Minimum Standards for Critical Illness (CI) Review 2022

The Association of British Insurers (ABI) Guide to Minimum Standards for Critical Illness Cover document (the Guide) has recently been updated and was released on 15th September 2022. This update was part of the regular reviews that have taken place since the original ABI Statement of Best Practice for Critical Illness was first released in 1999.

Since the last review in 2018 there has been a working group within the ABI that I have been a member of; namely the ABI Critical Illness Working Group (CIWG), that has been collecting views from the industry. Other members of the group are made up of a combination of both insurers and reinsurers with expertise across all disciplines, including claims, underwriting, actuarial, marketing, product development and a qualified medical doctor.

Why reviews of the Guide are necessary

With the nature of the product and medical advancements, these reviews are vital in ensuring that the critical illness (CI) wordings used are relevant and that any issues arising can be addressed. The review specifically focuses on the following areas:

- Addressing issues experienced by claim assessors with existing wordings. e.g; any uncertainty of claim validity relating to definition wordings, misunderstanding of terminology from claimants, challenges from attending physicians to claimants, etc.
- Ensuring that CI definitions continue to use terminology that uses appropriate current medical practices and protocols.
- Ensuring that the claims criteria contained within the definitions are fair and reasonable for consumers. e.g. medical evidence to justify claims is not onerous and the scope of the cover together with the CI definitions are clear and unambiguous.
- Ensuring CI products remain sustainable. e.g. ensuring that the CI definitions contain reasonable 'severity thresholds' that provide good cover for consumers and that also act to "futureproof" wordings against the risk of improved diagnostics or screening techniques giving rise to an increasing trend of lower severity claims.

The main elements of the Guide

The Guide includes recommended wordings for 20 medical conditions and several wordings for Total Permanent Disability (TPD) benefit that includes both occupational and activities-based wordings.

CI products in the UK now commonly include over 50 named conditions that would result in a payment of the full sum assured and a similar number that can be included as "additional" conditions at a lower level of benefit. However, because the 20 conditions are known to cover the vast majority of conditions that result in CI claims, it was felt there was little benefit in developing ABI-recommended wordings for more conditions.

The Guide also contains model wordings for 9 exclusions and a useful "Generic Terms" section that provides a simplified explanation of medical terminology that appears in the definition wordings; the intention being this should also be incorporated into insurers' product literature.

Governing rules for change

When reviews are made, there are important rules written into the Guide relating to any amendments, as follows:

"No changes should be made to any model wordings unless:

- There is a clear issue that has resulted or is expected to result in industry-wide problems for customer and/or insurers; and
- The full review concludes that the proposed change or changes will address that issue."

Consultation as part of the review process

Prior to the release of the revised document, the ABI released the document for a broad consultation to all insurers, both from ABI and non-ABI members, intermediary representatives, and appropriate consumer groups for any comments and to offer explanations of any changes.

This consultation is important to gain views and comments from a wide group of stakeholders who have an interest in CI.

Changes to existing CI conditions

After much discussion within the CIWG, there were 3 CI conditions where it was felt changes to the existing wordings needed to be made. Namely, cancer, heart attack and Alzheimer's disease. Other changes were considered but did not meet the requirements for change as described above.

The changes to existing conditions, together with a detailed explanation and justification for change will follow.

Changes to the ABI recommended wording for CI cancer benefit

Cancer is the most common cause of CI claims and is a fundamental element of any CI plan. Therefore, it is extremely important that the definitions used are appropriate and as clear as possible.

The formation of a cancer wording for CI is challenging as cancer is a term used to cover hundreds of different conditions that vary considerably in many ways, not least by severity and prognosis.

The fact that cancer encapsulates different conditions makes it more susceptible to changes in terminology and recategorization arising from medical advancements. In the past this had led to changes being necessary to the ABI recommended cancer wording and has again resulted in changes as part of the recent review.

