HEALTH & PROTECTION

MIDDLE EAST ROUNDTABLE REPORT

June 2022
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INTERNATIONAL PRIVATE MEDICAL INSURANCE: RAISING THE STANDARD

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INTRODUCING OUR PANEL

Leah Cotterill,
chief distribution officer for Middle East and Africa at Cigna Insurance

Mayar Jaroudi,
general manager – GCC at Now Health International

Laila Al Jassmi,
CEO and founder of Health Beyond Borders

Steve Clements,
integrated and global solutions leader, Central and Eastern Europe, Middle East and Africa at Willis Towers Watson

Boyd Edmondson,
director of corporate insurance services at Beneple

Diana Haydar,
regional customer development director at Nasco

Gaenor Jones,
regional director MEA, Central and South Asia at the Chartered Insurance Institute

Amber Musson-Thorp,
group commercial director MEA at Lifecare International

Michael Plaugmann,
associate director of employee benefits division at Malakut

Nausheen Popat,
chief commercial officer at Lifecare International

Nageen Sattar,
director of regional client services at Pacific Prime

Damien Walsh,
director of health and protection at AES International

DRIVING CHANGE

It was an absolute pleasure to host our first event outside the UK in May and the welcome we received from the adviser and insurer community in Dubai was second to none.

The panel for this Health & Protection Middle East international private medical insurance (IPMI) roundtable drew together some of the most prominent and forward-thinking advisers and insurers in the region.

The passion which they brought to the debate and the subjects that provided the greatest talking points showed not just their desire to grow their own businesses, but to improve the whole industry in the region for the good of all clients.

Immigration has played a major part in the development of the Middle East and this is reflected in its insurance market with international health coverage being a vital component for the region.

For example, according to pre-pandemic UN figures, immigrants made up more than 87% of the total population of the United Arab Emirates (UAE), which includes our host location Dubai.

In Saudi Arabia this figure was 38% while in Qatar around 80% of the population was estimated as non-Qatari.

However, with more jurisdictions introducing compulsory health insurance of one form or another for residents this has led to a complicated and in many regards immature market.

With that there are signs some customers and group scheme members are not getting the cover they either should or expect to get, leaving them potentially exposed to significant healthcare risks and expense.

Thus there was a strong demand from the panel for improvements in the standards by which advisers must operate – driven through the market and regulation.

And the subject of medical inflation was another hot topic, with the scourges of overtreating and overprescribing chief among the concerns raised.

But there is also positivity as the region is again drawing in new people thanks to a solid response to the Covid pandemic, flexible visas and other pro-business initiatives.

All of which makes the market improvements even more pressing.

Owain Thomas, editor of Health & Protection

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STANDING UP FOR WHAT'S RIGHT

Owain Thomas hears why advisers want to play a key role in raising standards in the UAE

Minimum qualifications for health insurance intermediaries must be introduced to ensure all customers achieve better healthcare outcomes, advisers have argued.

The panel at Health & Protection's Middle East international private medical insurance (IPMI) roundtable unanimously agreed that standards of many intermediaries need to be increased in Dubai.

Those gathered at the Sky View Hotel in the shadow of the Burj Khalifa in downtown Dubai passionately voiced their hopes for regulators to fulfil their commitments and agreed they wanted to be a part of improving the industry together.

Dubai's unique characteristics have driven the situation that made the arguments from around the table so heartfelt and necessary.

The emirate has a population of 3.5 million people, with around 200 broker firms active in the market and an estimate of more than 4,000 advisers.

A compulsory minimum requirement for health insurance was fully introduced six years ago but with the vast majority of cover arranged through the workplace it has led to divided populations.

With regulators being less hands on in some areas or delaying action, this has given the opportunity for poor or uneducated practices to slip in as a race to the bottom for the mass market ensued.

But with the arrival of the pandemic and resulting heightened sense of awareness around personal and public health, concerns around those practices have been magnified and a strong desire for improvement is being demanded.

THE DUTY OF CARE

Chartered Insurance Institute (CII) regional director MEA, Central and South Asia Gaenor Jones noted the Covid pandemic had given customers the urgency to scrutinise their health cover more closely with some receiving alarming results.

"They may have investigated or gone to claim on policies and realised they're not covered for certain events," she said.

"They go back to the adviser and ask: 'Why didn't you tell me this?' and the advisers, just reply 'You should read your policy'.

"But come on, your duty of care is to look after your client, to give them the best advice."

However, the pandemic also appears to have spurred the more conscientious members of the adviser community to step-up, with Jones reporting the CII saw a big uptake of people taking more professional qualifications.

She added that with new businesses moving into the region post-Covid, there was likely to be growing demand for recognised qualifications from advisers as firms bring expectations from other countries.

