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Patient documentation/communication of medical record, professional qualifications, certification/accreditation

SECTION 4: professional integrity - Ensuring Quality, Managing Risk and safety Providing a Satisfying Patient Experience, International Certification of Medical Facilitators & Departments of Medical Tourism to Ensure an Outstanding International Patient Experience medical tourism facilitator: credentials. responsibilities, Potential medical complications: travel and medical complication insurance, discharge, recovery center, return home

SECTION 5: Potential Medical, Surgical, Dental Complications of the Medical Tourism Patient

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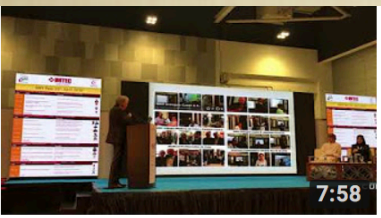

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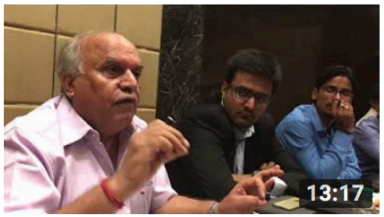

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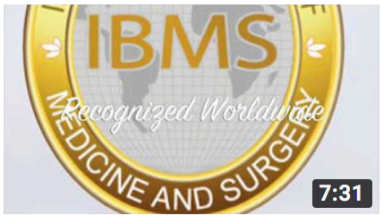

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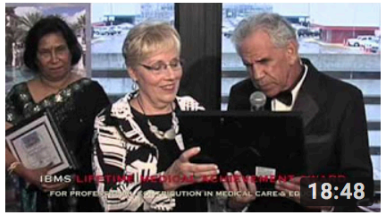

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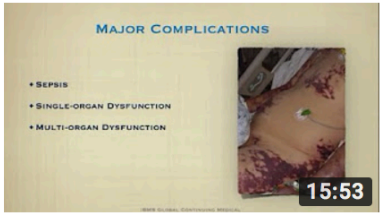

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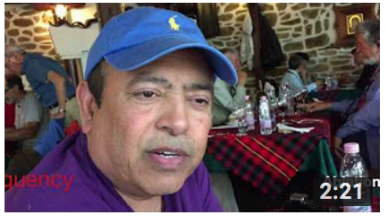

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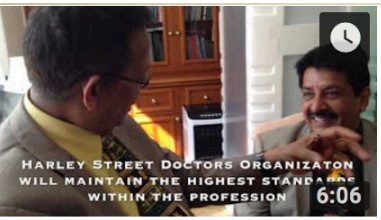

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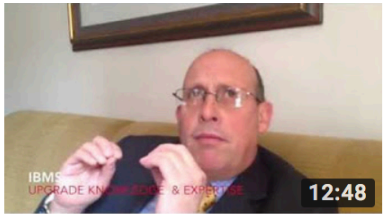

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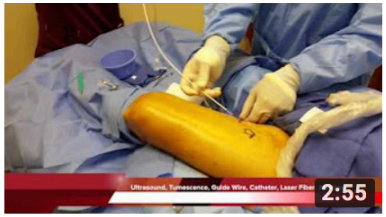

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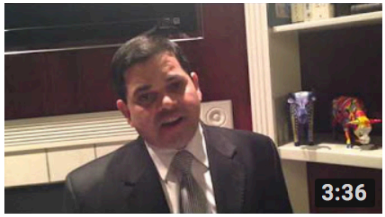

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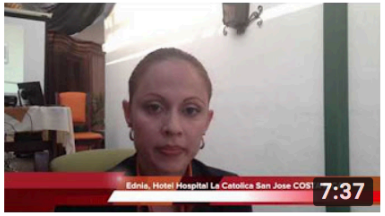

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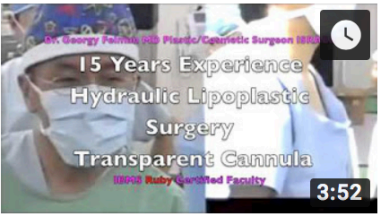

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MD Global Care Health Division

Introduction

- History of medical tourism/international healthcare, definition, global market in medical tourists, response of healthcare provider countries, growth and models of healthcare travel companies in established and emerging medical tourism markets, global doctor patient relationship.

- Flow of medical tourists across national borders and interaction of the demand and supply of medical tourism services.

- Organizations and groups including intermediaries and ancillary services supporting the medical tourism/ international healthcare industry.

- Healthcare provider models and public/private strategies to develop medical tourism/international healthcare industry.

Definitions of Medical Tourism and Health Tourism

What is meant by 'medical tourism' - when consumers elect to travel across international borders with the intention of receiving some form of medical treatment.

This treatment may span the full range of medical services, but most commonly includes dental care, cosmetic surgery, elective surgery, and fertility treatment.

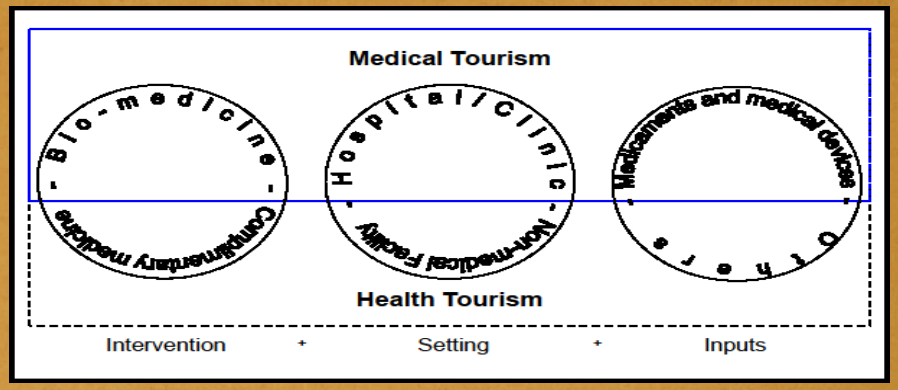
Cosmetic surgery for aesthetic rather than reconstructive reasons, for example, would be considered outside the health boundary (OECD, 2010, pp.30-31).

Medical tourism is related to the broader notion of health tourism, which in some countries has longstanding historical antecedents of spa towns and coastal localities, and other therapeutic landscapes.

Some define health tourism as organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's well-being in mind and body.

This definition encompasses medical tourism which is delimited to organized travel outside one's natural healthcare jurisdiction for the enhancement or restoration of the individual's health through medical intervention.

11.As Figure 1 suggests, medical tourism is distinguished from health tourism by virtue of the differences with regard to the types of intervention, setting and inputs.



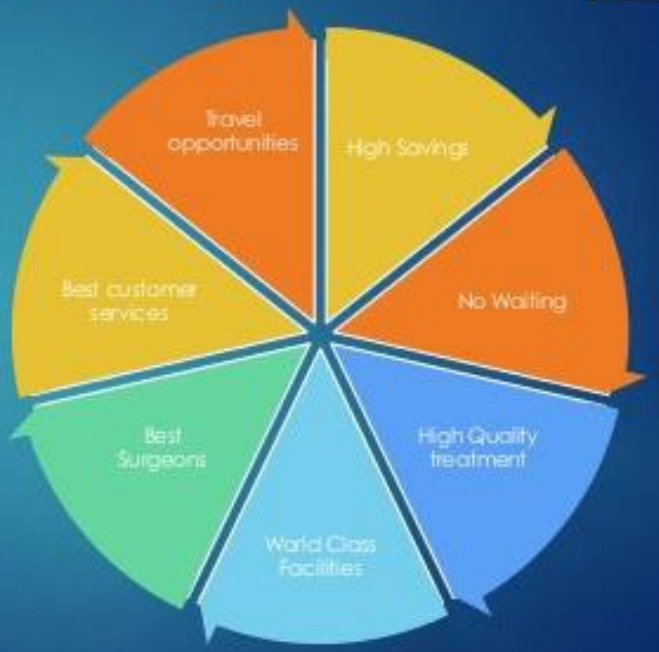
Source: Carrera and Lunt (2010).

Figure 1: Health and Medical Tourism

History, Development & Globalization of Medical Tourism/International Healthcare

Reasons of medical tourism:

- High savings
- No wait-lists
- High quality treatment
- World class facilities
- Access to latest technology
- Best surgeons
- Customer care
- Travel opportunities

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History, Development & Globalization of Medical Tourism/International Healthcare

For millennia people have traveled to faraway places seeking better health through **Medical Tourism.**

During the **Neolithic** and **Bronze Ages, Sumerians, Greeks, Romans, Japanese, Chinese** and **Indian** cultures have evidence of spas and mineral springs for medical treatments.

pilgrims traveled from all over the Mediterranean to the small territory in the Saronic Gulf called Epidauria. This territory was the sanctuary of the healing god Asklepios. Epidauria became the original travel destination for medical tourism.

During **4000 BC**, **Sumerians** built health complexes near health spas adjacent to mineral springs and during **3,000 BC**, those suffering from eye disorders made pilgrimage to **Tell Brak, Syria**, where healing deities "performed miracles".

During early Islamic civilization, **Mansuri Hospital** in **Cairo** attracted many medical travelers from around the world.

During the**19th** century, wealthy **Europeans** seeking medical benefits for healing gout, rheumatism, and intestinal disorders travelled to hot springs.

During **1987**, the first research article from a marketing perspective was published about medical tourism and was entitled, **Healthcare Tourism: An Exploratory Study** to distinguish medical tourism with health tourism.

Authors surveyed **206** travelers, **22** travel agents, **12** medical doctors and two herbalists to understand how European health destinations and the need of health tourism products attract people through health related services,

The study sparked the concept of medical tourism.

History, Development & Globalization of Medical Tourism/International Healthcare

all parties involved in healthcare need to become familiar with medical tourism and understand the economic, social, political, and medical forces driving and shaping this phenomenon (Horowitz, Rosensweig. et al, 2007)

An option for healthcare cost control is known as "medical tourism" also known as **medical** travel, health tourism or global/international healthcare.

medical tourism involves a citizen of one country either going to another country or to another location away from residence (domestic medical tourism).

medical tourism mixes leisure, fun and relaxation together with wellness and healthcare.

A person goes on vacation and also has an elective Medical, surgical or dental procedure.

as the concept has matured, less emphasis is on tourism and more on medical aspects, including complex procedures (Moody, 2007).

early participants in medical tourism limited their treatment to relatively minor procedures, though as global medical standards and regulations have evolved, more are seeking complex heart surgery, joint replacement, spinal surgery and the best treatment at a competitive price in a preferred location (Lagiewski, Myers, 2008).

Medical tourism is one of the fastest growing sectors in the 21st century and many countries are attempting to capitalize on the economic potential by developing medical tourist packages combining high quality medical services at competitive prices at popular tourist destinations.

Presently, medical tourism globally is estimated to be in the billions of dollars annually.

Growth factors have included better and cheaper medical treatments in developing countries, technological advancements in the medical field, affordable air travel, availability of information about medical destinations and development of information technology.

History, Development & Globalization of Medical Tourism/International Healthcare

Examples of procedures are cosmetic surgery, breast surgery, facelifts, liposuction, dental work, cancer, orthopedic, cardiac and fertility related treatments, birth/ reproductive tourism.

The wellness segment of medical and healthcare tourism promotes healthier lifestyles (Bennett, King and Milner, 2004) and includes spas, thermal and water treatments, acupuncture, aromatherapy, ayurveda, beauty care, facials, exercise, diet and nutrition, herbal healing, homeotherapy, massage, yoga and other similar products.

Opportunity exists for entrepreneurs to capitalize on these varied medical tourism segments.

Millions of Americans and others from around the globe have travelled abroad for healthcare treatment and contributed to billions of dollars spent.

Cost savings average about 60% to 80% of comparable procedures in the USA and in rare cases the savings may even be 90%.

uninsured/underinsured are the primary group to use the medical tourism option, though other groups, especially self-insured employers have become interested.

ISSUES OF CONCERN

- Financial and equity implications for countries of origin and destination, and the impact on those involved in medical tourism.
- Potential harm, liability and redress with a focus on legal, ethical and quality of care considerations in medical tourism services.
- future regulation, quality and safety policy of the medical tourism industry.

Health Insurance Companies, Employers, Claims Payors, and Health Insurance Agents are hopeful Medical Tourism will be one of the creative solutions to the international healthcare crisis as patients across the globe rely on health insurance to cover medical expenses.

healthcare costs lead to premium increases with fewer people able to afford coverage.

Lack of insurance places a patient at risk for serious medical problems, and a third of those who are uninsured are unable to afford the cost of the medicine.

History, Development & Globalization of Medical Tourism/International Healthcare

The free movement of goods and services under the auspices of the World Trade Organization and its General Agreement on Trade in Services (Smith, 2004, Smith et al,. 2009b) has accelerated the liberalization of the trade in health services as have developments to the use of regional and bi-lateral trade agreements.

As healthcare is predominantly a service industry, this has made health service a more tradable, global commodity with patients across borders in the pursuit of medical treatment and healthcare being medical tourism.

Individuals have travelled abroad for health benefits since ancient times, and during the 19th Century in Europe, for example the growing middle classes traveled to spa towns to 'take the waters', which were believed to have health enhancing qualities.

During the 20th Century, wealthy people from less developed areas of the world travelled to developed nations to access better facilities and highly trained medics.

However, shifts underway currently with medical tourism are quantitatively and qualitatively different from earlier forms of health related travel.

The key differences are a reversal of this flow from developed to less developed nations, more regional movements, and the emergence of an "international market' for patients.

The key features of the new 21st Century style of medical tourism are summarized below:

- The large numbers of people traveling for treatment
- The shift towards patients from richer, more developed nations traveling to less developed countries to access health services, largely driven by the low-cost treatments and helped by cheap flights and internet sources of information
- 'New' enabling infrastructure – affordable, accessible travel and readily available information over the internet
- Industry development: both the private business sector and national governments in both developed and developing nations have been instrumental in promoting medical tourism as a potentially lucrative source of foreign revenue
- What are the implications of these changes in medical travel for OECD countries?
- Fundamentally, such developments point towards a paradigm shift in the understanding and delivery of health services.
- The market in medical tourists is set to grow with potentially far-reaching impacts on publicly fu healthcare, including the notion of patients as 'consumers' of healthcare rather than 'citizens' with righ healthcare services.

Medical Tourism Process

- person seeking medical treatment abroad contacts a Medical Tourism Provider.
- provider requires patient to provide a medical report detailing the nature of ailment, local doctor's opinion, medical history, and diagnosis.
- doctor consultants then advise the appropriate medical, surgical or dental treatment.
- Approximate expenditure, hospitals and tourist destinations, duration of stay, etc. is discussed.
- After signing consent bonds and agreements, the patient is given recommendation letters for a medical visa to be procured from the concerned embassy.
- patient travels to the destination country where the medical tourism Facilitator assigns a case manager, who takes care of the patient's accommodation, treatment and all other non-medical patient care issues.
- Once the treatment is done, the patient is transferred to a recovery center and afterward may remain in the tourist destination or return home.

Market Size

Healthcare Clusters

Attracting world renowned medical centers of excellence to a destination can create a healthcare cluster effect, attracting other high-revenue support industries to serve existing medical facilities and attracting venture capital and entrepreneurship activity.

Pharmaceuticals, biotech, medical equipment, technicians, medical systems technology, and other companies catering to the medical industry would are drawn to the area.

These support industries support the local economy and increase local and state revenues.

This healthcare cluster effect is self-reinforcing, easing future efforts to attract high quality medical providers to the area.

Development of medical tourism attracts educated and skilled labor to the destination, and keeps graduating students from leaving to seek employment elsewhere.

destinations are most successful by supporting existing centers of healthcare excellence catering to local and regional populations, and expanding their international patient base to capture a share of the medical tourism market.

History, Development & Globalization of Medical Tourism/International Healthcare

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national interconnections (political, economic, social and technical) include the movement of people, products, capital and ideas, and have offered opportunities and challenges for healthcare delivery and regulation.

A number of developments support this growth in medical travel:

- **Regulatory regimes (such as the General Agreement on Trade in Services and other World Trade Organization agreements)**
- **Recognition of transnational disease patterns**
- **Growing patient mobility (low-cost airlines, advancements in information-communication technology, and shifting cultural attitudes among the public about overseas destinations)**
- **Industry development**

Contribution of Tourism to GDP

Source: World Travel and Tourism Council, 2012

History, Development & Globalization of Medical Tourism/International Healthcare

Medical tourism is an emerging global industry with a range of key stakeholders having commercial interests, including brokers, healthcare providers, insurance companies, government, website developers, and conference and media services.

government's official policy in many developing countries actively promotes medical tourism.

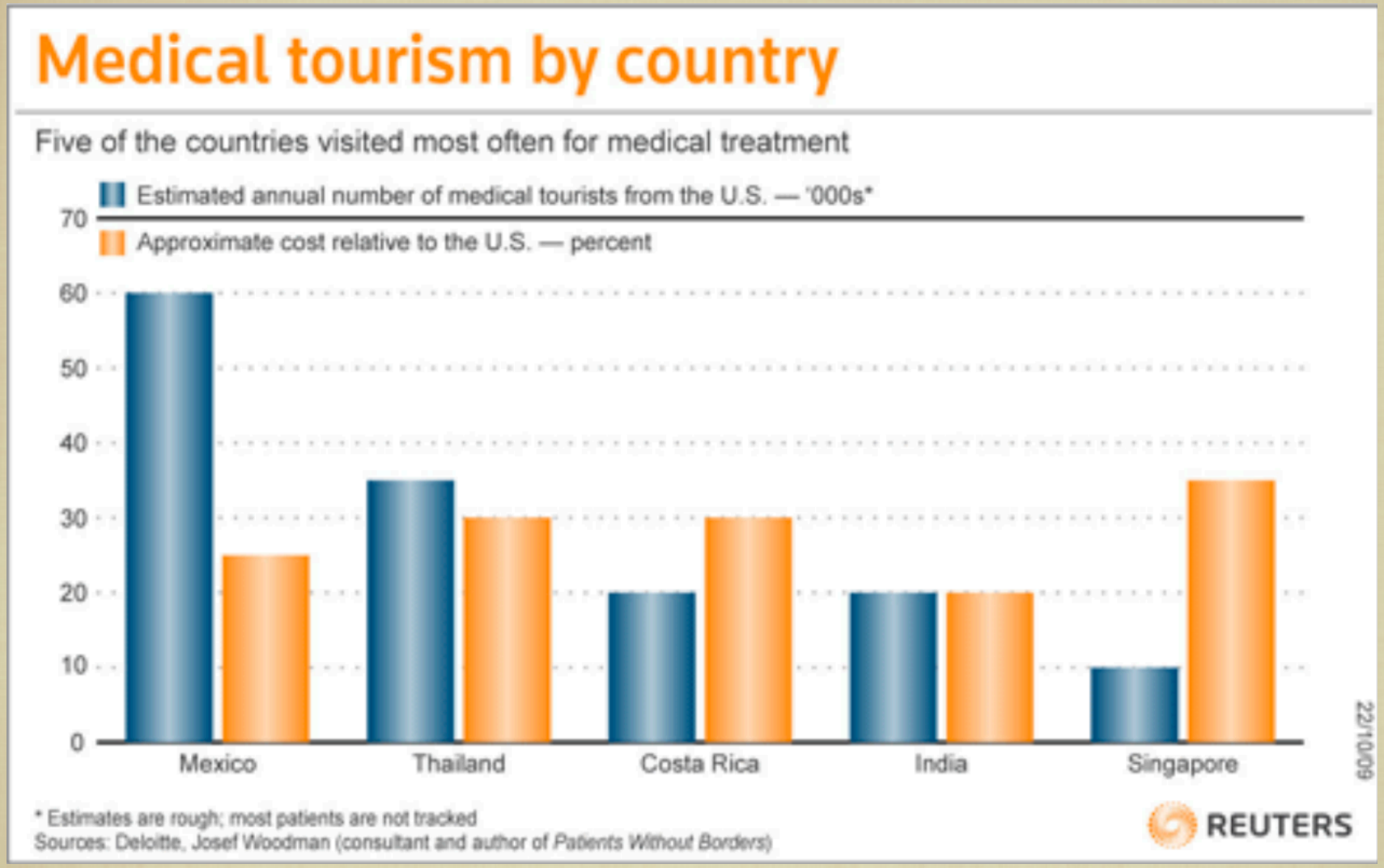
time spent waiting in one's own country, Britain and Canada, for a hip replacement, dental procedure, or heart transplant may be more than a year, whereas in Bangkok, Bangalore, Delhi, or Kuala Lumpur a patient could actually have an operation shortly after arrival.

Foreign Patients are usually residents of the industrialized nations of the world, and the countries where they travel are typically less developed and have a lower cost of medical care, due to favorable currency exchange ratios.

elective procedures are rarely covered by health insurance plans, thereby creating an incentive to find treatment at a lower cost.

Medical tourism may focus on lower cost - the overall message, however, has to be 'lower price for an equivalent or better quality of care' than can be acquired at home.

As Centers of Healthcare Excellence around the world compete for patients, greater emphasis on quality is essential to survive, and for this reason medical providers need to think more like hospitality and tourism professionals to make the customer's (patient's) experience the focal point of strategy, product design, delivery, and marketing.



History, Development & Globalization of Medical Tourism/International Healthcare

Mobility of Patients Across International Borders

Temporary visitors abroad: those individuals holidaying abroad who use health services as a result of an accident or a sudden illness. Health services for tourists are funded variously through the European Health Insurance Card (for EU citizens) for occasional or emergency treatment within the EU, private insurance and out-of-pocket expenses. These would not be considered as 'medical tourists', rather unfortunate tourists'.

Long-term residents: increasing flows of EU citizens choosing to retire in countries other than their country of origin, within the EU borders and indeed beyond (Rosenmöller et al., 2006), and growing exchanges of working-age citizens within Europe. Such residents may receive health services funded variously by the country of residence, the country of origin, private insurance, or through private contributions. Again, these individuals would not be considered as 'medical tourists'.

Common borders: countries sharing common borders may collaborate in providing cross-national public funding for healthcare services from providers in other countries (Rosenmöller et al., 2006).

Outsourced patients: are those patients opting to be sent abroad by health agencies using cross-national purchasing agreements. Typically, such agreements are driven by long waiting lists and a lack of available specialists and specialist equipment in the home country. These patients often travel relatively short distances, and contracted services (both public and private) are more likely to be subject to robust safety audits and quality assurance (Lowson et al., 2002, Burge et al., 2004, Glinos et al., 2006, Muscat et al., 2006). These individuals could be described as 'collective' medical tourists, albeit they being state or agency-sponsored rather than acting as individual consumers in the traditional sense.

Medical tourism: more commonly refers to patients who are mobile through their own volition, Such medical tourists do not make use of EU rights (where the phenomenon is ordinarily known as 'cross-border care') but choose to pay out-of pocket, and therefore are better cast as consumers rather than as individuals exercising their European citizenship rights (Lunt and Carrera, 2010).

An overview of world Medical Tourism

Country	No. Of foreigners treated (2005)	From Country	Money earned	Strengths
Thailand	600,000	US,UK	$470m	Cosmetic surgery, Organ transplants, Dental treatments, Joint replacements
Jordan	126,000	Middle East	$600m	Organ transplants, Fertility treatments, Cardiac care
India	100,000	Middle East, Bangladesh, UK, Developing countries	N.A	Cardiac care, Joint replacements, Lasik
Malaysia	85,000	US, Japan, Developing countries	$40m	Cosmetic Surgery
South Africa	50,000	US,UK	N.A	Cosmetic Surgery, Lasik, Dental treatments
Cuba	N.A	Latin America, US	$25m-50m	Specialist Niche treatments :Vitiligo, Night Blindness; Cosmetic Surgery.

National Strategies

Many countries see significant economic development potential in the emergent field of medical tourism.

The Thai, Indian, Singaporean, Malaysian, Hungarian, Polish and Maltese governments have all sought to promote their comparative advantage as medical tourism destinations at large international trade fairs, via advertising within the overseas press, and official support for activities as part of their economic development and tourism policy (Mudur, 2004, Chee, 2007, Whittaker, 2008, Reisman, 2010).

Since 2003, SingaporeMedicine has been a multi-agency government-industry partnership aiming to promote Singapore as a medical hub and a destination for advanced patient care and is led by the Ministry of Health, and has the support of the Development Board (new investments and healthcare industry capabilities); International Enterprise Singapore (growth and expansion of Singapore's healthcare interests overseas); Singapore Tourism Board (branding and marketing of its healthcare services).

India has introduced a special visa category – an M visa – to cater for the growing number of medical tourists (Chinai and Goswami, 2007) as well as allowing tax breaks to providers. Sengupta (2008) notes medical tourism facilities allow increased rate of depreciation on life saving equipments, and also prime land at subsidized rates.

In Malaysia, the National Committee for Promotion of Medical and Health Tourism was formed by the Ministry of Health in 1998, developed a strategic plan and networked both domestically and overseas with relevant interests. Tax incentives were provided for buildings, equipment, training, advertising and IT, and providers were encouraged to pursue accreditation with an emphasis on quality (Chee, 2007).

Both the Japanese and Korean governments have declared publicly the desire to place medical tourism at the heart of plans for future economic growth (Sang-Hun, 2008, Hall, 2009, ITTimes, 2009, Independent, 2010, Kester, 2011), and both have matched this commitment with a relaxation of visa laws (Sang-Hun, 2008, Toyota, 2011), making inbound medical tourism easier.

In Japan, the low numbers of trained doctors and high cost of treatment has severely constrained the growth of the medical tourism market (Hall, 2009, Toyota, 2011, p.10). Japan has until recently been primarily thought of as a source country rather than a destination country in terms of medical tourism with large numbers of Japanese citizens traveling abroad for healthcare (Connell, 2006, p.1096).

The Japanese government has recently outlined plans to reverse the outbound medical tourism trend, rolling out a new organization with the sole aim of increasing inbound medical tourism.

This will work alongside the Ministry of Economy, Trade and Industry (METI), which currently coordinates medical tourism strategies (Hall, 2009, Toyota, 2011, p.9). METI has placed particular emphasis on the high-end, high-cost and skills-intensive procedures not offered or taken up in lower cost Asian medical tourism markets such as India and Thailand (Hall, 2009).

Japan cannot compete with the lower costs offered in other Asian markets and thus should concentrate on the types of procedures where access and quality are the primary motivations for medical tourism rather than simply the cost (Hall, 2009).

National Strategies

In contrast to Japan, the Korean government has matched their commitment to the expansion of the inbound medical tourism market with investment in a market to directly compete with other Asian countries.

through an Act of Government the Korean government has created the Korean Medical Institute (KMI), which alongside the Korean Tourism Organization and the Korean International Medical Association has actively sought to promote the healthcare industry, both domestically and internationally (Toyota, 2011, p.5).

Similarly, the state-funded Korean Health Industry Development Institute has placed the development of a Korean market globally competitive at its heart (KHIDI, 2011).

Korea markets itself as offering high-quality care at hospitals in the developed world with lower costs (Sang-Hun, 2008, ITTimes, 2009, Independent, 2010).

The high quality and low cost of treatment is also being used as part of a targeted campaign to encourage Korean expatriates and members of Korean communities in countries such as the United States and New Zealand (Lee et al., 2010, pp.108-109) to opt for procedures in Korea with plans to open a marketing office in Los Angeles to attract Korean-Americans (Sang-Hun, 2008, Toyota, 2011, p.6). For some, the expansion of the Korean market, which has been put at between 40,000 and 60,000, is simply a matter of time (ITTimes, 2009, Independent, 2010, Toyota, 2011, p.5).

National Strategies

In Poland, a popular destination for dental tourists and cosmetic tourists, medical tourism is facilitated through private companies though many of the clinics used are state-owned, serving Polish citizens alongside medical tourism reflecting the Polish government's desire to capture the potential of medical tourism and marked by the creation of the Polish Medical Tourism Chamber of Commerce (Reisman, 2010, p.133) and networking with the Polish Association of Medical Tourism (PAMT).

The Polish government is actively attempting to harness the potential of recent EU accession to compete with more far flung destinations for European medical tourists.

Hungary has also sought to harness the opportunities presented by EU accession and develop a medical tourism industry.

Many Hungarian clinics offering treatment to medical tourists are private though the Hungarian government boasts many medical tourism sites revealing a wide range of procedures being actively marketed to tourists.

Beyond national strategies national policy can directly foster the domestic medical tourism industry by:

- Allowing hospitals to fully market health services to foreign patients in South Korea.
- Supporting trade fairs through tourism, airlines or health – UAE, Dubai, Turkey, Cyprus, and Malta.
- Singapore and Dubai (UAE) have directly supported the acquisition of international accreditation by their hospitals.

Medical Tourism Worldwide

not a single day goes by without a story about an under or uninsured patient going to India or Thailand for heart surgery or hip replacement. Although medical travelers have many motives, lower-cost procedures and discretionary cosmetic operations represent only small segments. Most of these people seek the world's most advanced technology, better quality, or quicker access to medical care.

Only recently, medical tourism was hardly enough to be noticed. Today, more than 250,000 patients per year visit Singapore alone--nearly half of them from the Middle East.

India, Argentina, Colombia, Costa Rica, Cuba, Jamaica, South Africa, South Korea, Jordan, Italy, Germany, Brazil, Mexico, Malaysia, Hungary, Israel, Turkey, the Philippines, United Arab Emirates (Dubai), Oman, Ukraine, Japan, Latvia and Estonia all have entered into this medical tourism market and more countries are joining the list.

By 2015, the health of the vast Baby Boom generation will have begun its slow, final decline, and with more than 220 million Boomers in the United States, Canada, Europe, Australia and New Zealand, representing a significant market for inexpensive, high quality medical care.

Medical tourism will be particularly attractive in the United States, where an estimated millions of people are without health insurance or dental coverage- numbers which may grow.

Patients in Britain, Canada and other countries with long waiting lists for major surgery are also eager to take advantage of foreign health care options (Hutchinson, 2005).

Medical Tourism Worldwide

heart-valve replacement costing $200,000 or more in the USA, costs about $10,000 in India, often including roundtrip airfare and a brief vacation package.

Similarly, a metal-free dental bridge worth $5,500 in the U.S. costs about $500 in India.

a knee replacement in Thailand with 6 days of physical therapy costs about 1/5 of the same in the USA, and Lasik eye surgery worth $3,700 in the USA is available in many other countries for $700-$800. Cosmetic surgery savings may even be greater.

A full facelift costing $20,000 in the USA runs about $1,250 in South Africa (Hutchinson, 2005).

Singapore has made international news for providing complex neurosurgical procedures.

Medical Tourism Worldwide

for North American patients, Costa Rica and Mexico are frequently chosen destinations for inexpensive, high quality medical care and plastic surgery without a trans oceanic flight.

South Africa also draws many cosmetic surgery patients, especially from Europe, and many South African clinics offer packages.

Argentina ranks high for plastic surgery, and Hungary draws large numbers of patients from Western Europe and the U.S. for high quality cosmetic and dental procedures costing half of what they would in Germany and America.

