BOARDROOM BRIEFING
INTERNATIONAL PMI

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The international private medical insurance market is booming. We gathered the experts to discuss some of the key issues in 2018.

The world of international private medical insurance (iPMI) is flourishing. There are more globally mobile individuals than ever before – and employers are building businesses in ever more diverse countries than in the past.

But with that growth, challenges arise too – challenges for globally mobile individuals and local nationals also.

Health Insurance Daily brought together senior figures from the world of iPMI to discuss some of those challenges.

Among the items for discussion at this Boardroom Briefing were the attitude of individuals and employees when it comes to iPMI. What do employers, employees and individuals need from iPMI providers?

The attitude of employers was also on the table – how can businesses, insurers and intermediaries work more collaboratively to generate better health outcomes?

And what are that main risks and hazards? Panellists at the briefing looked at research carried out for Aetna International which uncovered some surprising findings in terms of the attitudes of individuals and employees when it comes to health and wellbeing.

What do they care about? Findings from a major research project carried out by the sponsor of the briefing, Aetna International, were up for discussion.

Also on the table was the issue of pre-assignment preparedness. That remains one of the most crucial aspects of iPMI. Overseas assignments that fail due to lack of proper preparation – in terms of health checks, family checks and so on – remain a major problem.

But there is evidence that insurers and intermediaries are working hard – and succeeding – in tackling this complex issue.

Cost, of course, remains a major issue in the world of iPMI. Quality coverage is not cheap and, sadly, one of the reasons for that remains fraud. However, moves are afoot to chase down individuals and healthcare providers that seek to defraud insurers, putting fair-minded customers out of pocket.

iPMI is one of the most fascinating areas of the health insurance & protection industry; I think you’ll find some of the points raised at this briefing stimulating.

DAVID SAVERS | EDITOR | HEALTH INSURANCE DAILY
Pre-assignment preparedness

For employers, overseas assignments can be hugely costly – and for individuals, relocating is an expensive business too. Getting things right in the first place is vital.

ON THE AGENDA

- The role of the employer
- Family members
- Health checks
- Relocation services

The important role of pre-assignment preparedness was high on the agenda during the briefing. Panellists all agreed that it is essential that insurers, advisers and employers – and individuals – collaborate ahead of the assignment in order to give it the best chance of turning out well.

Too often, individuals, employers and employees are not well enough prepared for the health, social and cultural challenges that await them outside of their home country.

Aetna International’s Damian Lenihan said he is sometimes surprised by the fact that employers do not place as much emphasis on the success of international assignments as they do on other significant business investments.

He said: “The amount of rigour that sits around many business investments is intense. But some organisations seem to send people abroad quite easily without any of the rigour they show when investing in other areas of their business.”

Stephen Hackett of consultancy firm Broadstone said: “There’s not enough preparation about what the spouse, partner, children or others might expect when they go abroad as part of an assignment. There has been a gradual rise in mental health cases and often that’s not the employee, it’s the family or partner. That area of preparation in
“The amount of rigour that sits around many business investments is intense. But some organisations seem to send people abroad quite easily without any of the rigour they show when investing in other areas of their business.”

**Damian Lenihan, Aetna International**

... terms of what to expect for the spouse just isn’t covered by and large.”

Rochelle Spencer of Willis Towers Watson, the consultancy, said that it is “incumbent” upon the employer to ensure they carry out the appropriate pre-deployment checks, not just on the employee but the family too.

She said: “While there is some awareness of this, it’s also incumbent on us as their adviser to point this out.”

Penny Pemberton of Aon Hewitt, another consultancy, said that in the past, at least, many employers have relied too heavily on insurers to look after the end-to-end process. Employers have an important role to play in their own right.

She said: “Historically people have thought ‘Well, we’re covering them [employees] with the benefits, we’ll let the insurer sort it out for us’. But the flipside of that is costs are going up so they have to think of a better strategy from a duty of care perspective and for covering these major conditions that are very costly, especially in certain parts of the world.

