

Choice of a medical provider – different situations with traveler's health risks

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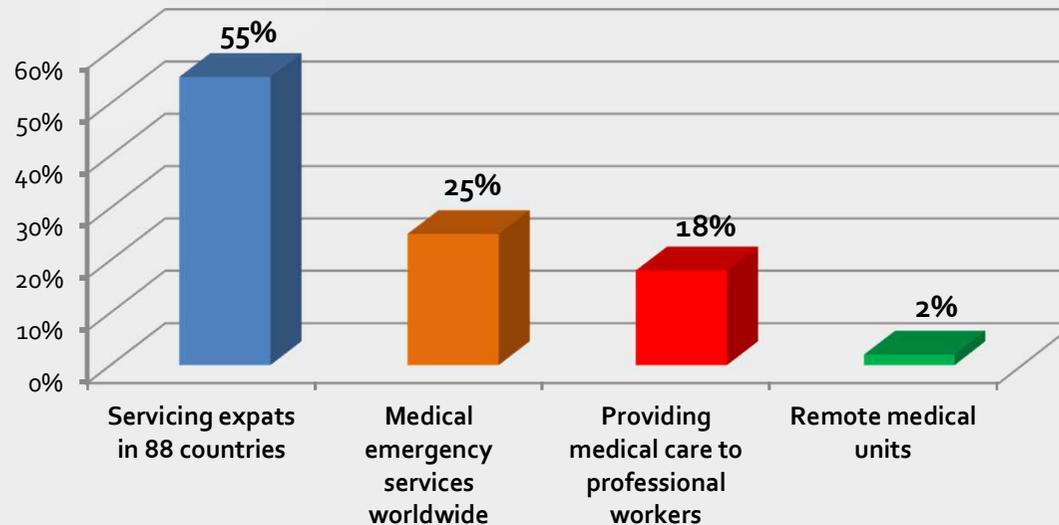
AP Companies Global Solutions



AP Companies facts:

- ✓ **Founded in 1997**
- ✓ **Offices in 7 countries**
- ✓ **4 independent 24/7 call-centers**
- ✓ **in-house developed software**
- ✓ **24 different languages spoken**
- ✓ **51 own medical units at remote locations**
- ✓ **Worldwide medical network of more than 27 500 providers**

Main Lines of Business



Types of health risks for travelers (1)

Mode of travel – Air traveling



Immobility



Cabin air pressure



Ozone



Humidity



Claustrophobia



Jat lag



Motion sickness



Transmission of communicable diseases

What is available onboard and at the airport?

Most often reasons: syncope, vomiting/diarrhea, asthma, heart failure*

- first-aid kits – to be used by the crew;
- medical kit – usually to be used by a passenger trained as a doctor – volunteer.
- Medical department of air company or outsourced (telemedicine, advices)
- Emergency medical landing (cost is 3000-10000 \$US)
- Airport medical emergency (first help + transportation)

Who takes care: air company itself + rare consulting companies

*Amit Chandra, Shauna Conry, West J Emerg Med. 2013 Sep; 14(5): 499–504. In-flight Medical Emergencies

Types of health risks for travelers (2)

Mode of travel – travel by sea



Gastrointestinal diseases



Legionellosis –
from air conditioner



Lack of medical facilities –
toothache treatment, f.e.



Traumas



Communicable diseases,
incl. influenza

What is available onboard and off shore?

- First medical help from ship staff
- Doctor/Nurse, medical point
- Emergency visit to a doctor at port of arrival
- Evacuation – change of ship course, call for rapid boat or a helicopter



Who takes care: marine company itself + port handling agent

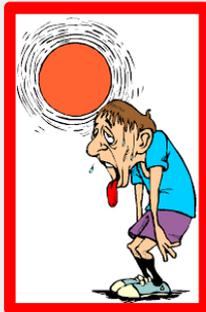
Environmental health risks (nature)



Altitude / deep water



Helicopter rescue or HBO chamber



Heat and humidity, UV-radiation



Prior notification, treatment



Food and waterborne risks



Vaccinations, prior notification

Environmental health risks (alive)



Animals and insects



Vaccinations
or quarantine



Humans
(accidents, violence)



Medical and juridical help

Who takes care: medical & juridical assistance, state institutions

Travelers with special needs

- Pre-existing medical conditions (for example, required dialysis)
- Pregnant women
- Infants
- Security issues



Who takes care: medical assistance, concierge services, security companies

Traveler in remote location – what can medical assistance do?



Send a doctor from the far away center



Direct to closest medical facility



Telemedicine



To contact local authorities for rescue operation



Send a messenger to transport client

Telemedicine – pro and contra



Definition: delivery of health care services, where patients and providers are separated by distance.