"We're seeing lots of new companies entering the region, but they are not going to look at people that have not got the correct credentials," she continued.

"If you want to go and work for a multinational or international brand, you've got to have professional qualifications. In any established market you've got to have a professional qualification. So why is that not happening here?"

HAVES AND HAVE-NOTS

The answer to that appears to be tied up in several reasons, one of which is the divided nature of the buyer market.

"There are sophisticated buyers who may be from Europe or any other more developed, mature markets who will ask the right questions and look for the right thing, looking for value, due diligence

Chartered Insurance Institute (CII) regional director MEA, Central and South Asia Gaenor Jones (far left); and Malakut associate director of employee benefits division Michael Plaugmann (left)

and fulfilling their duty of care," explained Malakut associate director of employee benefits division Michael Plaugmann.

"Then you've got probably where the mass of the market is, which is a race to the bottom.

"Their views tend to be: 'I don't care about all that, it's mandatory, I have to put cover in place, so I want cheap'. We spend a lot of time fighting those fights, unfortunately."

Plaugmann added that those sophisticated buyers who rode out the pandemic in generally good financial health maintained their good quality, typically international health insurance plans. ▶

"Then you've got the others who jumped around. We get the infamous five or six hours per client who are just racing to try and chop costs because the pandemic hit them hard," he continued.

"They're SMEs, they've laid off staff, and that's where I have spent a lot of my time in the last few years. So there's quite a wide difference between what people are looking for in the market."

The differences between clients willing to spend on better quality cover and those who are not are underpinned by some of the starker actions undertaken by other insurers operating in the region.

With the mandatory plans limited in benefit coverage, it can mean in-effect no coverage at all for some employees.

"There are clients that want to buy low salary band or minimum benefits where the insurance companies are not even giving medical cards out to employees," said Lifecare International group commercial director MEA Amber Musson-Thorp.

"They know it's not even going to be used because the co-pays are 40% for the working population and the staff can't afford to spend that 40% or go to a hospital inside these networks.

"Some clients just don't care – they just want to tick a box for a mandatory solution. It's difficult to have that conversation," she added.

DIVIDED POPULATIONS

Nasco regional customer development director Diana Haydar echoed the difficulties in working with some clients and said it was not fair to only blame advisers for poor outcomes.

She highlighted that while some advisers may not be providing the best service, there were also insurers selling poor benefits and hospital and healthcare providers providing poor services without being well regulated or monitored.

"In many employers you have this social inequity; the senior management have these international high cover plans and then you have the rest of the workforce with very poor benefits," she said.

"When management comes to advisers, what can we say to them? The employer doesn't care about benefits for the rest of the staff – they are only premium driven.

"It's not always about the fault of the adviser, it's really a cycle the regulator should look at so even if you have a very poor level insurance, it should have better minimum benefits."

On that point, Haydar welcomed the move by the Dubai Health Authority in July 2021 to issue an upgrade to its basic health

Lifecare International group commercial director MEA Amber Musson-Thorp (left), Nageen Satar director of regional client services at Pacific Prime (bottom left) and AES International director of health and protection Damien Walsh (below)

insurance plan to include coverage for mental health along with other treatments.

However, this wider coverage has yet to be implemented, something which all the panel were keen to see actioned as soon as possible.

There was also hope from the panel that the realities of the pandemic, in which more than 2,300 United Arab Emirates (UAE) residents have died so far, would spur action against that race to the bottom.

In particular, it was hoped that local regulators would step in and become more interested in the situation and fulfil their mandate of qualifications for advisers.

"People now realise we are human and an awful lot of people did die," noted AES International director of health and protection Damien Walsh.

"Then you see the gaps that are in some policies and realise the people who have international cover were very, very well looked after, but others weren't.

"I think that proper regulation whereby people can give objective advice will help stop the market getting into a race to the bottom, because it is about our health and we are about human beings.

"It's not nice to say to somebody, you're not covered for that because the financial controller didn't look at the table of benefits, they just looked at the bottom line."

Nasco regional customer development director Diana Haydar

REGULATOR ON HOLD

It may be somewhat unexpected to hear advisers calling for more intervention from regulators but the panel was near unanimous in its backing for this to happen.

Indeed, in 2015 the Dubai Health Authority (DHA) published its Standards for Health Insurance Intermediaries which included the need for advisers to meet sufficient training and compliance levels. But this did not specify any particular achievements or requirements.

The standards also included reference to the potential introduction of mandatory qualifications.

"Permitted Health Insurance Representatives (PHIRs) commit to comply with any requirements issued by the concerned regulators to attain professional qualifications that may be mandated," the regulator said.