“Over time, it has become increasingly important to think more about the wider issue which is how to manage these conditions more proactively as opposed to just covering them and paying for them.”

It is not just health issues that can cause problems. Aetna International’s medical director Dr Mitesh Patel highlighted one example where a German national was sent to China to become head of sales, managing a local Chinese team who couldn’t speak English nor German.

He said: “The company didn’t even put him on communication or language courses. You can just imagine how difficult that was. It’s an extreme example but it does happen.”

Willis Towers Watson’s Spencer agreed that it is an issue, adding: “Some of the relocation services that clients partner with actually offer things like security awareness and culture integration training and so on. Again, it’s about highlighting that and its importance.”

Health checks, of course, can be a vital part of pre-assignment preparations.

Aetna International’s Damian Lenihan said: “You don’t want to be taking somebody that’s suitable for a role but could have an underlying heart condition that they’re not aware of. Sometimes employers send employees to remote parts of the world and expect to get great quality of care. You just wonder where the duty of care for an employer is in allowing that to happen. I just don’t know how that’s being bridged at the moment.”

Lenihan emphasised the role that IPMI providers can play in helping during the vital pre-assignment phase.

He said: “We’ll tell companies and individuals to call us for pre-trip planning and we’ll tell you all about your local GP, where your pharmacy is, how the A&E works, how the system works out there.”

“There’s not enough preparation about what the spouse, partner, children or others might expect when they go abroad as part of an assignment.”

**Stephen Hackett, Broadstone**

...
Individual attitudes

A major survey of 5,000 globally mobile individuals and local nationals has uncovered some surprising findings when it comes to people’s concerns, hopes and fears.

ON THE AGENDA

- Family concerns
- Climate change and political instability
- Stress and mental health
- Who to trust?

The health and wellbeing of family members is the number one priority of globally mobile individuals and employees – but they are also concerned about some other, perhaps more surprising, factors too.

Panellists at the briefing discussed the results of a major survey carried out by Aetna International of 5,000 expatriates and local nationals worldwide which showed that more than three quarters (77%) of respondents rate the health and wellbeing of their family as their number one concern.

That is significant, given the fact that issues with family members can be one of the main reasons for the failings of overseas assignments or relocations.

Perhaps more surprisingly, a similarly high number (68%) said that they were concerned about the impact of global warming and climate change on their personal welfare, even on a short-term basis.

That contrasts with the fact that political instability in the region they were relocating to was a key concern for 51% of respondents – or just 45% when it comes to local nationals.

Respondents to the survey were also divided on the importance they place on discussing issues around healthcare with friends and family.

Just under half (47%) of respondents said they would trust friends and family more than professionals – but panellists said that while it is understandable that individuals in a foreign country might follow the advice of personal acquaintances, that is not always in their best interest.

Aon Hewitt’s Penny Pemberton said: “Expats, naturally, talk among themselves. And there is an element where they might say ‘Go to that particular provider’ because they all like that provider. But it’s not necessarily, clinically, the best provider to go to.”

Aetna International’s medical director, Dr Mitesh Patel added: “In one part of the Middle East, we used to have 90% of our members going to a certain hospital. And the reason for them going to the hospital was because it had a big car park. It was as simple as that. There was a better hospital in town but they went to the one that had the big car park.”

While issues like that are perhaps unpredictable, the fact that many globally mobile individuals and employees regard themselves as
risk takers is perhaps less surprising, with 87% of respondents saying they “embrace a degree of risk in their lives”.

But perhaps the most striking findings of the research were that while 60% of respondents say that they feel stress is an “unavoidable” part of their lives, just 6% say they are concerned about mental health issues. That was a conflicting message which surprised panellists, including Aetna International’s Dr Patel.

He said: “We’ve seen quite a significant rise in claims for stress and mental health. That’s not because necessarily stress and mental health is increasing but the stigma of having stress and mental health problems is now gone. Having destigmatised it, it has allowed people to open up to it and seek appropriate treatment, which is positive.”

