



The Return on Investment: Saving Lives and Saving Costs

A Case for Pre-Travel Screening

Organizations are sending employees abroad more often, driven by expanding global business. They are traveling and accepting assignments in places like Nigeria, Papua New Guinea and Myanmar. At the same time, the recent financial downturn has forced organizations to find innovative means to be more cost effective. In this environment, programs which have a positive return on investment are critical.

With health costs rising globally and employee productivity a priority, international health screening programs have demonstrated a return on investment that is both unique and provocative. And these programs not only save costs, they also save lives. That's a perfect win-win situation.

Pre-travel and Pre-Assignment Screening

Recent research¹ has revealed that certain countries have significantly higher risk of hospitalization and medical evacuation. These "High Medical Risk" countries are grouped in either poor or very poorly developed countries based on the Human Development index, or in high and extreme medical risk using the International SOS country medical risk ratings². A range of threats and risks exist in these countries: medical care is limited, infectious diseases are more prominent, road traffic is more dangerous, the climate is more challenging and water quality is less safe. This same research shows that expatriates hospitalized in a high risk country have a 48%³ chance of being medically evacuated. And in an extreme risk country, the risk of medical evacuation increases to nearly 80%⁴.

So it should come as no surprise that people with pre-existing conditions – such as heart disease, high blood pressure and diabetes to name a few - are at greatest risk, particularly when they are traveling or working in high risk locations. With limited local medical care available locally plus the additional stressors of the high risk environment, the possibility of their condition worsening is significant. With the cost of a failed assignment reaching \$1million, keeping personnel out of the hospital - especially in high risk countries - is a major consideration for management. To mitigate this risk, forward-thinking companies have implemented pre-travel screening programs.

		Personal Health Risk				
		Non Identified	Low	Moderate	High	Extreme
Location Medical Risk Rating	Low	Pass	Pass	Pass	Pass	Review
	Moderate	Pass	Pass	Pass	Review	Review
	High	Pass	Pass	Review	Review	Review
	Extreme	Pass	Review	Review	Review	Review

Source: International SOS

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Why a medical examination without corporate medical review is not enough

Most companies require that their employees receive a pre-travel medical examination. This has been the case for many years and remains an important recommendation. But without corporate medical oversight, the utility of this requirement - for the employee and organization - is very limited. A doctor who performs the exam on behalf of the organization will rarely delay or deny travel due to a medical reason, nor will they ensure that appropriate medical follow up is required at their destination. In most cases, the examining doctor may have little or no idea of the stressors or medical resources available at the international location.

To resolve this issue, each medical exam must be reviewed by a medical professional who understands the risks at the destination and has the authority to ensure the employee is “fit for assignment.” This is the role of the Corporate Medical Department. By having a doctor who knows your company, your risks and your policies, decisions can be made in the best interest of both the employee and the organization.

The Key Return on Investment Indicator – the “Save”

Companies that have implemented pre-travel medical screening programs have been able to demonstrate significant return on investment, often more than 5 fold. To do this, organizations have carefully tracked a key performance indicator – the “save”. The definition of a save is: mitigating a likely failed assignment and/or medical evacuation by actions performed by a medical screening program to address a critical medical condition. Companies internally have put their own value on a save, and have evaluated the Return on Investment based on that number. There are typically two processes to medical screen personnel prior to travel. The “Gold Standard” is a structured medical examination. A new innovation is an online medical questionnaire program.

Source: International SOS

Case Example 1: Medical Examination Program – 7:1 Return on Investment

A major Fortune 100 Construction and Engineering firm has been requiring standardized medical exams for all international assignees for nearly two decades. Using the save methodology (above) for the last 4 years, its case activity has demonstrated significant return on investment. Based on an internal cost of \$500,000 per save, the program shows a return on investment of 7:1. In fact, in 2009, its pre-assignment medical program won the top cost saving program in the company.

In the first year of tracking saves, the corporate medical department recorded 17 saves from a total of 952 exams. An example of one of its saves was a 52 year old engineer who was due to be assigned to Mongolia. But on examination had a critical heart condition which required him to receive urgent cardiac surgery the very same day. There are no cardiovascular surgery facilities in the entire country of Mongolia. Not only did this save a potential failed assignment and medical evacuation, the patient and family were eternally grateful to the company for the life-saving support. Interestingly, of the 17 saves, all but one ultimately was able to accept their assignments. The purpose of the program is not to deny assignment, but to adequately accommodate personnel so they can have a safe and successful experience.

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Case 2: Medical Questionnaire program – Return on Investment 8:1

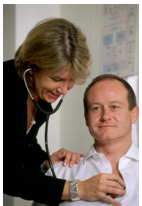
An engineering firm rapidly expanding internationally had never implemented any medical screening programs in its history. While management understood they were exposed by not having any program in place, they also realized that implementing an examination program would be culturally challenging, not to mention expensive. The company decided instead to implement an online destination-specific medical questionnaire program to not only demonstrate Duty of Care, but to ease the company into a new risk management process.

After their first year of operation, the results were dramatic – three saves from the 230 questionnaires reviewed – a return on investment of 8:1 (\$500,000 was also used for their value of a save). Over the next three years the company saw a significant drop in its hospitalization and medical evacuation cases and medical expense claims, (see chart) while the assignee population increased by more than 30%. The client also tracks another indicator called “critical Interventions”. Less dramatic and critical than saves, critical interventions occur when the medical team intervenes in a positive manner to change the course of the assignment. Examples of critical interventions are directing personnel to receive anti-malarial medications (where they had not thought to do so), pre-arranging specialist referrals in the assignment country, and procuring long term supply of chronic medications.

An initial concern of the company was how the program would be received by personnel. They were pleasantly surprised with the significant positive feedback and “thank you” letters – clearly the company was watching out for the well-being of their international assignees and their families.

Unlike the medical exam program, the questionnaire cannot determine fitness for assignment. The objective of the questionnaire program is to rapidly and automatically identify personnel with self-disclosed existing medical conditions and compare them to the risk of their travel destination. Those identified as at-risk personnel are contacted by a nurse who walks them through the appropriate guidance and assistance. The process is very efficient – a typical questionnaire only takes six minutes to complete, with near immediate feedback on whether further assistance is recommended. Results reveal that between 70 and 80% of questionnaire participants require no further assistance, thus allowing the medical team to focus on those few at-risk personnel and offer appropriate assistance.

Conclusion



By developing screening programs that link destination risk with an individual’s health risks, unwarranted hospitalizations, medical evacuations and failed assignments can be averted. With the cost of assignment failure and international business disruption so high, even one “save” can cover the cost of an entire program – as well as mean the difference between financial success, making budget, and most importantly, saving a life.