ASSISTANCE & REPATRIATION REVIEW

REMOTE AREA CHALLENGES
Providing assistance in every corner of the world

SECURITY ASSISTANCE
Trends driving developments in this specialist sector

APRIL 2018

CRISIS MANAGEMENT
How to stop an emergency escalating into a crisis
It’s all about right and wrong...

When you contract with an air ambulance provider to transport your patient home, they always do it themselves, right?
Wrong.

When you contract with a provider who tells you they operate their own jets, that means they only ever use their own jets for your patients, right?
Wrong.

When you contract with a provider with their own medical personnel, then those are the personnel that always move your patients, right?
Wrong.

When brokers state that they will only use certain accredited companies to transport your patient, then that's what they always do, right?
Wrong.

Operators never act as brokers. Brokers never pretend to be operators, right?
Wrong.

It's either right or it's wrong and most of the names in the air ambulance business don't seem to know the difference.

We do.

How?
Because we move patients on behalf of brokers and accredited air ambulance providers all the time.

But wait....surely it's better to know 100% that your patient is with the plane and medical crew that you actually hired, right?
Right.

And surely it would be cheaper to use us direct rather than pay a middle man, right?
Right.

It's not what you say, it's what you do.
Right!
The topics under discussion in this year’s first Assistance & Repatriation Review vary as widely as the travel assistance sector itself. We start by looking at the management of emergency situations, considering how technology can enable companies to prevent an emergency from turning into a full-blown crisis (p4). This article touches fleetingly on an employers’ duty of care, which is a theme echoed in the article from Aetna International on the importance of employee assistance programmes (p8). The advancements made by specialist security assistance firms in providing their services to travellers in today’s uncertain world is also included in the Review (p12), while the challenges of providing assistance to travellers in very remote areas is discussed on p32.

Medical directors of assistance companies should be practising physicians, is the consensus of industry veterans we spoke to for our Medical Oversight article – read more about why this is the case on p42. Elsewhere, we look into the collaborative Dutch assistance model (p28), and we get up to speed with the view of Ted Jones, CEO of ITIJ Award winner Northcott Global Solutions, in our Profile on p.40.

Look out for ITIJ’s next Assistance & Repatriation Review in October!
The advent of new technology means that crises can be managed more effectively, and resources diverted to help those in need. Mandy Langfield explores the evolving nature of crisis management.
the resources and skills within the team at the scene that make the difference between success and failure. The initial evacuation, usually to a local medical facility, is more often than not carried out by the team on the ground.”

Jonathan Brown, Risk Team Manager at CEGA, the global travel risk, assistance and claims specialists, pointed out that while emergencies overseas can’t always be avoided, intelligent technology can help prepare, inform and locate travellers; often preventing an emergency from escalating into a crisis.

Tech as an enabler

ITIJ spoke to Bruce McIndoe, President of iJet International in the US, about the role that technology can play in the event of an emergency. The most important thing that technology can do, he says, is to enable two-way communication with all the people that are impacted: “With the ability to communicate, important messages can be sent out to keep people informed of the situation, let them know what to do and to co-ordinate getting help. Enhancing this communication with the ability to obtain or maintain awareness of the location of the person is also of great help, especially when getting help to the person.”

Brown of CEGA, meanwhile, said: “Mobile travel tracking and intelligence apps can enable an individual abroad (and their employers or family) to receive alerts about real-time health, security or environmental risks, so that travel plans can be changed or delayed and exposure to incidents minimised. In the aftermath of an emergency, they can also enable an ill or injured traveller to request medical or security assistance and to be found quickly.”

Australia-based Dynamiq is a global emergency management company and as part of its offering, it has developed a secure online crisis management software system to ‘empower organisations to manage crises and security incidents. It has four unique, complimentary systems to cater to different business demands. All of which can be tailored to suit a corporate entity’s specific needs:

• Crisis and Emergency Management System (CEMS).
• Security Incident Management System (SIMS).
• Issues Management System (IMS).
• Message Manager.

The system connects teams from multiple locations worldwide, effectively creating a virtual control room from which those involved can gather accurate and timely information, and enabling seamless communication. Data security is obviously vital to organisations, and the system uses encrypted data and is ISO accredited.

US-based RockDove Solutions launched its In Case of Crisis app at the London Olympics, and from there has grown to support over 750 companies. The app provides instant, one-touch access to emergency procedures, best practices, contact lists and more, ensuring employees can react quickly and decisively. The firm says: “The platform leverages the power of mobile technology to operationalise emergency plans, transforming lengthy documents into digital playbooks that are available at the tap of a finger on any mobile device.”

Ingle International’s global security networks, online info centre and blog, 24/7 support centre and mobile and web application – Travel Navigator – are all designed to proactively keep travellers informed and safe. In addition to global security alerts and access to assistance and medical providers at the touch of a button, Travel Navigator integrates policy details and other important features for a convenient end-to-end solution for travellers. Real-time alerts and pre-travel location warnings for dangers such as terrorism and natural disasters can provide members with a way to minimise risk, or, at the very least, be prepared to respond to potential situations that may arise, >>>
Effective crisis management … relies on having appropriate and effective risk management systems in place.

Lloyd Figgins says: “The good news is that there are some great tech devices on the market, which vary from travel tracking apps that travellers can have on their smart phones, all the way through to covert trackers, which can be concealed in a shoe. One of the best devices I have tested is the In-Reach Explorer by Delorme, which not only has the ability to track users, but also has text capability. Therefore, in the event of an incident, those on the ground can send an alert via the SOS feature, to a control centre, which is especially useful in the event of an emergency situation in a specific area or region.”

With the ability to communicate, important messages can be sent out to keep people informed of the situation, let them know what to do and to co-ordinate getting help.

Another offering on the market is that of Voyager Insurance Services in the UK, which includes with its security and business-focused travel insurance products a free downloadable smartphone app that, with one touch, connects the traveller directly to a 24/7 emergency security and medical assistance service. Carl Carter, Managing Director of the company, says: “When travelling to extremely austerely remote or hostile locations, services are available from our assistance provider for employee tracking so that an employer knows where staff are, which is especially useful in the event of an emergency situation in a specific area or region.”

Caroline McIndoe, Senior Vice President at CEGA, says: “The good news is that tech has already acted as a great enabler when it comes to contacting insureds in times of crisis, helping to evaluate the response needed: “Take the attacks in Paris, Brussels and the UK; you know that you probably have a very small part of your population who are going to need help, but you’ve got to find out who they are, so that you can focus your efforts on them, knowing that all of the others are OK. Technology has been a great driver in this. It’s allowed companies like ours, working with our clients, to say OK, we’ve got 300 people in Paris and we’ve heard back from 290 – they’re fine – so now I have to worry about only 10 … a much easier number to work with.”

UHG’s text-based proprietary product – Travel Security Manager – tracks people’s flight itineraries. It was called into action following the shooting in Las Vegas last year. LeBlanc explains: “Immediately we got word of the Las Vegas shooting in October last year, we checked all of our clients’ flight itineraries and within literally a minute we had the names of all the people who had flown into Las Vegas. That didn’t mean they were in Vegas, because they could have rented a car and left town. But we could instantly text message that entire group, and ask them a simple question: Are you OK? They quickly responded with a yes or a no. Once we have a list of those who are OK, we can focus on those who aren’t; people who have not answered our question, or those who have told us they’re not OK.” UHG uses text messaging services because it has learned that during attacks such as those in Las Vegas, mobile phone towers quickly become overburdened. Looking ahead at what the continual evolution of technological services could do for travellers in need of help, McIndoe points out that global communications systems are constantly evolving, with many new satellite systems being deployed. “This,” he added, “will result in almost constant voice and data connectivity anywhere on the globe and will not rely on ground systems that can be damaged or out of service during a crisis. In the current environment, many people do not have or turn off their data connectivity while travelling or do not have a phone enabled at all.” The other area of technology evolution is the increasing granularity of information (intelligence) available around the clock that can be automatically pushed to the people on the ground to warn them of impending dangers or specific incidents such as a bridge out, spreading fires, or disease outbreaks.

CEGAs Brown also pointed out that as travel threats change, travel tracking and intelligence apps can be as useful in historically safe destinations as in their more challenging counterparts: not least in the context of European terrorist attacks.

A joined-up approach

As is often the case when talking about the positive impact that technology can have, there is a case to be made for offering it as a complementary service, as opposed to a lone ranger. Figgins concludes: “Technology is continually evolving and if it’s available and effective, it most certainly should form part of emergency response planning, but this needs to work in tandem with appropriate and effective training for those operating overseas. Training needs to be commensurate to the type of activity those deployed overseas are engaged in. Your two-day urban first aid course isn’t going to cut it if you’re operating in remote regions where evacuation is likely to be delayed. You need a course that deals specifically with longer term care in a pre-hospital environment. Equally, travellers need to be familiar with any technology they are taking with them and test it regularly. After all, it could save their life.”
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
Keeping expatriate workers healthy in mind as well as body is a core focus for employers today. David Healy discusses the value of mental health services as part of employee assistance programmes (EAPs).

Today’s connected world offers the globally mobile a vast array of opportunities to work abroad. Yet at the same time as these opportunities are expanding, mental health issues are on the rise among expats in every region. Between 2014 and 2016, the prevalence of mental health conditions among Aetna International’s members increased in every region – without exception. Europe saw the greatest increase in mental health claims at 33 per cent, followed by the Middle East and Africa (28 per cent), the Americas (26 per cent) and Southeast Asia (19 per cent). According to our data, the high number of claims related to depression and anxiety showed that these are the conditions from which our members are suffering the most. However, in spite of these figures, few expats anticipate the impact that moving overseas will have on their mental health. In 2016, Aetna International surveyed a group of 5,000 globally mobile individuals, and in doing so, found that only six per cent expressed concern about their mental health. The research also revealed that among the greatest reasons for the deterioration of expats’ mental health is the absence of their

EMPLOYERS AND IPMI BROKERS ARE ANTICIPATING INCREASED COSTS AS A RESULT OF EMPLOYEES EXPERIENCING WORKPLACE OR PERSONAL STRESS
home support network and language or cultural barriers.

