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Introduction

Welcome to the ITIJ’s 2015 Assistance & Repatriation Review! Just when you thought travellers’ appetites for venturing to far-flung places couldn’t get any stronger, the last year has shown that it can. Travellers continue to be ever-more adventurous, heading off to remote regions to experience new cultures and live like locals. For insurers and their assistance company partners, such holidays can herald new challenges, whether that is setting up medical networks in unfamiliar areas, or trying to match local culture with international expectations.

Meeting the high expectations that customers have of their insurance policies is just one of the topics investigated in this Review, with a look at how assistance providers are managing to meet – or exceed – customer expectations while at the same time ensuring costs are contained for insurers. It’s not an easy balancing act to maintain, but it’s one of the key tasks in the global travel and health insurance industry, and one that demands special focus. Also under the microscope in this issue is the role of assistance providers in helping to extract and manage cruise ship patients. Elsewhere in the Review, we assess developments in repatriating and managing older and obese patients; we investigate how assistance companies might provide more accurate and up-to-date patient information to air ambulance providers; we discuss the latest methods used to provide security assistance; and we take an in-depth look at providing assistance in Brazil. Details of two recent patient cases also highlight the ability of assistance providers to adapt their itineraries at short notice while maintaining seamless care; and our Profile section contains an insightful interview with Margaret-Mary Wilson, chief medical officer of UnitedHealthcare Global.

We hope you enjoy this issue!

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Margaret-Mary Wilson, chief medical officer and senior vice-president, UnitedHealthcare Global

Introduction
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.
When cruise ship passengers fall seriously ill offshore, global assistance companies are invariably called in to help co-ordinate the movement of patients to a higher level of care, but could the working relationship between cruise line medical departments and assistance providers be improved? Kevin Featherly goes on a voyage of discovery

When a cruise ship passenger is having a medical emergency out in the middle of the Pacific Ocean, an assistance company is often the cruise line’s indispensable partner. Sally van Boheemen is such a fan of the assistance industry concept that after she left her 23-year career as medical operations director at Holland America and Seabourn Cruise Line, she began contracting as an assistance industry consultant. Assistance companies play a key role in the care co-ordination of cruise ship patients, and van Boheemen says there is no way that she could have been as comfortable as a cruise line medical operations director had she not known her patients were being looked after by assistance companies: “Knowing that these guys were there made life so much easier.”

The cruise line-assistance company relationship is a symbiotic one; but as the cruise industry continues expanding routes toward every nook on the globe, it is a relationship that can be fraught with tension. Cruise ship occupancy rates are already high, and more cruise ships come online each year. Consequently, the task of co-ordinating patient care, evacuation and repatriation with assistance companies becomes ever more complex. No cruise line medical operations director is willing to drop a passenger under a strand of palms on a deserted island off the African coast in the hope that an air ambulance will show up soon enough to save the patient. Shipboard physicians and cruise line central-office medical staff consider the patient to be theirs, and they don’t give up their status as attending physicians easily.

The nature of the relationship between cruise lines, assistance companies and their patients was discussed in a panel session at the 2014 International Travel & Health Insurance Conference (ITIC) in Venice. There, representatives from the insurance industry, assistance providers, and cruise lines discussed their challenges – and aired their gripes – related to such issues as bringing offshore patients onshore for higher levels of care, trying to keep families of afflicted passengers informed, and trying to deal with delays both in evacuation co-ordination and pre-existing condition coverage determinations. For a full summary of this panel session, see the ITIC Venice Review, available online at http://itij.com/item/2014-venice-pdf-download.

Exploring this subject further, the Assistance & Repatriation Review contacted several expert sources – from the cruise world and the assistance industry, as well as medical providers – and asked them to explain the challenges they face when working with cruise patients and to recommend ways in which both cruise lines and assistance companies can improve their relationship to make for a smoother and potentially safer patient journey.

Assistance, please?

Steve Williams is director of medical operations for Royal Caribbean Cruises Ltd (RCC), and was one of the panelists at ITIC Vienna. The 40-ship cruise line operation that he works for sails under several banners, including Celebrity Cruises, Pullmantur Cruises and Azamara Club Cruises, and collectively they carried 5.1 million passengers in 2014, up from 3.9 million in 2007. RCC’s ships hold anywhere from 700 to 5,400 passengers each, and as the ships vary in size, so does the size of the onboard medical team. On smaller ships there may be one medical doctor and two nurses, while on larger ships there may be two physicians and three nurses in a dedicated medical centre with an ICU, pharmacy, laboratory and X-ray equipment. As advanced as these medical centres may seem, however, the role of the cruise ship doctor is to stabilise seriously ill patients and evacuate them from the ship into ongoing medical care. Williams estimates that somewhere between 1,700 and 1,800 Royal Caribbean passengers per year need
some sort of emergency medical assistance while aboard a ship. That is far less than one per cent – 0.0003 per cent, to be precise. But when a medical emergency does occur, the support of assistance companies is often invaluable – for both insured and uninsured patients.

Passengers have any number of opportunities to purchase travel and medical assistance assurance before they leave on a cruise vacation, though Williams believes that less than half of Royal Caribbean’s passengers – most of whom are Americans – do so. They can, for instance, buy assistance insurance directly through the cruise line when booking a cruise, insurance that is sold by RCC through Chicago-headquartered carrier Aon. That carrier then subcontracts travel assistance to On Call International. Williams explained: “If one of our (insured) guests is having an emergency and needs to be disembarked from the ship, we’ll open a case with On Call and then they will manage the case, whether it be booking an air ambulance or maybe medical care or organising transfer to a hospital, and then finally getting the patient home.” The On Call arrangement covers a range of services, Williams says, from simple advising over the phone to dispatching and co-ordinating payment to an air ambulance service, or even repatriating remains if a policyholder dies at sea.

But things do not always go so smoothly. Passengers can purchase travel insurance from any number of carriers, each of which subcontracts with assistance companies of their own choosing. Consequently, like any other cruise line, RCC and its central office team of six care co-ordinators might end up working with just about any assistance company. And they are not created equal, Williams says. “There are other (assistance) companies that we deal with that are not very good,” Williams says. “They take a long time either to confirm benefits or to book an air ambulance. And all of these things impact both the care of the patient and the logistics of running a cruise line. So it’s a constant source of concern for us that some of the assistance companies don’t seem to have any sense of urgency.”

Williams recounts a case in 2014 in which an RCC ship steamed to and was subsequently forced to leave a port despite having a patient onboard who was critically ill. The ship arrived at the port on an assistance company’s promise that it would co-ordinate evacuation from the port. “We wanted to put the patient on an air ambulance and the assistance company told us the air ambulance would come,” he says. “We diverted the ship there – but the air ambulance didn’t arrive. The local hospital wouldn’t take the patient. So we ended up having to take the patient out to sea and ultimately the patient died.” That, he says, was an example of an assistance company failing to do its job. Van Boheemen made it through her decades-long career as a cruise line medical operations director without enduring any incident quite so horrific as that one. If anything, she says, she saw similar outcomes, but in the opposite way: “We have had times when we have called the assistance company and they took the time and expense to get an air ambulance to meet us, but by the time we got there the patient had expired,” she recalls. “That is a big cost to the assistance company and the air ambulance. But that [was] not a negative thing of them dropping the ball.” Still, like any other cruise line medical director, she did experience frustrating delays related to getting insurance coverage determinations forwarded via the assistance company.

Also, she recalls a case where a passenger with a history of heart problems was stricken onboard ship by an unrelated ailment. “He sees his cardiologist every two months just to follow up but has not had a cardiac issue in two years, and he was being disembarked for a non-cardiac issue,” van Boheemen says. “The insurance company was fighting, saying this was a pre-existing condition.” Once alerted, van Boheemen contacted the carrier’s assistance company. “We argued for a good 20 minutes,” she says. “Eventually, I got...”
nasty and said, ‘OK, can I have your name, and your doctor’s making this decision? Because I am putting this in the patient’s medical chart that the insurance company refused to help for this reason and this reason, and I just want your name charted’. Well, I got a call 10 minutes later saying they would accept the patient,” she says. “I fought many battles like that.” Naturally, if a patient isn’t covered due to failing to declare a pre-existing condition, the assistance company or insurer has the right to deny responsibility for the patient. The issue of whether assistance companies feel pressured into helping such cruise patients due to the potential alternative of receiving bad publicity is another issue.

The problem with cruise lines

Maria Caceres is the recent former director and co-founder of Seven Corners Assist, a third-party administrator and assistance company. She now works for Seven Corners Inc., the Indiana-based US travel insurance provider that owns and operates the assistance company. Seven Corners Assist performs evacuations, repatriations and medical assistance for afflicted passengers for a variety of cruise lines. One issue that Caceres has had with cruise lines, she says, is insensitivity to the realities of travel insurance – to which assistance companies are beholden. If a patient is not carrying any insurance – a big problem, particularly among Americans who make up the vast bulk of global cruise line passengers – they likely still will be safely transported off ship or removed from a port that lacks care. Where the patient has minimal travel insurance coverage, the assistance company might be authorised to spend $5,000 to ensure that the patient gets admitted to a decent hospital, but after that the patient may wind up bearing the medical and repatriation costs alone. Cruise lines bristle at that, she says. They also tend to underestimate the difficulty of logistics and the costs of retrieving passengers, and they complain when they perceive that assistance companies are cutting corners – even when that is not the case. “People’s tendency is to say, ‘Hey, if this person is sick and needs to go to the nearest medical facility, let’s send a helicopter or air ambulance,” Caceres says. “Well, that’s not sometimes necessary. You can do that also by providing a medical escort on a commercial flight, and that can actually be faster.”

Michael Weinlich, corporate medical director for Germany-based assistance company care coordinators MedCon Team and AA International, sees generally good co-operation between cruise lines and assistance companies. MedCon Team, which unlike many assistance companies works directly for the cruise lines and not insurance carriers, performs both medical assistance and serves as a location database for quality medical care centres at harbours around the world. When problems arise between cruise lines and assistance companies, Weinlich says, most often it is a matter of poor communication. “We sometimes have to find out, for instance, where is the patient?” Weinlich says. “We have seen cases when the patient is being brought by a helicopter from the ship to a hospital, and the ship doesn’t know which hospital actually. Our task is then to find out which hospital.” Part of that is the cruise line’s responsibility, he says. If they carelessly communicate information about a patient, things can go awry quickly. Even a single incorrectly recorded digit in a patient’s phone number can be disastrous. “Suddenly that patient is gone and you can’t find him,” Weinlich says. “So what we get from the hospitals and from the cruise ship has to be very precise. The more information we get, the easier it is to handle the case.”

