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## Travel Insurance - the GPs Role - Concurrent Workshop Repeated

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|---|---|---|---|
| Friday, 21 June 2013 | Start 4:30pm | Duration: 55mins | Monet |
| | Start 5:35pm | Duration: 55mins | Monet |

# Travel Insurance

# The GP's role

GP – CME 2013 workshop

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# Disclaimer

Work for

- Civil Aviation 8/10
- Medical advisor to a travel “case management” organisation ~ 1-2/10
- Todays cases are heavily edited or hypothetical

# Topics for discussion

- Travel Insurance cover:
  - Avoiding expensive traps for your patient
  - Cases presentations

# Travel insurance complaints over 'get-out' clauses double

By TRAVELMAIL REPORTER

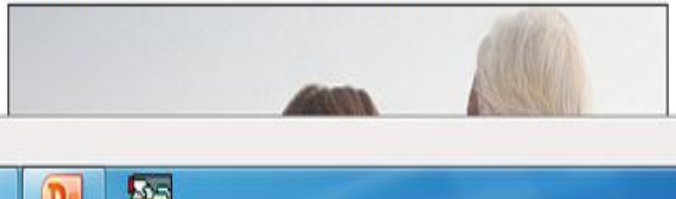
UPDATED: 11:35 GMT, 4 January 2012



A consumer watchdog has slammed travel insurers after a 50 per cent rise in complaints over the use of 'get-out' clauses that leave some holidaymakers without insurance cover.

A investigation by Which? has accused insurers of changing the terms of their policies after they have been sold, leaving some British travellers without any cover on their holidays.

Nearly a third of travellers surveyed by the organisation claimed that when they told their insurance provider about a new medical condition after buying their policy they were told they would have to pay a higher premium or had their cover removed altogether.





TOP STORIES IN TRAVEL

Book of the week: Everest

A new book, published in association with the Royal Geographical Society, is a

# Case 1

- 2 y old presents to GP with croup
- Placed on Prednisolone
- Two days later due to fly to the Philippines with parents
- GP aware of travel plan

- What would you advise?

# Case 1

- Following arrival respiratory distress due flare up of croup
- Admitted, slow to settle
- CT scan to exclude Foreign Body, admission 48 h
- Due to return home two days later

# Case 1

- What do you think the underwriter will say about cover ?
- When is the child OK to fly back ?

# Case 1

- What do you advise the patient to do?
  - Declare the condition to the insurer prior to departure
- What will the insurer say ?
  - Accept to cover any complication during travel (may ask for extra premium)
  - Do not accept to cover any complication but in that case may cover trip cancellation ?

# Case 2

- Woman aged ~ 60
- Travel insurance contract on-line
- Cancelled attempts: declaring Coronary artery Disease → Extra premium or decline

- Obtain from GP a certificate: "Mrs X Does not suffer from angina"
- Re-apply:  Does not declare any history of coronary artery disease

# Case 2

- Chest pain on flight to Europe

- Admitted with acute coronary syndrome
- Stenting
- Discharged 3 days later
- Cost circa NZ$ 30’000+

What would you have written on the certificate?