His colleague at Aetna International, Damian Lenihan, said: “In the past, nobody wanted to be seen to be stressed or under pressure or having any mental health issues. It is certainly more open nowadays.

“I think that’s where providers can help and then we can provide and facilitate the telephone counselling, or the face-to-face sessions if you need it. It’s important to address it in the first place and encourage people to make that phone call.”

Stephen Hackett of Broadstone, the consultancy, said: “I am surprised by that figure of 6% because mental health problems are on the increase and the stigma around it is receding.

“People are more open about it. There’s a lot more written and communicated about it. For just 6% of respondents to say they are worried about mental health issues is surprising.”

Aetna International’s Lenihan said: “And if you marry up to 60% that feel that stress is unavoidable part of their role it is even more surprising.

“People appear to be saying: ‘Mental health is not an issue because I accept that’s just what I have to face because I’m an expat.’ That’s not a particularly healthy place to be.”

### Key Concerns of International Individuals and Employees

Source: Survey of 5,000 individuals carried out for Aetna International, 2017

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage of Respondents</th>
</tr>
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<tbody>
<tr>
<td>Embrace a degree of risk in their lives</td>
<td>87%</td>
</tr>
<tr>
<td>Think people should take more responsibility for their health</td>
<td>81%</td>
</tr>
<tr>
<td>Worried about the quality of healthcare in their new country</td>
<td>74%</td>
</tr>
<tr>
<td>Feel stress is an unavoidable part of their lives</td>
<td>60%</td>
</tr>
<tr>
<td>Say information overload means they don’t know who to trust</td>
<td>56%</td>
</tr>
<tr>
<td>Think future health services will be dominated by virtual support</td>
<td>52%</td>
</tr>
<tr>
<td>Intend to be healthier but don’t get round to doing anything about it</td>
<td>51%</td>
</tr>
<tr>
<td>Strong supporters of wearables to support healthy living</td>
<td>51%</td>
</tr>
<tr>
<td>Trust the advice of friends &amp; family more than professionals</td>
<td>47%</td>
</tr>
<tr>
<td>Will look up symptoms online instead of going to a doctor or nurse</td>
<td>47%</td>
</tr>
<tr>
<td>Are concerned about heart disease or high blood pressure</td>
<td>45%</td>
</tr>
<tr>
<td>Living away for more than 5 years</td>
<td>35%</td>
</tr>
<tr>
<td>Says it’s not worth paying for medical insurance</td>
<td>7%</td>
</tr>
<tr>
<td>Are concerned about mental health issues</td>
<td>6%</td>
</tr>
<tr>
<td>Think success is a result of chance and factors outside their control</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Survey of 5,000 individuals carried out for Aetna International, 2017

| Source: Survey of 5,000 individuals carried out for Aetna International, 2017 |
Employer attitudes

iPMI can be expensive – so how can employers, insurers and intermediaries play a greater role in keeping a lid on costs?

ON THE AGENDA

- Whose responsibility?
- The role of HR
- The role of the family
- iPMI as domestic proposition insurance?

The role of the employer in the world of iPMI was firmly in the spotlight during the briefing, as panellists discussed where responsibility should lie when it comes to ensuring the success of overseas assignments.

Panellists said that over-stretched HR departments – which are already struggling with the task of looking after employees in multiple locations around the world – sometimes struggle to ensure those workers are given the right kind of support and coverage.

Penny Pemberton of consultants Aon Hewitt said: “Sometimes it falls onto the host and the home country, in terms of the sense of responsibility.”

And Damian Lenihan of Aetna International, the insurer, said: “If you’ve got a stretched HR team, potentially noticing a loner or individual is a gap we look to try and fill in and help with, and ease that burden for them to a degree. We like to take greater control and try and help them with the messages and make their life a bit easier.”

The joint role of the adviser and insurer is crucial in ensuring that assignments go to plan, panellists said.

