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Medical Tourism: How Far are You Willing to Go to Save Money?

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Abstract

Medical needs of Americans are increasing as the population is aging and struggling with obesity. The addition of new medical technology and techniques, their widespread availability, and procedural improvements have created a more open market for medical providers. Costly procedures in cardiology and orthopedics serve as examples of increasingly needed medical treatments. Individuals, businesses and insurance companies have struggled to find ways to pay for these necessary procedures. Traditionally, in the U.S. the majority of medical procedures have been performed locally. Because of the rising costs associated with these procedures individuals and some healthcare providers are now looking to foreign markets. The performance of medical procedures by foreign providers has created a whole industry referred to as Medical Tourism. The growth of the field of Medical Tourism has presented significant questions, as well as substantial risks and rewards that need to be addressed before the consumer decides what is right for their particular circumstances.

Keywords

medical, tourism, medical tourism, health care, advertising, marketing

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Medicine and Health Sciences

MEDICAL TOURISM: HOW FAR ARE YOU WILLING TO GO TO SAVE MONEY?

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ABSTRACT

Medical needs of Americans are increasing as the population is aging and struggling with obesity. The addition of new medical technology and techniques, their widespread availability, and procedural improvements have created a more open market for medical providers. Costly procedures in cardiology and orthopedics serve as examples of increasingly needed medical treatments. Individuals, businesses and insurance companies have struggled to find ways to pay for these necessary procedures. Traditionally, in the U.S. the majority of medical procedures have been performed locally. Because of the rising costs associated with these procedures individuals and some healthcare providers are now looking to foreign markets. The performance of medical procedures by foreign providers has created a whole industry referred to as Medical Tourism. The growth of the field of Medical Tourism has presented significant questions, as well as substantial risks and rewards that need to be addressed before the consumer decides what is right for their particular circumstances.

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INTRODUCTION

Many factors have been offered for fluctuations in healthcare markets. Healthcare affordability, population health trends such as obesity rates, insurance availability, overall economic conditions and the availability of surgeons and facilities have been discussed. One factor that has been discussed less is medical tourism when, in fact, medical tourism encompasses all of the previously mentioned factors. When considered together, these factors may lead a patient to travel to a foreign country or to another part of his or her home country. Any market factor that has the potential to drive thousands of patients to or away from treatments and/or treatment locations is worthy of closer examination.

The objectives of this paper are to: 1) Define medical tourism, 2) better understand the scope of the medical tourism industry and 3) better understand the factors that may drive patients to consider medical tourism.

MEDICAL TOURISM DEFINING THE MARKET

The Medical Tourism Association (MTA) is a Global Non-profit dedicated to ensuring that patients receive high quality healthcare. They work with and provide education for all stakeholders in the medical tourism equation including hospitals and their employees, governments, healthcare purchasers and patients. The MTA defines medical tourism as, "where people who live in one country travel to another country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care" (Medical Tourism Association, n.d., FAQ, para. 1). The MTA differentiates medical tourism from domestic medical tourism, which is people traveling within their home country to receive medical care.

Another definition comes from the Contemporary World Issues series of books which are designed to offer a starting point for the study of world issues such as Autism, Climate Change, Environmental Justice, Women in Developing Countries and several other important topics including Medical Tourism. Their definition of medical tourism, located in the text of that title is, "the idea of traveling for the purposes of obtaining healthcare or wellness services. It can range from driving to a hospital in a neighboring state to take advantage of discounted foot surgery, to flying to Costa Rica for a tummy tuck, or to India for an artery bypass" (Stolley & Watson, 2012, p. 2).

In the academic publication, the *Journal of Medical Ethics*, Crozier and Baylis (2010) define international medical tourism as "patient-customers who travel overseas for normally nonemergency medical treatment, healthcare, or aesthetic services" (p. 366). An important distinction in their definition is the specification of "nonemergency" care with the inclusion of "aesthetic services."

It quickly becomes apparent that there are differences, sometimes subtle, between definitions of medical tourism. In this case, the definition determines the size and scope of the medical tourism market, and by extension, its level of importance to each stakeholder group.

Medical Tourism Market Size and Scope

The scope of the medical tourism market is global, to say the least. In 2008, Woodman stated, "Currently, at least 28 countries on four continents cater to the international health traveler, with more than 2 million patients visiting hospitals and clinics each year in countries other than their own" (p. 7). In 2012, Stolley and Watson's *Medical tourism a reference handbook* included details for seeking treatment in 23 countries outside of the U.S.