Dubai, a destination already known as a luxury vacation paradise, has Dubai Healthcare. Situated on the Red Sea, this clinic is one of the largest international medical centers between Europe and Southeast Asia.

Medical tourism in Asia

Many countries in Asia have been colonized by a western power, thereby providing an advantage for the Asian country to provide the appropriate level of hospitality to cater to western patients.

With an increasingly educated Asian population together with a relatively cheap specialized and skilled labour workforce, the cost of providing healthcare services is much cheaper in relation to the cost of providing healthcare in western and developed countries.

With the internationalization and global movements of people through travel and training or migration, many personnel of medical tourism providers are trained in different countries. many recruits of medical tourism providers in India are from the United States, and usually Indian citizens who have been trained in the United States or Indian migrants to the United States have returned to their country of origin to practice due to lifestyle factors.

other countries offering medical tourism also recruit local doctors trained in the United Kingdom, United States and other western countries to treat western Foreign Patients.

international medical tourism Like free trade is a positive approach to global healthcare and is competitively priced while providing services to many who would not be able to afford the treatment in their home countries.

poorer citizens of the host countries may experience longer waiting lists and may not be able to afford the increasing costs of medical care medical tourists have artificially increased due to their greater spending capacity.

some Foreign Patient operations have allocated a certain proportion of their medical capacity to treat and accommodate the local poorer population in order to address this international concern, and the medical tourist indirectly funds the medical treatment of the local population who otherwise would not have access to the more expensive medical procedures if not for this subsidy.

Medical tourism in Asia

*More than 2.9 Million patients visited Thailand, India, Singapore, Malaysia and the Philippines for medical tourism in 2007.

*Thailand's low cost and scenic beaches have enabled are a major attraction for the largest medical tourism market in Asia; however, an unstable political environment and occurrence of another epidemic such as bird flu can restrain its growth.

*Healthcare costs are considerably higher in Singapore as compared to other Asian destinations though the country boasts of an infrastructure and resources which are oftentimes commensurate or even better than those in the west.

*India, with its low cost advantage and emergence of several private players, represents the fastest growing market, however The country's questionable sanitary perceptions in the west are a partial roadblock for growth.

Medical Tourism – Malaysia

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IBMS Global Continuing Medical Education Series

HEALTHCARE TRAVELERS TO MALAYSIA

No	Country of Origin	Healthcare	Travellers	Increase from previous year (%)
		2010	2011	
1	Indonesia	261,177	335,150	28.32
2	India	16,940	18,604	9.82
3	Japan	14,937	16,111	7.85
4	United Kingdom	8,254	12,704	53.91
5	China and Hong Kong	7,941	11,886	49.68
6	United States	7,557	10,584	40.05
7	Australia	7,157	9,678	35.22
8	Iran	3,374	8,836	161.88
9	Libyan Arab Jamahiriya	6,008	7,225	20.25
10	Nepal	3,179	6,727	111.60

HEALTHCARE TRAVELERS TO MALAYSIA

No	Country of Origin	Healthcare	Travellers	Increase from previous year (%)
		2010	2011	
11	Saudia Arabia	5,069	6,580	29.80
12	Myanmar	3,161	5.885	86.17
13	Singapore	4,307	5,879	36.49
14	Philippines	4,143	5,602	35.21
15	Virgin Islands, British	1,151	5,479	376.02
16	Others	7,305	5,367	-26.52
17	Bangladesh	3,332	5,071	52.19
18	Germany	3,375	3,991	18.25
19	Korea, Republic of	1,706	3,521	106.38
20	France	2,407	3,394	41.00

FOREIGN PATIENTS TO MALAYSIA

YEAR	NUMBER OF FOREIGN PATIENTS	GROWTH RATE
2001	75,210	33.99%
2002	84,585	12.47%
2003	102,946	21.71%
2004	174,189	69.20%
2005	232,161	33.28%
2006	296,687	27.79%
2007	341,288	15.03%
2008	374,063	9.60%
2009	336,000	-10.18%
2010	392,956	16.95%
2011	583,296	48.44%

Source: Malaysia Healthcare Travel Council; "Medical Tourism and the state in Malaysia and Singapore, National University of Singapore", Chee 2010

SURGICAL PROCEDURES
USA, THAILAND, SINGAPORE, MALAYSIA

PROCEDURE	US	THAILAND	SINGAPORE	MALAYSIA
Heart bypass	130,000	11,000	18,500	9,000
Heart valve replacement	160,000	10,000	12,500	9,000
Angioplasty	57,000	13,000	13,000	11,000
Hip replacement	43,000	12,000	12,000	10,000
Hysterectomy	20,000	4,500	6,000	3,000
Knee replacement	40,000	10,000	13,000	8,000
Spinal fusion	62,000	7,000	9,000	6,000

Source: Woodman (2007), as cited in Malaysia Healthcare Travel Council 2012

Indian Healthcare

Healthcare, which is a US$ 35 billion industry in India, is expected to reach over US$ 75 billion by 2012 and US$ 150 billion by 2017, according to Technopak Advisors in their report- 'India Healthcare Trends 2008'.

Healthcare has emerged as one of the largest service sectors in India.

In 2004, national healthcare spending equaled about 5.2 per cent of nominal GDP, or about US$ 34.9 billion.

Healthcare spending in India is anticipated to scale up to about 5.5 per cent or more of GDP, more than US$ 60 billion and employ around 9 million people.

India has more than 162 medical colleges (Healthcare, 2006) with over 500,000 doctors employed in 15,097 hospitals with an additional 0.75 million nurses who look after more than 870,000 hospital beds.

During the previous decade, the number of doctors has increased by 36.6 per cent, and an estimated 30 per cent of medical practitioners hold specialist qualifications.

Much of India's healthcare expenditure comes from private patients' pockets, primarily the higher income households. Tertiary-care treatments tend to be expensive. The top 33 per cent income earners in India accounted for 75 per cent of total private expenditure on healthcare.

Indian Healthcare

India is capitalizing on its low costs and highly specialized doctors to appeal to the "Foreign Patients." Even with airfare, the cost of going to India for medical needs can be markedly cheaper, and the quality of services is often better than that found in the developed countries. Indeed, many patients are pleased at the prospect of combining their tummy tucks with a trip to the Taj Mahal.

India has top notch centers for open-heart surgery, pediatric heart surgery, hip and knee replacement, cosmetic surgery, dentistry, bone marrow transplants and cancer therapy, and virtually all of India's clinics are equipped with the latest electronic and medical diagnostic equipment.

Unlike many of its competitors in medical tourism, India also has the technological sophistication and infrastructure to maintain its market niche, and Indian pharmaceuticals meet the stringent requirements of the U.S. Food and Drug Administration.

Additionally, India's quality of care is up to American standards and nursing care, which is the most crucial part of getting cured, is outstandingly efficient in India. A patient while on treatment irrespective of the kind of treatment he/she is undergoing requires emotional support not only from his/ her family but also the people around involved in treating him/her. This emotional support is abundantly available in India, as the treating nurses have been thoroughly trained on these guidelines.

Old age and bachelor homes are available for patients who do not have any family or attendant accompanying them.

Growing numbers of western tourists are traveling to India to pursue alternate medicine such as ayurveda.

History, Development & Globalization of Medical Tourism/International Healthcare

Medical Tourism

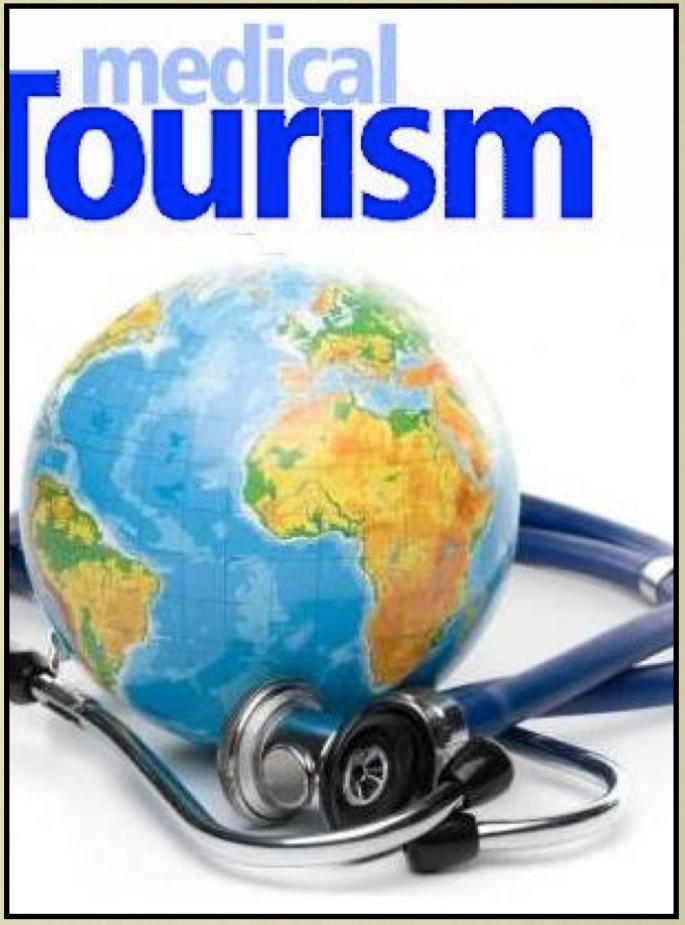
International/Global Healthcare Travel, a growing global phenomenon of people traveling cross continents for cost effective quality medical, surgical, and dental treatment

Requires

Global patient/doctor relationship: Pre-operative/treatment management and diagnosis prior to patient travel and post-operative/treatment management and rehabilitative care

And

Development, maintenance, coordination and networking among medical professionals globally to share patient information



MEDICAL TOURISM SERVICES

RANGE OF TREATMENTS AVAILABLE OVERSEAS FOR PROSPECTIVE MEDICAL TOURISTS ARE WIDE, INCLUDING THOUGH NOT LIMITED TO:

- COSMETIC SURGERY (BREAST, FACE, LIPOSUCTION)
- DENTISTRY (COSMETIC AND RECONSTRUCTION)
- CARDIOLOGY/CARDIAC SURGERY (BY-PASS, VALVE REPLACEMENT)
- ORTHOPEDIC SURGERY (HIP REPLACEMENT, RESURFACING, KNEE REPLACEMENT, JOINT SURGERY)
- BARIATRIC SURGERY (GASTRIC BY-PASS, GASTRIC BANDING)
- FERTILITY/REPRODUCTIVE SYSTEM (IVF, GENDER REASSIGNMENT)
- ORGAN, CELL AND TISSUE TRANSPLANTATION (ORGAN TRANSPLANTATION; STEM CELL)
- EYE SURGERY
- CANCER TREATMENT
- ALTERNATIVE MEDICINE - AYURVEDA, ACUPUNCTURE, WELLNESS SPA
- DIAGNOSTICS AND CHECK-UPS.

Medical Tourism: Treatments, Markets and Health System Implications

Source: OECD – Medical Tourism

Medical Tourism Treatments, Markets Health System Implications

any global map of medical tourism destinations would include Asia - India, Malaysia, Philippines, Singapore, South Korea and Thailand; South Africa; South and Central America - Brazil, Costa Rica, Cuba and Mexico; Middle East - Israel, Jordan, Turkey. Dubai; and European destinations - Western, Scandinavia, Central and Southern Europe, Mediterranean.

Medical Tourism Treatments, Markets Health System Implications

What are the implications of these changes in medical travel for Organization for Economic Co-operation and Development (OECD) countries?

Fundamentally, such development points towards a paradigm shift in the understanding and delivery of health services.

The market in medical tourists is set to grow with potentially far reaching impacts on publicly funded healthcare, including the developing notion of patients as "consumers" of healthcare rather than "citizens" with rights to healthcare services.

Medical tourism: trends and opportunities

Contracts and identifying jurisdiction for dispute resolution

Because of the complexity of laws affecting the medical tourism industry, providers and facilitators are making attempts to provide more transparency regarding the legal jurisdiction for dispute regulation.

This provides patients with a better understanding of the risks and safeguards present in case of malpractice or other complications arising from cross-border treatment, whether domestic or international.

resources are available to help facilitators and providers with writing contracts to protect both themselves and patients (Medical Tourism Association).

Trade agreements and public policy

The medical tourism industry faces significant legal challenges since the industry spans across borders.

Healthcare is often regulated by national governments as a matter of public health policy, so multiple layers of legislation and case law have to be interpreted in order to identify legal risks for both the medical tourist and for medical tourism providers.

conflicts exist between case law and legislation (Frischhut, 2012).

federal regulations may not be in line with state or regional laws, and economic or political unions or trade agreements between nations increase the complexity and confusion regarding jurisdiction and legality (Frischhut, 2012; Judkins, 2007).

Despite the removal of barriers through trade agreements, many nations will still maintain national public policy regulations which are in conflict with the trade agreements.

Medical tourism is distinguished from health tourism by virtue of the differences with regard to the types of intervention, setting and inputs.

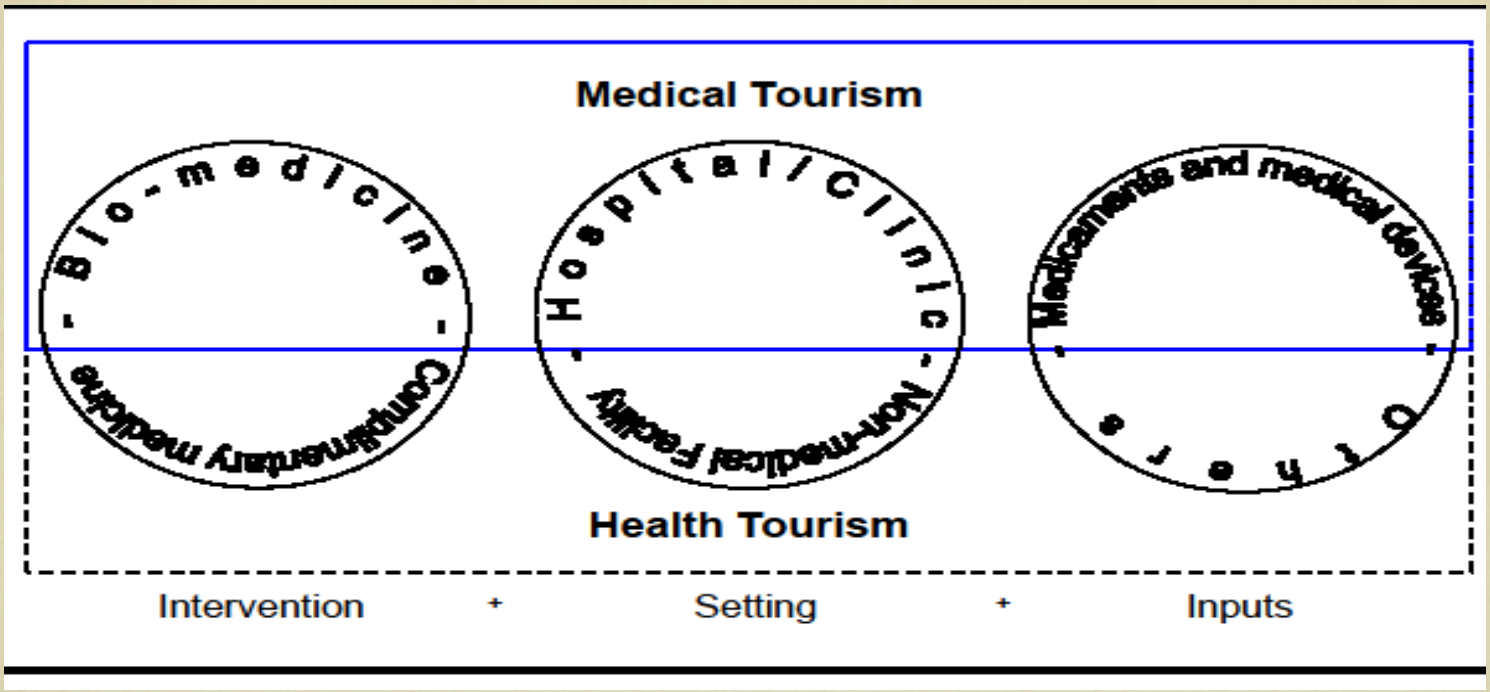


Figure 1: Health and Medical Tourism

Source: Carrera and Lunt (2010).

Medical Tourism Treatments, Markets Health System Implications

Procedure	US	India	Thailand	Singapore	Malaysia	Mexico	Cuba	Poland	Hungary	UK
Heart bypass (CABG)	113 000	10 000	13 000	20 000	9 000	3 250		7 140		13 921
Heart Valve replacement	150 000	9 500	11 000	13 000	9 000	18 000		9 520		
Angioplasty	47 000	11 000	10 000	13 000	11 000	15 000		7 300		8 000
Hip replacement	47 000	9 000	12 000	11 000	10 000	17 300		6 120	7 500	12 000
Knee replacement	48 000	8 500	10 000	13 000	8 000	14 650		6 375		10 162
Gastric bypass	35 000	11 000	15 000	20 000	13 000	8 000		11 069		
Hip resurfacing	47 000	8 250	10 000	12 000	12 500	12 500		7 905		
Spinal fusion	43 000	5 500	7 000	9 000		15 000				
Mastectomy	17 000	7 500	9 000	12 400		7 500				
Rhinoplasty	4 500	2 000	2 500	4 375	2 083	3 200	1 535	1 700	2 858	3 500
Tummy Tuck	6 400	2 900	3 500	6 250	3 903	3 000	1 831	3 500	3 136	4 810
Breast reduction	5 200	2 500	3 750	8 000	3 343	3 000	1 668	3 146	3 490	5 075
Breast implants	6 000	2 200	2 600	8 000	3 308	2 500	1 248	5 243	3 871	4 350
Crown	385	180	243	400	250	300		246	322	330
Tooth whitening	289	100	100		400	350		174	350	500
Dental implants	1 188	1 100	1 429	1 500	2 636	950		953	650	1 600

* Costs of surgeries around the world. Costs given in US$

** The price comparisons for surgery take into account hospital and doctor charges, but do not include the costs of flights and hotel bills for the expected length of stay. Source: Authors, March 2011, compiled from medical tourism providers and brokers online.

Medical Tourism Treatments, Markets Health System Implications

The medical tourist industry is dynamic and volatile, and a range of factors including the economic climate, domestic policy changes, political instability, travel restrictions, advertising practices, geo-political shifts, and innovative and pioneering forms of treatment may all contribute towards shifts in patterns of consumption and production of domestic and overseas health services.

important bilateral exchanges between **OECD** members (e.g. United States to Mexico; United States to Korea; Northern Europe to Central and Eastern Europe).

Some **OECD** countries seek to leverage their own strengths to become providers in the medical tourism market with all the attendant implications.

Patients also flow from **OECD** countries to Lower and Middle Income Countries (LMIC), in particular India, Thailand, and Malaysia which will necessarily have potential repercussions for health systems of **OECD** countries.

Medical Tourism or Cross-Border Care?

Within the European context a medical tourist may use their European citizenship rights to access medical care in EU Member States, and their national purchaser reimburses the costs of their treatment abroad.

- This is allowed because European citizens, under specific circumstances, have rights to receive medical care in other EU countries.
- Such rights have been established by successive rulings of the European Court of Justice on private cases regarding consumption of health care in another EU Member State and reimbursement by the (national) purchasing body in the home country (Bertinato et al., 2005)
- Range of nomenclature is used in the health services literature, including international medical travel (Huat, 2006a, Fedorov et al., 2009, Cormany and Baloglu, 2010.
- Medical tourism conveys the willingness to travel and willingness to treat as core processes within the new global market of health travel capturing wider economic impact of such travel.

Medical Tourism Treatments, Markets Health System Implications

Established and Emerging Medical Tourism Markets

Patterns of travel between source and destination countries are well established.

For example, those accessing medical treatment in Hungary tend to be from Western Europe and some countries exploit longstanding historical ties, for example between Malta and the UK or the UK and Cyprus (cf. Muscat, 2006).

Other Western Europeans take advantage of the growing familiarity with countries as a result of the opening of Eastern Europe and the former USSR (for example, between the UK and Poland).

Medical Tourism Treatments, Markets Health System Implications

Established and Emerging Medical Tourism Markets

Global map of medical tourism destinations would include Asia (India, Malaysia, Singapore, and Thailand); South Africa; South and Central America (including Brazil, Costa Rica, Cuba and Mexico); the Middle East (particularly Dubai); and a range of European destinations (Western, Scandinavian, Central and Southern Europe, Mediterranean).

Geographical proximity is an important though not a decisive factor in shaping individual decisions to travel to specific destinations for treatment (Exworthy and Peckham, 2006). Whether this is a reflection of the 'tourism' element, meaning that people are traveling with not just medical treatment as the sole reason, but also factors related to the wider opportunities for tourism is not clear. Travel distance is likely also related to cost.

The demand for services may also be volatile (MacReady, 2007, Gray and Poland, 2008) with travel determined by both wider economic and external factors, as well as shifting consumer preferences and exchange rates.

Providers and national governments may seek to challenge existing suppliers, for example Latin American fertility clinics (Smith et al., 2010).

A number of governments are also promoting their health facilities and emerging consumer markets are stimulated by brokers, websites and trade-fairs.

Exchange-rate fluctuations may also make countries more or less financially attractive, and restrictions on travel and security concerns may prompt consumers to explore alternative markets.

Moreover, an unanswered question concerns the status of medical tourism as a luxury good or not. That is, do consumers spend proportionately more on medical tourism treatments as their incomes rise, how use of services varies with price (price elasticity) and does a worsening of wider economic conditions impact deleteriously on the demand for medical tourism. It may even be that a declining economic climate has the reverse effect because reduced public service provision at home prompts patients to look elsewhere to avoid waiting lists and tighter eligibility criteria.

Medical Tourism Treatments, Markets Health System Implications

Places of Consumption and Flows of Medical Tourists

For some medical tourist destinations, attempts are being made to promote the cultural, heritage and recreational opportunities.

For some treatments the vacation and convalescence functions will be more marginal though for others could be a significant component of consumer decision- making.

The reputation of places as highly customer focused service providers is also a prevalent emphasis in advertising (Turner, 2007).

An emphasis on marketing services as high technology and high quality is common, as well as a focus on clinicians who have overseas experience (training, employment, registration).

Familiarity and cultural similarity is emphasized when services are targeted at Diaspora populations, for example Korean healthcare services to those settled or second-generation within the United States, Australia and New Zealand.

Similarly, the colonial connection between the UK and India appears to have encouraged a medical market between the two countries.

While Mexican migrants to the US return to Mexico for health services, this may be because they are uninsured, have problems with accessing services in the US, or have particular preferences to return to Mexico (Bergmark et al., 2008, Gill et al., 2008, Lee et al., 2010, Smith et al., 2011c).

Medical Tourism Treatments, Markets Health System Implications

Some destinations have marketed themselves as a healthcare city, or more widely as a Biomedical City.

Singapore, for example, from 2001 was promoted as a centre for biomedical and biotechnological activities (Cyranoski, 2001).

High end medical tourism can be seen as part of this development.

Singapore is not alone in its pursuit of such recognition; the last ten years has also seen the emergence of the Dubai Health Care City (DHCC).

Whereas the Singapore bio-city is a government supported networking of established and emerging facilities and organizations, the DHCC represents a planned bio-city.

The DHCC is an attempt to attract the vast numbers of Middle Eastern medical tourists to stay within the Middle East rather than travel to Asia.

Despite a number of countries offering relatively low-cost treatments, we currently know very little about many of the key features of medical tourism.

Disagreement remains as to the current size of the industry with estimates of the numbers of medical tourists generally on a continuum between statistics published by the Deloitte Management Consultancy at one end of the spectrum and a more conservative estimate by McKinsey and Company at the other.

Given that US tourists are thought to represent roughly 10% of the global number of medical tourists (Ehrbeck et al., 2008), the total worldwide figures would lie somewhere between 30 and 50 million medical tourists traveling for treatment each year. equivalent to a a $60bn industry can be traced back to Deloitte's report (MacReady, 2007, Crone, 2008, Keckley and Underwood, 2008).

Medical Tourism Treatments, Markets Health System Implications

Drivers of medical tourism

- Globalization – economic, social, cultural and technological.
- Many domestic health systems are undergoing significant challenges and strain due to tightened eligibility criteria, waiting lists, and shifting priorities for healthcare.
- Emergence of patient choice and forms of consumerism, including within countries which traditionally have had public-funded services.
- Openness of information and development of diverse healthcare providers compete on quality and price.
- Unlike other forms of patient mobility where decisions on behalf of the patient are made by an expert physician, medical tourism involves individuals acting as a consumer and making their own decisions regarding their health needs, how these can best be treated, and the most appropriate healthcare provider.

Medical Tourism Industry

Medical tourism is an emerging global industry with a range of key stakeholders having commercial interests including brokers, health care providers, insurance provision, website providers and conference and media services. These commercial interests are summarized in Figure 2.

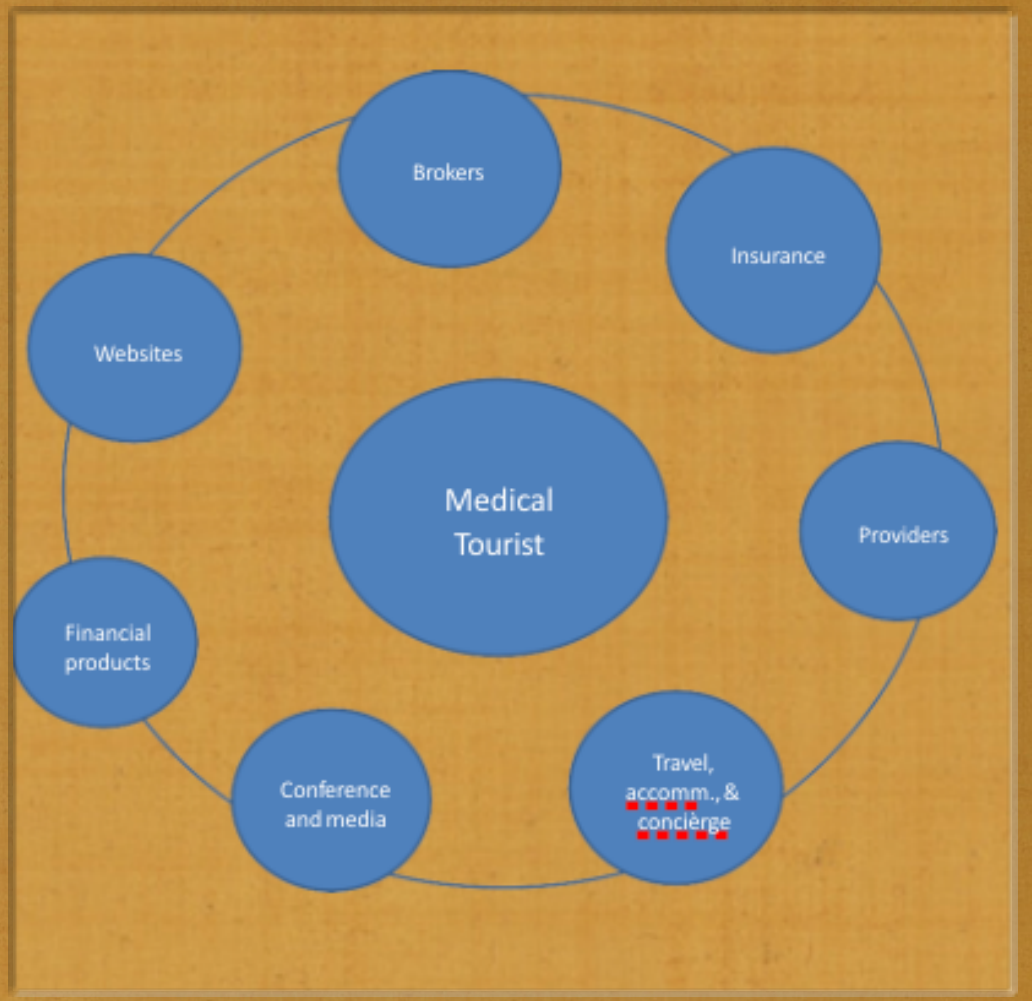


Figure 2: The Medical Tourism Industry

Medical tourism and the web

A key driver in the medical tourism phenomenon is the technological platform provided by the internet for consumers to access healthcare information and advertising from anywhere in the world.

Equally, the internet offers providers vital new avenues for marketing to reach into non-domestic markets.

Commercialization is at the heart of the growth in medical tourism and in some part this is due to the availability of web-based resources to provide consumers with information, advertisements and market destinations, and ability to ...ect consumers with an array of ...thcare providers and brokers.

Medical Tourism Treatments, Markets Health System Implications

Quality of Information

The range of medical tourism sites and related content raise concerns associated with unregulated on-line health information (Eysenbach, 2001).

The internet sites are relatively cheap to set up and run, and contributors may post information without being subject to clear quality controls or advertising standards.

Selective information may be presented, or presented in a vacuum, ignoring for example issues such as post-operative care and support and always the possibility of unreliable products being marketed via the internet – poor-quality surgery or inadvisable treatments, unnecessary and even dangerous treatments. As Mason and Wright (2011) note, medical tourist sites promote benefits and downplay the risks

Clear evidence from various studies suggests the quality of health information online is variable and should be used with caution (Eysenbach et al., 2002). For example, when the Journal of the American Medical Association standards for responsible print were used to judge the quality of infertility treatment information resources on the web, information was found to be, at best variable and at the worst misleading (Okamura et al., 2002).

Similarly, in the area of domestic cosmetic surgery, a study using the search term 'breast augmentation' located 130 sites and concluded that 34% of these sites contained information that was either false or misleading (Jejurikar et al., 2002). Gordon et al (2001, p.176) examined the quality of plastic surgery information and concluded—"difficult for the average lay person to get authoritative information quickly and easily on at least one aspect of cosmetic surgery". Commenting on Stem Cell sites, Murdoch and Scott (2010) note such sites are thick with therapeutic language.

Advertising and Marketing

Given the role of advertising in influencing consumer decisions, relating to asymmetry of information between provider and consumers where there are differences in access to availability and quality of information, and issues of safety and informed choice linking to medical tourism and Internet usage. Many of the sites are primarily adverts and 'infomercials' (with a series of buttons, banners and popups). Few sources are non-commercial and provide independent information as opposed to information provided to serve commercial and marketing purposes.

The evidence of Direct-to-Consumer sales in other sectors suggests a number of potential problems which may be present in medical tourism. Gollust et al., (2003) examine the Direct-to-Consumer

Medical Tourism Treatments, Markets Health System Implications

Decision Making

How do consumers assimilate and synthesize the information they retrieve from website searches, and how do they take into account commercial interests and bias when making decisions.

