crisis management in dangerous times

Maldwyn Worsley-Tonks

Director – Red24

Maldwyn took to the stage as a last-minute stand in for John Rose of iJET International, delivering an informative presentation entitled ‘Crisis management and you’. He said that a clear steering committee is needed to achieve business resiliency and that continuity is required, as a business must continue running in a crisis. Indeed, he said that an emergency response plan is a legal requirement. Maldwyn highlighted that a resilient business saves money and improves its reputation, as the longer it takes an organisation to respond to an incident or opportunity, the greater the risks and cost. He said that even though an incident might not necessarily become a crisis, it must still be addressed. According to Maldwyn, communication is essential and is often all that is needed to overcome an incident. “It’s important to keep everyone in the company involved as well as customers and suppliers,” he said. When looking at the factors that will impact on risk, locations and projects must be taken into account and the various risks involved should be explored. Then, said Maldwyn, risks are categorised in order to produce what is called the ‘risk matrix’. Categorisation produces hotspots in the matrix, helping with the plan and bringing clarity to what is being done. He underlined that this must be a continuous process, where the risks are reviewed on a regular basis. Maldwyn showed the room an image of Chinese general Sun Tsu and said that many of the principles he created are very relevant today. The areas underlined by Sun Tsu were: know yourself, know your enemy and know your environment. Maldwyn said that these can be adapted and are all part of risk-based analysis and working towards what needs to be achieved. According to Maldwyn, requirements of businesses are changing, with companies wanting to know where all of their people are, rather than just their business travellers, and this is becoming significantly more important. When it comes to evacuation, Maldwyn discussed the involvement of the incident management team (IMT) and explained that people are not always moved great distances – there are different types of evacuation – and that the big evacuation occurs when people have gone through high trauma – e.g. kidnaps and high-intensity civil unrest – in which case they are taken home to a comfortable environment. Next, Maldwyn spoke of the importance of having a way to gather intelligence, explaining that having multiple levels of intelligence is very helpful. He also described the training process, concluding with the need to have a framework in place so that people know how to react in case of an emergency.
Funeral Solutions

We connect LATAM with the world

We make it simple for you

Certified network of partners in the whole region of Latin America

Highest quality in repatriation services

United States
Call Center: +1 212 784 6747
415 Madison ave. Office 1514, New York, NY, 10017

Colombia
Call Center: +57 1 3811697
Zona Franca Local 110 Rionegro, Antioquia

Alarm center 24/7
+1 203 343 8111
g7mortuaryshipping
info@g7m.com

www.g7ms.com
Case management – the ultimate tool in cost containment

Dr Wayne Lee
Medical director – GMMI

Dr Lee began by speaking about the US healthcare system, which can be frighteningly expensive. The US spends three times as much on healthcare, on average, as other countries. There are numerous factors, said Dr Lee, that push up prices, from administrative expenses to drugs, the costs of which are unregulated (a particular problem described by the doctor is ‘the epidemic of orphan drugs’, i.e. drugs of which comparatively few are sold, enabling manufacturers to price very highly). The litigious nature of American society is also a factor, as it means that malpractice insurance for physicians, facilities and so on is very expensive, and treatments themselves are both pricey and sometimes overpriced – for example, Dr Lee said that the US uses an above average number of mammograms.

A final, but still major, factor cited by Dr Lee is the charge description master (CDM), a list of treatments and equipment that each hospital has. These are also unregulated, so hospitals can charge whatever they like, as long as the payer is happy with it. This means that malpractice insurance is essential, said Dr Lee, but it’s not straightforward. In some states, a hospital’s CDM is proprietary, so you might not even get to see it. “Also,” he said, “it’s written in hieroglyphics, so no one can understand it!”

A case study was then presented in which, based on the CDM, the charge would have been US$72,000. Following negotiations, this was brought down to $15,000. “So there is lots of room for cost containment in the US,” said Dr Lee. “But it doesn’t mean a thing if you don’t have good case management.” Following the presentation, an audience member – in a recurring theme of the session – asked whether the US healthcare system, which he described as ‘a disaster area’ based on the World Health Organization’s (WHO) global rankings, would be improved if its legal system was changed. And while Dr Lee said he thought this would certainly improve some costs, it was not the ultimate solution.

Berna Ataç Ökten
Member of the board – Marm Assistance

“Medical cost containment,” said Berna, “is finding the right balance for the patient, the service provider and the payer, where the patient gets the best possible treatment at the most reasonable price that the payer is happy with, at the most acceptable level for the service provider.”

She then went on to outline the progression of medical cost containment in Turkey throughout the 1980s – before which time it didn’t really exist in the region – from ‘retrograde discount negotiations’ through ‘diagnosis-based package prices’ to ‘evidence-based cost containment’, which is where the country is now. This means, Berna explained, that ‘we use historical information’ – for example, one hospital may charge €1,000, another may charge €1,200, so you look back at similar past cases to see what was charged then.

Case management, she said, is highly individualised. There can be no ‘one-size-fits-all approach’. “You are treating the patient,” said Berna, “rather than the illness itself.” She then went on to outline some key factors in case management, such as having an experienced medical team available 24/7 (enabling you to identify red flags in advance), and having local knowledge. This last aspect, she suggested, is ‘critical’. Berna was also keen to emphasise that evidence is key, rather than relying on tradition. It helps assistance companies and payers to manage costs and is preferable because ‘it’s more scientific’.

Medical cost containment … is finding the right balance for the patient, the service provider and the payer

But this raises the question of why, even with evidence-based strategies and contingencies in place, costs are still so high. Various factors inflate costs, Berna explained, from different tariffs in different countries, to fluctuating local costs, to local service providers adding costs through hiring foreign language speakers (or paying taxi drivers and guides under the terms of pre-existing deals). This all adds up, she said.
illustrating the point with an image of a patient hooked up to an ATM via a drip. Therefore, Berna concluded, this must all be combated by using all the available tools, such as annual medical audit trips, new technology, bill auditing and strong co-operation with state hospitals. “If excessive treatment can be avoided,” she said, “patients can continue to enjoy their holiday, the payer doesn’t have the hassle of negotiating or paying out for unnecessary treatment, and service providers can enjoy longer relationships with all parties involved.”

Jason C. Davis

Healthcare cost containment expert – Jason C. Davis Consulting (JCDC)

“Is case management the ultimate cost containment tool?” asked Jason, as a starting point, before suggesting a basic definition of case management: doing the right thing for the patient while promoting quality and containing costs. Case management can involve all aspects of what Jason referred to as ‘the toolbox’, but it is also a tool in itself. After unpacking the nitty-gritty of case management, from initial assessment through discharge planning, approval of benefits, repatriation options and finding a bed, Jason stressed that all the data that has been acquired ‘in real time’ needs to be passed on to those in charge of the finances promptly and in a manner that they can understand.

He then returned to the title of his presentation and presented it as a multiple choice question with three answers – yes, no and yes and no. Illustrating these three options, he presented three cases studies, each of which, when taken in isolation, would seem to back up either a yes, no or yes and no answer to the question.

The first involved a 94-year-old who had suffered a heart attack and was taken to an expensive hospital, where the cost of treatment was estimated at nearly half a million US dollars. Utilising case management, it was decided that the patient should be repatriated because they were stable. In the end, the total costs were closer to $95,000. “Based on this,” said Jason, “yes. Case management is the best thing ever.”

The second case study, however, was a motor vehicle accident in which the patients suffered major trauma. The total bill was $819,000, equating to $48,000 per day. With such major trauma, there were no real case management options, but the claims negotiator got the final bill down to $114,000 anyway. Based on this, case management was not the ultimate available tool.

For the third case study – involving pneumonia – the estimated costs were $85,000. The patient met the criteria for a discharge, but was kept over the weekend for unspecified reasons. Two days of payment were denied, because those two days were not deemed medically necessary, but while the claims negotiator used case management to write off those days, it was presented in such a way that it didn’t penalise the hospital. Eventually, it was settled for $17,000. “In this case,” said Jason, “case management was useful, but worked in tandem with negotiation.”