The inclusion or non-inclusion of dental care, aesthetic services, and even trauma services at international ski destinations can skew the reported size and scope of the medical tourism market. Furthermore, current sources are difficult to find. Academic sources generally do not offer the most current industry data, based on the nature of the sometimes lengthy peer-review process. Academic sources tend to rely on industry or governmental publications for these types of figures. Industry sources are proprietary and are often not shared, or at least fully shared, with the public.

"Deloitte provides industry-leading audit, consulting, tax, and advisory services to many of the world's most admired brands, including 70% of the Fortune 500" (Deloitte, n.d., About, para. 1). Their work crosses more than 20 industry sectors, including life sciences and healthcare. Medical tourism sources often quote Deloitte reports when citing the size of the market, (Chen & Flood, 2013; Crozier & Baylis, 2010; Stolley & Watson, 2012). The publications most typically cited are Deloitte's 2009 *Medical tourism: Consumers in search of value* and *Medical tourism: Update and implications*. The 2009 update predicted 1.6 million U.S. patients will travel to foreign countries to seek medical care by 2012, with a sustainable growth rate of 35%. The report also predicted 561,000 foreign patients will travel to the U.S. for treatment.

Deloitte has not provided another update specific to medical tourism but has released a report for healthcare in general, and that 2014 report includes information about medical tourism. The report offers some region specific information concerning medical tourism and some country specific information. Southeast Asia may be at a healthcare tipping point and medical tourism is one of the growth strategies for their industry. Country-wise, improving the quality of care and achieving Joint Commission International (JCI) certification would help give Mexico a competitive advantage in medical tourism and with local markets. "Oil-rich countries, in the middle east - notably the UAE and Saudi Arabia, see better healthcare provision (including medical tourism) as a way to ease political dissent and also diversify their economies" (p. 14). The report offers specific information concerning India. India is a fast growing medical tourism market receiving patients from Africa, the Middle East, and other regions.

Deloitte has also been putting out country specific reports. The 2015 report for India, which itself relies on multiple sources, predicts medical tourism of $1.8 billion by 2015. Further, 2.2% of foreign tourists who came to India in 2009 came for medical reasons. This percentage increased to 2.7% in 2010.

The World Health Organization offered a bulletin (Helble, 2011) on medical tourism that included some data. It quoted the Deloitte (2008) data along with another frequently cited source by Ehrbeck, Guevara, and Mango, which was listed in McKinsey Quarterly, 2008. The McKinsey report placed the then-current 2008 market of U.S. residents traveling out of country at 60,000 to 85,000 inpatients per year. These McKinsey Quarterly numbers are much smaller than those reported by Deloitte and other sources. As the report noted, this may be a result of McKinsey's market estimate not including emergency cases, wellness tourists, or expatriates seeking care in their country of residence. McKinsey also excluded patients traveling in largely contiguous geographies.

The scope of the medical tourism industry is clearly global but details, including overall and country-specific numbers vary substantially and are difficult to find. Ultimately, many factors driving growth were offered within the sources noted above and those factors deserve further exploration.

FACTORS PROPELLING PATIENTS TOWARD MEDICAL TOURSIM

There are many factors that individually are causing an increase in medical tourism. Cost, quality of care, healthcare legislation, and healthcare infrastructure all have to do with an individual's decision to travel across international borders to seek healthcare.

Healthcare Costs

In 2013, the Medical Tourism Association conducted a survey of 500 website registrants and found that "nearly 80% of demand for medical travel is driven by cost savings" (Medical Tourism Association, 2013, Survey Report, para. 5). The 2013 Healthcare Cost and Utilization Report examined healthcare cost and utilization trends for a narrow group, Americans younger than age 65 that were covered by employer sponsored insurance (ESI). The age component is significant because Medicare coverage begins at age 65. Although this analysis uses a limited sample of the U.S. healthcare market, the report does offer a statistical look into healthcare.

Healthcare spending for the ESI group increased 3.9% in 2013. This was fueled largely by the rising prices of medical services and brand prescriptions even as utilization of these services and prescriptions fell. While medical tourism was not discussed in the report, it is clear that among the insured, costs were putting pressure on individuals to keep use down.