Stephen Hackett of Broadstone, the consultancy firm, said: “It’s difficult to generalise but most HR teams are pretty stretched and I think there is a capacity issue here. While sending somebody abroad is important there’s a whole load of other priorities sitting alongside that and it’s important that we provide support to that HR team. You almost need to become an extension of that
“The corporate themselves have a responsibility. That’s where they should be promoting healthier living, lifestyle choices, health coaching, and the insurer can obviously offer health coaching as well.”

Penny Pemberton, Aon Hewitt

Successfully of an overseas assignment?

Panellists said that the employee, the client, the intermediary and the insurer all have a role to play.

Spencer said: “The employer needs to contribute to the health and wellbeing of the employee. But it is also really imperative on the individual, the assignee, to ensure that where they’re taking their family – if they’re taking their family – there’s going to be access to care and that school’s available. It’s important for the individual to take accountability as well. But again, we support the education of that and ensure that they’re taking all these things on board when they’re thinking about taking on the assignments.”

Aon Hewitt’s Pemberton added: “I think the individual often doesn’t really take control. Maybe if they’ve got a family, they’re more inclined to because they want to make sure their children, in particular, are covered. But generally speaking, you [the assignee] just doesn’t think about it. They think: ‘Somebody is paying for my relocation, tick. I’ve got healthcare.’

She added: “The corporate themselves have a responsibility. That’s where they should be promoting healthier living, lifestyle choices, health coaching, and the insurer can obviously offer health coaching as well. There are a lot more joint team activities and promotions internally and with wearables and Fitbit-type devices, they can help their employees proactively to lead a healthier life.”

Individual employees themselves are taking more responsibility for their wellbeing, Pemberton added.

She said: “More and more people are taking more responsibility. People are trying to be a bit more proactive about keeping healthier, in the main. Hopefully this will translate into an expat assignment as well.”

**iPMI as Domestic Cover – A Growing Market?**

The attitude of employers to iPMI is changing in certain – higher-end – pockets of the economy, according to panellists at the briefing.

An increasing number of employers in the UK – and especially in London – are looking to provide iPMI to senior members of staff and board members as they bid to win the so-called “war for talent”.

As investment firms, law firms and similar high net worth white collar firms look to recruit and retain the best talent, many are offering comprehensive iPMI as an employee benefit, as it usually provides cover and perks well over and above traditional domestic UK PMI. Wealthy individuals, too, are purchasing iPMI, even if they spend little time outside the UK.

Broadstone’s Stephen Hackett said: “Some people almost aspire to having international health because of the range of cover. It’s not just globally mobile people. You could just be at that wealthy point that you aspire to having that better policy and are prepared to pay the premiums for it. That population is increasing because the breadth of cover is so much better than domestic PMI.”

Aetna International’s Lenihan said that his organisation has seen a “greater propensity” for high net worth individuals or businesses in the UK buying international cover.

He said: “There are organisations that have incredibly wealthy partners or equity partners in the business. They are looking to enhance the benefits for their partners and attract the right people to their business. Talent attraction is an issue – people ask how their benefit package compare to working for a rival company down the road. If they offer international cover whereas the other company only gives domestic, it’s attractive for employees. It’s a market that’s there and we need to think how we tackle that market. We’re seeing more enquiries, definitely.”

Rochelle Spencer of consultants Willis Towers Watson said she had recently dealt with an investment firm was on a “basic” domestic UK policy but the employer was actually paying ex-gratia payments for additional procedures and treatments such as maternity cover.

She said: “It obviously represented a consulting opportunity for us and we actually transitioned them to an international policy and solved the solution. There’s definitely a growing demand for iPMI in the UK for high net worth employers.”
There needs to be greater awareness of the different health conditions and risks employees and individuals encounter in different parts of the world, according to participants at the briefing.

And a lack of awareness of the conditions employees and individuals already have before going overseas is also helping to fuel rises in the cost of iPMI.