Why offer EAPs?
EAPs are a longstanding offering that can support good mental health. Unfortunately, EAP benefits are not currently available universally. Mercer Marsh Benefits’ 2016 research on medical trends around the world revealed that 34 per cent of employers surveyed offer no access to personal counselling in their standard medical plan for employees. Furthermore, there are also regional disparities in employer interest in expanding mental health coverage. Reluctance in certain areas is, in part, because employers and IPMI brokers are anticipating increased costs as a result of employees experiencing workplace or personal stress. Offering EAPs more universally would be a positive step. However, employers also have an important role to play not solely in providing these services, but in promoting EAPs as wellness and prevention measures, not just as problem-solving initiatives. Of course, there will always be workers who need help solving problems, but we have found that effective behavioural therapy programmes that provide people with coping techniques can often forestall problems – just as regular medical consultations can often reduce the need for surgery. Removing the stigma attached to seeking help could also do much to convince more workers to utilise this important benefit. Employers should also deploy programmes and policies that support a more beneficial work-life balance, which can reduce stress for all workers. These include family leave policies, onsite fitness and childcare facilities, flexible work scheduling, and programmes on everything from nutrition to stopping smoking.

Essential aspects of an effective EAP
While EAPs vary among benefits providers and employers, effective EAPs have a few essential aspects:
• They offer telephone support to workers dealing with a variety of issues, including work-related stress, substance abuse and adjustment to major life events.
• Employees typically have 24-hour access to counsellors who can make referrals to local professionals if required.
• Full confidentiality is maintained and employers never learn which workers have used the service or what has been discussed. These aspects can have a major impact on utilisation. For example,
Virtual counselling services that connect workers with specialists – either international or back home – offer another promising avenue for expats facing mental health challenges. Connecting expats with a counsellor from their home country or a familiar culture can help to address the cultural or language barriers that are known to undermine mental wellbeing when living overseas. The ability to connect virtually also removes the need to travel to an appointment, something which is often difficult for busy, on-the-go executives.

Aetna International’s own virtual health service, vHealth, has been well-received by expats around the world, who report similar benefits. In our What is Wellness? Expat Family Health & Wellness Survey 2018, expats noted the usefulness of the service for connecting with a health professional in their home country, especially when too busy or remotely located to travel to an appointment. They also mentioned how the virtual health service was particularly useful for discussing mental health issues, due to it being ‘less embarrassing’.

In some ways, virtual counselling is more effective than in-person consultation. By connecting with specialists virtually, clients may be more open when they are not in the same location as the counsellor. While more research should be done on the efficacy of virtual counselling, we envision a day when employers offer, and insurers pay for, this service for their overseas workers.

The need to address the severe economic cost to businesses and national economies of poor mental health is climbing the agenda. According to the World Health Organization, depression is the leading cause of ill health and disability worldwide, with the number of people living with the illness increasing by more than 18 per cent between 2005 and 2015. In this context, offering EAPs is not only positive for workers, but it is also essential for employers in ensuring long-term sustainability and profitability.

The economic imperative

With awareness levels of wellbeing issues on the rise and a reduction in social stigma around mental health, the impact of poor mental health on productivity in the workplace is now widely acknowledged. Towers Watson’s Global Benefits Attitudes 2014 survey drew a direct connection between stress and workplace disengagement. Among employees who were experiencing high levels of stress, 57 per cent reported feeling disengaged at work. Disengagement also led to absenteeism, with highly stressed employees taking 77-per-cent more sick days than their low-stress colleagues. And presenteeism – attending work when unwell and unproductive – was 50-per-cent higher for highly stressed employees.

Virtually connecting workers with specialists adds another promising avenue for expats facing mental health challenges.
We provide expertise and care

European Air Ambulance

European Air Ambulance (EAA) is one of the largest specialised air ambulance service providers in Europe offering worldwide air ambulance repatriation with outstanding end-to-end patient care.

The aircraft are dedicated to ambulance missions and equipped with a customised stretcher system, ICU medical equipment as well as all necessary drugs.

All missions are staffed with a medical team consisting of a specialised physician and a flight nurse. We are ready to take off day and night, 365 days a year for missions worldwide.

For quotes please contact:
Tel: +352 26 26 00 / Fax: +352 26 26 01
alert@air-ambulance.com
www.air-ambulance.com
Imagine this: you’re a specialist in security assistance handling a major operation. The lives of your client’s employees are at stake. The pressure is on, you’re getting information and acting on it, every second counts. The last thing you want — but it’s what you get — is a call from an employer who’s not your client. With staff at risk in the same emergency, its assistance provider can’t cope; can you help?

It’s not a scenario Charlie LeBlanc, Vice-President, Global Risk and Client Management at UnitedHealthcare Global (UHC Global), headquartered in the US, needs to imagine; it’s what actually happens, and not rarely. “We get calls from these companies all the time during a crisis – someone else calling in and saying their security company can’t help them,” he says. “I feel bad about it. We want to help them, but we have our own customers to take care of. I don’t know them, they don’t have a contract with us, there’s a lot of administrative stuff that has to be done before I can work directly with them and, by the way, I’ve got three hurricanes riding up the Caribbean right now.”

Talking to ITIJ, he recalls the old Roman warning Caveat Emptor (‘Let the buyer beware’). “We have seen a growth in recent years in the number of security providers. Being new to this space is not a bad thing, but being new yet not experienced or deep enough to handle a large-scale crisis is going to inevitably fall back on you, the customer. I think it’s important for employers to really do their due diligence on those providers if they’re being attached to an assistance programme. The time to find out if your security provider is not as robust as you thought they were is not during the crisis. You want to find that out sooner.”

Many security companies don’t really get activated until there’s a crisis, continued LeBlanc. “We have a saying here in the States: Break glass in case of war. Before you break that glass, you want to make sure there’s something behind it. If you don’t have that, you’re in scramble mode, so taking those extra steps to vet a security company will pay off hugely.”

Usually, a traveller is going to need assistance services more often than security services. The chances of a traveller getting sick or hurt while travelling are much higher than being caught up in a natural disaster, a political situation or a terrorist attack. As such, buyers tend to focus on the assistance company, and not think that little bit around the corner, says LeBlanc: “OK, they can handle my medical requirements, but when I have to break that glass, who’s going to respond to my security needs, and if it’s a company with just one or two consultants, buyer beware! How are they going to respond to your needs when you’ve got 200 people in an attack in Paris or Las Vegas?”

His advice is echoed sharply by Ted Jones, CEO of Northcott Global Solutions, headquartered in the UK. “Standard travel and medical assistance companies should choose who they...”
partner with to support their clients’ non-medical and security requirements very carefully. They should ask some critical questions: Do they come to the point-of-incident? What geographical coverage do they have? What response times do they claim? If the air space is closed, what options do they have? If an initial response option is denied, what does the back-up look like? And then they should be tested because the security industry is notorious for over promising.”

Duty of care considerations
Most – approximately 70 per cent – of UHC Global’s security assistance work is done under contract directly for employers – mainly NGOs, corporates, government, and athletic federations. “Students travelling abroad are a big part of our business,” says LeBlanc. The rest is through insurance policy cover.

UK-based Anvil Group has a similar balance of direct and indirect business. Tom Huntley, Head of Physical Operations, points to the growing importance of duty of care as a consideration for employers regardless of whether they want security assistance provided via a direct contract or by their insurer. “One thing that has changed,” says Huntley, “is that businesses are understanding the need for their duty of care, which I think wasn’t there before. It’s not just the fact that there are terrorist incidents – there always were with the IRA [in the UK] – but things such as the UK’s Corporate Manslaughter Act have mandated a need for corporations to understand their duty of care. Security has come on to the agenda because of that. Historically, security might have been an afterthought that’s looked at the day before people fly.

**THE FUTURE IS GREATER INTEGRATION OF TECHNOLOGY WITH INDEMNIFIED PRODUCTS COMBINED WITH AN ASSISTANCE INDUSTRY ABLE TO OFFER ROBUST AND FLEXIBLE RESPONSE OPTIONS TO CLIENTS ANYWHERE IN THE WORLD IN A TIMELY MANNER**
out to start a project, but now businesses are incorporating security as part of their initial thoughts. Security is key, legislatively, morally and ethically, and for individuals it’s key; because travellers don’t want to go to dangerous locations if they’re not protected.”

The UK’s Corporate Manslaughter Act – which enables courts to impose unlimited fines and ‘naming and shaming’ publicity orders – does not apply to directors or other senior executives, but they can be prosecuted individually for gross negligence manslaughter under other health and safety laws. To date, the longest prison sentences for the offence have been between six and eight years.

LeBlanc joins Huntley in highlighting the significance of duty of care as a legal, as well as a moral, requirement. “The demand for security assistance has grown in the past 10 to 15 years. Companies are now looking very seriously at duty of care, and that has progressed from the medical side to the security aspect. There’s an interesting duty of care case currently going through the courts in California [for example] ... it’s about the death of a stunt man during a film shoot, and it has the potential for ripple effects for other businesses. The judgment is that you as a company cannot just contract out your duty of care responsibilities, and I think that’s what companies have done in the past as an accepted practice. There’s going to be more scrutiny; when you chose that security or assistance company, did you look sufficiently at the company’s background? If you can’t pass that test, does that open the backdoor to company liability for duty of care?”

What continues to drive duty of care specifically in the UK is that it’s not just a punitive process, which is what it is in the US – it can also be a criminal process, says LeBlanc: “If it’s found guilty in the US, company X writes a big cheque, while in Britain, a CEO could go to jail. What I’ve found out is that executives don’t like going to jail. The prospect of doing time concentrates the mind and usually is a very good deterrent. It brings a new layer of diligence.”

Perfect partnerships

Global presence and past experience are major deciding factors for insurers when assessing assistance company partners, says Jane Hegeler, Managing Director at Malta-based security and crisis management specialists Tangiers International. “In the event of a situation, as with all assistance but particularly at the time of an actual terrorist attack or political instability, time is of the essence,” she says. “If the provider has local staff or agents in-country, actions can be put into place immediately. On the ground, intelligence is vital and an understanding of local culture, infrastructure and logistics all play a role in how effectively, seamlessly and successfully the security assistance provider can respond. Often, the insurer or assistance partner is also looking for a security assistance provider who can proactively advise on possible situations expected to arise and offer courses of action to mitigate loss.”

Traditional assistance services, she says, focus on being reactive at the time of need: “Security assistance offerings differ by incorporating proactive measures to mitigate risk through traveller education about potential security threats that might affect their upcoming or current travel. Methods include offering the traveller access to web-based portals and phone apps where security alerts can be searched globally or by region/country or tailored to the location of the traveller. Tracking devices are another option that some security assistance providers offer, and these are tailored for those travelling to very remote and...”
hostile locations.” A key feature of Tangiers International’s app, she explains, is a GPS-linked map that, in the event of a disaster and with no connectivity, still allows the company to locate the insured client. Based on satellite technology, it can send location co-ordinates every two, five, 10, 30 or 60 minutes, depending on the need and set-up, and pre-set messages to the company’s security assistance crisis response team and next of kin, as well as having the ability to contact the 24/7 operations team directly. Terrorist attacks on soft targets – such as in Paris, museums and beaches in Tunisia, and London – mean that security is now a concern not only for corporate executives, VIPs and expats but also for tourists.

