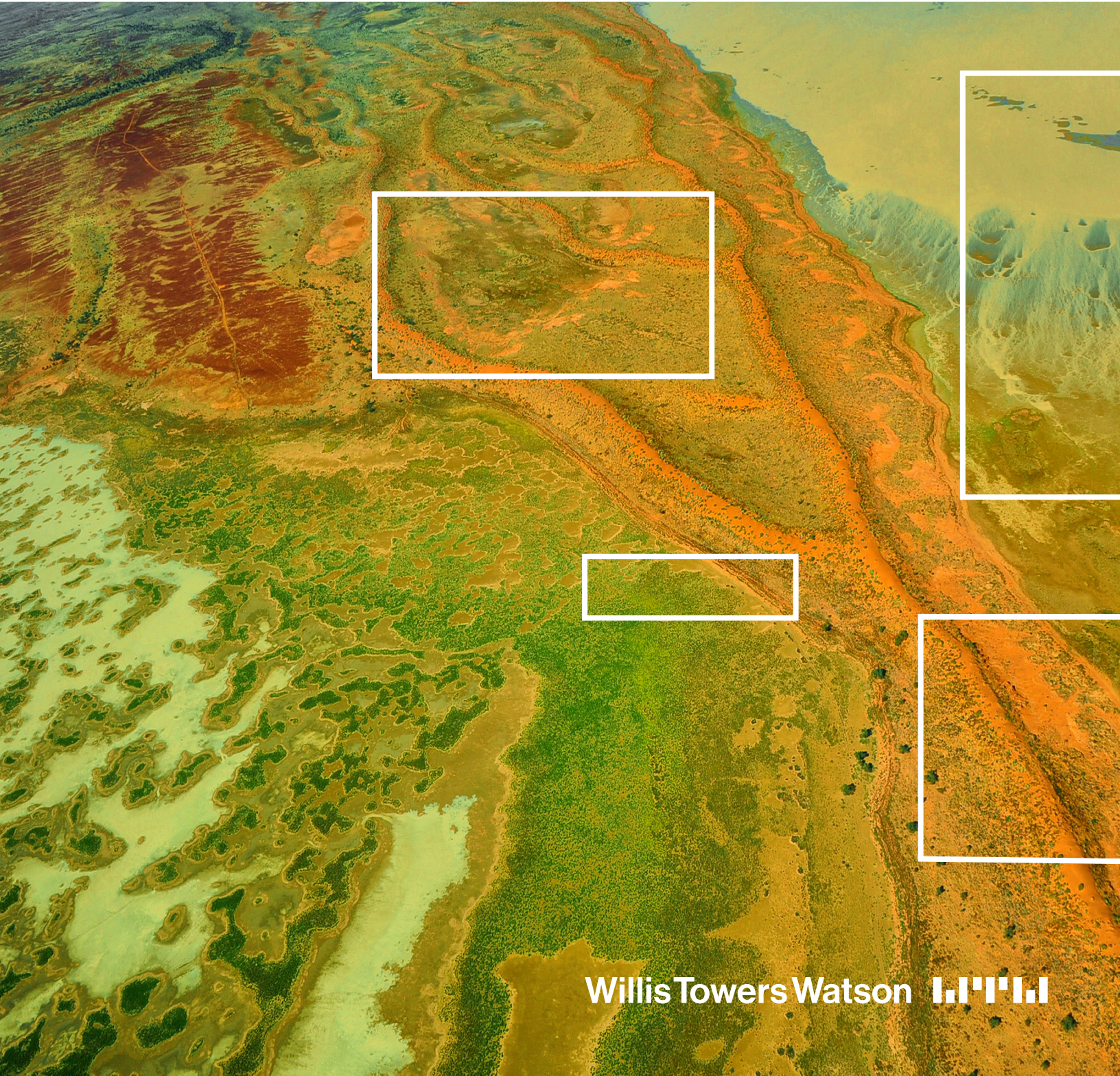


# 2021 Global Medical Trends Survey Report



# 2021 Global Medical Trends Survey Report

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## Executive summary

The 2021 Global Medical Trends Survey reveals that while the pandemic has had a significant impact on health care utilization and overall costs in 2020 due to a sharp decline in nonurgent surgeries and elective care, the resulting decrease in medical trend will be short-lived.

Globally projected health care benefit costs will take a sudden drop in 2020 before rebounding to 8.1% in 2021, up from 5.9% this year and 7.2% in 2019.

Average increases across different regions next year will range from 5.8% in Europe to 8.5% in Asia Pacific to 10% in the Middle East and Africa to 13.6% in Latin America. Health care benefit cost increases in the U.S. are expected to remain stable at 7.3% next year, according to other Willis Towers Watson research.

Looking beyond 2021, over two-thirds (67%) of respondents expect medical costs will continue to accelerate over the next three years. Roughly 90% of Middle East and Africa insurers expect higher medical trends over the next three years as do 77% of insurers in Europe. Only 40% of Asia Pacific insurers expect a higher medical trend.

The pandemic has helped to accelerate the adoption of telehealth with half of insurers globally currently offering telehealth across all plans. Although it's still early days and many issues around telehealth need to be resolved, including its place in plan design, we believe that telehealth is here to stay. For this reason, a special section of this report is devoted to telehealth.

### Key findings

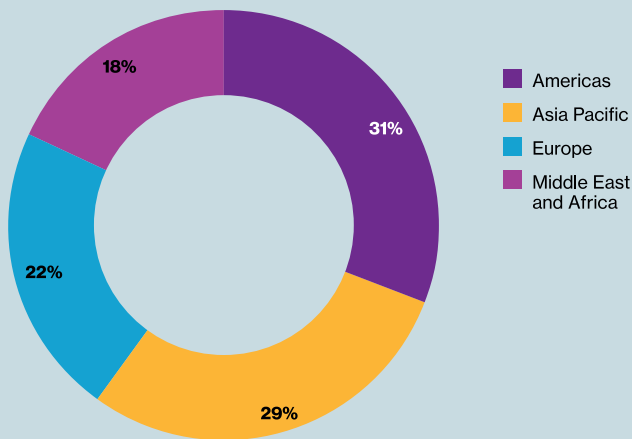
- **Member coinsurance continues to be the most popular cost-sharing approach.** Insurers once again identify member coinsurance as “typical” or “most typical” in all regions with the exception of Europe where insurance plans are more heavily integrated with government health programs. Using contracted networks of providers for all treatments is the most popular cost management method with 73% of insurers identifying it as most effective. Sixty percent of respondents cite the placing of limits on certain services as the second most effective tool for managing costs.
  - **The cost burden of mental health conditions is expected to grow.** Respondents rank cancer (80%), cardiovascular diseases (56%), and conditions affecting musculoskeletal and connective tissue (41%) as the top three conditions that currently affect medical costs. Gastrointestinal (40%) moved into the top three conditions causing the highest incidence of claims along with cancer (48%) and cardiovascular (36%); however, about four in 10 respondents predict mental health conditions will be among the three most common conditions affecting costs within the next 18 months (40%) and among the three most expensive in the next 18 months (39%).
  - **Gaps in coverage persist for alcoholism, drugs and HIV/AIDS.** Between 50% and 53% of group policies regardless of size include exclusions for alcoholism and drug use, while between 41% and 47% exclude on the basis of HIV/AIDS. Group policies for less than 50 employees are more likely to exclude preexisting conditions.
  - **Claim data classification.** Nearly half of insurers globally (48%) use the ICD-10 claim-coding system, while only 14% use a local coding system. This facilitates more consistent reporting of claim data and more accurate identification of core claim driver
- **Overuse of care drives costs.** The most significant factor contributing to rising medical costs related to provider and employee behavior is the overuse of care. While 65% of insurers are most concerned about providers driving up costs by overprescribing or recommending too many services, 55% also cite overuse of care due to insureds seeking inappropriate care.

Given that 2020 was an extraordinary year globally due to the pandemic, most countries are seeing a decrease in trend from 2019 to 2020. Some countries are even expecting a negative trend for 2020.

### About the survey

Willis Towers Watson conducts the Global Medical Trends Survey every year between July and September. Two hundred and eighty-seven leading insurers representing 76 countries participated in our 2021 survey. Global results presented here have been weighted using GDP per capita. The U.S. medical trend data are drawn from the Willis Towers Watson National Trend Survey research.

Figure 1. Participant profile



### Global average medical trends by country, 2019-2021

COVID-19 has undoubtedly had a major impact on projected medical trends for 2020 and 2021. Given that 2020 was an extraordinary year globally due to the pandemic, most countries are seeing a decrease in trend from 2019 to 2020. Some countries are even expecting a negative trend for 2020.

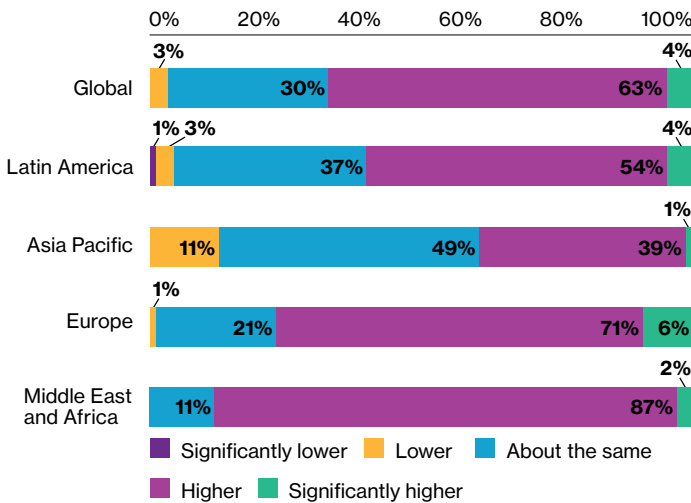
Many insurers and employers are reporting a decreasing trend in claims ratio in 2020, as most nonurgent treatments and surgeries were delayed especially between March and August. In turn, these delays created a need for some private facilities to make up for lost revenue in 2020. The Willis Towers Watson COVID-19 claims modeler suggests significant volatility in 2021 results, which are dependent on the impact of COVID-19 and whether or not a vaccine becomes available early in the year, who pays for it and the extent of its availability. In addition, there is uncertainty about how COVID-19 testing and treatment costs for 2021 will continue to be split between government, insurers and employers.

