




Travel insurance: an adult CHD patient's perspective

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Brief Report

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Abstract

Many adult CHD patients encounter difficulties in obtaining affordable travel insurance. We aimed to assess their travel habits and perspectives through a questionnaire. Our results indicate that many adult CHD patients use travel insurance but incur a premium due to their condition. There is an urgent need to provide better guidance to these patients on travel insurance options available to them.

Through advancements in surgical interventions,¹ patients with CHD are surviving longer and reaching adulthood.² Adult CHD patients can increasingly maintain a physically active lifestyle, of which travelling constitutes an integral component.³ Despite this, many adult CHD patients encounter significant barriers, one of which is travel insurance.³

The 2020 European Society of Cardiology⁴ guidelines acknowledged the significant challenges of obtaining life, health, and travel insurance for this group of patients. The premiums these patients are incurring are due to policies rather than related to the heart condition complexity, functional status, or prognosis.⁴

Having valid travel insurance is paramount in this cohort, as some adult CHD conditions can cause significant mortality and morbidity.⁵ To provide appropriate care, it is imperative to gauge the understanding towards travel insurance to improve guidance and support to such patients.

We assessed the travel habits of adult CHD patients to establish their Knowledge of the various travel cover options available in the United Kingdom. We also aimed to look at the number of adult CHD patients who were getting travel insurance based on their adult CHD severity and NYHA class. Lastly, we sought to investigate the effectiveness of our adult CHD outpatient services in providing sufficient travel guidance to these patients.

Materials and methods

Over two months, we distributed an anonymised questionnaire to adult CHD patients who attended outpatient cardiac services at University Hospitals Birmingham NHS Foundation Trust. We summarised the responses and utilised descriptive statistics for data analysis. All adult CHD conditions were eligible for inclusion in the study. Partially and improperly given responses were excluded.

Results

132 patients completed the questionnaire, representing approximately 1% of the total adult CHD patients under follow-up. The cohort was evenly split, representing 50% (n = 66) of male and female patients. The median age of the study population was 33 years (range = 17–78 and standard deviation = 15). In total, 58% (n = 77) travelled abroad, 2% (n = 2) travelled within the United Kingdom, and 40% (n = 53) did not travel. Of those who travelled, 96% (n = 76) had travel insurance, and 4% (n = 3) did not have travel insurance.

Of the 76 insured patients, 28% (n = 21) had mild, 54% (n = 41) had moderate, and 18% (n = 14) had severe ACHD conditions (Fig. 1a). Furthermore, their NYHA class was as follows: 81% (n = 62) NYHA I, 9% (n = 7) NYHA II, 4% (n = 3) NYHA III, and 3% (n = 2) NYHA IV. Due to difficulty in grading, n = 2 were excluded. Of the 3 uninsured, n = 1 travelled overseas, and n = 2 travelled within the United Kingdom. Amongst the 3 uninsured, n = 1 had mild, n = 2 had severe ACHD conditions (Fig. 1a), and all were NYHA I.

Of the 76 insured patients who travelled, 78% (n = 59) declared cardiac condition, 21% (n = 16) did not, and n = 1 was excluded due to an incomplete questionnaire. 71% (n = 42) of ACHD patients who declared their cardiac condition incurred an increased insurance premium; however, 22% (n = 13) did not incur any additional insurance charges. Due to incomplete questionnaires, 7% (n = 4) of patients were excluded. Notably, 7% (n = 9) of the study population experienced travel insurance rejection due to their cardiac condition.

Of the 132 patients, only 13% (n = 17) found our adult CHD outpatient clinic services answered their questions regarding travel insurance. 60% of patients (n = 79) would have

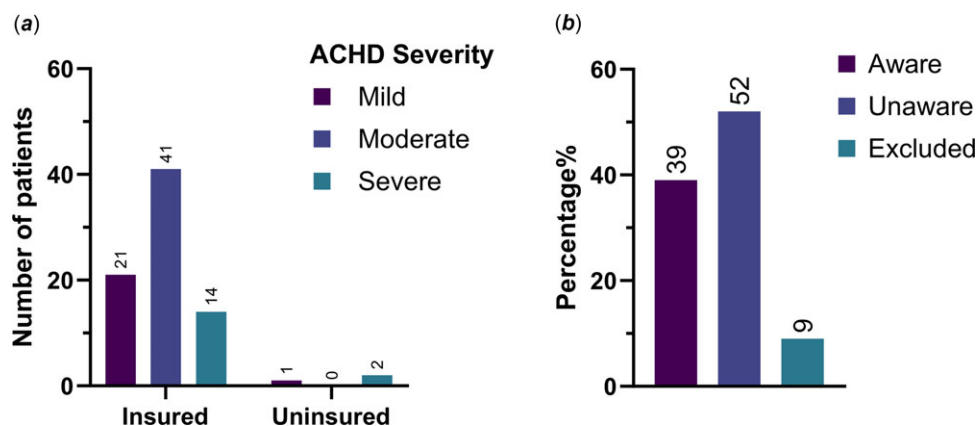


Figure 1. (a) showing insurance trends according to ACHD condition severity. (b) showing percentage awareness of EHIC or GHIC.

appreciated more information, and 27% ($n = 36$) were excluded. Only 39% of patients ($n = 52$) were aware of European Health Insurance Card or Global Health Insurance Card,⁶ 52% ($n = 68$) were unaware, and 9% ($n = 12$) were excluded (Fig. 1b). Out of 52 who were aware of health insurance cards, only $n = 27$ knew of the need to apply for a GHIC upon EHIC expiry,⁶ $n = 23$ did not know, and $n = 2$ were excluded.

Of the total study population, 44% ($n = 58$) were interested in applying for GHIC or travel insurance in future, 33% ($n = 43$) were not interested, and 23% ($n = 31$) non-responders were excluded.

Discussion

The study demonstrates that many adult CHD patients travel, and those who travel also get travel coverage regardless of the severity of their adult CHD condition and New York Heart Association Functional Class (NYHA). However, a considerable proportion are not declaring their cardiac condition, potentially rendering their insurance invalid and putting them at risk of being unable to access healthcare abroad. The results also demonstrate that many patients who declare their cardiac condition incur a premium. It highlights the room for improvement in our adult CHD outpatient services in providing more guidance on travel, particularly as a substantial proportion of patients needed further travel information.

The study shows that many patients are unaware of European Health Insurance Card or Global Health Insurance Card; these are insurance cards issued by the United Kingdom government which cover medically necessary state-sponsored healthcare during travel within Europe, excluding a few countries.⁶ Moreover, a significant proportion of patients were unaware of the post-Brexit changes implemented by the United Kingdom government to these cards, which has resulted in the need to apply for Global Health Insurance Card upon European Health Insurance Card expiry.⁶ The study emphasises that many of our cohort were unaware of the various travel cover options but were interested in applying to them in future.

Around 97% of CHD patients now survive into adulthood.² Therefore, it is becoming increasingly important to proactively provide advice on overseas travel to these patients. Organisations must use various multi-media approaches, such as social media and leaflets, to disseminate information about the travel cover options available to these patients. There is an urgent need for adult CHD specialists and insurance companies to come together to develop affordable travel insurance policies. This study also emphasises the importance of the ACHD Clinical Nurse Specialists having sufficient time with adult CHD patients to provide appropriate guidance on lifestyle issues.

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Competing interests. None

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