Overall, then, Jason’s conclusion was that case management is one of the most useful tools, if not necessarily the ultimate one. And however it ranks in the overall toolbox, the most important thing is that it is always patient-centric.
Security concerns shaping travel insurance products

Carl Carter
Managing director – Voyageur Insurance Services

Carl asked whether the nature of travel insurance was changing from purely medical cover to improved cover for security concerns, noting that the majority of standard policies still limit cover to medical expenses incurred as a result of being an innocent bystander at an event. This is a major problem, because the risk to the travellers caught up in a terrorist attack is more than just personal medical risk – cancellation, curtailment and trip interruption, and evacuation and repatriation cover that are all of use to a traveller in the event of a terror attack.

A traveller’s perception of a situation versus the reality of security risks is important. There is an increasing awareness of political and security risks. Traditionally, these types of events were just linked to high-risk areas and were localised events, but now we are seeing terrorist events closer to home. Despite this, the odds are that no-one will get caught in a terror attack, but nevertheless there is a risk. There is increased political and security volatility worldwide, which has a significant impact on leisure and business travellers, but the reality is that tourists are still 40 times more likely to be killed due to criminality than terrorism, with car accidents often posing the greatest real threat.

As an industry addressing these risks, all parties have a responsibility to adapt products and services and mitigate risks where possible, said Carl. There is a greater need for fit-for-purpose product design to cater to the changing security and political environment. Only a few retail products provide basic cover for political and security evacuation on a per-day benefit temporary basis. It’s more than just cover that is needed for policies, though – insurers need experienced security assistance providers on hand that will be able to deliver the services being promised.

Looking at examples of retail products that have been adapted already, Carl noted that there is now security and political evacuation cover for non-medical reasons, and terrorism disruption options. Moving onto business cover, business and employer-paid travel insurance often includes additional cover and features, which provide necessary protection to the business under their duty of care to their employees when travelling. These extra coverages can involve political and natural disaster evacuation and expenses, personal security specialist expenses, and hibernation as well as evacuation cover. Specialist products are needed, Carl said, because 99 per cent of standard policies exclude cover for an area to which the government has advised against travelling, but

the risk to the travellers caught up in a terrorist attack is more than just personal medical risk
people still visit those countries and there are products that will offer cover. Specialist coverage will include provision of emergency assistance apps, risk management discounts, PTSD cover and more.

Carl concluded that there is more development to be done by the industry – whether this is the product, the cover or the service provider. “We need to protect the travellers in the event of a security or civil unrest event,” he said, “and the changing security and political climate creates an opportunity for the industry to develop a product that is fit for purpose.”

James Page
President – AIG International Services

James’ presentation focused on the increased security risks travellers are facing in today’s world, noting how companies are adapting the way in which they work, with regions previously considered too difficult or dangerous to work in now becoming key business locations. The number of business travellers has increased significantly in the last few years, while technology has increased the number of remote workers at the same time, with economic challenges meaning that companies have to do more with fewer resources.

Security problems in an intended destination, or in a place where expats are located, could impact on a business in a number of different ways, said James. These include physical impact (to a person or property); organisational impact (business disruption); economic impact; legal impact; problems with data and equipment; and last but not least, reputational impact, which could see negative publicity having adverse effects on staff and clients.

AIG is a provider of security evacuation benefits, so if an insured person is travelling outside of their home country and requires security evacuation as a result of a covered occurrence, the insurer will pay the related expenses to transport the insured to the nearest place of safety up to the coverage limits. The determination on whether to evacuate is made by a designated security consultant. Covered occurrences, said James, include but are not limited to: expulsion from a host country, authorities issuing a recommendation that citizens leave a country due to political or military events, a natural disaster, and a verified physical attack or threat thereof. The advantages of specialist cover as detailed above should be supported by options on evacuation in terms of where the insured will be transported to.

Insurers seeking high-level assistance providers to support their insureds should look for companies that have worldwide capabilities to evacuate is made by a designated security consultant. Covered occurrences, said James, include but are not limited to: expulsion from a host country, authorities issuing a recommendation that citizens leave a country due to political or military events, a natural disaster, and a verified physical attack or threat thereof. The advantages of specialist cover as detailed above should be supported by options on evacuation in terms of where the insured will be transported to.

James concluded his presentation by detailing the company’s response to the Nepal earthquake, during which more than 100 clients were assisted, evacuated and monitored.
James McGrigor
Owner – McGrigor Corporation

James, whose company is ‘fully immersed in the business of international medical healthcare and services’, kicked off the session with an exploration of international patient segments. The three key segments, he explained, are business to government (BTG), business to business (BTB) and business to consumer (BTC).

Drawing on his experience as a management consultant, James discussed the strategy of attracting international patients, explaining which patients should be sought out, how they can be found, and how they can be impressed. It’s important, he said, for hospitals and other healthcare providers to consider the customers they really want to have, explore the customer segments that are out there, and realise that there are many different types of people with different needs. According to James, access to each of the three segments is changing. For example, from a provider point of view, in the past the access to the BTG and BTB segments comprised local health offices and agents, but, looking ahead to the future, most people will use online platforms.

Regarding BTG, patients are going to local health offices, he explained, where the local medical attaché is in charge of creating different relationships with clinics and hospitals. We are seeing the beginnings of a drift from this model to a more segmented model, which is disbanding the role of local health offices. James again highlighted the need to figure out the different segments and how the customer can be reached. “You need to think about the types of relationships you’re going to have and whether they are positive or negative,” he asserted to providers. According to James, important criteria that health providers should consider are price, trust and low hassle, and these differ in subtlety in different groups. An example he gave is that the BTC segment might be interested in how a hospital or clinic manages the quote responses, desire a speedy guaranteed price and have the ability to do this instantly online. He highlighted that clinic ‘must haves’ are: easy, smooth admin; slick logistics, transparent billing; and great communications.

Next, James provided two case studies, one elaborating on the BTG sector and one providing an example of a mid-sized group, before opening to the floor for questions.

You need to think about the types of relationships you’re going to have and whether they are positive or negative

patients are able to travel for better and more affordable care and choose a facility with a better reputation given equal prices and distance, patients are nearly four times more likely to book into a clinic with a better reputation

Reputation, he said, is the ‘golden bullet’. Indeed, according to a 2016 GCR study, 93.7 per cent of new patients reported considering clinic reputation before booking treatment in the clinic. The study also found that, given equal prices and distance, patients are nearly four times more likely to book into a clinic with a better reputation, while 76 per cent of patients said they were willing to pay more, and/or travel further for a clinic with a better reputation.
importance on outcomes is anticipated, although there is currently a lack of data on this – however, there is a huge gap in perception between what the patient thinks they need to make their decision and what the doctor thinks they need. “There is a need to focus on the humanism approach,” he said.

Next, Daniel grabbed and held up a chair to illustrate an important point. He said that each of the four chair legs represented one of the four elements patients consider important. “What if one of these were missing?” he asked the audience. “Would you sit on the chair?” Many clinics, he said, have expanded their ‘chair legs’, and this is a great model for healthcare providers to use to increase their reputation. “How strong are you on those four legs and can you make them stronger?” he encouraged healthcare clinics to consider.

Daniel finished by highlighting the importance of personalising services and expertise, i.e. international personalised medical services. It is important, he said, for clinics to demonstrate their reputation, even to their team, highlighting strengths and weaknesses, and he encourages clinics to share their data.

global brand. He opened by asking ‘what are the important things that affect patients in their choices and experience?’ and emphasised that patients are customers, because they pay.

He then delved into the patient journey, explaining that the first brand touchpoint is a patient writing to a hospital and getting a response. He said that a patient will feel connected to the hospital because of the person who answered, and provided examples of good and bad emails from hospitals.