Further uncertainty around medical trend lies ahead in future years as we start to see the true impact of delayed treatment in 2020 and the long-term effects on those who contracted COVID-19. Nevertheless, there is a silver lining here, as COVID-19 has greatly accelerated the adoption and use of telehealth, which, in turn, could help to offset those potential higher costs and provide a more efficient way for insureds to access and use health care in the future. It may also, of course, increase utilization due to ease of access.



**Overall, we expect projected global trend to drop to below 6% in 2020 before rebounding back to above 8% for 2021 due to the catch-up on delayed treatment, potentially leading to worsening health conditions and some unexpected cost increases coming through, such as those for personal protective equipment (PPE).**

Figure 2. How do you expect the medical trend in your overall book of business to change over the next three years compared to current rates?



### Asia Pacific

The region shows a significant drop in trend to 6.2% in 2020, but this will spring back above the 2019 trend to a projected 8.5% in 2021.

**China.** COVID-19 has not had as much impact on cost or utilization in China as it has in other countries. The costs of medical care continue to increase for treatments, particularly those outside the scope of social security coverage.

The central government is planning to eliminate the individual medical account and at the same time offer coverage for outpatient expenses under social security. The initiative was announced in September 2020, with more details to come on coverage. This is expected to impact the cost of treatment in the future; however, it will probably take a while for the initiative to be fully implemented given the variation in government funding at the provincial level.

**Hong Kong.** The low utilization of medical services during the pandemic and the recession forecasted by the government are the two main drivers of the slowdown in medical trend for 2020 and 2021. Demand for medical tourism from mainland China has also dropped due to the travel restrictions and social unrest in Hong Kong.

**India.** India has not seen the same reduction in trend as other countries have for 2020. While utilization decreased during part of the year (April to July), India is currently in a situation with low claim frequency and average cost of procedures increasing (due to the cost impact of COVID-19 precautions on non-COVID-19 claims). At the same time, the treatment and pricing protocol of medical care is not regulated in India, and hospital billing practices continue to pose a challenge. The government did, however, take some small measures to issue guidelines around pricing for COVID-19 tests and treatments, which helped with cost management to an extent.

The year 2021 could see an increased rate of trend, higher than provisionally reported, as utilization starts to return to normal levels; however, we also may see an increased awareness in the areas of prevention and wellbeing, and a rising trend in favor of home care rather than immediate hospitalization for medical treatments, which could help mitigate a larger potential increase.

**Indonesia.** Medical trend rates in Indonesia are projected to be slightly lower in 2020, not only because of the impact of COVID-19 on reduced elective procedures but also due to various other factors, including the increased utilization of BPJS Kesehatan (universal health insurance) especially for chronic/critical illnesses and ongoing costly treatments. This allows insurers to split their risk with the government and will help stabilize future medical trend rates. The BPJS Kesehatan also provides coverage of all medical treatments related to COVID-19, which helps to stabilize the trend rates despite the expected continued demand for private health care.

Figure 3. Global average medical trend rates by country, 2019 – 2021

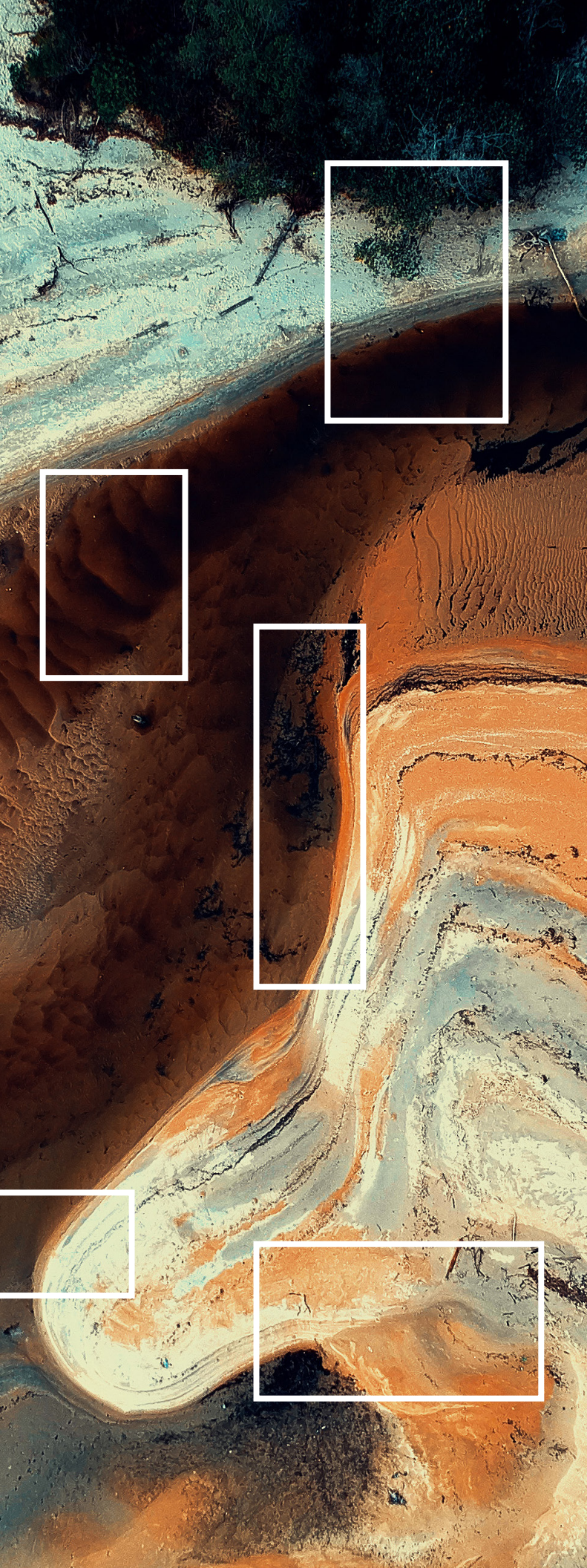
Country	Gross cost trend			Net cost trend (of general inflation)		
	2019	2020	2021	2019	2020	2021
Global^	7.16	5.88	8.12	5.13	4.60	6.17
Latin America^	10.83	8.97	13.63	5.75	6.62	11.17
North America	5.55	2.76	7.13	3.65	2.15	5.50
Asia Pacific	7.47	6.22	8.50	5.88	5.10	6.78
Europe	5.58	4.24	5.76	4.02	3.27	4.15
Middle East/Africa	8.65	8.66	10.01	7.39	6.94	6.98
<b>Latin America</b>						
Argentina*	56.99	47.29	60.50	3.44	28.85	47.75
Barbados and East Caribbean	10.00	10.00	10.00	5.90	5.54	8.39
Brazil*	11.96	9.38	11.51	8.23	5.82	8.21
Chile*	4.88	3.18	4.07	2.63	-0.19	1.14
Colombia*	6.27	6.89	6.92	2.75	3.38	3.71
Costa Rica*	7.00	8.00	9.25	4.90	6.46	7.00
Ecuador	12.00	12.00	12.00	11.73	12.01	10.84
El Salvador*	7.43	10.00	7.71	7.35	9.94	7.11
Guatemala*	8.00	8.83	11.80	4.30	7.00	10.02
Honduras*	6.17	7.98	9.67	1.80	4.83	6.69
Mexico*	9.30	11.50	11.71	5.66	8.80	8.93
Nicaragua	10.00	12.00	15.00	4.62	7.53	11.04
Panama*	10.67	11.00	9.40	11.02	11.91	8.90
Peru	5.00	6.00	8.00	2.86	4.29	6.21
Puerto Rico	5.00	-6.00	18.00	4.27	-4.45	17.36
Trinidad and Tobago	10.00	10.00	10.00	9.00	11.00	8.72
Venezuela	85.00	150.00	250.00	-19821.02	-14850.00	-14750.00
<b>North America</b>						
Canada	4.17	0.13	7.03	2.22	-0.48	5.76
United States#	7.91	7.24	7.30	6.10	6.62	5.06
<b>Asia Pacific</b>						
Australia	6.50	6.00	6.00	4.89	4.57	4.18
China*	8.68	9.10	9.32	5.78	6.06	6.77
Hong Kong*	8.16	6.24	6.68	5.30	4.24	4.18
India*	7.80	12.00	10.00	3.26	8.66	6.38
Indonesia*	10.33	9.97	12.00	7.51	7.10	9.06
Malaysia*	10.64	10.82	12.55	9.97	10.71	9.75
New Zealand	5.60	-2.00	20.00	3.98	-3.22	18.62
Philippines*	7.75	8.50	8.82	5.27	6.78	5.94
Singapore*	7.67	7.67	8.17	7.10	7.84	7.65
South Korea	7.00	5.00	4.00	6.62	4.73	3.55
Sri Lanka	5.00	5.00	5.00	0.70	0.34	0.35
Taiwan*	4.00	4.00	4.00	3.46	3.50	2.50
Thailand	7.00	7.50	8.00	6.29	8.56	7.44
Vietnam*	12.93	10.13	10.15	10.13	6.93	6.25