Then in December 2020 the Dubai Insurance Authority, which has subsequently merged with the central bank, issued draft regulations with criteria for roles from the top to bottom of intermediary firms.

These range from chief executive through to branch executives and sales staff and include a variety of certificates and educational requirements. For example, sales executives must hold a Certificate Degree from the CII or equivalent institution.

However, the process of enforcing minimum qualifications appears to have halted there, meaning the situation remains that anyone can be hired off the street today and be a broker selling products to customers tomorrow.

'IT'S NOT CONTROLLED RIGHT NOW'

"The regulator should introduce this requirement of a certain qualification to be able to give advice, it's not controlled right now," said Lifecare International chief commercial officer Nausheen Popat.

"To educate everybody from brokers to the actual clients into understanding the importance of qualifications, there's got to be that minimum requirement from the regulator.

"Because what happens is ten of us can ensure we're giving good advice, we're ▶

recruiting the right people, but then there's 50 firms that are not.

"So then you're in that same cycle constantly where your clients are being advised by someone else and get themselves into a mess, and they come back and you sort them out.

"How do you educate everybody at the same time? There's got to be that little minimum, absolute minimum requirement to come from the regulator," she added.

Others echoed that sentiment, emphasising that as mandatory health insurance was implemented by the regulator, it should be the regulatory bodies which do the same with qualifications for advisers to ensure appropriate service for all buyers.

"We did reach a point where the DHA started to evolve and become that governing body that we were actually looking for, but it was a stop and start situation," said Nageen Satar director of regional client services at Pacific Prime.

"We had forums, we had platforms where we were able to voice our concerns and opinions, but that has all sort of just become non-existent, it's just disappeared."

But there was also a recognition that advice firms, along with working to support the regulator to increase standards, should be following these best practice approaches themselves.

Firms should be hiring those with qualifications, allowing their staff to pursue qualifications and increasing the wider talent pool in the region, the panel agreed.

Satar urged intermediaries to ask themselves if they are really practicing what they are preaching in this regard and how they support their employees.

"Are we actually offering these opportunities, qualifications, engagement, or enhancing that talent pool? It has to come from within," she said.

"We need to be a bit more agile as well. When we're talking about qualifications, when we're talking about giving everyone the opportunity, we also have to give them the time and embed that into their benefit packages.

"Are we giving study leave or are we giving floating days that allow them personal development?"

HYGIENE FACTOR

This approach was backed by the panel, who recognised the need to be pushing the development of their teams and the wider industry for continual improvement.

And there was acknowledgement that this was also required to maintain the credibility of the intermediary profession – to be seen as advisers rather than brokers.

AES International's Walsh agreed that intermediary firms should be funding the cost of qualifications for employees and that this was something clients would expect as a minimum.

"It's a hygiene factor," he continued. "Clients assume that you're qualified to do your job and very often in our case, we're not even asked. And even when we are asked, I'm pretty sure they don't look at it.

Lifecare International chief commercial officer Nausheen Popat

Now Health International general manager – GCC Mayar Jaroudi (above), Steve Clements, integrated and global solutions leader for Central and Eastern Europe, Middle East and Africa at Willis Towers Watson (right)

"For me, the regulator has to set the minimum standards for entry, but I'm not a big fan of overregulation, I think it stifles innovation.

"So beyond the minimum standard, it's about behaviours and that's for us to self-regulate the behaviours of our people and make sure the way they operate is in accordance with best practices."

Steve Clements, integrated and global solutions leader for Central and Eastern Europe, Middle East and Africa at Willis Towers Watson, agreed with the importance of assuring customers that advisers had reached a certain competence, but that it should not restrict creativity and innovation.

"Beyond that, I think we as an industry have got to be more creative about plan designs and how we solve problems for clients," he said.

And he suggested there was probably a more economic-based reason for

the regulator not having enacted its mental health coverage in the basic compulsory insurance.

"If we look at Saudi Arabia, they just enhanced their basic plan and insurers are pricing an extra 10% for the enhancements on top of medical inflation," Clements continued.

"Medical inflation is already 10%, so that's a 20% premium rise to put these nice things in. At some point we've got to say, what's our priority?

"Are we going to spend our money on mental health or physiotherapy or something else, because there's a finite budget. So we've got to be creative about where we spend the money and where we prioritise that budget."

BECOMING MORE SOPHISTICATED

This brought the subject of mental health and wellbeing to the fore and how to best address it.

The panel agreed that after the strain of the last two years mental health had lost much of its stigma for people to talk about, but there was still much to do in terms of education and support.

Several speakers noted the need to ensure advice firms were making support, facilities and time available for their staff to monitor and support their own mental health.