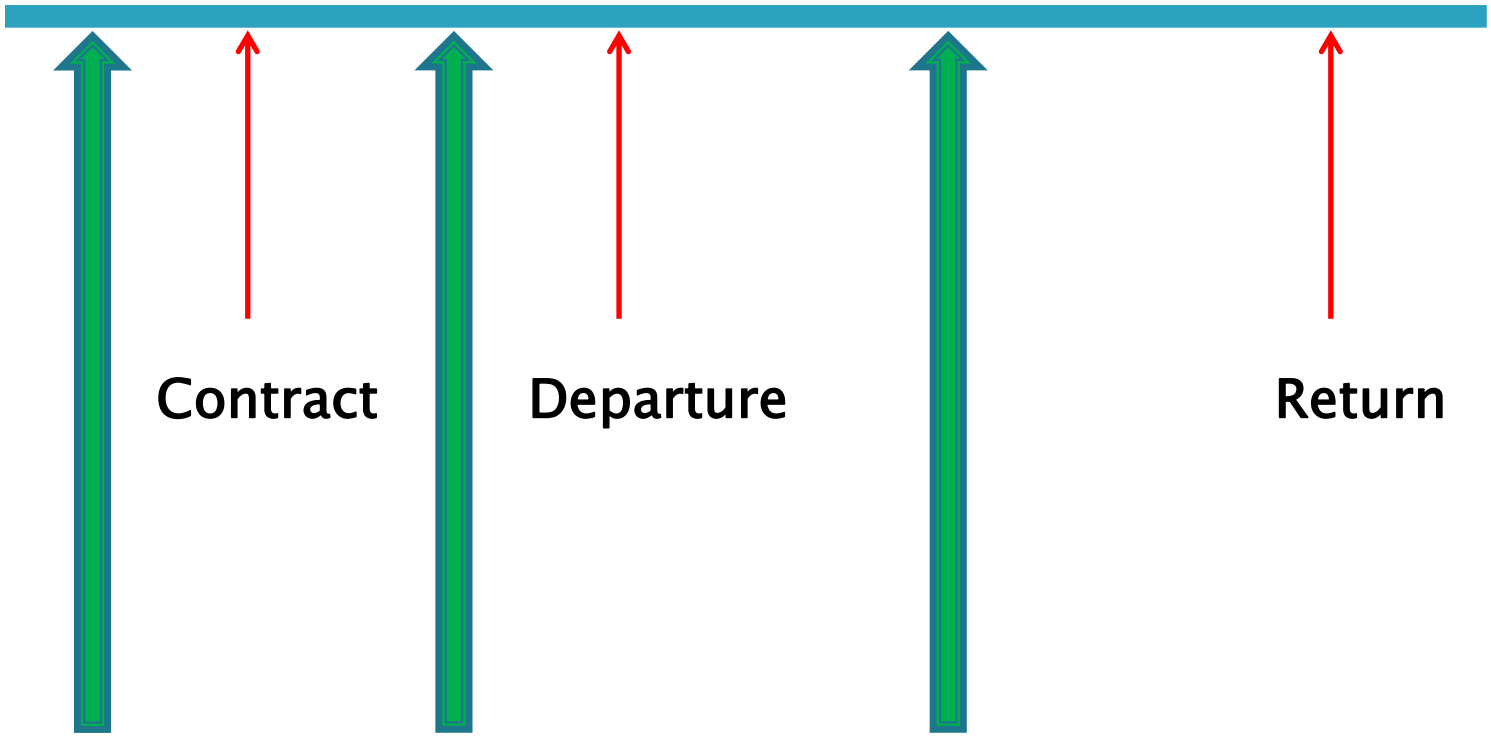
# Case 2

- Underwriter:
  - Pre-existing condition ?
  - Obtain GP notes
  - Cardiologist report indicating a Hx of angina 5 years prior, and angiography showing moderate CAD
  - Conservative treatment
- Under writer decision?
  - Pre-existing condition.
  - ? covered

# Insurance Contracts

- Different Insurers → Different contracts
  - NZ travellers going overseas
  - Visitors to NZ under NZ policy during visit
    - Pre-exiting conditions not covered unless declared and accepted (includes symptoms)
    - Some conditions covered automatically if stable
  - MHD: Medical History Disregarded (corporate)
  - Moratorium: Covered if no problem for X years

# Time Line


Contract
Departure
Return
Pre-existing
Pre-existing
Cancellation covered
Not Pre-existing

# Some Automatic Exclusions
## in many policies

- Some recreational activities (motorbike, climbing, hang-gliding etc.)
- Sexually transmitted Disease
- Alcohol involvement
  - Some hospitals are good at detailing “no alcohol involved”

# Special situations

- Australia
  - Kiwis can get treatment in the public system for free

- UK
  - Kiwis can get treatment in the public system for free

  However:
  - What if admitted to private facility?
  - Cost or repatriation

# Case management

- Most cases managed, on behalf of the U/W, by “case manager”, but
- Acceptance is by the underwriter

- Usually excellent once cover accepted
  - Centre of excellence
  - B/C upgrade as indicated
  - Medical escort as indicated
  - Air ambulance as indicated
  - Arrange admission upon arrival etc.

# Case 3

- Visitor from the Islands
- Takes up a NZ visitor policy – Cost $ 80 ?
- Acute urinary retention / sepsis/ renal failure
- ICU
- Semi urgent prostatectomy
- Denies earlier problems……nil declared
- Long history of problems, TURP recommended twice and twice declined.
- U/W decision ?

# Case 4

- 75 y old female
- History of Atrial Fibrillation
- Visiting family in the UK……
- Massive stroke, due to AF !
- Had not declared or applied for cover for AF

- Major logistic case
  - Cover ?

  May not be covered but logistic support provided

- Cost or repatriation?  20 -100 k ?

# Case 5

- Visitor from NZ to a Pacific Island
- Suffers a severe head injury
- Extradural haematoma
- Craniotomy by general surgeon
- Follow up CT…small recollection of blood but stable over 2 days

What to do next ?

# Case 5

- Repatriation
  - how ?
  - When?
- Liaison with local neurosurgeon
- Air Ambulance on day 3
  - Any special requirement ?

# Case 5

- Aircraft capable to transport as sea level cabin altitude
  - Why ?
  - Cost ?

# Case 5

- Tourist with acute respiratory distress syndrome following mild cold
- Admission to ICU, ventilatory support
- History of COPD

- U/W decision ?
  - COPD declared and accepted for cover?
  - Would this happen without the COPD?
  - What do you advise to your patients with COPD?

# Case 6

- Australian tourist in Africa
- Declined to take Malaria prophylaxis
- Developed severe Malaria (P. Vivax)
- Renal failure → Anuric → Dialysis for three weeks, anaemia to 55 g/L Hb !

- Covered ?
- Repatriation issues ?

# Case 6

- Needs Hb higher > ~ 80 g/L
- Transfused
- Timing of flight in relation to dialysis (if still needed)

# Case 7

- Patient with Nephrotic Syndrome and acute renal failure – in Asia

- Cause:
  - Syphilis

Covered ?

# Common logistical problem

- Treating doctor advice:
  - Patient unfit to travel when actually fit to travel, (perhaps with escort or medical escort)
  - Recommends stretcher when B/C better
  - Opines……all sorts. Refer IATA medical manual.
  - Does not provide sufficient information to make a decision
  - Functional capacity often not stated but important

# Take Home Message

- Advise patient to take up travel insurance
- Advise patient to declare everything ! Yes it will cost more !
- U/W declines cover ? – shop around

- Condition starts after taking up insurance but before departure: Contact insurance
- If asked, provide factual information (GP notes)
- If treating the traveller, provide functional capacity

# Take Home Message

- Beware of AF (stroke, complete heart block)
- Coronary artery disease
- Beware of COPD, often underestimated
- Previous surgery / malignancy
- Travel preparation: Imms, prophylaxis, high altitude, remoteness.
- Alcohol induced injury, STD illness: Not covered → inform patients as appropriate

# Questions / Discussion ?