For those that are purchasing coverage through the insurance exchanges created in conjunction with the Affordable Care Act many national news outlets point out that costs are increasing. Pear, Abelson and Armendariz (2014) noted in their New York Times article how the Obama administration offered data showing that the exchange purchasers were facing increases up to 20% unless they switched plans. Kevin Maney (2013) used the following analogy to describe healthcare and healthcare costs: "U.S. healthcare is like movie theater popcorn – ridiculously overpriced and nothing special compared to what you can get elsewhere. We put up with it because we're captive" (p. 122).

One of the companies to rise up to support medical tourism is MedRetreat. MedRetreat is a company that was founded in 2003 to "fully introduce the concept of medical travel as a viable option to the increasing costs and exclusivity of the US healthcare system" (MedRetreat, n.d., About, para. 3). MedRetreat offers their services to individuals, privately funded corporations, institutions, and insurance companies. Following is an example of an insurance company and an individual working together to show how one of their programs would dramatically decrease the cost of the procedure if a patient were in need of a hip replacement:

> In the U.S., hip replacements can cost from $40,000.00 - $65,000.00. If an individual would agree to utilize a foreign destination for medical services they may offer the following incentives to the patient:
>
> 1) Waive the deductible
> 2) Waive the co-pay
> 3) Offer them the opportunity to take a companion along on their medical retreat
> 4) Allow an extended stay in the destination for recuperation

5) Offer a cash incentive to receive their procedure abroad

Review of savings:
For purposes of averaging the costs, $50,000.00 is used as the base price for a hip replacement in the U.S. The average cost for this procedure in one of our overseas destinations is approximately $15,000.00 and includes the following:

1) Hip replacement including doctor's fees, anesthesiologist fees, operating theater, prosthesis, 10 days physical therapy, 10 days stay in a private room, surgeon's follow-up visits, nursing care, meals, supplies & a limited supply of medications
2) Two round trip coach tickets
3) Three weeks post-operative recuperation in a 4-5 star hotel
4) Full facilitation by MedRetreat
5) Destination Program Management Services

This calculates to a savings of $35,000.00, or, 70% of the costs in the U.S. leaving a considerable amount of surplus for a cash incentive to the healthcare recipient.
(Medretreat, n.d., Corporate/Insurance, para 4-5)

Additionally, an insurance company could offer to share a portion of the savings (cash incentive) with the healthcare recipient. Accordingly, the biggest motivating factor to someone choosing to receive surgery abroad is financial preservation (Medretreat, n.d., Corporate/Insurance). The net result could be that the employee will be in a positive cash flow situation instead of a cash deficit had they stayed in the U.S.

This example suggests how the insurance company or other payer and the patient may come out financially ahead as compared to having the hip replacement in the U.S. The insurance company or other payer saves $35,000 and so has money with which to offer substantial incentives to the patient in return for their willingness to have the hip replacement performed in a foreign country. The patient also comes out ahead as they go from a cash outlay for deductibles, co-pays, and other expenses to a potential positive cash flow, depending upon the incentive offered by the insurance company/payer, in addition to receiving the necessary medical care often in a luxury environment. In scenarios in which an individual has no coverage at all, there may not be a cash windfall, but the individual would save the full $35,000 by having his or her hip replaced outside of the U.S.

Not all procedures and not all medical tourism destinations offer the same savings, but the MTA estimates these savings for the following destinations:

- Brazil, 25-40 percent
- India, 65-90 percent
- Malaysia, 65-80 percent
- Singapore, 30-45 percent
- Thailand, 50-70 percent
- Costa Rica, 40-65 percent
- Korea, 30-45 percent
- Mexico, 40-65 percent
- Taiwan, 40-55 percent
- Turkey, 50-60 percent

(Stephano, 2013, p. 12)

Insurance Companies & Employers

Employers changing the type of insurance coverage may have an effect on participant decisions concerning their willingness to travel for their healthcare. According to the Kaiser Employer Health Benefits 2006 Annual Survey, 4% of plans were high deductible plans. The percentage of high deductible plans had doubled to 8% by 2009, was 13% by 2010, jumped to 17% by 2011, and then expanded to 19% in 2012. In 2013 and 2014 the percentage was steady 20 (Kaiser, 2014). While a statistical relationship between insurance plan types and changes in willingness to travel may not correlate, a common sense lens should be applied. A high deductible combined with a reduction of out of pocket expenses should expand the possibility of patient's willingness to travel for healthcare either domestically or abroad.

In addition to insurance types, the Affordable Care Act and economic factors have forced significant changes in the medical industry as a whole and specifically within the health insurance industry. There have been winners and there have been losers as some Americans have gained coverage and others have lost coverage. In some cases the loss was a change in plans. For others it was a complete loss of coverage. These changes have forced insurance companies, employers, and the insured to look for new alternatives.