Country	Gross cost trend			Net cost trend (of general inflation)		
	2019	2020	2021	2019	2020	2021
<b>Europe</b>						
Belgium	2.00	2.50	3.00	0.75	2.25	1.91
Cyprus	5.00	0.00	1.00	4.44	-0.70	0.00
Denmark	5.50	6.50	4.50	4.77	5.80	3.30
France	4.17	1.03	2.30	2.87	0.75	1.60
Germany	5.00	7.00	7.00	3.65	6.68	5.82
Greece	4.50	4.50	4.75	3.98	4.96	3.74
Hungary	10.00	10.00	10.00	6.63	6.66	6.83
Ireland	4.47	1.43	8.33	3.59	1.03	6.63
Norway*	5.27	5.99	6.43	3.10	3.59	4.23
Poland*	5.85	6.50	7.33	3.54	3.28	4.75
Portugal*	3.79	-1.83	3.97	3.49	-1.63	2.62
Romania*	12.62	10.33	11.50	8.79	8.09	10.05
Russia	7.25	10.00	11.00	2.78	6.91	8.01
Serbia	7.50	7.50	15.00	5.65	6.06	13.06
Spain	2.85	1.93	4.75	2.15	2.23	4.10
Sweden	9.00	6.00	7.50	7.30	5.54	5.97
Switzerland	4.00	1.50	1.00	3.64	1.89	0.40
Turkey	23.25	17.50	16.00	8.07	5.50	4.00
United Kingdom	5.67	6.33	6.50	3.88	5.15	4.96
<b>Middle East and Africa</b>						
Bahrain	7.00	7.00	7.00	6.00	4.40	4.50
Burkina Faso	0.50	15.00	10.00	3.73	11.80	7.90
Cameroon*	3.50	6.25	4.00	1.05	3.45	1.75
Cote d'Ivoire	15.00	15.67	18.33	14.19	14.47	16.93
Egypt*	12.13	10.88	12.33	-1.74	5.02	4.10
Gabon	19.50	21.50	25.00	17.48	18.50	22.00
Ghana	12.17	14.67	17.17	4.96	5.01	8.62
Guinea	10.00	5.00	3.00	0.53	-3.50	-5.00
Jordan	7.00	0.00	4.00	6.70	-0.20	2.40
Kenya	8.50	6.50	9.00	3.30	1.40	4.00
Kuwait	5.00	7.50	10.00	3.90	7.00	7.70
Madagascar	25.00	20.00	30.00	19.38	14.50	23.50
Mozambique	7.00	5.00	5.00	4.22	-0.19	-0.71
Nigeria	17.33	14.67	18.67	5.94	1.27	6.30
Oman	4.50	4.50	5.50	4.37	3.50	2.10
Saudi Arabia	10.00	10.00	12.00	11.21	9.13	10.04
Senegal	10.00	15.00	15.00	8.98	13.00	13.08
South Africa	6.50	6.00	6.00	2.37	3.57	2.84
Togo	5.00	8.00	10.00	4.31	6.00	8.00
Uganda	20.00	10.00	15.00	17.13	6.06	10.15
United Arab Emirates	9.00	8.00	8.00	10.93	9.00	6.50
Zambia	15.00	20.00	25.00	5.20	6.60	12.95

\*Countries with significant (5+) participation.

^Due to the hyperinflationary nature of the Venezuelan economy, Venezuela has been excluded from Latin America regional and global totals.

#United States data is from various years of the Willis Towers Watson National Trend Survey.



**Malaysia.** Medical trend in Malaysia is expected to continue its rise albeit at a slower pace compared with previous years. For 2020, the number of doctor visits and admissions dropped significantly during March and April due to the government-imposed lockdown (MCO), which has caused the overall trend to decrease. During this period, many elective surgeries were postponed. For outpatient care, there has been a big drop in specialist care visits; at the primary care level, there has been a drop in less acute visits, with patients turning to telemedicine. For patients with chronic conditions, the level of visits has been largely maintained, as these are generally “unavoidable.”

All of this means that there is a pause in 2020 trend compared with 2019, but an uptick is expected in Q4 2020 and in 2021 to catch up on delayed procedures.

**Philippines.** Private medical care in the Philippines is largely dominated by an HMO model, which accounts for 80% of plans. While the frequency of inpatient and outpatient claims has definitely decreased in 2020, the average amounts per inpatient and outpatient claims are rising. In addition, various physician organizations negotiated with HMO associations and were granted a 50% increase in fees commencing May 27, 2020, ostensibly to cover the cost of PPE. This cost increase is expected to remain in place for the duration of the pandemic. Physician fees are roughly 30% of total spend.

Overall this helps explain why trend rates in the Philippines have edged up for 2020 to 8.5% from 7.8% in 2019 and are projected to continue increasing for 2021, although continued delay in treatment in 2020 could mean an even larger increase in 2021 than projected.

**Singapore.** Insurers have taken quite a conservative view on medical inflation for 2020 and 2021, mainly due to delayed elective surgical procedures and an employer focus on mental health, wellbeing and virtual solutions. Overall trend is still hovering in the 7% to 8% range for 2020 and 2021.

Wellbeing solutions include ensuring employees are able to work effectively from home, and quality telehealth has become one of the key priorities that employers are keen to introduce to their work-from-home employees. Some medical providers are offering home health screenings and vaccinations to employees as well as their dependents.





Medical trend in Europe has decreased to 4.2% for 2020, but a rebound is expected in 2021 to a trend rate close to the 2019 level of 5.8%.

**France.** A significant drop in utilization and medical claims in 2020 can be attributed to the April lockdown period. Although utilization has started to rise again, overall we expect a reduction of 5% in medical claims by the end of 2020. This is reflected in the decrease in medical trend from 4.2% in 2019 to 1% in 2020. Nevertheless, insurers project that this rate will start to increase in 2021, rising to 2.3%.

Utilization is expected to rise in 2021 due to the impact of delayed services and procedures in 2020. In addition, other factors are potentially driving an increase in 2021 medical trend, including the introduction of a COVID-19 tax, which the government has decided insurers should pay as a new additional tax. This tax of 2.6% for 2020 and 1.3% for 2021 is based on claims paid in these two years. We expect insurers will want employers to finance this tax, which could lead to further premium increases in 2021. There is also the impact of “portability,” which allows dismissed employees to maintain their medical coverage for 12 months after leaving a company. This is a legal arrangement financed by active workers, which could lead to increased contributions. Lastly the so-called “100% Santé” legal change (eliminating out-of-pocket costs for dental, optical and auditory care) was implemented on January 1, 2020, and will be deployed within the next several months for hearing aids. This will lead to an increase in claim reimbursement and a potential increase in trend.

**Norway.** Medical trend in Norway continues to edge upward for 2020 and 2021. In part, this is driven by use of more expensive treatments and overuse of care. Otherwise we see a rising use of psychological services with the increasing awareness of mental and behavioral health conditions.

However, there is hope that the growing use of digital solutions and online services will help mitigate some of the future increase in trend. In addition, some of the insurers in the Norwegian market are considering offering differentiated products to different age groups to meet the challenge of overuse of services in certain age groups.

**Portugal.** There is a significant drop in utilization in Portugal driven by COVID-19, with a large majority of the covered population deferring doctor consultations, treatments and exams. This is resulting in a negative trend rate in 2020. Nevertheless, medical trend is expected to return to 2019 levels in 2021, as covered employees reschedule delayed procedures and treatments. The potential exists for health complications and increased costs in future years due to the delayed treatments and therapies.

**Turkey.** Aside from the impact of COVID-19, the local currency remains weak. Economic indicators predict continued increase in general inflation and fluctuation in currency rates. This has a direct effect on medical services pricing and could mean the actual trend is higher than what is being reported.

Telemedicine for outpatient care was implemented by a few big insurers during the pandemic. COVID-19 was initially excluded from health insurance policies; however, after the government declared the private hospitals as pandemic hospitals in April and insurers made the decision to cover COVID-19 treatments at private hospitals (as a complementary coverage to social security), Turkish citizens with private health insurance policies started using the private hospitals for treatment. As of July 2020, the government has now paused the use of private facilities in this way; however, it is expected that the government may reimplement this approach.

With profit-sharing in place, many clients could receive dividends or experience rating refunds for the 2020 policy year. Some insureds are looking to add additional benefits like limited psychological therapy sessions or dietician services; however, these additions will need to be balanced against potential utilization increases in 2021.

**U.K.** Medical trend in the U.K. continues to edge upward despite the impact of COVID-19 in 2020. Contributing factors include a maturing insured demographic and aging workforce as well as increased demand for private health care as a result of challenges with accessing the national health service (NHS). In addition, we are seeing the impact of high-cost treatments, such as new generation cancer drug therapies and wider availability of more complex medical treatments.

The impact of COVID-19 on both capacity and demand in 2020 and the anticipated catch-up in 2021 remain unclear. It is expected that continued postponement of nonurgent treatments and growing waiting lists are possible in the NHS, resulting in increased utilization of private health care providers and plans. Additional COVID-19 costs still to be considered include PPE costs, additional cleaning procedures and higher surgical costs per treatment to offset the reduced number of procedures performed in 2020.

## Latin America

This region has the highest medical trend numbers for 2020 and 2021. Even excluding the environment of hyperinflation in Venezuela, we see projected trend numbers of 9.0% for 2020 and a large jump to 13.6% in 2021.

**Argentina.** High inflation continues to be one of the key factors driving medical trend in Argentina. In addition, the devaluation of the Argentine currency against the U.S. dollar and health care salary growth are two other factors that have had a marked impact on the increase in medical costs during the past few years.

The estimated 2020 medical trend is lower than 2019 and projected 2021, reflecting the impact of COVID-19 on utilization in 2020 as well as the slowing of some of the health care salary increases due to economic challenges in 2020.

**Brazil.** Similar to other countries, there was a significant reduction in the utilization of health resources in 2020 due to COVID-19, i.e., fewer elective appointments and

emergency room visits, therapies, exams and hospitalizations. This results in a single-digit trend number of 9.4% for 2020, something that has not been seen in a long while in Brazil. Insurers have been required by the ANS (Health National Agency) to cover costs related to COVID-19 and to apply a freeze to any premium adjustments from September 2020 until the end of 2020.

It is projected that the trend will return to double digits in 2021 as demand and utilization increase; however, the rate of trend is not expected to reach the same levels as prior years due to several factors. One factor is the economic recession and another is the introduction of telehealth. Approved as a temporary provision this year, telehealth is expected to be made permanent and improve utilization and access for some while helping manage costs. One other factor is that the ANS will be reviewing the minimum obligatory coverages in medical plans, which may impact trend

**Chile.** The increase in health care costs for 2021 is projected at 4.1%. This represents a lower trend than that observed in 2019 (4.9%) and higher than the 2020 trend where medical costs have been significantly affected by the COVID-19 pandemic.

For 2020, face-to-face medical and dental consultations have decreased, with a 50% drop in the frequency of these activities compared with the same period in 2019. Additionally, certain low-risk hospital procedures were postponed, especially in the first months of the pandemic. Moreover, telehealth services and online mental health services have increased.

However, for 2021, it is expected that the increase in medical costs will return to 2019 levels. This reflects the anticipated impact of advances in medical technology and, in particular, the expected provision of an effective vaccine against COVID-19.