“Security benefits,” says Mark Rands, Head of Assistance at Intana Group, part of the Collinson Group in the UK, “are an element that consumers might want to consider, though the products that best adapt to this evolving need are those that also provide robust 24/7 security advice and response, in addition to the financial benefits. If an incident occurs, a truly comprehensive product should inform policyholders about the destination's risks and explain how to respond can mean the difference between a policyholder being caught in a conflict zone and getting home safely.”

INSURERS AND THE TWO KEY AREAS OF THE ASSISTANCE INDUSTRY – SECURITY AND MEDICAL – HAVE YET TO ADAPT FULLY TO CHANGING TRAVELLER NEEDS

If there is a security provision, it needs to be seamlessly integrated with the assistance, claims and insurance provision, says Rands, rather than sub-contracted out to another company ‘with separate telephone numbers and processes which can delay response’. 

“In leisure travel, this joined-up thinking is essential,” he says. “Unlike employee travel-tracking, which provides insights into customer bookings, leisure customers could be away at any time and in any location within the geographical limits of their policy. This means the service would be reactive and therefore reliant on customers calling for help, rather than all the elements being in place for insurers or assistance companies to track incidents, generate real-time alerts and proactively intervene where necessary.”

Bridging the gap

Both Jones and Hegeler agree that insurers and the two key areas of the assistance industry – security and medical – have yet to adapt fully to changing traveller needs. “Despite prevailing conditions,” says Jones, “Security elements have been incorporated into assistance offerings in only a very limited way. Physical security offerings have been on the market in their own right for decades, but the golden days for that industry of $100-million contracts in territories such as Iraq are past and unlikely to return in the short term barring a significant geopolitical event. Where security elements have, to a degree, been incorporated into assistance offerings, it has been driven, unsurprisingly, by corporate motive rather than operational – it’s been an attempt to cross-sell products into new market areas rather than improve operational response capability. For example, the industry has seen various country risk advisory models launched, and numerous attempts by traditionally medically focused assistance companies to joint venture in different ways with security. The fundamental conflict with these models is that the traditional medical assistance industry is incapable of dealing with non-medical scenarios, and the security industry is not designed to operate in emergency timeframes. The result is that the client is not offered a mutually supporting single product, but two separate ones.”

Say LeBlanc at UHG: “Ten years ago, you had your security companies and your assistance companies, and the latter made strategic partnerships or alliances with the former. One of the things UHG wanted to do that was different was to own the process from end-to-end. The advantage of having a security offering as part of an assistance one is that it provides a one-stop purchase for both products. Clients can choose one or the other, or both.”

Intana Global is another provider that aims to bridge the gulf between security and medical responses. “Traditionally, travel and medical assistance companies have looked to partner with a security assistance provider to offer a combined, but not necessarily integrated, service to deliver medical and security assistance,” says Rands, “We’re looking, however, to deliver a fully integrated medical and security assistance service with specialist teams owned and managed within one control centre. This
means one number to call for triage, as well as tracking and information analysis features. This enables a sophisticated delivery that provides a combined medical and security assistance response, underpinned by shared operating procedures, rather than two separate entities trying to work together.”

Rands thinks insurers will welcome and adapt to the move to joined-up services. “Insurers have tended to engage with medical and security assistance providers separately with a focus on ensuring the right partner to provide medical and travel assistance. This is where the volume of assistance cases are driven from, with security assistance still a minority of incidences. But as the importance of security assistance grows among travellers generally, outside of corporate travel specifically, we will see a shift to insurers partnering with those integrated medical and security assistance companies that can demonstrate a seamless service.”

Options abound

Traditionally, points out Jones, ‘the only high-profile – although relatively miniscule – insurance line that included any type of security element was kidnap & ransom (K&R), which also usually has an evacuation and repatriation clause’:

AP Companies has launched a unique automated cost containment system

- Checking claims based on ICD10 & CPT4 coding
- Determining P&C costs per procedure in the region
- Evaluating medical necessity of the treatment
- Discounts/special rates application
- Automated claims data exchange with medical providers & clients
- Securing access to local rates with medical providers

www.ap-companies.com
+34 931 702 286
“But as the vast majority of travellers are only ever likely to come across a K&R policy in a Hollywood film, a more mainstream insurance solution has been sought.”

Numerous insurers now have products that include various non-medical support cover, says Jones, either separate to or in collusion with wider medical, indemnified solutions: “As, operationally speaking, non-medical elements of any response are usually extremely inexpensive – if handled correctly, for example, a legally armed team in say, Kenya might cost as little as $800 a day – insurance capacity or loss ratios are unlikely to be problems. The issue is about the assistance industry’s focus on the developed world and its reliance on any time-critical emergency element actually being dealt with by local emergency services rather than their own resources. The future is greater integration of technology with indemnified products combined with an assistance industry able to offer robust and flexible response options to clients anywhere in the world in a timely manner.”

The vast majority of traditional retail travel insurance, Hegeler told ITIJ, still only offers coverage for evacuation due to medical necessity as distinct from emergencies generated by security threats or incidents. “There are very few products on the market that provide cover for security and political evacuation due to terrorism, but the coverage is basic and often comes into play only if you are located within a short distance from the actual incident. The majority of products offering full coverage for expenses incurred, sheltering in place and evacuation due to security threats are mainly geared for employers buying long-term, corporate group policies. The individual traveller slips between the lines.”

There are some travel products designed specifically around political and security coverage for the individual travelling to conflict zones and hostile environments, which a traditional policy would not cover due to UK Foreign & Commonwealth Office travel warnings and restrictions, says Hegeler, but these often don’t have the traditional travel benefits such as curtailment, loss of luggage and cancellation. “The travel insurance industry as a whole has an obligation to join together and evolve to meet the needs of the changing shape of the retail traveller while mitigating loss for the insurer,” she says.

Managing Director of Voyager Insurance in the UK Carl Carter says demand for security cover is growing, and it’s being met. “Media coverage of the numerous security and terrorist-related incidents around the world over the last few years have resulted in increased public and employer awareness of risks when travelling and sending staff overseas,” he told ITIJ. “This, coupled with health and safety legislation and an employer’s duty of care towards employees travelling on business, have resulted in some sectors of the travel/medical assistance industry making security assistance provisions and services more robust, and presents an opportunity to provide services to meet this increased demand. This has been more so within the business travel sector than the leisure sector, but the leisure sector is fast starting to catch up.”

Over the last decade, Voyager Insurance, a provider of specialist business and high-risk destination travel insurance, says it has seen continual increases in demands for policies that provide security elements in terms of both cover and service. It has responded by creating a suite of high-risk destination products aimed at individual and business travellers, charities and NGOs and those travelling to hostile, dangerous and remote locations. This originated in the business traveller segment and has moved into the leisure travel sector, says Carter: “On the coverage side, we have included elements for security and political evacuation, and extended these to include protection against natural disasters in-country. We have created options for both our leisure and business travellers to gain protection against a terrorism event impacting their travel or holiday – both before and during a trip. We also provide cover that includes hibernation and personal security protection expenses; this is important if a traveller is caught up in the middle of a security situation, as the best option sometimes is to stay put and have a security personnel team guard them in hibernation while a situation passes instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”

An improvement to a section of cover is good, said Carter, “but the whole package is much better for the individual, employer and insurer if the security assistance service happens real-time to support the individual in conjunction with the cover instead of trying to evacuate them out of a life-threatening situation.”
IT HAPPENED.
Let’s make things better.

Your Medical Assistance partner in the Alpine Region.
competent. dedicated. resourceful. helpful.

Emergency Service | +43 512 / 224 22-100 | taa@taa.at | www.taa.at
to an emergency security situation as well as a medical emergency, instead of handing the security situation to a third party, states Carter; though he says on leisure products, where there is a lower demand and degree of coverage for security cover and services, it is often acceptable for the assistance provider to work with a third-party security assistance service.

Be prepared
LeBlanc and Huntley both highlight the wisdom of another old Roman proverb – ‘Praestat cautela quam medela’, better known as ‘Prevention is better than cure’. Intelligence gathering is essential, says LeBlanc: “We have more than 20 full-time analysts who are gathering intelligence and running location briefings via our text-based Travel Security Manager. You can't stop random acts of terrorism. Governments and counter-terrorism agencies have to be right all of the time, while a terrorist has to be right only once. But giving location-specific intelligence to travellers empowers them to understand the threats they’re facing, whether they’re going to Kabul or London. That’s a foundation for an employer’s duty of care, which is critical, and, hopefully, it helps employees to avoid being in the wrong place at the wrong time.” One thing UHC Global does that it says is different from many of its competitors is that it allows customers to call directly into its intelligence centre. If a traveller reads something and just doesn’t understand it, they can talk to the company’s analysts 24/7.

The distinctions between low and high-risk labels are not always fixed and obvious, explains Huntley, adding that intelligence is a vital part of prevention: “A lot of regions are contentious in whether they’re high, medium or low-risk. Risk appetite, whether we like it or not, is a very individual judgement. Cairo is a good example: you have the full range of security appetites – a holiday destination where you eat ice cream, see the Pyramids and ride a camel through to an incredibly dangerous location. Our job is to establish the facts and, based on our knowledge and experience, provide an objective overview of what we think the threat is, what risks they pose and what mitigation is needed to protect the individual or the project.”

Secure journey management is a key part of that, he says: “You’re arriving at airport X, so what is the safe route to hotel Y? We do a lot of work of that kind. Evacuation planning is a very big thing currently, and we do a great deal of it. We provide kidnap and ransom services, too, but the first rule in that area is that you don’t talk about kidnap and ransom! If a company has a project coming up, we do a geopolitical analysis of the region. It really is the full spectrum from the boots-on-the-ground stuff through to technical surveillance counter-measures.” Avril’s approach also entails looking initially at the intelligence about a location and its geographic and political environment. “We identify the threat – the source of harm – and from that we identify the risks. In the past, if the IRA was the threat, the risk was that they could put a bomb under my car, or shoot me on the doorstep, or kidnap my partner. When we’ve understood what the client wants us to do, we look at possible constraints that would stop us meeting their needs. They could be legal, technical, environmental or political. Then we look at the options we have for delivering.”

Huntley reports that the specialist security part of Avril’s business has grown ‘massively’ over the past decade, with the recent emergence of areas that are of increasing interest. “Some regions become easier locations in which businesses can operate,” he says, “so they have more corporate travellers. We’re definitely seeing more growth in Latin America, which is opening up for business, but which is also a really complex area in terms of threats and risks – not so much terrorism, but organised and gang crime risks. You might not be a gang member, but you can be caught up in the kind of crime quite easily.”