The Medical Tourism Association magazine from January 16, 2012 includes an article (p. 107) about what was believed to be the first agreement of its kind. The agreement between the New Era Life Insurance Company and four hospitals in Taiwan allows policy holders to seek treatment overseas. The participants will receive healthcare, as well as travel-related costs. While the actual insurance policy was limited primarily to patients of Asian descent, it was an important first step. An article in the same magazine issue (p. 121) announced that PepsiCo had signed an agreement with Johns Hopkins Medicine in Baltimore which would give the nearly 250,000 PepsiCo employees the option of traveling to Baltimore for cardiac procedures and complex joint replacement surgery. PepsiCo will waive deductibles and coinsurance for those who travel. This deal followed a similar deal between Lowe's and the Cleveland Clinic. Although the PepsiCo deal was domestic, it is still important in that it has the potential to normalize Medical Travel.

It may take years to normalize Medical Travel, or at least to normalize it to the level that insured individuals take full advantage of the savings offered by their insurers - for receiving healthcare in a foreign country. To that end in 2008, with much fanfare WellPoint introduced their international medical tourism pilot program. In WellPoint's press release (PR Newswire, 2008) they wrote:

> The nation's largest health benefits company in terms of medical membership, today announced a new international medical tourism pilot product that will allow members to access benefits for certain common elective procedures at designated facilities in India. Beginning in January 2009, WellPoint's affiliated health plan in Wisconsin will pilot the program with Serigraph, Inc., a Wisconsin based global provider of printed decorating solutions". The program was to begin in January, 2009. (para. 1-2)

Although Serigraph was known to reduce healthcare costs around the time the program was started, a literature search has been unable to determine the success or failure of this specific program.

Perhaps India was too far to travel, or too different. Aetna (Aetna 2010), Blue Shield of California (Blue Shield 2010) and Health Net (Health Net, n.d., Salud Plan Highlights) each provide health insurance plans that cover healthcare provided in Mexico. A key distinction in this type of medical tourism is that there are limited cultural differences. The Health Net website notes this when writing, "Salud con Health Net is a system of healthcare designed to specifically meet the cultural preferences of the Hispanic community" (Health Net, n.d., Salud Plan, para. 1).

Interest in medical tourism in the U.S. may be increasing. Pani Tademeti's (HR Manager-Total Compensation, Office of Personnel for the State of North Carolina) speaking at the Medical Tourism Association's 2011 annual congress stated, "Employee benefits and medical tourism have a key factor in common; the participant seeking the benefit that fits the cost." He goes on to say "Exposure of benefits professionals to medical tourism topics gives a vital opportunity to recognize each other's needs and how the medical tourism benefit could be offered as an attractive employee benefit" (Stephano 2012 p. 3). A few of the states, West Virginia and Colorado, have introduced bills that would offer incentives for covered employees to obtain medical care or medical procedures in foreign healthcare facilities. The West Virginia bill stipulated that the healthcare facility must be accredited by the Joint Commission International (Deloitte, 2009). While neither bill passed, it shows that as early as 2007, states had been looking at foreign medical care as an option.

Medical Tourism Destinations

Whether the anticipated growth comes from increased insurance company participation or other sources, the expected growth in the medical tourism market has fueled the construction of new hospitals around the globe. In countries such as Trinidad and Tobago new specialized medical centers are being built. Trinidad's Health Minister, Dr. Fuad Khan, announced plans for the new complexes. "The centers would include cardiovascular, neuro-surgical, critical care medicine, interventional radiology, interventional cardiology, radiotherapy, hematology, blood transfusion, gastroenterology, orthopedic and other areas. Khan could not state how many centers would be built but that they will be financed by the private sector" (Medical Tourism Magazine 2013, para. 2). More specific plans were offered in a September, 2014 news article (Dhalai, 2014, para. 8), in which Trinidad's Minister of Housing and the Environment, Dr. Roodal Moonilal, "addressed infrastructural improvements for the healthcare sector saying construction of six more major healthcare facilities had been allocated in the national budget."

Other countries are using medical tourism as a means to grow their economies. Deloitte (2014, p. A14) writes that "Oil-rich countries, notably the UAE and Saudi Arabia, see better healthcare provision (including medical tourism) as a way to ease political dissent and also diversify their economies." Annually serving more than 520,000 international patients Bumrungrad International Hospital is one of the largest private hospitals in Southeast Asia and is one of 14 Joint Commission International accredited hospitals in Thailand (Bumrungrad, n.d., Who we are).