In addition, when drafting CI wordings, the ABI has always attempted to try to make them as easy as possible for consumers to understand whilst at the same time making sure they are robust enough to ensure they provide appropriate detail so as not to make them in any way ambiguous. Trying to achieve this balance is a challenge and is becoming increasingly difficult as we are more commonly experiencing complex medical arguments challenging the wordings, often at times of claim, that in some respects leave little option but to consider the inclusion of more specific medical terminology into the wording.

The updated ABI wording for cancer with changes (shown in orange text) and its rationale are as follows:

Cancer – excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma, and lymphoma except those that arise from or are confined to the skin (including cutaneous lymphomas and sarcomas).

The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
  - pre-malignant;
  - cancer in situ;
  - having borderline malignancy; or
  - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate).
- All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0.
- Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin).
- All cancers (other than malignant melanoma) that arise from or are confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas).
- All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0.
- Gastrointestinal stromal tumours and neuroendocrine tumours without lymph node involvement or distant metastases unless they are WHO Grade 2 or above.

Wording changes	Rationale
The term malignant tumour includes leukaemia, sarcoma, and lymphoma except those that arise from or are confined to the skin (including cutaneous lymphomas and sarcomas).	A slight change to make it clear that sarcomas arising from the skin are also excluded.
All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate).	The medical staging system has changed to remove "pathological" sub-groups.i.e. T2 a, b and c. Therefore, the wording had to change to keep it technically correct. Also note that pT2 should only be reached following prostatectomy (not by biopsy) which provides a reasonable severity level.

All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0.	Previously these tumours were excluded under the "non-invasive" exclusion. Claims issues arose from pTa bladder tumours encountered, challenging these tumours are invasive within the epithelial linings–and also not Cancer-in-Situ. Therefore, a more specific exclusion will add clarity. Please see SCORacle from September 2022 for more **details.**
Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin). All cancers (other than malignant melanoma) that arise from or are confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas).	Claims challenges relating to rare types of non-melanoma skin cancer such a dermatofibrosarcoma protuberans, salivary gland tumours, microcystic adnexal carcinoma, Merkel cell carcinoma etc. that generally have a poorer prognosis than the more common basal and squamous cell cancers. This change brings additional clarity that the "skin" exclusion refers to any layers of the skin where tumours arise from or are confined to.
Gastrointestinal stromal tumours and neuroendocrine tumours without lymph node involvement or distant metastases unless they are WHO Grade 2 or above.	There has been much industry discussion on this topic and whether it was reasonable to exclude low-graded NETS and GISTs. Historically, these were medically considered as "benign" as many of them do not progress. Previously these tumours relied upon the exclusions of "borderline malignancy"; or having "low malignant potential". However, this has attracted criticism that this is not the correct terminology used for low graded NETs or GISTs. Therefore, a specific exclusion for NETs and GISTs is a sensible change.
Exclusion removed= All cancers which are histologically classified as any of the following: - non-invasive;	The term "non-invasive" is used in a medical context for a limited number of early tumours. Most commonly, they are applied to ductal cancer in-situ of the breast – where to exclude under the CIS exclusion does not cause problems. It also relates to the early urothelial tumours that now have a specific exclusion. This change helps to reduce length of wording and complexity.
Exclusion removed= Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.	This exclusion was originally included to provide robustness and to make a clear that pre-leukaemic states shown through abnormal blood findings were not covered. With improved diagnostic techniques this additional robustness is not necessary. Removing this unnecessary exclusion helps to reduce the length and complexity of the definition.

Changes to the ABI recommended wording for CI heart attack benefit

The ABI's recommended wording for heart attack has fundamentally been unchanged since the 2006 ABI Statement of Best Practice for CI that was the first wording to contain values for troponin levels as part of the claims criteria. Since then, subsequent reviews have made very slight changes relating to the stated troponin levels required and some wordsmithing to the exclusions, with the main criteria for claims substantially remaining the same.