Ilan highlighted the dangers associated with a patient choosing the wrong facilitator, illustrated with a series of images depicting good and bad scenarios. He also stressed the importance of a patient choosing the right transport/airline. Transport, he said, should be an inviting experience, with patients greeted like a celebrity by a welcoming face, and this treatment should continue at the hotel. “Patients should be treated like the VIPs they are!” he said.

Next, Ilan mentioned the JCI temple effect, which he explained is the phenomenon of people looking at JCI as God. However, he said, patients often don’t care about this and, in fact, many don’t even know what it is. Another important element healthcare providers should focus on in order to create a positive patient experience is avoiding information overload. “Clutter in clinics doesn’t create a good impression of your brand,” said Ilan. “The waiting area is also important – it needs to be welcoming. This is a great brand touchpoint. You can quite quickly create a bad image in the mind of your customer if you don’t create these good touchpoint experiences.”

Massage chairs are even available in some waiting areas. Additionally, said Ilan, hospital food is an area with much room for improvement that has a tremendous effect on the patient experience.

Ilan highlighted that healthcare providers need to create the

healthcare providers need to create the experience that they want to be part of

experience that they want to be part of, by starting internally and building their brand: “The real brand experience is your employees. Are they aware that they are brand ambassadors? Do they know how to represent your brand? Fifty-one per cent of these people are looking for a new job as I speak. Only 33 per cent are engaged in their work. Are you doing anything about this?” He also said that the customer experience being offered should be monitored at each and every point, as this is how we learn and improve.

When the discussion opened up to the floor, Daniel pointed out that many of the elements Ilan highlighted can be improved without any cost, while James reiterated that you need to know what the patient needs in order to make a difference. Only then can you figure out a method to get there at good value.

Ilan Geva
Founding member – Medical Travel Insight

Ilan delivered an engaging presentation on how patient experience drives a
Accreditation focus

Dr Paul Chang
Vice president, accreditation, standards, measurement – Joint Commission International (JCI)

Dr Chang opened the session by introducing JCI and explaining how high its standards are. He mentioned that JCI accreditation isn’t the only way that providers can be successful but that JCI provides a comprehensive framework of how an organisation can be looked at in order to do well. He went on to explain that, to do this, JCI performs a thorough survey process that typically comprises a physician, a nurse and an admin over five days and involves surveyors evaluating various units within an organisation and meeting to discuss their findings, followed by a system analysis on integration and co-ordination of care processes.

Next, Dr Chang detailed the process of JCI accreditation for medical providers in timeline form, explaining that preparation tends to take between 18 and 24 months prior to the survey. First, 12 to 24 months prior to the survey, the JCI standards manual must be obtained by the medical facility in order for preparation for accreditation to begin. Second, six to nine months prior to the survey, an application for the survey dates scheduled. Third, the JCI Survey Contract and Travel Instructions Form will be received and completed four to six months prior to the survey. Then, the JCI survey team leader will contact the organisation in question in order to determine the survey agenda. This typically happens two months prior to the survey. The next steps is for the accreditation survey itself to take place. Within 10 to 15 days of the survey, the organisation will receive an accreditation decision and official survey findings report from JCI. Accredited organisations are re-surveyed every three years.

It is possible for healthcare providers to achieve excellence without JCI but it will take longer, require more resources and involve a higher risk of failure.

Dr David Jaimovich
President – Quality Resources International

Next up, a presentation delivered by Dr Jaimovich focused on how quality can be ensured beyond accreditation, exploring the impact that can be had through accreditation and how the process can really change a hospital. In addition to highlighting the strengths of the framework or net of accreditation, Dr Jaimovich’s presentation explored why accreditation alone is not enough and what needs to be done in order to stay one step ahead.

Dr Jaimovich highlighted the importance of efficiency, with emphasis on the following areas: quality and patient safety, healthcare six sigma, national and international accreditation preparation, healthcare financial management, facilities planning, healthcare administration, health information technology, and life safety codes. He explained that metrics are the only way to demonstrate change but that, problematically, data isn’t collected the same way by every organisation, which creates an issue with the delivery of the results. “We need a standardised way for statistics,” he asserted.

He also highlighted the fact that accreditation is a cycle that is very

In association with

IHHR
International Hospital & Healthcare Review

Accreditation focus

Dr Paul Chang
Vice president, accreditation, standards, measurement – Joint Commission International (JCI)

Dr Chang opened the session by introducing JCI and explaining how high its standards are. He mentioned that JCI accreditation isn’t the only way that providers can be successful but that JCI provides a comprehensive framework of how an organisation can be looked at in order to do well. He went on to explain that, to do this, JCI performs a thorough survey process that typically comprises a physician, a nurse and an admin over five days and involves surveyors evaluating various units within an organisation and meeting to discuss their findings, followed by a system analysis on integration and co-ordination of care processes.

Next, Dr Chang detailed the process of JCI accreditation for medical providers in timeline form, explaining that preparation tends to take between 18 and 24 months. First, 12 to 24 months prior to the survey, the JCI standards manual must be obtained by the medical facility in order for preparation for accreditation to begin. Second, six to nine months prior to the survey, an application for the survey dates scheduled. Third, the JCI Survey Contract and Travel Instructions Form will be received and completed four to six months prior to the survey. Then, the JCI survey team leader will contact the organisation in question in order to determine the survey agenda. This typically happens two months prior to the survey. The next step is for the accreditation survey itself to take place. Within 10 to 15 days of the survey, the organisation will receive an accreditation decision and official survey findings report from JCI. Accredited organisations are re-surveyed every three years.

It is possible for healthcare providers to achieve excellence without JCI but it will take longer, require more resources and involve a higher risk of failure.

Dr David Jaimovich
President – Quality Resources International

Next up, a presentation delivered by Dr Jaimovich focused on how quality can be ensured beyond accreditation, exploring the impact that can be had through accreditation and how the process can really change a hospital. In addition to highlighting the strengths of the framework or net of accreditation, Dr Jaimovich’s presentation explored why accreditation alone is not enough and what needs to be done in order to stay one step ahead.

Dr Jaimovich highlighted the importance of efficiency, with emphasis on the following areas: quality and patient safety, healthcare six sigma, national and international accreditation preparation, healthcare financial management, facilities planning, healthcare administration, health information technology, and life safety codes. He explained that metrics are the only way to demonstrate change but that, problematically, data isn’t collected the same way by every organisation, which creates an issue with the delivery of the results. “We need a standardised way for statistics,” he asserted.

He also highlighted the fact that accreditation is a cycle that is very
important as accreditation is more of a photo than a video, and therefore must be continuous in order to ensure excellence. Here, Dr Jaimovich used the analogy of a parent hiding away their kids’ toys when they have friends coming over. “The same principle applies with hospitals,” he explained. “We need a way to motivate organisations to improve and to want to continue improving in between surveys; an incentive for hospitals to change. Accreditation is the floor not the ceiling.”

Dr Jaimovich said that hospitals are great places without the human factor but that this is necessary, and hospitals need to be able to improve. “If there are errors, the patient and hospital suffer, as well as the people who care for them,” he explained. To finish, he said that there is a need to improve patient safety but also to reduce costs and that this is imperative on a global scale. “We are asked to do more with less,” he said. “We must be innovative, implementing attainable and measurable goals.” He also said that it is important to determine what works, including the value of accreditation and the impact it has on patient safety, quality of care and cost reduction. According to Dr Jaimovich, there is a need to develop new and innovative strategies beyond accreditation to improve quality and safety that can evolve and change with healthcare systems that are constantly in a state of flux.