What to do

Both sides have recommendations for the other in terms of improving relations. Williams offers a detailed, bulleted list of suggested reforms for assistance companies:

• Provide a rapid, 24/7 process by which insurance benefits can be verified and pre-existing conditions reviewed without unduly delaying assistance services.
• Appreciate the time sensitivities related to the ship’s itinerary, especially when the patient is being evacuated directly from the ship to definitive medical care by air ambulance.
• Understand and appreciate that the guest evacuated from a cruise ship remains the ship’s guest until the medical emergency is resolved and the patient arrives safely at home.
• Appreciate the role of cruise lines’ care teams, and be willing to co-ordinate and communicate medical information back to them following patient disembarkation.
• Allow direct access between the cruise line’s corporate medical team and the assistance company’s medical team, to facilitate timely resolution of medical problems and logistics.

Ray Jarris is sympathetic to that. Jarris is the Emergency Department director at Seattle’s Swedish Medical Center, and it is his job to co-ordinate with both cruise lines and assistance companies in the Southeast Alaska region to have patients safely delivered to his facility.

“You certainly don’t want to hand a patient off to someone who doesn’t know what they are doing; I can identify with that strongly,” Jarris says. “I think I can understand that the cruise physician might be very concerned that this is an inappropriate port to disembark this individual because the care is not available.” Jarris points to several things that can improve communication. One is the implementation of digitised shipboard electronic health records systems. These could, at least theoretically, speed up communication...
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with all the necessary parties – the assistance company, the insurer and the patient’s primary care doctor back home – to speed up determinations about pre-existing care coverage and other issues that force delays.

Another would be direct dialogue between the two sides, conversations that might lead to comprehensive plans for all parties to follow. “These are very complex decisions,” Jarris says. “I do think it is inherent on the assistance company that they respect the demands on the treating physician – the cruise ship physician and nurses in all locations – to minimise the number of communications and make sure they contain the needed and pertinent information.”

Caceres acknowledges that cruise lines might have a legitimate issue with assistance companies that sometimes respond slowly. She even thinks it would behove assistance companies to formally set up expectations, protocols and authorisation procedures ahead of time. Seven Corners has already done that, she says. “It’s important that everybody is real with what they can do, and what they are really going to do,” said Caceres.

But she has her own recommendation for the cruise lines. “They need to let go,” she says. “That needs to be said. They need to allow these assistance companies to do their job. We can work with them and update them as we go.”

But cruise lines aren’t willing to give up on their passengers that easily. “We know that’s what they want,” Williams says. “We’re not going to do that. We consider ourselves the advocate for that patient. And we know that if we don’t insist and push and shout and scream, then the guest is not going to get the care that they need.”

Conclusion

Though tensions between assistance companies and cruise ship medical staff are intrinsic, there is little doubt that their relationship is both necessary and symbiotic. There seem to be areas where gulfs can be bridged – improved communications, evacuation protocols and implementation of electronic health records are three solid ideas.

But in one regard at least, friction will remain: assistance companies want cruise line clinicians to let go of their patients and allow the assistance companies greater control; while cruise lines are unwilling to give up their claims on such patients. At least both parties are fighting for the best outcome for the patient. Co-ordinating the best care for the patient and arranging their timely and smooth transfer to a higher level of care is always going to be the ultimate challenge for assistance companies helping those who fall ill at sea, but by continuing the dialogue between cruise lines and assistance providers, and working to the strengths of each, care co-ordination can only improve.”
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For assistance companies, providing the best customer service to policyholders while managing costs in order to protect an insurer’s precious premium income is a challenge not to be underestimated. Tatum Anderson asks how to offer high-quality customer service without it costing the earth?

Travel insurance policyholders pay for reassurance, no matter where they come from and where they are in the world. Amongst other things, they want speedy access to hospitals and medical care when a problem occurs, and speedy reimbursement if they have to pay up on the spot. Insurers pay for reassurance too, so that should the worst occur, their policyholder customers are assisted in an effective and efficient way at a reasonable cost.

And here’s the rub for assistance companies, who are caught between these two rather demanding masters: they must deliver outstanding customer service without spending a fortune. Satisfying the two is especially hard given that customer expectations are already extremely high. They are high because policyholders usually require assistance companies at times of great insecurity and not just because of the medical situation, says Barbara Onoufriou, controller at UK-based Assistance International: “It’s because they are in unfamiliar surroundings and within an environment that has different rules, regulations, language, food, culture and so forth.” Furthermore, if things go wrong, problems are often well-publicised and do not reflect well on insurers. “Travel insurance claims attract a high level of media interest with stories of dissatisfied customers feeling stranded because of a breach in policy conditions,” Onoufriou said. “These do serve to raise awareness about the appropriateness of cover, but potentially also make the role of the assistance professional more complicated, with customers having only an anecdotal understanding of the process.”

Customer demands

But has the level of service expected by policyholders increased in recent years? Some say expectations are stable – particularly in mature markets like the UK – and have not changed dramatically: customers just want a high-quality service. Others say expectations have definitely increased across the board, and the credit crunch may be partly to blame. Customers want far better value for money from all kinds of services, including those delivered by insurance companies. As a result, expectations of levels of service tend to be independent of how much customers have paid for their premiums.

There is evidence that workers abroad are demanding more from their insurance cover, Vladimir Alidis, regional general manager for Asia at assistance company Euro-Center in Thailand, told the Assistance & Repatriation Review. “I would say that the biggest challenge for assistance companies is expatriates who are paying big money for their health insurances and have responsibilities...
for their families,” he said. “So, they are more demanding.”

“delivering great service actually reduces overall cost”

Some will also admit that policyholders from emerging markets, whose numbers are increasing, tend to have higher expectations than those in stable mature markets. Of course, assistance companies must be sensitive to customer expectations from newer markets, particularly when they are cultural. Female Saudi patients, for instance, would not accept treatment from a male doctor, while Russians often demand that assistance companies arrange a house doctor visit because that’s what they are used to at home.

The fact is that managing customer expectations, whether increasing or stable, is extremely challenging. That’s because many patients expect a level of service that is very different from what’s actually available or cost-effective in many areas of the world. Patients of any nationality may, understandably, expect the kind of service that they are used to at home. For an assistance company, this may be unusual for the health system within the country where the customer is currently living or travelling. Scandinavians often ask to arrange a GP visit first before seeing a specialist because that is what happens at home, for example; American patients often demand — in the strongest of terms say some insiders — vitamins and other supplements, despite this not being a customary form of treatment in many countries.

The test of a good assistance company, then, is to manage customers who expect things that they wouldn't generally get at home, says Euro-Center's Alidis. “Quite often, customers become very demanding abroad and do not tolerate something during travel and expatriation that they may readily accept in their home country,” he says. “They might demand a specialist appointment ‘tomorrow’, though they might queue for such an appointment for weeks within the national health service in their home countries.” Assistance companies may also have to deal with unreasonable demands for certain levels of service from policyholders who are less well informed or travelled. For instance, there are plenty of customers who are beginning to travel to more exotic and remote parts of the world, but still expect excellent healthcare on their doorstep. In reality, the nearest centre of medical excellence may be thousands of kilometres away. Similarly, some customers believe that the best medical treatment exists only in their home country. That, say insiders, tends to be the case with many American and Japanese tourists, and to a lesser extent Europeans and those from Singapore. These beliefs exist despite the expansion of quality healthcare facilities around the world, especially in countries such as Thailand, the United Arab Emirates and Saudi Arabia.

And those beliefs have significant implications and costs for assistance companies. If patients will only trust their home medical system, it is likely they will refuse elective treatments or medical investigations abroad, and insist that they be evacuated home at great expense. Worse still, they may complain to insurance companies if they are not taken home. “They might insist on a medevac even when treatment can be done locally and will complain to their insurance company or employer if the assistance company does not consider [this to be the best course of action],” says Alidis. And if there are medical complications after treatment abroad, these can be blamed on the country’s health system, rather than recognising that complications might have occurred anywhere.

Meeting expectations

A contributor told the Assistance & Repatriation Review that one of the greatest challenges for assistance companies is to manage customers who demand a certain level of service but do not realise that they are entitled to much less under their policies. (And conversely, there are many who do not realise how many extra excellent benefits they may have within their policies, such as pre-travel recommendations and security alerts.) But, the fact is that expectations from policyholders have changed: and much of this is related to how quickly they want to be treated, helped and reimbursed.

“Th e nature of expectation has evolved as there is now generally more information readily available to consumers – often at the touch of a button – about services, and indeed about claims that can be pursued,” says Assistance International’s Onoufriou. “Customers now expect communication to be timely and to be in a format they desire, whether that be via telephone or even social media, and the assistance industry must be cognizant of that and ensure claimants remain fully informed as their case develops.”

Though expectations may be higher, assistance companies are keen to say they can cope, especially with increasing demands in emerging markets. “In each country, the existing network of providers acts in compliance with local traditions. The whole network meets this standard with great respect,” said Alberto Curiel, marketing director at Spanish firm MAPFRE Asistencia. “It is not getting harder to meet expectations. [We use] more resources to ensure added services due to organic growth in emerging markets.”

Indeed, many assistance companies are developing more innovative ways to satisfy customer demand for immediacy whilst cutting costs for insurers. One of the key ways they are doing this is by investing in technological solutions that provide immediate access to assistance support, streamlining the assistance process, and providing steering capabilities that help those in need while providing cost savings for insurers.

Some companies offer differentiated products such as high-end concierge services or real-time traveller tracking services, which help customers during unexpected events such as a terrorist attack, transport accident, civil uprising or natural disaster. Of course, if customers want more and 35
more, and quickly, there are bound to be increased costs for assistance companies, and by extension insurers. For a start, assistance companies may be forced to increase call centre staff depending on their volume of business. So, ensuring that call centres can deal with increased volumes without incurring massive costs is extremely important. The theory then is to improve the quality of calls, rather than focusing primarily on the time taken to close calls. Some companies have installed whiz-bang technologies to reroute calls to the same employee, for instance, so callers in distress feel they are getting a consistent service by speaking to the same operator on each call. But technology is not always the answer, whereas the human touch is always vital, say assistance companies.

Also helping to manage customer expectations about the services to which they are entitled under the terms of their policy is staff training. If staff understand the insurance products, they can in turn be trained to educate consumers about the benefits they are entitled to receive. If they can reassure customers as to the quality of care they will receive in country too, this will allay many fears and might help to prevent costly medical evacuations. It’s also helpful to use an in-house medical team within the call centre, says Alidis: “Customers appreciate talking with medical people about their problems,” he said. And to keep costs down further, he recommends that the medical team should follow the case from the very beginning to check treatment cost estimations too. Beyond the call centre, he reckons it is essential to negotiate all discounts with medical providers on a yearly basis and base them on business volume. Crucially, assistance companies should develop their networks to steer patients to good but cheaper providers; but there is always the caveat that medical necessity trumps cost.

Assistance International says the best way for insurance and assistance companies to control costs is to be flexible enough to change with customers’ expectations. That’s why it asks customers about their experiences and then uses this feedback to refine procedures. “Our people review and challenge ours and our suppliers’ processes. We continually identify and implement efficiencies that are not only financially beneficial but also better address customer need,” said Onoufriou. That also means nurturing strong relationships with suppliers so that the assistance company can confidently share with them what it has learned from customer feedback. This helps save money in the long term. “We never consider cost control measures that would be detrimental to the customer experience.”