But Now Health International general manager – GCC Mayar Jaroudi said it was also vital to equip sales teams with the key facts and figures to help clients understand the need for mental health cover.

"How many advisers within our companies really understand what mental health is about? We all segregate our sales team, you will have people who understand and people who don't," he said.

"So you send the person who really understands the subject to make the client understand the need for mental health cover, about the benefits mental health support brings and how much retention they can get out of it.

"You need qualified people to do that."

Jaroudi also argued this would not be a one-way street, believing that employers would become receptive to these conversations as they became more aware of the need to offer better cover.

"At the moment some clients are sophisticated some are not, but it's inevitable they will all become sophisticated," he continued.

"If you look back a few years back, they did not understand medical insurance when the government put in the mandates.

"Today, post-Covid, we see clients understanding more and more about medical insurance. It's an inevitable change which we need to cope with, and bringing our talents and qualifications will be essential."

INVESTMENT A VIRTUOUS CIRCLE

The panel agreed that this investment in training and quality service would be a virtuous circle but that it could take time and would need a collective movement from the industry to bring other businesses and customers along.

"Every single person sat around this table prides themselves on integrity and their professional brand and therefore, we invest in our own personal development and in the development of our teams," Cigna chief distribution officer for Middle East and Africa Leah Cotterill said.

"For example, Cigna gives educational reimbursement programs of around $6,000 each year for each individual for whatever qualifications they want to do – I've got four people in my team doing MBAs.

"Consequently we then carry higher operating expenses because we do things right, like everyone else around this table, but the challenge is with the majority who don't.

"As there is no requirement to do so, they continue in that circle and we then end up just focusing on the niche clients of the market, who think like us, who value the same things as we do.

"The challenge is how do we pull people out of that middle ground and encourage them in to this approach.

"I hate the idea of overregulation but things like this that help raise the quality probably also raises the price a little bit.

"It's this whole concept where we've got a segment of the market who are doing the right thing and investing in the right things and bringing value and quality to like-minded buyers – how do we help expand that?"

This prompted encouraging words from one panellist that regulators would be willing to listen to industry voices but that representatives needed to be proactive to push the regulators to bring their proposed measures into action.

"As an ex-CEO of the Dubai Health Authority, I know how this government works," said Health Beyond Borders CEO and founder Laila Al Jassmi.

"Now they have a lot of things in place and there are lots of things which we are not sometimes aware of, and there is a balance to be established.

"So approaching them, offering collaboration and helping to develop the standards, that can be one way of going forward and accelerating things faster.

"This is a tip that I can share with you because I was there for 23 years and I know how things have worked in the government.

"What I can say is that they will not approach you, but if you approach them, I don't think you will get closed down." ■

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A BUBBLE READY TO BURST

Medical inflation is threatening the sustainability of IPMI and requires swift and decisive action to root out bad practices, hears **Owain Thomas**

Advisers are warning that the severity of medical inflation in the United Arab Emirates (UAE) is making international private medical insurance (IPMI) unsustainable in the region.

The panel at Health & Protection's Middle East IPMI roundtable in Dubai heard that medical inflation is "the biggest critical factor after adviser knowledge" affecting the sector in the UAE, with members seen as revenue not patients.

And they agreed that issues needed to be tackled across the industry by advisers and insurers to affect behaviour change from patients, employers and doctors to bring soaring costs under control.

Medical inflation has been running at around 10% per year for several years in the region and this is expected to continue for several more.

The issue is such a significant one that Damien Walsh, director of health and protection at AES International, called it "the biggest critical factor after adviser knowledge".

He primarily laid the blame at the door of healthcare providers, hospitals, clinics, doctors and other practitioners, questioning the integrity of all those who participate and allow it to happen.

"We have to tackle them. As advisers we have to name and shame the facilities because the system is broken and the bonus system that doctors get for running a CT, MRI or an ultrasound is wrong," he said.

"And that's where the rules have to come in for having codes and regulating the amounts that you can actually charge at those particular facilities.

"That will mean insurers can actually make money, we can make money and satisfy our clients. Then it can become sustainable, but this model at this point in time is not going to work."

Walsh added that while the introduction of terminology rules to improve consistency on costs was welcome, he believed hospitals and doctors would still look to get around it or hide costs in other ways.

"You can have your colonoscopy at whatever price it may be, but it's the ancillaries that they're going to throw into it," he continued.

"But our members are not patients in the UAE. They are revenue. The first question the doctor will ask you is what is your insurance? It's not, how sick are you?

"Why can't we as leaders around the table name and shame the people doing CTs, MRIs and follow-up MRIs all in the space of 10 days?"