Evidence from one survey relating to how breast augmentation patients use the internet noted 68% of respondents utilized internet information, and of this subset of patients the information influenced decision making around the choice of procedures (in 53% of cases), choice of surgeon (36% of cases) and choice of hospital (25% of cases) (Losken et al., 2005). Elsewhere, Peterson et al., (2003) suggesting that consumers of medicine are aware of bias, commercialization and lack of regulation when they explore health sites, but suggest that the context of what is being searched is important.

Commercial considerations may have an impact on the motives whereby consumers purposively seek information that cautions about possible pitfalls and difficulties (perhaps through professional or regulatory sites), in addition to the more aesthetic, clinical and cost attractions of medical tourism.

Medical Tourism Treatments, Markets Health System Implications

Supply Side: Models of Service Delivery and Funding

A number of private and public providers in LMIC have targeted what they see as a lucrative medical tourism market.

The experience of many UK and American private patient hospitals and hospital wings for wealthy patients has informed the strategy of emergent medical tourism destinations with emphasis on quality and customer service.

In Thailand, provision for medical tourism developed to support the failing private sector where domestic private patients were shifting to the publicly funded system.

In addition to individual out-of-pocket payments for treatment, a potentially more lucrative source of income would be the private and workplace insurance systems.

To date success by medical tourist providers in tapping these potential revenue streams has been relatively limited.

In 2009, following achieving international accreditation, a hospital in Mexico arranged a deal with a US based insurance group which enabled Blue Cross and Blue Shield members to utilize that hospital's services.

This arrangement was not just about proximity but also reflected the close links with US Latino communities, especially on the West Coast and in the Southern States.

In Juárez, Mexico, initiatives are seeking to target the migrant population, (Bergmark et al., 2008, Cuddehe, 2009). and the industry is engaged in a process of legitimating and marketing with an emphasis on promoting service, quality and competitiveness while targeting workplace/private/public health insurance schemes.

Medical Tourism Treatments, Markets Health System Implications

Geographical proximity is an important though not a decisive factor in shaping individual decisions to travel to specific destinations for treatment (Exworthy and Peckham, 2006).

This is a reflection of the "tourism" element, meaning people are traveling with not just medical treatment as the sole reason, but also factors related to the wider opportunities for tourism.

Travel distance is likely also related to cost.

- The demand for services may also be volatile (MacReady, 2007, Gray and Poland, 2008) with travel determined by both wider economic and external factors, as well as shifting consumer preferences and exchange rates.
- Providers and national governments may seek to challenge existing suppliers, for example Latin American fertility clinics (Smith et al., 2010).
- A number of governments are also promoting their health facilities and emerging consumer markets are stimulated by brokers, websites and trade-fairs.
- Exchange-rate fluctuations may also make countries more or less financially attractive, and restrictions on travel and security concerns may prompt consumers to explore alternative markets.

Medical Tourism Treatments, Markets Health System Implications

Is medical tourism a luxury good?

Do consumers spend proportionately more on medical tourism treatments as their incomes rise?

how use of services varies with price (price elasticity) and does a worsening of wider economic conditions impact deleteriously on the demand for medical tourism?

The economic climate may have the effect at home prompting patients to look elsewhere to avoid high priced medical treatment, waiting lists and tighter eligibility criteria.

Medical Tourism Treatments, Markets Health System Implications

Places of Consumption and Flows of Medical Tourists

marketing often emphasizes medical tourism services utilizing advanced technology and high quality with clinicians having overseas experience (training, employment, registration).

The reputation of places as highly customer focused service providers is also a prevalent emphasis in advertising (Turner, 2007).

For some medical tourist destinations, attempts are being made to promote cultural, heritage and recreational opportunities.

for some treatments the vacation and convalescence functions will be more marginal. For others this could be a significant component of consumer decision-making.

Medical Tourism Treatments, Markets Health System Implications

Familiarity and cultural similarity is emphasized when services are targeted at Diaspora populations, for example Korean healthcare services to those settled or second-generation within the United States, Australia and New Zealand.

Similarly, the colonial connection between the UK and India appears to have encouraged a medical market between the two countries.

While Mexican migrants to the US return to Mexico for health services, this may be because they are uninsured, have problems with accessing services in the US, or have particular preferences to return to Mexico (Bergmark et al., 2008, Gill et al., 2008, Lee et al., 2010, Smith et al., 2011c).

Medical Tourism Treatments, Markets Health System Implications

Some destinations have marketed themselves as a healthcare city, or more widely as a Biomedical City.

Singapore, for example, from 2001 was promoted as a centre for biomedical and biotechnological activities (Cyranoski, 2001). High-end medical tourism can be seen as part of this development, a bio-city supported by government networking of established and emerging facilities and organizations.

The last several years has also seen the emergence of the Dubai Health Care City (DHCC), which represents a planned bio-city.

Medical Tourism Treatments, Markets Health System Implications

The DHCC (Dubai Healthcare Center) is an attempt to attract the vast numbers of Middle Eastern medical tourists to stay within the Middle East rather than travel to Asia.

The key selling point of the DHCC is quality, rather than cost (Connell, 2006) expected given the sheer scale of investment combined with links to Harvard Medical International.

The DHCC is much more than a destination for medical tourists with hosting clinics, accident and emergency sites, research units, and teaching sections (Crone, 2008).

Medical Tourism Treatments, Markets Health System Implications

Bumrungrad hospital in Bangkok admitted close to **500,000 patients in 2003** (Turner, 2007, McClean, 2008).

By **2005, the** hospital admitted **93,000** Arab patients alone (MacReady, 2007).

Inward **medical tourism to India places the number of tourists at 200,000** (Carabello, 2008, Crone, 2008, Youngman, 2009), alongside figures of between **200,000** and **350,000** for **Singapore** (Huat, 2006b, Carabello, 2008, Youngman, 2009), **200,000** for **Cuba** (Crozier and Baylis, 2010), and between **50,000 and 100,000** for the **UK** (Youngman, 2009).

Medical Tourism Treatments, Markets Health System Implications

Cost is not necessarily the main driver, suggesting availability and quality are also major factors for many medical tourists.

Medical Tourism Treatments, Markets Health System Implications

Important questions remain as to **how consumers assimilate and synthesize the information** they retrieve from website searches and **how they take into account commercial interests and bias** when making decisions.

Evidence relating to how breast augmentation patients use the internet - one survey suggesting **68%** of respondents utilized internet information, and of this subset the information influenced decision making around the choice of procedures (**53%**), choice of surgeon (**36%**) and choice of hospital (**25%**) (Losken et al., 2005).

Medical Tourism Treatments, Markets Health System Implications

Elsewhere, Peterson et al., (2003) suggests consumers of medicine are aware of bias, commercialization and lack of regulation when they explore health sites, but suggest the context of what is being searched is important.

Commercial considerations may have an impact on the motives for and quality of information provided; however whether potential consumers purposively seek information cautioning about possible pitfalls and difficulties (perhaps through professional or regulatory sites), in addition to the more aesthetic, clinical and cost attractions of medical tourism may be dubious.

Medical Tourism Treatments, Markets Health System Implications

A systematic review of 50 on-line websites from a UK consumer perspective examined the sites using 10 key dimensions drawn from guidelines of the British Association for Plastic, Reconstructive and Aesthetic Surgeons, looking for clear statements on the websites for each of these.

Many of the sites contained details on how long surgeons had been practicing (25 of the 38 provider sites).

Qualifications and affiliations were also frequently listed (25 of 38 provider sites), and the attachment of full CVs, copies of certification on-line and publication lists were all commonplace.

It was less common, however, to find details of the number of procedures carried out with only 5 of the sites listing surgeon experience of each procedure performed.

10 of the provider websites had a clear statement that pre-operative consultation was available in the UK and Ireland.

Typically, pre-operative consultation was conducted via email exchange with a surgeon creating, at best, a virtual consulting room.

Medical Tourism Treatments, Markets Health System Implications

A review (Lunt et al., 2010) suggests the following typology of websites:

- Portals (focussed on provider and treatment information)
- Media sites
- Consumer driven sites
- Commerce related sites (providing ancillary services and information)
- Professional contributions (from sources such as professional associations and state regulatory institutions are relatively rare).

Medical Tourism Treatments, Markets Health System Implications

Medical tourism websites introduce and promote services to the consumer.

The main services of the sites can be separated into **5** main functions:

- gateway to medical and surgical information
- connectivity to related health services
- assessment and/or promotion of services, commerciality and opportunity for communication (Lunt et al., 2010).
- range of functionalities and formats including discussion forums, file sharing, posting information and sharing experience, member only pages, advertisements and online tours.
- internet also facilitates decisions regarding the purchase of treatments.

Medical Tourism Treatments, Markets Health System Implications

The range of medical tourism sites and related content raise concerns associated with unregulated online health information (Eysenbach, 2001).

The internet sites are relatively cheap to set up and run, and contributors may post information without being subject to clear quality controls or advertising standards.

Selective information may be presented, or presented in a vacuum, ignoring issues such as pre and post-operative care and support.

The possibility of unreliable products, poor-quality surgery or inadvisable treatments, unnecessary and even dangerous treatments being marketed via the internet is ever present.

As Mason and Wright (2011) note, medical tourist sites promote benefits and downplay the risks.

The evidence of Direct-to-Consumer sales in other sectors suggests a number of potential problems which may be present in medical tourism.

Websites are likely to exaggerate the benefits of medical tourism services and may fail to provide consumers with the comprehensive and balanced information necessary for informed decision-making.

Medical Tourism Treatments, Markets Health System Implications

Bariatric surgery centers in the US like many medical tourist destinations rely on patient self-referral and thus need to stimulate demand for these services, constructing the need for bariatric surgery through strategic advertising approaches.

The marketing of unproven stem-cell treatments raises particular concern, encouraging patients with severe diseases to travel to seek "unorthodox" therapies and cures (Dedmon, 2009, Murdoch and Scott, 2010).

Medical Tourism Treatments, Markets Health System Implications

Sites usually contain details on arrival, treatment, travel, home arrangements, itineraries and length of recuperation though little is stated explicitly on arrangements for follow-up.

Surgery is often presented as routine, and itineraries are listed in a vacation like fashion from day one of arrival to day of departure.

Many sites include photographs, videos and virtual tours of facilities often emphasizing the modern high tech features, cleanliness and infection-control technique of facilities and services.

However, few are explicit on the number of staff, size of the establishment (e.g. bed numbers) and emergency arrangements, facilities and recovery accommodations (only 3 from 50 sites) (Lunt and Carrera,2010).

Medical Tourism Treatments, Markets Health System Implications

Origin and destination

Some places may be simultaneously acting as countries of origin and destination in the medical tourism marketplace.

High income countries may service overseas elites while at the same time their citizens choose to travel as medical tourists to Lower and Middle Income Countries for treatments.

Thus, Harley Street in the UK and facilities including the Mayo and Cleveland Clinics in the United States have longstanding reputations in the international provision of healthcare.

Conversely, the emergence of lower-cost treatments in Thailand, India or parts of Eastern Europe will attract individuals from higher incomes countries who pursue treatments on the basis of cost.

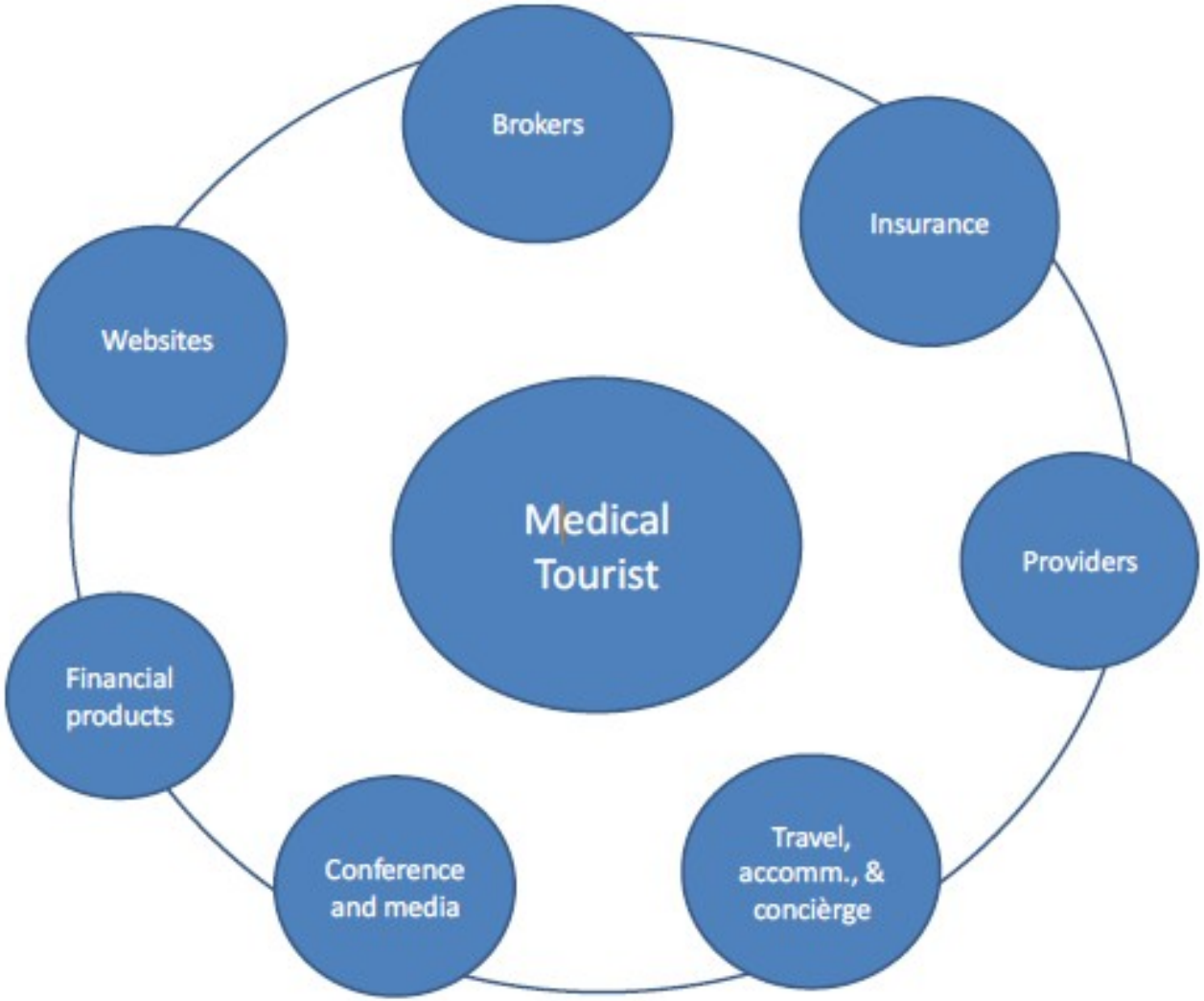
In trade parlance, this concerns the services a country imports (if their patients go overseas to receive care, then effectively they are importing a service). It explores a range of financial, social, political, ethical and legal issues, and implications for local industry.

Financial Impacts

Some families may fall into debt to fund treatments as not all medical tourism treatment is "on the cheap".

Travel to countries for experimental treatment may consume considerable family resources (Song, 2010).

Figure 2: The Medical Tourism Industry



Medical Tourism Treatments, Markets Health System Implications

Potential impacts on private health activity in the country of origin given they potentially lose business to overseas providers, for example cosmetic surgery.

Costs are associated with patients traveling overseas, including the necessity to monitor, regulate, advertise and provide detailed information and advice to support potential or actual medical tourists.

Medical Tourism Treatments, Markets Health System Implications

Exacerbation of a Two-Tier System

- Likelihood large numbers of medical tourists will impact on the source country's own health system, perhaps increasing trends are encouraged by the current domestic private provision.

- Outflows of high-income patients from LMIC will reduce both revenue and dilute political support for developing local services.

Such flows also reduce the pressure for investment in particular facilities and technology.

Perhaps some types of outflows of medical tourists for treatments that could be provided locally signal a failure of policy and delivery in the sender country.

Medical Tourism Treatments, Markets Health System Implications

source-country payers may benefit from outflows of patients – including employers and employees contributing to health plans, and the public insurance system itself.

Some opportunities for financial benefit if medical tourism is an option. Mattoo and Rathindran (2006), for example, highlight for the United States 15 treatments that would show savings of $1.4b annually if one in ten US patients chose to undergo treatment abroad.

Such savings could be beneficial for public health systems.

A recent study looking at possible bilateral medical tourism trade between the UK and India demonstrated substantial savings could accrue to the UK NHS from sending its patients to India, both financially and in alleviating waiting lists (Chanda et al., 2011, Smith et al., 2011c, Smith et al., 2011b, Smith et al., 2011a).

If one takes the waiting lists for a selected number of procedures suitable for medical tourism, and compares the cost of sending those patients (plus an accompanying adult) to India, with the costs of getting treatment in the UK, the savings would be of the order of £120 million (Table 2).

Some subsets of the population, such the Indian Diaspora, may prefer to go back home for treatment, and may be happy to cross subsidize some of the costs, or may not need an accompanying adult, further increasing the amount saved.

Medical Tourism Treatments, Markets Health System Implications

Medical tourism has historically been from lower to higher income countries, with better medical facilities and more highly trained and qualified professionals.

However, this trend is now reversing, and most recently hubs of medical excellence have developed which attract people regionally (Horowitz et al., 2007, Lautier, 2008).

Many countries participate in medical tourism as importers, exporters or both.

The main importing countries (those where the medical tourists come from) are in North America and Western Europe.

Although current levels of movement are relatively limited, the potential if payment is covered by third-party payers is significant.

For instance, a study carried out by Beecham (2002) suggested that 40% of the patients questioned in a UK nationwide poll would be willing to travel outside the UK for treatment; 26% would apparently travel anywhere in the world!

Medical Tourism Treatments, Markets Health System Implications

The Cuban experience is to reinvest income from foreign patients into the national system.

Some countries may seek foreign patients in order to develop facilities to better serve local patients, improve staff, investment, specialist expertise, etc. although the core motive is to earn foreign exchange.

Medical Tourism Treatments, Markets Health System Implications

Foreign patients are an addition to domestic private patients.

Different economic implications depend on whether these patients are using spare capacity or competing with domestic patients.

The push by Thailand to be a hub for medical tourists in the 1990's was a result of the economic crisis in Asia generating a fall in domestic private patients and hence leading to spare capacity in their private sector.

Increasing foreign patients was more or less a net benefit to the private health system with substantial income and little real opportunity cost.

Where capacity is sparse, this capacity has to be developed, with substantial cost and in the fear of two-tier system developments, internal brain drain, etc.

Medical Tourism Treatments, Markets Health System Implications

Although income may be generated for the health sector, medical tourism increases the tourist income not related to medical care (food, accommodation, sights, travel).

Certainly medical tourism is also an important source of foreign exchange.

Health related trips each year generate an estimated $60 billion and India's medical tourism industry does more than US$2 billion.

Medical Tourism Treatments, Markets Health System Implications

Government involvement in investing directly or indirectly (tax incentives) in private hospitals and actively promoting medical tourism to take advantage of this potential increase in overall generated income. (Ramírez de Arellano, 2007, Reed, 2008, Lee, 2010).

Indeed, the Indian government stated in its National Health Policy in 2002 that medical tourism was considered to be a deemed export and therefore awarded fiscal incentives, including lower import duties, prime land at subsidized rates and tax concessions (Garud, 2005, Ramírez de Arellano, 2007, Sengupta, 2008).

Similarly, the Thai policy promoting medical tourism has been deemed to be such a success.

Thus, sectors other than medical care, especially those associated with hospitality and travel may benefit to some degree from increased medical tourism, as will the government more centrally through increased taxation revenue.

This revenue can, of course, help support the domestic public health system.

Medical Tourism Treatments, Markets Health System Implications

In many cases medical tourists are either Diaspora or patients who have previously visited the country and are likely to again.

Thus, they are "regular" visitors who on one trip happen to "add in" an element of medical care.

In this situation clearly the additional income generated by the "medical" element of medical tourism is far more limited, and the overall addition to the economy consequently less.

Medical Tourism Treatments, Markets Health System Implications

Financial costs evolve from inviting medical tourists into a country, such as upgraded infrastructure within outside the health sector, hospital facilities, staffing of facilities, possible certification/ accreditation, roads, telecommunications, etc.

Such infrastructural investments will create favorable advantages for non-medical tourists and the local population.

Medical Tourism Treatments, Markets Health System Implications

Risks include the possibility of resources being taken away from the domestic population and invested into private hospitals.

Another possibility is that investment is directed towards urban tertiary care rather than rural primary care.

Resources devoted to the medical tourist conditions such as high technology orthopedic, dental and reproductive care may be emphasized more than those associated with local populations dependent on basic public health and infectious disease.

Medical Tourism Treatments, Markets Health System Implications

Some exporting countries have used medical tourism to lure back to their home country health workers who had emigrated, thereby reversing the "brain drain" (Chinai and Goswami, 2007, Dunn, 2007, Connell, 2008).

This is possible since hospitals catering to medical tourists are able to offer competitive salaries and working conditions more comparable with overseas institutions.

This has the double benefit of giving a high quality signal, as international patients are more likely to trust doctors who have trained or practiced in their countries of origin, as well as ensuring that precious human resources are brought back to the country or are less likely to leave (Connell, 2008).

Medical Tourism Treatments, Markets Health System Implications

Medical tourism is driven by commercial interests lying outside of organized and state-run health policy making and delivery.

Are there possibilities to bring medical tourism into the realm of domestic policy involving third-party payers sending patients overseas?

Medical Tourism Treatments, Markets Health System Implications

The Crisp Report (2007), commissioned to look at how UK experience and expertise in health could be used to help improve health in developing countries, argues that by engaging in country level agreements and drawing up Memorandum of Understandings between two countries, international recruitment of health professionals can be done ethically and based on a "twinning" arrangement of reciprocal movement and benefit.

If an agreement is achieved to send patients abroad on a more bilateral basis, then this may open channels for other agreements such as these, which can then combine international recruitment with training and work experience programs to address brain drain issues in the importing country.

If such a route were taken, this would effectively be a form of outsourcing, with such agreement typically following the well-worn tracks of medical tourist mobility.

At this point medical tourism would begin to merge into other forms of patient mobility (EU-cross border care and state-sponsored outsourcing).

Medical Tourism Treatments, Markets Health System Implications

Countries continue to evaluate positions on trade liberalization in health as part of wider bilateral, regional and multilateral trade agreements.

The trade agenda in services generally and health specifically is increasingly pursued at the regional or bilateral levels (Smith et al., 2009a).

As a result, trading blocs, such as the European Union (EU) or the Association of South East Asian Nations (ASEAN) have developed where a significant proportion of international trade takes place.

Additionally, many countries engage in direct bilateral trade agreements (Smith et al., 2009a).

Could this development be broadened to include medical tourist exchanges with countries where travel distances are longer, culture and language less familiar, though where cost savings to the public purse are more apparent?

Medical Tourism Treatments, Markets Health System Implications

Greater bilateral and regional trade may reduce many of the concerns expressed over health services trade, and offer greater benefits, resulting in more quality assurance and more expedient litigation procedures.

Medical Tourism Treatments, Markets Health System Implications

Research and evaluation has not kept pace with the development of medical tourism.

The lack of data is significant if countries are to keep fully informed about the significance (potential or actual) of medical tourism for their health systems.

Mechanisms are needed to help track the balance of trade from medical tourism.

Medical Tourism Treatments, Markets Health System Implications

During 2010, at least 63,000 residents of the UK travelled abroad for medical treatment and at least 52,000 residents of foreign countries travelled to the UK for treatment.

Inward referral and flows of international patients are shaped by clinical networks and longstanding relationships are fostered between doctors within sender countries and their NHS counterparts.

Patients are now traveling to further or 'new' markets in medical tourism.

Medical tourism involving travelers to and from the UK is on the increase with the motivations behind such travel being varied and complex.

the NHS (National Health Service UK) has opportunities for savings though patients have a wide-range of risks and uncertainties with aspects of medical tourism.

Medical Tourism Treatments, Markets Health System Implications

Medical Tourism and the Web

A key driver in the medical tourism phenomenon is the technological platform provided by the internet for consumers to access healthcare information and advertising from anywhere in the world.

Equally, the internet offers providers vital new avenues for marketing to reach into non-domestic markets.

Commercialization is at the heart of the growth in medical tourism and in some part this is due to the availability of web-based resources to provide consumers with information, advertisements, market destinations, and an ability to connect consumers with an array of healthcare providers and brokers.

STEPS OF SEEKING TREATMENT WITH MEDICAL TOURISM

Global Doctor Patient Relationship
patient safety/Professional Integrity

MEDICAL TOURISM

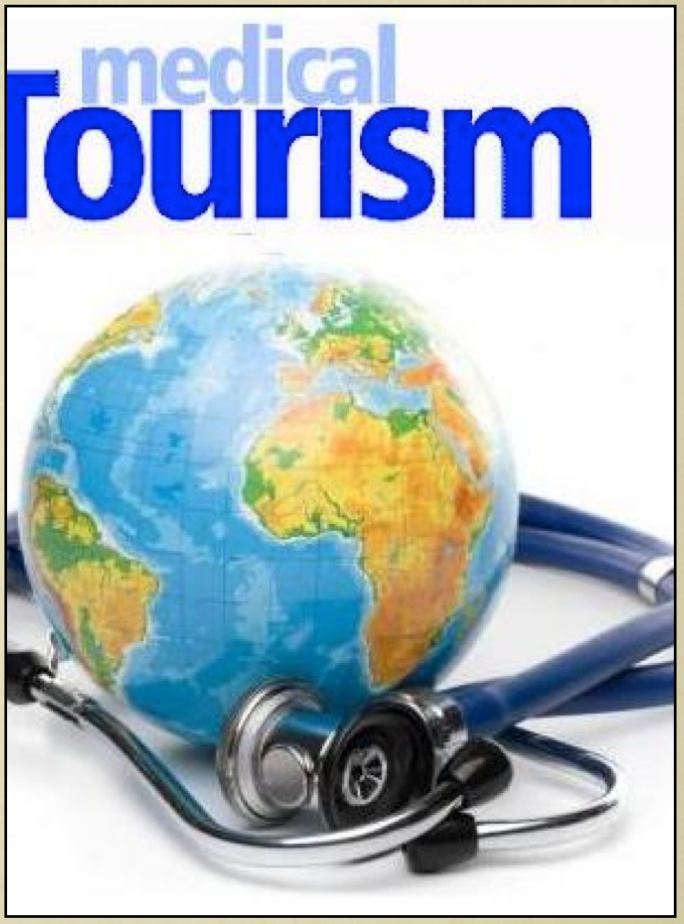
International/Global Healthcare Travel, a growing global phenomenon of people traveling cross continents for available quality medical, surgical, and dental treatment at a "reasonable" price.

REQUIRES

Global patient/doctor relationship: Pre-operative/treatment management and diagnosis prior to patient travel and post-operative/ treatment management and rehabilitative care

AND

Development, maintenance, coordination and networking among medical professionals globally to share patient information



Global Doctor Patient Relationship

patient safety/Professional Integrity

Global doctor/patient relationship is formed by blending patient safety with professional integrity

Requires

exchange of information (email, fax, internet,or telephone) of desired outcome, medical history, physical description (pictures), diagnostic evaluation, fee, relationship with medical facilitator

Global Doctor Patient Relationship
patient safety/Professional Integrity

To ensure
Patient Safety and Professional Integrity,
the following are critical
components of patient safety

Patient Information
Sanitation
Sterilization
asepsis
Infection Control
operating room conditions
language
Documentation
Pre-Travel Review
Medical Travel Complication Insurance

Global Doctor Patient Relationship
patient safety/Professional Integrity

PROFESSIONAL INTEGRITY REQUIRES:

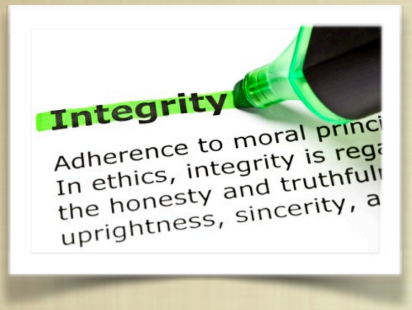
ASSESSMENT OF PERCEIVED CLINICAL CONDITION, RISK FACTORS, REQUIRED DIAGNOSTIC INVESTIGATIONS, RECOMMENDED TREATMENT, DURATION OF STAY, FOLLOW-UP, REHABILITATIVE TREATMENT AND POSSIBLE COMPLICATIONS.

COST OF TREATMENT, INCLUDING HOSPITALIZATION, DIAGNOSTIC INVESTIGATIONS, POST-DISCHARGE STAY, RECOVERY CENTER, MEDICAL TOURISM COMPLICATION INSURANCE, MEDICAL FACILITATOR AND TRAVEL.

DOCTOR/PATIENT CONFERENCE TO ENSURE EFFECTIVE COMMUNICATION,UNDERSTANDING AND REASSURANCE.

Global Doctor Patient Relationship

patient safety/Professional Integrity



professional integrity

avoid risk of inadequate information/ miscommunication

obtain patient details, clinical condition, present symptoms, past medical history, co-morbid conditions and diagnostic results

Request pertinent details of diagnosis and expectations of treatment

provide explanation of the procedure in simple language

Demonstrate credibility with display of credentials, ongoing continuing medical education and patient safety record

Global Doctor Patient Relationship
patient safety/Professional Integrity

Co-ordination between Local and Medical Tourism Doctor

- communicate with the local treating physician in home country to discuss the patient's medical condition and understand clinical status
- ensure proper treatment
- understand possible complications
- avoid potential complications due to co-morbidities, allergies and other possible unforeseen conditions
- anticipate costs

Global Doctor Patient Relationship
patient safety/Professional Integrity

Ethically, to ensure patients are treated well and receive appropriate advice and input at all stages of the caring process is the goal.

When medical treatment is sought abroad, the normal continuum of care may be interrupted.

consideration of the cycle of care through all stages, pre- or post-period of hospital care is essential.

appropriate public health precautions should be instituted prior to traveling especially to countries with a tropical or sub-tropical climate, such as Thailand or India, where the disease ecosystem is different.

Pre-counseling and informed consent for procedures being contemplated.

Individuals may have a pre-existing illness, such as diabetes mellitus, cardiovascular deficiency, respiratory disease, renal failure, HIV disease or be taking significant medications prior to traveling, all of which should be understood.

PATIENT SCREENING CRITERIA

SELECTION: DETERMINE PATIENT'S HEALTHCARE NEEDS ARE WITHIN THE SCOPE OF PROVIDER'S SPECIALIZATION.

REFERRAL: ASSESS WHETHER CLINICAL CONDITION OR COMPLICATIONS WARRANT CONSULTATION.

Risk/Benefit

MEDICAL TREATMENT VS. SURGERY

TRAVELING OUT OF COUNTRY

SIGNED DETAILED MEDICAL/SURGICAL/DENTAL PROCEDURE CONSENT FORM WITH FULL EXPLANATION OF RISK/BENEFITS OF TREATMENT/ SURGERY

CONSENT FORM SHOULD REMAIN IN THE PATIENT'S PERMANENT MEDICAL RECORD.