- Teleradiology – to transmit digital radiological images for diagnosis or consultation.
- Teledermatology – to transmit medical information concerning skin conditions for the purpose of diagnosis or consultation.
- Telepathology – to transmit digitized pathological results, such as microscopic images of cells, for the purpose of diagnosis or consultation.
- Telepsychiatry – to provide mental health services.
- Remote patient monitoring – patients, often at home, transmit information about their condition from sensors and monitoring equipment to external monitoring centers*

Pro	Contra
<ul style="list-style-type: none">• Delivery of healthcare at remote areas;• Good enough to make a decision about necessity of medical evacuation;• Possibilities of high class specialists remote involvement in severe cases;• Avoid of infectious diseases spread	<ul style="list-style-type: none">• Impossible to perform detailed examination and to make a prescription/procedure;• Legal restrictions;• Relatively high costs of arrangements;• Safety of personal data

*Global diffusion of eHealth: Making universal health coverage achievable; World Health Organization, December 2016

When is medical evacuation necessary?

History: principles of sorting and evacuation of injured soldiers was defined during the wars of mid-XIX century, based on their medical condition and military specifics.

- Medical care in the place of accident is not possible – transport to the nearest facility (helicopter, “hand transport” from mountain etc)
- First medical care provided – need to follow up with serious surgery at more qualified local medical facility
- Local medical care is a disaster – need to move client to a better hospital at another country or continent (space for telemedicine advice)
- Request from client/patient



Impact of different risk types to traveler's health

Main figure: the number of international tourist arrivals (overnight visitors) in 2015 reached a total of 1186 million worldwide*

Touristic companies, airline and shipping companies, medical insurance companies each have an important position to safeguard the health of travelers. Assistance companies can provide them an essential information about actual healthcare condition in the desired location as well as to inform about range of medical assistance possible there. It is in the interests of the travel & insurance industry that travelers have the minimum problems when traveling to foreign countries. Travel agent or insurance company should provide travelers with the health-related guidance, in accordance with WHO recommendations.**

All individuals planning travel should also seek an information about the potential hazards in their chosen destinations and understand how best to protect their health.

International tourist arrivals					International tourism receipts ¹								
Rank	(million)		Change (%)		US\$				Local currencies				
	2014	2015*	14/13	15*/14	Rank	2014	2015*	14/13	15*/14	14/13	15*/14		
1	France	83.7	84.5	0.1	0.9	1	United States	191.3	204.5	7.8	6.9	7.8	6.9
2	United States	75.0	77.5	7.2	3.3	2	China	105.4	114.1	n/a	8.3	n/a	9.8
3	Spain	64.9	68.2	7.0	5.0	3	Spain	65.1	56.5	3.9	-13.2	3.9	4.0
4	China	55.6	56.9	-0.1	2.3	4	France	58.1	45.9	2.8	-21.0	2.8	-5.4
5	Italy	48.6	50.7	1.8	4.4	5	United Kingdom	46.5	45.5	11.8	-2.3	6.2	5.2
6	Turkey	39.8	39.5	5.3	-0.8	6	Thailand	38.4	44.6	-8.0	16.0	-2.7	22.0
7	Germany	33.0	35.0	4.6	6.0	7	Italy	45.5	39.4	3.6	-13.3	3.6	3.8
8	United Kingdom	32.6	34.4	5.0	5.6	8	Germany	43.3	36.9	4.9	-14.9	4.9	1.9
9	Mexico	29.3	32.1	21.5	9.4	9	Hong Kong (China)	38.4	36.2	-1.4	-5.8	-1.5	-5.8
10	Russian Federation	29.8	31.3	5.3	5.0	10	Macao (China)	42.6	31.3	-1.1	-26.4	-1.1	-26.5

Source: World Tourism Organization (UNWTO) ©. (Data as collected by UNWTO, July 2016)

¹ Note that China, the United States and the United Kingdom substantially revised their international tourism receipts series upwards for 2015 and retrospectively for some previous years, due to changes in methodology.

*UNWTO Tourism Highlights, 2016 Edition
 **International travel and health, 2012, WHO



Conclusion

It is necessary to establish the firm connections between travel companies, insurance, assistance companies, governmental bodies, international and local healthcare facilities (WHO, Travelers' Health Branch at Center for Disease Control and Prevention , USA etc), societies of travel medicine etc.

That links will result in a timely and accurate delivery of full healthcare information to the future tourists and will lead to the completion of main goals of every client-oriented business work:

- **Good business results for insurance (low number of insurance cases);**
- **Happy & healthy travelers;**
- **Increased number of travelers (spread of happiness, among others) – increased income to travel industry**



Thank you for your attention!



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