Damian Lenihan of Aetna International said: "Organisations are sending people abroad to do a variety of different things and tasks but often they don’t really know the conditions they’re going with. The general costs of iPMI are high – they’re escalating at between 8% to 12% per annum depending."

Chronic conditions such as diabetes are particularly problematic in certain parts of the world. Excluding the Pacific and Caribbean islands, the top five countries in the world for the prevalence of diabetes are Gulf countries – locations where many iPMI members go to live and work.

Lenihan said: "It’s expensive, particularly when you’ve got regulators putting in minimum compliance regulations. They’re asking insurers to cover conditions that actually are very prevalent in those areas."

He continued: “There are some factors in a country that drive high levels of diabetes. It could be diet, it could be sedentary lifestyle, it could be a whole variety of issues and if an individual is to move over there and become part of that culture then that obviously makes them more susceptible to it."

For example, if you work in London, you’ll walk from the Tube to the office, you’ll get some form of exercise. But if you’re working in a 100 degree country,
You can deep dive into the data and you can speak with the clients and advise them where they should be making some changes.”

Dr Mitesh Patel, Aetna International

...you’ll walk out of an apartment, get into a taxi, go where you’re going to and walk the 20 yards back into another air-conditioned office. So you lose that activity which might be the things preventing you having diabetes. It’s about insurers and advisers flagging that those might be issues and therefore be aware about them.

“Just as if you were sending somebody to a war-torn part of Africa you’d be doing everything around that individual’s physical security, what we’re saying is that if you’re sending them to a place that has particular health issues you should do the same around those health issues.”

Dr Mitesh Patel, medical director of Aetna International, said: “We get quite a few employees who relocate to South East Asia or Africa, for example, and they’re not entirely aware of the risks of common conditions such as malaria or dengue fever which, if they stay there for a certain length of time, statistically they’ve got a pretty high chance of contracting one of those, especially if they’re not taking the right prophylactic medication.”

And Penny Pemberton of Aon Hewitt said: “It’s important to use data to understand where the trends and propensity to claiming might be in which part of the world. You can deep dive into the data and you can speak with the clients and advise them where they should be making some changes.”

Panellists agreed, though, that discussions with clients and the advice given to them must be consistent and sustained over a period of time.

Stephen Hackett of Broadstone, the employee benefits consultancy, said: “You can prepare somebody and warn them about the dangers of obesity and the importance of diet but there needs to be an ongoing health programme because people quickly slip off after the initial training or education.

“It’s important to support the employer with a good communication plan. There’s a lot of talk about everything moving digitally but generally, as a market, we tend to do one-off communication. There’s a need for a consistent drip-feed of some of these messages.”

Mean systolic blood pressure (mm Hg)
- <120.0
- 120.0 - 124.9
- 125.0 - 129.9
- >130.0
- Data not available
- Not applicable

Note: For mapping purposes, the map shows identical values for Sudan and South Sudan. These values concern the former Sudan as it existed prior to July 2011.

Source: Aetna International

THE COST OF HEALTHCARE WORLDWIDE CONTINUES TO RISE

1.7 trillion | Diabetes
4.8 trillion | Chronic respiratory diseases
8.3 trillion | Cancer
15.6 trillion | Cardiovascular diseases
TOTAL 30.4 trillion

Source: Aetna International

CHRONIC DISEASE BECOMES MORE PREVALENT AS NATIONS DEVELOP

www.healthinsurancedaily.com
The ongoing problem of fraud continues to blight the iPMI industry – but the sector is stepping up its efforts to tackle the issue, panellists at the briefing said.

Dr Mitesh Patel, medical director at Aetna International, said: “Fraud encompasses many different forms. You can have provider fraud, where the provider is requesting a lot of unnecessary investigations, tests, even going down to procedures.