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Global Doctor Patient Relationship

patient safety/Professional Integrity

Risk/Benefit

MEDICAL TREATMENT VS. SURGERY

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CONSENT FORM SHOULD REMAIN IN THE PATIENT'S PERMANENT MEDICAL RECORD.

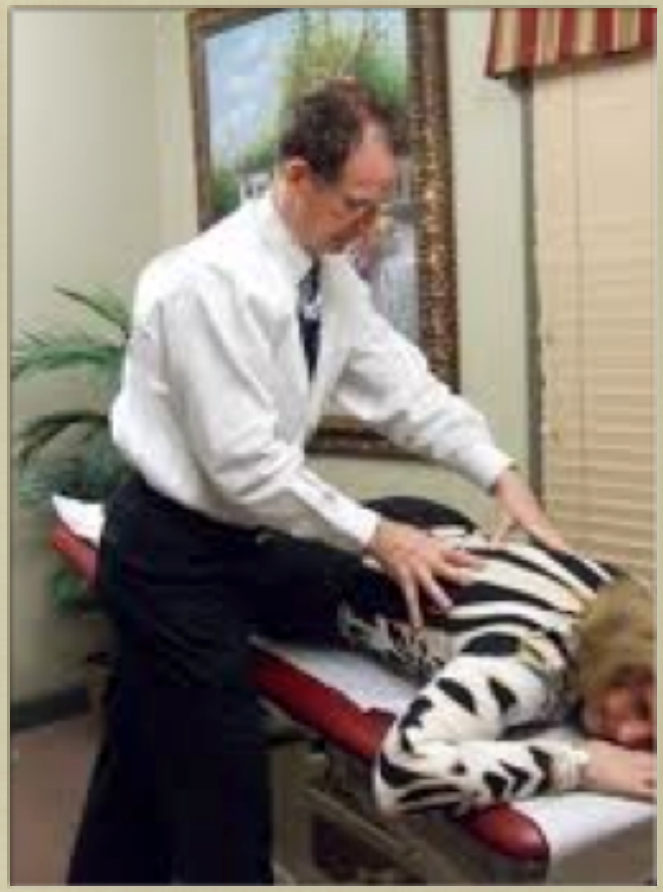
Pre-operative/treatment Evaluation

complete history and physical examination with review of systems prior to travel.

diagnostic studies required by medical tourism physician/ surgeon/dentist.

Review of all medications, including over-the-counter medications and supplements.

control of relevant co-existing medical conditions, such as hypertension and diabetes, and identification of medications/ dosage.



Pre-operative/treatment evaluation

- Routine immunization update (measles, mumps and rubella, polio, tetanus-diphtheria, varicella, influenza, pneumococcal vaccine)

- Routine travel immunization update (hepatitis A, typhoid)

- Immunization based on medical tourism destination (malaria, yellow fever, meningococcal infection, Japanese B encephalitis)

- risk of hepatitis B, rabies, cholera and plague

Pre-operative/treatment Evaluation

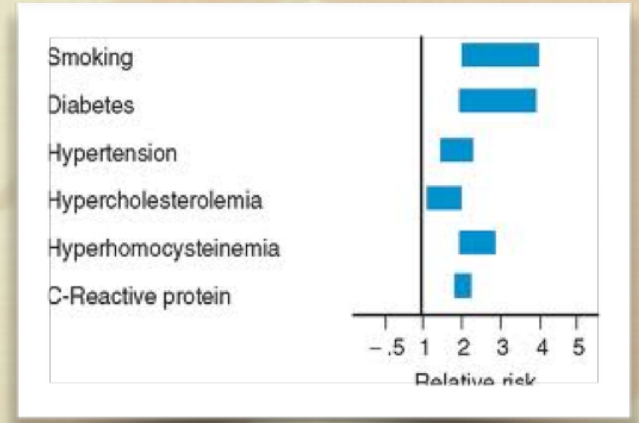
to minimize surgical risk, discontinue

- Aspirin and non-steroidal anti-inflammatory drugs one week prior to surgery (potential of excessive bleeding)
- alcohol consumption
- smoking 8 or more weeks prior to surgery

Pre-operative/treatment Evaluation

Respiratory and cardiac disease, malnutrition and diabetes mellitus are associated with an increased risk of surgical complications.

Cardiac complications are the most common, potentially causing prolonged hospitalization or morbidity.



Pre-operative/treatment Functional Assessment

functional assessment, review of patient's social support and need for assistance after hospital discharge.

arrange for professional assistance prior to travel for patient who may require home services or temporary placement in a rehabilitation facility.

Arrange for ambulatory and rehab home equipment needs, walkers, wheelchairs, specialty beds, bedside commodes as needed.

Global Doctor Patient Relationship

patient safety/Professional Integrity

A study of medical tourists undergoing kidney transplants concludes inadequate communication of information regarding preoperative information and postoperative immunosuppressive regimens leading to complications (Canales et al., 2006).

Medical travelers may be traveling from home to countries with very different ecosystems and disease profiles, and in some destinations may encounter diseases such as malaria, dengue and other arthropod-borne infections.

All people, whether medical travelers or not, who are traveling to different countries should be made aware of the potential for acquiring diseases and injuries which are not common in their own country.

Immunizations, preventive medications (e.g. anti-malarials) and general precautions should be considered and arranged for prior to the trip overseas.

The lack of any routine data means there is little idea of how prevalent infections are or how they compare with rates from regular tourists.

Global Doctor Patient Relationship

patient safety/Professional Integrity

Indemnification for Complications

One of the fundamental turning points in a potential patient's decision to seek medical treatment abroad is the assurance that potential complications will be treated in a seamless professional manner.

- Through an insurance company (complication, malpractice)
- One's own individual financial indemnification
- A physician's network
- The treating hospital
- Another provider

Travel Insurance

A market in travel insurance for medical tourists has developed.

Purchasing adequate specialist travel health insurance may be problematic, especially if the medical tourist has significant pre-existing health problems prior to traveling.

Traditional insurance policies for travel and accommodation (delay, loss of baggage) would exclude those individuals traveling for the purposes of planned medical tourism.

Insurance products have been developed to cover medical tourists for such contingencies when traveling for surgery.

Insurance products have also emerged which go beyond insuring travel and loss, and which seek to cover the costs of further treatments which may be required as a result of complications and/or dissatisfaction following surgery abroad.

Traveling outside of one's home country without this type of insurance unless a deal has been negotiated with the provider hospital to cover all possible eventualities is extremely unwise.

Global Doctor Patient Relationship

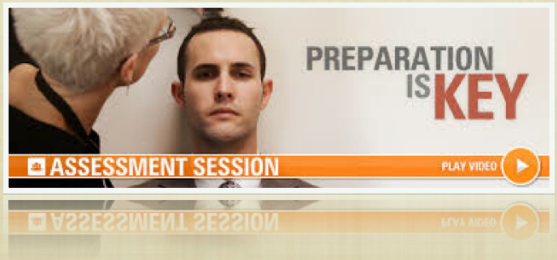
patient safety/Professional Integrity

PRIOR TO TRAVEL

Discuss:

- patient acute care in destination
- post-operative/treatment recovery process and care plans
- need for home care visits by visiting nurse, dietician, physical and/or occupational therapist

Schedule: return physician visit immediately upon return to home country



Prior to Travel

- **PERTINENT MEDICAL RECORDS** need to be transmitted to the medical tourism physician/surgeon/ dentist and hospital/clinic.

- **ALL MEDICATIONS** in original bottles should accompany the medical tourism patient.

Prior to Travel

- Review any special security risks in destination country
- Check with State Department prior to the final decision to disembark
- Visa requirements
- Embassy contact information

Travel Arrangements

- Travel confirmation to and from destination
- Modes of transport: air, bus, train, taxi to and from medical tourism destination
- Passport
- Travel insurance
- Medical tourism complication insurance

Review Travel Arrangements

Language barrier issue

access to native speaking liaison

interpreters

patient concierge

Travel Arrangements

- Travel partner contact information
- Patient and travel partner immunization updates
- concierge contact information
- Cell phone coverage

Global Doctor Patient Relationship
patient safety/Professional Integrity

review pre-travel checklist

- pre-operative/treatment travel plans
  - Individual arrangements
  - medical tourism/travel facilitator
- Qualification/Certification
  - Medical Tourism/Travel Facilitator
  - Physician, Surgeon, dentist, other medical professional
  - Facility
- Medical/surgical/dental procedure/treatment risks/benefits
- history/physical examination
  - Pre-operative/treatment examination and diagnostic testing
  - Fit for flight exam
- Preview acute post-operative/treatment care plan

Patient Discharge Protocols

- All recovering patients must remain under direct observation and supervision until discharged from monitored patient care.
- A recovery room record including vital signs, sensorium, medications, and nurse's notes is maintained.
- Written post-operative instructions (including the procedures in emergency situations) are given to an adult responsible for the patient's care.
- Patient is supervised in the immediate post-discharge period by a responsible adult for at least 24 hours.
- Patients are required to meet established written criteria for physiological stability before discharge, including vital signs and sensorium.
- Personnel assist with discharge from the recovery area.
- Patient is transported with a responsible adult; patients receiving only local anesthesia without sedation may transport themselves or may be transported by ambulance (or wheelchair, gurney, if applicable) to a hospital, intermediate care unit or recovery facility.

review post-operative/treatment Care

discharge plan and warning signs during stay at destination hospital/clinic and upon return to home country

- vital signs
- wound care: swelling, discharge, redness, excessive pain, fever

Determine overall fitness for flight

Preoperative/treatment outpatient medical evaluation can decrease the length of hospital stay and minimize postponed or cancelled surgeries.

Arrive at medical tourism destination at least one complete day prior to the procedure/treatment.

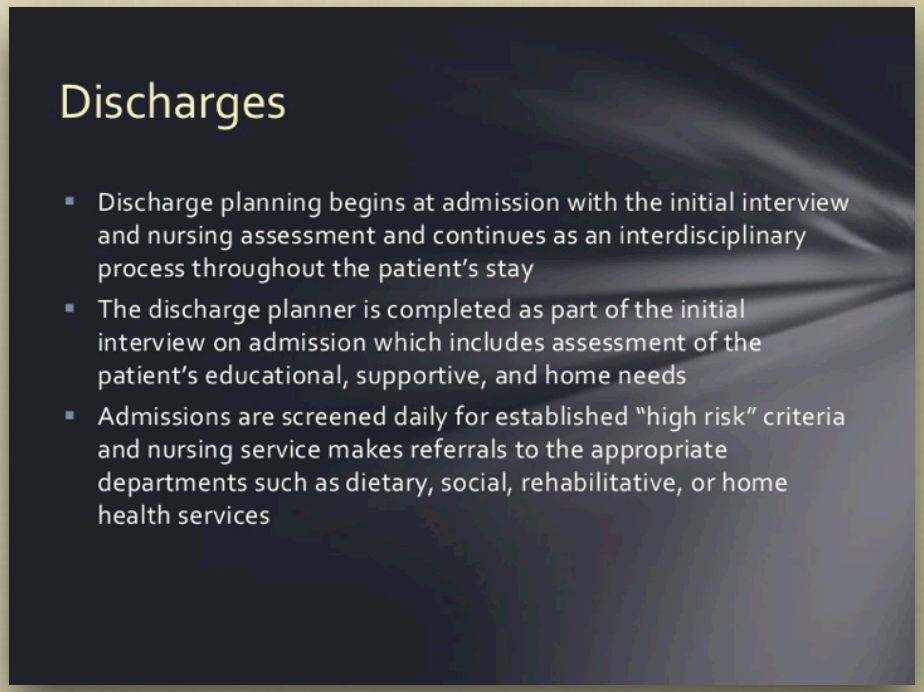
- Avoid patient travel only to be denied treatment due to pre-existing medical condition.

Global Doctor Patient Relationship
patient safety/Professional Integrity

Post-discharge

requires effective exchange of information between the medical tourism doctor and the doctor with whom the patient will follow-up upon return to home country

The doctors must thoroughly communicate all information about treatment/surgery, including operation/treatment notes, complications, medications prescribed and recommended rehabilitation.



Recovery Center

- Meets sanitation requirements

- less than 30 minutes by car or on foot from a hospital where the responsible physician has admitting privileges

- Has an agreement for emergency transportation with and to such hospital, as well regarding admissions procedures for transports from the recovery center

- Has a registered nurse trained in basic cardiac life support on duty at all times a patient is present in the recovery center

review post-operative/treatment Care

discharge plan and warning signs during stay at destination hospital/clinic and upon return to home country

- vital signs
- wound care: swelling, discharge, redness, excessive pain, fever

Post-Operative/ Treatment Follow-Up

After undergoing treatment in a foreign country regular follow-up, medication and necessary physiotherapy as recommended by the operating/treating medical tourism doctor is an essential component of patient safety/professional integrity.

Role of facilitators/international patient Departments

Emerging to meet the needs of medical tourists are medical tourism facilitators and agents, which help consumers with the research and planning process.

These services help patients choose the country and provider for treatment, and "add value to their services by arranging the entire process of pre- and post-care treatments, transfer of medical records, travel arrangements, and in some cases arranging for a personal manager or a translator, and even scheduling tours in the destination country" (Gan & Frederick, 2011b)

Many hospitals also have international patient programs to assist medical tourists with all or some aspects of their trip (Stephano & Samuels, 2012).

An international patient program is "a set of services, protocols and standards created to satisfy the needs and expectations of non-local patients seeking medical care (Cook, 2012)."

International patient programs improve the patient experience, and are in place in many world renowned centers of excellence.

The international patient department at the MD Anderson Cancer Center is central to the center's global business strategy.

International patients currently make up a percentage of new registrations, and come from 90 different countries.

Medical Tourism/Travel Facilitators/Brokers

A steady rise in the number of companies and consultancies offering brokerage arrangements for services and providing web-based information for prospective patients about available services and choices, which can be attributed to the transaction costs associated with medical tourism where individuals have to assemble their own information and negotiate any treatment.

Typically, **medical tourism/travel facilitators/brokers** and their websites tailor surgical packages to individual requirements: flights, treatment, hotel, and recuperation (Whittaker, 2008, Cormany and Baloglu, 2010, Reddy and Qadeer, 2010, Lunt and Carrera, 2011).

These agents may specialize in particular target markets or procedures (treatments such as dentistry, or cosmetic surgery), or destination countries (Poland, Hungary).

A series of interrelated issues exist around the precise role of these intermediaries in arranging overseas surgery: how they determine their market, source information, choose providers, and subsequently determine what the most appropriate advice is.

What is noteworthy is that website facilitation businesses may disappear as quickly as they entered the market (Cormany and Baloglu, 2010).

Collaboration and Cooperation Across Industries

Strategic alliances between facilitators and other industry players.

Many medical tourism facilitators form strategic partnerships, including partnerships with facilitators in other countries, partnerships with insurance companies or domestic employers, and partnerships exclusively with providers accredited by the Joint Commission International (JCI) or International Organization for Standardization (ISO).

Other partnerships exist between affiliated hospitals or hospital chains (Gan & Frederick, 2011b).

The partnership between hotels and healthcare offers benefits to both sides.

The healthcare oriented hotels allow hospitals to move patients out of hospital units sooner,

These bundled payment agreements help employers predict healthcare costs, because costs can vary wildly from state to state and at different hospitals. The medical travel option allows access to high quality care at a previously agreed-upon price.

Global Doctor Patient Relationship
patient safety/Professional Integrity
Medical Tourism/Travel Facilitator

IBMS Affiliated Healthcare Travel Associate: connecting patients with top-quality healthcare providers worldwide™

- Check the facilitator's references and credentials
- Identify a contact person from Medical Tourism/Travel Facilitator
- Will patient have access to an interpreter throughout the travel and stay?
- Will the patient be assigned a 'patient concierge'
- Have back up plans for travel been made?
- Does the facilitator work for the hospital or surgeon?

Global Doctor Patient Relationship

patient safety/Professional Integrity

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Global Doctor Patient Relationship

patient safety/Professional Integrity

Medical Tourism/Travel Facilitator

- firm and accurate quote from the physician and hospital for any and all charges that must be paid by the patient (and a full understanding of the payment terms).

- Who is financially responsible for intra-operative or post operative/treatment complications while the patient is still in the treating country?

- Who is financially responsible for post-operative/treatment care?

- Who is financially responsible for post-operative/treatment complications upon return to home?

Medical Tourism/Travel Facilitator

- Is travel medical tourism complication insurance required or suggested?
- Has the medical tourism/travel facilitator identified current or projected travel issues and expenses?
- Does the patient's healthcare provider provide complication indemnification insurance, or do you have to purchase this?

Global Doctor Patient Relationship

patient safety/Professional Integrity

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DOCUMENTATION

TO ENSURE EFFECTIVE COMMUNICATION AND SECURE THE GLOBAL PATIENT/DOCTOR RELATIONSHIP

Medical Records

Full medical documentation, both pre and post-treatment, is crucial in order to minimize risk.

In the UK, signed informed consent prior to an elective procedure is considered best practice and a standard requirement ensuring patients are fully informed as to the benefits and adverse effects of a procedure or treatment.

Doctor/Patient dialogue may be problematic given language and distance, and treatment decisions may be unduly influenced by patients having already arrived in the destination country for pre-treatment consultation.

Relatively little is known about readmission, morbidity and mortality following self-funded medical treatment abroad.

Within each treatment speciality is a need to report adverse infection control or sub-optimal outcomes.

Any legal cases pursued should also be documented to build national and international understanding of the implications of trade in health services.

medical records

The use of IT information by professionals and how patient information flows across national boundaries are further important questions for the regulation of the medical tourism industry.

Continuity of care can be facilitated by sharing of patient records.

Data protection regulations vary among countries

According to the World Tourism Organization's Global Code of Ethics for Tourism (1999), an expectation exists that tourists and visitors should have the same rights as citizens of destination countries with regard to the confidentiality of personal data and information, especially when these are stored in electronic formats.

Laws and regulations about medical confidentiality will vary in different parts of the world including the protection of data kept on computer.

MEDICAL TOURISM PATIENT

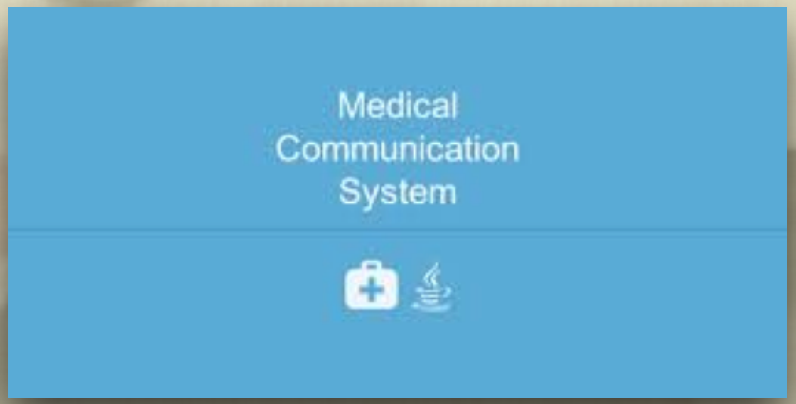
UNIQUE INTERNATIONAL PATIENT NUMBER (UIPN)

- IT SYSTEM CAN PROVIDE A **UNIQUE INTERNATIONAL PATIENT NUMBER** WHICH CAN BE ACCESSED ON THE WEB BY PATIENT AND PHYSICIANS.
- AN EFFECTIVE WAY TO EXCHANGE INFORMATION AND CREATE A PATIENT ARCHIVE WITH UPDATED MEDICAL HISTORY AND TREATMENT.

Healthcare Facility Qualifications

communication of medical records

- web portal
- email
- fax
- patient delivered



Medical records

People may travel to other countries for treatment for personal reasons related to an expectation of greater confidentiality in that country compared to the home country (e.g. HIV care, treatment for infertility, gender reassignment surgery).

Issues of confidentiality related to the clients of companies who act as facilitators of medical tourism may become problematic.

The staff of medical tourism facilitators' offices may be party to clinical information on patients, and this private and sensitive information would need to be dealt with very carefully; a potential exists for them to sell the information to other medical service companies.

In the USA and UK, signed informed consent prior to an elective procedure is considered best practice and a standard requirement ensuring patients are fully informed as to the benefits and adverse effects of a procedure or treatment they are being advised to undergo, and they also have the opportunity to ask questions and seek answers (GMC, 2008).

This may not be available every time in the medical tourism setting, and it is possible that medical tourists may come to regret this if there are failings in professional or clinical practice (Pennings, 2004, Barclay, 2009, Jeevan et al., 2011)

Global Doctor Patient Relationship
patient safety/Professional Integrity

Digitalization in Medical Tourism

Digitalization plays a significant role in bringing the Foreign Patient to his/ her choice of destination for treatment and relaxation needs.

Digitalization in medical tourism has throughout played the role of a facilitator because:

- required information follows the Foreign Patient
- Foreign Patient chooses physicians and hospitals
- Doctors have complete history of the Foreign Patient
- computerized ordering and electronic appointments
- Travel and accommodation done online.
- marketing and selling is cost effective

Digitalization improves staff productivity, operational efficiency, quality of international patient care, safety during preventive, hospital care, step down, and home care, providing quality healthcare and service for the Foreign Patient.

Documentation

- all actions of doctors, hospital/clinic, and paramedical staff should be documented.

- upon return to home country medical records, including diagnostic reports/studies, description and course of treatment, prescriptions, and recommendations should be provided to the local physician.

INCOMPLETE DOCUMENTATION

MAY INCLUDE

- Medical Documentation of patient referral, pre-operative/ treatment, pre-flight evaluation from home country
- legal paperwork required to travel to a foreign country for medical, surgical or dental treatments (medical visa)
- Improper documentation of diagnostic/ investigative reports and treatment administered by the medical tourism doctor and treating hospital
- Language barrier/inadequate translation

Patient Satisfaction

Patient satisfaction is an important dimension of healthcare treatment though relatively little is known about the experience and satisfaction of medical tourists.

According to Ehrbeck et al (2008) patients report generally high satisfaction with quality of care received overseas though unclear this can be extrapolated outside of the US and to a range of treatments.

Patient clinical outcomes and satisfaction do not necessarily go together and satisfaction is not always the primary indicator for some treatments, such as dental work.

Similarly, cosmetic surgery evidence suggests a small percentage of patients may suffer from psychological body-related issues thereby making such judgements problematic (Grossbart and Sarwer, 2003).

IBMS

International Board of Medicine and Surgery

Patient Safety / Professional Integrity

www.IBMS.us

Providers

Within the scope of medical tourism is a diversity of participating providers including cottage industries and transnational enterprises (Ackerman 2010).

Providers are primarily from the private sector but are also drawn from public sectors especially in Singapore and Cuba.

Providers

Within the wide picture of medical tourism is a diversity of participating providers – or as Ackerman notes (2010) including cottage industries and transnational enterprises.

Providers are primarily from the private and public sectors (e.g. Singapore and within Cuba). The NHS has some facility for treating foreign patients who pay and for those who do not.

Relatively small clinical providers may include solo practices or dual partnerships, offering a full range of treatments.

At the other end of the scale are medical tourism hospitals (e.g. Bumrungrad in Thailand, Raffles in Singapore, Yonsei Severance Hospital in South Korea) specialized treatment.

Hospitals may be part of large corporations (the Apollo Group has 50 hospitals in and out of India), and ownership may lie primarily in the higher income countries from where patients mostly originate.

Countries seeking to develop medical tourism have the options of growing their own health service or inviting partnerships with large multinational players.

Individual hospitals may develop relations with travel agencies or wider brokerage companies (Whittaker, 2008).

Securing accreditation and/or certification from an international program may be a part of the development of services.

In addition to accreditation and certification, another approach to raising the profile of countries and their health facilities is by partnerships and oversight from overseas hospitals and universities, most often from the American private sector.

Formalized linkages with widely recognized medical providers and educators like Harvard Medical International, Mayo Clinic, Cleveland Clinic, John Hopkins Hospital are becoming increasingly popular among hospitals catering to medical travelers. (As Exworthy and Peckham (2006, p.282) note, hospital reputation is based on many factors not solely the quality of clinical services.

Medical tourist facilities will often target particular cultural groups – Bumrungrad, for example, has a wing for Middle East patients (Cohen, 2009, Reddy and Qadeer, 2010).

providers

Relatively small clinical providers may include solo practices or dual partnerships, offering a full range of treatments.

At the other end of the scale are extremely large medical tourism facilities (e.g. Bumrungrad in Thailand, Raffles in Singapore, Yonsei Severance Hospital in South Korea) where clinical specialism is emphasized.

Hospitals may be part of large corporations (the Apollo Group for example has 50 hospitals within and outside India), and ownership may lie primarily in the higher income countries from where patients mostly originate.

We know relatively little about the development of European and international industries and markets trading in medical tourism.

Providers

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Ensuring Quality, Managing Risk, and Providing a Satisfying Patient Experience

A dynamic and talented group of providers of complementary professionals services includes having someone who speaks your own language.

By Yeanir Vanessa Espinosa Vazquez

Global Doctor Patient Relationship
patient safety/Professional Integrity

patient's native language

Provide patient with intake forms, medical records, and other written communications in the patient's native language.

Language Barrier

Language interpreters familiar with the cultural nuances of the patient and medical tourism country are an integral part of any delivery of global healthcare services to international patients.

All pertinent medical records being sent with the patient should be translated into a language familiar to the country of travel or in English (widely accepted International language of medical medicine.

Prevalent languages: English, Chinese, Spanish, French, russian and Arabic

Language

translation services available on-site

- Interpreters treat all information regarding patient and treatment as confidential.
- Interpreters are trained to identify actual or potential conflicts of interest.
- written procedures to promptly resolve any patient complaints about interpreters.

Medical, Surgical, Dental Complications

medical complications

Will the patient's own health insurance cover medical complications?

What recourse is available to recover damage from a postoperative/treatment complications?

medical complications

Shortcomings of communication surrounding immediate treatment processes can be catastrophic. Canales' (2006) as a study of kidney transplants concludes inadequate communication about immunosuppressive regimens and preoperative information.

The medical traveller/tourist may become ill while in the foreign country, perhaps in a way quite unrelated to the primary reason for becoming a medical traveller, or they might develop complications or side effects related to their treatment.

Problems can develop during the return flight, such as deep venous thrombosis, pulmonary thromboembolism, or myocardial infarct.

Medical, Surgical, Dental Complications

That a positive treatment outcome should result is important, not least because the patient's local health care provider takes on the responsibility and funding for post-operative care including treatment for complications and to remedy side-effects (Cheung and Wilson, 2007).

In the event of an adverse outcome, it should be known whether, and to what extent, the patient has recourse for redress.

Medical, Surgical, Dental Complications

Safety Concerns

Concerns have been voiced regarding the risk of complications resulting from travel and vacation activities in the postoperative period (American Society of Plastic Surgeons, 2007).

The management of postoperative complications occurring after a patient returns from an offshore medical facility, and the consequent costs of this care, are difficult issues which remain unresolved (MacReady, 2007; American Society of Plastic Surgeons, 2007).

Follow-up care

in most states (USA) Medical Boards would consider treatment by a physician outside the state, who has examined a patient in person, continuing to treat the patient via the Internet after the patient returns home to be illegal.

Many procedures require follow-up care to monitor the healing process or remove stitches.

In some cases, patients who have travelled abroad for medical procedures have problems finding a local physician willing to provide postoperative follow-up care.

This is especially worrisome if the patient has complications.

Liability for another provider's work is a perceived risk to doctors providing aftercare - one reason many American physicians are prefer not to provide follow-up care to patients treated abroad (Herrick, 2007).

Medical complications

Subsequent to arriving home, complications, side-effects and post-operative care become the responsibility of the home medical care system, and patients may encounter problems accessing adequate healthcare.

Physicians in the USA may be uncomfortable dealing with patients who had travelled overseas to another country and undergone an operation to implant a kidney they had purchased (Boschert, 2007).

Patients should be aware the quality of post-operative care can vary dramatically depending on hospital and country and may be different from US or Western European standards.

The medical traveller is usually in hospital for only a few days or even weeks and then may go on the vacation portion of their trip or return home when complications or side-effects and post-operative care become the responsibility of the healthcare system in the patients' home country.

Medical, Surgical, Dental Complications

Medical tourism: Is the cost savings worth the risk?

What if you decided to take a Medical Tourism Holiday from Sydney, Australia to a hospital in Bangkok, Thailand for a breast lift and tummy tuck, and after discharge within 5 days upon arriving home you develop an infection in your abdomen and left breast.

How would you cope with these complications?

Would you

- return to the doctors who did the surgery and absorb the costs?
- seek assistance from a doctor in home country at your own cost?

Did You

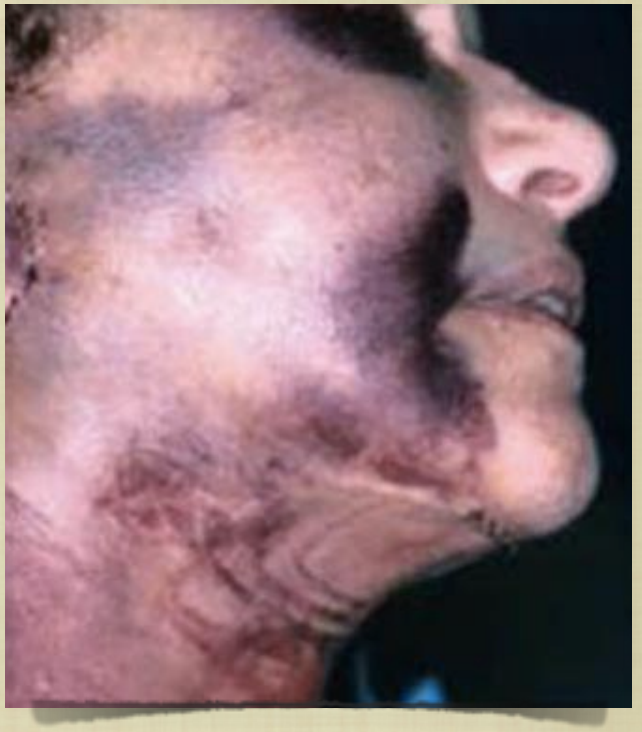
- Review the certification/accreditation credentials of the doctor and healthcare facility?
- Discuss potential options for coping with post-medical/surgical/dental treatment complications?
- Purchase Medical Travel Tourism Complication Insurance?