**Mexico.** Mexico has not yet seen the full effect of COVID-19 on medical trend. This may come in the first months of 2021. Overall, the medical trend rate is still projected to increase in 2020 compared with 2019. The number of patients using hospital services has decreased slightly in 2020; however, the depreciation of the Mexican peso versus the U.S. dollar significantly affected costs of imported medical devices and hospital supplies, which continue to drive trend.

In addition, demand for private health care remains high, particularly as the public health system has been besieged by COVID-19 cases and also because of a shortage of medicines in the public sector. Agreements have been made to allow some patients from the public system to receive medical attention in private hospitals due to the lack of available beds in public hospitals. As a result, costs and trend in the private health sector continue to increase and are expected to rise to double digits in 2020 and 2021.



## Middle East and Africa

This region was the only one not to show a major decrease in medical trend for 2020 compared with 2019. The trend for 2020 is expected to be 8.7%, the same as for 2019. For 2021 we expect an increase to 10%.

**Egypt.** Egypt's trend remains in the double digits. While 2020 shows a slight reduction in trend compared with 2019, it is not as large as that of some other countries that are seeing a decrease in trend due to the impact of COVID-19. The Egyptian government has established a fund to cover COVID-19, which limits the effects of the pandemic on medical trend. Instead, general inflation continues to be the major factor driving medical trend. While the economic situation is stabilizing, it is still projected that trend will return to a rate in excess of 12% for 2021.

**Gulf countries (Gulf Cooperation Council countries: Bahrain, Kuwait, Oman, Saudi Arabia, United Arab Emirates).** While medical trend in the Gulf countries has decreased, we expect to see a greater impact from COVID-19 due to suspension of elective surgeries in 2020, followed by a higher rebound in 2021, particularly in the Kingdom of Saudi Arabia (KSA) and Bahrain. We do expect an increase in

hospital unit costs in 2021 due to COVID-19 expenses related to PPE supplies, new procedures and the need to operate at lower capacity as a result of social distancing. The use of telehealth has increased in the region, which may help to offset some of the unit cost increases.

Other factors to consider going forward include whether or not the governments will absorb the cost of COVID-19 screening, diagnosis, treatment and vaccines. The U.A.E. government had initially absorbed the cost of COVID-19 treatment, but in some cases, it is now passing this cost on to insurers, whereas the KSA government is currently absorbing all treatment costs. Other significant legislative initiatives to watch include the details and timing of the planned launch of mandatory medical insurance in Bahrain and Oman as well as the likely continued evolution of mandatory medical insurance in the U.A.E. (specifically in Abu Dhabi and Dubai with the possible addition of other Emirates) and KSA. Finally, there is the expected legislation in KSA on the dispensing of generic drugs.

**Africa – Anglophone countries.** Because Nigeria and Ghana have fluctuating currencies and do import medical supplies or drugs, we see a trend driven largely by general inflation and utilization changes. For Nigeria and Kenya, we are seeing a utilization decrease in 2020 due to COVID-19, which drives medical trend down from 2019 levels. But trend rebounds to even higher levels in 2021: 18.7% in Nigeria and 9% in Kenya. Ghana does not show the same decrease in medical trend for 2020 but rather a continued increase from 2019 to 2021. We have also seen an acceleration in use of telehealth in Ghana, Nigeria and Uganda in 2020. It is still early days for telehealth in these countries, but we expect to see more and more offerings and providers.

**Africa – Francophone countries.** In the Francophone countries (Cameroon, Côte d'Ivoire, Gabon, Guinea, Madagascar, Senegal and Togo) we don't yet observe widespread use of telehealth. Nor have we seen the same level of reduction in trend for 2020 in these countries as in some other African countries. Cameroon, Côte d'Ivoire, Gabon and Senegal show increases in medical trend from 2019 to 2020. In Cameroon medical trend is slowing for 2021, perhaps reflecting a delay in the impact of COVID-19. In addition, Cameroon has some of the lowest medical claim costs in the region (probably linked to the range of services available in country) and a trend rate of only 4% to 6%.

## North America

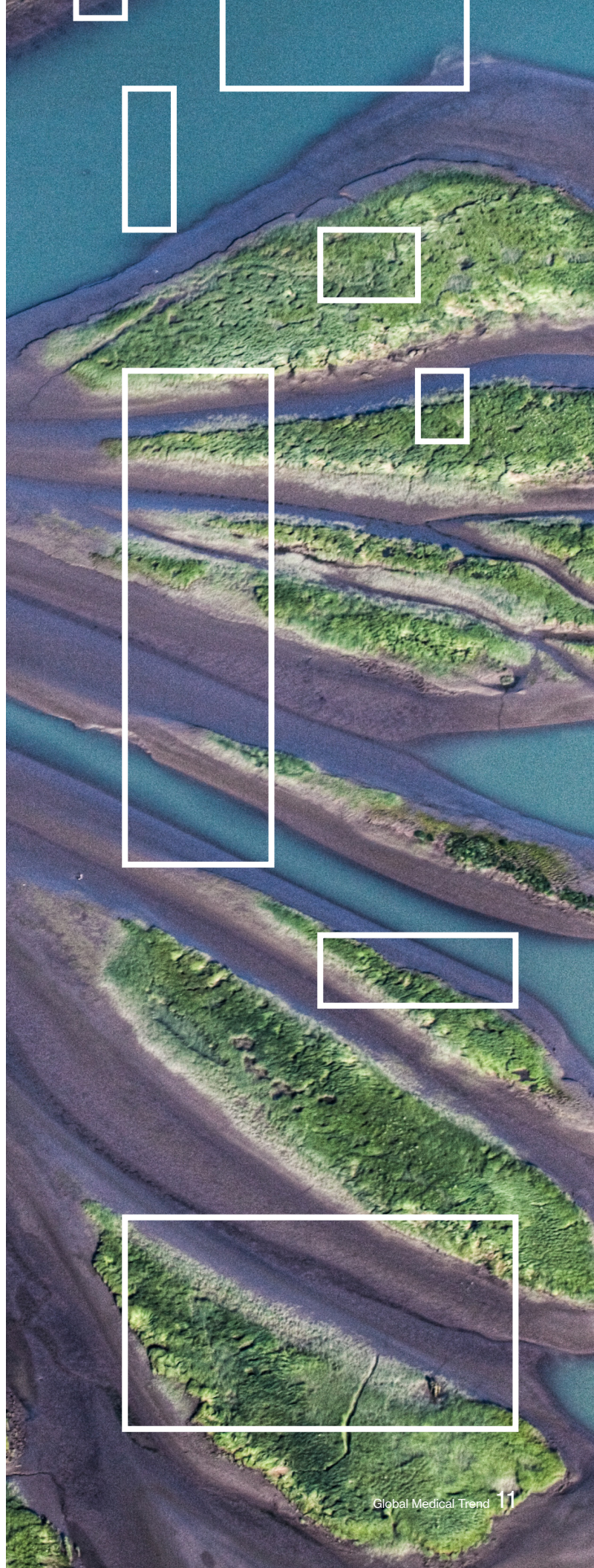
Medical trend decreased significantly in the first half of 2020 in this region, and overall trend numbers were lower than in previous years; however, it is expected that utilization will rebound in 2021, driving trend back up toward 2019 levels.

**Canada.** The COVID-19 pandemic significantly reduced accessibility to certain covered medical services between March and June of 2020. In particular, significant reductions have been seen in paramedical services (massage therapy, chiropractic services, physiotherapy), vision care and emergency out-of-country medical care. This has resulted in a projected trend for 2020 of 0.1%.

Although the effects that the COVID-19 pandemic will have on future medical benefit utilization and costs in Canada remain highly uncertain at this time, when forecasting claims for 2021, the typical initial position has been that claiming patterns will return to more normal levels in 2021. Because 2020 claim costs are expected to be lower than the costs for 2019, this results in a high expected year-over-year trend value when the expected 2021 cost is compared with the expected 2020 cost.

After normalizing for the effects of COVID-19, health care costs in Canada have continued to increase at a rate greater than the rate of general inflation. Some key factors driving costs upward include the ongoing emergence of high-cost biologics/specialty drugs and rapid advancements of health care technologies (i.e., pharmacogenomics). These upward forces may be mitigated by implementing efficient drug management strategies.

**U.S.** As a result of the pandemic, health care costs in 2020 declined in the United States during the first half of the year due to a significant volume of foregone and deferred care. COVID-19 claims have partially offset the decline in claims per employee per year, but not nearly enough to account for the broad-based reductions in care across many service categories. Ultimately, costs could increase in the second half of 2020 due to employees seeking previously deferred care and the emergence of higher claims in areas directly tied to the pandemic, such as mental health services; however, it's quite likely that much of this care will be completely foregone and not return, leading to lower cost trends for 2020. The year 2021 could see a return of this deferred care as utilization rates for many service categories return to pre-pandemic levels. Overall, it's anticipated that cost trends for 2020 and 2021 will be lower than in the previous five years.



## Spotlight on telehealth

**We define telehealth as video or phone consultations with a licensed doctor, including:**

- Navigating emergency care or pathways for medical care or behavioral health services
- Diagnosing of non-emergency health issues ranging from acute conditions to complex chronic conditions
- Providing non-emergency pediatric care
- Prescribing medications for common health concerns, when appropriate and medically necessary
- Treating such medical conditions as fever, rash, pain and more
- Making preparations for an upcoming consultation

The pandemic has catapulted telehealth into the spotlight and it's here to stay. During the pandemic, telehealth enabled employees to access a range of services without having to travel to a health care facility. Additionally, telehealth can be used as a navigation or triage tool to expedite access to effective care, to close gaps in access to care and to improve ease of access to medical care, thus lessening wait time and risk for some patients.