India offers somewhat of a microcosm of the state of many countries in the medical tourism industry. The 2015 Deloitte report specific to India provides a fairly negative picture of India's public healthcare system, calling it "patchy and underfunded" (p. 1). In short, the healthcare system has fallen behind over the past several years and it is going to take serious efforts and serious

funding to get it up to the desired level. Even so, medical tourism is expected to double from $980 million in 2011 to $1.8 billion in 2015. The optimism may be coming from the Indian government's placing priority in its 2014-2015 budget on the healthcare sector. Proposed changes include building four more India Institute of Medical Sciences medical institutions, 12 more medical colleges, improving the telemedicine system, allowance of more foreign investment in the medical insurance business, and $1.7 billion for establishing other medical related businesses. S. Premkumar, CEO of Apollo Hospitals in India is optimistic about the future of healthcare in India and plans to do with Indian healthcare as he did with the Indian software industry, grow it dramatically (Maney, 2013). Premkumar "wants to make medicine truly global, so every patient feels that choosing from options around the globe is as safe and easy as deciding whether to buy the premium designer umbrella or the Chinese-made version that costs 75 percent less" (para. 8). Part of his plan is to "partner with a U.S. hospital company that would take care of patients before and after the trip abroad" (para. 14).

To some degree, Cleveland Clinic Abu Dhabi is an example of Premkumar's vision. It is the type of facility that will allow people from the area seeking quality healthcare to stay in the region. While not open to patients yet, Cleveland Clinic Abu Dhabi is set to open in 2015.

> Cleveland Clinic Abu Dhabi, a Mubadala Company, is a world-class multispecialty hospital on Al Maryah Island in Abu Dhabi, UAE, specifically designed to address a range of complex and critical care requirements unique to the Abu Dhabi population. A 364 (expandable to 490) bed hospital, Cleveland Clinic Abu Dhabi will combine state-of-the-art amenities and world-class service standards. It will be a physician-led hospital served by North American board certified (or equivalent) physicians. Cleveland Clinic Abu Dhabi will provide patients in the region direct access to the world's best healthcare providers and Cleveland Clinic's unique model of care, reducing the need to travel abroad for treatment. (Cleveland Clinic Abu Dhabi, n.d., FAQ, para. 1).

The delineation between Premkumar's vision and the Cleveland Clinic Abu Dhabi is that Premkumar would like to see patients travel from outside the region to use Indian medical facilities.

Not all hospitals will have the built in credibility that comes from the Cleveland Clinic name so the focus of those promoting medical tourism cannot be on price alone. While the number of countries with international hospitals increase, issues remain about how to best monitor quality and how to communicate that quality to potential medical tourism patients. The Joint Commission International (JCI) is the international arm of the Joint Commission, a highly recognized healthcare accreditation body in the U.S. "Joint Commission International (JCI) identifies, measures, and shares best practices in quality and patient safety with the world. We provide leadership and innovative solutions to help healthcare organizations across all settings improve performance and outcomes" (Joint Commission International, n.d., para. 1). For practical purposes, JCI accreditation lets patients know that the hospital has met the standards expected of a quality institution. Benefits of JCI accreditation are that it provides an American patient with peace of mind by evaluating whether a physician or hospital is credible and offers the level of care to which they are accustomed (Moreno, 2013).

The most likely destination for the U.S. medical tourists is Mexico, because of its proximity. "Achieving Joint Commission International (JCI) certification and complying with industry best practices could dramatically improve the quality of care provided by Mexico's health institutions and give them a competitive advantage both globally (i.e., for medical tourism purposes) and in their local market" (Deloitte, 2014, p. A12). Mexico is expected to have a higher rate of increase in medical spending over the next few years and has a demographic that will continue to need increasing levels of care. At the same time, lack of resources for health infrastructure is a major problem. Even with these issues, Mexico is the second rated medical tourism destination (Deloitte, 2014).

Given the reluctance of Americans to travel outside of U.S. borders for medical care, the MTA has created a Medical Tourism Documentary "Angels Overseas" with the goal of helping potential international medical tourists feel more comfortable with this type of travel by showing them the experience of someone like them (Medical Tourism Association, n.d., Documentary).

After considering the market size, cost savings, quality of care and other aspects of the medical tourism marketplace, there is still a missing element. Many ethical issues arise when resources begin to move within and between countries.