**Julie Munro**

**President – Medical Travel Quality Alliance (MTQUA)**

Julie explained that MTQUA evaluates and reviews non-clinical processes against best practices that have primarily been developed by the Alliance but also gained from other organisations. “The focus is on the non-clinical aspects of treatment and care,” she highlighted. “The clinical aspect makes up just 25 to 30 per cent of the effects of an outcome of a problem.” She also highlighted that medical travellers are at greater risk as they are in a different country and therefore often don’t have nearby family or resources, making them vulnerable. Next, Julie spoke about the ‘five Cs’ of medical travel quality, using the analogy of a diamond, whose quality is measured by the five Cs of cut, colour, clarity, carats and certification. The five Cs of medical travel quality are: comfort, care management, clarity, collaboration and certification. Julie explained that care management constitutes more than continuity of care, and should take into account what happens before a patient leaves home, while they are in the hospital, when they are out of the hospital but still recovering, and after they get back home. When it comes to clarity, this necessitates clear communication, transparency in all processes and clearly defined ethics. Collaboration, Julie explained, requires teamwork inside an institution and networking and partnerships outside. According to Julie, it is comfort that patients look at first, as this is the obvious reflection of what they think of as quality. However, she said, this is just one aspect of providing quality of care and treatment. Clarity, defines care management. It should be colourless, seamless and smooth, and done in an appropriately medical way. “The best diamond is flawless and has nothing hidden, which represents clarity of communication,” Julie said. “This encompasses the entire patient chain.” Julie said that marketing must include transparency of cost and medical culture, and the hospital needs to let the patient know what their philosophy of taking care of patients is. She concluded by saying that one of the greatest indicators of commitment to quality is the strength of the leadership at the top: “If the leadership is committed, you know you have a good facility.”
Cross-border health insurance solutions

Smita Bhargava
Vice-president of programmes & special risks – Clements Worldwide

After introducing Clements Worldwide and its work with expats, students, ‘third country nationals’ and similar groups ‘from a broking perspective but also from an underwriting perspective’, Smita said that dealing with risk in 172 countries brings many different challenges. How, she asked, can companies deal with health insurance when operating in multiple countries? Clements’ clients, she explained, need to have robust insurance coverage for health, travel and evacuation. Each of these areas is essential, and each needs to be specifically catered for – a client operating in a high-risk area, for example, might try to fall back on a health insurance policy, only to find that it does not cater for terrorism or warzones, making evacuation problematic.

“There are many location-specific challenges,” said Smita, “which is why contingency plans are absolutely necessary.” These could include ensuring that employees have received appropriate vaccinations, ensuring that effective pre-screening has been carried out to ascertain whether employees are suited to certain environments, ensuring the efficacy of local networks, putting procedures in place in case of emergencies (such as predictable local conflicts), and carrying out pre and post-travel briefings (even if the employee has already been to the country in question). Clients will want to know what plans are in place, she said, ‘and we must be prepared, collectively, to answer tough questions’. If employers are not giving companies like Smita’s the information they need, ‘there is going to be a lapse’. She then showed a checklist of pre-departure preparations. It is very important to reinforce these to employees, she said, ‘even if they have heard it a million times’: “These may not prevent an accident, but at least it forces companies to go through dos and don’ts.” And if something does go wrong, it can reduce liability, even if it does not take it away entirely, ‘because the employer did take measures to brief employees on what to do’. Smita also emphasised that the mental health of employees needs to be prioritised.

Following this, she described a yearly risk survey that Clements carries out among its clients – medical evacuation and related staff issues, she said, are the risks for which clients tend to admit they are least prepared.

“Clients want one policy,” she said, in closing, “which covers everything, from medical expenses to evacuation for natural disasters to identity theft.” It is up to providers to cater for this.

Jacquie Schwoerke
Vice-president, global patient services department – Sharp HealthCare

In her presentation, Jacquie focused specifically on cross-border coverage between California and Mexico. After some background information about the complexity of the borders between the US and Mexico – and the sheer volume of people travelling back and forth on an average day – she talked about the development process for cross-border health plans, which began with new legislation in 1975. This healthcare act, however, was very restrictive, and did not cover any employees from Mexico who were working in the US. Neither did it include access to any US federal healthcare plans. However, there are now new plans available that cater to the needs of the enrollees described by Jacquie – specifically SIMNSA and MEDIEXCEL. Although coverage gaps remain, the development process is ongoing and new allowances are being added as time goes on, such as enabling employees to purchase policies for their families even if the family lives in Mexico and is unable to cross the border to the US. Employers are able to offer both US and bi-national plans, whereas in the past only one could be purchased. Jacquie then talked a little about why employers choose to offer cross-
.border healthcare plans. The reasons are primarily financial – premiums are 50-per-cent less than equivalent policies in the US – but they are also culturally and geographically preferable, as they cater to specific local needs and are thus more trusted by cross-border employees, which improves take-up. Jacquie showed enrollment rates for the two health plans, and while those of SIMNSA were significantly higher than for MEDIEXCEL, enrollment rates for both were visibly increasing annually.

Laurent Pochat-Cottilloux

Global head, health reinsurance partnerships – AXA Healthcare Management (A.R.C.) PTE Ltd

Closing the session, Laurent talked about designing and managing cross-border health insurance products in Asia. Cross-border health insurance, he said, is a fast-growing sub-segment, with annual growth of around 30 per cent, and Asia ‘is the region of the world where we see the most activity’. ‘Wherever you have a fast-growing local affluent class of consumers,’ Laurent explained, ‘these products tend to be in high demand.’

He went on to talk a little about medical travel in Asia, illustrating the flow of patients between different countries. Of the top 12 medical travel destinations (in terms of number of patients), seven are in Asia, and there is also a lot of travel within Asia itself. He broke the numbers down into insurable trips (for emergency or planned inpatient treatment, and non-insurable (for planned inpatient treatment) and illustrated where the flow of each was most common.

Indonesian medical travellers, he explained, favour Singapore as a destination of choice for treatment, and highlighted Parkway Hospital in Singapore, where a third of patients are international (and 60 per cent of those are Indonesian). Another hospital in Singapore, he said, had set up a desk specifically catering to Indonesian patients, dealing with translation issues and accommodation for families. ‘It is a well-managed niche market,’ he said. Through launching a new life insurance product in Indonesia, said Laurent, AXA was able to acquire a significant amount of new data relating to how many claims came from inside and outside the country. Almost half of costs came from outside the country, which necessitated re-pricing. Since the launch of the product in 2011, the market has become very competitive. Finally, Laurent went through some of the key design elements for a health insurance product in this high-end market. They need to be easy to understand, he said, avoiding the common pitfall of including too many options, and the policy wording needs to be very clear. An upfront and obvious stance on pre-existing conditions is also essential, as are guaranteed renewability, high annual caps and preventative and wellness benefits.
The future of healthcare

Pat Keran
Vice-president, innovation, research and development – Optum Technologies, a UnitedHealth Group company

“How do we take innovation to the next step as insurers and healthcare providers?” asked Pat. By looking at employer trends, evolving consumer demands and the role of technology, attendees were shown how healthcare will be delivered in the near future. By 2020 – just three years’ time – 78 per cent of employers will change their health strategy in direct response to the changing working environment. Employers will increasingly cost share with employees: they will offer more telehealth services, access to centres of excellence, and ACOs; they will focus on wellbeing and financial health to a greater degree; and they will offer more incentives, creating a culture of health and increasingly embracing technology to do so. A new generation of employees who have grown up with technology is coming in – in fact, 70 per cent of the world’s population will own a smartphone by 2020. Other consumer trends include multi-generation households, global families, an ageing population, and non-standard working hours. So, asked Pat, how do we better engage with individuals knowing all this? Technology, he said, is an enabler, not the be-all and end-all. However, consumers would like to engage with healthcare providers when they need to, wherever they are. As such, the combination of technology and digital, internet-based and Bluetooth communication is increasingly enabling greater access to care in chronic, as well as acute and urgent, care scenarios, through – for example – teledermatology, remote monitoring devices, and wearables.