Medical, Surgical, Dental Complications

- infection control may be inadequate in surgical settings
- post-operative care following departure from treating facility may be less than adequate
- blood supply may not be properly screened
- Increased risk of nosocomial/hospital acquired infections, especially if unsafe injection practices
- deep vein thrombosis pulmonary embolisms may follow long distance travel shortly before or after surgery, especially without precautions
- potential exposure to infections and multi-resistant organisms not normally encountered
- noroviruses (common cause of acute gastroenteritis)
- mycobacterial infections after cosmetic surgery.
- "transplant tourism" associated with a higher incidence of tissue rejection and critical infectious complications.
-

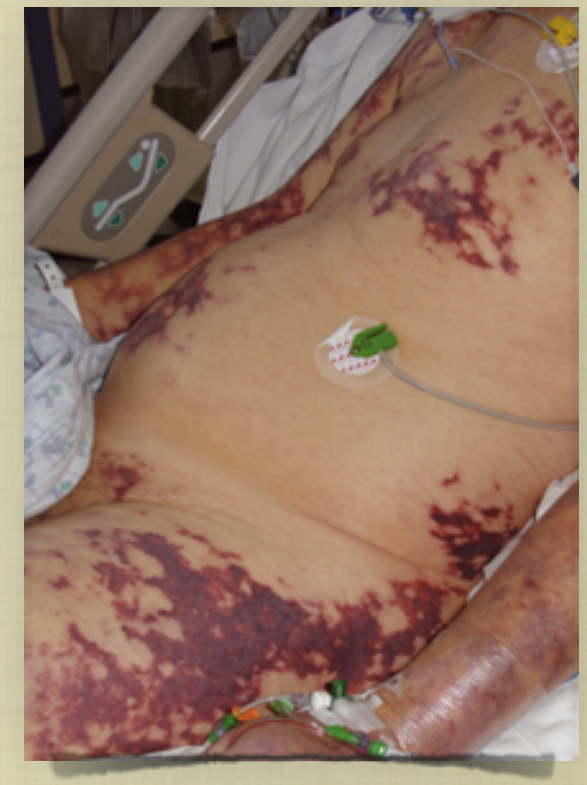
Minor Complications

- Bleeding
- Rash
- Infection at surgery site
- Hepatitis/Jaundice
- Silicone implant extruding from the nose (rhinoplasty)



Major Complications

- Sepsis
- Single-organ Dysfunction
- Multi-organ Dysfunction



Medical, Surgical, Dental Complications

Permission from Dr.Clavien, May, 2015

Classification of Medical/Surgical Complications

Grade I:

- Any deviation from the normal postoperative course without the need for pharmacologic treatment or surgical, endoscopic, and radiologic interventions. Includes wound infections opened at the bedside.

- Allowed therapeutic regimens: anti-emetics, antipyretics, analgesics, diuretics, electrolytes, and physiotherapy.

Grade II:

- pharmacologic treatment with drugs other than for Grade I complications.

- Blood Transfusion and total parenteral (intravenous) therapy.

Grade III:

- surgical, endoscopic, or radiologic intervention

- Intervention not under general anesthesia

- Intervention under general anesthesia

Grade IV:

- Life threatening complication*

- Intensive Care management of single/multi organ dysfunction

Grade V: Patient Death

Potential Medical/Surgical Complications

Grade I

- Cardiac: Atrial Fibrillation converting after correction of K+ Level
- Respiratory: Atelectasis requiring physiotherapy
- Neurologic: Transient confusion not requiring therapy
- Gastrointestinal: Non-infectious diarrhea
- Renal: Transient elevation of serum creatinine
- Other: Wound infection treated by opening of the wound at the bedside

Grade II

- Cardiac: Tachy-arrhythmia requiring b-receptor antagonists for heart rate control
- Respiratory: Pneumonia treated with antibiotics on the ward
- Neurologic: TIA requiring treatment with anticoagulant
- Gastrointestinal: Infectious diarrhea requiring antibiotics
- Renal: Urinary tract infection requiring antibiotics
- Other: Would treatment with antibiotics

Grade III a

- Cardiac: Brady-arrhythmia requiring pacemaker implantation in local anesthesia
- Gastrointestinal: Biloma after liver resection requiring percutaneous drainage
- Renal: Stenosis of the ureter after kidney transplantation treated by stenting
- Other: Closure of dehiscent non-infected wound in the OR under local anesthesia

Grade III b

- Cardiac: Cardiac tamponade after thoracic surgery requiring fenestration
- Respiratory: Broncho-pleural fistulas after thoracic surgery requiring surgical closure
- Gastrointestinal: Anastomotic leakage after descendorectostomy requiring re-laparatomy
- Renal Stenosis of the ureter after kidney transplantation treated by surgery
- Other: Wound infection leading to enventration of small bowel

Grade IV a/B

- Cardiac: Heart Failure leading to low output syndrome/renal failure
- Respiratory: Lung Failure requiring intubation/renal failure
- Neurologic: Ischemic stroke/brain hemorrhage/hemodynamic instability
- Gastrointestinal: Necrotizing Pancreatitis/Neurological Ischemic stroke/brain hemorrhage with respiratory failure
- Renal: Renal Insufficiency requiring dialysis

Suffix d

- Cardiac: Cardiac insufficiency after myocardial infarction
- Respiratory: Dyspnea after pneumonectomy for severe bleeding after chest tube placement
- Gastrointestinal Residual fecal incontinence after abscess following descendorectostomy with surgical evacuation
- Neurologic: stroke with sensorimotor hemi-syndrome
- Renal: Residual renal insufficiency after sepsis with multi-organ dysfunction
- Other: Hoarseness after thyroid surgery

Medical, Surgical, Dental Complications

Cases Of Medical Tourist Complications

- Cosmetic Surgery: Breast, Nose, Facelift, Liposuction, Skin Tucks

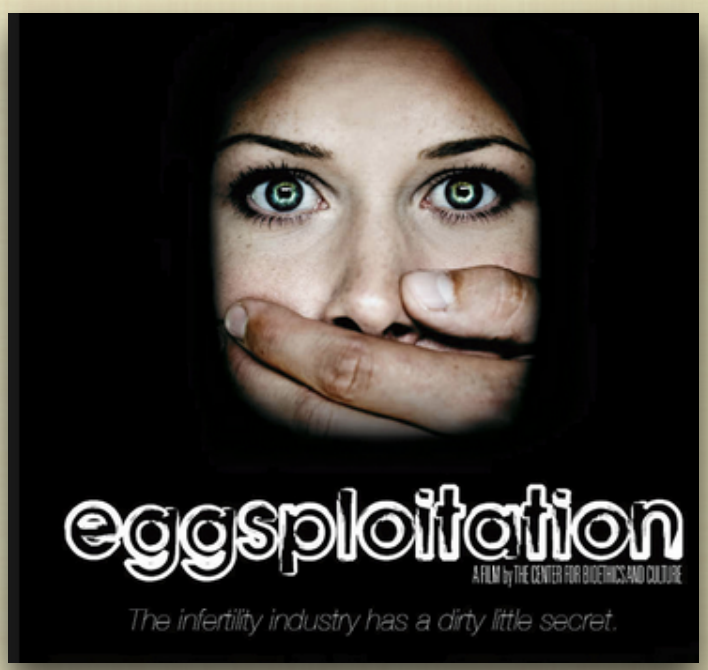
- breasts Augmentation with scars
- 30 yo female, breast surgery with postoperative infection
- Rhinoplasty with post-operative inability to comfortably breathe
- Post-Operative facelift upon return home had a damaged facial nerve and untreated hematoma requiring facial repair
- 38 yo female, liposuction procedure, developed cardiac arrest while being anesthetized and was revived immediately by heart massage
- Liposuction of the arms with failure to remove fat; and residual scarification
- 30 year old female after losing 100 pounds sought treatment to tuck/tone excess skin, and during surgery had massive blood loss with emergency operation to stop internal bleeding; later despite anemia had a secondary operation, and upon return home had abdominal infection requiring skin graft from thigh to stomach to close deep wound; 8 additional surgeries

Medical, Surgical, Dental Complications

Cases Of Medical Tourist Complications

Fertility Treatments/Egg Trafficking

- .45-year-old woman at a clinic for fertility treatment and authorities arrive in the middle of the procedure to arrest three of the clinic's doctors who allegedly were running an illegal egg-trafficking business. woman was held by authorities after treatment.



Leg Lengthening

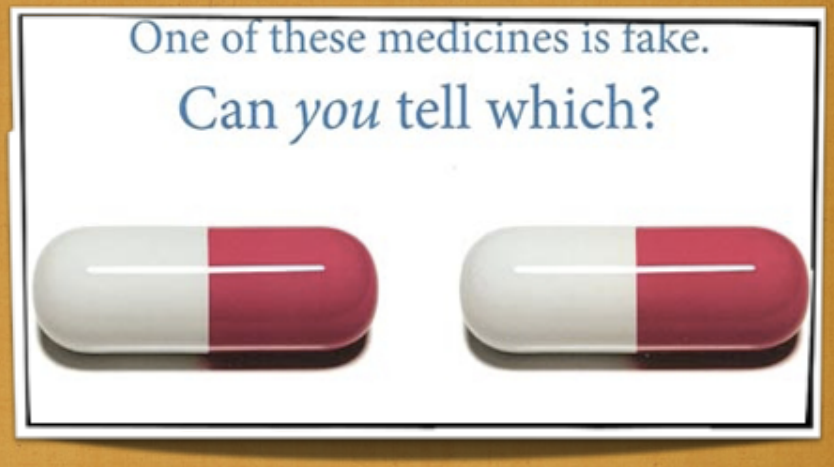
- man in late 20s had a leg-lengthening operation, and upon return home noticed screws protruding from right leg. X-rays: broken nails in both legs requiring 2 additional corrective procedures.

Medical, Surgical, Dental Complications

Cases Of Medical Tourist Complications

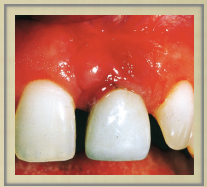
Counterfeit Prescription Drugs

- 30 people died as a result of counterfeit malaria medicines sold as mefloquine and artesunate
- Unlicensed company sold counterfeit cough syrup containing diethylene glycol, a chemical similar to antifreeze, resulting in 100 deaths



Medical, Surgical, Dental Complications

Cases Of Medical Tourist Complications



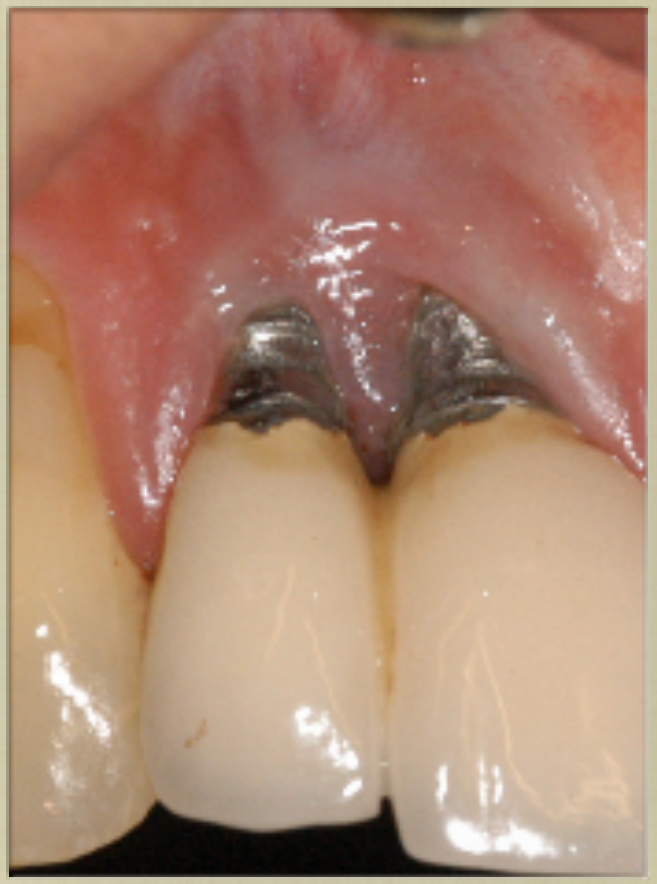
Dental Complications

- A 60-year-old man with poorly controlled type 2 diabetes had three dental implants placed in the posterior right mandible. 10 days later upon return to home country, he presented to the emergency department with a large, tender and hard facial swelling in the right submandibular region and progressive odynophagia, was administered IV antibiotics and taken for surgical drainage. Edema and swelling required intubation in intensive care unit. Remained in hospital for about eight weeks.

- Upon return to home country 58 year old female axillary and mandibular implant supported prostheses were mobile and painful, and radiographic examination revealed non-conventional screw implants in the maxilla and mandible, All with peri-implant radiolucencies requiring urgent removal of all implant supported prostheses. Under implant surfaces was a non-removable green crust resembling copper corrosion.

Medical, Surgical, Dental Complications

- Every medical, surgical, dental treatment has risk of complications
- if a complication occurs ability to manage this complication may become problematic
- Medical providers, Hospitals, clinics and agencies offering medical, surgical, dental treatment to international patients know the risk of complications and must
  - know how complications will be handled
  - be responsible for post-procedural care and appropriate follow up treatment
  - ensure availability of Medical travel complication insurance



Medical, Surgical, Dental Complications

Gill et al., (2008) followed 33 kidney transplant patients and concluded that graft and patient survival are not significantly worse, but a more complex post transplantation course and higher incidence of acute rejection and severe infectious complications pose a higher risk.

Medical, Surgical, Dental Complications

With cosmetic surgery, 203 out of 325 members of the British Association of Plastic, Reconstructive and Aesthetic Surgeons responded to an Association survey and o76 (37%) had seen patients in the NHS with complications arising from overseas cosmetic surgery (Jeevan and Armstrong, 2008).

In an audit of the pan-Thames region, 35 out of 65 consultants replied to requests about cosmetic surgery impacts (Birch et al., 2007) and 60% had seen complications, the majority of which (66%) were emergencies requiring inpatient admission.

Australian research on professionals raises a similar issue (MacReady, 2007) with detailed case studies of detrimental outcomes from surgery abroad incurring significant public costs to rectify poor outcomes (Cheung and Wilson, 2007).

Birch et al., (2010) highlight the case of medical tourist patients who sought bariatric surgery and required urgent surgical management at a tertiary care centre within Canada.

Medical, Surgical, Dental Complications

For the growing phenomenon of "fertility tourism", a UK study of 11 years follow-up of high order multiple pregnancy found 26% had fertility performed overseas (McKelvey et al., 2009).

dental treatment abroad has experienced reported cases of complications having to be dealt with by the home health system.

Barrowman et al (2010) report cases histories of five Australian travelers requiring attention by oral and maxillofacial surgeons due to dental implants.

Case reporting from the UK documents two returning dental tourists requiring hospital and dentist consultation (Milosevic, 2009).

relatively little is known about readmission, morbidity and mortality following self-funded medical treatment abroad (see also Balaban and Marano, 2010).

overseas and private nature of healthcare delivery explains the lack of information about clinical outcomes, post-operative complications, lapses in safety and poor professional practice (cf Alleman et al., 2010)

Medical, Surgical, Dental Complications

The public health aspects of medical tourism have not been adequately studied, especially the significance of the potential for hazardous micro-organisms transferring between hospitals located in different parts of the world on the body of a medical tourist (Green, 2008).

These could include antimicrobial resistance, such as the potential for Clostridium difficile, VRSA (CDC, 2005) or XDRTB (CDC, 2009), or a dangerous pathogen, such as SARS or Congo-Crimean Haemorrhagic Fever, with potentially fatal implications for hospital staff (Suleiman et al., 1980).

The rapid spread of North American swine flu out of the United States and Mexico to the rest of the world in 2009 and after illustrates the ease with which micro-organisms can be transported across borders.

Instances of infection outbreaks arising from treatment of US citizens at overseas "medical tourist" facilities have been reported within the literature (Newman et al., 2005).

Anecdotally, one author (Green) is aware of cases where hepatitis B was acquired during cardiac surgery in Pakistan and renal transplantation in India.

Healthcare Facility Qualifications

- International certifying/accrediting organizations inspect hospitals globally.

- Anyone considering traveling overseas for medical care is encouraged to review the criteria of accreditation before selecting an certified/ accredited facility.

Healthcare Facility Qualifications

- affiliated hospital relationships
- complication rate for treatment/surgical procedures
- ability to handle acute complications or referral/transport to another location

Global Doctor Patient Relationship
patient safety/Professional Integrity

Issues clinics are well advised to pay close attention to include:

- Considering a patient's history and communicating appropriately
- Detailed documentation of decision-making and treatment pathways
- Fully informed consent and consideration of risk, particularly when there are vulnerable patients (including those with psychological issues, the seriously ill, and children)
- Validating qualifications of surgeons
- Clarifying the relationships of the clinic and its surgical and clinical staff
- Ensuring adequate insurance
- Recovery planning (Vick, 2010)

Global Doctor Patient Relationship

patient safety/Professional Integrity

WRITTEN POLICIES AND PROCEDURES FOR HANDLING MEDICAL EMERGENCIES AND COMPLICATIONS, INCLUDING INFORMING PATIENTS OF POSSIBLE COMPLICATIONS

PATIENT RECORD FORMS: PATIENT'S IDENTITY, DIAGNOSES, COURSE OF TREATMENT, CONDITION UPON RELEASE, AND FOLLOW UP INSTRUCTIONS

WRITTEN INFECTION CONTROL STANDARDS FOR HANDLING BIO-WASTE HAZARDS AND DISCARDING USED NEEDLES

Sanitation

- General appearance
- Ventilation
- Temperature
- Well-lit
- Free of clutter and litter

Sanitation

Medical Hazardous Waste Disposal

All medical hazardous wastes are stored in containers designated for that purpose and separated from general refuse for special collection and handling.

medical hazardous wastes are disposed of in sealed, labeled containers in compliance with local, state, and national regulations.

Used disposable sharp items are placed in secure puncture-resistant containers which are located as close to the use area as is practical.

A written policy is in place for cleaning of spills, including blood borne pathogens.

Global Doctor Patient Relationship
patient safety/Professional Integrity

Sanitation/Maintenance and Cleaning

- schedule followed for cleaning and disinfection of entire operating room suite and individual operating rooms.
- Maintenance and cleaning procedures require all blood and body fluid to be cleaned using germicides indicated as virucidal, bactericidal, tuberculocidal and fungicidal.
- written protocol for use by housekeeping and or other cleaning personnel for cleaning of floors, tables, walls, ceilings, counters, furniture and fixtures of the surgical suite.
- All openings to outdoor air are protected against entrance of insects and animals.
- Floors are covered with easy to clean material which is smooth and free from breaks, cracks or loose debris; or, in the case of floors with seams or individual tiles, the floors are sealed with a polyurethane or other easy to clean sealant.

Sterilization

- instruments used in patient care are sterilized.
- If a sterilizer produces monitoring records, they are regularly reviewed and retained for a minimum of three (3) years.
- Sterile supplies are stored in closed cabinets/drawers or away from heavy traffic areas.
- Sterile supplies are stored away from potential contamination hazards.
- Sterile supplies are clearly labeled as sterile.
- Sterile supplies are packaged to prevent accidental opening and sealed with autoclave tape.
- Each pack of sterile supplies is marked with the date of sterilization and, when applicable, with the expiration date.
- When more than one autoclave is available, each pack of sterile supplies bears a label that identifies the autoclave in which it was sterilized.

Asepsis

- Instrument handling and sterilizing areas are regularly cleaned.
- Dirty surgical equipment and instruments are segregated from those which have been cleaned.
- Cleaned equipment is in a separate preparation and assembly area.
- A wall separates the instrument preparation and assembly area from the instrument cleaning area; or a written policy is in place to clean and disinfect an area before using it to prepare and assemble sterilized supply packs.
- Operating room(s) is/are disinfected after each procedure.
- Written aseptic procedures to be followed at all times are in place. Such procedures include the requirements of using scrub suits, caps or hair covers, gloves, operative gowns, masks and eye protection, and a sterile field during surgery.
- Scrub facilities are provided for the operating room staff.

Infection Control Program

INFECTION CONTROL

Ensure necessary vaccinations to contain spread of indigenous communicable diseases from one country or geographical location to another.

Be aware of possible epidemics, potential endogenous infectious diseases, MRSA and other potential hospital related infections.

EQUIPMENT IN OPERATING ROOM

- EKG MONITOR WITH PULSE READ-OUT
- PULSE OXIMETER
- BLOOD PRESSURE MONITORING EQUIPMENT
- STANDARD DEFIBRILLATOR OR AUTOMATED EXTERNAL DEFIBRILLATOR UNIT (AED) WHICH IS CHECKED AT LEAST WEEKLY FOR OPERABILITY
- PNEUMATIC BOOTS OR ALTERNATIVE DEVICES FOR ANTI-EMBOLIC PROPHYLAXIS (SUCH AS TED STOCKINGS OR ACE BANDAGE WRAPS) ARE EMPLOYED FOR ALL BUT LOCAL ANESTHESIA CASES OF ONE (1) HOUR OR LONGER AND WHEN MEDICALLY INDICATED
- ORAL AIRWAYS FOR EACH TYPE OF PATIENT TREATED (ADULT AND PEDIATRIC), NASOPHARYNGEAL AIRWAYS AND LARYNGEAL MASK AIRWAYS, LARYNGOSCOPE, ENDOTRACHEAL TUBES, ENDOTRACHEAL STYLET, POSITIVE PRESSURE VENTILATION DEVICE (E.G. AMBU™ BAG), SOURCE OF O2, SUCTION
- CAUTERY, ELECTROCAUTERY WITH APPROPRIATE GROUNDING PLATE OR DISPOSABLE PAD
- ANESTHESIA MACHINE WITH A PURGE SYSTEM TO EXTRACT EXHALED GASEOUS AIR TO OUT-OF-DOORS OR TO A NEUTRALIZING SYSTEM
- AN INSPIRED GAS OXYGEN MONITOR ON THE ANESTHESIA MACHINE
- CO2 MONITOR FOR ALL GENERAL ANESTHESIA CASES

EQUIPMENT IN OPERATING ROOM

- A schedule is in place for a bio-medical technician or equivalent to annually inspect all of the equipment (including electrical outlets, breaker/fuse boxes, and emergency light and power supplies) and documents safety and operation according to the equipment manufacturer's specifications.

- Equipment used in the operating room is documented as having been inspected and found to be problem-free.

- Manufacturer's specifications and requirements are kept in an organized filing system.

- A preventive maintenance schedule is in place for all equipment, and maintenance records are required to be retained for a minimum of three (3) years.

- All equipment repairs and changes are documented as having been performed by a bio-medical technician or equivalent, and repair and change records retained for a minimum of three (3) years.

- Bright general lighting in operating room ceiling.

- Fully functioning surgical lights or spotlights in operating room.

- Functional table or chair in operating room

equipment in operating room

- The operating room has an emergency power source with sufficient capacity to operate monitoring, anesthesia, surgical equipment, cautery and lighting a minimum of two hours (if more than one operating room is used simultaneously, an emergency power source should be available for each o.r.).

- Emergency power equipment is checked monthly (and documented) to ensure function.

Physician/Surgeon Qualifications

Has the physician/surgeon kept up-to-date with Medical/ Surgical Specialty and Travel Medicine Continuing Medical Education (CME)?

Is physician/surgeon a member of the **International Board of Medicine and Surgery (IBMS)?**

Physician/Surgeon Qualifications

Where did physician attend medical school, residency, and/or fellowship?

Board certified in a specialty relevant to the medical treatment or surgery?

How many treatments/surgeries of the patient's procedure does the surgeon perform annually?

What is the surgeon's complication rate?

Global Doctor Patient Relationship
patient safety/Professional Integrity

Improving and Communicating the Quality of Health Services

Experts expect increased emphasis on quality in healthcare services and reduction of risk for medical tourism patients.

Fears of low quality are a major impediment to the growth of foreign medical tourism.

Providing information to consumers, transparency regarding hospital practices.

It is not sufficient to simply focus on improving the quality of health services.

The message of quality must be communicable to the patient in order to affect their decision-making process prior to purchase.

the patients' perception of the delivery of the service must meet the expectations formed through marketing effort (Cook, 2012).

Consumer fears, especially during the planning process and prior to arrival are a major obstacle to overcome.

medical tourism providers should ensure clear communication.

External Quality Assessment and accreditation

Quality maximization and risk minimization are two key ingredients for creating better and safer healthcare services, whether for domestic patients or medical travelers.

This is only accomplished by setting-up appropriate organizational structures within the hospital or clinic designed to promote a culture of remaining vigilant by assessing quality, identifying risk, and dealing with all relevant issues affecting quality of care and patient safety.

Presently, medical tourism services remain largely unregulated and a significant issue is whether the quality and safety standards offered through medical tourism are to be trusted.

Certification/Accreditation and metrics for measurement

As the medical tourism industry grows, certification/accreditation organizations work with healthcare organizations, governments, and international advocates to promote standards of care.

Global Doctor Patient Relationship
patient safety/Professional Integrity

International Board of Medicine and Surgery (IBMS) Standards

A MEMBER
HAS MET ALL ELIGIBILITY CRITERIA BY DEMONSTRATING THE ESTABLISHMENT AND MAINTENANCE OF STANDARDS OF PROFESSIONAL QUALIFICATION AS A PHYSICIAN/ SURGEON/DENTIST THEREBY ENABLING THE PUBLIC TO MAKE INFORMED DECISIONS REGARDING THE SELECTION AND USE OF MEDICAL/DENTAL PRACTITIONERS PRACTICING IN THE GLOBAL HEALTHCARE COMMUNITY

Maintain the highest standard of personal conduct and professional excellence
Uphold laws and regulations in the practice of medicine
Provide patient care impartially with regard to race, color, creed, sex, national origin, handicap or sexual orientation
Promote quality medical care through professional communication and maintenance of patient confidentiality
Communicate clearly with the patient's medical professional in patient's home country

IBMS Gold certification assures the healthcare provider has met basic **IBMS** standards for safety, agrees to the **IBMS Code of Ethics** and has documented indemnification for potential complications.

Healthcare Facility Qualifications

- International certifying/accrediting organizations inspect hospitals globally.

- Anyone considering traveling overseas for medical care is encouraged to review the criteria of certification/accreditation before selecting a facility.

Quality, Safety and Risk

The range of organizational dimensions related to the quality and safety of medical treatment abroad is extensive as healthcare has potential threats to the quality and safety of patient care pathways, and these are intensified given the dimensions of distance and legal jurisdiction.

quality, safety and risk

clinical outcomes, continuity of care and infection rates that are of crucial importance to protecting the welfare of patients.

We also discuss issues relating to the certification/ accreditation and regulation of medical tourism/ international healthcare services.

Certification/Accreditation is generally accepted to apply to organizations, such as a dental clinic or a hospital rather than individuals and has become a "stamp of approval" verifying the quality of services provided.

Global Doctor Patient Relationship

patient safety/Professional Integrity

Quality, Safety and Risk

The range of organizational dimensions related to the quality and safety of medical treatment abroad is broad.

Many of these are not necessarily unique to medical tourism in that healthcare is replete with information asymmetries and potential threats to the quality and safety of patient care pathways, though these are intensified given distance and legal jurisdiction.

Ideally, a common regulatory platform and reporting system would serve as the basis of an assessment of comparative quality of care using a range of performance indicators as facilitated by international accreditation and certification.

Presently, comparative quality, safety data, and knowledge of infection rates for overseas institutions and reporting of adverse events is lacking.

Importantly, bodies like the World Health Organization have yet to publish any firm guidance on this and does not appear to be any immediate intention to do so. For some, a lack of transparency on quality is an impediment to a fully developed market in medical tourism (Ehrbeck et al., 2008, p. 6). Availability of evidence about the quality of a particular surgeon or clinical team, some suggest, would encourage more people to pursue medical tourism (Unti, 2009).

As with all medical treatments, an element of risk exists to the patient's health, which is anticipated to be outweighed by the potential benefits resulting from the treatment. What can be gleaned from the literature concerning risk and safety-related incidents for medical tourism is limited

Medical tourism adds a new dynamic to this element of risk, due to the overseas travel involved.

The journey home can be difficult and painful, especially following surgery. A study of Norwegian patients found that this was perceived as the most negative aspect of visiting overseas providers (HELTEF, 2003). Traveling when unwell can lead to further health complications, including the possibility of deep vein thrombosis (Crooks et al., 2010).

quality, safety and risk

The roles and responsibilities of clinicians and healthcare providers within both provider countries and countries of origin, and organizations responsible for credentialing and continuing professional development of clinicians in provider countries, require clarification regarding their duties in relation to patients who seek help and advice in advance of engaging in medical tourism.

What is the role of informing, persuading and advocating for individuals intending to travel abroad?

What about the public health preventive measures, such as pre-travel vaccination, antimalarial prophylaxis, etc.?

How may publicly-funded providers and professional associations should be involved?

Should clinical ethics committees with lay membership have a greater role?

quality, safety and risk

Patients will be more encouraged to use international health care if certain rules are stipulated protecting them against botched surgery results and ensuring medical incompetence is reprimanded.

Therefore as the industry continues to grow an urgent need for homogenous international regulation exists.

Nevertheless from the entrepreneurs' perspective a lack of legal parameters is not necessarily a negative issue.

The absence of industry rules in a niche market awards enterprises a degree of autonomy in terms of strategy formulation.

Quality, Safety and Risk

External Quality Assessment (EQA) – the introduction of a trusted third party to assess quality control – contains within it the potential for increasing both the information flow, especially exchange of good practice between organizations, and transparency within organizations.

A number of EQA models exist and apply to the medical tourism industry:

- Statutory inspection (including licensing)
- Public sector educational programs for training and testing private providers
- Industry-based assessments: ISO certification
- Evaluation (usually internal) against the 'business excellence' framework.
- Healthcare based assessment through peer review, Reciprocal visiting, Regulation and monitoring of private providers, Self-directed quality improvement tools, Licensure, certification, and accreditation.
- International Board of Medicine and Surgery (IBMS) - global certification of Centers of Healthcare Excellence (Hospitals, Clinics, Specialty Centers), physicians, surgeons, dentists, and other medical professionals.

ISQua Membership

Recognized Worldwide

IBMS

International Board of Medicine and Surgery

Certifying IBMS Centers of Healthcare Excellence

Hospitals / Clinics / Speciality Centers

"I would like to welcome the renewal of your organization (**IBMS**) as an Institutional member of the **International Society for Quality in Health Care.**

You have joined a special Society which aims to draw together and foster communication between individuals and organizations from many different countries who are committed to improving quality and safety in health care."

International Board of Medicine and Surgery (IBMS) is an independent third party verifying testing, analysis, and evaluation of knowledge, skills and abilities against specified requirements of relevant standards for the purpose of certification and re-certification in the field of global healthcare with the goal of ensuring conformity with a given norm.

IBMS certifies healthcare providers, physicians, surgeons, dentists, other medical professionals and **Centers of Healthcare Excellence* (Hospitals/Clinics/Specialty Centers)** in the global healthcare community.

IBMS Center of Healthcare Excellence* Certification Process consists of **4** parts:

- **Detailed Application Questionnaire** with choice of **IBMS Virtual Online** or **IBMS Onsite Interview Evaluation**
- **Standards Checklist/Virtual Online Facility Tour**
- **Quality Multidisciplinary Assessment Survey**
- **Final Quality Summary Evaluation Report**

QUALITY, SAFETY AND RISK

Who should fund the treatment of any medical complications and adverse health outcomes for patients returning from overseas private surgery?