ETHICAL QUESTIONS

Many ethical issues arise as patients and healthcare providers weigh medical decisions, and medical tourism adds substantially to the list of issues. If a U.S. patient cannot afford a procedure if done in the U.S., but could afford the procedure if completed in Brazil, should the physician promote or attempt to constrain the patient's medical travel? Would the advice change if the procedure were illegal, or at least not FDA approved in the U.S. but was not regulated in Brazil? Another scenario could be a patient living in pain but on a year-long waiting list for Hip Replacement Surgery and living in Canada, a country with national healthcare. If the patient could have his or her hip replaced in a matter of weeks rather than in a year by traveling to India, should the patient be encouraged to take the trip? Should Canada fund the procedure? Would the decision be different if a majority of the residents of India did not have access to the type of care being sold to the Canadian citizen? These questions are starting to be answered. Crozier and Baylis (2010) created four broad categories, or "decision spaces" that cover many of the ethical issues likely to be encountered:

A. Elective procedures that are expensive in their home country, and which are available at a fraction of the cost in destination countries;
B. Medically necessary procedures for which there are long domestic waiting lists;
C. Medical interventions unavailable in their home country because they have not yet been shown to be safe and effective; and
D. Medical interventions that are illegal in their home country because they harmfully exploit vulnerable third-parties. (p. 299)

For the most part, Crozier and Baylis (2010) would have physicians perhaps promote, but at least not inhibit travel for scenarios in the A and B categories. More restrictive considerations, including outright discouraging of travel are likely for scenarios in the C and D categories.

Specific questions concerning the ethical issues within medical tourism generally fall under the questions of whether or not medical care is or is not and whether it should or should not be a commodity. Pellegrino (1999) offered this succinct response to the questions surrounding commodification of medical and healthcare:

1) health and medical care are not, cannot be, and should not be commodities;
2) the ethical consequences of commodification are ethically unsustainable and deleterious to patients, physicians, and society;
3) commodification does not fulfill its economic promises;
4) Healthcare is a universal human need and a common good that a good society should provide in some measure to its citizens (p. 244).

Whether or not healthcare is considered a commodity comes down to whether or not a person sees healthcare differently from other commodities that can be bought and sold such as automobiles or automotive parts. If there is no distinction, then healthcare can be bought, sold and traded just like automobiles. If, however, medical care is seen as something different, something with a greater value than monetary, then healthcare should be treated as something more than a commodity. Medical tourism exacerbates the issue because in most cases the person purchasing the healthcare is from a country of much greater wealth and opportunity than the host country and this income disparity is a root cause of the inequality in healthcare. While this imbalance seems to be mostly okay for many products, it may not be for healthcare.

PUTTING THE TOURISM IN MEDICAL TOURISM

Clearly, one of the biggest reasons to travel abroad for medical services is to save money. That written, the patient's personality also helps determine whether or not having medical procedures performed in another country is right for them. An adventurous type may not think twice, while someone more risk averse may never be convinced. Combining the medical nature of the trips with the personality of those willing to travel for healthcare may allow medical trips abroad to serve a dual purpose. The first being the procedure, the second could be the chance to enjoy more traditional tourism opportunities. Countless people dream of traveling overseas and visiting holy places or connecting with distant relatives. To hear family speak of things from their childhood in distance lands leads many to want to visit those lands. Tying these types of trips into an all-encompassing vacation may be an extra incentive to some people.

The 2013 MTA Medical Tourism Survey Report (Sayfullaah, Huiyu, & Shuai, 2013) suggests that, while not at the same importance level of cost, technology or accreditation, leisure and tourist attractions were also important in the selection of a destination country (10% Very Important, 23% Fairly Important, 43% Neither Important nor Unimportant, 14% Fairly Unimportant, 10% Very Unimportant). In other words, 33% of respondents indicated that leisure and tourist attractions were fairly or very important. A specific breakdown of activities conducted during past trips by medical tourists shows the percent of medical tourists that participated in the following tourism activities: Adventure (6%); Art, Galleries, Museums (6%); Beaches (3%); Day and Health Spas, Health and Beauty (11%); Entertainment, Events, Festivals and Show (6%); Heritage and History (11%); Performing Arts and Culture (3%); Sightseeing (17%); Tourist Shopping and Souvenirs (19%); Tramping, Hiking, Guided Walks (6%); Zoos, Wildlife Parks, Aquariums (3%). Other

included categories had no participants: Boats, Sailing and Charters; Surfing, SUP Boarding, Water Sports; Theme and Leisure Parks.