There have been a number of major events recently that have got people starting to look at evacuation planning with more interest. Huntley says: “Some good examples would be the Kenyan general elections, and Zimbabwe, with the coup that wasn’t a coup. The tension, the build-up, was there, so the ability to plan for them was there. If you wait for the crisis to occur, you’re already behind the curve. Another example currently is Qatar, an interesting place politically where you could potentially be looking at evacuation support. It’s quite a contentious area in the Gulf now, and has an awful lot of expats. You could be looking at many people trying to get quickly out of a country that has a relatively small infrastructure.”

With time of the essence when it comes to security provision, working with experienced providers who have the capabilities to serve clients’ needs wherever they are in the world is crucial. And with greater demand for security assistance than ever before, insurance cover and assistance services are developing in line with these needs.
We take your complex challenges in Turkey
and turn them into simple, high quality and low cost solutions!
The work of the commercial medical escort involves long hours of travelling, short stops in far-flung locations, and of course caring for patients. But some trips are stranger than others finds James Paul Wallis

If you talk to experienced flight nurses, it doesn’t take long before you start to hear how strange life can be on the road and in the air. Seven Corners, a US-based assistance provider, told ITIJ of one repatriation mission that was over almost before it began. A member had been in hospital for a week recovering from an illness. The plan was to repatriate him to the US with an escort, and the firm monitored his condition until he was fit to fly. A representative recalled: “The member was very excited about his recovery and return home. When our escort arrived at the hospital, the member was happy and talkative, and walked with the escort to the taxi that would take them both to the airport. The taxi stopped at a traffic light, and without saying a word, the member jumped from the taxi and began running down the road. The escort wasn’t able to catch up with him!”

Sometimes, even the best-laid plans can go awry – what if the customs officers don’t want to play ball? Gavin Bland, who for many years has worked as a medical escort, recalled how he was sent to Delhi for a patient who needed to fly home by stretcher; however, the journey had been set up as a seated trip: “After assessing the patient, I discussed with the assistance company that he needed to come back by stretcher and they arranged to send a mattress and scoop stretcher out by cargo to Delhi airport – I was asked to collect it on my rest day, being told it should take an hour or so. I arrived at Delhi cargo terminal at 9.00 a.m., but at 5.00 p.m. I was still there, having had multiple bits of paper stamped and examined and sick of my life – at one point, customs had tried to charge 10,000 rupees customs tax on the kit.” He eventually obtained the release papers for the kit – five minutes prior to the cargo area closing – and was told he just needed to pay a few rupees to secure release: “I went to the cashiers’ office to see them shut the doors in
my face. I was so outraged, I banged on the door until some poor cashier reopened it, saw my face and stamped the form to allow me to collect the equipment.”

So, you’ve got the patient to the airport, and made it onto the flight. It should be smooth sailing (flying) from here, right? Wrong. What about the time that Rita Mody, Flight Nurse at Capital Air Ambulance in the UK, was with a patient who seemed to be having a party all by himself? “I was escorting a Japanese patient with a broken femur from Frankfurt to Osaka in first class,” she told ITIJ. “He spoke no English, so I had to mime everything. He had been in Frankfurt on business for six weeks. On the flight he proceeded to ask for a beer. No problem – except that 45 minutes later he was on his fifth beer.” Unable to stop him drinking, she tried to get a cabin crew member to teach her basic Japanese so that she could either ask him to consider a soft drink or provide him with counselling as to why he drank so much. She explained: “It didn’t work, and he promptly fell asleep after his seventh beer. I then discreetly tried to get him into the recovery position, with a sick bag next to him, without any of the other first-class passengers wondering what I was doing.” Speaking of sleep, it’s an important part of many missions, particularly during overnight stays where the escort needs to wake up refreshed for a flight. At least that’s the theory. Rita related the tale of one particularly restless night: “I was booked into a hotel in Spain. By the time I had landed, been to assess the patient, had something to eat and got back to the hotel, it was about 9.30 p.m. Planning to just go to sleep, I was kept awake by sounds from the next room.” Without going into detail, let’s just say that a couple next door were wide awake. Rita said: “I thought it would all be over in a few minutes, however, after 60 minutes there was no stopping and now there was another person in the room and they were getting very loud! I wouldn’t have cared, except it was stopping me from sleeping (typically, I had forgotten my ear plugs!). I called down to reception and had a very embarrassing conversation with the receptionist, who didn’t really understand what I wanted.” The ‘fun’, said Rita, continued for another three hours, and she eventually got to sleep for about two hours. In the taxi that morning, she mentioned the lack of sleep and the reason, and the laughing driver said he knew they regularly made adult films at the hotel. Rita said: “I did mention it to the assistance company when I returned home to not use that hotel again!”

While that’s an example of an escort being disturbed by the media (if we can call it that), Gavin Bland related this case where he gained the media spotlight, and not in a good way: “While I was the Chief Nursing Officer of a large assistance company, we had a terminally ill patient in one of the Caribbean islands. She was having home nursing, and the family were desperate to return her to the UK to die. The nursing agency providing home care overseas kept trying to get us to agree to use their staff to repatriate the patient. We would not agree to this, as we needed to know the experience level of the flight nurses who would repatriate her.”

Sensing there was going to be an issue, I made sure I was awake and who to contact about it. The nursing agency had reported us to immigration as working abroad and they would be waiting to arrest us when we arrived at the house with the ambulance.

**THE OVERSEAS NURSING AGENCY HAD REPORTED US TO IMMIGRATION AS WORKING ABROAD AND THEY WOULD BE WAITING TO ARREST US WHEN WE ARRIVED AT THE HOUSE WITH THE AMBULANCE**

We are the leading medical repatriation specialist, a 24/7 medical travel agency uniquely skilled to route your passengers home.

**Make booking flights easy**

| Voyageur24.co.uk | +44 (0)117 9210401 | repats@voyageur.co.uk |

www.voyageur24.co.uk | IATA Accredited Agent | ABTA The Travel Association | 24/7 Service
made all possible arrangements, including the difficult procedure of ticketing – there are no direct flights to this city from anywhere in the Middle East region, and in order to avoid any issues in India, we had to make sure we had all necessary documentation for the patient.” The trip proved to be tricky, though, he explained: “On arrival at Delhi, our medical team, with their boarding passes in hand, almost missed their flight to Bhubaneswar, as no one seemed to know the correct gate. Everybody (control, military and information desk personnel) addressed them to a different gate and the airline’s desk was empty! Finally, after a lot of questions they managed to arrive at the correct gate to depart at the last minute.”

So far, so par for the course, but the fun continued: “Upon arrival in Bhubaneswar, they visited the patient at the hospital to assess him, as we always do, after a long drive with major traffic the like of which we had never seen before. The medical team had a long conversation with the treating doctors, the nurses and a representative of the patient. All seemed to comprehend the arrangements made for the departure the following day; however, the next day nothing was prepared! The long previous conversations were in vain, as if they had never happened. The patient was not even dressed and packed, he was casually eating a snack on his bed.” Thankfully, said Dr Mamidakis, the medical team arrived at the hospital early and saw to it that everything was set for the departure. The unusualness climaxed on the flight home: “The patient was in a general good clinical condition, but was rather confused due to his age and health problem. During the flight back to Athens he was constantly calling a female name, Consuela, and our medical team, without knowing who she was, reassured him that he was going to see her soon.”

However, the female name proved to be a pirate corvette ship – a light frigate in service of the East India Trading Company! – the patient had been convinced he was going to embark on the ship for a sea adventure. Thankfully, even these memorable cases turned out well – even the missing patient was eventually located. No escorts or patients were harmed in the making of this article.

MISSIONS DON’T NEED TO BE … DRAMATIC TO BE ODDLY MEMORABLE

gate. Everybody (control, military and information desk personnel) addressed them to a different gate and the airline’s desk was empty! Finally, after a lot of questions they managed to arrive at the correct gate to depart at the last minute.”

So far, so par for the course, but the fun continued: “Upon arrival in Bhubaneswar, they visited the patient at the hospital to assess him, as we always do, after a long drive with major traffic the like of which we had never seen before. The medical team had a long conversation with the treating doctors, the nurses and a representative of the patient. All seemed to comprehend the arrangements made for the departure the following day; however, the next day nothing was prepared! The long previous conversations were in vain, as if they had never happened. The patient was not even dressed and packed, he was casually eating a snack on his bed.” Thankfully, said Dr Mamidakis, the medical team arrived at the hospital early and saw to it that everything was set for the departure. The unusualness climaxed on the flight home: “The patient was in a general good clinical condition, but was rather confused due to his age and health problem. During the flight back to Athens he was constantly calling a female name, Consuela, and our medical team, without knowing who she was, reassured him that he was going to see her soon.”

However, the female name proved to be a pirate corvette ship – a light frigate in service of the East India Trading Company! – the patient had been convinced he was going to embark on the ship for a sea adventure. Thankfully, even these memorable cases turned out well – even the missing patient was eventually located. No escorts or patients were harmed in the making of this article.
UNPARALLELED PAN-AFRICAN SOLUTIONS

Medical Assistance
Third Party Administration
Cost Containment

- Direct Settlement
- Global Reach
- Pre-authorisation Service
- Negotiated Tariffs
- 48 African Countries
- 5,000 Contracted Providers
- 24/7 Contact Centre (English, French, Arabic, Portuguese, Swahili)
- International Medical Assistance
- Accredited Database
- Offices in 8 Countries (South Africa, DRC, Kenya, Madagascar, Namibia, Nigeria, Senegal and Tunisia)
- Contact us:
  - www.mso.co.za
  - info@mso.co.za

- Evacuation Management
- Claims Adjudication & Payment
- Pharmacy Benefit Management
- Network Case Management

INTERNATIONAL ASSISTANCE GROUP
Core Partner
Tyrol Air Ambulance (TAA) reports on a tricky medical case in South Africa

TAA’s Medical Assistance centre received a request from an insurance company to confirm the transport recommendation of a patient’s family doctor and organise his transport back home to Luxembourg. After the case was opened, two short medical statements were forwarded to TAA. It was immediately identified that the medical statements did not include any information about the patient’s current medical status, although they did provide TAA staff with some general information to begin their work.

Patient: 86 years old, suffering from a range of various diseases

Accompanying person: 84-year-old spouse, herself suffering from a collarbone fracture

Located: Johannesburg, South Africa

Transport recommendations
The medical statements issued by the client’s family doctor recommended a return flight in business class for the couple from South Africa to their home destination in Europe. According to the statement, the patient’s spouse was capable of taking care of her husband during the flight. This point regarding the transport recommendation had already raised concerns with the insurance company, and these concerns were shared by TAA’s assessment doctors. No current medical information concerning the patient’s status had yet been received, meaning that the transport decision of the family doctor was not fully comprehensible, and could not be supported without more information. TAA’s Medical Assistance centre therefore contacted the couple’s son to find out more details. At the same time, TAA’s assessment doctor made efforts to contact the family doctor.