Pat explained to attendees how speech science and the development of artificial intelligence (AI) is enabling voice recognition technology (such as Siri and Alexa) to be used to provide such things as virtual nursing. Furthermore, within the next few years, voice patterning could be used to identify the signs of Parkinson’s or Alzheimer’s disease. Wearables will also evolve, becoming even smaller and integrated into clothing. AI will increasingly be used to immerse individuals in a 3D environment to assist in relaxation during potentially stressful scans, or to treat phobias. It is also being used to replicate organs to allow surgeons to carry out ‘walkthroughs’ of surgery before performing it on the patient. Meanwhile, genomics will be more widely used to assess what diseases a patient may be predisposed to, and to allow the most effective medicine to be prescribed based on the patient’s DNA. Mobile is the future, concluded Pat, and healthcare services have to be available via mobile, such as through apps. These need to provide a seamless platform, providing everything the patient needs in one place – such as allowing them to search for a provider, check on claims, look up their benefits and coverage, and access a personalised dashboard. A personalised video is also 600 times more effective than a multi-page policy document at conveying coverage and benefits, and video will be more widely used to interact with patients, such as to remind them about appointments.

Mining untapped resources in medical travel

Pete Read
CEO, Global Growth Markets

The Chinese outbound tourism market, asserted Pete, is one that has been hard to analyse in the past, but new data means this potentially huge market is able to be properly assessed. It is also a market that, despite being relatively new, is growing rapidly. Pete suggested that the market could grow by around 12 per cent from 2015 to 2020, taking the total number of Chinese travellers seeking medical treatment abroad up to 868,000. China’s ever-growing population is obviously a key factor, but so is the number of citizens that will soon be over 50 years old (31 per cent by 2020). Combine this with the continuing trends of urbanisation and growth of the middle class, and more citizens will be seeking treatment for lifestyle diseases. However, cosmetic procedures are still predicted to be the most popular treatments for outbound procedures, but not those that make the most money. Outbound travellers spent around $6.3 billion on procedures in 2015, with oncology bringing in almost half of that amount, mostly due to the high average cost of treatment, said Pete. Most new providers in the region will therefore focus on cancer treatment, as well as fertility treatments.

Most of the travellers, however, revealed Pete, only travel to countries within Asia, with 95 per cent opting to stay within the continent. According to research he presented, 73 per cent expect language interpretation to be included in their treatment abroad and that, combined with the more minor culture changes of other Asian countries when compared with Western ones, could be a major factor as to why so few choose to travel further afield. Korea proved to be the most popular destination, with 179,000 travellers seeking medical treatment there in 2015. This could change however, Pete warned, due to the fracturing political relationship and increased travel sanctions between the countries. Taiwan, the second-most-busy destination, could benefit from these changes. Of the destinations outside of Asia, the US proved to be the most popular. Chinese travellers do have concerns about medical tourism, though only a small fraction (one per cent) worry about the quality, and for most the price is not an issue either. Forty-two per cent, however, are concerned about the follow-up care: “Questions like whether the hospital overseas will accept diagnostic results from Chinese hospitals, will they [the patients] be able to get the drugs they need once they are back in China, or whether their doctor back home will be able to understand the procedure they’ve had, are all questions from outbound travellers,” explained Pete. These concerns need to be addressed, Pete added, to be successful in the Chinese medical tourism market.
Transporting obese patients

Blake Yturralde
CEO – Commercial Medical Escorts

Blake started this session by providing some health facts on obesity. For example: an individual is considered morbidly obese if they are 100 pounds over their ideal body weight, have a BMI of 40 or more, or 35 or more and experience obesity-related health conditions, such as high blood pressure or diabetes; and adult obesity rates are highest in the US, Mexico, New Zealand and Hungary, and lowest in Japan and Korea. He then went on to explain that obese passengers are at higher risk (5.5 per cent) of deep vein thrombosis (DVT) and even more so following ortho-surgery. He said that limited movement can lead to the formation of blood clots and, therefore, it’s important to encourage exercise and movement during transfers and to ensure the patient is given anticoagulants.

Another issue associated with the transportation of obese patients that Blake highlighted is maintaining hygiene. He said that changing diapers and generally maintaining hygiene can be challenging when there is limited space, and this can lead to diaper rash and discomfort. He also said that positioning and repeatedly repositioning during transport can help prevent bed sores.

According to Blake, there are a number of logistics to consider that are specific to obese patients, which will need to be explored during pre-flight assessments.

Key questions to ask in the pre-flight phone assessment, he said, are: measurements, including height, weight, girth/circumference; and how the patient ordinarily travels. When it comes to airline seating, Blake said, multiple seats may need to be purchased in economy in order to accommodate the patient, and girth needs to be determined in order to properly coordinate the transport with the airline. Seat size will need to be researched as some aircraft have seating restrictions. He also mentioned that stretcher passengers are restricted to a maximum weight of 120 kilogrammes for most airlines.

Blake highlighted the importance of asking the right questions, giving an example of a patient who couldn’t fit on a flight, but it later transpired had arrived via car and boat. However, he said that even in cases where thorough planning takes place, there will remain elements that are out of your control. Moving on to explaining costs, Blake said that the cost will double for an obese patient due to the addition of a second escort, the need for additional seats and specialised ground transportation, for example. He pointed out that if a patient is unable to fit into a commercial aircraft, they might need to be transported via road ambulance, purely based on their size rather than having a medical condition that requires an air ambulance. He concluded by saying that a morbidly obese patient may even cost three times the amount of transporting an average patient.

Dr David Sinclair
Medical supervisor – European Air Ambulance

To open, Dr Sinclair highlighted the rising prevalence of morbid obesity, underlining that it is rising more than other classes of obesity. He then discussed the pathophysiology of obesity, including hypertension – which can lead to heart failure – ischaemic heart disease, thromboembolism, increased metabolic basal rate, obstructive sleep apnoea, asthma, reduced lung compliance, intolerance to exercise and movement can lead to the formation of blood clots and, therefore, it’s important to encourage exercise and movement during transfers and to ensure the patient is given anticoagulants.

Moving on to explaining costs, Blake said that the cost will double for an obese patient due to the addition of a second escort, the need for additional seats and specialised ground transportation, for example. He pointed out that if a patient is unable to fit into a commercial aircraft, they might need to be transported via road ambulance, purely based on their size. However, he said that even in cases where thorough planning takes place, there will remain elements that are out of your control.

Next, Dr Sinclair highlighted that ‘a danger foreseen is a danger avoided’, explaining the importance of ventilation, positioning/bedding, and IV access. He underlined the seriousness of training, explaining that this is just as crucial as the equipment, and said that it is best for the training to be conducted inside an aircraft so that when it comes to an emergency people are comfortable with their surroundings. He also explained the limitations of aircraft in terms of size and weight.

Dr Sinclair closed his presentation by discussing some of the medical devices available on the market to assist in such cases, including ultrasound. He then highlighted the need for the industry to adapt to increasing obesity and underlined that individual cases call for individual solutions.
Taking drugs across borders

Special Agent Martin Ramirez

Diversion Investigator, Tactical Diversion Squad – US Drug Enforcement Administration (DEA)

To introduce this topic, where better to turn than a representative of those enforcing the laws. Special Agent Martin Ramirez summed up his job in a simple sentence: to try and keep substances in legal use, keeping them out of the hands of illegal users. In a more practical sense, his department, Tactical Diversion, carries out site visits on pharmacists and others who are legally allowed to carry controlled substances, checking that their records match up. The punishments for those caught not abiding by US laws can be severe; Special Agent Ramirez spoke of a pharmacist that was caught ‘practising out of scope’ and fined a total of US$66 million.

The laws that the DEA enforces can be found in the Code of Federal Regulations handbook. Special Agent Ramirez asserted that where he finds violations, he first tries to help those breaking the code to change their practices, but also explains how and why the codes help hinder diversion of substances. “Really, when someone wants to divert a controlled substance [from legal to illegal use], they’re going to do it. But you have to have something in place to try to stop that.”

For those wanting to export controlled substances from the US, the DEA is able to grant waivers for humanitarian missions, explained Special Agent Ramirez, but these are limited by time restraints. He also warned that, though the waivers will allow you to take controlled substances out of the US, they will not guarantee entry to your destination country. You will still need, he asserted, to contact your destination. “If you don’t take what you say you’re taking, or add more stuff, that’s where the problems occur,” he warned.