CONCLUSION

There are few medical tourism related numbers upon which there is a sense of agreement. The market size depends largely upon the definition that one uses and, even if there is mostly agreement on the definition, different sources provide very different figures. The tremendous growth predicted in the 2000s was slowed by an economic downturn, but the underlying premise for medical tourism remain.

1) Healthcare costs are high and increasing, putting medical care out of the reach of many people across the globe.
2) There is great disparity in medical costs across regions and countries.
3) Many stakeholders have a vested interest in providing healthcare at lower costs, including patients, insurance companies, private investors, employers and those providing the care.
4) People from regions where medical care is out of reach locally are able to afford the care if the care is given in another location.
5) Organizations (Ex: MTA, JCI) exist with the purpose of putting the stakeholders in place so that patients receive the care they need from quality healthcare providers in quality facilities.

Actions are being taken on the presumption that the above factors will drive growth in the medical tourism industry. Hospitals are being built around the globe with both public and private funding, with the hope that these facilities will bring in the necessary patients needed for them to thrive. Medical tourism seems to be at a tipping point as it has grown into a significant business representing billions of dollars, yet represents a fraction of the total dollars that could be spent in this manner. Much of this investment is in countries that are not providing an acceptable level of healthcare to their own citizens, creating ethical issues that will need to be resolved. The next decade will provide increasing healthcare opportunities and fuel the medical tourism trend.

If you decide to become a Medical Tourist, then the Center for Disease Control and Prevention (2013) lists ten things you should do:

1) See a travel medicine practitioner at least 4–6 weeks before the trip to discuss general information for healthy travel and specific risks related to the procedure and travel before and after the procedure.
2) Check for the qualifications of the healthcare providers who will be doing the procedure and the credentials of the facility where the procedure will be done.
3) Make sure that you have a written agreement with the healthcare facility or the group arranging the trip, defining what treatments, supplies and care are covered by the costs of the trip.
4) Determine what legal actions you can take if anything goes wrong with the procedure.

5) If you go to a country where you do not speak the language, determine ahead of time how you will communicate with your doctor and other people who are caring for you.
6) Obtain copies of your medical records that includes the lab and other studies done related to the condition for which you are obtaining the care and any allergies you may have.
7) Prepare copies of all your prescriptions and a list of all the medicines you take, including their brand names, their generic names, manufacturers and dosages.
8) Arrange for follow-up care with your local healthcare provider before you leave.
9) Before planning "vacation" activities, such as sunbathing, drinking alcohol, swimming, or taking long tours, find out if those activities are permitted after surgery.
10) Get copies of all your medical records before you return home.

(Center for Disease Control and Prevention, 2013, para. 4).

With all this information the question becomes - are you ready to have your medical procedures performed on foreign soil?

REFERENCES

Aetna. (2010). *Health Benefits Close to Home: Vitalidad PlusSM California con Aetna*. Aetna, Inc. Retrieved from http://www.aetna.com/employer-plans/document-library/states/ca-vitalidad-plus.pdf

Blue Shield. (2010). *Blue Shield Speaks Your Language.* Blue Shield of California. Retrieved from https://www.blueshieldca.com/producer/download/public/A11980.pdf

Bumrungrad. (n.d.). *Who we are*. Retrieved from https://www.bumrungrad.com/en/about-us/overview

Center for Disease Control and Prevention. (2013). *Medical Tourism - Getting Medical Care in Another Country.* Retrieved from http://wwwnc.cdc.gov/travel/page/medical-tourism

Cleveland Clinic Abu Dhabi. (n.d.). *FAQs, Overview*. Retrieved from https://www.clevelandclinicabudhabi.ae/en/faqs/pages/default.aspx

Chen, Y. Y. B., & Flood, C. M. (2013). Medical tourism's impact on healthcare equity and access in low- and middle-income countries: Making the case for regulation. *Journal of Law, Medicine & Ethics, 41(1), 286-300.*

Crozier, G. K. D., & Baylis, F. (2010). The ethical physician encounters international medical travel. *Journal of Medical Ethics, 36(5), 297-301.*

Dhalai, R. (2014, September, 24). Moonilal: Govt not intimidated. *Trinidad and Tobago Newsday.* Retrieved from http://www.newsday.co.tt/news/0,200803.html

Deloitte. (n.d.). *About*. Retrieved from http://www2.deloitte.com/us/en/pages/about-deloitte/articles/about-deloitte.html

Deloitte. (2009). *Medical tourism: Consumers in search of value.* Washington, DC: Deloitte center for health solutions.