In the end, it’s up to the assistance company to balance the demands of both insureds and insurers. “If an assistance company is not capable of finding an appropriate balance, it is not reaching its professional targets,” said Euro-Center’s Alidis. So, meeting increasing demands is a challenge that assistance companies are constantly faced with, and one they are constantly devising new ways to tackle. But such challenges rarely come without a price tag – whether enhancing call centres, maintaining provider networks, or developing technological solutions, investment in the assistance offering costs money. The benefits of running an effective assistance company, though, mean that financial outlay is eventually recouped, while travellers are kept safe and happy, and insurers are satisfied that costs are being managed. It’s not an easy balancing act, but it’s one that good assistance companies are adept at.
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Blake Ytrralde of CME reports on a mission that saw a medical escort have to do some fast thinking to reach his patient.

Even though every medical transport is meticulously planned, issues come up from time to time that can mean various elements of the mission deviate from the plan or need to be reorganised – often at the last minute. These unexpected factors, when they do appear, need to be tackled calmly, with flexibility, and while maintaining constant communication with all involved parties. This is the story of one such occurrence.

No through way
During a scheduled transport from Tanzania in Eastern Africa to Texas in the US, an unexpected factor occurred as a result of Mother Nature doing her thing. Two days prior to the medical escort’s arrival in Arusha, Tanzania, there was a heavy downpour of rain high in the mountains near the area of the Serengeti Plains. Little did he know that this weather event would directly affect the transportation of the patient.

The morning following the medical escort’s arrival in Arusha, he was due to be transported by road to the patient’s location as part of a three-hour round trip. The trip began early on a beautiful, sunny morning, and after a brief encounter with an Arusha traffic jam – complete with cars, numerous motorbikes and herded animals including cows, sheep and goats – the highway to Karatu was reached without incident. However, two-thirds of the way to Karatu, after passing miles of lush green farm and pastureland dotted with numerous Masai Village homesteads, the driver received a cell phone call notifying him that the one and only bridge to Karatu had been washed away. The driver and medical escort immediately turned back to Arusha and contact was made with CME regarding this unexpected factor. The driver mentioned that there was a small commuter airport near Arusha.
Blake Yturralde founded Commercial Medical Escorts, Inc. (CME) in 2006 after years of critical care air ambulance and medical escort experience. He oversees the daily operations of CME and works directly with clients regarding new and existing contracts and logistical planning.

and contacted his company to enquire about the availability of their services to meet our transport needs to reach Karatu. As it turned out, these needs could be met, and so during the return journey to Arusha, the necessary arrangements were made and confirmation was received for the medical escort’s return flight via the small commuter line to collect the patient. The driver diverted directly to the small Arusha airstrip and the escort was able to quickly obtain a boarding pass for the next flight to Lake Manyara Airport, approximately 35 to 40 minutes from the medical clinic where the patient was being treated for severe bilateral bacterial pneumonia.

The patient
The patient was to be transported with supplemental oxygen via a POC (Portable Oxygen Concentrator); nebulizer with Albuterol for inhalation therapy as needed; oral medications including the continuation of antibiotics; continuous monitoring of vital signs and oxygen saturation via pulse oximetry; with wheelchair transfers at all points.

Where there’s a will...
After a short flight via a twin-engine prop plane, the medical escort arrived at Lake Manyara Airport and was met by a waiting driver. On the drive to the clinic, there were several areas where it was clear that the flood waters had just receded. Many of the streets were mud-covered and there was very little traffic. Shortly after arrival at the clinic, the escort made an assessment of the patient — who was confirmed as stable to fly with a critical care registered nurse escort — and the journey back to the airport began. The patient’s spouse was present as they were both on a planned Safari to the Serengeti with a larger group. They arrived around 10 to 15 minutes before the scheduled departure back to Arusha. The patient’s baggage was quickly stored and secured, together with the medical equipment for the return flight, and the flight departed without delay. During the journey, it was again clear to see the areas affected by the recent floods due to the heavy rain, with homes and roads having been washed away.

On safe arrival back at the Arusha Airport, the medical escort, patient and spouse made their way, using the same road transport company, back to a hotel for an overnight stay prior to the early morning flight back to Texas the next day, as per the original itinerary. The patient, spouse and nurse were driven — in a pre-arranged private hire vehicle, a Town Car, awaiting our arrival in Texas — from the arrival airport to their residence. The medical escort assisted with the setup of their oxygen concentrator and gave instructions to both the patient and her spouse for its continued use. The patient had a previously scheduled appointment with her doctor on the following day and she needed to have oxygen during the night. That was the conclusion of a successful transport. The issue of the unexpected factor was handled calmly and without any delay in the remainder of the patient’s itinerary. In summary, even the best laid plans could be subject to unexpected factors that alter the course of a mission — if only briefly. One has to remember to exercise calm and proceed with due diligence, communicating the proper information so that a successful alternative can be reached. This action is vital when the goal is to successfully complete patient transports.

Author
Blake Yturralde founded Commercial Medical Escorts, Inc. (CME) in 2006 after years of critical care air ambulance and medical escort experience. He oversees the daily operations of Commercial Medical Escorts, Inc. and works directly with clients regarding new and existing contracts and logistical planning. In conjunction with the chief operations officer, he plans and implements the policies and procedures, while ensuring the highest level of customer service and patient care is being practiced.
Assistance companies tell David Kernek about the challenges posed by the growing number of elderly and obese they are handling in emergency missions

What a drag it is, wrote Mick Jagger and Keith Richards way back in 1965, growing old. But, as Mother’s Little Helper goes on, things are different today: instead of vegetating and dosing themselves on tranquillisers – which is what the then very young Rolling Stones were singing about – the post-WW2 baby boomer generation in Western countries is raging against the dying of the light by travelling.

They are doing so in increasing numbers, and not only for traditional, relatively low-risk, beach and hotel vacations. Many are following intrepidly in the footsteps of their backpacking offspring. Peru, Morocco’s Atlas Mountains, Tanzania, Thailand and Central Asia’s Silk Road are some of the destinations for trekking holidays recommended by the Silversurfers website in the UK. In the US, the ElderTrav website is an information resource for seniors seeking ‘alternative vacations’ and adventure travel throughout the world – from Antarctica and the Amazon to Zambia and Zaire.

Fuelled by medical advances, along with employment shifts that have meant early retirement and redundancy for workers in their late 50s and early 60s – and the seductive proposition that 65 is the new 45 – it’s been a phenomenon that could not have been anticipated by the assistance industry. Put another significant development – soaring rates of obesity, with more than 1.9 billion adults worldwide overweight, of whom 600 million were rated obese by the World Health Organisation in 2014 – into the equation, and the industry has a major paradigm change on its hands.

Age is just a number

Alejandro D. Sanchis, general manager at Assist Card in the US, says the number of older travellers has risen in line with demographic changes: “It has increased exponentially in the last two decades. As we know, people are leading longer, healthier, and more active lives. During the 1930s in the US, the elderly population accounted for 5.4 per cent of the total, which was equal to approximately seven million. Between 2000 and 2010, the 45-to-64 age group population grew from 31.5 per cent to 31.5 million, and now makes up 26.4 per cent of the total population.” He went on to say that according to the US Travel Association, the average age of leisure travellers is 47.5 years old. “Mature travellers comprise 36 per cent of leisure travel volume, of which 18 per cent are 65 or over, 18 per cent are between 55 and 64, almost two-in-ten are 45 to 55, 17 per cent are 35 to 44, 20 per cent are 25 to 34, while the remaining eight per cent are...”
“Having an evacuation cancelled with the plane waiting at the tarmac and a patient too large to get into a Learjet plane with a regular loading door can be a very painful and expensive mistake”

in the 18-to-24 range. By 2030, one in every five will be over the age of 65, so the number of mature travellers will continue to grow.”

Silver travelling, he says, is a global phenomenon, but in Sanchis’ experience, the US is a leading country as far as mature travellers are concerned. “[And] there has been a surge in companies dedicated to their needs,” he said, “such as the cruise industry, which offers discounts to seniors, reduced rates for older single travellers, retired group travel, and specialised itineraries.”

There are other important source markets for older travellers, though. Radmila Sarkisyan, project manager, development and co-operation worldwide at the AP Assistance group in Moscow, told the Assistance & Repatriation Review: “The 60-plus age population is expected to reach 1.3 billion people by 2030, rising from 11 per cent of the global population in 2010 to 16 per cent in 2030. This phenomenon is more relevant in the fast-ageing societies of Europe, North America, and in some Asian countries.” Looking at these facts, Sarkisyan says they suggest that Europe shows the highest potential as a source of senior travellers due to the volume of its elderly population and increasing travel among its population in general. “Senior tourism is likely to continue increasing, with life expectancy and health-related quality of life being the major factors underlying demographic change,” she said.

The number of cases handled by Global Assistance and Healthcare in Indonesia involving both elderly and obese travellers is growing, confirmed Dr Madan M. Vasandani, the company’s medical director, operations and clinics. “To what extent I am not sure, but yes, it is on the increase, especially among male travellers. Most of the male travellers we evacuate are overweight. In terms of older travellers, Dr Vasandani points to the Netherlands and France as countries from which more elderly people are travelling. And the obese? “From all over the Western world,” he says. Indeed, with worldwide obesity having more than doubled since 1980, says Radmila Sarkisyan, it is no surprise that she reports seeing a particular increase in the number of obese travellers from the US, China, India, Mexico and Russia.

Others highlight the well-documented problem of obesity in the US. As David Rivelis, senior vice-president of Active Care management in Canada, told the Assistance & Repatriation Review: “Outbound travellers from North America generally struggle with obesity more than other nations and it is something that has continued to increase over the last decade.”

Size matters

Alejandro Sanchis pulls no punches on obesity, echoing the emphasis placed on the US by Rivelis: “It is an epidemic in America; more than one-third of Americans are obese, and the problem costs the country $147 billion annually in medical costs, according to the Centers for Disease Control and Prevention.”

Problems for obese American travellers start not when they reach their vacation destination, but when they book their flights, he explains. “Due to an increasing number of complaints by smaller passengers who feel that heavier passengers have impinged on their space, many airlines have instituted strict obesity policies. Most airlines, such as United and Southwest, define an obese person as someone who does not fit into a single seat with both armrests down.” In general, airlines such as American try to accommodate passengers who do not fit into a single seat by re-arranging seating to provide a second seat. However, said Sanchis, ‘if the plane is full, they might be required to wait until the next available flight and pay full fare for a second seat’. Southwest requires obese passengers to buy a second seat in advance, but provides a refund if the plane is not full. In Canada, the One-Person-One-Fare policy prevents domestic airlines charging extra for a medically necessary second seat. Obesity falls into this category, but documentation from a physician is required.”