Should a patient's local healthcare system take on the responsibility and foot the bill for post-operative care, including treatment for complications and side effects?

Discussions in the US, UK and Australia have all pointed towards costs being imposed on publicly funded health systems and the implications for local population health exacerbating waiting lists even further) (Cheung and Wilson, 2007, Jeevan and Armstrong, 2008, Barrowman et al., 2010).

QUALITY, SAFETY AND RISK

Ideally, a common regulatory platform and reporting system would serve as the basis of an assessment of comparative quality of care using a range of performance indicators as facilitated by international certification and accreditation.

global medical tourism industry lacks comparative quality, safety data, infection rates and reporting of adverse events for medical tourism institutions.

For some, a lack of transparency on quality is an impediment to a fully developed market in medical tourism (Ehrbeck et al., 2008, p.6).

Availability of evidence about the quality of a particular surgeon or clinical team may encourage more people to pursue medical tourism (Unti, 2009).

Quality, Safety and Risk

As with all medical treatments, an element of risk exists to the patient's health, which is supposedly outweighed by the potential benefits resulting from the treatment.

Global medical tourism adds a new dynamic to the element of risk.

The journey home can be difficult and painful, especially following surgery.

A study of Norwegian patients found this was perceived as the most negative aspect of visiting overseas providers (HELTEF, 2003).

Traveling when unwell can lead to further health complications, including the possibility of deep vein thrombosis (Crooks et al., 2010).

Global Doctor Patient Relationship
patient safety/Professional Integrity

Quality Assurance - International Certification/accreditation

- How are patients and collaborating hospitals, insurers and employers assured hospitals offer the highest quality care?
- Is JCI accreditation good enough or are higher standards more appropriate?
- What about overseas Certification/accreditation and government standards abroad?
- What are the benchmarks, who sets them, and who polices 3rd party independent reviewers?
- How do hospitals demonstrate they are one of the best?
- answer most clear to those who are working to grow the industry is "medical transparency" (Edelheit, 2007-08).
- global marketplace needs to know the hospitals' standards, background and outcomes.
- hospitals websites may offer detailed information on physician's credentials, certification, accreditation, board affiliations, specialties, success rates, and mortality rates.
- Why do many of the hospitals offer no such information to the public?
- The Internet, outsourcing, telemedicine and other forces are bringing medical transparency to the forefront, and the public globally wants to compare hospital quality and outcomes.
- global nature of the internet drives leading international hospitals to demonstrate "transparency" and provide information attractive to foreign patients.

International certification/accreditation

certification/accreditation, institutional partnerships and arrangements between hospitals in different countries and health insurance providers have helped to reduce the perception of risk for the patient.

Institutional arrangements indicate that health insurance companies and employers, as well as U.S. hospitals with overseas partners or subsidiaries, will be doing a large part of "selling" the idea of medical tourism to consumers.

In addition to lowering the perception of risk among consumers and entrepreneurs, institutional arrangements create a huge opportunity for innovation in the market. Involvement and collaboration across the industries involved, including insurance, healthcare providers, tourism operators and facilitators, hotels, restaurants, local governments, and capital investors.

International certification/accreditation

35 countries have sought accreditation from the US based Joint Commission International (JCI), the international arm of the Joint Commission, which accredits US hospitals.

India has already sought and obtained JCI accreditation for at least 17 hospitals and Thailand for at least 14.

Other international accreditation bodies include the Australian Council for Healthcare Standards, the Canadian Council on Health Services and the Society for International Healthcare Accreditation.

The international Board of Medicine and Surgery, a certification company registered in the USA, certifies physicians, surgeons, dentists, other medical professionals and Centers of Healthcare Excellence (Hospitals, Clinics, Specialty Centers) within the global healthcare community.

This high number of certification/accreditation organizations demonstrates a strong commitment from exporting countries to develop or strengthen their medical tourism industry.

However, costs are associated with increasing and ensuring standards to meet these various criteria, maintenance of these accreditations/certifications.

International certification/accreditation

Beyond the national level, medical tourism raises questions for trans national and global structures and processes.

How should the medical tourism industry be best regulated, and where is intervention most likely to be effective?

International standards for assessing and ensuring quality and safety of medical tourism providers and health professionals are lacking, and other than on an ethical basis no obligation exists for them to ensure quality and safety.

Currently, no global, official agency or group has engaged in either certification/accreditation or licensing.

The International Board of Medicine and Surgery offers online and onsite independent 3rd party certification of Centers of Healthcare Excellence (Hospitals, Clinics, Specialty Centers) with embedded comparative international standards for mortality, return to operating room, infection control, falls, transfusion reactions, medication errors, medical records/privacy, etc.

International certification/accreditation

Various certification/accreditation organizations support consumer protection for poor quality treatments by encouraging medical tourism healthcare providers to have professional medical indemnity insurance to compensate patients suffering a poor outcome or significant complications and/or medical tourists to acquire medical tourism complication insurance (Cohen, 2010).

Source health systems may attempt to shift risk onto individual medical tourists with disclaimers to prevent medical tourists from seeking to rectify poor outcomes.

International certification/accreditation

certification/Accreditation is a form of EQA where surveying is carried out by a third party conformity assessment body known as an accreditation scheme, using a combination of self-assessment and external peer review led by a team of external peer reviewers.

Common characteristics of all certification/accreditation programs are:

- Surveys and reviews conducted by professional peers with appropriate training;
- means should be put into place by which problems can be identified prospectively, corrected and continuous improvement ensured;
- mechanism within the certification/accreditation process for ensuring follow-up action takes place on any recommendations arising from the survey/review and for correcting any problems identified by the measurement process
- assessment process should be repeated periodically, usually between two to four years.

International certification/accreditation

Potential problems with certification/accreditation include:

- The commercial needs and aspirations of the certification/accreditation programs themselves may be allowed to dominate the picture. Many (but not all) of the certification/accreditation programs operating internationally are private companies or corporations.
- Less well-off countries may have no access to the certification/accreditation process, or engaging in certification/accreditation may lead to financial hardship.
- certification/Accreditation processes may not tackle ethically contentious areas, such as organ trafficking, payment issues around organ and tissue donation, selective gender abortion, surrogate pregnancy, unnecessary operations, use of currently unproven therapies such as human stem-cell therapy for cosmetic reasons.

Standards are at the heart of certification/accreditation, and they must be directed towards those factors making a difference to the quality of care. certification/Accreditation programs should be fit for purpose, based on the results of the best available research, and sensitive to change.

International certification/accreditation

categories where certification/accreditation is of interest to the medical tourism market are:

- assurance to commercial interests of the quality and safety of health services marketed to the medical tourism patient, which may reduce liability and minimize negative publicity.
- Attraction of potential medical tourism patients, who may search for a hospital with 3rd party independent certification/ accreditation.
- certified/accredited hospitals could advertise their certified/ accredited status.

International certification/accreditation

No international agency/group, such as the United Nations, World Health Organization, World Tourism Organization or World Trade Organization is engaged in certification/accreditation or licensing though several organizations, such as the International Society of Quality Assurance (ISQua) have programs for global patient safety which include accreditation.

Mandatory certification/accreditation may appeal to governments and commercial healthcare purchasers, such as third party payers (insurance companies and occupational healthcare providers).

Certification/Accreditation has most often been used as a marketing tool by wealthier provider hospitals, medical tourism facilitators and governments of provider countries seeking to grow market share in the medical tourism global marketplace.

International certification/accreditation

According to Connell (2006) the ability to convince tourists global healthcare destinations iare safe is one of the major barriers to medical tourism.

international certifying/accrediting organizations are in the process of certifying the quality and safety of global healthcare delivery (Lagiewski, Myers, 2008).

Certification/accreditation has been defined as "a self-assessment and external peer assessment process used by healthcare organizations to evaluate the level of performance in relation to established standards and implement ways to continuously improve" (Raik,2001).

Certification/accreditation systems are structured to provide objective measures by an independent 3rd party reviewer of healthcare quality and quality management.

Certification/accreditation focuses primarily on the patient pathway through the healthcare system - quality of services provided, how care is accessed and managed after discharge from hospital.

Global healthcare standards are used to evaluate and compare in a systematic and comprehensive manner the professional performance of a hospital - patient care, professional training/education, credentials, clinical governance/audit, research, and ethical considerations.

international Certification/accreditation organizations either promote fixed non-negotiable standards or evaluate on the basis of negotiation/waiver of standards based on the particular country, though whichever approach is utilized the process is evidence based. (International Healthcare Accreditation, 2009).

Global Doctor Patient Relationship
patient safety/Professional Integrity

Legal

Experiencing double-digit growth medical tourism is forecasted to grow to 40 million trips or account for 4% of the global tourism volume by 2010.

legal aspects of medical tourism are undefined at present.

Given the anticipated growth of the medical tourism niche market by the corporate sector this suggests a need for the development of a framework of global standards or at least guiding legislative framework.

The following discussion highlights issues surrounding the absence of a global legal framework.

All medical procedures performed abroad or at home carry an element of risk.

Even routine surgery may sometimes lead to medical complications.

A patient may be dissatisfied with results of surgery or medical treatment, and seek legal recourse.

Currently no international governing regulation for medical tourism exists.

The regulation of goods and services has long since been the function of the World Trade Organization (WTO) Under the umbrella of GATS (General Agreement on Trade of Services)

four modes of supply of which 'consumption abroad' is the most relevant as it refers to the crossing of geographic borders to obtain health services - medical tourism (Smith, 2004).

In the United States (US) the lack of adequate health insurance affects millions of people and is one of the reasons motivating Americans to seek surgical interventions abroad.

Individuals without health insurance have great difficulty accessing the healthcare system and frequently do not participate in preventive care programs.

When health problems arise they seek more affordable medical treatment options abroad (SeattlePI.com). Adams (2005).

part of the price for surgery in the United States supports medical bureaucracy and requisite malpractice insurance required to perform surgeries.

cost of malpractice insurance in the USA may be as much as USD150,000 or more while comparable specialty malpractice insurance in India would be equivalent to about USD4000.

Global Doctor Patient Relationship

patient safety/Professional Integrity

LEGAL

In the event of an adverse outcome arising from a medical tourism procedure, how does a patient seek redress without international regulation of medical tourism? ....they face potential confusion with a number issues not fully clarified (Vick, 2010)

clinics abroad may not be regulated by source country standards/ regulations.

Many components contribute to the medical tourist experience including product advertising, internet consultation, medical facilitation/brokerage service, surgery, hospitalization, recovery, and follow-up care.

Global Doctor Patient Relationship

patient safety/Professional Integrity

LEGAL

advertising and promotional material, usually have national and European restrictions on what can be advertised, though with the internet promoting medical tourism this may be difficult to regulate and hold miscreants to account.

complexities abound regarding who could be subject to legal proceedings, jurisdiction, and country law governing any case (Svantesson, 2008, Vick, 2010).

questions arise whether a dissatisfied medical tourist should sue the surgeon, clinical team, hospital, and/or medical tourism facilitator/broker who arranged treatment

An Australian citizen has domestic legislation providing 3 potential routes for redress: action for breach of contract, action for tort of negligence, action under the misrepresentation of Trade Practice (contracts) Act (1974) (Svantesson, 2008, see also Vick, 2010 for a UK analysis)...still distance and legal jurisdiction obfuscates the problem.

Global Doctor Patient Relationship
patient safety/Professional Integrity

LEGAL

Informed consent practices for undergoing procedures vary around the world, and may in fact not be available in some countries.

What happens if a complication arises, and the patient's subsequent necessary time spent in the Intensive Care Unit is beyond their ability to pay?

Will the hospital repatriate the body of a patient who dies on the operating table?

What if the patient acquires MRSA, HIV or Clostridium difficile while an inpatient at the overseas hospital?

These issues should are codified prior to any procedure.

LEGAL

Legal uncertainly with regard to medical tourism raises key issues for those providing medical tourism treatments and services.

As Vick (2010) suggests By promoting medical tourism services across international borders to attract overseas patients, clinics may not appreciate their becoming subject to the jurisdiction and laws of those countries with important implications for litigation and insurance coverage.

Insurance products are increasingly becoming available which provide legal and financial protection for the medical tourism patient should medical malpractice arise while undergoing treatment.

Medical tourists need to check carefully for any exemptions.

Medical tourist facilitators/brokers should also consider insurance coverage in case of potential claims for damages whether commercial or criminal.

LEGAL

Medical tourism may provide the best opportunity for the healthcare industry to learn from hospitality and tourism industry, which has long understood the subjective nature of consumer satisfaction.

It has already been suggested that medical tourism providers need to develop a consumer-centric marketing strategy. Integrating that same consumer focus into best practices for product and service delivery and performance metrics is the logical next step.

Factor #4: Awareness of Legal and Regulatory Environment

Key industry players should remain aware of the explicit and implicit limitations on the industry written into current legislation and trade agreements.

With healthcare reform underway in the United States, and with a global economic slowdown which may result in the implementation of further legislation or the breakdown of trade agreements, there will likely be many changes to the legal environment for medical tourism in coming years.

In addition to healthcare specific legal issues, the medical tourism industry is also impacted by regulations in other sectors, including labor law, visa and immigration law, tax law, etc.

Legal concerns regarding malpractice.

Patient fears of poor outcomes and a lack of legal recourse in foreign countries is a major impediment to the growth of medical tourism (Lunt, et al., 2011; Stephano & Samuels, 2012).

Doctors, too, are impacted by legal concerns regarding international patients, because they are often exposed to liability if they provide follow up care for patients who have received treatment abroad (Stephano & Samuels, 2012).

An understanding of medical malpractice laws and case law in the relevant country or countries is essential.

Global Doctor Patient Relationship

patient safety/Professional Integrity

Legal

Experiencing double-digit growth medical tourism is forecasted to grow to 40 million trips or account for 4% of the global tourism volume by 2010. However the legal aspects of medical tourism are undefined at present. Given the anticipated growth of the medical tourism niche market by the corporate sector this suggests a need for the development of a framework of global standards or at least guiding legislative framework. The following discussion highlights issues surrounding the absence of a global legal framework.

All medical procedures performed abroad or at home carry an element of risk. Even routine surgery may sometimes lead to medical complications. A patient may be dissatisfied with the results of their surgery or medical treatment, and wish to seek legal recourse. Currently there is no international governing regulation for medical tourism. The regulation of goods and services has long since been the function of the World Trade OrganiZation (WTO). Under the umbrella of GATS (General Agreement on Trade of Services) there are four modes of supply of which 'consumption abroad' is the most relevant mode to the subject of our research as it refers to the crossing of geographic borders to obtain health services

i.e. medical tourism (Smith, 2004).

In the United States (US) the lack of adequate health insurance, which affects millions of people, is one of the reasons motivating Americans to seek surgery interventions abroad. Individuals without health insurance have great difficulty accessing the health care system and frequently do not participate in preventive care programs. When health problems arise they seek more affordable medical treatment options abroad (SeattlePI.com). Adams (2005) in an article appropriately titled Medical Tourism, affirms that part of the price that is paid for surgery in the United States not only goes to tedious paperwork but also to pay all the types of malpractice insurance doctors have to get in order to perform surgeries. The cost of malpractice insurance in the US is USD100, 000 while the comparable malpractice insurance in India is USD4000. This is due to the affinity

Legal

Beyond the liability of brokers, surgeons and clinics, what are potential liability issues for Health Maintenance Organizations including overseas providers within their suite of referrals?

Under such circumstances should they be expected to validate the credentials of physicians, and are they likely to be subject to vicarious liability, or is this avoidable through disclaimers?

Within some states in the US, regulatory power over health insurance will prevent those insurers within the state from offering plans requiring the insured to travel overseas to receive healthcare services (Cohen, 2010).

several important issues relating to the legal context and redress mechanisms are available to medical tourists.

Furthermore, what legal information is available to prospective and actual medical tourists?

A starting point is the requirement to comprehensively review national frameworks and practices in terms of legal redress, and to review and analyze the experience of bilateral legal proceedings to date.

ethics

Ethical standards may vary throughout the world due to religious and cultural differences, and infertility treatment, organ donation, plastic surgery, and stem-cell therapy may not entail appropriate informed consent.

Ethics review boards may not be developed in all countries (MacReady, 2009). and some countries may provide treatments illegal or highly experimental in other countries (Cortez, 2008).

ethics

Rewarded kidney donation is controversial and even illegal in parts of the world (Rouchi et al., 2009).

Major concerns abound about the vulnerability of organ donors motivated by financial incentives (The Declaration of Istanbul of Organ Trafficking and Transplant Tourism has condemned transplant tourism).

Particular worries concern the possibility of poor aftercare and absence of separate clinical advocacy for donors.

Officially it has become illegal for the organs of executed Chinese prisoners to be made available for transplant to foreign transplant tourists (Rhodes and Schiano, 2010).

Questions remain, however, over how transplant program in high income countries should deal with returning patients who have managed to circumvent overseas restrictions.

ethics

Given that ability to pay rather than need alone is the allocative mechanism in the medical tourism market, concerns arise that commercial rather than professional priorities are tantamount in decision making.

This may include unnecessary or multiple treatments being offered to patients as well as cosmetic surgery treatments which are more likely to be associated with psychological factors, such as body dysmorphic disorder (Grossbart and Sarwer, 2003).

ethics

Human stem-cell therapies are a controversial procedure though more and more professional documentation is providing evidence of effective treatment for defined conditions.

Within the medical tourism field countries offer stem-cell therapies targeted at specific conditions including Parkinson's Disease, stroke and brain infections.

pursuit of unproven or potentially dangerous therapies across national boundaries may be particularly marketed as treatments for desperate patients who are unable to obtain these in their own country of origin, thereby raising ethical issues, especially when pursued for children (Zarzeczny and Caulfield, 2010 marketed to those who are gravely ill (Murdoch and Scott, 2010).

ethics

What is the balance of commercial and professional ethics?

Price is an allocation mechanism in the competitive marketplace providing an opportunity to avoid long waiting lists in home country, obtain similar quality at less cost, and/or take advantage of medical procedures not available in country of origin

An unregulated market provides an environment to offer unproven and potentially illegal treatments.

Moreover, does medical tourism reflect deeper ethical dilemmas affecting existing forms of healthcare funding and delivery resulting in the growth of the uninsured (cf Pennings, 2007)?

ethics

In medicine, ethical and legal issues of informed consent, liability and clinical malpractice are even more relevant in the international medical tourism industry due to the diversity of cultural and legal jurisdictions.

Cosmetic tourism, fertility/infertility tourism, transplant tourism, stem cell tourism and euthanasia tourism, raise complex medicolegal and ethical questions.

no clear legislative structure or developed body of case law exists to guide decision making in this area.

as the range of treatments and global destinations offering these services expands understanding these issues becomes paramount.

ethics

- An established framework for healthcare ethics suggests the importance of:
- Autonomy (respecting a person's right to be their own person and make their own decisions, and ensuring those are reasoned informed choices).
- Non-maleficence (avoid doing harm and endeavour to reduce risk (all treatments will involve A measure of harm which should not be disproportionate to the treatment benefits).
- Beneficence (promote patients' welfare and consider risk/benefit balance).
- Justice (consider benefits, risks and costs distribution; patients in similar positions should be treated in a similar manner) (Beauchamp and Childress, 2001).

Models of International Healthcare
Medical Travel Facilitation

By Yeanir Vanessa Espinosa Vazquez

Proposal for the Internationalization of Health Services

a case study

Merida, Yucatan, MEXICO

By Yeanir Vanessa Espinosa Vazquez

MID-004

About us?

Expert in international marketing and facilitator in the field of Medical Tourism

Our Goal

Bring medically interested patients from USA, Canada, and other countries to

Merida, Yucatan, MEXICO

MID-004

By Yeanir Vanessa Espinosa Vazquez

Medical Tourism Industry Definition

The main axes of the health tourism industry are medical tourism and wellness tourism.

Medical tourism consists of surgical procedures and drug treatments; outpatient processes (dental, ophthalmological and some cosmetics).

Wellness tourism conducts activities aimed at relaxation, changes in lifestyles, spas, spiritual retreats.

MID-004

Source: Economy Department

By Yeanir Vanessa Espinosa Vazquez

Acronyms / Definitions
International & National market

1. **Joint Commission International (JCI) -** works to improve patient safety and quality of healthcare in the international community by offering education, publications, advisory services, and international accreditation and certification
2. **International Medical Association**
3. **International BORD OF MEWDICINE AND SURGERY (IBMS)**

National market

- **SEFOTUR** (Secretary of Tourism Development)
- **SSY** (Secretary of Health of Yucatán)
- **PROMEXICO** (Entity of Promotion of Mexico Abroad)
- **Baby Boomers** (People or generation over 60 years old)

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International Market

1. International Certifications - IBMS
2. Accreditation programs endorsed by the JCI and MTA, etc.
3. Bilateral cooperation programs
4. Agreements with insurers within the territory of North America
5. International marketing

- **National Market**
  1. **SEFOTUR**
  2. **SSY and PROMEXICO**
  3. **Baby Boomers** already established in Yucatan Peninsula and surrounding areas

MID-004

By Yeanir Vanessa Espinosa Vazquez

8 stages of development

International Market

1. International Certifications.
2. Accreditation programs endorsed by the JIC and MTA among others.
3. International marketing
4. Agreements with insurers within the territory of North America
5. Bilateral cooperation programs

National Market

SEFOTUR, with meetings **SSY and PROMEXICO**, among others through its portals and Fairs Residents already established in the Peninsulas and surrounding areas

MID-004

By Yeanir Vanessa Espinosa Vazquez

Global Panorama

The global growth of the flow of patients and health professionals, as well as of medical technology, financial capital and international regulatory regimes, has given rise to new patterns of consumption and production of health services in recent decades.

Annually, more than 7 million people are seeking health services with advanced technology, cutting-edge medical approaches, quality care and lower costs through world travel abroad.

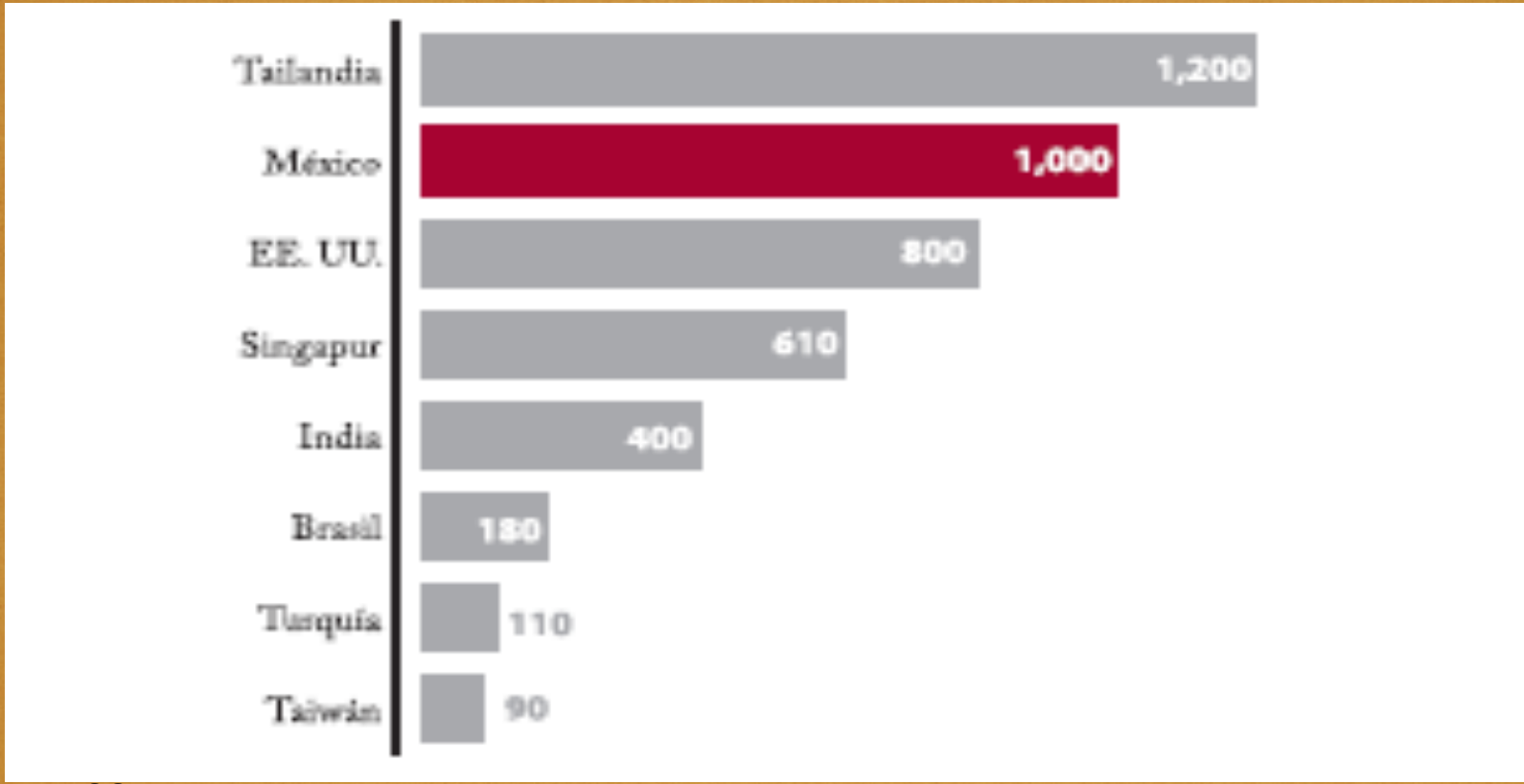
MID-004

Source: ITESM

By Yeanir Vanessa Espinosa Vazquez

International Market

Main destinations for medical tourism in 2012 (thousands of patients)



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Source: Patients Beyond Borders.

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National Market

National market health tourism industry in Mexico 2008-2013

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Turismo Médico	1,788	1,454	1,650	2,143	2,625	2,948	3,107	3,277	3,469	3,691	3,935
Turismo Bienestar	1,105	937	992	1,081	1,062	1,188	1,231	1,277	1,323	1,372	1,421
Total	2,894	2,391	2,643	3,225	3,688	4,137	4,338	4,554	4,792	5,064	5,356

Fuente: Euromonitor.

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Soure: Euromonitor.

By Yeanir Vanessa Espinosa Vazquez

Import offer

The main consumers in the world of health services are the American population, which seeks savings in health spending through high-quality alternatives at lower prices and attractive tourist destinations not available in their country.

MID-004

Source: Mexican Ecomomy Department

By Yeanir Vanessa Espinosa Vazquez

Opportunity Areas

The main export opportunities are in the USA, a country with about 40% of global health expenditure, which during 2011 reached approximately 2.6 billion dollars.

Of this amount, 32% was made through private insurance, 12% out-of-pocket expenses, and the rest by the government through programs.

At the moment the market niche in which one can increase participation in Mexico is in those operations and treatments attended with pocket expense or private medical insurance.

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Source: Mexican Economy Department

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Strengths of the Country in Medical Tourism

- **Competitive cost savings** in medical services compared to the US from 36% to 89%.
- **Geographic location.** USA and Canada are the main.

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Source: Mexican Economy Department

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Models of International Healthcare Medical Travel Facilitation

The main lines of the health tourism industry are medical tourism and wellness tourism - international healthcare.

Medical tourism/international healthcare consists of surgical procedures, drug treatments, and outpatient processes including dental, ophthalmologic, and cosmetic.

Wellness tourism involves activities related to relaxation, life-style changes, spas, spiritual retreats, retirement homes, and senior welfare.

Models of International Healthcare Medical Travel Facilitation

Global growth in the flow of patients and healthcare professionals, as well as medical technology, financial capital and international regulatory regimes, has given rise to new consumption patterns and health services production in recent decades.

Every year, about 7 million people around the world travel abroad seeking health services. They are mainly looking for advanced technology, leading edge medical approaches, quality care, and lower costs.

Main medical tourism destinations in 2012

Thailand Mexico USA Singapore India

Brazil Turkey Taiwan

Source: Patients Beyond Borders.

Worldwide, the main consumers of health services are from the United States, who look for savings on health spending with high-quality, lower-cost alternatives and attractive tourist destinations.

Models of International Healthcare Medical Travel Facilitation

Mexico has evolved into a destination renowned for its dental, ophthalmological, and cosmetic surgery services in border cities; it is a global health care center that offers a full range of specialties and procedures in direct competition with those offered in developed countries.

Mexico is the second most important health tourism destination in the world. According to Patients Beyond Borders, the country attracts more than a million foreign patients a year, many of which are Hispanic, primarily from California, Arizona, and Texas.

Export health services

The medical tourism industry is expected to reach a value of 3.084 billion dollars in 2014, a growth of 8% over the previous year. Furthermore, medical tourism in Mexico is forecast to grow at an annual rate of 7% in the next three years.

Health Tourism

- **Specialized human capital**. The ratio of specialist doctors to general practitioners in Mexico is 63.4%, higher than the average for OECD countries (57.7%).
- **Infrastructure**. In addition, hospitals, clinics, and health centers are licensed to operate by the COFEPRIS (Federal Commission for the Protection against Sanitary Risk certified by the Pan American Health Organization PAHO).

The main export opportunities are found in the United States, which accounts for around 40% of global spending on health.

In 2011, this amount reached approximately 2.6 billion dollars, of which 32% was through private insurance, 12% out-of-pocket expenses, and the rest through government programs.

At present, the most promising market niche for increasing Mexico's share is in operations and treatments paid for out-of-pocket or by private medical insurance.

Mexico - USA cost comparison (usd), 2012

MEDICAL PROCEDURE	USA	Mexico	SAVING
Heart bypass	$144,000	$27,000	81%
Angioplasty	$57,000	$12,500	78%
Heart valve replacement	$170,000	$18,000	89%
Hip replacement	$50,000	$13,000	74%
Hip resurfacing	$50,000	$15,000	70%
Knee replacement	$50,000	$12,000	76%
Spine surgery	$100,000	$12,000	88%
Dental implant	$2,800	$1,800	36%
Breast implant	$10,000	$3,500	65%
Rhinoplasty	$8,000	$3,500	56%
Face lift	$15,000	$4,900	67%
Lap band	$30,000	$6,500	78%
Gastric sleeve	$28,700	$9,995	65%
Gastric bypass	$32,972	$10,950	67%
Liposuction	$9,000	$2,800	69%
Tummy tuck	$9,750	$4,025	59%
Bilateral laser eye surgery	$4,400	$1,995	55%
Retina	N/A	$3,500	-
In vitro treatment	N/A	$3,950	-
Hysterectomy	$15,000	$5,800	61%

Source: Medical Tourism.

Clusters

Mexican hospital groups

Christus Muguerza, Grupo Angeles, CIMA, Galenia, Puerta de Hierro, San Javier, Tec Salud, Ginequito, OCA, ABC, EXCEL, SIMNSA, Doctors Hospital, Star Médica, Almater, Poliplaza, Hispano Americano, and others.