'STAND SHOULDER TO SHOULDER'

The panel also highlighted other tactics often used by providers to encourage patients to agree to unnecessary diagnostics or treatments themselves.

However, Lifecare International group commercial director for MEA Amber Mussen-Thorp noted there was hope for the situation as many people in the ▶

industry, including several on the panel, had experience in locations where cost containment had been successful.

And she urged insurers to work together to help restrict the bad practices suffocating the market.

"We've got the ability to see into the future and know how we've mastered it in the UK so we can bring that to this market," she said.

"It has to start from somewhere. You have to as insurers stand shoulder to shoulder.

"Procedure pricing would be a fantastic thing here with all the overtreatment - everything's collected in that one code.

"Insurers can audit their cost from the administrator because it will say one consultation, one set of diagnostic tests, the operation and follow up physio, and that procedure will cost X amount.

"That's how you can monitor it and track it from an audit perspective."

Along with insurers working more closely together, the quality of service from healthcare providers was also raised, with the panel noting many facilities were compromising the quality of their work.

This produced a call for additional oversight from regulators to further look at hospital practices.

"It just has to be greater regulatory control over the facilities themselves," said Beneple director of corporate insurance services Boyd Edmondson.

"We talk about medical inflation, we talk about price points in terms of companies going out and buying cheap and nasty, the origin of that is driven by pricing at the medical facilities.

"And if we address the pricing at the medical facilities, we're clearing up a lot of issues along the way.

"Whether we ever get that right is a difficult one to answer, but that's where the inflationary increases and the cheap and nasty type of products come from – it's a result of what the medical facilities are dealing with."

As an example of the costs in the system, repeat prescriptions are often only issued after another $200 consultation, rather than as the routine service it is in many parts of the world.

'IT WAS THE PATIENT'S FAULT'

However, it appears that healthcare providers are unlikely to accept this torrent of criticism lightly and have come up with unusual arguments to defend some of their practices when they feel threatened or called out.

Cigna Insurance chief distribution officer for Middle East and Africa Leah Cotterill detailed one experience at a conference a few weeks earlier where she had been speaking about using technology to combat medical fraud, waste and abuse.

"One of the healthcare providers in the room decided he had a point of view on this and that I was the insurer pointing the finger at the healthcare providers," she recounted.

"He said it wasn't the healthcare provider's fault, it was the patient's fault because the patient comes into the room and says: 'I've been on Google and my friend told me, I need this, this, this, this and this'.

"And he felt, therefore, that they were compelled to do that. I did politely in front of the room suggest to him that wasn't the point."

Despite this, Cotterill was keen to stress that she did not want to tar all providers, facilities and clinicians with the same brush.

But she noted that to avoid these practices, common processes such as pre-authorisation and other checks and balances needed to be done which can have an unwanted knock-on effect to the customer experience.

Cotterill emphasised that insurers do not want to delay care, but explained investing in data and behavioural analysis was helping inform insurers about potentially problematic doctors.

"We've been looking at how we can use historical data to inform the patterns of behaviour not of clinics but of actual doctors to look at cost per encounter," she continued.

"We did a lot of this analysis for the Smartcare product launch and the network for that product is based on cost per episode rather than just on unit cost.

"We're a fair way down the line with this, looking at how we engage differently with providers that behave well and do the right thing and we're actually quite happy to pay them more, because if they get better outcomes quicker for patients, that's a really positive result.

"You end up potentially with this scenario, with investment and the industry coming together, where you say these are the good guys and I don't need to worry about pre-authorisation or my pre-authorisation limit is higher or it's for a much smaller number of conditions.

"And in contrast with others, they've demonstrated that they're not good actors and therefore, I'm going to start them off

from zero pre-authorisation, and then you allow market forces to engage."

TARGETING BAD BEHVIOURS

This insight moved the discussion onto how technology could influence behaviours and act as a further break on surging costs, while not impacting care or the patient experience.

One suggestion was that the rapid growth of and familiarity with remote and virtual consultations during the pandemic meant it was feasible to use these facilities more proactively.

