



Canadians warned

The Travel Health Association of Canada (THIA) has told Canadian snowbirds they should have proof of private health insurance in place prior to leaving the country this winter. Sarah Watson has the details

THIA states that private insurance is 'essential' for all winter destinations, but in particular for the US, where soaring health costs and uncertainty about the future of healthcare reform is forcing many economically stressed hospitals to demand up-front deposits or direct payment arrangements for patients who cannot prove they have insurance coverage. David Hartman, current president of THIA, commented on the situation: "The relentless increase in healthcare costs worldwide makes international travel insurance absolutely essential, even for one-day trips, as provincial health insurance reimbursements for out-of-country medical services don't come close to covering foreign hospital bills



that can total thousands of dollars per day." THIA has offered a number of helpful suggestions to travellers, including one that will resonate with travel insurers around the globe: don't buy on price alone – all policies need to fit the health profile of the person travelling. Hartman added: "There are a lot of travel insurance products in the marketplace and very few Canadians who don't qualify for some level of coverage. For those with medical conditions, the best way to purchase travel insurance is to deal with a qualified adviser who deals extensively in travel insurance."

Strength in numbers

Mondial Assistance UK is calling for fellow travel insurers to get behind a number of industry initiatives to tackle fraud. Mandy Aitchison reports

"There's no question that the travel insurance sector is facing tough times," says Mike Webb, chief executive officer of Mondial Assistance in the UK. "There is no need to list the catalogue of events that have made 2010 a year not to be remembered! However, the industry has the ability to deal with its two largest problems – low premium income and fraud, but still fails to tackle these issues." Mondial Assistance has been working with four other insurers in order to create a shared database for all claims, which creates a risk score, allowing the companies to improve their fraud detection rates. It has also helped

the firms to prevent multiple fictitious claims – made to a number of insurers – even if the policyholder has used different names in their attempt to defraud. Other moves by Mondial that could easily be adopted by other travel insurers is expert training of call handlers, according to Webb: "Training has been given to the Mondial travel claims teams to help them identify the behavioural 'shows' that could suggest fraud. There is also a system of 'red-flagging' customer responses to key questions asked as part of the claims process." If a claimant makes three 'red flag' comments, the case is passed on to a fraud manager for further investigation. According to Webb, although the company does see some attempts at fraudulent medical and cancellation claims, 'the major area

of concern is personal possessions and baggage'. "In some cases," he continued, "the whole claim is false and the growth of websites that sell fake receipts is further adding to the problem. We estimate that up to 50 per cent of all claims for baggage and personal possessions may be inflated, or completely false." Webb went on to ask: "As this is such a costly problem for all travel insurers, why is there such a lack of focus on this? It is enormously disappointing that even after many years of discussion, the travel insurance industry still haven't joined forces to create a generic system to prevent fraud. It is a relatively simple problem to resolve and it's worked in other sectors of the insurance industry such as the Claims Underwriting Exchange." ITIJ asked Julie Remington

continued on p5

Progressive
– adj.

1. Moving forward; advancing
2. UnitedHealth International

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only admit a patient for emergency stabilisation, for periods of up to 12 or a maximum of 24 hours. Within these environments, destabilised governments, changes in interim authorities, regional commanders and sudden changes in policies and procedures may have a substantial impact on service delivery. There is usually no

warning or publication with procedural changes, as they are disseminated to the local authorities via word of mouth and, in some cases, interpreted incorrectly or adjusted to an individual's benefit, prior to implementation. These constant changes and misinterpretations open up the opportunity for widespread corruption among individuals in

Working with assistance companies

The challenges faced in conflict zones and the very nature of such situations – their being extremely fluid and open to change at a moment's notice – is certainly something that all entities, including the assistance company involved, need to take into account. Richard Knight, emergency logistics and special projects manager for Europ Assistance USA, focuses on the assistance company's role when performing evacuation operations in conflict zones and hostile environments

When an assistance company is notified of a patient situation in a conflict zone, they are faced with unique and challenging decisions prior to

is promptly and accurately passed to the transfer team in order to ensure the decision to proceed is still valid and accurate.