Source: ProMéxico.

States with export health services: Baja California, Baja California Sur, Chihuahua, Guanajuato, Jalisco, Nuevo León, Querétaro, Quintana Roo, Sonora, Tamaulipas, Veracruz, Yucatán, and others.

Services already consolidated in the border, Guadalajara, Monterrey and Others

MID-004

Source: Pro México

By Yeanir Vanessa Espinosa Vazquez

IBMS
International Board of Medicine and Surgery
Patient Safety / Professional Integrity
Recognized Worldwide

Models of International Healthcare Medical Travel Facilitation

How to Set Up Your International Healthcare Medical Travel Business

Mexico Case Study-Mid Global Care

By Vanessa Espinosa Vazquez

MD Global Care Health Division

Models of International Healthcare Medical Travel Facilitation

Strategy & Implementation

- Product Development
- Internet Strategy
- Marketing Strategy
  - Brand Building
  - Niche Advertising
  - P.R.
  - Word of mouth
- Sale strategy
- Strategic Alliances
- Operation Strategy
- Exit Strategy

Market Analysis

- **Market Size** : $ 40 billion worldwide and 1.2 billion domestic
- **Growth Rate** : 31 %
- **Value Proposition** : Less cost as compared to other Asian countries

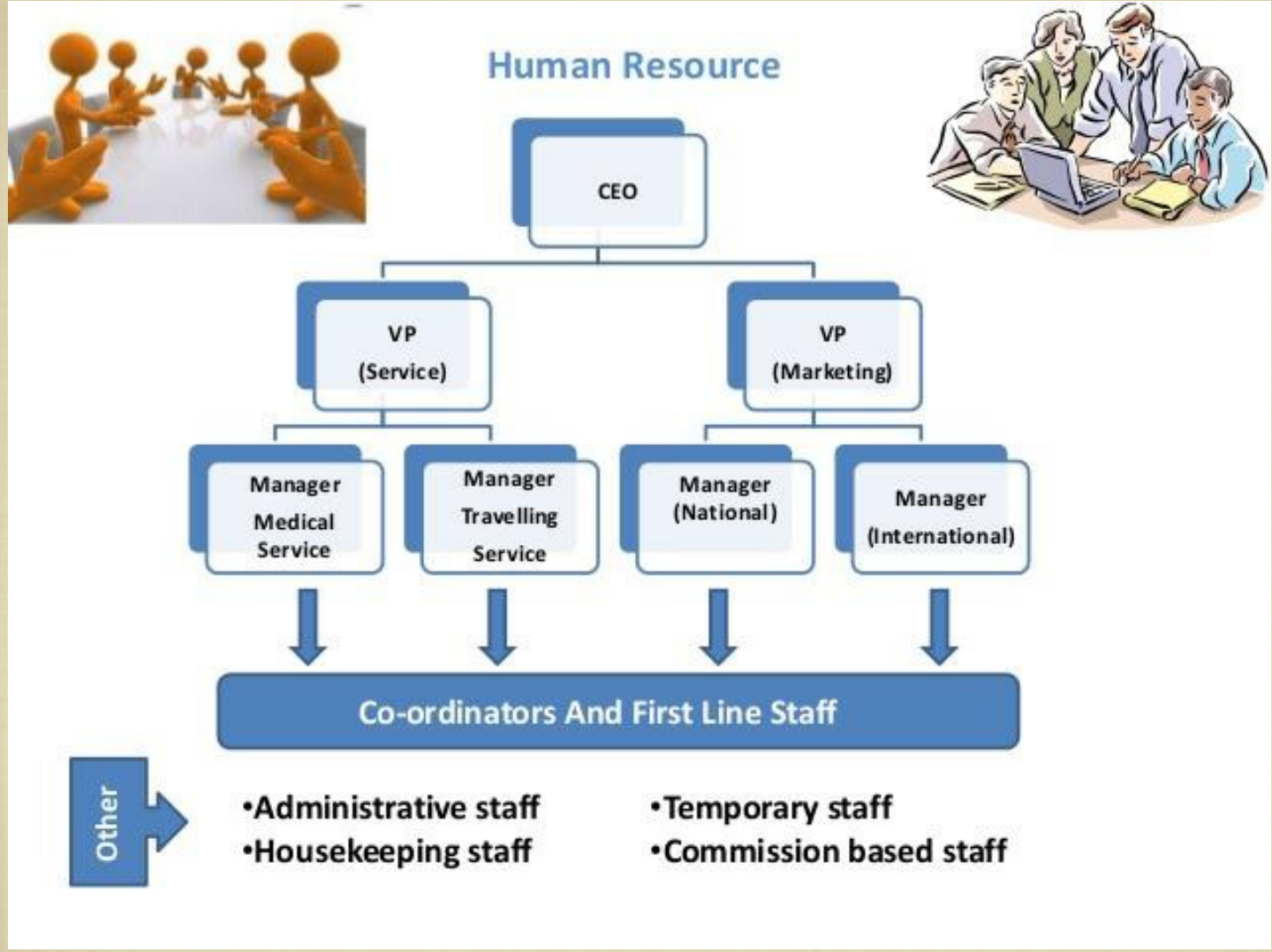
Procedure	US ($)	UK ($)	Thailand ($)	India ($)	Singapore ($)
Angiogram	12,000	6,000	1,500	800	1,904
Angioplasty	57,000	16,000	13,000	7,000	9,900
Heart Valve Replacement	68,000	45,000	10,000	11,700	12,500
CABG (By Pass)	54,000	57,000	11,000	9,200	15,300

- **Competition from western & Indian countries.**

US. Based companies	Indian Companies
•Med Journeys	•HelloMD.com
•The Medtrava Group	•Indicure
•Quest MedTourism	•JD healthcare
•IndUShealth	•Life care & Hospility
•Med Retreat	•Med Acess India

- **Competitive advantage** : Niche Marketing, Alternative Medicine

Models of International Healthcare Medical Travel Facilitation

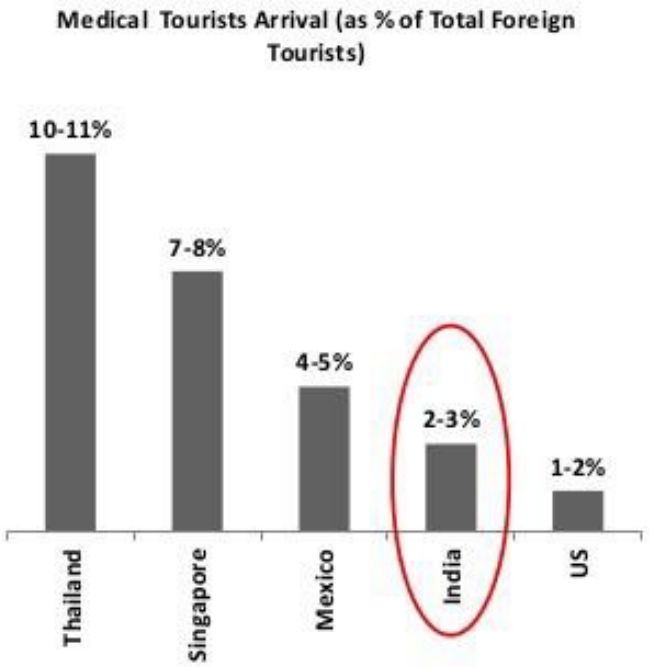


Use of Funds : Funds will be used to acquire office wherever needed, outfit the office with necessary equipment, hire key management and support staff, develop a best-in-class website and brand identity and begin marketing the Company's services to potential clients.

Acquiring Revenue & Profit: Company will work on 20% commission on total budget of clients including healthcare and travel service.

Balance Sheet: Funds will be used to acquire office wherever needed, outfit the office with necessary equipment, hire key management and support staff, develop a best-in-class website and brand identity and begin marketing the Company's services to potential clients.

Health Tourism: Global Destinations



The percentages are calculated as the number of medical tourists out of the total foreign tourist arrivals; Data for 2012
Source: World Bank; Singapore Tourism Board; Ministry of Public Health-Thailand; Bureau of Immigration-India; RNCOS

-Thailand is home to some of the best and cheapest rehabs in the world

- For cancer, Singapore's clinics and hospitals boast some of the world's best diagnostics

-Mexico is famous for Dentistry & Bariatrics, with over 50,000 Americans visiting the country for dental work alone, each year

- India is most popular for orthopedics and cardiac procedures

- The U.S. boasts of the best plastic surgeons in the world

Enchanting India: The Epitome of Excellence

A land of Myriad Cultures

International Collaborations

>400 Government Approved Inbound Tour Operators

Cordial Relationships with Majority of the countries

Health Tourism: Boulders on the Pathway

Zealous Promotion of Tourism but not Medical Tourism

No Government Body for Accreditation

Negative Notion about the Country

No Dedicated Web Resource and Marred Interoperability

Lack of Visibility, Tie-Ups and Partnerships for Medical Tourism Promotion

Complex procedure for obtaining a MED-X Visa & Permission to Stay

Health Tourism: Capturing the Opportunities

Government of India

Setting up a Regulatory Body

VISA & FRO Exemption

Synergies through Strategic Alliances

Seminars/Conferences

Industry-Special Web Portal and Interoperability

Health Tourism: Capturing the Opportunities

Hospitals/Wellness Center/Facilitators

International Patients Division in Govt. Hospitals

Collaboration Between Wellness Centers & Hospitals

Facilitators for Wellness Tourism

Check-in Kiosks at Airports

Privacy of High Profile Patients

IBMS

International Board of Medicine and Surgery

Patient Safety / Professional Integrity

Recognized Worldwide

Models of International Healthcare Medical Travel Facilitation

How To Set Up and Manage

Your International Healthcare Medical Travel Business

Case Study

Made by Yeanir Espinosa Vázquez

MD Global Care Health Division

¿Why Start Medical Tourism in Yucatan, Mexico?

By Yeanir Vanessa Espinosa Vazquez

Models of International Healthcare Medical Travel Facilitation

How To Set Up and Manage

Your International Healthcare Medical Travel Business

We gave ourselves (Mid Global Care) the task of conducting a field investigation, because although the statistics and the official sources indicated to us **Southeast Asia** is in an increasingly stronger position with respect to other countries in the first 5 places of the Ranking, **Mexico, Colombia** and **Cuba** are also favorable places to develop medical tourism.

By Yeanir Vanessa Espinosa Vazquez

Models of International Healthcare Medical Travel Facilitation

How To Set Up and Manage

Your International Healthcare Medical Travel Business

In the our case we chose **Yucatan**, a state with an excellent medical system, the best security in Mexico, excellent fauna and flora, archaeological sites, cultural climate, exceptional human warmth, and one of the wonders of the World - Chichen Itza.

By Yeanir Vanessa Espinosa Vazquez

Models of International Healthcare Medical Travel Facilitation

How To Set Up and Manage

Your International Healthcare Medical Travel Business

We were able to investigate the international market using OED History and Development of International Healthcare.

Later we analyzed the advantages and disadvantages within the Latin market, including various regions and cities in Mexico, eventually settling on Yucatan, the land of the Mayas, an excellent place to carry out our work in medical tourism.

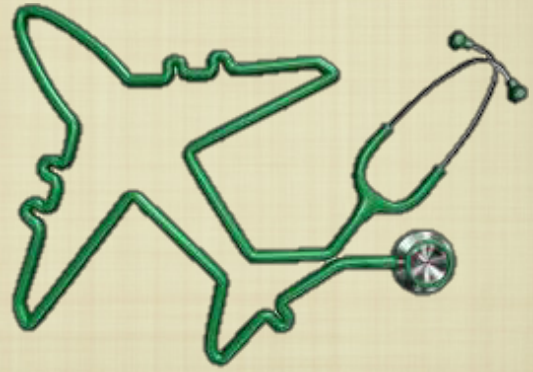
By Yeanir Vanessa Espinosa Vazquez

Models of International Healthcare Medical Travel Facilitation

How To Set Up and Manage

Your International Healthcare Medical Travel Business

For those interested in the global healthcare marketplace as a bridge or facilitator in this value chain of medical tourism, one must know the capabilities of your medical community, availability of international flights, accommodations, and connections, attractions, security, and competitive pricing.



By Yeanir Vanessa Espinosa Vazquez

After obtaining this information, we did additional investigation by reviewing recognized sources and engaged a **Focus Group** for the **niche markets** to coordinate what is expected from our **dentists, ophthalmologists** and **orthopedists.**

We tasked ourselves to recruit our own network of physicians with English as a second language.

By Yeanir Vanessa Espinosa Vazquez

We had to study in depth the tourism and medical sector, determine what our competition was doing and what additional value we could provide to ensure confidence.

By Yeanir Vanessa Espinosa Vazquez

Models of International Healthcare Medical Travel Facilitation

How To Set Up and Manage

Your International Healthcare Medical Travel Business

Subsequently we set out to find the legal framework for the services we would be providing.

In Yucatan, Mexico, **doctors** must comply with all **rules** of **education**, such as having a **title** and **professional identity card, specialty certification** and **permits** from the **Secretary of Health, COFEPRIS,** the body reviewing the facilities and confirming the appropriate medical and surgical procedures to be done.

All must be legal and **approved** with **guarantees of full compliance.**

By Yeanir Vanessa Espinosa Vazquez

We interviewed the leaders of **expatriates** who live in the **Yucatan peninsula**, about **35%** of our population in the Capital City of **Mérida** and its surroundings.

The Chinese Community needed to be certain the doctors were internationally qualified, so we went to the **International Board of Medicine and Surgery (IBMS)**, a global healthcare certification company registered in the **USA.**

IBMS certified our **doctors.**

By Yeanir Vanessa Espinosa Vazquez

Models of International Healthcare Medical Travel Facilitation

How To Set Up and Manage

Your International Healthcare Medical Travel Business

Lebanese, Canadian, American, French, and other communities also requested an independent third party with certification standards assuring professional communication and service.

By Yeanir Vanessa Espinosa Vazquez

Models of International Healthcare Medical Travel Facilitation

How To Set Up and Manage

Your International Healthcare Medical Travel Business

Every 6 months during the late fall and winter "Snow Birds", **family members** of **Canadian** and **North American Expatriates,** who have residence in the North with cold weather, visit the **Yucatan Peninsula** and often require services during their stay as well as "**medical tourism procedures**".

By Yeanir Vanessa Espinosa Vazquez

Records and Statistics

- Statistics
- Number of consultations
- Patient's place of origin
- Recurrent diseases
- Types of consultations
- Frequency of consultations

Medicines with the highest sales

By Yeanir Vanessa Espinosa Vazquez

Our **prepaid membership card** is linked to **real time tracking software** of contracted services.

From the moment of arrival, an interpreting companion with a car is available to take the patient to the accommodations, doctor visits and make all arrangements necessary.

This companion successfully becomes like a member of the family by creating an empathic, cordial and professional relationship between Patient and Doctor.

By Yeanir Vanessa Espinosa Vazquez

Models of International Healthcare Medical Travel Facilitation

How To Set Up and Manage

Your International Healthcare Medical Travel Business

International Board of Medicine and Surgery (IBMS) is an *independent third party verifying testing, analysis, and evaluation of knowledge, skills and abilities against specified requirements of relevant standards for the purpose of certification and re-certification in the field of global healthcare with the goal of ensuring conformity with a given norm.*

IBMS certifies *healthcare providers, physicians, surgeons, dentists, other medical professionals* and *Centers of Healthcare Excellence** (**Hospitals/Clinics/Specialty Centers*) in the *global healthcare community.*

THE CERTIFICATION MARK, AS USED OR INTENDED TO BE USED BY PERSONS AUTHORIZED BY THE CERTIFIER, CERTIFIES THAT THE PERSON PROVIDING THE MEDICAL SERVICES HAS MET THE STANDARDS, QUALIFICATIONS AND TESTING REQUIREMENTS ESTABLISHED BY THE CERTIFIER.
TESTING, ANALYSIS, AND EVALUATION OF THE KNOWLEDGE, SKILLS AND ABILITIES OF OTHERS FOR THE PURPOSE OF CERTIFICATION AND RE-CERTIFICATION IN THE FIELD OF GLOBAL HEALTHCARE

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MD Global Care Health Division

By Yeanir Vanessa Espinosa Vazquez

Models of International Healthcare Medical Travel Facilitation

How To Set Up and Manage

Your International Healthcare Medical Travel Business

❖ **Credential**

- Tracking of active and inactive users
- User information with follow up of medical consultations
- User identification for preferential prices from affiliated service providers
- Stores user information allowing follow up of medical consultations

By Yeanir Vanessa Espinosa Vazquez

Our product and service is also attractive to migrants and their families from the Yucatan region to the United States, who are visiting California, San Francisco and Oregon and may come back to visit.

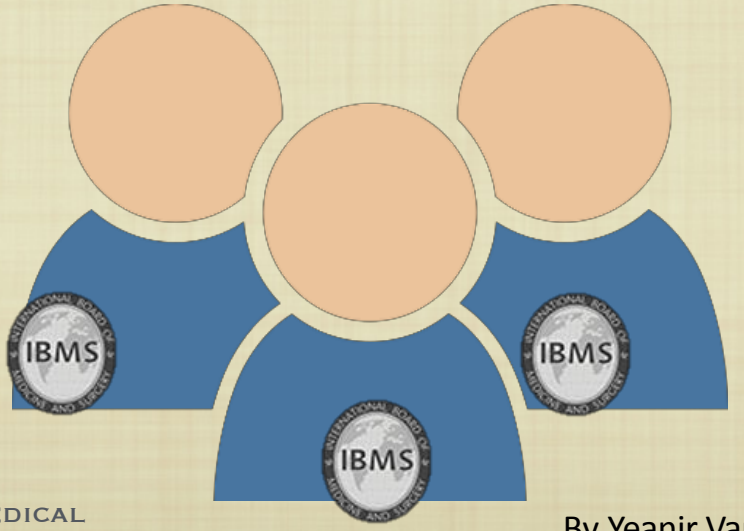
- 175,000 Yucatecan immigrants in the USA
- 1% plans to cover.
- 1,750 Potential clients

Source: Indemaya 2016 and National Population Council

By Yeanir Vanessa Espinosa Vazquez

Doctors and facilitators work together to form a great team with the **International Board of Medicine and Surgery (IBMS).**

We are committed to excellence all the time with our valuable medical tourism customers.



By Yeanir Vanessa Espinosa Vazquez

SUMMARY

The global growth in the flow of patients, health professionals, medical technology, capital funding and regulatory regimes across national borders has given rise to new patterns of consumption and production of healthcare services over recent decades.

A significant new element of a growing trade in healthcare has involved the movement of patients across borders in the pursuit of medical treatment and health; a phenomenon commonly termed medical tourism/international healthcare.

medical tourism/international healthcare occurs when consumers elect to travel across international borders with the intention of receiving some form of medical treatment.

treatment may span the full range of medical services, though most commonly includes dental care, cosmetic surgery, elective surgery, and fertility treatment.

patients from richer, more developed nations haVE been traveling to less developed countries to access health services, largely driven by the low cost treatments and helped by cheap flights and internet sources of information.

medical tourism/international healthcare introduces a range of attendant risks and opportunities for patients.

Treatment processes including consideration of quality, safety and risk and system level implications for countries of origin and destination, financial issues, equity, and impact on providers and professionals of medical tourism/international healthcare are highlighted.

This review details what is currently known about the flow of medical tourists between countries and discusses the interaction of the demand for, and supply of, medical tourism/ international healthcare services. by highlighting the stakeholders involved in the industry and examines harm, liability and redress in medical tourism/international healthcare services w a [illegible]s on the quality of care, legal, and ethical considerations.

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Select the "best" answer

ANSWER KEY

IBMS 50 Review Questions

1. Components of medical tourism/international healthcare are

A. international/global healthcare travel global patient/doctor relationship

B. preoperative/treatment diagnosis and management prior to patient travel

C. postoperative/treatment management, rehabilitative care and coordination among medical professionals globally to share patient information

D. all of the above

2. **Securing the global doctor/patient relationship** requires ensuring patient safety and professional integrity with clear communication and applied skill.

TRUE/FALSE

3. ensuring patient safety requires the following:

A. patient information

B. maintaining sanitation, sterilization, asepsis, infection control, operating room conditions

C. communication in the patient's language

D. documentation and communication of the medical record

E. A, B, D

F. all of the above

4. pre-operative/treatment evaluation/management requires

A. routine immunization update based on medical tourism destination.

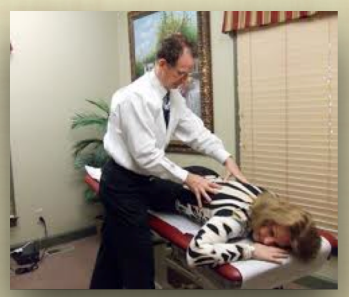
B. discontinuance of alcohol consumption, aspirin and non-steroidal anti-inflammatory drugs one week and smoking 8 or more prior to surgery.

C. control of respiratory and cardiac disease, malnutrition and diabetes mellitus due to an increased risk of surgical complications.

D. functional assessment, review of patient's social support and need for assistance and ambulatory and rehab home equipment needs after hospital discharge.

E. A, B, C

F. All of the above



5. principles of sanitation require

A. all medical hazardous wastes are to be stored in containers designated for that purpose and separated from general refuse for special collection and handling.

B. medical hazardous wastes are disposed of in sealed, labeled containers in compliance with local, state, and national regulations.

C. used disposable sharp items are to be placed in secure puncture-resistant appropriately labeled containers located as close to the use area as is practical.

D. a written policy for cleaning of spills, including blood borne pathogens.

E. A, B, C and D

F. A, B, C

6. principles of sterilization require

A. instruments used in patient care are sterilized and are clearly labeled as sterile.

B. sterilizer monitoring records are regularly reviewed and retained for a minimum of three (3) years.

C. sterile supplies are stored in closed cabinets/drawers or away from heavy traffic areas.

D. A and C

E. all of the above

7. asepsis controls include:

A. instrument handling and sterilizing areas are regularly cleaned.

B. dirty surgical equipment and instruments are segregated from those, which have been cleaned.

C. cleaned equipment is in a separate preparation and assembly area.

D. a wall separates the instrument preparation and assembly area from the instrument cleaning area; or a written policy is in place to clean and disinfect an area before using it to prepare and assemble sterilized supply packs.

E. operating room(s) is/are disinfected after each procedure.

F. written aseptic procedures to be followed at all times are in place. such procedures include the requirements of using scrub suits, caps or hair covers, gloves, operative gowns, masks and eye protection, and a sterile field during surgery.

G. A, B, C and F

H. all of the above

8. essential emergency equipment includes

A. EKG monitor with pulse read-out
B. pulse oximeter
C. blood pressure monitoring equipment
D. standard defibrillator or automated external defibrillator unit (AED) which is checked at least weekly for operability
E. A and D
F. A, B, C and D

9. Each operating room should have an emergency power source to operate monitoring, anesthesia, surgical equipment, cautery and lighting for a minimum of two hours, and this should be checked monthly.

TRUE/FALSE

10. patient should be provided with

A. intake forms, medical records, and other written communications in the patient's native language.

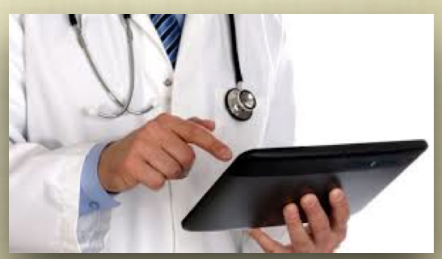
B. translation services available on-site.

C. interpreters should treat all information regarding patient and treatment as confidential.

D. written procedures should be available to resolve any patient complaints about interpreters.

E. A, B, C.

F. all of the above



11. professional integrity is demonstrated by

A. avoiding the risk of inadequate information/miscommunication

B. obtaining patient details, clinical condition, present symptoms, past medical history, co-morbid conditions and diagnostic results

C. requesting pertinent details of diagnosis and expectations of treatment

D. Providing explanation of the procedure in simple language

E. demonstrating credibility with display of credentials, ongoing continuing medical education and patient safety record

F. A, B, and C

G. all of the above

12. prior to travel

A. pertinent medical records need to be transmitted to the medical tourism physician/surgeon/dentist and hospital/clinic.

B. all medications in original bottles should accompany the medical tourism patient.

C. A and B

D. none of the above

13. post-discharge requires

A. effective exchange of information between the medical tourism doctor and the doctor with whom the patient will follow-up upon return to home country.

B. the doctors must thoroughly communicate all information about treatment/surgery, including operation/ treatment notes, complications, medications prescribed and recommended rehabilitation.

C. A and B

D. none of the above

14. Pertinent physician/surgeon qualifications include

A. where a physician attended medical school, residency, and/or fellowship.

B. board certification in a specialty relevant to the medical treatment or surgery.

C. how many treatments/surgeries of the patient's procedure the physician, surgeon, dentist performs annually.

D. the physician/surgeon's complication rate for intended procedures.

E. B, C, and D

F. A, B, C and D

15. review of healthcare facility (hospital/clinic/ ambulatory care center) qualifications should include

A. affiliated hospital relationships.

B. complication rate for intended treatment/surgical procedures.

C. ability to handle acute complications or referral/ transport to another location.

D. written policies and procedures for handling and informing patients about medical emergencies and complications.

E. patient record forms in patient's language: patient's identity, diagnoses, course of treatment, condition upon release, and follow up instructions.

F. written infection control standards for handling bio-waste hazards and discarding used needles

G. criteria for international certification/ accreditation.

H. all of the above

16. a medical tourism/travel facilitator/ broker should ensure

A. connecting patients to quality healthcare providers worldwide.

B. access to an interpreter throughout the travel and stay.

C. 'patient concierge' in the destination country.

D. facilitation of travel plans.

E. availability of travel and medical complication insurance.

G. a complete understanding of cost for service provided.

H. A, C, E, and G

I. all of the above

17. one of the fundamental turning points in a potential patient's decision to seek medical treatment abroad is the assurance that potential complications will be treated in a seamless professional manner.

indemnification for complications can be achieved through

A. an insurance company (complication, malpractice)
B. one's own individual financial indemnification
C. a physician's network
D. the treating hospital
E. A, B and C
F. all of the above

18. PATIENT DISCHARGE PROTOCOLS

A. ALL RECOVERING PATIENTS MUST REMAIN UNDER DIRECT OBSERVATION AND SUPERVISION UNTIL DISCHARGED FROM MONITORED PATIENT CARE.

B. A RECOVERY ROOM RECORD INCLUDING VITAL SIGNS, SENSORIUM, MEDICATIONS, AND NURSE'S NOTES IS MAINTAINED.

C. WRITTEN POST-OPERATIVE INSTRUCTIONS (INCLUDING THE PROCEDURES IN EMERGENCY SITUATIONS) ARE GIVEN TO AN ADULT RESPONSIBLE FOR THE PATIENT'S CARE.

D. PATIENT IS SUPERVISED IN THE IMMEDIATE POST-DISCHARGE PERIOD BY A RESPONSIBLE ADULT FOR AT LEAST 24 HOURS.

E. PATIENTS ARE REQUIRED TO MEET ESTABLISHED WRITTEN CRITERIA FOR PHYSIOLOGICAL STABILITY BEFORE DISCHARGE, INCLUDING VITAL SIGNS AND SENSORIUM.

F. PATIENT IS TRANSPORTED WITH A RESPONSIBLE ADULT; PATIENTS RECEIVING ONLY LOCAL ANESTHESIA WITHOUT SEDATION MAY TRANSPORT THEMSELVES OR MAY BE TRANSPORTED BY AMBULANCE (OR WHEELCHAIR, GURNEY, IF APPLICABLE) TO A HOSPITAL, INTERMEDIATE CARE UNIT OR RECOVERY FACILITY.

G. A, B, C AND E

H. ALL OF THE ABOVE

19. recovery center

A. meets sanitation requirements.

B. should be less than 30 minutes by car or on foot from a hospital where the responsible physician has admitting privileges.

C. has an agreement for emergency transportation with and to such hospital, as well regarding admissions procedures for transports from the recovery center.

D. has a registered nurse trained in basic cardiac life support on duty at all times a patient is present in the recovery center.

E. A and C

F. all of the above

20. review of pre-travel checklist includes all of the following except

A. pre-operative/treatment examination, diagnostic testing and travel plans
B. medical tourism/travel facilitator/broker to coordinate travel and medical treatment
C. qualification/certification of healthcare providers
D. review of medical/surgical/dental procedure/ treatment risks/benefits
E. history/physical examination with fit for flight exam
F. anticipate acute post-operative/treatment care plan
H. arriving at medical tourism destination on the day of the procedure/treatment

21. The Medical Tourism Process includes:

a. person seeking medical treatment abroad contacts a Medical Tourism Provider.

b. provider requires patient to provide a medical report detailing the nature of ailment, local doctor's opinion, medical history, and diagnosis.

c. doctor consultants then advise the appropriate medical, surgical or dental treatment.

d. Approximate expenditure, hospitals and tourist destinations, duration of stay, etc. is discussed.

e. After signing consent bonds and agreements, the patient is given recommendation letters for a medical visa to be procured from the concerned embassy.

f. All of the above.

22. Mobility of Patients Across International Borders includes:

a. Temporary visitors abroad
b. Long-term residents in medical tourism treating country
c. Common borders
d. Outsourced patients
e. All of the above
f. A, B, C

23. All the statements about Medical Tourism Worldwide are true except...

a. India, Argentina, Colombia, Costa Rica, Cuba, Jamaica, South Africa, South Korea, Jordan, Italy, Germany, Brazil, Mexico, Malaysia, Hungary, Israel, Turkey, the Philippines, United Arab Emirates (Dubai), Oman, Ukraine, Japan, Latvia and Estonia all have entered into this medical tourism market and more countries are joining the list.

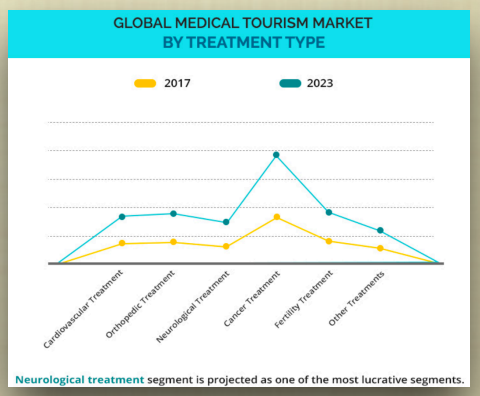
b. By 2015, the health of the vast Baby Boom generation will have begun its slow, final decline, and with more than 220 million Boomers in the United States, Canada, Europe, Australia and New Zealand, representing a significant market for inexpensive, high quality medical care.

c. Medical tourism will be particularly attractive in the United States, where an estimated millions of people are without health insurance or dental coverage- numbers which may grow.

d. Patients in Britain, Canada and other countries with long waiting lists for major surgery are not likely to be interested in medical tourism/ international healthcare.