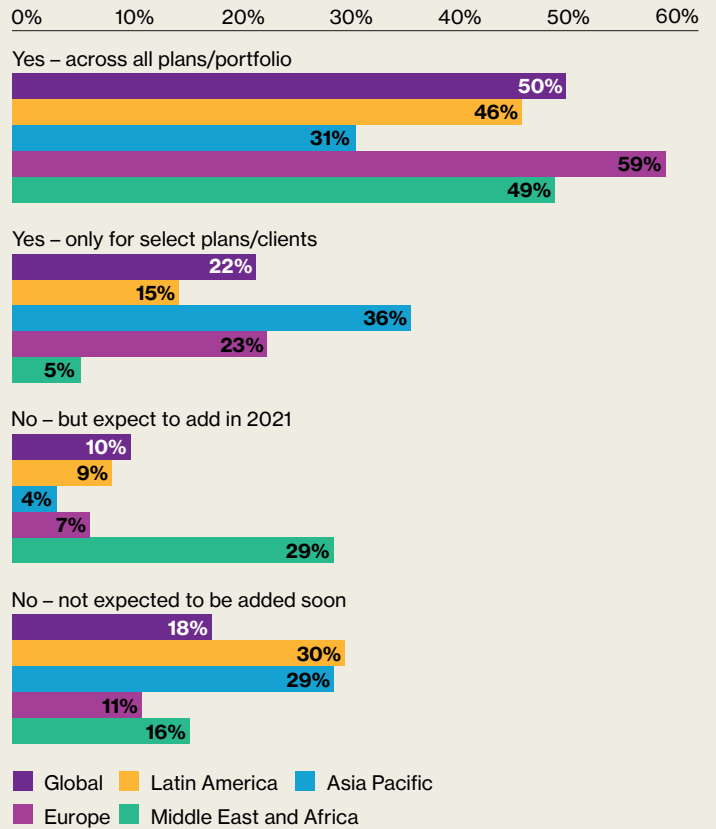
### Prevalence

Fifty percent of insurers globally offer telehealth across all plans. Insurers in Europe are most likely to offer telehealth with almost three-fifths reporting that they do so. Telehealth is offered by almost half of insurers (49%) in the Middle East and Africa followed by 46% in Latin America. While only 31% of insurers in Asia Pacific report offering telehealth across all plans, 36% report offering it for select plans.

**The pandemic has catapulted telehealth into the spotlight and it's here to stay.**



Figure 4. **Prevalence of insurers that offer telehealth across all plans**



### Services covered under telehealth

Insurers that offer telehealth are most likely to cover primary physician/general practitioner (GP) services, a finding consistent across all regions. Ninety percent of insurers globally offer these services through telehealth.

The other main areas of care under telehealth that this survey examines are prescribing drugs/pharmacy, specialist consultant services and mental health. Results for prescribing drugs/pharmacy are similar to those for primary physician services with an average of 90% of insurers indicating that these services are legally available under telehealth (where they offer the telehealth option), a finding largely consistent across all regions. For specialist consulting and mental health services, there are some differences in Asia Pacific where insurers report lower availability than other regions to offer these services under telehealth. Only two-thirds of insurers in Asia Pacific indicate that specialist consulting or mental health services can be legally offered in that region. In other regions, 85% to 90% of insurers indicate that these services are available under telehealth.

## Growth of telehealth utilization

### Global perspective

Pre-COVID-19, 54% of insurers globally reported that less than 10% of insured members used telehealth for GP services. Close to a third (31%) indicated that none used telehealth for GP services while only 4% of insurers indicate that this is the case today. At present, 52% of insurers globally report that less than 10% of insured members use telehealth for GP services while 24% say that 10% to 19% use telehealth for these services and another 10% of insurers indicate that 20% to 29% of insured members access GP services via telehealth.

By the end of 2021, 38% of insurers globally expect less than 10% of insured members to be accessing GP services via telehealth while a quarter expect 10% to 19% to do so; almost a fifth (18%) of insurers expect 20% to 29% of covered lives to access GP services in this way.

### Regional perspective

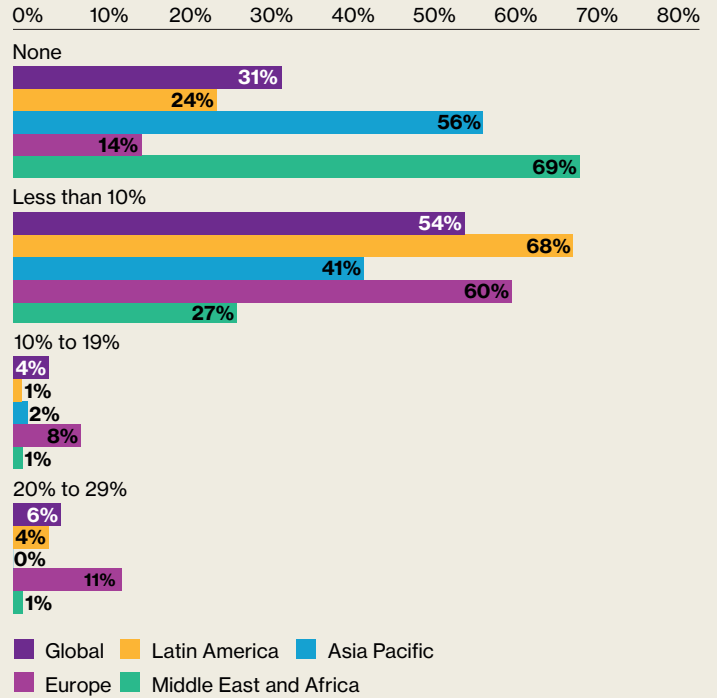
**Middle East and Africa.** There's been a steady uptick in the use of telehealth to access GP services in the Middle East and Africa. Pre-COVID-19, 69% of insurers reported that none of those covered under their health plans in this region were using telehealth for GP services, a number that falls to 9% today. At present, 53% of insurers indicate that less than 10% of insured members access GP services via telehealth, and almost a third (32%) of insurers say that 10% to 19% are doing so. By the end of 2021, over a quarter of insurers (29%) expect that 20% to 29% of those covered under their plans will use telehealth to access GP services.

**Asia Pacific.** Pre-COVID-19, 56% of insurers indicated that none of their insured members used telehealth to access GP services, a figure that drops to 4% today. At present, 63% of insurers say that less than 10% are accessing GP services via telehealth, and 21% of insurers indicate that 10% to 19% are doing so. By the end of 2021, a quarter of insurers expect that 20% to 29% of insured members will use telehealth to access GP services.

**Latin America.** Pre-COVID-19, 68% of insurers indicated that less than 10% of insured members used telehealth to access GP services. Currently, half of insurers report that 10% to 19% of insured members access GP services via telehealth. By the end of 2021, 22% of insurers expect 20% to 29% of insured members to use telehealth to access GP services, and 10% of insurers expect this to be the case for 75% or more of covered lives.

Figure 5. Percentage of covered lives using telehealth for primary physician/GP services

### Pre-COVID



### Currently

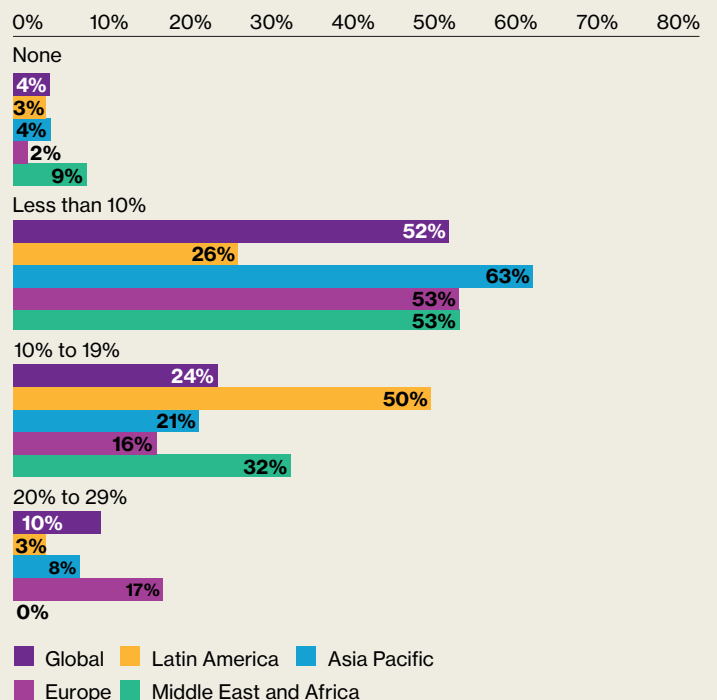
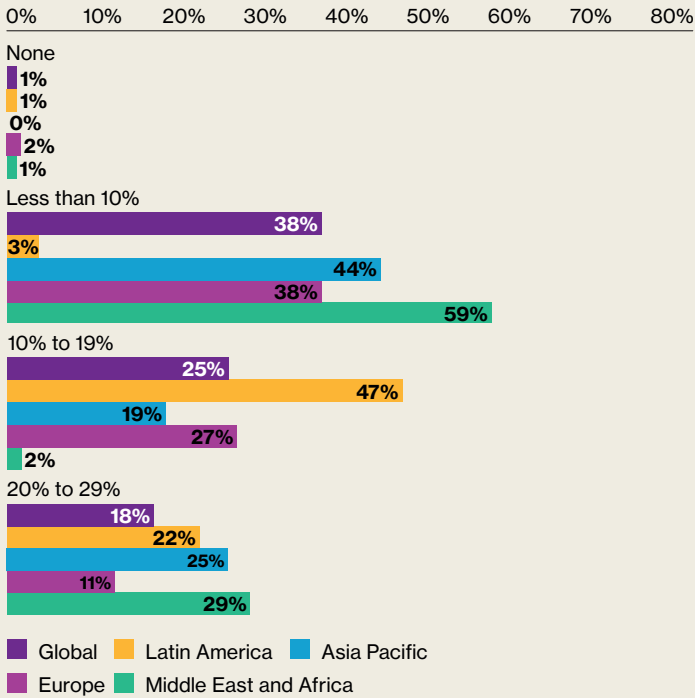


Figure 5 continued. **Percentage of covered lives using telehealth for primary physician/GP services**

**Expected by end of 2021**



But even with wider adoption of telehealth, some countries have restrictions in place regarding the services that are legally allowed to be delivered by telehealth. Restrictions can be found in the areas of primary/GP services, prescription drugs, specialist consultations and mental health services.