Travelling while obese, Sanchis adds, can be stressful, and there are inherent risks. “People with obesity have much more risk of circulatory and metabolic diseases, so there will be more risks of a heart attack in older and obese travellers.” As such, assistance providers are mindful of the health risks posed by such insureds. “Both obese and older travellers are associated with higher risks and pre-existing medical conditions such as cardiovascular diseases – mainly heart disease and stroke – diabetes, and musculoskeletal disorders, especially osteoarthritis, a highly disabling degenerative disease of the joints,” said Sarkisyan.

The main challenges posed by obese passengers >>
for assistance providers, agrees David Rivelis, come from co-morbidities. "Generally, obese patients have additional health problems that cause complications and mean length-of-stays are increased as a consequence. From a Canadian perspective, insurers often work to mitigate losses by repatriating clients back to Canada. [However,] waiting times to receive fitness to travel reports are often increased due to these patients' medical complications, and an increase in claims severity is the result."

One complication brought by obese patients is that CT, MRI, and X-ray (machines) have table weight limits that cannot be exceeded, pointed out Sarkisyan. “Assistance companies should consider all these details when arranging medical care and transportation for obese people.”

Like with obese patients, assistance missions for elderly travellers also usually take longer to organise due to health complications prolonging hospitalisations. “But on the other hand, older travellers take more preventive care before travelling,” said Sanchis, “and are more careful about what they do when they are abroad, so accidents are less likely to occur.”

Obese patients present practical difficulties for air ambulance crews too. Not only might they need to be transported by a specially adapted and reinforced road ambulance to the airport, they need longer and wider stretchers and more space within an air ambulance. “The patient’s weight might make it difficult to carry them on to the airplane,” added Dr Vasandani, “Stronger individuals are needed, to carry obese patients because sometimes female nurses are unable to help; and there can be a difficulty when inserting IV lines.”

An important factor to be considered by assistance companies and providers when obesity is a factor is the weight and size of the patient, then. “Having an evacuation cancelled with the plane waiting at the tarmac and a patient too large to get into a Learjet plane with a regular loading door can be a very painful and expensive mistake,” said Sanchis.

Help is at hand

What should the industry be doing to cope with the increasing number of patients who are elderly and/or obese? “From an assistance perspective,” said Rivelis, “it needs to find ways to keep clients out of the ER through telephonic triage.

Ensuring provider networks have the capability to assist obese patients saves time and money, and provides a better customer experience in the long run.” He says more insurance applications need to elicit details of Body Mass Index and height-to-weight ratios. “This would allow for more appropriate premiums to be charged for the commensurate risk. While slow to take shape, I believe the travel insurance industry will move in this direction more rapidly.”

Sanchis, meanwhile, believes the biggest challenge is the consumer’s understanding of the terms and conditions for pre-existing conditions on the cover and services being bought. “The limits of policies are factors that from the consumer’s point of view play a big role, [especially] where an older traveller with pre-existing conditions purchases a service with very low coverage.” But he believes the assistance sector is meeting the changing and specific needs of travellers, be they old and/or obese. “The [travel] industry continues to adapt by providing services to senior citizens in collaboration with [assistance] providers who are also facing the challenges of an older population.” New alternatives for additional and better products, targeted to meet these challenges, are always being sought by the insurance and assistance industry.

“We’re looking into the revision of pre-existing conditions,” said Sanchis, “training our staff on the ever-changing needs of older travellers and making sure our service provider network has the ability to cater properly to their needs.”
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Providing assistance in Brazil is never without its challenges, but being the destination for some of the world’s biggest sporting events has put it top of assistance providers’ list of priorities recently. Mandy Langfield gets the low-down on what to expect when managing customers and clients in this vast South American country.

The World Travel & Tourism Council’s (WTTC) 2014 report on Brazil found that the direct contribution made to GDP by travel and tourism services was R$166.1 billion (R$100=€31) – 3.4 per cent of GDP, with forecast annual growth of around three per cent. Over three million people are employed by the sector – a figure also forecast by the WTTC to increase in the coming years. Leisure travel spending generated R$252.4 billion in 2013, while business travel spending reached R$42.1 billion. With spending on both leisure and business travel predicted to increase by between three and four per cent in the coming years, it’s safe to say that Brazil’s economy is somewhat dependent on a successful tourism offering. Events such as the Rio Carnival bring a spike in visitors each year, and global sporting events have added to the country’s ability to attract ever more tourists.

Visitor vibrancy
That success was demonstrated in 2014 with the FIFA World Cup, which drew over one million international tourists to the country, while around three million Brazilians travelled around their home nation during the event. With the Olympic Games coming up next year, the country has another opportunity to show the world what a fantastic holiday destination it is. Indeed, between 2010 and 2014, Brazil welcomed 5,677,000 international visitors, and visitor numbers will no doubt continue to rise year on year, with the United Nations World Tourism Organisation noting that growth in arrivals to South America in 2014 grew at double the rate of 2013, and well above the global average.

Incoming tourists arrive from all around the world, with statistics from the country’s Ministry of Tourism showing that Argentina is its top source market, followed by the US, Germany, Uruguay, Chile, Paraguay, Italy, and France, with Spain and Portugal completing the list of the top 10. Looking at where leisure tourists go, the most popular destinations are recognised as Rio de Janeiro, Foz do Iguazu, Salvador, Brasilia and Puerto Alegre, while for business travellers Rio and São Paulo are the primary destinations. The wide variety of regions, cities, small towns and beach resorts on offer to tourists demonstrate the need

more than 43,800 people are killed in road accidents in Brazil every year – they are a leading cause of death, injury and hospitalisation in the country.
Concerns
Examining the nature of risk to travellers - both leisure and business - in Brazil, the US State Department, UK Foreign and Commonwealth Office (FCO) and Australian Smartraveller websites all note the potential for outbreaks of political unrest, as well as high levels of ‘serious and violent crime’. Demonstrations and political strikes are common in Brazil, and carry with them some level of risk for tourists who might accidentally become caught up in such an event. Such political demonstrations were high on the agenda before the World Cup, due to the way in which money had been spent on the country’s infrastructure to ready it for the influx of visitors.

Furthermore, the World Health Organization’s Global status report on road safety, published in 2013, estimated that more than 43,800 people are killed in road accidents in Brazil every year – they are a leading cause of death, injury and hospitalisation in the country. The Australian government notes: “Driving in Brazil is hazardous due to aggressive driving habits, poorly maintained roads and large numbers of trucks and other slow vehicles on main routes. Stop lights are often not obeyed at night in Brazil’s larger cities.” Brazil has a zero tolerance policy on drink driving, and any tourist caught driving under the influence will ‘probably be prosecuted’, according to the UK FCO. For travel insurers with exclusions relating to excessive alcohol consumption, this is worth noting as where policy wording stipulates that an ‘excessive’ amount of alcohol is based on the drink drive limit of the country where the traveller is staying, travellers whose blood shows any alcohol content at all could find themselves without coverage. In Rio de Janeiro, though, stopping at red lights could be more dangerous than not stopping, due to the problem of carjackings and holdups, which occur with relative frequency, according to the US State Department.

Health maintenance
Maintaining the health of travellers while they are in Brazil can also flag up significant challenges for travel insurers and assistance providers. Pre-travel advice should certainly include a yellow fever vaccination recommendation, with the WHO listing Brazil as being one of the countries where the disease continues to be endemic. The latest warning from the UK’s National Travel Health Network and Centre (NaTHaC) noted that three new cases had been reported in 2015, and that ‘vaccination is the most important preventative measure against yellow fever’. Vaccination is recommended for travellers heading to the states of Amapa, Para and Goias in particular.

Dengue fever, West Nile virus, diphtheria, hepatitis A, rabies, tetanus, tuberculosis, typhoid and malaria were also detailed in NaTHaC’s most recent report on Brazil. Tourists were told in no uncertain terms to practice bite avoidance measures, by using DEET mosquito repellent and wearing long clothes. The Pan-American Health organization notes that different regions have different medical risks. Dengue fever and rabies are endemic in many parts of the country, while malaria is largely confined to the Amazon region.”
Health Organisation announced that between January and March 2015, 22,101 cases of dengue fever, including 52 deaths, had been reported, with cases increasing ‘dramatically’ over 2014. Acre, Sao Paolo and Goias are the states most affected by the increase, according to the Brazilian Ministry of Health.

Robin Ingle, chairman of Canadian assistance firm Intrepid 24/7, said the company commonly receives medical assistance claims from travellers in Brazil who have caught a mosquito-borne disease such as dengue, malaria or chikungunya. Intrepid 24/7’s traveller app, Travel Navigator, encourages policyholders to obtain necessary vaccinations prior to their trip.

Dr Robert Quigley, regional medical director and senior vice-president of medical assistance for International SOS, noted: “Travellers – and those in charge of their health and safety – often underestimate the sheer size and scope of Brazil. Different regions have different medical risks. Dengue fever and rabies are endemic in many parts of the country, while malaria is largely confined to the Amazon region.” Quigley emphasised the importance of travellers getting vaccinations prior to their trip, and also recommended that travellers pack an ample supply of prescription and routine medications in their original packaging and place it in carry-on luggage, with copies of the prescription. Some prescription drugs can be hard to access in Brazil, he warned.

It’s not just flying beasts that pose a risk of infection to travellers, although they are perhaps a common cause of claims. There are, in fact, all manner of animals that pose a danger to tourists in Brazil – not least of which is the Brazilian Wandering Spider. Thankfully, while it is recognised as the world’s most venomous spider (Guinness Book of Records), studies have suggested that in many cases the spider will only inject a small amount of venom when it bites, and sometimes none at all. There is also an effective antivenom available. Poisonous frogs, piranhas, and snakes are other animals that tourists could encounter in their travels through Brazil, depending on the nature of their holiday. Altitude sickness is a risk for travellers heading to certain areas of the country, although it is difficult to predict an individual’s level of susceptibility to the problem prior to travel, according to the US Centers for Disease Control and Prevention (CDC). “Determining an itinerary that will avoid any occurrence of altitude illness is difficult because of variations in individual susceptibility, as well as in starting points and terrain. The goal for the traveller may not be to avoid all symptoms of altitude illness but to ensure that any illness remains mild,” the CDC concluded.

The safety of drinking water is also an issue, with different water sources posing specific risks. Altitude sickness is a risk for travellers heading to certain areas of the country, although it is difficult to predict an individual’s level of susceptibility to the problem prior to travel, according to the US Centers for Disease Control and Prevention (CDC). “Determining an itinerary that will avoid any occurrence of altitude illness is difficult because of variations in individual susceptibility, as well as in starting points and terrain. The goal for the traveller may not be to avoid all symptoms of altitude illness but to ensure that any illness remains mild,” the CDC concluded.

Theft in Brazil is also a concern, with Intrepid 24/7 encouraging tourists to exercise caution if they feel that they have to go there in order to get a feeling of the ‘true Brazil’.

Yates of UnitedHealthcare Global noted that security is a major concern of the company, whether it is for athletes, leisure travellers or expats. Bullet-proof vehicles are used to transport executives in Rio, she said, to ensure the safety of high-net-worth insureds.