Long journey to information
TAA’s case manager was informed by the patient’s son that his father had suffered two strokes as recently as five years ago, and as a result he had restricted use of the left side of his body. TAA also learned that the father was able to move, but only with the help of a walking frame. Furthermore, the son informed TAA that the father’s health status had worsened, leading to the recommendation of the designated family doctor in South Africa to fly him home. To the best of the son’s knowledge, his mother was in good general health despite a collarbone fracture from a fall she suffered some weeks previously. TAA’s assessment doctor received the same information once contact was made with the family doctor in South Africa, but a completely new situation then arose as it became clear that the doctor had no medical examination results available for the patient, and indeed had never met nor examined the patient himself in person.

According to the forwarded medical statement, the patient suffered from an impairment of the left side of his body and a chronic cardiovascular illness. Apart from these factors, the statement described the patient as being in a good general state of health. The statement also concluded that the patient’s spouse (84 years old) would be able to take care of her husband during the flight back home. In summary, they would be able to manage the trip by themselves. TAA’s assessment doctor declined to declare the patient fit-to-fly without first having access to up-to-date medical information.

The recommendation was instead that TAA’s Medical Assistance centre should first transfer the patient to a local hospital nearby to obtain the latest and most accurate information about his medical status. Admittance to the hospital would be organised by the South African family doctor on site. The patient’s son was subsequently informed by TAA of this initial admittance requirement in order to continue with further steps to repatriate his father. TAA’s additional request to the son for direct contact with the patient was declined. It took three days for the son to contact TAA with a response, informing us that his father had since been for a medical check, without showing any new results. For that reason, he requested that TAA immediately make all necessary arrangements for his father’s return flight. The son also said that his father was very eager to fly home and that due to the delay and the gruelling hospital examinations, his health status had significantly worsened in the interim.

In addition, the son assured TAA that the South African family doctor would forward the medical update shortly, to allow TAA to move forward with the transport. The family doctor would also sign the MEDIF for the commercial airline. This form was forwarded to the family doctor without delay. The next day, TAA finally received the medical update from the family doctor, together with an incomplete MEDIF. Again, TAA’s assessment doctor became suspicious as significant information was missing from the documents. He tried unsuccessfully to contact the family doctor on site. Two days later, TAA received an email from the family doctor with
the news that the doctor himself was being treated in hospital for a pulmonary embolism, but that he would resolve all queries once he had been discharged from hospital.

TAA's assessment doctor decided to contact the patient's family doctor in his home country and the case manager also tried to establish contact with this doctor through the patient's son. The son eventually understood the importance of this request and reluctantly provided these contact details.

A different picture
After the conversation between TAA's assessment doctor and the family doctor in his home country, a different picture began to emerge regarding the patient's medical situation. It transpired that the patient travelled on short trips quite regularly. His COPD III was manageable with a permanent oxygen supply. The paralysis of the left side of his body was a result of two heart attacks that he had suffered in 2015. Furthermore, he has suffered from incontinence for years, a side effect of his medication.

Without sufficient and reliable information concerning the patient’s medical situation, TAA's case manager again had to postpone a decision on his repatriation. TAA's case manager was asked to contact the hospital directly in order to gather information, as the patient's family was not willing or able to provide current medical information. Both the insurance company and the patient's son were kept updated on the situation.

The son disagreed strongly with this further delay, and staff in the Medical Assistance centre were confronted by a frustrated family member who did not accept this decision. The patient's son was informed that any steps taken or travel arrangements made by himself would be done at his own risk and at his own expense. The Medical Assistance centre proceeded with work on the case, despite being threatened with legal action by the patient's son. Not for the first time, TAA's case manager was confronted with such statements as 'you all are incompetent' and 'the insurance company just wants to save money'.

The next step taken by TAA was to contact the patient's family doctor in South Africa with the information they had received from the patient's family doctor in his home country. The South African doctor explained that the patient's son was a very well respected figure in South Africa, and that he had therefore believed the son's statements about his father to be accurate. Furthermore, the family doctor in South Africa said that he had confirmed the patient's fitness to travel. He apologised and promised to request the medical report from the hospital directly and to forward it to TAA; it eventually arrived three days later.

This latest medical information showed that the patient had been confined to bed for three weeks, and was incontinent. The patient needed 24-hour nursing care. The family declined the recommendation to admit the patient and requested instead that he travel home in business class.

TAA contacted the initial treating doctor in South Africa directly and was informed that the patient had not revisited the hospital again, and that in his opinion, based on the diagnoses, the patient was still unfit for travel – even via an air ambulance jet. He managed to make it back home, but unfortunately TAA was informed by the insurance company that he died in a nursing home only nine weeks after his return. His wife was treated in a local hospital and is still in rehab.

In all probability, he must have suffered from a third heart attack about three weeks beforehand, for which he had likely not received any medical treatment.

Finally brought home
The patient needed to be transferred to a specialised hospital in order to receive better treatment. During the attempt to transfer the patient, he suffered from cardiac complications, leading to the cancellation of the transfer. His son and wife wished to bring the patient home in any case, and they agreed to sign a consent form to undertake the full risk for the patient's transport. In co-operation with the insurance company, TAA made all the necessary arrangements and the patient was flown back home via air ambulance jet. He managed to make it back home, but unfortunately TAA was informed by the insurance company that he died in a nursing home only nine weeks after his return. His wife was treated in a local hospital and is still in rehab.

In summary, this case highlights the challenges that case managers are often faced with in the gathering of accurate information. This becomes even more complex in a situation where, for all parties involved, time is a crucial factor. While the emotional aspect of a case must always be taken into account in case management, the accuracy of patient information remains the most important consideration when providing effective assistance.

<table>
<thead>
<tr>
<th>ASSISTANCE &amp; REPATRIATION REVIEW</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT FOR THE FIRST TIME, TAA’S CASE MANAGER WAS CONFRONTED WITH SUCH STATEMENTS AS ‘YOU ALL ARE INCOMPETENT’ AND ‘THE INSURANCE COMPANY JUST WANT TO SAVE MONEY’</td>
<td></td>
</tr>
</tbody>
</table>
Collaboration between assistance providers in Holland is a natural part of their day-to-day work process. Eric Grootmeijer provides an insight on this one-of-a-kind market.

Holland has four major assistance companies: ANWB since 1959, SOS International (Amsterdam) since 1978, EuroCross since 1982 and Allianz Global Assistance since 2012. Despite the fact that they are essentially competitors, they work closely together on the operational side of their businesses. It is not exceptional if a client has a travel insurance policy with company A and a health insurance policy with company B. Both policies are usually complementary towards each other as far as medical cover is concerned. So the client may call the assistance company of insurer A whereas insurer B may have outsourced its assistance to another assistance company. And yet, both insurers are involved in this case. Does the client need to call both assistance companies? No, the assistance company that receives the request for assistance first will keep the other company in the loop behind the scenes and makes sure that whatever guarantee is sought, it will be handled by the company that provides the actual cover. This way the client will only have to deal with one provider.

This co-operation goes a step further after a Large-Scale Incident (LSI) abroad (defined by the Dutch assistance companies as ‘involving more than eight individuals in one incident’, like bus accidents, plane crashes, or after the Asian tsunami in 2004). Specifically for these situations, the Dutch assistance companies have agreed to adopt a twelve-month roster (1 April to 1 April) in which only one of the mentioned companies (the one that is ‘on duty’) will respond to a LSI on behalf of all the others. This arrangement had its origin after the airline crash of a Dutch Martin Air DC-10 in Faro, Portugal, in 1992. It was recognised afterwards that, although well intended, it wasn’t very efficient to all rush to the scene at the same time.

So, with the support of the Ministry of Foreign Affairs, the Dutch assistance companies decided to adopt this LSI schedule. The Dutch have learned that it is better to co-operate than to compete in critical situations. In the Dutch

THE DUTCH HAVE LEARNED THAT IT IS BETTER TO COOPERATE THAN TO COMPETE IN CRITICAL SITUATIONS

GOING DUTCH

>
marm is proud to be the choice for medical assistance, roadside management and health tourism in Turkey and the region for over 30 years.
In the Dutch assistance business, it has thus become common practice that one company attends the clients of its competitor in times of need. The calculations regarding remuneration are carried out afterwards and behind the scenes to make sure that each is compensated accordingly. The client, naturally, does not have to worry about that.

Now, could this work in other environments, too? That depends. Let’s try to identify some of the prerequisites that make this arrangement work in Holland:

1. It is paramount that the absolute number one condition is mutual trust. Do we trust our competitor to handle a critical situation that our client/member finds themselves in? They need medical assistance, matters of life and death may be at stake, which subcontractors (flight nurses/doctors, ambulances) do they use? What is their quality? And so on. Will our competitor be as good as we are in assisting our clients? And, will our competitor have the decency not to harass our clients for marketing purposes after the assistance has been delivered?

2. The general assistance attitude of the participating companies shouldn’t differ too much from one another. If one assistance company defines assistance as a means to cut costs for its corporate clients (the insurance companies), or, on the contrary, as a profit centre, while the other company puts its clients and their wishes/needs at the centre of attention, you can be pretty sure that that won’t make a lasting relationship.

3. The participating companies must be roughly comparable in size, executing power and infrastructure without any of them being dominant over the others.

4. The policies that fund the large-scale assistance should be more or less equal in terms of money (i.e. maximum covered amounts per insured item) and language (i.e. pre-existing conditions), so you will see patients assisted more or less equally. The healthcare industry and insurance business are highly regulated in Holland. Every citizen is obliged – by law – to have private health insurance that must at least provide the so called Basic Cover. This Basic Cover is described in detail in the law and adherent Royal Decrees and therefore identical for everybody (i.e. regarding the coverage of fees for GPs, hospital admittance, ER, ambulance transfers, and so forth). It is based on a very detailed DRG-like scheme with fixed maximum prices. It also covers situations abroad, but at ‘Dutch DRG prices’ as a maximum. As mentioned above, medical travel insurance in Holland typically offers complementary medical cover (if the actual prices are higher than the ‘Dutch DRG maximums’, which is usually the case outside North Western Europe) and repatriation, which the healthcare’s Basic Cover does not provide. Around 80 per cent of Dutch travellers take out medical travel insurance.