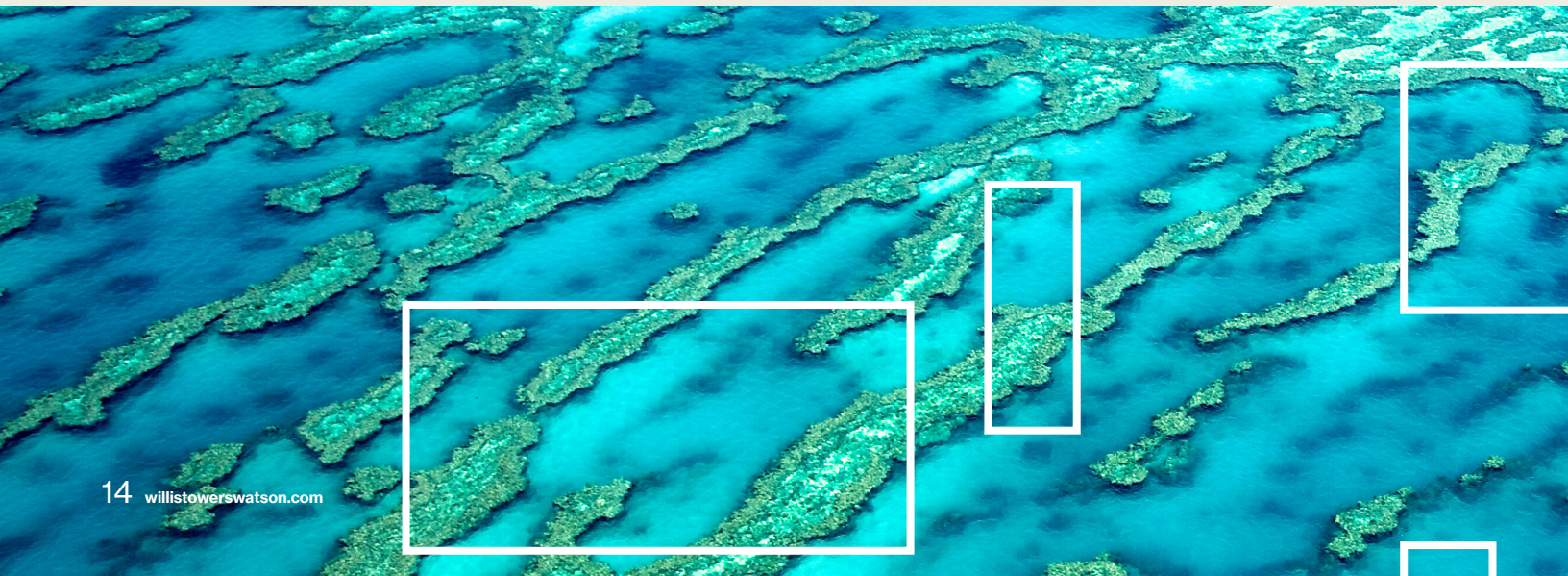
Pharmacy prescribing is the most commonly restricted service. Some countries won't permit any prescribing virtually, while others limit the prescribing of certain drugs such as narcotics. Countries with pharmacy restrictions include Brazil, the Netherlands, Spain, Switzerland, India, Indonesia, Japan, the Philippines and Taiwan.

Regarding restrictions related to primary/GP services, some countries may limit these services to follow-up visits as is the case in Japan. Certain countries limit specialist consultations to certain specialty areas. Finally, when it comes to mental health services, there may be restrictions on the conditions that can be treated via telehealth.

The legislative situation regarding telehealth is very much in flux right now. Consequently, it's important to stay current with telehealth legislation around the globe. At the same time, employers should be looking for ways to ensure they incorporate telehealth delivery into existing medical programs and not offering it as a duplicative service.

**Restrictions**

While telehealth in some form has been available for years in many countries, it has not been fully legal in all countries. But the pandemic has helped accelerate the adoption of telehealth. For example, in Brazil where insurers and hospitals had been building up capabilities for some time, telehealth was finally legalized in April. South Africa rushed through its guidance this year.



## What's driving costs

The key cost drivers remain the same as prior years, albeit at slightly reduced levels.

The overuse of care due to medical practitioners recommending too many services or overprescribing continues to be the key factor driving up medical costs. Sixty-five percent of insurers rank this factor as the leading driver of medical expenses. This represents an eight percentage point drop from last year, perhaps indicating that more practitioners are focused on providing more appropriate care.

The second most significant cost driver is overuse of care by insured members, cited by 55% of insurers, representing an 11-percentage-point drop from last year. This decline perhaps suggests that insured members are aware of this issue and taking action to reverse course.

Unchanged from last year, 28% of insurers indicate that underuse of preventive services is a significant medical cost driver. This might present an opportunity for insurers to educate insured members on the value of preventive services and lack of value in overuse of general services.

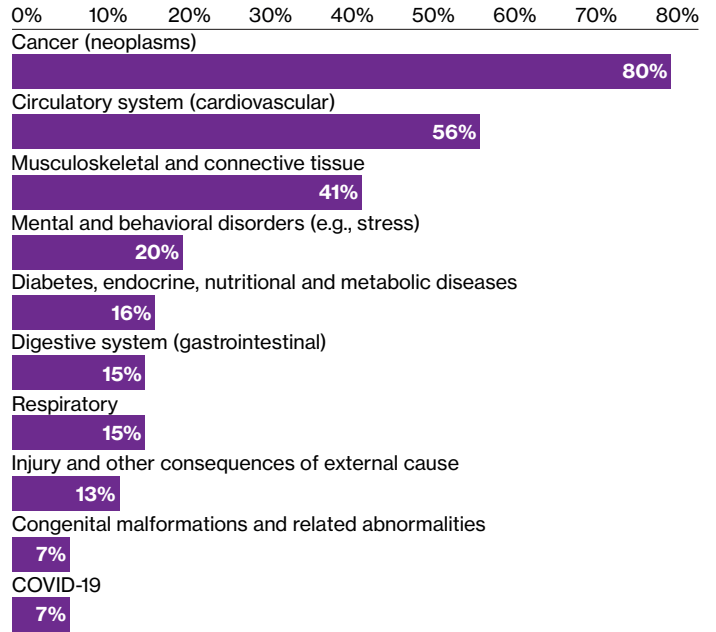
While 41% cited insured members' poor health habits as a medical cost driver last year, only 34% did so this year, reflecting perhaps the success of efforts to improve insured members' health habits.

## Top three conditions globally By cost

Cancer (80%), cardiovascular (56%) and musculoskeletal (41%) are the top three conditions by cost and remain unchanged from prior years as the leading conditions by cost of claims. COVID-19 also appears as a growing cost.

Figure 6. **Top conditions (excluding maternity) with highest incidence of claims and highest cost of claims**

### Global



■ Top three conditions currently by cost

But insurers expect that cancer (72%), cardiovascular (49%) and mental health (39%) will be the top three growing conditions by cost in the next 18 months, reflecting the increase in resources devoted to mental and behavioral issues such as stress.



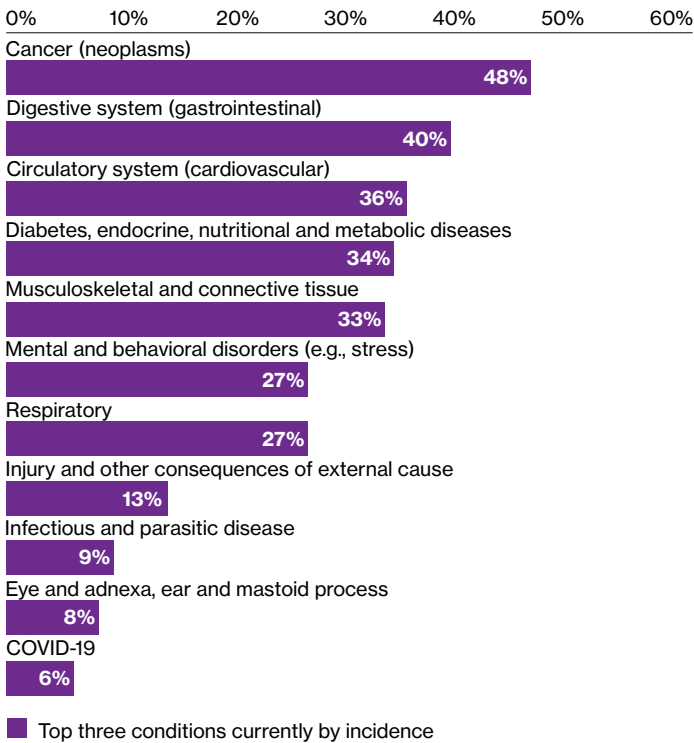


### By incidence

The top three conditions currently causing the highest incidence of claims are cancer (48%), gastrointestinal (40%) and cardiovascular (36%). While in the prior year, cancer and cardiovascular conditions were also two of the top conditions by incidence, this year sees gastrointestinal move into the top three. COVID-19 is also reported, not surprisingly, as one of the growing conditions based on incidence of claims in 2020.

Figure 7. **Top conditions (excluding maternity) with highest incidence of claims**

#### Global



Looking ahead insurers expect cancer (58%), mental and behavioral disorders (40%), and diabetes (36%) to be the fastest-growing conditions in terms of incidence.

### Regional perspectives

Cancer continues to be the costliest condition across all regions. Cardiovascular is the second leading condition by cost in all regions except Europe where musculoskeletal ranks second.

When it comes to incidence of claims, there are more significant differences by region. In Latin America, and Middle East and Africa, diabetes is the top condition by incidence, at 66% and 71%, respectively. In Asia Pacific, 67% of respondents rate gastrointestinal as the most common condition, whereas in Europe 56% of respondents rank musculoskeletal as the leading condition by incidence with mental health ranked third. Respiratory conditions are noted among the top three most common conditions by insurers in Asia, and the Middle East and Africa.

### Managing medical trend

#### Cost sharing

As in prior surveys, respondents identify member coinsurance as the most typical cost-sharing approach in all regions but Europe where socialized medicine distorts the averages. There are noteworthy regional variations. Forty-four percent of respondents in Latin America say member coinsurance is very typical, while this is the case for only 4% of respondents in the Middle East and Africa.

Other cost-sharing mechanisms include deductibles, which are very typical in Latin America (46%) and increasingly very typical in Europe (40%). Deductibles are also reported as a typical practice in Asia Pacific (49%), and Middle East and Africa (37%).

Annual limits on out-of-pocket expenses are less popular with only between 5% to 15% of insurers in most regions indicating that this is a very typical practice. Sixty percent of insurers in the Middle East and Africa, and 40% in Latin America reported this feature as never used.