24. range of treatments available overseas for prospective medical tourists are:

a. Cosmetic surgery (breast, face, liposuction)
b. Eye surgery
c. Cancer treatment
d. Alternative medicine - Ayurveda, Acupuncture, Wellness spa
e. Diagnostics and check-ups.
f. all of the above.



25. The following are all **Drivers of medical tourism except...**

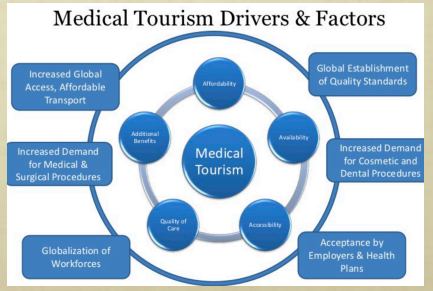
a. Globalization – economic, social, cultural and technological.

b. Many domestic health systems are undergoing significant challenges and strain due to tightened eligibility criteria, waiting lists, and shifting priorities for healthcare.

c. Emergence of patient choice and forms of consumerism, including within countries which traditionally have had public-funded services.

d. Openness of information and development of diverse healthcare providers compete on quality and price.

e. Doctors in the country of origin are routinely referring patients to specialists overseas.



26. The main services of Medical tourism websites include:

A. gateway to medical and surgical information

B. connectivity to related health services

C. assessment and/or promotion of services, commerciality and opportunity for communication range of functionalities and formats including discussion forums, file sharing, posting information and sharing experience, member only pages, advertisements and online tours.

D. internet rarely has medical tourism price information availability.

27. Medical tourism Websites usually contain the following information except...

a. arrival, treatment, travel, home arrangements, itineraries and length of recuperation.

b. Surgery is often presented as routine, and itineraries are listed in a vacation like fashion from day one of arrival to day of departure.

c. Many sites include photographs, videos and virtual tours of facilities often emphasizing the modern high tech features, cleanliness and infection control technique of facilities and services.

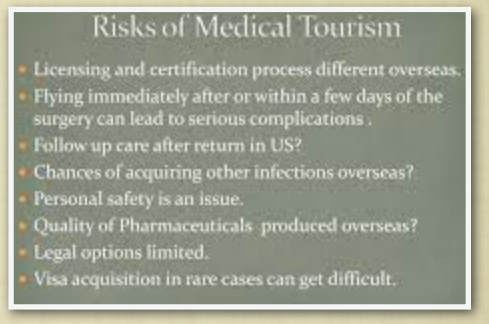
d. follow-up information.

28. Although income may be generated for the health sector, medical tourism increases the tourist income not related to medical care (food, accommodation, sights, travel) and is an important source of foreign exchange.

TRUE FALSE

29. ALL ARE RISKS OF MEDICAL TOURISM EXCEPT..

A. SAFETY
B. LACK OF OVERSIGHT
C. LOWER COSTS OF TREATMENT
D. FRAUD
E. MEDICAL COMPLICATIONS
F. LACK OF FOLLOW-UP



30. all are major complications of medical tourism except...

a. Sepsis

b. Single organ Dysfunction

c. Multi-organ Dysfunction

d. Rash

31. All the following are true, except...

a. Every medical, surgical, dental treatment has risk of complications.

b. if a complication occurs, ability to manage this complication may become problematic.

c. Medical providers, Hospitals, clinics and agencies offering medical, surgical, dental treatment to international patients know the risk of complications and must know how complications will be handled and be responsible for post-procedural care and appropriate follow up treatment.

d. Medical tourism facilitators/brokers are not responsible for ensuring the availability of Medical travel complication insurance.

32. anyone considering traveling overseas for medical care is encouraged to review the criteria of certification/accreditation before selecting the medical provider.

TRUE FALSE

33. Healthcare Facility Qualifications include affiliated hospital relationships, complication rate for treatment/surgical procedures, ability to handle acute complications, referral transport to another location, and international certification/accreditation.

TRUE FALSE

34. Regarding quality, safety and risk - all are true except...

a. Patients will be more encouraged to use international healthcare if certain rules are stipulated protecting them against botched surgery results and ensuring medical incompetence is reprimanded.

b. As the medical tourism industry continues to grow an urgent need for homogenous international regulation exists.

c. lack of legal parameters is definitely a positive feature for medical tourism patients.

d. The absence of industry rules in a niche market awards enterprises a degree of autonomy in terms of strategy formulation.

35. which statement(s) about QUALITY, SAFETY AND RISK are true?

a. Ideally, a common regulatory platform and reporting system would serve as the basis of an assessment of comparative quality of care using a range of performance indicators as facilitated by international certification and accreditation.

b. global medical tourism industry lacks comparative quality, safety data, infection rates and reporting of adverse events for medical tourism institutions.

c. Availability of evidence about the quality of a particular surgeon or clinical team may encourage more people to pursue medical tourism.

d. All are true.

36. Which statement about INTERNATIONAL CERTIFICATION/ ACCREDITATION is correct?

a. certification/accreditation, institutional partnerships and arrangements between hospitals in different countries and health insurance providers have helped to reduce the perception of risk for the patient.

b. Institutional arrangements indicate that health insurance companies and employers, as well as U.S. hospitals with overseas partners or subsidiaries, will be doing a large part of "selling" the idea of medical tourism to consumers.

c. In addition to lowering the perception of risk among consumers and entrepreneurs, institutional arrangements create a huge opportunity for innovation in the market.

d. All of the above are true.

37. International certification/accreditation

a. Beyond the national level, medical tourism raises questions for trans national and global structures and processes.

b. International standards for assessing and ensuring quality and safety of medical tourism providers and health professionals are lacking, and other than on an ethical basis no obligation exists for them to ensure quality and safety.

c. Currently, no global, official agency or group has engaged in either certification/accreditation or licensing.

d. The International Board of Medicine and Surgery does offer online and onsite independent 3rd party certification of Centers of Healthcare Excellence (Hospitals, Clinics, Specialty Centers) with embedded comparative international standards for mortality, return to operating room, infection control, falls, transfusion reactions, medication errors, medical records/privacy, etc.

e. All of the above are correct.

38. Potential problems with international certification/ accreditation include all except...

a. The commercial needs and aspirations of the certification/accreditation organizations themselves may be allowed to dominate the picture. Many (but not all) of the certification/accreditation programs operating internationally are private companies or corporations.

b. well-off countries may have no access to the certification/accreditation process, or engaging in certification/accreditation may lead to financial hardship.

c. Certification/accreditation processes may not tackle ethically contentious areas, such as organ trafficking, payment issues around organ and tissue donation, selective gender abortion, surrogate pregnancy, unnecessary operations, use of currently unproven therapies such as human stem-cell therapy for cosmetic reasons.

d. Standards are at the heart of certification/accreditation, and they must be directed towards those factors making a difference to the quality of care.

39. Regarding Legal Issues of medical tourism which is incorrect?

a. Key industry players should remain aware of the explicit and implicit limitations on the industry written into current legislation and trade agreements.

b. With healthcare reform underway in the United States, and with a global economic slowdown which may result in the implementation of further legislation or the breakdown of trade agreements, there will likely not be many changes to the legal environment for medical tourism in coming years.

c. In addition to healthcare specific legal issues, the medical tourism industry is also impacted by regulations in other sectors, including labor law, visa and immigration law, tax law, etc.

d. Patient fears of poor outcomes and a lack of legal recourse in foreign countries is a major impediment to the growth of medical tourism.

e. An understanding of medical malpractice laws and case law in the relevant country or countries is essential.

40. ETHICS

Ethical standards may vary throughout the world due to religious and cultural differences, and infertility treatment, organ donation, plastic surgery, and stem cell therapy may not entail appropriate informed consent.

TRUE FALSE

41. ETHICS

Given that ability to pay rather than need alone is the allocative mechanism in the medical tourism market, concerns arise that commercial rather than professional priorities are tantamount in decision making.

This may include unnecessary or multiple treatments being offered to patients as well as cosmetic surgery treatments which are more likely to be associated with psychological factors, such as body dysmorphic disorder.

TRUE FALSE

42. Regarding ETHICS in the medical tourism industry, which is true?

a. Human stem cell therapies are mainstream procedures though more and more professional documentation is providing evidence of ineffective treatment for defined conditions.

b. Within the medical tourism field countries offer stem-cell therapies targeted at specific conditions including Parkinson's Disease, stroke and brain infections.

c. pursuit of unproven or potentially dangerous therapies across national boundaries are never marketed as treatments for desperate patients who are unable to obtain these in their own country of origin, thereby raising ethical issues.

d. Ethical standards apply in all countries regardless of culture.

43. A full-time medical tourism service deals with....

A. Alternative medicine
B. Cosmetic and other surgeries
C. Airport pickup
D. Arranging emergency, travel, and health insurance
E. All are correct

44. Development of a medical tourism business should include a strategy and implementation policy requiring all of the following except...

A. Product development
B. Internet, marketing, sale, operation and exit strategy
C. Strategic alliances
D. Ownership of a transportation company

45. All are obstructions to the successful development of a medical tourism business except...

A. promotion of tourism rather than medical tourism
B. lack of certification/accreditation
C. negative image of the country
D. no internet/web resources
E. absence of visibility and networks for medical tourism promotion
F. government assistance to secure a medical visa

46. Steps to develop a medical tourism business - study in depth the tourism and medical sector, determine what our competition was doing and what additional value we could provide to ensure confidence.

TRUE FALSE

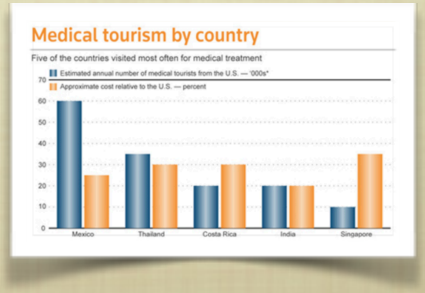
47. The following is true about medical tourism/international healthcare except...

a. The global growth in the flow of patients, health professionals, medical technology, capital funding and regulatory regimes across national borders has given rise to new patterns of consumption and production of healthcare services over recent decades.

b. patients from poorer, less developed nations have been traveling to more developed countries to access health services, largely driven by the higher cost treatments and helped by cheap flights and internet sources of information.

c. A significant new element of a growing trade in healthcare has involved the movement of patients across borders in the pursuit of medical treatment and health: a phenomenon commonly termed medical tourism/ international healthcare.

d. treatment may span the full range of medical services, though most commonly includes dental care, cosmetic surgery, elective surgery, and fertility treatment.



48. How is health tourism, though related, different from medical tourism?

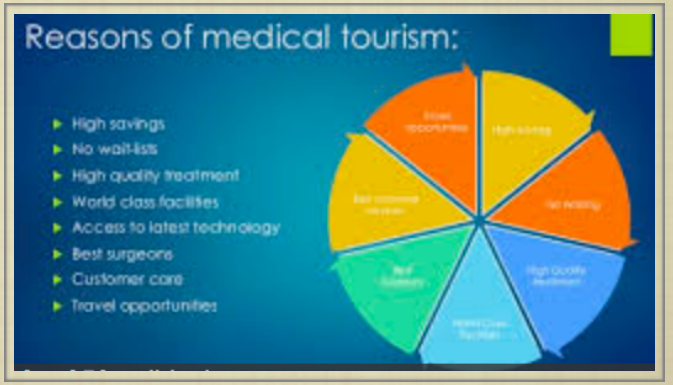
a. Medical tourism is related to the broader notion of health tourism, which in some countries has longstanding historical antecedents of spa towns and coastal localities, and other therapeutic landscapes.

b. health tourism is defined as organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's well-being in mind and body.

c. Medical tourism consists of surgical procedures, drug treatments, and outpatient processes including dental, ophthalmological and cosmetics.

49. What are reasons for the growth of medical tourism/international healthcare?

A. High savings and no wait lists
B. High quality treatment and world class facilities
C. Access to the latest technology
D. Travel opportunities, best surgeons and customer care
E. None of the above
F. A & C
G. A, B, C, D



50. People have traveled to faraway places seeking better health through **Medical Tourism**. All statements are true except...

A. only for the last 100 years.

B. During the **Neolithic** and **Bronze Ages**, **Sumerians**, **Greeks**, **Romans**, **Japanese**, **Chinese** and **Indian** cultures have evidence of spas and mineral springs for medical treatments.

C. pilgrims traveled from all over the Mediterranean to the small territory in the Saronic Gulf called Epidauria, famous for the sanctuary of the healing god Asklepios.

D. During **4000 BC**, **Sumerians** built health complexes near health spas adjacent to mineral springs and during **3,000 BC**, those suffering from eye disorders made pilgrimage to **Tell Brak, Syria**, where healing deities "performed miracles".

ANSWER KEY

IBMS 50 Review Questions

1	D
2	T
3	F
4	F
5	E
6	E
7	H
8	F
9	T
10	F
11	G
12	C
13	C
14	F
15	H
16	I
17	F
18	H
19	F
20	H
21	F
22	E
23	D
24	F
25	E

26	D
27	D
28	T
29	C
30	D
31	D
32	T
33	T
34	C
35	D
36	D
37	E
38	B
39	B
40	T
41	T
42	B
43	E
44	D
45	F
46	T
47	B
48	B
49	G
50	A

BENEFITS OF IBMS

CERTIFICATION

PHYSICIANS, SURGEONS, DENTISTS, OTHER MEDICAL PROFESSIONALS

AFFILIATION

HEALTHCARE TRAVEL ASSOCIATES/MEDICAL TOURISM FACILITATORS/BROKERS

MEDICAL INDUSTRY PROFESSIONALS

Additional professionalism may be achieved by becoming **IBMS Certified/affiliated.**

IBMS certified membership of medical practitioners practicing within the global healthcare community.....

demonstrates professional integrity by establishment and maintenance of standards of professional qualification as a physician, surgeon, dentist.

creates global visibility and credibility.

enables the public to make informed decisions regarding the selection and use of physicians, surgeons, dentists, and other medical professionals practicing within the global healthcare community.

BENEFITS OF IBMS CERTIFICATION

IBMS Certification Course Certificate with international recognition acknowledging the understanding of international healthcare/medical travel facilitation and **IBMS Standards** demonstrating the establishment and maintenance of professional qualification of Physicians, Surgeons, Dentists and/or Centers of Healthcare Excellence for patient safety and professional integrity, thereby enabling the public to make informed decisions regarding the selection and use of medical professionals in the global healthcare community.

- Sharing the experience and expertise of **IBMS Professional International Healthcare/Medical Travel Specialists.**
- Understanding the development of the international healthcare/ medical travel industry
- Learning how to participate, integrate and utilize innovative strategies to be successful in the international healthcare marketplace.
- Facilitation and coordination of patient arrangements.
- Association with world-class medical professionals.
- Access to worldwide patient referrals with coordination of pre and post medical evaluation/treatment.

BENEFITS

IBMS CERTIFICATION/AFFILIATION

- **Internationally recognized standard of excellence** adds prestige to your practice.
- **IBMS certified/affiliated member** will receive an **IBMS certificate.**
- **IBMS Certification/affiliation Plaque** available for public display.
  - To let patients/clients know of your professional achievement while they're making up their minds.
  - Tangible proof you exceed government standards in customer safety and professional integrity.

BENEFITS

IBMS CERTIFICATION/AFFILIATION

- Use **IBMS certification/affiliation mark** on your website and advertising/marketing materials.

- Searchable listing with **IBMS certification/affiliation mark** linkage to your website on **IBMS professional online web registry** driving traffic to your website with hard links helping increase your Page Rank.

- **Inclusion in affiliated independent websites** with links to your website.

BENEFITS

IBMS CERTIFICATION/AFFILIATION

- Unlimited Access to the IBMS Professional Network of Certified International Healthcare Providers.
- Direct Promotion of your Medical practice, Health Center or Health Travel.
- Prospective patients can search IBMS membership search list to find you.

BENEFITS
IBMS CERTIFICATION/AFFILIATION

- IBMS Health Travel Affiliates available to coordinate patient arrangements.
- Invitations to IBMS Conferences; Presentation and Keynote Speaker opportunities.
- Opportunity to Develop IBMS Courses for International Physicians.

INTERNATIONAL BOARD OF MEDICINE AND SURGERY (IBMS)

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WWW.IBMS.US

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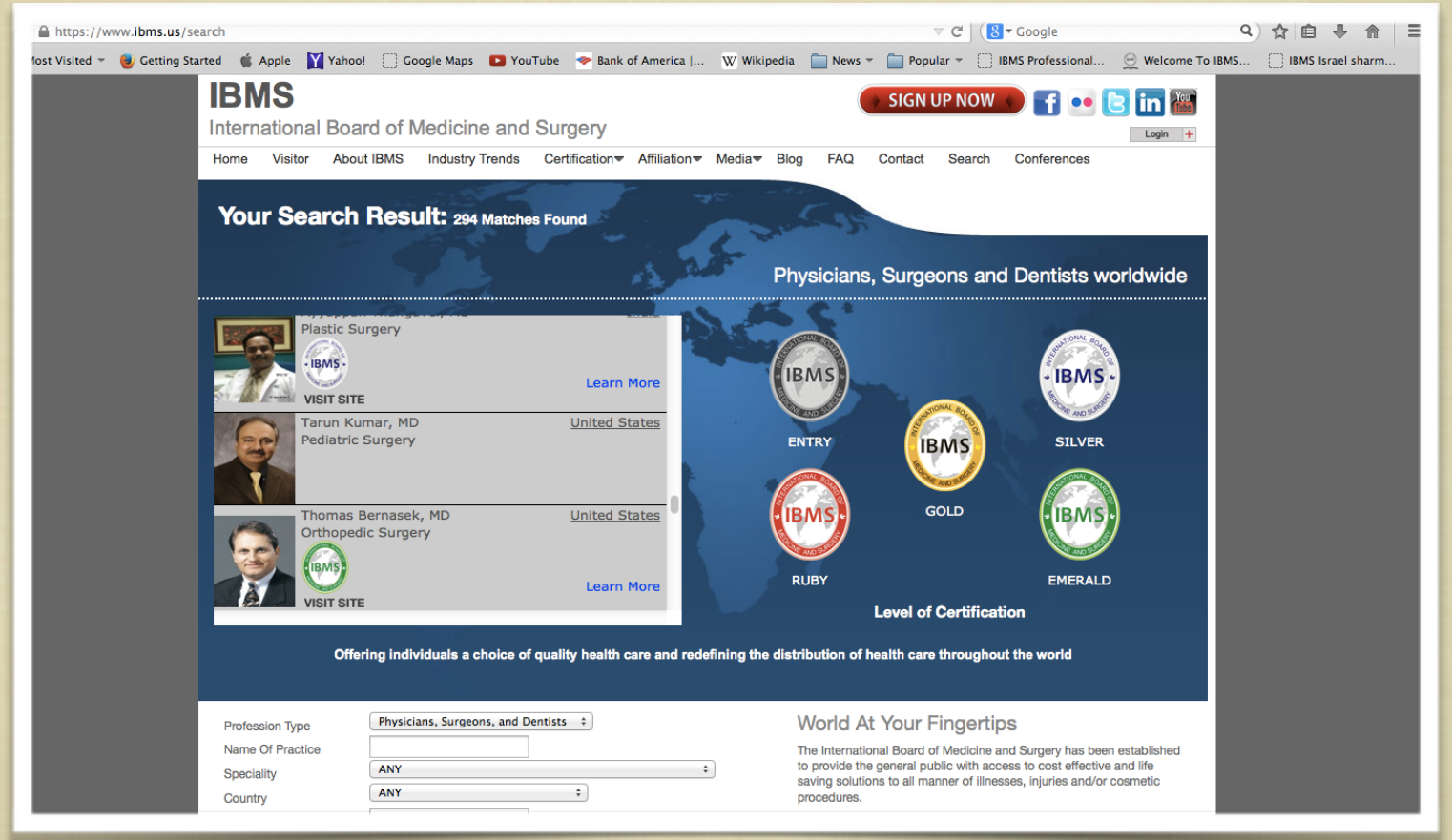

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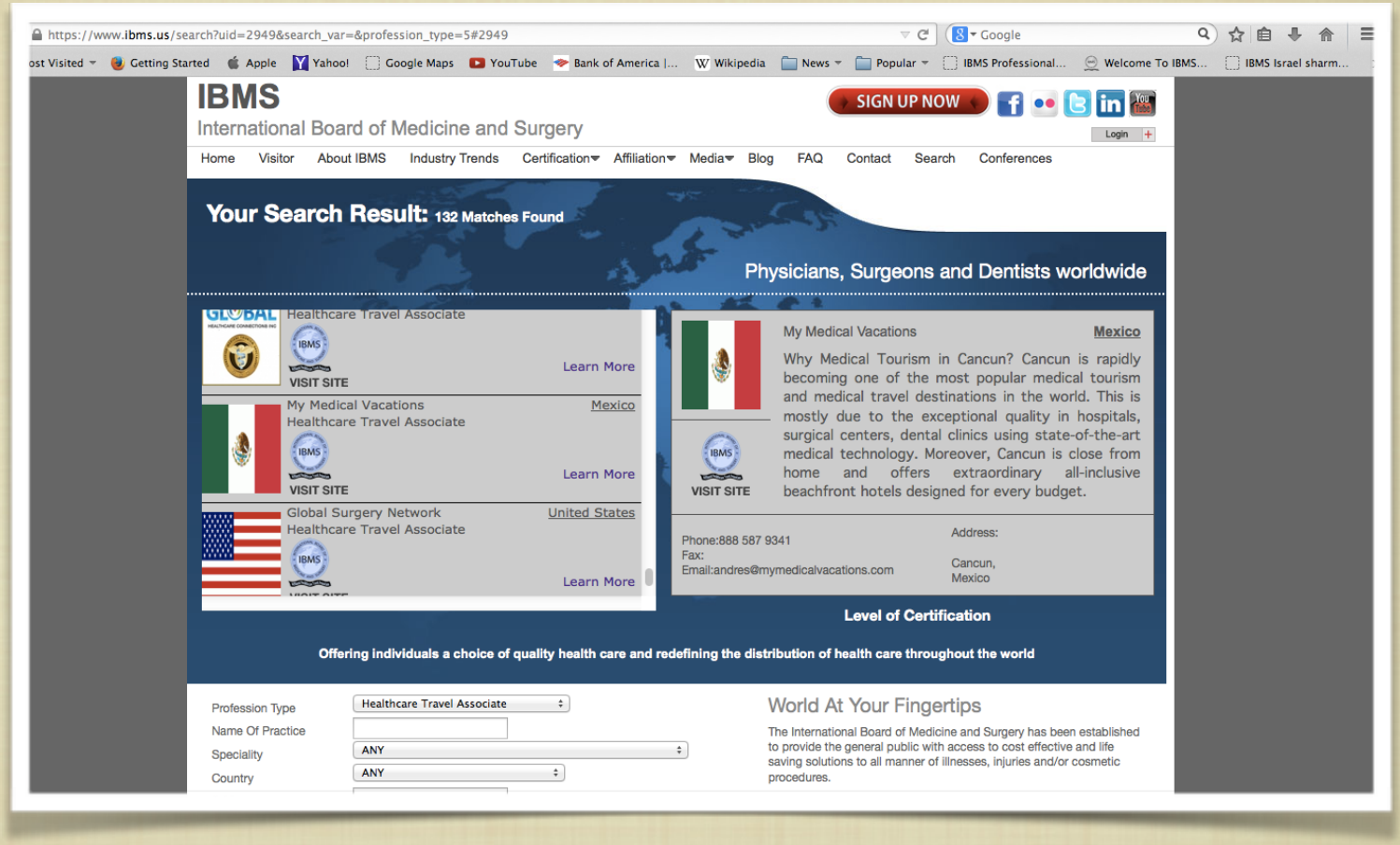

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PROFESSIONAL ONLINE WEB REGISTRY

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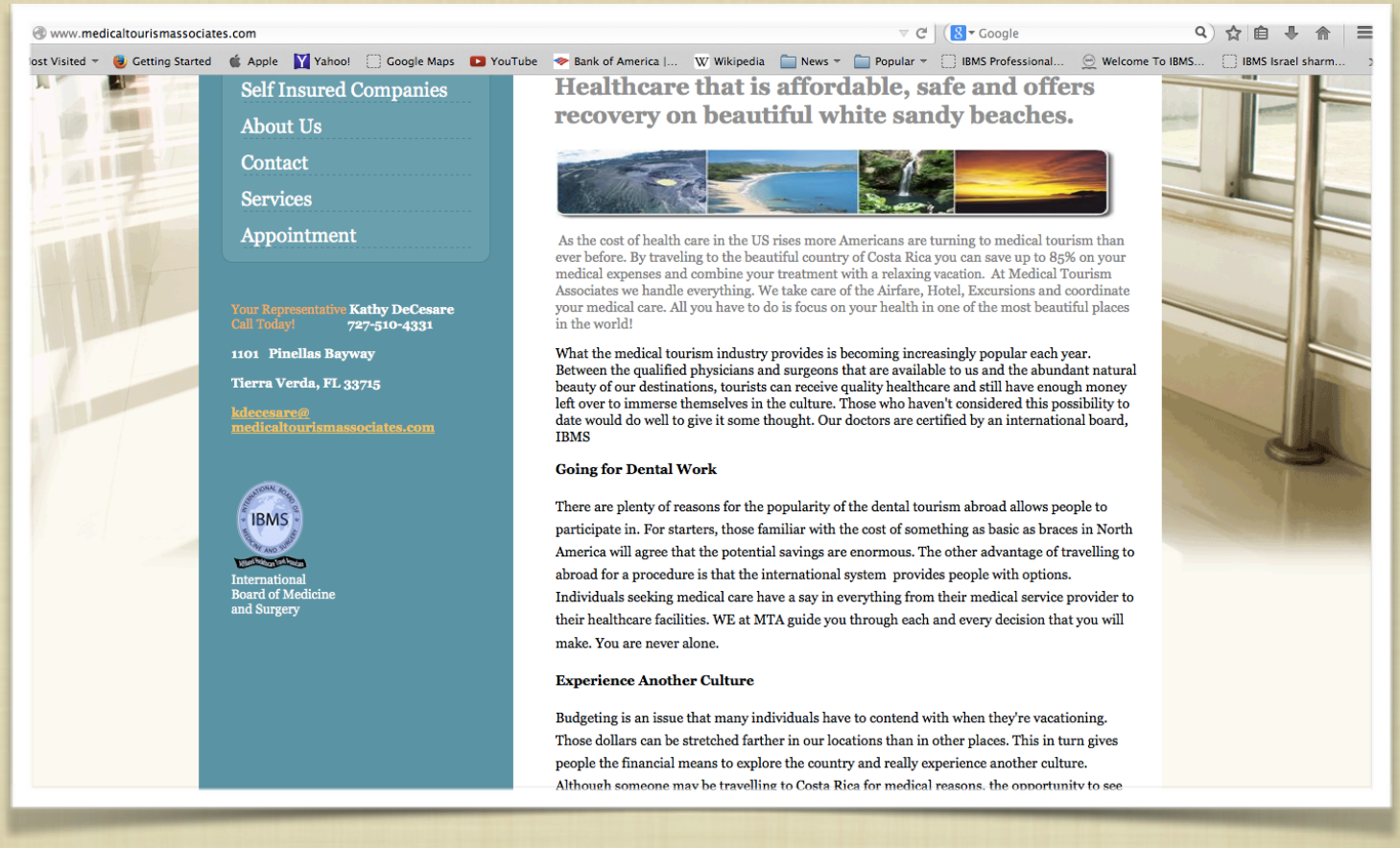

IBMS PHYSICIAN, SURGEON, DENTIST, OTHER MEDICAL PROFESSIONAL, CENTER OF HEALTHCARE EXCELLENCE (HOSPITAL/CLINIC) CERTIFICATE

THE INTERNATIONAL BOARD OF MEDICINE AND SURGERY

Certifies that

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is designated as a member and has met all eligibility criteria by demonstrating the establishment and maintenance of standards of professional qualification as a physician/surgeon/dentist thereby enabling the public to make informed decisions regarding the selection and use of medical practitioners practicing within the global healthcare community.

Membership demonstrates the establishment and maintenance of standards of professional performance and conduct and the documentation of credentials and competency.

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Date of certification: 2012-10-05
Date of expiration : 2013-10-05

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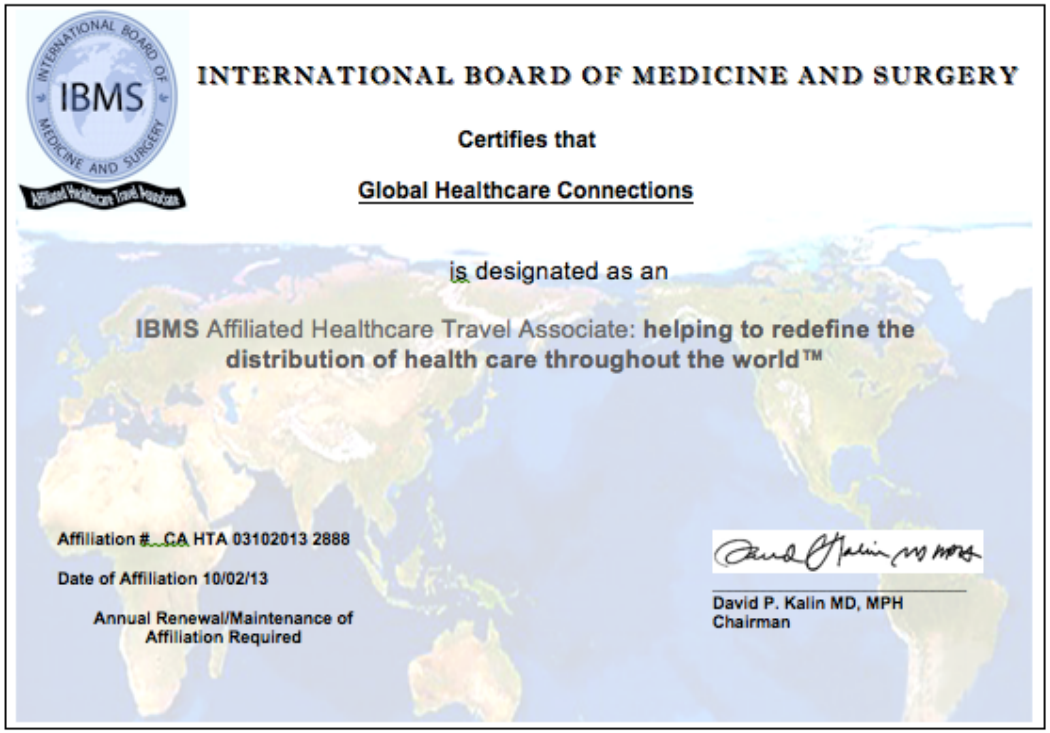

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Affiliation # CA HTA 03102013 2888

Date of Affiliation 10/02/13

Annual Renewal/Maintenance of Affiliation Required

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