5. This is a no brainer: parties should be willing to enter into a joint LSI scheme.
This goes beyond the above-mentioned items. It supposes that all parties maintain an open, professional and constructive manner of communication. Not just during a LSI when it happens, but on a regular basis, a few times a year. The key ops managers must know each other and the lines of communication must be short. When your company is ‘not on duty’ when a LSI happens, you need to accept that your competitor who is, will dominate the headlines and the national radio and television news for a few days, when it could have been your face on the evening news. You have to set aside your ego – at least temporarily.

(6) Also a no brainer: as always, but especially during LSIs, the assistance that is provided should be in time, adequate, humane and logical, and sometimes better than insurance policies formally cover. After all, the whole country is watching over your shoulder and you’ve only got one chance to do it right. Taking the above-mentioned prerequisites into account, it would be my guess that there aren’t many countries, besides Holland, where this could work. Perhaps in one or two Scandinavian countries, Belgium, Spain, maybe Canada. Many countries would be looking at their governments to come to the rescue – send in the Air Force – and sit back and see what happens. That is not the choice the Dutch assistance companies have made. They want to be in charge of what they consider their daily business and they do an excellent job of it.

This goes beyond the above-mentioned items. It supposes that all parties maintain an open, professional and constructive manner of communication. Not just during a LSI when it happens, but on a regular basis, a few times a year. The key ops managers must know each other and the lines of communication must be short. When your company is ‘not on duty’ when a LSI happens, you need to accept that your competitor who is, will dominate the headlines and the national radio and television news for a few days, when it could have been your face on the evening news. You have to set aside your ego – at least temporarily.

(6) Also a no brainer: as always, but especially during LSIs, the assistance that is provided should be in time, adequate, humane and logical, and sometimes better than insurance policies formally cover. After all, the whole country is watching over your shoulder and you’ve only got one chance to do it right. Taking the above-mentioned prerequisites into account, it would be my guess that there aren’t many countries, besides Holland, where this could work. Perhaps in one or two Scandinavian countries, Belgium, Spain, maybe Canada. Many countries would be looking at their governments to come to the rescue – send in the Air Force – and sit back and see what happens. That is not the choice the Dutch assistance companies have made. They want to be in charge of what they consider their daily business and they do an excellent job of it.

Eric Grootmeijer has been involved in the international assistance industry for over 41 years in various positions with ANWB – The Royal Dutch Touring Club – and ARC Europe in Brussels, Holland and Austria. He has led onsite evacuations after large-scale incidents, hundreds of so called ‘plaster cast flights’ from Innsbruck for unfortunate Dutch skiers, and was successful in fighting fraud from certain hospitals in Spain who evaded the EHIC programme unlawfully. Now retired, he remains involved in the industry and runs his one-man consultancy firm 3A: Assistance-Advice-Agency.
The upside of increasingly popular getting-away-from-it-all vacations is that travellers are seeing landscapes and seascapes of outstanding, unspoilt natural beauty, an attraction being that these remote locations must be seen before they are wrecked by tourism development, mining and/or climate change. The downside for holidaymakers and business visitors is that emergency help when needed is many – very expensive – miles distant. The travel trend that seemingly puts nowhere – even the proverbial middle of nowhere – off-the-grid has raised the bar for assistance providers.

UK-based assistance provider CEGA’s Chief Medical Officer Dr Lynn Gordon summarised the key challenges in remote location assistance: “A remote location is often synonymous with limited medical facilities, transport infrastructures and emergency services. But there can also be political unrest, adverse weather and logistical challenges, such as limited landing space for aircraft.”

Transferring an ill or injured patient from a remote location to an area with better medical or repatriation facilities can be complex, she said, potentially involving road, sea, air or rail transport, security support and a two- or three-stage evacuation, with medical escorts. “A patient might need to be stabilised in a local hospital with basic medical facilities, then moved to a better hospital and, from there, to fly back – when fit – to a hospital in...
their own country. They might also need security escorts along the way, for example if there is a risk of violence,” said Dr Gordon. “Containing costs whilst providing optimum patient care can also add to the challenges of assistance in remote areas, since air and road ambulances, medical escorts, medical care and flights might all be involved.” Assistance providers should ideally have direct billing arrangements with hospitals and pre-negotiated discounts with networks of global contacts, she told ITIJ.

With remote travel becoming more popular, though, this ideal applies less. Dr Graham Denyer, Chief Medical Officer at First Assistance in New Zealand, highlighted the way in which the growth in remote travel has stretched the industry. “The traditional approach of assistance providers has been to maintain a worldwide network of medical providers and, where there are gaps in that network, to rely upon partner providers to respond on their behalf,” he added. “In such environments, reliance on local medical resources for triage is inappropriate or impossible and necessarily falls back to the assistance companies.”

From the Arctic and Canada’s ice fields to Micronesia and the red deserts of central Australia, vacation and business travellers in trouble are testing the assistance model.
provider who must be able to deliver medical assessment, and in some cases advice, remotely.”

Technology to the rescue
“Our mission has always been the same,” said Florence Jean, Head of Group Health Global Business Line at Europ Assistance in France. “It’s to bring people from distress to relief anytime, anywhere. How we deliver is based on what we can do. It can be logistical, with a new type of airplane that can accommodate requests that weren’t possible before, it could be professional skills that our doctors acquire, or it could be communication solutions. In the 1960s we were using T elex; today we have chatbots assisting our front-line operations. We can’t stand still.”

The personal use clients make of technology, she told ITIJ, drives their expectations of what service providers can do. “We see it as an absolute good: it can better cover our clients who use it; it reduces our internal and external costs; and it improves our performance and quality of service. Today, telemedicine is developing thanks to new tech and is definitely a practice that Europ Assistance is considering for even remote travellers. An example of how we have embedded technology in assistance is a 24/7 medical chat service that has been set up from Spain. A patient can at any time ask a question via chat and one of our 10 dedicated doctors will answer immediately. The patient can also send a picture in case of a dermatological issue or injury. Doctors are general practitioners, but they are specialists such as paediatricians, gynaecologists, psychologists, and so forth. It puts our clients in touch anytime, anywhere with a medical doctor talking his or her native language.”

Despite the instability of today’s world, said Dr Robert Quigley, Senior Vice-President and Regional Medical Director, International SOS and MedAire, business travel continues to increase, and the profile of the business traveller is transitioning – albeit slowly – to the millennial generation. “Assistance companies, in an effort to remain supportive, have had to enhance their service offerings,” he told ITIJ. “Such enhancement includes, but isn’t limited to, the provision of 24/7 behavioural health support. A robust communication platform that accommodates the standard tools used by millennials can certainly encourage such care. We provide 24/7 teleconferencing and teleconsultations that give emotional support on issues such as substance abuse and lifestyle changes while travelling internationally. And since mobile workforces have a significant number of individuals who identify with the LGBTQ community, assistance companies ought to know the laws and regulations outside the US regarding homosexuality,” he told ITIJ, adding that the ability to communicate with the traveller using vehicles other than the telephone – such as Facetime, texting, and so forth – has proven to be most effective.

International SOS has been supporting clients for more than 30 years using tele-assistance technologies, Dr Quigley added. “As many of our clients, particularly those in the energy and mining and infrastructure sector, work in remote sites, we have had to develop and implement communication tools to allow us to continue to provide assistance regardless of the location. Whether the client in distress is at sea, in the air or in an unusually located terrestrial site, we have found unique and novel ways to support them using either teleconsultation or telemedicine tools. We have learned to exploit WiFi and satellite technologies to ensure that our clients in distress can always access a medical and/or security provider.”

Partner networks
Sam Tester, Case Co-ordinator at Homeland International, a provider of funeral repatriation services to and from the UK, sees many assistance companies preparing themselves for changing trends and needs. “We see media teams and tourist groups with specific interests travelling to remote locations and, as ITIJ reported recently, adventure seekers spending time in high-risk areas such as favelas in Brazil. Some of the world’s most interesting places are classed as remote, and as
development increases in the world, these locations become far more accessible, and in turn tourist figures will rise,” he said. “In the assistance field, it’s in everybody’s interests to know of providers in these locations who are ready to help. There is a lot to be prepared for; for example, repatriation of mortal remains (RMR) requirements from remote locations can sometimes be forgotten about. We see a number of assistance companies covering all areas – including RMR – within their remote location assessments, but it’s interesting to see those which do not.”

For First Assistance in New Zealand, its key factor in managing and delivering remote assistance has been its investment in medical expertise. “We have found having a strong team of skilled physicians and nurses is the cornerstone of responding to remote assistance cases,” explained Dr Denyer. “What’s required is a 24/7 pool of broad generalist medical expertise that includes a variety of specialist skills such as tropical, hyperbaric, altitude and aviation medicine. Technology to deliver this expertise, such as telemedicine systems, is also important, but our experience is that such systems work well only where pre-planning and pre-investment is possible; remote oil rigs and luxury yachts are examples. Currently, advanced telemedicine systems do not work well in practice for general remote travel assistance cases that are widely distributed and reactive. This will change in time as smartphone technology and worldwide data networks evolve, but currently our experience is that medical expertise, delivered by the lo-fi means of email and phone, matter more than technology in delivering quality remote medical assistance.”

That said, it’s important to remember that the provision of remote assistance services is as much about logistics as it is about medicine, noted Dr Denyer, as more often than not, evacuation to a higher level of care is the outcome. An advanced understanding of the logistical options available for a remote case is paramount and will often dictate options in spite of medical need: “A prime example is Antarctica and large parts of the Southern Ocean where, with the exception of the Antarctica Peninsula, response remains largely the preserve of national Antarctic programmes. Without an understanding of – and a connection to – those programmes, little can be achieved by an assistance provider in that environment.”

Homeland International’s Sam Tester believes that many assistance companies are thinking more carefully about the partners that can be relied on with difficult cases in remote locations. “Some providers might be
exceptional within one geographical area, but struggle in another difficult region. We have seen this a lot with companies coming to us directly for assistance with remote location work, and we are very proud of being able to adapt our operations to specific areas. Some assistance companies stick with their usual providers, because they do not see enough remote cases to merit changing providers. This is likely to be a long-term problem, as we are expecting to see increases in remote location travel, which in turn means that a reliable provider should be readily available for these operations.” This comes down to provider network departments implementing strategies whereby they are able to assess their remote location capabilities, said T ester. “Individuals working within these roles need to be thinking about potential cases in difficult locations and whether their current networks are the most suitable. As a provider ourselves, it is important to ensure we enhance our own capabilities to assist in remote locations, too.” Although some of the areas that must be looked at are very specific to this sector, the same principle applies and it is easy to see the similarities within other areas of assistance cover. “We need to look at facilities in remote locations and what we can work with, firstly looking at our provider network,” added T ester. “For example, do we have a suitable funeral director who can assist here? If not, can we re-evaluate potential new providers? Are these companies now adhering to the standards we expect, or are they still poor? What facilities are at the local hospital? Is there cold storage, or can we embalm safely? All of these aspects need to be assessed even before we can start looking at other options. Other concerns are about coffin availability. Is there a coffin here, or do we need to ship one? Is there a flight option or airport? If not, how can we access the location? It is important to be prepared and to have the best option possible for a safe and dignified repatriation from any location worldwide.”