With this review, it was suggested that the inclusion of "imaging" should be included as claims criteria. This makes good sense as imaging has for some time been commonly used in claims assessments, particularly when ECG evidence is lacking or inconclusive and imaging can assist in determining whether there has been damage to the heart muscle following a cardiac event. In addition, imaging is also being increasingly used in medical practice for heart conditions. The inclusion of imaging into the wording also brings the ABI definition closer to the medically

recognised definition that is contained in the paper "The Fourth Universal Definition of Myocardial Infarction 2018"[1], which has been globally accepted and also includes imaging as evidence that can be used in diagnosing MI.

In recent times, there has been feedback from claims assessors which has highlighted an issue related to whether myocardial infarction (MI) has occurred other than for "Type 1 myocardial infarction" as per the Universal Definition of MI, which is the most common cause of MI resulting from arteries being blocked by atheroma and plaque rupture.

Another type of MI is "Type 2", which is also detailed in the Universal Definition of MI and occurs when there is an imbalance between myocardial oxygen supply and demand unrelated to acute coronary athero-thrombosis. The causes are variable and include coronary artery spasm, sustained tachyarrhythmia (fast heartbeat), severe hypertension and severe anaemia. These events are now more readily being identified following the introduction of high-sensitivity troponins that can detect tiny amounts of heart muscle death.

A pragmatic and sensible market approach to claims in the UK and Irish markets has been applied when type 2 MI has been diagnosed, in that if the event has resulted in either ECG changes consistent with MI or evidence of MI on imaging, then claims are met. The revised heart attack wording which allows for this claims approach and brings imaging into the revised wording also helps in this regard.

"Myocardial injury" is also a term that is being increasingly seen in medical evidence obtained for claims and underwriting purposes. This is a condition where troponins are elevated above normal ranges. Although it is a pre-requisite to MI, myocardial injury may also occur without MI and is an entity in itself.

To expand upon this, myocardial injury is not always associated with myocardial ischaemia (lack of blood flow and oxygen to the heart muscle) and can be caused by conditions such as myocarditis or non-cardiac conditions such as renal failure. The Universal Definition medical paper lists medical conditions that can cause myocardial injury without MI and where there is no evidence to support the presence of myocardial ischaemia, a diagnosis of myocardial injury rather than MI is made.

With this in mind, it was felt that to make the distinction where myocardial injury occurs without MI, it should be mentioned in the exclusion part of the wording. For further reading on this topic, please see our SCORacle edition from December 2018 that goes into this topic in much more **detail.**

Heart attack – of specified severity

A definite diagnosis of acute myocardial infarction with death of heart muscle as evidenced by all of the following:

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes or new diagnostic imaging changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
  - Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L)
  - Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L)

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Myocardial injury.
- Angina without myocardial infarction.

1. https://doi.org/10.1093/eurheartj/ehy462

Wording changes	Rationale
A definite diagnosis of acute myocardial infarction with death of heart muscle as evidenced by all of the following:	Minor change of phraseology. Adding a "definite diagnosis" of MI – sensible when considering not all cardiac events are MI. Removing "Death of heart muscle due to inadequate blood supply" – unnecessary and with type 2 MI, not strictly accurate.
New characteristic electrocardiographic changes or new diagnostic imaging changes.	Imaging is being more frequently used to evaluate cardiac conditions including post MI. It is also increasingly being used to evaluate claims where permanent damage to heart muscle can be demonstrated – particularly when ECG evidence is inconclusive. Adding imaging also makes the wording more aligned to the medical "Universal Definition of MI".
Myocardial injury - added. Other acute coronary syndromes - Removed.	Myocardial injury is being increasingly discovered with the greater use of High Sensitivity (HS) troponins. Not all of these are associated with myocardial infarction. Therefore, this makes it clearer to attending physicians that not all myocardial injury fulfils the criteria for a CI claim. Other acute coronary syndromes – unnecessary as "angina without MI" is already mentioned.

Changes to the ABI recommended wording for CI Alzheimer's disease benefit

Alzheimer's disease and "dementia" were often included on CI products as separate conditions, usually with identical claims criteria contained within the wordings. In recent years, there has been a development in the market for the majority of insurers to combine these wordings together into a single definition, to make the wordings simpler and to reflect what is already a very common market practice.