While the murder rate in Brazil has fallen, the rate of street crime has increased, according to the Rio Public Security Secretariat, which states that street robbery had increased by 18.5 per cent in December last year compared to December 2013. The number of mobile phone thefts increased by nearly 75 per cent in the same period.

Jina Park, research and product manager for Intrepid 24/7, said that while tourists make up a small number of express kidnapping victims, the perpetrators are more at risk of express/robberies/muggings, which happen in a matter of seconds. Park explained: “A small group of three to five assailants overwhelm the victim(s), grab their possessions and flee. These occur mostly in the streets that connect crowded avenues, where the victim or group is more easily isolated. Thieves either go unnoticed until the victim searches for their belongings, or happen in a ‘snatch and run’ style.”

Security under scrutiny

Security, though, seems to be the main concern of assistance companies with clients travelling to Brazil. Mugging, armed robbery, express kidnapping and sexual assault are all considered significant risks by the UK, US and Australian governments. Says the Australian Smartraveller website: “Petty crime such as pickpocketing and bag snatching is common, including by thieves on motorcycles. Thieves operate in outdoor markets, in hotels and on and around public transport. Tourists should avoid these areas, even with a well-organised tour group, and especially at night.”

The favelas that surround Rio de Janeiro are themselves a tourist attraction, with companies offering tours of the slums, and some websites offering room rental in the favelas – tourists are encouraged to exercise caution if they feel that they have to go there in order to get a feeling of the ‘true Brazil’.

Medical matters

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government states: “The standard of private medical facilities in large cities such as Brasília, São Paulo, Campinas, Rio de Janeiro and Curitiba is comparable to Australia. Other large cities in Brazil also have small private hospitals providing adequate services.” Facilities become more limited the further a traveller goes into Brazil’s hinterland, and obtaining quality care in remote regions can involve significant payment to the facility before treatment will start. Some doctors will expect cash payments, which could leave a traveller out of pocket. Evacuation to a higher level of care will nearly always be necessary for travellers injured or ill in the more remote regions of Brazil. Said Robin Ingle of Intrepid 24/7: “The quality of hospitals isn’t an issue in Rio as long you choose wisely – the leading private hospitals have world-class quality standards. The quality of public facilities is more inconsistent, and they’re often saturated with patients, with frequent delays in service and lacking the quality of care to handle international patients.” Overcharging, he warned, can be a problem in private hospitals, and should be looked for when auditing bills from such facilities. “They also request payment up front,” he added, “or, if an agreement is in place, a guarantee of payment before admitting the patient.” Furthermore, language barriers can be an issue for Western travellers, for while many doctors in large cities will be able to communicate in English, again, the farther away a traveller ventures, the less likely it is that they will be able to find an English-speaking physician.

In cities, travellers have a wealth of treatment options, though. There are nearly 40 hospitals accredited by Joint Commission International, and São Paulo boasts the world-renowned Hospital Israelita Albert Einstein, which was the world’s first facility to receive JCI accreditation. Other private facilities carry accreditation from the Instituto Qualisa de Gestão (Health Services Accreditation). As Scott Rosen, CEO of MDabroad, told the Assistance & Repatriation Review: “Brazil is regarded as one of the major hubs of quality medical care in South America. Hospitals such as Albert Einstein and Sirio Libanese are renowned not only for quality care, but also for their achievements in the academic arenas of medicine, development of modern medical techniques and training programme. In the major cities such as Rio de Janeiro and São Paulo, a sophisticated medical insurance industry and large middle class support the ongoing growth of a strong private healthcare delivery model. While locals may enjoy the benefits of quality care, international insurers do typically face challenges in accessing the system.” For international payers, access to the Brazilian private medicine sector has been and remains a challenge, Rosen continued, with substantial obstacles posed primarily by the prevailing business environment and, to a lesser extent, how hospitals decide to manage the international patient segment. He added: “It is far more common than not for major insurance carriers with a broad global presence and brand recognition to contract out their network functions and administrative and/or clinical case management to smaller local companies. As private institutions that run efficiently and at a profit, the policies
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“Payers should be conscious of inevitable issues that will likely affect their ability to manage expectations”

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There are other options, however. According to expat website AngloInfo, for expatriate workers in Brazil, foreign residents are entitled to free healthcare at public facilities by producing a Brazilian ID card and an SUS (Sistema Unico de Saude – unified health system) card. For travellers with minor illnesses or injuries, they may wish to consider going to a Pronto Socorro, which is a facility that treats walk-in patients and offers a full range of treatments and services at minimal or no cost to international visitors. Pharmacists, too, offer an alternative to the ER if a traveller just needs straightforward help, as pharmacies in Brazil are capable of prescribing certain treatments, and certain painkillers may be sold without prescription. Where care needs to be paid for, there are potential complications to bear in mind, though. According to Rosen of MDabroad: “Payers should be conscious of inevitable issues that will likely affect their ability to manage expectations. For example, banking, currency and payment to hospitals pose a considerable issue. An intrusive central bank function and unstable currency values may cause delays in getting funds to hospitals for good faith payments and accuracy of payment may be affected by volatile currency rates that may take significant swings within relatively short timeframes. Local companies can pay in local currency, shifting that burden of this risk to an in-country representative, albeit, at a price.” Payers are currently enjoying lower costs in Brazil thanks to currency devaluation of nearly 200 per cent in the last two years. “However,” said Rosen, “hospitals will readjust prices at some point, if they have not already, and have strategies in place. Policies will loosen up as well concerning international patients as they will represent a chance to collect money in US dollars in their overseas bank accounts. All of this now opens up a new point of leverage for payers, especially pertaining to professional fees.”

Getting to a hospital in the first instance is not without issue either. Yates of UnitedHealthcare Global noted that traffic in Rio can be so bad that patients being transferred from one hospital to another by road ambulance risk being caught in a traffic jam, which could result in lengthy delays to treatment starting, so international assistance providers should be ready to have their patients transferred by helicopter in and around Rio de Janeiro, and other major cities such as São Paulo.

Advance warning

Pre-travel advice is essential for optimal risk management. By educating visitors to Brazil about how best to try to keep their trip hassle-free, and what to do if the worst happens, assistance providers are paving the way for fewer and lower costs and more satisfied customers. As Dr. Quigley of International SOS told the Assistance & Repatriation Review: “A little pre-planning goes a long way in making sure an assignment is a success or a vacation is enjoyable. And as the Olympics approach, there’s no time like the present for travellers, or organisations who will be sending staff and VIPs, to start thinking about what they will need before and during travel.”

The same can be said for travel insurers, who are advised to establish links with local partners to help ensure smooth patient handling in the country. Said Robin Ingle: “[Brazil] is vast, and the healthcare system is complicated, which is why it’s important to work with a local agent and travel insurance company that specialises in international and high-risk travel.”
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Travellers who are older and overweight are heading to off-the-beaten-track destinations in ever growing numbers. How does UnitedHealthcare Global respond to such changes in travellers’ profiles and requirements? By tackling healthcare insecurity. This warrants eliminating the concern and potential psychological impact of worrying about healthcare access, quality and availability. For many of us, young and old, travel is an important part of wellbeing, but fear of travel, caused by healthcare insecurity, is limiting opportunities for older people and people with chronic disease. We need to change the global care model, moving away from one focused almost exclusively on the care of episodic acute illness. Relatively few people experience severe acute illness during travel, but many experience healthcare insecurity. Good primary care, preventive care and continuity of care are critical to the care of the older adult, regardless of location or destination. So we are working to build a seamless care model that bridges gaps and supports travellers with the same preventive and primary care that they receive in their home country. That means efficient transfer of information between healthcare providers in country of origin and destination; it demands a pool of providers for basic healthcare needs, and it means moving beyond the transactional aspects of assistance, where we already have a reputation for excellence, into high-quality, high-touch clinical solutions to provide continuity of care that...
travellers with chronic disease can access easily, anywhere in the world.

Cost containment is one of the most important roles an assistance company can offer a travel insurer. What does UnitedHealthcare Global do to ensure that costs are minimised where possible? Do you have different approaches for expats and travel insurance clients?

Evidence-based analysis is a powerful cost containment tool. It facilitates delivery of the right care, at the right time, in the right setting. The assumption that the most extravagant solution is the best solution is flawed. A huge, shiny hospital doesn’t guarantee best quality. We use clinical outcomes and evidence-based medicine to drive high-quality and cost-effective care.

High-quality care is most appropriate to the needs of the patient. Medically unnecessary care is not good care and it drives up costs. In the US, where healthcare costs have reached approximately $3 trillion, one third of care is unnecessary. In our hospitals, for every 10 people receiving treatment, four or five risk getting care they don’t need. These are issues that transcend borders. By implementing robust evidence-based guidelines, we ensure that the care delivered is the care that is required. It creates the best of both worlds, where care remains 100-per-cent patient focused but costs are contained. At UnitedHealthcare Global, we are improving efficiency through real-time communication with our providers, which means we can address concerns immediately.

Constant monitoring of utilisation also quickly identifies gaps in provider practice, so we can work collaboratively to improve processes for providers and insurers.

For expatriates, risk assessment and population disease profiling enable customised risk containment strategies. In Brazil, we helped cap employee health plan claims from procedures associated with cardiovascular diseases by mapping disease profiles and providing support and education for patients at risk. Annual medical costs from admissions generated by cardiovascular diseases fell by 28 per cent over three consecutive years and the admissions were lower in complexity, implying better outcomes for patients.

Provider networks are key to successful assistance propositions, and UnitedHealthcare Global has been busy building its large network, which includes the recent acquisition of Amil in Brazil. What are the main benefits of owning your own clinics?

Through Amil, we own hospitals and clinics, but it is less about ‘bricks and mortar’ and more about the ability to deliver a comprehensive care model. With this in place, we can implement highly controlled, standardised and streamlined medical management processes. For our customers, that means raising standards of care and reducing the potential for unwarranted variation in care. Ownership also facilitates innovation and enables dynamic interventions, from concept to implementation, in a way difficult to achieve in a third-party environment.

We are living in a risk-filled world, where political uncertainty and the rise of extremism means travellers are finding themselves in less secure destinations. What kind of pre-trip advice do you offer your clients to ensure their safety and security while they are overseas, especially for expat clients?

Pre-trip preparation is vital and medical preparedness is the foundation. We advise travellers what to expect, and what not to expect, so they travel with the information, vaccinations, medications and knowledge they need. One of our global strengths is our Global Risk business, through which we provide integrated, tailored support – from airline safety assessments pre-trip, to the provision of secure ground transportation or even defensive or evasive driver training for expatriates on the ground. Crucially, we also provide real-time intelligence and outbound communications to travellers and expatriates, enabling both an avoidance and reactive response to risk.

In today’s world, wellbeing goes beyond just medical care and insurance. It has to be augmented by the type of capabilities we have brought under one roof at UnitedHealthcare Global. The success of what we do is derived from the integration of these capabilities, closing gaps in care, service and coverage, and ultimately improving outcomes in terms of health, wellbeing and productivity.