“You can have patient, or member-oriented, fraud and that can simply be submitting duplicate invoices, to actually fraudulently seeking invoices for treatment that hasn’t happened. Or it can be changing invoices. Someone might have had the treatment but they’re not insured and so they’ll type their name up and claim for the treatment. Or it can be completely fabricating non-existing facilities in routine cases.”

Dr Patel’s colleague at Aetna, Damian Lenihan, said: “Some people are just doctoring claims, changing a $100 to a $1,000 just by putting an extra zero on the end.”

But Aetna International is part of an industry-wide crackdown on the criminality. Lenihan said: “Last year we saved $28m on fraudulent claims or fraudulent over-treatment and that’s from a range of things. When we have a provider that we believe, has in the past, submitted claims that would be deemed as either over-treatment we put a flag on them. So, a lot of the flagged claims are the ones that we find that are the same things. It’s certainly something we tackle because every dollar we pay is a dollar we’re going to have to start charging back to customers to pay for care.”

But should employers play a greater role in tackling fraud too? After all, if their employees are engaging in the practice, do they not have an obligation to help to stamp it out? Panellists suggested that while large employers might be attuned to the issue, for smaller ones it often, ironically, goes under the radar.

Aon Hewitt’s Penny Pemberton said: “The big corporates should be aware of it. Maybe not the smaller end of the spectrum, they possibly don’t understand. Maybe it’s a missed opportunity in terms of communicating it.”

Fraud is, of course, a complex issue – and the communication message is an equally difficult one to tackle.

Aetna International’s Lenihan said: “It is something we’ve only started promoting and talking about for the last year. Partly because we didn’t really have the statistics to report on and partly because we don’t necessarily want to scare people. Actually £28m is a very small proportion of the overall money we...
"By wanting to do the right thing by the member, the savings actually just naturally follow as pure by-product, rather than that being the intended target from the onset”

**Dr Mitesh Patel, Aetna International**

spend – but it’s still $28m.

“I don’t want to scare everybody into thinking all claims are fraudulent because obviously they’re not. But we need to make sure that we are vigilant about claims. Certainly, where we have an individual who is submitting fraudulent claims, we will tell the sponsor organisation about that individual. It is important that they know that individual is making fraudulent claims.”

The earlier that insurers can be involved in the healthcare process, the lower the frequency of fraud, panellists said.

Dr Patel of Aetna International pointed to a problem in Cambodia, for example, where an estimated 80% of medications purchased from pharmacies are counterfeit.

He said: “If you’ve got something serious going on with you, you don’t really want to be buying medication from the pharmacy because the chances are its counterfeit. So we’ll either send the member to somebody that is a reputable pharmacist or hospital that we know has got the right medication.”

iPMI providers also actively share information about fraudulent practices and healthcare providers that are operating unethically, Dr Patel said.

He said: “We have put an end to quite a few bad practices in the Middle East, for example, by having conversations with some providers, saying that we are not going to tolerate this. And we spread the word among our competitors getting them to do the same.”

But could insurers that flag up some treatment as unnecessary or "fraudulent” simply be doing so in order to minimise the amount of claims they have to pay out? There are stringent checks and balances in place to ensure there is no possibility of that happening, Dr Patel said.

He said: “For example, I’ve got no profit and loss book or anything like that. Although I am employed by Aetna, my mandate is completely independent. Out of every 10 claims that I end up referring for a second opinion, about 30% or 40% will come back saying, ‘Yes you do need surgery but you need a different form of surgery’. And sometimes, if I am bringing them to London for that second opinion, the surgery might even be more expensive than which what was originally proposed back at home.

“Overall, the member will do much better because they are having the proper surgery, they are having probably much more minimally invasive surgery. And you are still having 60% of members who actually aren’t having anything done at all. So, by wanting to do the right thing by the member, the savings actually just naturally follow as pure by-product, rather than that being the intended target from the onset. That has been demonstrated time and time again.”