Alzheimer's disease and dementia have been included on CI products for many years and have been responsible for a low number of claims, largely because the age at which these conditions become common are in older age groups when CI coverage has usually expired. However, there have been increasing numbers of claims being seen more recently in younger people as a result of head trauma, often resulting from participation in sports such as rugby and football. Therefore, the wordings for these conditions have been more tested than ever before where it was felt some minor changes could be made to bring additional clarity with regard to the required severity contained within the claims criteria, without changing the level of the cover itself.

Dementia including Alzheimer's disease – of specified severity

A definite diagnosis of Dementia, including Alzheimer's disease, [before age x] by a Consultant Geriatrician, Neurologist, Neuropsychologist or Psychiatrist supported by evidence including neuropsychometric testing.

There must be permanent cognitive dysfunction with progressive deterioration in the ability to do all of the following:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas

For the above definition, the following are not covered:

- Mild cognitive Impairment (MCI)

Wording changes	Rationale
Change to heading: Dementia including Alzheimer's disease – of specified severity	The change of heading details at high level that all dementia is covered and not just that caused by Alzheimer's disease. In addition, the heading now states "of specified severity" in place of "with permanent symptoms". This change was felt important as it more accurately describes that the claims criteria include severity aspects.
A definite diagnosis of dementia, including Alzheimer's disease	Enhances cover to include all forms of dementia that fulfil the other claims criteria. This is reflecting what the market has already adopted.
A definite diagnosis - Neuropsychologist	This type of consultant has been added because they commonly perform the cognitive testing that is key to a diagnosis of dementia.
A definite diagnosis - supported by evidence including neuropsychometric testing.	Emphasises the importance of neuropsychometric testing as part of the diagnostic evidence. In practice, evaluation of this testing has proved to be extremely useful in claims situations in determining diagnosis and severity. Therefore, to include it specifically in the wording adds to the robustness of the wording.

There must be permanent cognitive dysfunction with progressive deterioration in the ability to do all of the following:	Adds additional detail of the types of symptoms required to meet the claims criteria by making mention of "cognitive dysfunction". Also, including "progressive deterioration" is clearer from a severity aspect of what is required in order to claim.
For the above definition, the following are not covered: • Other types of dementia – (removed) • Mild cognitive Impairment (MCI) - (added)	With the enhancement of cover with the new changes including cover for all causes of dementia, the exclusion related to non-Alzheimer's disease is no longer appropriate and has been removed. MCI is a clinical diagnosis where there is an early stage of memory loss or other cognitive ability e.g. impacting language or visual/spatial perception. It often progresses over time although it may remain stable or even remit. It is commonly seen in older age groups.

Other changes to the Guide

In addition to the changes to the CI conditions, there have been appropriate updates made to the Generic Terms section. In addition, one of the exclusion wordings was reviewed relating to the residence exclusion following the UK's exit from the European Union.

Time for implementation

Insurers who are members of the ABI have been given a timeframe to implement changes to the definitions.

Conclusion

This article aims to provide details for all the changes made to the Guide and also explanations of the reasons for changes, which at first view might appear to be subtle and not always obvious. We hope it has demystified anything that is not already clear.

The main drivers for change are to bring added clarity to the ABI wordings for the benefit of all stakeholders and most importantly, to reduce claims issues.

The importance of reviews through the auspices of the ABI is important as it allows the opportunity for ABI member companies to openly discuss any problems encountered with CI wordings and make necessary changes, whilst strictly acting within the boundaries set by the competition law. As can be seen, these reviews are complex and require significant commitment and effort from those involved.

CI is a real success story in the UK with sales in 2021 exceeding 580,000 new policies and claims amounts of over £1 billion per annum now being paid out to families to help them cope and to provide financial stability at a time of need. Hopefully, the review of the Guide will help with the continued success of CI, now and in the future.

For further information regarding the ABI Minimum Standards 2022, please contact Phil Cleverley, Chief Underwriter.