#### Tools for managing medical costs

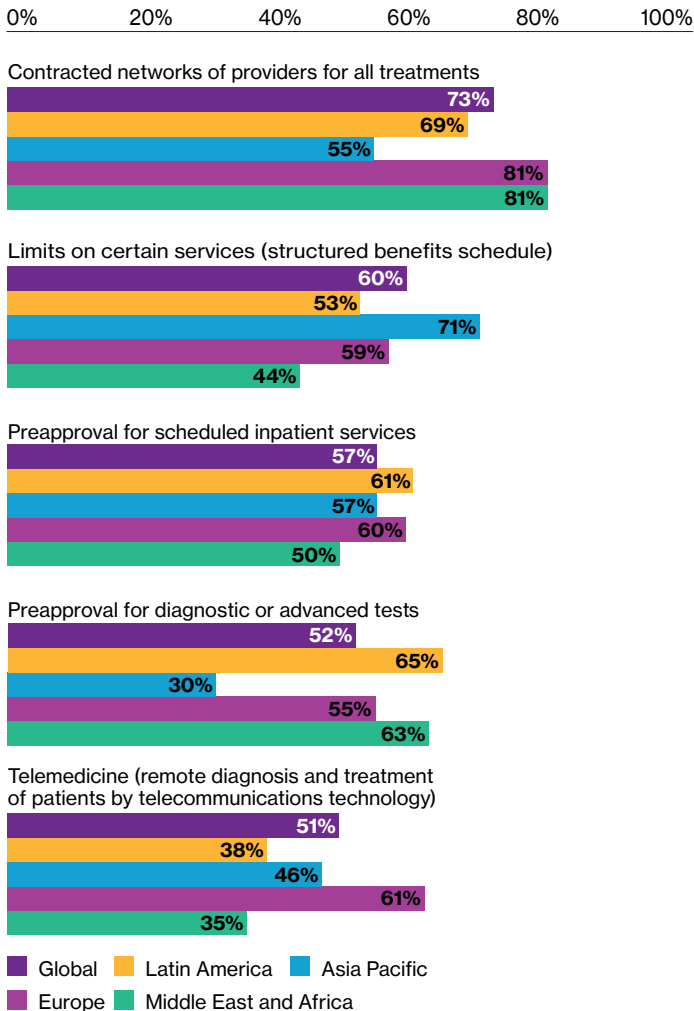
Seventy-three percent of insurers globally report that using contracted networks of providers for all treatments is the most effective method of managing medical costs. Eighty-one percent of insurers in both Europe, and the Middle East and Africa indicate that this is their most popular cost management method, while only slightly more than half (55%) of insurers in Asia Pacific hold this view.

However, 71% of insurers in Asia Pacific find placing limits on certain services to be their most effective cost management tool. This is the second most popular method globally with 60% citing the placing of limits on certain services as an effective approach for managing medical costs. Over half of insurers in Latin America (53%) and Europe (59%) also cite this as an effective cost management method.

Preapproval for scheduled inpatient services is the third most popular cost management method with 57% of insurers globally citing this method as effective. This method is most popular in Latin America and Europe with 61% and 60% of insurers respectively indicating that they find this to be an effective cost management tool.

Over three-fifths (61%) of insurers in Europe report that telemedicine is an effective cost management tool in contrast to 51% globally, 46% in Asia Pacific, 38% in Latin America and 35% in the Middle East and Africa. In Latin America and Asia Pacific, there is a significant increase since last year in insurers reporting that telemedicine is an effective cost management tool. This may reflect the growing practice globally of using telemedicine as a screening or gateway tool to direct persons to the most appropriate care.

Figure 8. **Leading methods and tools used for effectively managing medical costs for clients**



### Claim data classification

For policies covering more than 500 lives, insurers are most likely to provide detailed claim data by the top 10 medical causes or conditions to clients (74%), followed by high-level claim data only (65%) and data on medical facilities used by the insured population (55%).

Insurers in Latin America, and the Middle East and Africa are the most advanced in this area with 59% and 64%, respectively, using this system. In contrast, fewer than half of insurers in Asia Pacific (43%) and Europe (45%) use ICD-10.

Only 14% of insurers globally are now using a local coding system along with 15% in Latin America and Europe, 14% in the Middle East and Africa, and 12% in Asia Pacific. This is a positive development representing a move toward more standardized claim data reporting using the ICD system.

Figure 9. **Claim coding systems used to adjudicate medical claims**

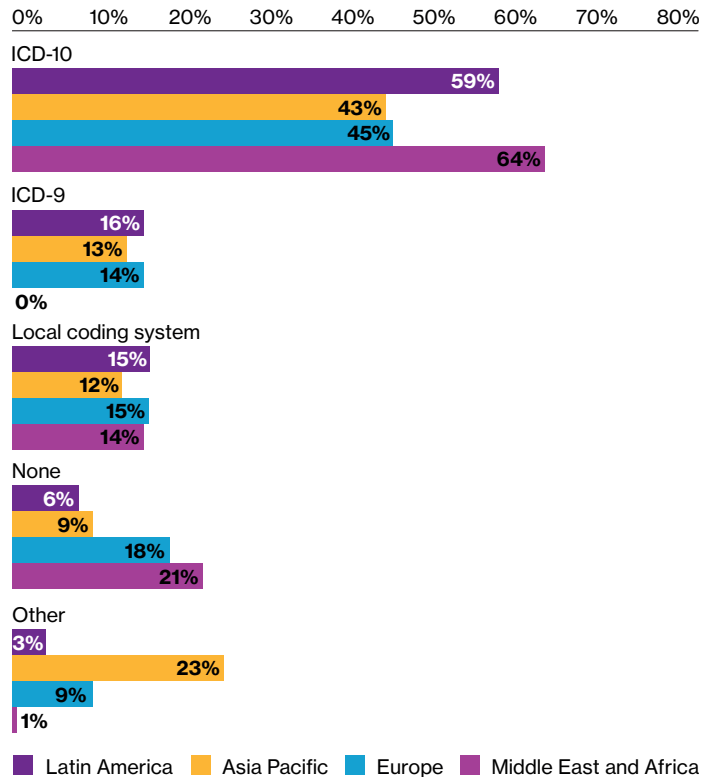
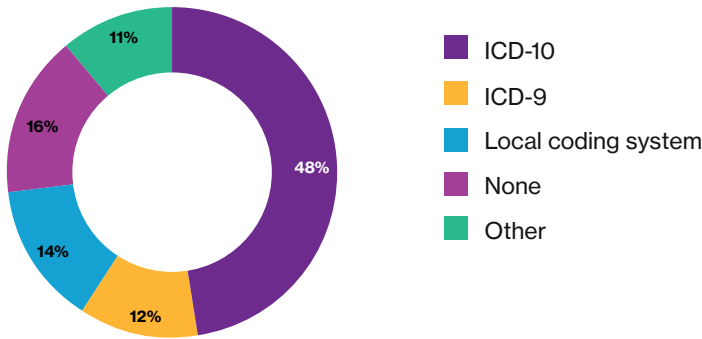


Figure 9 continued. Claim coding systems used to adjudicate medical claims



Nearly half of insurers globally (48%) use the ICD-10 claim-coding system



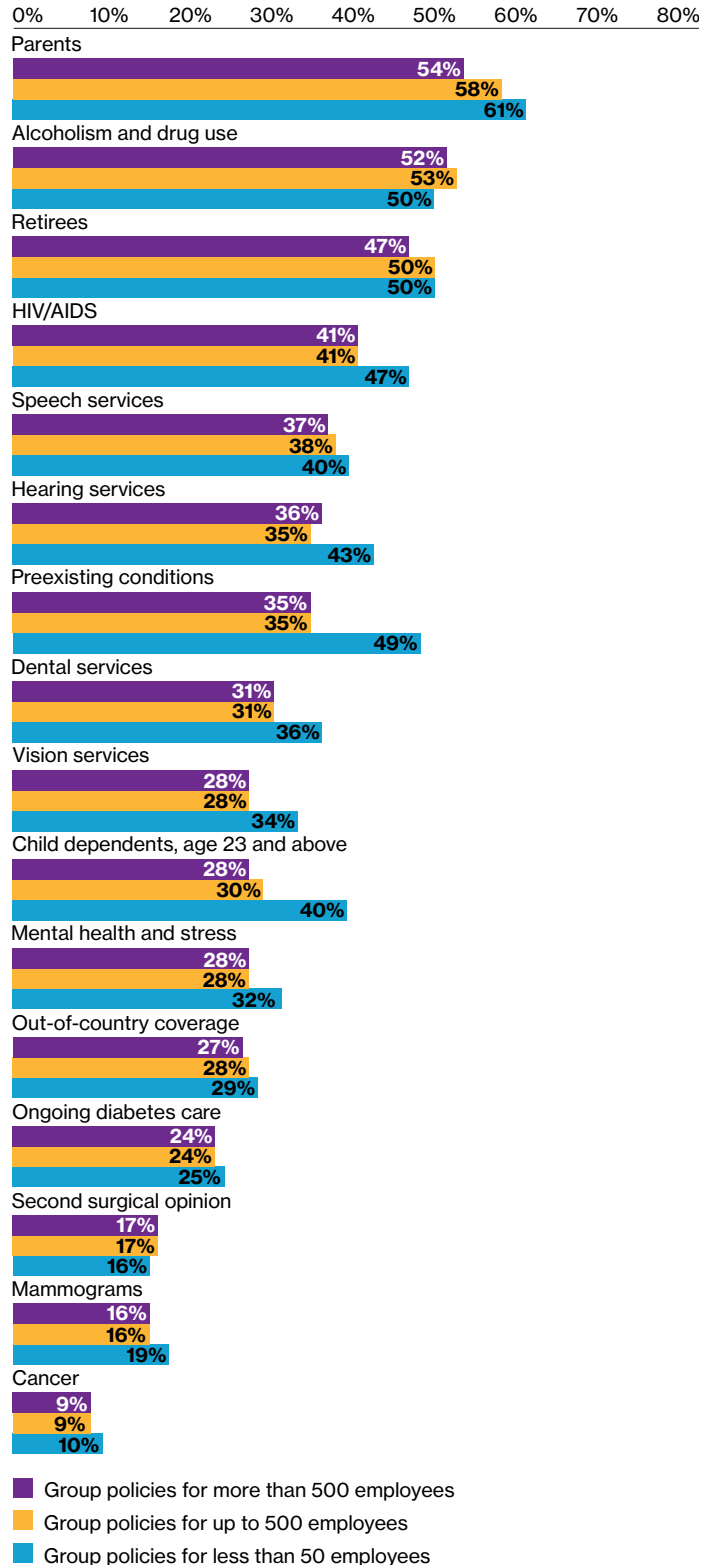
### Medical insurance program exclusions

From a global perspective, there is considerable consistency among insurers of different sizes when it comes to exclusions with the most common being parents, alcoholism and drug use, and retirees; however, it is still surprising to see some conditions excluded from medical policies despite a recognized need among covered members or advances in treatment making certain conditions more manageable in cost and treatment.