As an example, a recent situation I was faced with involved the transfer of a patient from an airfield that came under attack after the air ambulance had launched from its base and was en route to the patient. I was in contact with the fixed-base operator, who was providing live information on the status of the attack and over a 30-minute timeframe the airstrip was open and closed five times. This information was promptly passed to the air ambulance team, who were unable to make direct contact with the fixed-base operator, and the decision was made to keep going to the

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launching the medevac team into a hostile area. Just some of the challenges faced include the ethical decision of the assistance company to give the green light on a hostile environment transfer, with the decision to proceed needing to be carried out for the right reasons. Specifically, does the patient fall into a category where their life is at risk if they are not moved immediately? If, for example, the patient is not in a critical condition, there needs to be careful consideration on the decision to proceed as, after all, the assistance company is responsible for sending in medical and air crews to these environments, which inevitably puts the transfer unit into harm's way due to the high-risk factors that are present in conflict zones. Or, to put it another way, if you're going to send a team into a high-risk situation, make sure it's for the right reasons.

It is certainly a decision process that I have faced previously, and it is certainly not an easy one, as essentially the wrong decision could, in turn, mean that in the event of a hostile act towards the transfer team, the question would always be asked 'Did they have to be there?'

Of course, there are many other situations where an assistance company comes into play with regard to performing a successful conflict-zone extraction, and in most scenarios these types of situations normally become joint operations between the transfer team – the transfer teams are primarily specialist units with an ex-military backgrounds who are well trained in hostile environments, that being said other teams are also used but they are not normally the primary choice due to being outside the immediate area of operation and thus having a delayed deployment time – and the assistance team. The reason for this is because it can be down to the assistance team to remain in contact with the persons on the ground (the employer for example) when initially notified of a patient needing evacuation, and make sure that all information relating to locations, current security threats, air field status, and changes in the patient's condition

airfield in the hope that the attack had ceased by the time they arrived. Luckily, approximately 20 minutes prior to the arrival of the aircraft, the local security forces had repelled the attack and secured the airfield. This, however, raises an interesting and rather worrying concern: if due diligence had not been followed by the assistance company and the air ambulance was not able to make contact with the airstrip, there is the possibility that the transfer team would have had to fly in blind and potentially land while the attack was still happening, thus risking all their lives.

This is just one example of how situations can change at a moment's notice in conflict zones, and probably the best advice I can offer is this: If it can go wrong, it will go wrong, so be prepared for any eventuality. EA USA has conducted over 100 major incident operations in hostile environments so far this year, demonstrating that such missions are achievable, as long as you have the infrastructure behind you.



Richard Knight is emergency logistics and special projects manager for Europ Assistance USA. He has worked extensively in the field of international

emergency response and assistance for the last 10 years and has been involved in over 25,000 operational situations. He has developed various specialties ranging from emergency logistics in hostile environments, remote area emergency response and major incident extraction operations. Currently, he is in charge of emergency logistical and major incident management, primarily in high-risk areas.



The more remote the community or the area, the more diminished the infrastructure and essential services become

positions of power and within local authorities and departments. Instead of working towards a greater good and benefit for all, the current cultural trend is to live for the now, personal gain and wanting power, and this, in combination with poor structure and reporting capabilities within local authorities, allows individuals to instantly change procedures and cause extensive delays in an attempt to extract bribes.

Some religions and indigenous belief systems prevent medical treatment of local female patients by male clinicians, unless permission is obtained from a senior family member or husband. Particularly within remote areas, religious leaders are the main source of guidance and education to members of the local community, and therefore, have substantial influence regarding the local acceptance of humanitarian medical assistance from international organisations operating within their locations.

In reality, medical service providers face many

challenges when operating within conflict zones and the remote isolated areas of these nations. Challenges never remain stagnant within these environments as dynamics are continually shifting, changing and evolving as the levels of conflict either increase and or decrease. Over time, once hostilities cease, governments stabilise and the essential infrastructure and services are rebuilt, other challenges will replace the ones that currently exist. ■



Paul Brinkworth has gained his knowledge and depth of experience through many years of working as both a paramedic and flight paramedic within the emergency pre-

hospital environment. Through a culmination of 11 years with the Queensland Ambulance Service in Australia, and another four years with RMSI, he has broadened his scope through the delivery of emergency pre-hospital care within the remote and hostile environment of Afghanistan, through the provision of clinical and operational ground ambulance, rotary and fixed-wing air ambulances services.