Dr Mathias Kalina, Group Medical Director at Europ Assistance, said that the lack or absence of medical resources in remote areas means that a decision to evacuate is taken ‘very often’. “To be able to assist in those locations, being prepared is key for all involved. We are continuously enhancing our network capabilities to enable not only international evacuations but also primary evacuations from the remote site to the nearest first-aid clinic and then secondary evacuation to the nearest hospital.” Depending on the patient’s condition, he continued, ‘we can choose not to evacuate if it’s not medically necessary as we have invested in a quality medical network of healthcare facilities and physicians able to provide appropriate medical attention, even in remote areas’.

**Pre-Travel Education is Mandatory Regardless of the Destination**

**Assistance Companies Ought to Know The Laws and Regulations Outside of the US Regarding Homosexuality**

Be prepared “For corporates,” says Denyer, “their duty of care toward travelling employees is clear – although by many it is poorly understood and implemented. For insurers, the problem is more complex: how to engage customers in managing travel risk? Technology plays more of a role here, and increasingly, the provision of services such as travel risk advisory apps, travel tracking, and emergency response technology will become standard.”

Dr Quigley told "As pre-travel education is mandatory regardless of the destination, Business travellers need to..."
CareJet offers extensive and comprehensive travel and medical assistance. Our global expertise and strong presence in the Asia-Pacific enable us to cover a wide reach and engage a trusted network of providers in delivering quality and reliable healthcare services.

**INTEGRITY IN EVERY MISSION**
Our Medical Director and Case Specialists work hand in hand to ensure that resources are expended with patient safety, cost management, and quality in mind. Whether we are handling a hospital admission, an air medical evacuation, or a commercial repatriation, we recommend and execute the action plan that best meets your objectives. We issue guarantees of payment quickly and maintain excellent credit standing with our suppliers.

**WHEN TIME MATTERS**
Our Case Specialists, Physicians, and Nurses work around the clock to ensure a rapid response time when you need it most. Our command center is headquartered in a state of the art facility with multiple IT redundancies and back-up electrical power. We issue guarantees of payment within minutes and launch air ambulance missions within hours.

**INNOVATING HEALTHCARE**
Our in-house application developers work with healthcare providers to develop customized software solutions that help revolutionize the patient experience. We use a consultative model to determine how we can best utilize technology to augment your performance. Whether you need a case management system or a totally customized solution for a special need, we can develop your software or iOS/Android app quickly and cost-effectively.
ask their assistance company to provide them with pre-travel counselling. A travel-tracking tool (such as our TravelTracker) should be, at a minimum, part of an organisation’s duty of care, regardless of the sector or location. If used properly, companies can be aware of the location of their entire mobile workforce, which is particularly important at the time of a crisis. Accessibility is crucial: the person, no matter where they are in the world, needs to know they can access their assistance provider 24/7 for support.”

As travel to remote areas grows, said CEGA’s Dr Gordon, business travellers in particular are requesting proactive risk management and integrated security services from their assistance providers. “Pre-deployment reports, for example, can highlight potential medical and security hazards, establish access to suitable hospitals and anticipate obstacles in advance, so that no time is lost in reaching the very best medical and security care in an emergency,” he said. “Technology can also play an important part in mitigating the challenges to assistance in isolated areas, not just by providing access to remote medical advice and telemedicine, but also by enabling travellers to be aware of real-time risks, to request medical or security assistance and to be located via mobile tracking and intelligence apps.” Access to medical care can be accelerated if an assistance provider already has information about a patient, such as their blood group, insurance policy details, passport number and pre-existing medical conditions, Dr Gordon said.

Insurers and assistance companies are modifying their traditional offers by integrating risk management services and new technologies. As Steven Burghardt, Executive Vice-President of Business Development (EMEA) and Global Head of Government and Insurance at Europ Assistance, told ITIJ: “Whereas assistance companies were, in the past, mainly responding to incidents, they are extending their focus on prevention by assessing health, safety and security risks, and creating awareness among customers and therefore minimising risks. Pushing location-specific and real-time risk intelligence and alerts to travellers’ mobile devices has become a standard service in the corporate assistance industry and is offered as an add-on to most business, travel and accident policies. Today’s technology allows us to understand travellers, using the data of travel management companies and GPS systems to create an additional safety net for travellers, especially in remote and high-risk areas. Assistance companies play a key role supporting clients in creating awareness among their employees and members about health, safety and security risks, and ensuring they are all properly briefed to handle potential incidents.”

Global and local
Global assistance networks need local partners, but they should be recruited with great care, said Denyer at First Assistance. “Local partners remain an important component in the arsenal of an assistance provider,” he said, “but they are not a substitute for an understanding of the local environment and of the capability of the partner concerned. Engaging a partner is almost always possible – there will be someone who is happy to take a case fee – but our experience is that the willingness to take on a case bears little correlation to the ability to assist. An understanding of the capability and network of the partner is key; and engaging a partner who has no capability to assist is inevitably worse than not, as it merely puts a further layer between you and your customer. Very remote cases challenge the traditional model of networks and partner networks, and this is where we have found an investment in medical capability and logistic skills has paid dividends.”

Local knowledge and on-the-ground presence is key to delivering assistance everywhere, insisted Eric Barthelemy, Head of Medical and Travel Networks at Europ Assistance. “When our members are in distress, our local agents intervene to support our operations and provide clients with the relief they need,” he told ITIJ. “Can you imagine how stressful and frightening it can be to fall sick during your holidays or on business in a place where your language isn’t spoken and where you don’t know which hospital you should go to, your language isn’t spoken and where you don’t know where your medicine has not been delivered? Our agents are our local support to help our members navigate the local reality. They provide members with needed services such as picking them up from their hotel, accompanying them to their appointments for language support, and paying for their medicines in local currency. We organise these services almost everywhere around the globe, and thanks to this combination of expertise we ensure our members feel safe, cared for and reassured.”

In conclusion, trusted partners are essential to ensuring global reach for assistance services. “An assistance provider,” said Dr Gordon at CEGA, “should have on-the-ground knowledge of the (local) challenges, and contingency plans in place. They should also have global networks of transport, medical and security partners so that they can manage a traveller’s care, wherever they are in the world.”
The mission of AIMS is to become the premier provider of medical management and assistance within South Africa and neighboring countries.

We are committed to ensuring our clients that Humanity, Dignity and Respect is maintained at all times. AIMS provides an excellent needs-led service offering the most appropriate medical care and attention to the foreigner in crisis.
How did you first get started in the assistance industry, and how did you come to be in your current role?

After a career as an international athlete, I joined the British Army at rather a busy time. As a consequence I spent quite a lot of time on operations around the world including in a number of war zones, and involved in kidnapping scenarios of various descriptions. As a result, on leaving the Army I was recruited by a specialist kidnap and ransom underwriter. The next progression was to the broking side, which brought me closer to the ‘assistance’ element before setting up Northcott Global Solutions (NGS).

Do you find that your previous role as an underwriter has given you an extra insight into how best to facilitate a smooth and co-operative relationship between an insurance company and an assistance company?

It certainly means as a company we understand the insurers’ point of view more. The reality is, everyone is trying to do the best job they can within the operational and/or financial constraints that exist. We’ve never come across an insurer that has been unnecessarily awkward during a case, but that may be exactly because we come from that background and therefore understand their position.

NGS says that it aims to react ‘in hours rather than days’. The first hours of a potential crisis are critical in terms of mitigating risks and avoiding escalation – what key measures should be taken to tackle a crisis early before it can spiral out of control?

I love simple questions and this answer could not be more straightforward. Prior planning! Have a crisis plan, and a crisis team, engage with your incumbent assistance provider and identify exactly what their strengths and weaknesses are (a cost containment operation is great for day-to-day cases but of no help at all in a genuine emergency such as a hurricane). Identify your risk – who are you looking after and where are they specifically? How do you communicate with them in an emergency? Are your systems tested regularly? These are all very inexpensive (to free) to put in place operationally or on a proposal form, but make all the difference in the world to claims when a major incident occurs.

Can you give us an example of a recent assistance case that illustrates how the landscape for assistance provision has evolved over the last five to 10 years?

Quite simply, the traditional assistance model – put a doctor on a plane and fly to the nearest international airport within a week – has not kept pace with the exponential changes in travel patterns, either numerically or geographically. The old system relies on a level of local emergency infrastructure that may very well not exist and is wholly medically orientated. Medical capability will always be by far the most important, but increasingly, assistance providers have to have a non-medical response capability even just to support medical operations in more challenging parts of the world, and the majority are simply not set up to do. Every significant assistance episode in the last decade has highlighted this, and they continue to do so. The Arab Spring was not simply a medical problem, all the way through to Hurricane Irma, which was more a case of logistical support – information, fuel, security, non-medical evacuation. Insurers and other clients need a more multi-dimensional assistance provider to improve safety and lower costs.

Are there any hotspots around the world where the provision of assistance is particularly challenging at the moment? One has the usual over-charging issues in the US and elsewhere, and fraud hotspots like Mexico come and go. As important as these are to address, they are nothing new. In terms of the geopolitical hotspots, terror attacks are throwing up questions around identifying who has been involved in an incident. These attacks, or at least the high-profile ones in the Western press, are not happening in challenging geographies, but on the streets of capital cities and involve tens of thousands of people. Technology is a big help here, allowing us to filter vast amounts of information and concentrate response resources on those that need it most. It also allows us to reassure clients as to who has actually reported themselves as safe. Over the last year, we have also seen a surge in maritime cases, which clearly come with their own unique challenges.

Congratulations to Northcott Global
Solutions on winning the 2017 ITIJ Assistance Company of the Year Award. What does winning this award mean to your company, and how do you plan to leverage the win going forward?

As one of the newer players in the assistance industry, the award was a major boost. Great for company morale, but also when speaking to new, potential clients the title is fairly unequivocal! We also won Insurance Day Claims Team of the Year which, when the two are taken together, present a pretty strong case for clients to use NGS over anyone else! The ITIJ Award was for operational capability and innovation – both of which the assistance industry has been starved of at a time when the insurance industry has been under significant pressure. We were delighted to win.