Figure 10. Existing exclusions in standard medical insurance programs; based global responses

### Global



There are differences among insurers when it comes to preexisting conditions. Globally, almost half (49%) of group policies for less than 50 employees exclude preexisting conditions, while 35% of other group policies also have this exclusion. In Latin America, preexisting conditions are most often excluded. This is the case for 79% of group policies for less than 50 employees and 62% of other group policies. In Europe, half of policies for less than 50 employees exclude preexisting conditions as do 55% of these policies in Asia Pacific.

In Asia, 71% of all group policies regardless of size exclude alcoholism and drug use, and over three-fifths exclude mental health and stress.

In Europe, over half of all group policies regardless of size still exclude HIV/AIDS.

In the Middle East and Africa, alcohol and drug use is a common exclusion in over 70% of all group policies. HIV/AIDS is excluded in 63% of group policies for less than 50 employees. Parents and child dependents are excluded in 66% and 65%, respectively, of group policies for less than 50 employees.

### Impact of the pandemic

Globally, we have seen insurers remove some pandemic exclusions as a result of COVID-19 and refine program wording limitations in some countries. Overall it is projected that only 30% of insurers will have pandemic exclusions going forward.

Significant changes have also occurred in the Middle East and Africa, and Latin America, where the wording regarding pandemic exclusions has been removed or loosened due to market pressures. Pre-COVID-19, 48% of insurers in Latin America excluded claims arising from pandemics, while only 34% expect to exclude these claims post-COVID-19. In the Middle East and Africa, 50% of insurers excluded pandemic claims pre-pandemic, while only 27% expect to do so post-pandemic.

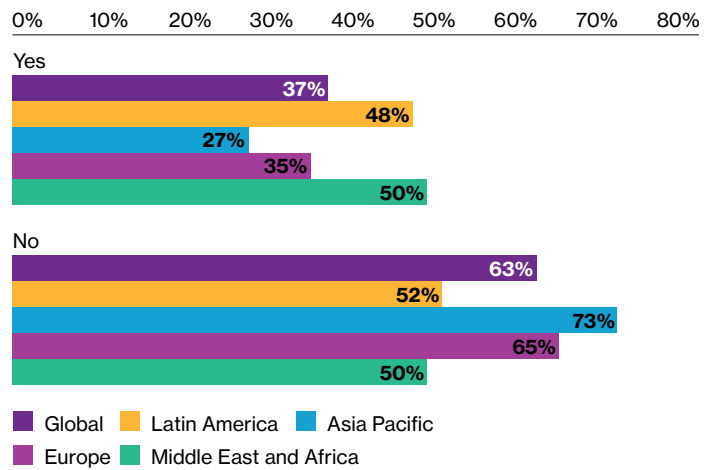
Europe is the one region where the wording regarding this type of exclusion has been actually tightened in many policies. This is reflected in the increase in insurers excluding claims arising from pandemics – from 35% that did so pre-COVID-19 to 41% that expect to exclude pandemic claims post-COVID-19.



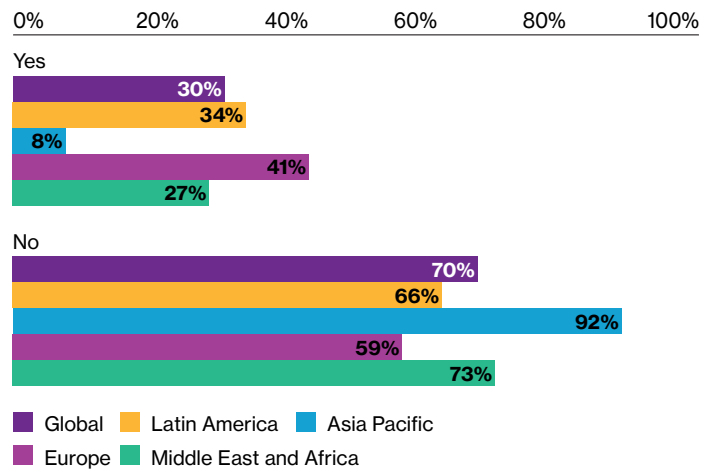
## At a regional level, we have seen the most significant change in Asia Pacific where only 8% of insurers are expected to exclude pandemics going forward compared with 27% pre-COVID-19.

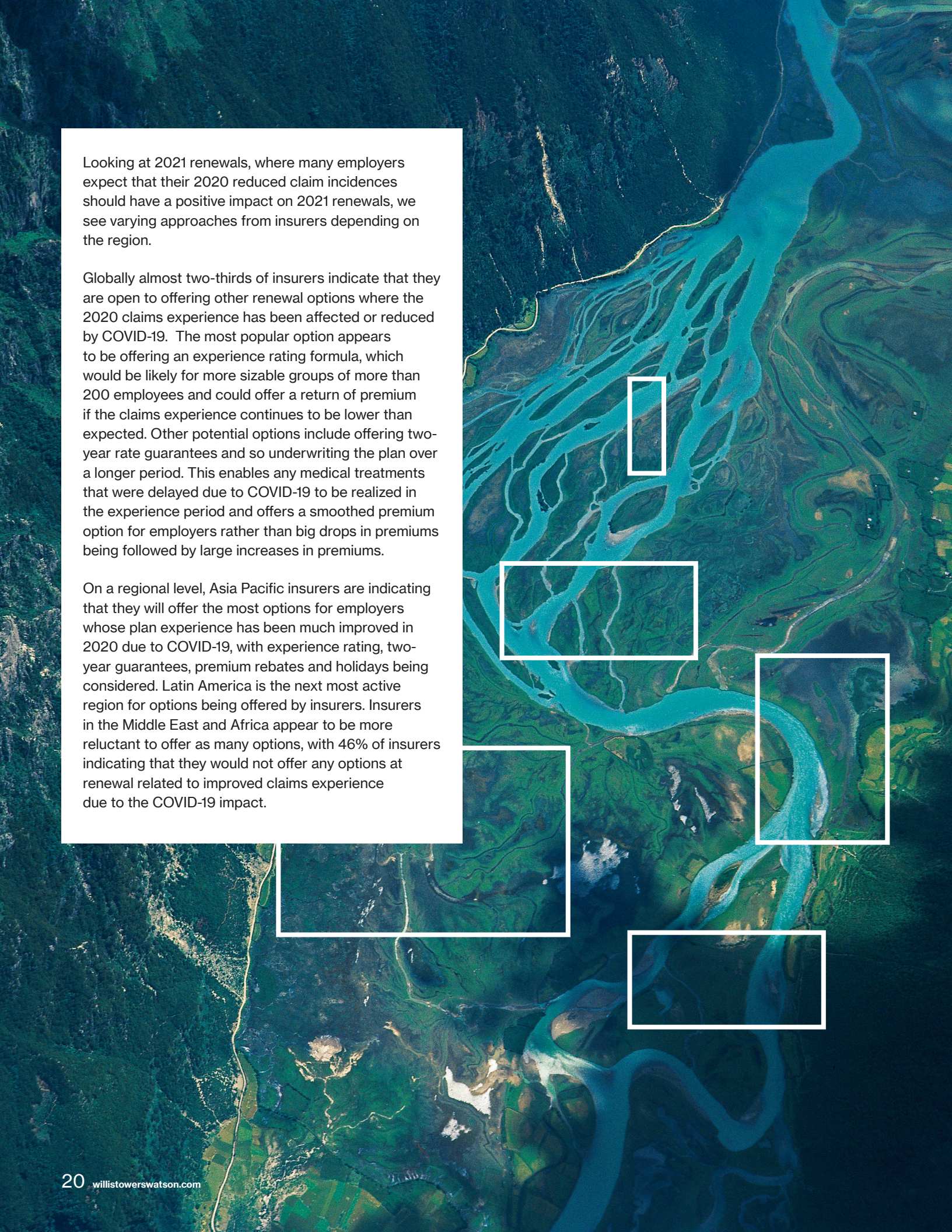
Figure 11. A look at past and future positions regarding exclusion of claims related to declared pandemics

### Pre-COVID-19 - Were claims arising from pandemics excluded from your policy wording?



### Post-COVID-19 - Do you expect claims arising from pandemics to be excluded from your policy wording?





Looking at 2021 renewals, where many employers expect that their 2020 reduced claim incidences should have a positive impact on 2021 renewals, we see varying approaches from insurers depending on the region.

Globally almost two-thirds of insurers indicate that they are open to offering other renewal options where the 2020 claims experience has been affected or reduced by COVID-19. The most popular option appears to be offering an experience rating formula, which would be likely for more sizable groups of more than 200 employees and could offer a return of premium if the claims experience continues to be lower than expected. Other potential options include offering two-year rate guarantees and so underwriting the plan over a longer period. This enables any medical treatments that were delayed due to COVID-19 to be realized in the experience period and offers a smoothed premium option for employers rather than big drops in premiums being followed by large increases in premiums.

On a regional level, Asia Pacific insurers are indicating that they will offer the most options for employers whose plan experience has been much improved in 2020 due to COVID-19, with experience rating, two-year guarantees, premium rebates and holidays being considered. Latin America is the next most active region for options being offered by insurers. Insurers in the Middle East and Africa appear to be more reluctant to offer as many options, with 46% of insurers indicating that they would not offer any options at renewal related to improved claims experience due to the COVID-19 impact.



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