Aetna International’s Lenihan said: “You can present yourself to a clinic in a wealthy part of the world that isn’t the UK and say you’ve got a headache. Then you’ll have an MRI scan and see a consultant and all of a sudden you’ve got a $1,000 bill. That’s the type of thing we’re trying to counteract with the virtual health or the video consultation. Of course there will be cases where the member will need to go to the consultant to have MRI scans but not everybody will.”

Aetna International’s Dr Patel said: “A MRI scan is non-invasive, but worse still, you can go to some places where you’ll find a doctor doing an internet search as to how to interpret those MRI scans.”

Standards of healthcare vary so dramatically in different parts of the world that it is vital that insurers keep a close eye on where their members go for treatment.

Dr Patel said: “I have seen posters that say ‘we can cure your diabetes’ or ‘we can cure your autism’ with hyperbaric oxygen treatment. Now if you believe that you’ll believe anything. But there are clinics actively promoting this sort of stuff and the doctors genuinely believe that you can go and have some oxygen for a few hours and you’ll be cured of all sorts of things, including cancer.

“Declining those claims is really easy but we before we decline any claim, we want to have a conversation with the member to tell them why we’re declining it, to try and educate them about it. And if a series of red flags are triggered as to the appropriateness of the treatment they’re receiving or whether it’s genuine or not, we will actually encourage them to go and get a second opinion, at a place that we deem to be appropriate to be able to manage that condition.

“They normally get comfort quite quickly once they speak to myself, or someone from our team, and then they’ll abandon that sort of treatment.”

The comprehensive nature of iPMI, of course, means that there is an inevitable risk that members will be more relaxed about making a claim for treatment that they should not have undertaken, according to Aetna International’s Lenihan.

He said: “That’s the difficulty of having a comprehensive healthcare policy. People who have all these benefits sometimes believe they can go off and do whatever they want. But we’ve got to be the custodian of the client’s money behind the scenes, to make sure it is effective and the right kind of care that they’re having.”

“We’ve got to be the custodian of the client’s money behind the scenes, to make sure it is effective and the right kind of care that they’re having.”

**Damian Lenihan, Aetna International**
There is a growing need and demand for additional services over and above traditional insurance in the world of iPMI.

Panellists at the briefing all acknowledged the growing importance of employee assistance programmes (EAPs), second medical opinion services and access to primary care for employers and individuals living and working in different countries around the world.

Rochelle Spencer of consultants Willis Towers Watson said: “People used to think it was just about medical insurance. But it’s about a whole host of things now – life, disability, EAPs, medical assistance support – it’s a whole package now.”

Still, though, there is a need to communicate all of the different services that are available to employees and individuals.

Spencer added: “The expat market is still evolving. EAPs, for example, are now a part of the core proposition but that’s something that’s been going for years in the domestic UK market. It’s still an evolving market and it’s incumbent upon the advisers and the insurers to ensure that we are educating and helping in a proactive way.”

Damian Lenihan of Aetna International agreed, saying: “As an insurer we have a really broad range of end-to-end services not just for the insurance bit anymore. We have a lot of services. If you want to ask many of the expats covered by those plans they wouldn’t know about all the add-on services. They wouldn’t know about the pre-trip planning, the EAP and so on.”

Historically, the iPMI sector has struggled to offer high quality EAP packages as part of its proposition – but that is beginning to change.

Willis Towers Watson’s Spencer said: “Global EAPs are relatively new and they’re very complex actually to administer.”

But progress has been made, panellists agreed, in the effort to support individuals and employees – and, crucially, their families.

Aetna International, for example, has partnered with WorkPlace Options to provide its EAP, which offers online and telephone-based counselling and advice services to Aetna members around the clock.

Lenihan said: “Finding a global EAP provider can prove quite difficult. We’re fortunate we’ve linked with one that offers truly global EAP service but that’s not actually the case for everybody. To
have a multilingual service that operates in all countries is hard to find.”

Willis Towers Watson’s Spencer said: “The global EAP is really important to include as part of a core proposition. It’s great that the market has evolved to that stage now.”