The overriding message of Special Agent Ramirez’s presentation, however, was that the DEA was there to help and advise, not impede a company’s operations. “We want your company to have a good name for doing all the right stuff,” he insisted, before explaining that fines are issued only if practices show no sign of improving. If a substance is stolen, for example, a company needs to report it in one day to the DEA, and then show how they will stop it happening again.

“We’re on the same side guys, we’re on the same team,” Special Agent Ramirez concluded. “What we want is patient care and patient safety, and for your company to be the best that you can be.”

Gitte Bach

President and CEO – New Frontier Group

Transporting drugs across borders has, Gitte asserted, numerous associated challenges, especially when sending emergency medication to patients all over the world. Firstly, she said, it is complicated. An obvious complication is the language barrier, but also patients are familiar with certain products. Gitte pointed out that patients may not trust and will question medication they have been prescribed in a foreign country because they are used to receiving a certain product. “Sometimes, they can’t even communicate to the pharmacist,” asserted Gitte, and that can create a lot of confusion. Patient education levels may not be the same in other countries.
as well. In some pharmacies, for example, patients are able to sit down in a booth with a pharmacist and fully learn about how to take their treatment, whereas in some countries this is not an option. There are then the logistics of actually getting the correct drugs to a patient that are not in their home country. “One of the biggest things that I hear ... is ‘is it even possible to send drugs to a patient that has already left the US?’” Gitte explained. Sending drugs in this way is unreliable, and Gitte asserted that there is no ‘golden solution’ to getting drugs across borders. Shipping drugs across borders can involve no end of complications, not least because information about which drugs are legal in which countries is often hard to find. “Not every country in the world has a website that will tell you ‘this is what’s allowed, and this is what isn’t allowed’,” she explained – an issue that is made worse by how highly regulated drugs are in all countries. Expense is the final issue that many may have, with the cost for lost or seized medications making what is already an expensive option worse. There are, however, Gitte explained, some options. Online-based pharmacies can work; but they still suffer from unreliability. Companies deciding to use these online pharmacies will have to be careful of up-front payments, extra tariffs, quality of product and lost shipments with no replacements.

New Frontier Group, Gitte asserted, does not send drugs outside the US due to all the above-mentioned complications, and though they can help to point patients in the right direction, it will ultimately fall to the patient to purchase and acquire the drugs they need.

Dr Terry Martin

Medical director – Capital Air Ambulance

Like Gitte before him, Dr Martin asserted that there is no easy solution to taking drugs across borders, but that there were some methods that his company used that helped in air ambulance missions. Dr Martin began by stating the common practices that need to be taken into the consideration. The priority, he asserted, is always the patient’s needs, and the needs of the mission have to integrate with these. Air ambulance operators need to have the correct licences to hold, use, prescribe and dispense medication, while an understanding of the culture and law of the countries that will have to be entered during a repatriation is also key, though this information can often be hard to find. Dr Martin showed how these common practices work best, running through the security measures Capital Air Ambulance has in place around its medical store room and office.

But is an air ambulance an extension of the office? Whilst some people may argue that an aircraft is under the jurisdiction of the country it left from, Dr Martin stated, this is wrong; an air ambulance falls under the jurisdiction of the country it lands in.

This then brought about another question – whether air ambulances are importing or exporting drugs when entering a country. Technically, according to the definition that Dr Martin used, air ambulances do neither, as the drugs are not exchanged, just administered. However, he warned, some countries may not see it that way. This becomes especially prevalent when bringing in substances that may be completely illegal in a country. Dr Martin used codeine as an example. Though the drug is one of the most commonly used painkillers in the world, its legal status in countries varies wildly. In South Africa, for example, the drug is freely available over the counter, whilst in the Maldives, the drug is highly controlled, and visitors to the country have been banned or even imprisoned for inadvertently bringing a personal supply in without correct clearance. One of the solutions that Capital Air Ambulance has adopted is to put banned substances in a locked safe and leave the drugs onboard the aircraft. Though not completely perfect, this measure shows that the substances are not intended to be used in the country they are being brought into, and instead just left on the aircraft.

“Air ambulance repatriation companies do need to carry drugs across borders,” Dr Martin reiterated. “However, we do want seamless medicare throughout the mission.” He advised that speaking to other experts for advice on complex missions, immaculate documents and good drug security whilst in transport can all go a long way to making sure that missions run as smoothly as they can.

Moderator: James Paul Wallis, ITU
Structured decision making on air ambulance evacuations

There seem to be many issues with using big data in medical decisions, whether it be attitudes towards its use, or the limitations of the data itself. One audience member pointed out that companies may be unwilling to upload their data into a larger central database, despite the possibility of benefits for the industry as a whole. It would seem there is still some way to go in using big data as a key factor in medical decisions.

Dr Cai Glushak
International medical director – AXA Assistance USA

Structure, asserted Dr Cai Glushak, is something that air ambulance operators ‘absolutely’ need, something that clients expect. It’s necessary to analyse the sheer volume of patients that are dealt with in order to justify decisions and have accountability, to justify costings, and to make good medical choices. With the constant inflation of medical prices, Dr Glushak said, structures

there is still some way to go in using big data as a key factor in medical decisions

With so much data being produced by consumers at all times, there is now an ability to do more in-depth, wider scale analysis
need to be put in place to help missions be cost effective. “Cost effective – some people misinterpret that term. That’s not the most economical decision. The ‘effective’ part is the most important part of that phrase. It means that [a mission] accomplishes the goal with the right outcome, within a reasonable cost,” asserted Dr Glushak. Many factors come into the decision-making process when trying to work out what the most cost effective method is. Dr Glushak used a Groucho Marx joke – ‘a hospital bed is a parked taxi with the meter running’ – to illustrate a serious point: the longer it takes to make decisions, the more healthcare can cost for an insurer or patient. Costing data, based on past cases, can be useful when determining what the best course of action can be to make a repatriation cost effective. Whilst data can be useful for cost-benefit analysis, there are human considerations that need to be taken into account. The quality of local care is a big part of the decision to repatriate or not. If local care is not adequate, a patient should be evacuated as soon as possible. The condition of the patient is also key. If a patient is in an emergent state, Dr Glushak says that his company will get a quote within an hour, and will take the first option available. “This has helped me a lot, because by putting this structure in place, no insurance person can argue with that, allowing me to make a choice that is not the cheapest option, but the right one,” explained Dr Glushak.

Ultimately, despite the increasing usage of data, the most important key factor is the medical risk to the patient – a factor that can only be assessed subjectively by highly trained professionals. It is for this reason that Dr Glushak does not believe that the air ambulance decision process can be fully automated. Cases are too individual and complicated to even consider automation, concluded Dr Glushak before adding: “I don’t see in the future that we’d have an automated process.”

Eva Kluge
Director of sales and business development – Air Alliance Medflight

With a background in health insurance and assistance – as well as her current position – Eva delivered a unique perspective on the relationship between underwriters/insurers and service providers. She asserted that the relationship is a ‘natural conflict of interest’, with both sides having almost polar opposite methods of operation. Most importantly, however, Eva pointed out that both sides have limited knowledge of how the other operates. Air ambulance transports make up a minority of assistance cases – only two per cent, according to Eva. Generally speaking, hospital expenses make up the majority of claims costs, whilst air ambulance missions only make up around seven per cent. The rarity of air ambulance missions, Eva explained, may be one reason why insurers/underwriters have limited knowledge of how air ambulance services work.

One of the major areas that the two sides clash over is, unsurprisingly, cost. Eva explained that insurers/underwriters can sometimes fail to understand the high rate of fixed costs for air ambulance missions.