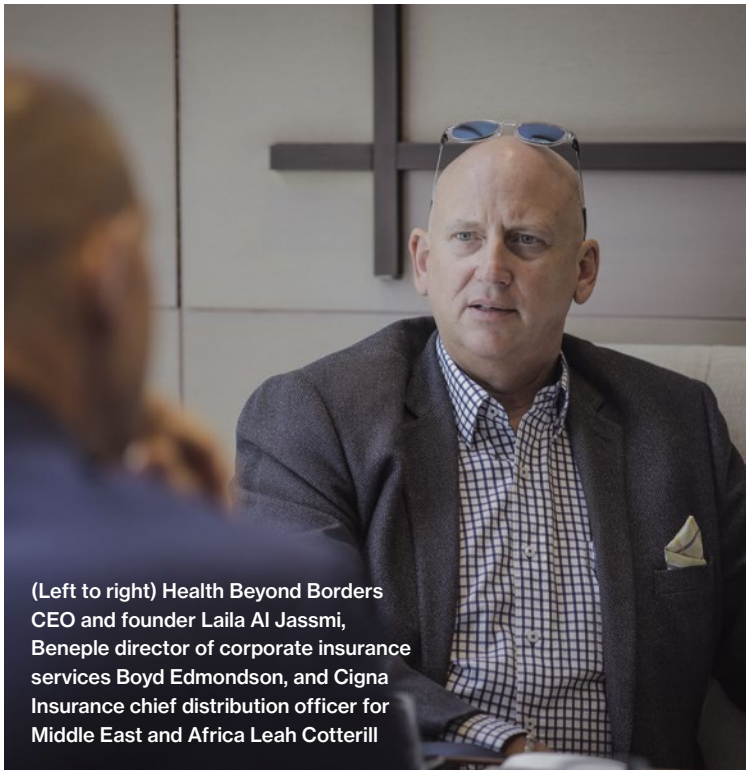
These could help gatekeep the treatment journey, keep patients out of overused facilities and prevent potential overcharging, while giving more practical benefits such as removing travel time.

Or the option of replicating a model used in other major cities where a doctor makes personal visits within a certain radius was cited as potentially being cheaper than visiting a private consultant.

However, there was recognition that many residents actively enjoyed visits to doctors and made an event out of it.

This was just one of the behavioural trends among employers and end users that the industry would need to work hard to shift wherever possible.

Mayar Jaroudi, general manager – GCC at Now Health International, recognised



(Left to right) Health Beyond Borders CEO and founder Laila Al Jassmi, Beneple director of corporate insurance services Boyd Edmondson, and Cigna Insurance chief distribution officer for Middle East and Africa Leah Cotterill

that market behaviour has to be changed in many ways.

"Control has to be from the patient side," he explained.

"In Europe, in the U.K. and everywhere else, when you're given medication, you're given a certain number of pills. Here, you walk in and you get the whole bottle and it gets thrown in a big mixed bag of other medication.

"I've seen several occasions where patients have pushed back and asked why do we need all this? So the behaviour itself and the ease of access needs to be changed.

"But the legislation to prevent this is on its way, the coding is there and more and more will be coming in."

KEY ROLE FOR ADVISERS

This reforming of patient behaviours was also recognised as a key role for advisers who are able to use their influence to warn clients about bad behaviours at certain facilities.

"Here comes our role as advisers in the patient education and the cost containment concept, we have a lot to say here," said Nasco regional customer development director Diana Haydar.

"We have the patient education part because they trust us. We can orient them on things such as 'beware of this hospital as they abuse the system, go there instead'.

Haydar also urged her intermediary colleagues to agree to only deal with insurers who believe in using teleconsultations, noting not all have them embedded in their policies or services.

"And whenever we are negotiating renewals we see overutilisation or we see where the numbers are being inflated, we know that these are not the real numbers," she continued.

"So we have a lot to do here as advisers but again, only if we are really qualified for this, not if we are only transactional brokers."

And that responsibility for advisers is also passed on to working with employers and helping to guide their behaviours, informing them about the impact on premiums and their bills by carrying on as normal.

Indeed, some employers can be very stubborn in their desire to include certain facilities and educating them can be a challenge and a lot of hard work.

"I have seen that with a lot of my clients, they specify certain providers on the insurance contract," explained Health Beyond Borders CEO and founder Laila Al Jassmi.

"They do not understand when insurers tell them a provider is a high cost to their budget and the quality of outcome might not be to the level they expect.

"But they still say their employees come from a certain country or part of the world, and they just want a certain provider to be within the network.

"This is something I have seen with a lot of my clients where we reach a point that we cannot do anything and if we don't get this provider on board, we lose the project."

DEMAND FOR DATA

Other panellists highlighted the options of negotiating with hospitals separately where possible or by adding a significant co-pay up to a certain value when including high-cost facilities in treatment networks. This then pushes some of the onus onto the scheme sponsor to meet that commitment.

However, the lack of clear, transparent, independent and authoritative data about the performance of hospitals was another area advisers would like to see action on.

Without these independent figures they accepted it was hard to persuade some employers that providers were not offering good quality service.