How does UnitedHealthcare Global use medical evidence to modify its assistance offering, either in terms of benefits/exclusions, or in terms of the staff you employ to deal with calls for help?

Our entire care management model is evidence-based. At any point in time, and at every point of care, we use a single international evidence-based clinical decision support resource to optimise decision making by our clinical team across the continuum of care. Our call responses, triage decisions and care management strategies are all driven by evidence-based medicine.

What do you think are the biggest challenges for assistance providers today?

Redefining the care model. Whether it’s retirees travelling to warmer climates or multinational organisations travelling to new growth markets of the world, the challenge for assistance providers today is the ability to provide proactive, prevention-focused, evidence-based, seamless healthcare, everywhere across the globe.

“Pre-trip preparation is vital and medical preparedness is the foundation”
CASE STUDY

BUMA – Beijing Universal Medical Assistance Co. Ltd – reports on a case that required careful medical management to ensure the patient was appropriately treated and evacuated to a higher level of care.

The client, Mr Deng, was a Chinese national working in Beijing who, when off duty, is an enthusiastic traveller who enjoys heading off the beaten track. Last July, he was visiting Shiqu County in the Garze Tibetan Autonomous Prefecture, part of the Sichuan province in southwest China. Sichuan is the third-largest and fourth most populous province in China, and Shiqu County is located in the western region of the Sichuan province. The terrain is mainly covered by grasslands, and is in a high-altitude region located on average around 4,000m above sea level. The population is largely ethnic Tibetan and herdsmen.

While taking a photograph of the great grasslands from the second floor corridor of the two-story house in which he was staying – which was around eight to nine meters high, with no railing – Deng accidentally slipped and fell down to the stony ground below.

Finding the best care

Upon impact with the ground, Deng immediately suffered severe back pain and had difficulty moving. People from elsewhere in the house heard the accident happen and came to assist; they could see no other injuries or bleeding, and Deng confirmed that he could not feel any injuries on any other parts of his body. A road ambulance was called to transfer him to the county’s main hospital, Shiqu People’s Hospital. It took twenty minutes to reach the emergency department.

Physicians at Shiqu Hospital conducted a series of examinations, which included an X-ray and blood tests to diagnose Deng’s condition. As a result, his injury was diagnosed as lumbar vertebral compression fractures (T1 and T2).

Because of the seriousness of the condition and the limited treatment options available at the hospital, the physicians advised Deng to go to Xining, the capital of nearby Qinghai province and the largest city on the Tibetan Plateau, to seek further medical treatment. At this point, Deng contacted his family doctors for international operations. Fred has more than 15 years of operation management and services experience, including emergency assistance. Fred previously worked at AIG/AIU and SWIFT. Fred received an MBA from Columbia University.

Buma doctors were involved throughout the case and kept in contact with Deng and the various physicians involved throughout the process. BUMA also arranged a Guarantee of Payment to the hospital for the surgery, and organised the patient’s aftercare and rehabilitation. Just over five weeks later, Deng was discharged from the hospital having made a full recovery.

This case shows the value and importance of local knowledge, especially when it comes to accessing a hospital network that fits the needs of the patient.

Author

Fred Yoo, senior manager at China HealthCare, works as an advisor to Beijing Universal Medical Assistance (BUMA) for international operations.
Medical related services
Following the very rapid growth of the assistance branch in recent years it has become almost obligatory for insurance companies involved in medical travel or other international cover to provide on-the-spot foreign assistance as part of the package. It is our task to form or join an international network to provide these services. At competitive cost levels, all assistance cases can be attended by skilled personnel, manned on a 24-hour basis. We are prepared for dealing with all types of local emergencies, service needs and financial requirements.

Travel related services
Today millions people travel round the world, for pleasure, business, adventure, science research and development. These asssimilate accident, illness, lost documents, car breakdown etc. We find the solution for the problem.

Service package

Technical Assistance
For an insurance company new to the field of assistance, IFRA Assitance can provide a complete product including the network, at home and abroad. The client company is thus able to maintain its competitiveness in a market where added cover such as assistance is necessary.

Service package

Legal services
Recoveries against foreign third parties present special difficulties. Problems and high costs are frequently encountered in locating and using a reliable local lawyer to act on a distant claim. Similarly, most insurance companies, not having a local presence, resign themselves to long delays and poor settlements when attempting recoveries abroad. IFRA Assistance offers, through their worldwide network, can provide practical expertise and skilled legal help - much of it provided by specialist, in-house lawyers - to individuals, regarding of their uninsured losses, in particular personal injury claims, and to insurance, regarding accidental damage losses. IFRA Assistance is also able to arrange legal representation for the individual below a foreign court in the event of criminal prosecution.
Keeping travellers informed is essential for keeping them safe and well, but how can insurers best achieve this aim? Femke van Iperen investigates the tools being used by assistance providers to keep insureds out of harm’s way.

The methods that assistance companies use to keep travellers informed about security risks have seen some substantial developments in recent years. Combine the fact that more and more people are travelling to areas off the beaten track with the heightened threat of terrorism and political unrest, and we can see why solutions to keep travellers informed and safe are being developed by assistance companies at such a great pace.

Benefits for all
With today’s developments, traveller security risks can be mitigated more than ever before, and the demand for such services is high. “The need for travel intelligence and crisis response services has never been greater,” said Dan Richards, CEO and founder of crisis response firm Global Rescue, headquartered in the US. “To stay safe while travelling abroad, organisations and travellers must be proactive to stay informed and to ensure a reliable means of communicating in an emergency.”

Robin Ingle, chairman of Ingle International and Intrepid 24/7, a Canada-based assistance provider, added: “The increasing frequency and scale of world security events and natural disasters, and the recent spate of air travel disasters, civil unrest and terrorist attacks, have spurred the development of new technologies such as embedded GPS technology within digital consumer devices.” These, he explained, have allowed for instant and targeted assistance whenever and wherever required, with travellers able to be located and provided with time-relevant alerts. “The [assistance] industry has responded by taking a more proactive approach to inform clients about travel security risks, and for insurers to better manage the insurance risk of the traveller,” he said. “We manage risk and believe many travel risks can be avoided with the proper training tools and care.”

There are cost benefits, too, to these new developments, explained Tim Daniel, executive vice-president at International SOS in the US: “Increasingly, thought leaders are learning that there is a strong return on prevention; meaning investments in pre-travel programmes deliver extensive cost savings, especially when it comes to taking a holistic approach to traveller safety from a medical and security perspective.”

The need for such travel information is not only affecting ordinary tourists, but also corporate travellers, and another contributing factor, globally, has been the increasingly recognised legal duty of care responsibility on organisations. Said Abasse Asgarali, director, strategic business development and partnerships at World Travel Protection Canada, a subsidiary of Zurich Insurance Group: “The mandatory requirements derived from the duty of care have obliged corporate risk and HR managers to revise their travel risk exposures.” This company duty of care, said Daniel, “has provided a lot of support for different kinds of solutions; starting with general risk assessment and culminating in travel-specific planning and support”.

Conflict zones
A key impetus for technological improvements in this area has been the increasing need for specialist security packages for corporate, private and military clients in high-risk and conflict zones, such as journalists and aid workers. “Pre-trip preparation is essential for high and extreme-risk destinations,” said Daniel from International SOS, explaining that journey mapping, risk
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knowledge, relevant preventative measures and an incident back-up plan can be delivered in an integrated fashion through an ‘active journey management’ framework. The large number of travellers in the late nineties heading to developing markets such as China and India was a key incentive behind the first pre-trip travel advice services, explained Daniel, and the 9/11 terrorist attacks, in particular, spurred the first web-based travel tracking systems. Today’s assistance companies typically work with employers and selected partners across the world to offer client-specific high-risk security packages, which can include kidnap and ransom insurance, risk mitigation training, political and medical evacuation, and access to regional security teams, Ingle told the Assistance & Repatriation Review. Knowledge of areas to avoid, local customs and religious beliefs, and access to security briefings and escorts, are elements that should also be included in such packages, added Asgaraly. Once such programmes are in place, then, how do they work in practice, and what sort of technology sits behind these packages, enabling them to offer real-time alerts and tracking?

Technology and methods

The methods that assistance companies use to keep in touch with travellers can be divided into two platforms, explained Asgaraly. The first, which has been available for the past four to five years, is a web-enabled platform. This is where travellers are required to log in and find time-sensitive security packages, which can include kidnap and ransom insurance, risk mitigation training, political and medical evacuation, and access to regional security teams, Ingle told the Assistance & Repatriation Review. Knowledge of areas to avoid, local customs and religious beliefs, and access to security briefings and escorts, are elements that should also be included in such packages, added Asgaraly. The second method is a combination of web and mobile platforms. Travellers enter their itinerary through a mobile device or on a dedicated and secure website and will subsequently be sent alerts. “This is a reactive process, where travellers have to act voluntarily to get the information,” he said.

The second method is a combination of web and mobile platforms. Travellers enter their itinerary through a mobile device or on a dedicated and secure website and will subsequently be sent relevant alerts. “This is a proactive approach and ensures the best preparation,” Asgaraly said, adding that actionable advice that comes from experts with strong regional and local knowledge makes up the third. The availability of smartphones has played a key role in these developments. “The advent of travel safety applications for smartphones and web-enabled devices allow the industry to provide accurate and destination-specific information in a more timely fashion than ever before,” said Ingle. Indeed, the capabilities of such devices make them a perfect fit for travel security programmes. “Today, mobile devices (smartphones, tablets or laptops) have embedded GPS capabilities with unlimited access to the Internet through Wi-Fi,” said Asgaraly. “They are commonly used by travellers, who are also benefitting from the lower – or even disappearance of – European roaming charges.”

In addition, apps such as Intrepid’s 24/7’s own corporate app can provide detailed and relevant information on the traveller’s destination, such as cultural norms, safety and security details, standard of healthcare, relevant travel health conditions and vaccination recommendations, and embassy information”, said Jina Park, the company’s research and product manager. Intrepid’s app, for example, also offers a two-way communication to the traveller’s assistance provider, and real-time alerts (in-app, push notifications, SMS, and emails to the traveller). Furthermore, travellers’ locations can be geo-tracked and local healthcare providers are available on a geo-map. Certain topics require different responses, though, said Daniel, explaining that for the Ebola outbreak, for instance, travellers ‘can benefit from a more in-depth, live delivery’. “In those cases, a webinar may be invaluable in providing real-time information to a globally distributed workforce,” he said.

Platform and mobile applications such as that offered by Global Rescue can also help provide immediate access to travel intelligence information and communication capabilities – for example, by correlating an organisation’s footprint with the occurrence of global events, and rendering a quick view of the location of impacted employees and assets. Such applications can keep track of all operational responses that an organisation has taken in real-time and automatically inform employees who need to know about such updates.