Improving the decision making process is a key way to make sure that a mission is not just right for the patient, but also one that will help keep costs down for insurers. Like Dr Winter, Eva pointed toward the use of data to help make these decisions. “Experience is very good,” she asserted, “but structured data is even better... together they can be very complementary.” Eva explained that often it can be more expensive for an insurer to keep a patient in the hospital they are currently in. Although costs will spike if an air ambulance has to be called in, if a patient is relocated back to their home county then overall cost of a claim can be reduced – especially for those patients whose home countries have free healthcare services. By analysing data sets of past cases, assistance companies should be able to see a predicted costings model, based on similar cases. However, asserted Eva, assistance companies have not collected data well in the past – implementations of new systems could help track predicted costs more carefully. Empty leg systems are not being used to their full potential either, Eva stated, and despite what seems like obvious saving potential, pooling patients together may not always be a perfect solution.

One way to tackle many of these decision issues is simply for assistance companies and air ambulance companies to train together, and to create interdisciplinary task forces. “Collaborations can really help [companies] to make better decisions,” Eva concluded.

assistance companies have not collected data well in the past
The 15th annual ITIJ Industry Awards ceremony took place on 9 November, following a fantastic finale dinner for the International Travel & Health Insurance Conference at the W hotel in Barcelona, Spain. The Awards were hosted by Ian Cameron, editor-in-chief of ITIJ, and Sarah Watson, editor.

"Hosting the ITIJ Industry Awards is always a rewarding experience," said Ian. "This year's winners are certainly all very deserving of recognition by their peers and colleagues, and I wish to heartily congratulate them for their achievements."

Sincere thanks to all of our sponsors for the evening, including ER24 Global Assist for the entertainment during dinner and the Awards.
The finalists in each category were:

**International Travel & Health Insurer of the Year**
- Aetna International
- AIG Travel
- Allianz Global Assistance USA

**Assistance Company of the Year**
- Marm Assistance
- Northcott Global Solutions Ltd
- Tangiers International Ltd

**Aggregator/Broker/Affinity Partner of the Year**
- AXA Insurance
- Fit 2 Trip
- MoneySuperMarket

**Air Ambulance Provider of the Year**
- ACE Air & Ambulance (PVT) Ltd
- Air Alliance Medflight
- Tyrol Air Ambulance GMBH

**Cost Containment/Claims Management Company of the Year**
- GMMI, Inc.
- Medical Claims International
- New Frontier Group

**Medical Provider of the Year**
- Acibadem Healthcare Group
- Mediclinic International Hospital Group
- UC San Diego Health

**Ancillary Assistance Service Provider of the Year**
- Anubis International Assistance
- Rowland Brothers International
- Gateway International & Emergency Medical Services LLC

**Specialist Service Provider of the Year**
- Cambridge Global Payments
- Ingle International
- Socrates Systems Ltd

**ITIJ Marketing Campaign of the Year**
- Global Excel Management Inc.
- ER24 Global Assist
- New Frontier Group
MEDICLINIC INTERNATIONAL IS ONE OF THE TOP 10 LISTED PRIVATE HOSPITAL GROUPS IN THE WORLD. THE GROUP OPERATES HOSPITALS IN SOUTH AFRICA, NAMIBIA, SWITZERLAND AND THE UNITED ARAB EMIRATES.

ER24 is a 100% subsidiary of Mediclinic Southern Africa.

Together Mediclinic and ER24 are uniquely positioned to provide real help, real fast.

**ER24’S EMERGENCY MEDICAL SOLUTIONS INCLUDE:**

- Site-based Medical Services
- Global Care
- Aeromedical Evacuations
- Emergency Medical Care
- Training Solutions
- Contact Centre Services

For more information, please visit www.er24.co.za

EXPERTISE YOU CAN TRUST.

SOUTH AFRICA • SWITZERLAND • UAE • NAMIBIA
Winner: New Frontier Group

“New Frontier Group is an independently owned and operated cost containment company located in California, serving clients worldwide. Our comprehensive access through three of the largest US networks, in combination with outstanding arbitration performance, is unrivalled by any other cost containment company. New Frontier Group’s Medical Emergency Assistance (MEA) Center is staffed 24/7/365 with multi-cultural and multi-lingual coordinators to assist patients, assistance, and insurance companies. Our MEA Center team provides policyholders with immediate access to treatment through various centres of excellence, including hospitals, physicians and urgent care clinics. Our team utilises our state of the art claims adjudication software, Onyx™, to provide cost containment insight and options for clients. The Onyx™ Online portal offers unprecedented industry transparency by allowing clients to view data, reports, and cost containment performance in real time. Experience, ingenuity, and leadership set the standard for our best in class client ratings for our customers worldwide.”

Judges’ comments: The judges liked this company’s use of bold imagery to deliver striking creatives. The way the company evolved its marketing campaign throughout the year also impressed the judges, who commented on the excellent continuity of brand and ethos across the range of advertisements.
Don’t compromise on quality.

With over 100 years of experience, Albin International is the company you can rely on.

- Multi-lingual and experienced repatriation executives
- 24/7 Service - with dedicated out of hours members of staff available at all times
- Worldwide network of quality assured agents
- The only IATA Registered Funeral Director, with exclusive training and flight prices.

International Funeral Directors
specialists in repatriation since 1906

George Alfred Dyer House
51 Neptune Street,
London, SE16 7JP

Tel: 020 7313 6920
Fax: 020 7313 6999
www.albininternational.com
info@albininternational.com
Winner: Socrates Systems

“We’re Socrates Systems Limited, a company that’s all about online system development and e-commerce websites. We’re technology experts and enthusiasts that have worked specifically in the travel insurance sector for over 10 years, developing and perfecting our systems. Socrates Online is our online platform for transacting travel insurance business. From a simple medical screening assessment to a full quote and purchase process, Socrates Online provides each step of the journey. Whether your target market is B2C or B2B or a combination of the two, Socrates Online can handle both on one platform.

• Tailored individual system requirements and insurance products.
• Fast performance including bespoke policy purchase, online payments, policy lookup and reporting.
• Aggregator and unique API services.
• Multi-currency options.
• Numerous optional features and instant white label solutions.
• Standalone medical screening or as part of your quotation flow.
• Quick access to system upgrades via the Socrates Online Store.”

Judges' comments: Big data is becoming more and more important, and having systems designed for the industry to make best use of data is vital to this sector, and this company does just that!
We provide invaluable multilingual customer support and assistance in any country 24/7/365, along with world-class services, industry-leading cost containment and fraud identification processes.

*Ensuring your clients have the Global Peace of Mind*® *they deserve when they need it most.*

CONTACT GLOBAL RESPONSE TODAY TO LEARN ABOUT OUR SERVICES!
assistance@global-response.co.uk
+44(0) 2920 468500
ANCILLARY ASSISTANCE SERVICE PROVIDER OF THE YEAR

Winner: Anubis International Assistance

“When a death occurs anywhere in the world you may need assistance. Anubis has made international funeral assistance its core vocation since 1995. Thanks to its expertise and experience, Anubis has a wide range of clients and partners composed especially of assistance and insurance companies. Anubis is now represented on the international stage in Europe, Africa, the West Indies and Asia. Its permanent ambition is to offer its clients global funeral assistance, with cost containment, at the best quality of service to enable them to assume their responsibility towards their own stakeholders. Every year, Anubis organises thousands of worldwide repatriations of mortal remains. Fifty skilled and multilingual professionals work in link with a network of over 6,500 undertakers and local contacts. Anubis has also developed a specialist expertise in disaster management, and since 2012 is the official partnership of the French Foreign Ministry and several NGOs.”