There was a desire for either insurers, third party administrators or regulators to take on the situation and begin publishing authentic figures to help illustrate the situation and allow advisers to let the evidence make its mark. ■

OPEN DOORS DRAWING BUSINESS BACK TO THE GULF

The Middle East is once again an attractive proposition for companies looking to expand but the insurer market needs some work, advisers tell **Owain Thomas**

A resurgence of in-bound businesses, growing numbers of start-up companies and fresh visa options are making the Middle East a dynamic and positive international private medical insurance (IPMI) market.

Panel members at the Health & Protection Middle East IPMI roundtable in Dubai explained how the region was bouncing back after the Covid pandemic and where they thought there were too few, and too many, insurers operating.

Now Health International general manager – GCC Mayar Jaroudi began by describing how the United Arab Emirates (UAE) IPMI market had developed over the last few years.

"Pre-Covid it was quite a steady market, but I wouldn't say it was mature yet so there were a lot of opportunities in the country itself," he said.

"A lot of companies wanted to venture in and establish themselves, but of course with Covid things then stagnated for some time, as happened worldwide.

"But the UAE was an example for many countries where they were quite successful in controlling the pandemic, keeping companies afloat and then relaxing the rules around setting up companies, hiring new talent and the mobility of people coming into the country.

"So now more and more companies are moving to the UAE," he added.

This support for how the pandemic was handled in the region was echoed by others on the panel.

Some even noted that having seen how it was handled elsewhere in the world they would rather have been in the UAE than anywhere else.

However, as Cigna Insurance chief distribution officer for Middle East and Africa Leah Cotterill noted, there was still an impact on business levels.

Mayar Jaroudi, general manager, GCC at Now Health International

"We absolutely saw during the Covid period, as everyone would expect, group schemes contracting in size through people either being made redundant or choosing to leave," she said.

"We've seen that reverse now with the middle of last year being the pivotal point. We're not at the boom time growth of in-group numbers just yet, but we're definitely seeing schemes back on the trajectory that we would expect."

SAUDI ARABIA ATTRACTION

Cotterill agreed that the influx of new companies to the region was particularly encouraging and many of these were of the start-up variety, rather than being established multinationals.

But it is not limited to Dubai and the UAE in general.

"Especially in Saudi Arabia, we're seeing a lot of virgin business, and a lot of SME sales as a result of that," she continued.

"The other dynamic that created the mobility flexibility was all these different visas that have come in. There's a golden visa and a working visa that allows you to work here from other locations without residency.

"That's actually brought complexity as well but it's opportunity and we've seen a lot of people coming in, setting up companies and making the most of those visa opportunities," she added.

That growth in companies and people entering the region was repeated by other panel members and they agreed Saudi Arabia was becoming particularly prominent in attracting interest.

And this has seen some remarkable changes to client levels and there is an expectation this could continue rising, as AES International director of health and protection Damien Walsh highlighted.

"People are looking at not only here, but the wider Gulf Cooperation Council (GCC) and particularly Saudi Arabia," Walsh said.

"Some of our books were 6%, 7% or 8% in Saudi Arabia, but we're now seeing 50%, 60% or even 70%. So it's all moving there and that's where the next move in the region is going to be," he added.

WORDS OF CAUTION

While sentiments were generally positive around the table, there were also some words of caution and areas highlighted that needed further work to maintain the strong growth.

This was particularly around identifying those industries that were potentially in need of support to continue their growth and modernisation.

"Being a UAE national I think there are some challenges," said Health Beyond Borders CEO and founder Laila Al Jassmi.

"For example, the healthcare industry has changed. There is a lot of technology and digital health, so the challenge is now what future job opportunities will be available due to that?

"There has to be a lot done with the new workforce that will be coming in terms of education, so we need to look into this."

But there have been encouraging signs as well. Al Jassmi had also noticed with her clients that the pandemic had helped to ease a lot of regulation and licensing.

"There has been a lot of innovative technology that industrial experts and young entrepreneurs came in with and the authority has had more of an open ear to listen to these kind of new ventures and help them to realise their goals," she added.

Another challenge being replicated in the region, as it is across much of the world, is the desire from employers for greater engagement with their staff and to maximise the utilisation of the benefits they provide.

Human resources departments are keen to retain staff as many employees take a long look at their positions and consider their future career plans.

Chief among those is the desire to support employee mental health which took a battering during the pandemic, with one of the more notable trends being a greater openness to allowing those conversations in businesses in the region.

And this is something advice firms and insurers are experiencing too, as they aim to keep and recruit the best staff they can find.

INSURER IMPROVEMENTS

This led on to upheaval in the industry itself with high profile moves by insurers particularly of interest.

The panel noted that where large, high quality international insurers were concerned there was a desire for more entrants into the region to ensure a competitive market.