Technology advantages and disadvantages

For Daniel, technology is allowing the right information to be delivered at the right time, but, he says, ‘not everything a traveller needs to know can be pushed through to an app or sent in an email, and the ability for the traveller to reach out to an expert and get personalised advice and assistance is essential’. As such, assistance companies tend to offer a multilingual co-ordinators’ phone service as well. In addition, there can be the case of technology overload, said Ingle, with travellers relying on technology and ‘overlooking banal and ever-present risks’. His company can also inform travellers of high-risk locations with false or alternate virtual account credential. “Technology can be a double-edged sword,” said Ingle. “Kidnappers have been using technology to steal valuables from victims, and isolating and exploiting their victims by accessing their personal information stored on social media, email, and bank accounts.” Even the security of victims’ family and friends can be put at risk.

“We will continue to see refinements to the technology and likely see an increase in more customised information for each specific traveller”
Not all travellers have a smartphone, and assistance companies such as UnitedHealthcare Global, which encourages travellers to share travel information with ‘people back home’, look for alternative communication methods. “For example, we used landline services in Egypt during the Arab Spring, when cell service was cut, or opted for social media,” said Charlie Leblanc, vice-president of Global Risk, UnitedHealthcare Global. “In addition, in high-risk areas we have clients do check-in calls; and if they deviate, we have protocols to contact their employer.”

**Boots on the ground**

To keep track of global threats, local knowledge and ground-based, up-to-date intelligence, today’s security-savvy assistance provider employs specialist personnel and often works with a global network of third-party providers. They employ teams of analysts that monitor global events around the clock and provide real-time alerts for extreme events, explained Leblanc. Such teams of security and country risk analysts ‘can tap into official sources, local contacts on the ground, and media’, Ingle added.

These partnerships help manage two key components, said Asgaraly; “First, access to reliable, credible and timely travel-risk intelligence and information, with constant updates, alerts, warnings, country-specific risk ratings, and access to risk analysts including briefings and trainings.” The second component is what Asgaraly calls ‘boots on the ground’: “Highly-specialised organisations that have local resources and personnel, with first-hand knowledge of the potential risks, which are able to arrange, co-ordinate and provide support to extract people at risk.” But, he added, though of key importance, such a service requires a costly and difficult process, and communication systems can be down and risks can be significant in catastrophic situations.

To ensure the credibility and analytical consistency of its sources, assistance companies often use a process of verification, as Daniel said: “Information is cross-referenced and verified through multiple sources and all of our content is validated prior to publication.”

**The future**

The need to keep travellers as safe as possible is clear. As Leblanc told the Assistance & Repatriation Review: “The key is to have our clients successfully complete their assignment and come home safely. Our task is to be able to anticipate issues in advance and when issues come up, to be there to support our clients.”

So how will security assistance and traveller-tracking be enhanced in the future to keep travellers informed amid complex security, natural and health threats of the 21st Century? According to Daniel, who anticipates technology will keep evolving: “There needs to be more focus on traveller education and involvement.”

Ingle sees future value in the continued trend of wearable devices, with smart watches, trackers, and implants (chips underneath the skin) enhancing tracking, bio-monitoring, and access to real-time updates. “The convenience and usability of these devices will help increase user adoption,” he said, also pointing to the growing role of predictive modelling, which uses existing data to ‘predict’ future events. “Although there is no perfect method of prediction, this pattern-based approach can help providers proactively prepare for potential security threats.”

A more tailored approach to security and traveller-tracking is also on the cards. Enabling this, said Asgaraly, will be a request for more granular information from security and intelligence content providers. Leblanc agrees. He concluded: “We will continue to see refinements to the technology and likely see an increase in more customised information for each specific traveller, based on data provided to us.”
Assistance companies have responded to claims by air ambulance operators that the mission information they get is often unsatisfactory, creating avoidable challenges and complications for crews. David Kernek hears from both sides.

The criticisms from air ambulance providers around communication issues – aired initially in 2011 in a letter sent by a leading UK air ambulance company to the Medical Directors Forum, representing British assistance organisations, and updated in detail by Waypoint AirMed and Rescue last year – were (and, as we shall see, remain) that some assistance organisations:

• Have an insufficient understanding of the logistical challenges faced by air ambulance operators, and of their need for accurate, precise, and relevant mission information.
• Run call centre operations staffed by people who do not understand time zones and the distances involved in missions, especially in Africa. Furthermore, call centre shift patterns create time-wasting communication gaps.
• May have suspicions that a patient's condition is being underplayed by the treating doctor, but might have good reasons for insisting that the mission proceeds. These suspicions are not always shared with the air ambulance operator.
• Despite repeated requests, there are no industry-wide standard pro formas for missions or for passing on essential information about a patient's medical condition.

Have things improved?

Here, we look at the original concerns raised by air ambulance providers in the Waypoint AirMed and Rescue article and ask whether they feel progress has been made in improving matters in any of these key areas:

For Flight Ambulance International in Germany, medical director Dr Thomas Buchsein (who also, then, held the same post at AXA Assistance Germany) originally complained: "The issue of mission information is a matter of great misunderstanding and concern; it's a constant issue … Normally, assistance providers send out a request to preferred providers. Initially, they give just vague medical information. It might be just: we have a patient who was in a road traffic accident, and he or she has several fractures. That's
Terry Martin was being underplayed by the treating condition patient’s and a tendency in commissioning organisations because the treating doctor had not supplied it – adequate or accurate information – possibly failure of some assistance companies to provide Air Ambulance.

On the subject of accurate information, at Capital the bullet and comply with more or less all of the tank environment, what” they usually do is bite with this’. Because providers operate in a shark-air ambulance provider, adds Dr Buchsein. “If the hospital bed in the patient’s home country to the company telling us that all was arranged.”

states they have no wish whatsoever to board the destination and finding that either the patient has a location following an expensive flight to a “This can include such gems as arriving at a location following an expensive flight to a destination and finding that either the patient has not been advised we are coming, or that the patient states they have no wish whatsoever to board the air ambulance, despite the insurance/assistance company telling us that all was arranged.”

Some companies have also developed the bad habit of shifting the unpopular task of securing a hospital bed in the patient’s home country to the air ambulance provider, adds Dr Buchsein. “If the provider dares to hesitate, they cheekily say, ‘well, your competitors don’t seem to have a problem with this’. Because providers operate in a shark-tank environment, what” they usually do is bite the bullet and comply with more or less all of the impositions. So, a long way to go!”

On the subject of accurate information, at Capital Air Ambulance in the UK, medical director Dr Terry Martin referred to his article in the 2013 Air Ambulance Review, in which he talked about the failure of some assistance companies to provide adequate or accurate information – possibly because the treating doctor had not supplied it – and a tendency in commissioning organisations not to share their suspicions that a patient’s condition was being underplayed by the treating doctor. He also raised concerns about fitness-to-fly and liability issues when assistance companies reject medical reports indicating that a patient is unfit for transfer.

Have things improved? “There seems to have been a little improvement in our case, at Capital. I designed two generic medical questionnaires, one for ICU patients and the other for non-critical patients, and each of these forms has an area for specific questions about the individual case. These forms are sent by us, via the medical assistance companies, to the treating doctors with a request that information is written in to the forms and faxed or e-mailed back to us direct. Since introducing the forms, I estimate that approximately 50 per cent of the forms give a useful report, while the other 50 per cent are either ignored or still don’t give enough information.

“One thing is for certain: we will never achieve complete clarity on all cases. I’m resigned to individualising each one and to working towards better communication. To increase the probability of receiving a good and valuable medical report, the aims are to think carefully about what information is needed, to ask the right questions, and to ask enough questions so that you don’t have to send out a follow-up questionnaire. Eliciting a response to the first one is a challenge, getting a response to a second one is a miracle. The phrase ‘fitness to fly’ confuses people. Critically ill patients are not fit, and most are not even fit for a haircut, so why does this term persist? I suggest the patient can be deemed only ‘appropriate for transport’ (or not).”

Finally, on the subject of pro formas, in the UK, Air Medical’s (AirMed) business development director Jane Toplis talked about her company’s call first made in 2011 – for the UK assistance sector to adopt a standard pro forma for patient referrals, which would be given to air ambulance operators. In 2014, she told Waypoint AirMed and Rescue: “Very little has changed since then, despite many meetings with our respective partners in the industry.”

Have things improved? “Sadly, [still] nothing has changed,” says Toplis. “I do want to point out, though, that there are some excellent assistance companies in the industry who do provide as much information as possible and engage throughout the entire process. This works when air ambulance providers are seen as partners and not just as someone who is selling paperclips.”

So, what do assistance companies have to say on these matters? The Assistance & Repatriation Review spoke to a number of companies to gauge their response to these concerns and to understand their take on some of these issues:

Insufficient understanding
Aetna International’s head of assistance operations in the UK, David Bull, thinks that individual employees within assistance organisations might not need a detailed understanding of the logistical challenges faced by air ambulance operators on a global basis, but that ‘they should certainly have a solid foundational knowledge that enables them to work with air ambulance partners on a case-by-case basis – they should know what they do not know’. “Basic information gathering,” he told the Assistance & Repatriation Review, “is required by all assistance organisations; and it should be common sense that the same basic information is a requirement throughout our supply chain. This should be embedded in training, but it must be reinforced throughout all the discussions assistance companies have, both internally and externally.”
with providers they work with.” At Aetna International, staff take advantage of educational days run by AirMed and CEGA Air Ambulance to ensure that frontline assistance staff hear the challenges directly and get a deeper understanding of the impact their actions can make towards bringing a successful outcome. “I would encourage all air ambulance operators to run these sessions regularly,” said Bull. “Our medical team members with flight experience conduct regular refresher training for all team members to help bring these situations to life, and healthy debate is very much part of those sessions.”

Dr François-Xavier Duchateau, initiative medical manager at Allianz Global Assistance in France, said: “Our platforms use air ambulance operators as alternative providers to our own teams. They usually give to air ambulance operators all the information they have, exactly as they would do if using their internal resources. Sometimes, the information is sketchy when it is from very difficult or remote areas, which might occur more frequently in Sub-Saharan Africa. In this regard, I have AMREF’s complaints in mind.”

In nine years, says Denis van Cleef, head of re-engineering and operations at Europ Assistance in France, ‘we have never had a complaint – not one – from an air ambulance provider about our processes, because everything is more or less automated’. “Nine years ago, we created our own web tool that connects us with our ambulance providers, most of whom are based in North America and Europe, with some in Africa and Asia,” said van Cleef. “Everything is automated between us and our ambulance providers. The pre-defined process is very clear. We put up a request and we give maximum information via the tool. The provider uploads a flight schedule to the tool, including local times and even – on long-distance missions – the fuel stops. There is no telephone call any more. When the right provider is selected, we always send the medical report, a copy of the patient’s passport, and details of people who might be travelling with the patient.”