What are your proudest achievements, both professionally and personally?

Apart from holding a family with four children together while launching and building a company? Seriously, I often remind our people that business is business but actually hardly a day goes by, and certainly not a week, where if it were not for the unique and specific involvement of NGS, someone would die. Clearly the majority of cases are not as dramatic as life or death, but some are, and as travel patterns widen around the world, assistance companies need to be able to meet these changing needs. As they used to say in the Army – train hard, fight easy. Or in other words, if you can do the harder, more challenging cases, the bread-and-butter, day-to-day cost containment and liaison ones will be easier too.

If you could do any other job in the world, what would it be and why? This is what I do.
The role of the medical director is crucial within each assistance company, providing oversight of the measures taken to care for insureds in need. James Paul Wallis asks what it takes to succeed in this role.

Given that a key part of an assistance company’s work involves influencing or contributing to the medical care given to insureds, it’s important to have a robust system of medical oversight in place. Typically, this medical management is the responsibility of the medical director, who is responsible for ensuring that staff have the knowledge and skills to make good decisions and provide appropriate care, and also gets involved in individual cases as needed.

What makes a good medical director?

Let’s start with the basics: qualifications and experience.

The know-how
If you’re looking to work in this role, you’ll want a medical degree from a recognised university, points out Dr Mitesh Patel, Medical Director UK at Aetna International.

Dr John Quinn, Medical Director at Tangiers International in Malta, reiterates this, noting that while there are no regulations he’s aware of that would require
We provide complete transport of the deceased by a cooled hearse or by plane. We will take care of all documents and permits necessary for the transport. We will provide embalming and cosmetic treatment, plane, coffin, zinc inserts with sanitation valve, shroud, etc. With the help of Cargo Partner we can take care of the flight to the final destination or offer the most suitable flight variant.

We arrange Complete assistance for international repatriation of the deceased from the Czech Republic abroad.

We can pick up the body anywhere in the Czech Republic and prepare for repatriation.

Upon request, we can provide hygienic and cosmetic treatment of the deceased or complete embalming.

We provide cremation in the Czech Republic and we can send the urn together with all documents by post or by plane anywhere in the world.

If you need a transport of the deceased and other services, you may directly contact the central callcentre of the company for the Czech Republic and abroad:

**Phone:** +420 724 257 899
**Fax:** +420 246 013 924
**Email:** repatriations@pohrebni-auriga.cz
repatriations.auriga@gmail.com

**Helena Vyskočilová**
Head of the International Department

● Bundesverband Deutscher Bestatter e. V. Düsseldorf
● NAFD - National Association of Funeral Directors
● EFFS - European Federation of Funeral Services Wien
● FIAT-IFTA – The World Organisation of Funeral Operatives Hilversum
the medical director in an assistance firm to be, say, a doctor or a nurse, to make any clinical decisions and provide strategic leadership, ‘a medical degree qualification is highly recommended’.

“The decisions that I make on a daily basis are deeply clinical and I can stand behind my medical licensing when making them, as well as through my advanced training with my Certified Independent Medical Examiner (CIME), Advanced Trauma Life Support (ATLS) and over two decades’ experience in the prehospital and hospital space,” Dr Quinn explained. “The insight and expert guidance I give to the team is highly dependent on my clinical acumen and experience, as well as through accepted best practices. So an MD degree or other higher degrees are certainly very helpful. The rest of our clinical advising team are all certified Independent Medical Examiners (IMEs), consultants in their respective fields and contribute greatly to the overall clinical efforts.”

At marm in Turkey, sentiments are similar. Dr Handan Umur, a medical doctor with the assistance provider, told ITIJ: “At least three to five years of field experience to provide healthcare directly to patients is a requirement for our company. In the current healthcare environment, the most effective medical directors combine clinical expertise and credibility with forward-thinking, hands-on management ability. They serve as vital links connecting and addressing the needs of customers, providers, physicians, administrators and other key stakeholders, influencing all aspects of healthcare decision making. It is a demanding but rewarding role, benefiting from solid medical experience, strong leadership skills and resilience.”

There are other non-medical skills that are desirable here too. HTH Worldwide Medical Director Dr Frank Gillingham asserts that the ideal assistance company doctor should be multilingual and have a thorough understanding of ‘cultural, economic and capability differences in healthcare systems around the world’, while Dr Patel explains that an understanding of healthcare systems around the world, along with regional capabilities, helps in making an informed decision on whether appropriate treatment is available locally, or if the member needs to be evacuated.

“We at Aetna International routinely visit hospitals and facilities around the world to enhance our understanding of different healthcare systems and identify regional centres of excellence where our members can expect to receive the best treatments and have a positive clinical outcome,” he said. “By doing this, we can also identify centres that are not abiding by international best practice and, where possible, advise members about alternative facilities.”

In terms of experience, this clearly isn’t a role that you’d want to enter straight from med school. A medical director should have ‘at least 10 years of clinical experience in a specialty such as emergency medicine or intensive care’, said Dr Gillingham, and also have a thorough understanding of aviation medicine. Similarly, for Dr Patel the ideal candidate should have as broad an experience as possible, including emergency medicine and anaesthesiology, along with experience in general medicine and the surgical specialties.

Robin Ingle, Chairman of Ingle International, part of the Ingle Group, which provides travel insurance and emergency assistance services, concurs that emergency experience is important: “Emergency room experience is good, as they will often be required to make decisions with limited information.” He also highlights the value of ‘travel medical experience’, such as knowledge of infectious diseases, air and ground evacuations, and unusual, remote and distant medical treatment.

Continuous development is also useful, Ingle adds: “It’s important to find a medical director who can get additional certification over time. That could include dealing with air evacuation, unusual medical conditions, infectious disease and cardiac issues.”

Today’s medical directors are a new breed of leaders, says Dr Umur, with a widely expanded range of responsibilities and a greater external focus: “These evolving responsibilities include substantial
involvement in strategic issues such as organisational direction, business structure and investment decisions, and operational efficiency. In addition, day-to-day responsibilities generally include clinical performance, quality improvement, provider and patient satisfaction and medical informatics. “A broad and deep understanding of healthcare delivery systems and market dynamics should be paired with a working knowledge of different business disciplines, she agrees: “Medical directors need to keep abreast of regulatory and accreditation standards, the implications of healthcare law, and delivery system trends.” There is another aspect to consider here. A medical director’s knowledge and experience can carry weight when a third-party medical...
provider – not least a local doctor treating the insured – wants to deal with a senior medical practitioner. Ingle said: "Medical professionals have a different level of credibility and can communicate with other healthcare providers, since healthcare is a hierarchical industry. We have had cardiologists and oncologists on staff because they are better at talking to other physicians who are dealing with our patients or insurance." Having the immediate assessment of medical treatment or a medical emergency, he suggested, helps assistance companies to move quickly in urgent cases.

Licensing requirements
Aside from development, is it also necessary to be licensed and continue to practise medicine in a clinical setting in order to maintain skills? For Dr Fuetel, being a licensed doctor is 'an absolute must': "Being a practising physician in my opinion is important to maintaining clinical currency in an environment where changes in healthcare are happening at a rapid pace. This enables you to act from a position of authority when discussing clinical issues with colleagues around the world, and when working in the best interests of the insured."

Dr Gillingham considers medical licensure in the country of jurisdiction 'mandatory'. On whether the medical director should continue to practise, he added: "Active practise [is] ideal unless the assistance physician is diligent about keeping up with the rapidly changing landscape in medicine (technology, role of artificial intelligence, and so forth)."

As an example of this, Dr Quinn said that he maintains a minimum of five clinical shifts per month: "This ensures my clinical relevance and staying up-to-date clinically. Maintaining clinical practice adds value to all decisions made for patients, for leadership and in offering clients the best option at a most challenging time."

The fact that many decisions have to be made quickly is an important factor here, suggested Dr Quinn: "Having a very well-rounded understanding of identifying pre-existing medical conditions, conditions that can have a rapid onset and are not necessarily related to past medical history, and the risk factors that contribute to many pathologies, is very helpful in making emergency decisions. The ability to assess patient needs, best practices and the use of excellent clinical resources is a skill and talent that needs good balance with clinical practice." He added that decisions to move patients are ultimately for the benefit of the patient's condition, and not just 'pressure from the family to get them home' or just to 'save insurers money': "Indeed, having deep experience from both sides of the equation on the evacuation chain and offering best possible decisions to maximise patient outcomes requires a

practising doctor."

At marm, having a medical director who is a licensed doctor is also a 'must rather than a preference', Dr Umur told ITIJ: "Broadly speaking, 21st-Century medical directors need to be financially, politically and clinically savvy. Therefore, being a practising doctor is a preferable competency, which is encouraged for medical directors at our company."

Ingle International also prefers medical directors to be licensed and 'in good standing', said Ingle: "Being licensed usually results in better quality and better recognition for healthcare providers, as well as the possibility of having a strong network of doctors that they can rely on for additional support who are specialists in their fields." However, he stops short of saying that being licensed is a must: "You can be an unlicensed physician as long as you have the required experience, background and knowledge." Physicians can also be non-licensed to practise in the country they are currently in, but licensed in their home country, he suggested, although this may depend on the regulations in the particular country concerned.

Whether a medical director is required to be registered and licensed to practise can come down to whether the regulating body determines that their work involves actually 'practising' medicine. This can be a grey area, as highlighted in a report by a UK medical practitioners tribunal issued in 2016 after a hearing involving an experienced doctor whose work was described as advising travel insurers (the doctor was applying to reregister after registration had lapsed some years earlier, simply due to non-payment of fees).

The report states that an expert witness 'could not cite any published guidance' from the relevant authorities on what you actually need a licence to practise to do. The doctor's lawyer submitted that 'giving medical advice is not defined in law as necessitating registration and/or a licence', and the tribunal chair noted in the report: "Whilst the Medical Act is explicit about what medical activities cannot be carried out by a non-registered doctor, it is not explicit … regarding what medical activities can be undertaken by a non-registered doctor."

There are many ingredients that go together to make a good medical director, but evaluating a case from all sides is the ultimate challenge, concludes Dr Gillingham: "A good assistance physician should be able to consider the needs of all parties (e.g. insurer, member, treating doctor) without compromising patient safety and wellbeing – perhaps the most formidable challenge of the job."
One World. One Call.

One Call Medical Transports is the industry leader and the number one choice for Worldwide Ground Transport Services • Ambulance • Stretcher • Wheelchair • Sedan • Taxi

INT: +1-630-444-2100
US: 866-663-2255
email: ops@ocmt.com
web: www.ocmt.com

A GLOBAL REACH with the personal touch
True health risk management starts with proactive assistance before sending your patient to the ER.

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