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Rochelle Spencer, Willis Towers Watson

One of the key reasons why EAPs are an important part of the EAP proposition, panellists agreed, is that they can offer vital support to family members of the individual who has been sent on assignment.

Penny Pemberton of consultant Aon Hewitt said: “Sometimes the spouses are the ones that have issues when they’re based in a different country. They feel more isolated than the person that’s essentially working and is occupied.”

Lenihan added: “That individual has got a ready-made social group. They move abroad, they go to their local office and there are people there who become your social group. And your family and partner are sat at home, really struggling because they’re not integrating in the local community. They go to an international school. They’ll drop the kids off in the morning. They don’t have the same things you would have over here, in terms of support networks. That was one of the key reasons why we brought the EAP in.”

Lenihan said that one of the main reasons Aetna International introduced the EAP was to support family members of assignees who may struggle to relocate and then cause the assignment to fail.

He said: “When we brought the EAP into our products more than 18 months ago, the key driver was that most assignments fail because of the family not because of the expatriate themselves.”

But it is not just EAPs that iPMI providers have been adding to their propositions.

Lenihan said: “It’s not just bill-paying anymore. Bill paying to a degree is almost secondary. What we’re looking at is the health and wellbeing of individuals and helping organisations manage that in that transition phase for expats. For even a relatively straightforward expat assignment, it’s still a daunting task to transfer, even on your own. But if you’re transferring family abroad it can be a very daunting thing to do.”

He added: “We look after hundreds of thousands of people that aren’t in their home country and we really try to make their experience from the health side and organisationally a much better experience. By providing these services we’re aiming to try and do that. Twenty years ago an insurer just paid claims, you sent us a bill and we sent you a cheque back or we put it into your bank account. We’re much more than that now. We really are about making sure that you’re able to manage your health and wellbeing in a much better way. The paying of bills is secondary. That’s what we do when things go wrong. What we’d like to try and do is stop them going wrong in the first place and help you understand the location that you’re in and the services that we or other people can provide for you.”

Those services now include round-the-clock online and telephonic access to GPs and primary care services – something that was has not always been available in the iPMI space.

Lenihan said: “One of the things we’ve started to now roll out is the ability to get primary care in locations. So you move abroad and you assume you’ll be able to find a GP or a practitioner nearby. But that’s not always the case and so we’ve launched and trialled a telephone-based GP service, which we think will be a godsend for members, particularly those in remote locations.

“It means you can book your appointment online or via an app on your phone and somebody can either call you or Skype you back and do a telephone consultation or a Skype consultation. Then, depending on the regulations in the country you’re in we could write you a prescription or we can refer you for a consultation, and that just takes the pressure off the expat – but equally as importantly – the family. We’ve had a great reaction so far. We’ve had really good take-up rates. With one particular customer we’ve done 360 consultations already. It’s working really well.”

In addition to EAPs and better access to primary care, the iPMI sector is capitalising on changes in technology which have seen the emergence of second medical opinion services as a key part of the value chain.

Dr Mitesh Patel, medical director at Aetna International, said: “We use second medical opinions quite often. I’ve strongly advised – especially paediatric cases – members to use it. If something wrong is about to happen we will make sure we’re not going to just pay for the procedure just because it’s the easiest thing to do. We will encourage members to get a second opinion – and that’s all the way to actually arranging it for them.”

The utilisation of second medical opinion services helps not only to prevent members from undergoing unnecessary – and sometimes risky – tests and procedures, but helps to prevent fraud and keep a lid on customers’ costs.

However, panellists said more needs to be done to encourage individuals, employers and employers to make better use of the services on offer.

Aon Hewitt’s Pemberton said: “Second medical opinion services are often not overly utilised because of a lack of awareness. But we’ve seen clinical pathways change quite dramatically at times by using those services.”

And Willis Towers Watson’s Spencer said: “We absolutely need to educate members to use the resources that are available to them. There is so much more now available now.”

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