At Global Response in the UK, claims operations director Jamie Little says: “Due in part to some of the challenges some of the air ambulance operators have raised, we tend to source our medical transportation services and medical direction/management via a specialised partner, Healix International. In doing this, we effectively consolidate our medical deployment communications via a company that has activity with the air ambulance operators beyond and outside of our own, and that has therefore a better chance to fine-tune their processes; not to mention that they have greater spending power than ourselves.” Global Response works extremely closely with Healix at every stage of a case, however. “The way we ensure they have all the information they require is by allowing them access to our systems, which means they can actively review our operational notes, which include patient details, exact locations, details of the hospital, and all of the pertinent medical information that we have obtained during the course of the file,” explained Little. “We have on-site nurses who are responsible for the communication of medical data.”

**Call centre operations**

Dr Duchateau agrees that shift changes at call centres can sometimes create gaps or misunderstandings, but adds: “We really try to lower the impact of that. It’s noteworthy that insured patients complain there is not a unique person in charge of their case 24 hours a day, seven days a week. We are a little surprised that professional people can have that view.”

Contact call centres, according to David Bull, are ‘really the necessary medium’ for assistance companies operating globally on a 24/7 basis and delivering services on a significant scale. “That does, however, bring its challenges,” he said. “The desired skill set and the impact of 24/7 shift rosters does make it challenging to recruit and retain individuals for a sufficient length of time to...”
“The challenge is not, how do you avoid a handover? It is, how do you mitigate the risks of an information gap occurring during a handover?”

build knowledge. That said, the opportunity to work in an international environment, across time zones, to build relationships globally and to provide critical help to people in need can give more than enough job satisfaction to retain excellent people if those benefits are widely understood, respected, valued and communicated within the management team.”

Bull also explained that it would be impossible to arrange for one case manager throughout the life of a case: working on a 24/7 basis, ‘handover will be inevitable at some stage’. “The challenge is not, how do you avoid a handover? It is, how do you mitigate the risks of an information gap occurring during a handover?” he said. “At Aetna, as an international private health insurer, our longest-running medical cases might continue for years, which has afforded us the opportunity to look at this challenge from a different perspective: you cannot catch up on years of case activity quickly; you have to keep the knowledge fresh in a few individuals through effective handover. We operate a buddy system with cases passing cleanly between two opposite team members during daylight hours and a verbal handover of any critical cases during night hours. We judge day and night hours based on 08:00 hours at the patient’s location, not our own time zone. The vast majority of our customers and suppliers understand the challenges and seem happy to have two dedicated points of contact within our team, as long as those people are knowledgeable about the situation.”

Europ Assistance, says Denis van Cleef, does not run a call centre operation of the type about which some of the air ambulance companies have complained. “We have, in each country, specialists who are more or less in charge of difficult cases. There is always only one person in charge of the case, whether it’s during the day or the night, so we get continuity.”

Jamie Little agrees that due to the nature of a busy 24/7 emergency assistance helpline, it’s impossible to guarantee that the same person would be handling a case from start to finish. “At Global Response, we always ensure continuity of the file-handling agent whenever possible, and when we cannot, there is a formal and very deliberate handover that, in most cases, compensates for any potential loss of continuity. Our systems ensure that information is stored in a chronological, logical and easily accessible format to allow access to pertinent logistical and medical information. Our systems also display the current time in the country/zone we are working to facilitate our agent’s ability to handle a case. Furthermore, our missions are handled by case management nurses who are trained and experienced in the logistics involved.”

Patient’s condition

There are times when assistance companies might suspect that a patient’s condition is being underplayed by the treating doctor, but staff might not always share this with the air ambulance operators, said Dr Duchateau. “Yes, it can happen, but these situations are sometimes difficult to identify and reassess when picking up the patient. Worse than expected conditions are not rare, as are less serious conditions than dreaded.”

For Europ Assistance, Denis van Cleef told the Assistance & Repatriation Review: “It’s stipulated in our contract with air ambulance providers that if they find the patient’s condition is not the one expected, if it’s better or worse, they are obliged to call us so that we can have a discussion involving the local doctor, the air ambulance company’s medical team and our doctor – we always have a doctor on duty – and make the best decision.”

David Bull agrees that this scenario is ‘challenging’, and said: “This (also) affects assistance companies that – as we do – sub-contract to other...”
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assistance partners in various regions for specific services. It takes a degree of confidence and trust for an assistance company to share the problem with a service provider rather than to assume a lead role. Assistance companies can have a tendency to seek to retain full control of the case and its outcome, asking only for a specific service to be delivered without providing background or rationale. While this is well intentioned, sharing the problem in its entirety can often enable a swifter or effective alternative plan of action, but this does require the client's assistance company to relinquish the lead – understandably difficult, but necessary to see the bigger picture. Maintaining a network of partners you know well and trust, engaging those partners early, discussing situations by telephone and collaborating to make decisions – which should also involve the patient or their representative – will help overcome problems.

The use of pro formas is another way to communicate and document details of the patient's condition. Jamie Little says Global Response gets medical information about a patient via a pro forma, which is either sent to the treating doctor or case management nurses to ask medical questions directly, including information on vital signs, ventilation parameters, latest blood tests, medications, and so forth: “We would alert the air ambulance team if there were concerns about the integrity of medical information. We always do at least two pre-flight fit-to-fly calls, including one before the plane takes off, to try to mitigate this problem.”

**Standard pro formas**

In order to ensure that adequate, relevant and accurate information is passed from assistance companies to air ambulance providers, pro formas are touted by many to be the perfect solution. Not without their challenges, they do seem to provide a good format for clearer communication. But some assistance providers say they’ve never been asked to use such documents by air ambulance operators. Joanne Becker, assistance director at Allianz Canada said: “We have never received this kind of feedback from the air ambulance companies we deal with in North America. We have always been advised that they like how we package our information for them.”

Some companies, like Global Response, do use a pro forma system, but where no such process is in place, assistance companies say they are mindful that the information they pass to air ambulance operators needs to be of sufficient length and content while refraining from being overwhelming. Information passed to air ambulance teams by Europ Assistance, says Denis van Cleef, is based on verbal contact with the treating hospital. “In Europe, if you waited for written medical reports, we would get it two or three weeks after the patient had been discharged! We send to air ambulance operators the most important, relevant information, and normally it amounts to no more than one or two pages.”

David Bull of Aetna said: “[Sending inadequate or irrelevant information] is frustrating and creates significant risk to patient wellbeing and the success or otherwise of a transfer. Often at initial stages, assistance companies are trying to understand...”
the cost and availability of air ambulance services to make decisions about the end goal for the case. At that stage, a short paragraph report should be provided to the air ambulance provider setting out the nature of the medical condition along with the basic information such as height, weight, nationality, exact location and destination, preferred mode of transfer and potentially the date of transfer. That short summary should come from the medical team at the assistance company, and at Aetna it would be reviewed by the medical director on duty before being released. This should be sufficient for an air ambulance provider to provide a quotation and availability, subject to complete medical information.”

Bull said that a more detailed medical report would, naturally, follow once the quote is ready to be accepted. “If a received report or request was found to be sub-standard, I would hope the air ambulance doctor would feel confident to reach out to their counterpart and discuss it.”

He would also like air ambulance companies to flag up inaccurate and incomplete information when they send their post-transfer reports to assistance organisations. “That transfer report is entered into the patient case record and the assistance company can take action with the treating provider if incomplete information was provided during the admission. It’s crucial, however, that information also becomes available – through audit – to the insurer or client, who should recognise the financial and reputational risks created and seek to put actions in place for the assistance company to mitigate the risk of...”

“In Europe, if you waited for written medical reports, we would get it two or three weeks after the patient had been discharged!”
recurrence. We often find ourselves chasing the post-transfer summary, which should be received within 24 hours of the mission being completed, along with a copy of the inflight notes. From an assistance company perspective, this is equally important.”

A product that might put an end to many of these issues is AMT360, a reporting module that is about to enter the beta stages of development. Designed to capture and share concise, relevant and clear clinical and mission-specific information between assistance companies, medical escorts and air ambulance crew, the system allows for easy commissioning of repatriation services and keeps all involved parties key in on the latest patient information in real-time. Putting an end to illegible hand-written notes and irrelevant information, AMT360 is available on and off-line and enables fast data input thanks to the inclusion of drop-down menu boxes, while flagging up critical missing information, and allowing clinical medical images to be stored with patient notes. It also tracks critical mission milestones and produces a patient report in a clear and professionally structured PDF format. AMT360 may also be used for referring and receiving clinical facilities and for assistance companies to attach into their case management systems. The Assistance & Repatriation Review understands some leading ‘early adopter’ air ambulances are already considering replacing their current hand-written flight forms with AMT360, thanks to its ease of use and reporting, and will be keeping a close eye on its development.

A final word

Working across large geographic areas, across time zones and in different languages to co-ordinate the repatriation of an ill or injured insured is a skilled task that involves a unique relationship between those involved in the process. Most assistance and air ambulance providers have very open and frank relationships that allow improvements to be made constantly in order to facilitate an improved patient journey. But communication, appreciation, and understanding are still elements that need to be worked on in many areas if tensions between global air ambulance operators and assistance providers are to be kept at bay. Sharing information and discussing such issues is something that should be encouraged at every opportunity.

A senior executive at a European air ambulance operator spoke to the Assistance & Repatriation Review about their experience with regards to working with assistance companies today, and how a more transparent working relationship is key to successful missions:

“I was approached recently by one of our excellent clients asking for feedback on this topic. Sadly, only those doing a superb job ask for feedback, because they are interested. The bad companies bury their heads in the sand, ignoring risks to anyone in the chain, especially the patient, and say: ‘if you won’t do it our way, then we’ll find someone who will and, by the way, we want some more money off, please’.

“I can’t say it is entire companies that are either good or bad, as there are huge differences within organisations and their different offices. Some assistance companies, or offices within them, do an excellent job and engage with their providers extremely well. This leads to a very good working relationship, which mitigates risks associated with the transfer and ensures that between the different parties a solution can nearly always be found, which in turn benefits absolutely everyone.

“We have had several instances in which information has been purposely withheld from us, the feeling being ‘if we tell you, you might turn down the mission, or the receiving hospital might not accept the patient’. This approach has potentially put both our crews and the patient at risk. Transferring patients is a risky business, with significant processes in place to mitigate the risks. Complex patients do not mean they can’t be transferred; however, being told that they are ‘logistical’ patients and then finding that they are in fact complex can potentially lead to unnecessary risks being taken, especially by operators who are more willing to just take the patient regardless of the risk to everyone because they feel under immense pressure from the assistance company not to leave the patient in situ, even if it is in the patient’s best interests. There have also been instances where the whole chain has been put at risk because there is no mention in the notes of severe bacterial infections. The reason sometimes cited for this is well if we’d told you or the receiving hospital you wouldn’t have accepted the patient? A case of this was recently highlighted in the mainstream press when an entire burns ward was shut down due to an infectious patient being brought in with no disclosure of a drug-resistant bug. These risks will ultimately lead to high-profile litigation and are unacceptable. All of this can be avoided by being transparent and doing proper medical handovers of all of the known information before the air ambulance departs its home base.

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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.

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