Judges’ comments: This company owes its success in part to its recognition of the fact that providers need to go beyond the repatriation of mortal remains, not least in close communication with families, acquiring a reputation that should ensure future success.
Connecting the Americas to the rest of the World

- Superior Service
- Bases in Miami and Mexico
- Worldwide Authority
- Fleet of 10 Lear jets

- Doctor/Paramedic Crew
- Latest Medical Technology
- Tri-lingual Staff
- Competitive pricing

877.704.8396 U.S. & Canada
+1.786.619.1268 Worldwide Collect
01.800.681.1504 Within Mexico

www.medjetsusa.com | operations@jet-rescue.com
Winner: UC San Diego Health

“UC San Diego Health is dedicated to delivering outstanding patient care through commitment to the community, groundbreaking research and inspired teaching. We provide specialised, attentive care across the full spectrum of medical specialties. As part of the University of California system, UC San Diego is known for collaborative and cross-disciplinary research that transcends traditional boundaries. Our health system comprises two large multi-facility medical campuses in the San Diego region, as well as other primary and specialty practices throughout Southern California. With more than 1,400 doctors and scientists who are published experts in their fields, we’re well equipped to deliver unparalleled patient care. UC San Diego achieved the ninth-highest funding in the US from the National Institutes of Health (NIH) in 2016, and UC San Diego Health is nationally ranked in eight specialties by U.S. News & World Report in its well-known annual ‘Best Hospitals’ issue. Patients from over 40 countries came to UC San Diego last year for treatment.”

Judges’ comments: Having a vision or mission is so important. This winner demonstrated its dedication to delivering outstanding patient care, providing specialised, attentive care across the full spectrum of medical specialties.
2.8 Million trips globally and counting...

passportcard.com
“New Frontier Group is an independently owned and operated cost containment company located in California, serving clients worldwide. Our comprehensive access through three of the largest US networks, in combination with outstanding arbitration performance, is unrivalled by any other cost containment company. New Frontier Group’s Medical Emergency Assistance (MEA) Center is staffed 24/7/365 with multi-cultural and multi-lingual coordinators to assist patients, assistance, and insurance companies. Our MEA Center team provides policyholders with immediate access to treatment through various centres of excellence, including hospitals, physicians and urgent care clinics. Our team utilises our state of the art claims adjudication software, Onyx™, to provide cost containment insight and options for clients. The Onyx™ Online portal offers unprecedented industry transparency by allowing clients to view data, reports, and cost containment performance in real time. Experience, ingenuity, and leadership set the standard for our best in class client ratings for our customers worldwide.”
UC SAN DIEGO HEALTH

RANKED #1 IN SAN DIEGO
FOR THE 6TH CONSECUTIVE YEAR

Nationally Ranked in 8 Specialties

→ Cancer
→ Cardiology and heart surgery
→ Geriatrics
→ Nephrology
→ Neurology and neurosurgery
→ Orthopedics
→ Pulmonology
→ Urology

As part of its 2016-17 Best Hospital analysis, U.S. News & World Report ranks the top hospitals across the country by metro area and nationally in 16 specialties. Only 3 percent of nearly 5,000 U.S. hospitals are ranked in at least one specialty.

International Patient Services
patientsintl@ucsd.edu | health.ucsd.edu/international | +1-619-471-0234

UC San Diego Health
Winner: Air Alliance Medflight

“Air Alliance Medflight, part of the Air Alliance Group, is a leading European Air Ambulance company, operating worldwide. Air Alliance Group is a major player in the specialised aviation industry, serving clients from around the globe. Headquarters are in Siegerland, Germany, with a further base in Cologne and branches in Birmingham, UK and Vienna, Austria. Quality of care, patient safety and exceeding client expectations are our overriding concerns. With a large fleet of 14 fixed wing air ambulance aircraft and highly skilled staff, we are dedicated to quality, safety and medical excellence. In 2016, we safely repatriated some 900 patients from 98 countries around the globe, including regular missions to remote and critical areas. Air Alliance is one of only three European air ambulance operators who run a long-range Challenger 604 aircraft.”

 Judges’ comments: This company’s entry demonstrated solid business growth. It is impressive that it has medical directors in each location, and this, coupled with a fleet expansion including a Challenger for long distance flights, makes it a deserving winner.
Health Care Innovation

As your business grows and your customers’ needs become more complex, you need a trusted partner that can enable you to deliver optimized outcomes that have a measurable impact on your business and your customers.

With UnitedHealthcare Global, you’re not only partnering with a leader in U.S. cost containment and medical management solutions, you’re also partnering with a leader at the forefront of health care innovation, leveraging our size, scope and technology in delivering on our mission to help people live healthier lives.

Learn more at:
uhcglobal.com/global-markets/united-states
or call +1.866.527.0549
Winner: MoneySuperMarket

“MoneySuperMarket.com aims to help Brits feel good about saving, managing and growing their money. Our mission is to help families save more money every year. In the first half of 2017, we helped our customers save £1.1 billion. We are 100-per-cent independent, so not owned by an insurance company. Our independence means we’re free to focus our energy on serving customers who come to our website. Our main areas of interest are insurance, such as car, home, travel and life cover; financial products such as credit cards, current accounts and savings; and home services such as gas, electricity and broadband. We work with leading insurance, utility and financial services companies to help customers find the most competitive and, more importantly, the most suitable products for their needs. Our ability to forge mutually beneficial relationships in these industries often enables us to provide market-leading offers exclusively for our customers.”

Judges’ comments: The judges liked this company’s good articulation of new products to reflect its consumers’ evolving needs, including enhanced medical screening and standalone terrorism insurance.
The 2017 ITIJ’s Finalist Nomination for Best Cost Containment/Claims Management Company of the Year Award is the Icing on the Cake!
ASSISTANCE PROVIDER OF THE YEAR

Winner: Northcott Global Solutions

“Set up in 2010, offering a Point of Incident Response service through a pre-approved network of high quality partners, NGS has never failed a client despite operating in some of the most remote and hostile regions of the world. The changing face of terrorism, along with recent coups, uprisings and natural disasters, has increased the pressure to provide meaningful assistance in fluid security situations. From a broken leg in Liberia during the height of the Ebola crisis, to the provision of psychological support in Paris, NGS is now taking the insurance industry by storm with their ‘one stop shop’ approach to assistance. Recent and ongoing controlled expansion has seen the number of cases run by NGS increase by over 150 per cent since 2016. NGS has worked with increased regulation in the insurance industry, helping insurers meet their Conduct Risk requirements whilst improving insurance products by pioneering the NGS One Tap App used for claim notification.”

Judges’ comments: Showing impressive growth, this company has also broadened its range to embrace a traditional assistance function whilst providing new initiatives as the industry seeks new solutions to an ever-changing global scene.
Thank You

On behalf of our entire team at New Frontier Group, we want to thank our clients, partners, and worldwide ITIJ family for our 2017 double win.
INTERNATIONAL TRAVEL & HEALTH INSURER OF THE YEAR

Winner: AIG Travel

“AIG Travel, Inc., a member of American International Group, Inc., is a worldwide leader in travel insurance and global assistance. Travel Guard® is the marketing name for its portfolio of travel insurance and travel-related services, including medical and security services, marketed to both leisure and business travellers around the globe. Services are provided through a network of wholly owned service centres located in Asia, Europe and the Americas.”

Judges’ comments: The judges saw this company as an advocate and educator in a fast-changing world. Its work on the Women’s Travel Safety Campaign was highly commended.
Sharp HealthCare, once again, ran their very popular selfie challenge at ITIC Global this year. There were so many fantastic entries, but the winners were decided after a round of voting by ITIC attendees. Congratulations to the overall winner, Mike Vallee from Air Ambulance Worldwide, whose cheeky photo won him a free ITIC Global registration for Geneva in 2018!

Runners up are Ilia Redondo from Grupo Rescue who has won 50% off registration for ITIC Global 2018 and Glenn Staples from MSO International winning 25% off registration!

Well done to the other finalists Peter Flemmer from Ace Air & Ambulance, Dominic Vernhes from Anubis Group Holding Limited and Stephen Zatynny from Penfield Care and all who participated in this year’s selfie competition by Sharp HealthCare
Many thanks to Sharp HealthCare for the photo booth at the ITIJ Awards After-Party! Here are a few of our favourites...
The power of a **global presence** with local market knowledge.

Contact Global Excel at corpinfo@globalexcel.com or at +1 819 566 8833