But with around 50 registered insurance companies in the UAE for 10 million people they added that there appears to be too many smaller regional or local players not offering quality products.

"We want quality insurance providers, but we don't want contraction in the international space please, we're running out of options," said Lifecare International group commercial director for MEA Amber Musson-Thorp.

This was echoed by Nageen Sattar, director of regional client services at Pacific Prime, who added: "I'm quite surprised that we're still waiting for the local insurance market to evolve and learn from the international insurers, and to be first to pick up the talent from those insurers leaving the market.

"The thing is really to try to standardise and give us the options because we need those options, we need sustainable longevity with clients, we want to build that relationship, build a history with a particular provider and also the third-party administrative agreements, those are very key.

"So although we're talking about insurers here, for me the core is the access to healthcare and what happens in that journey and that member experience," she concluded. ■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OPINION

ENABLING ACCESS, IMPROVING HEALTH OUTCOMES

›› By Cigna Middle East and Africa

Technology is revolutionising healthcare and digital technologies are reducing the burden on health systems and clinicians by improving accessibility and accuracy.

When the global pandemic came to light in 2020, the traditional healthcare system across the globe was shaken to its roots.

With integrated health systems becoming the need of the hour, amid lockdowns and remote access and capacity for in-clinic support stretched like never before, adopting new healthcare technologies became paramount to save lives and improve treatments.

In more ways than one, the pandemic catalysed the implementation of technology in the healthcare space.

Now more than ever, healthcare has evolved to meet the needs of patients, wherever they are. Geography is no longer a barrier to healthcare, with medical professionals as well as patients having access to essential services using the latest virtual platforms and healthcare applications.

In this context, Cigna's latest Healthcare Going Digital white paper, which derives insights from the 360 Wellbeing Survey, provides an overview of the rise of virtual healthcare in improving access to care, through a hybrid of in-person and virtual interactions, supported by remote monitoring through sensors and digital tools.

Smart wearable devices

As per the white paper, the number of connected wearable devices globally is forecast to exceed one billion by the end of 2022.

This will include health, fitness, and wellness trackers, which will be accentuated by the rapid adoption of smart watches and digital health apps.

Rather than waiting for health issues to be diagnosed, digital devices such as wearables and well-being apps allow people to proactively monitor their health on an ongoing basis.

Similarly, atrial fibrillation – the most common cardiac arrhythmia condition causing stroke, which is estimated at 37.5 million cases globally and growing – has substantially benefited from virtual care. These smart device applications can help detect cardiac arrhythmia, and remote ECG systems have changed the way the reporting and response to irregular heart conditions are done.

Improved customer journey

Moreover, with the emergence of virtual technology, global health service companies are empowering people with an improved patient journey and greater choice.

Among other benefits, this has helped professional care managers take the confusion out of navigating healthcare systems and insurance coverage.

Similarly, centralised management apps put all information in the palm of patients' hands, enhancing the care journey with easy-access referrals, billings, and diagnostics. And virtual healthcare services enable access to care in even the most remote communities in their native language, in an affordable way.

Preventative care

Another benefit of virtual health services is for chronic health conditions, which require continuous monitoring and management.

Innovative virtual care delivery takes the aggressive intervention out of these programs. People living with chronic diseases will now rely on virtual consultations and monitoring to manage their wellbeing.

With the help of cardiac monitors, musculoskeletal sensors and intuitive patient data platforms, the possibilities of virtual healthcare to improve the lives of those with chronic diseases or lifelong conditions are especially bright, enabling many to live healthier, longer lives, with less intrusive medical treatment plans.

General practitioners, specialists, hospitals and health systems are using cloud technology, 5G networks, artificial intelligence, and interoperable data and analytics to overcome challenges in patient management and build more impactful models of care.

The increased use of digital technologies is also playing a critical role in reducing misdiagnosis, and anxiety caused by the risky habit of online self-diagnosis, by offering faster access to medical advice from the comfort of the patient's home.

As the growth of digital healthcare provides new possibilities for better, more accessible, high-value and integrated care, it also significantly frees up vital space in clinics while increasing patient choice across clinical settings.

These evolutions in healthcare connectivity, monitoring, and care delivery are keeping people out of hospitals freeing up beds, out of the emergency room, and more informed about preventative health practices.

In short, the healthcare sector is at the cusp of a major digital transformation as digital infrastructure is modernising.

The global healthcare market is forecasted to grow to nearly US$11.9trn by 2022 as digital technologies continue to pave the way for a new era of tech-driven healthcare.

There is no denying that virtual healthcare is transforming health systems worldwide by improving medical outcomes and access for millions.

What is more critical to note is that it is supporting people to integrate healthier habits into their daily lives, which is far more sustainable. ■

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