Deloitte. (2009). *Medical tourism: Update and implications.* Washington, DC: Deloitte center for health solutions.

Deloitte. (2014). *2014 global healthcare outlook: Shared challenges, shared opportunities.* Washington, DC: Deloitte center for health solutions.

Deloitte. (2015). *2015 healthcare outlook India.* Washington, DC: Deloitte center for health solutions.

Ehrbeck, T., Guevara, C., & Mango, P. (2008, May). Mapping the market for travel. *McKinsey Quarterly.* Retrieved from http://download.ebooks6.com/Mapping-the-market-for-medical-travel---Resnick-Unplugged-download-w75745.html

Health Net. (n.d.). *Salud Plan Highlights: HMO, PPO, and EPO, Healthcare Coverage for Your Diverse Workforce*. Retrieved from https://www.healthnet.com/static/broker/unprotected/pdfs/ca/salud/salud_broker_brohure.pdf

Health Net. (n.d.). *Salud Plan*. Retrieved from https://www.healthnet.com/portal/shopping/content/iwc/shopping/groups/large/salud.action

Healthcare Cost and Utilization Report. (2014). Washington, DC: Healthcare Cost Institute.

Helble, M. (2011). The movement of patients across borders: challenges and opportunities for public health. *Bulletin World Health Organization. (89). 68-72.*

Joint Commission International. (n.d.). *Who is JCI, our focus.* Retrieved from http://www.jointcommissioninternational.org/about-jci/who-is-jci/

Kaiser. (2006). *Employer health benefits 2006 annual survey*. Menlo Park, CA: Kaiser Family Foundation. Retrieved from https://kaiserfamilyfoundation.files.wordpress.com/2013/04/7527.pdf

Kaiser. (2014). *Employer health benefits 2014 annual survey*. Menlo Park, CA: Kaiser Family Foundation. Retrieved from http://files.kff.org/attachment/2014-employer-health-benefits-survey-full-report

Maney, K. (2013, December 6). *Doctors without borders (for the rest of us)*. Newsweek global. Retrieved from http://www.newsweek.com/doctors-without-borders-rest-us-244864

Medical Tourism Association. (n.d.). *FAQ*. Retrieved from http://www.medicaltourismassociation.com/en/medical-tourism-faq-s.html

Medical Tourism Association. (n.d.). *Documentary.* Retrieved from http://www.medicaltourismassociation.com/en/documentary-patient-videos.html

Medical Tourism Association. (2012, January, 16). *U.S. insurance provider signs deal for coverage at 4 Taiwan hospitals. (23).* Medical Tourism Association Magazine. Retrieved from http://www.medicaltourismmag.com/wp-content/uploads/2012/01/issue-23.pdf

Medical Tourism Association. (2013). *Survey Report*. Retrieved from http://www.medicaltourismassociation.com/en/2013-mta-survey-report.html

Medical Tourism Magazine. (2013, June 17). Retrieved from http://www.medicaltourismmag.com/newsletter/cabinet-agrees-to-specialized-medical-centers-in-trinidad-and-tobago/

Medretreat. (n.d.). *About*. Retrieved from http://www.medretreat.com/about_us/about_medretreat.html

Medretreat. (n.d.). Corporate/Insurance. Retrieved from http://www.medretreat.com/medical_tourism/corporate_healthcare.html

Moreno, R. G. (June/July, 2013). *Little known fact – Mexico adopts U.S. hospital accreditation standards. (31).* Medical Tourism Association Magazine. http://www.medicaltourismmag.com/wp-content/uploads/2014/11/MTA_Issue_31_WEB_DB_REV1105.pdf

Pear, R., Abelson, R., & Armendariz, A. (2014, November, 14). Cost of coverage under affordable care act to increase in 2015. *New York Times.* Retrieved from http://www.nytimes.com/2014/11/15/us/politics/cost-of-coverage-under-affordable-care-act-to-increase-in-2015.html?_r=0

Pellegrino, E. D. (1999). The commodification of medical and healthcare: The moral consequences of a paradigm shift from a professional to a market ethic. *Journal of Medicine and Philosophy, 24(3) 243-266.*

PR Newswire. (2008, November, 12). WellPoint introduces international medical tourism pilot program. Retrieved from http://www.prnewswire.com/news-releases/wellpoint-introduces-international-medical-tourism-pilot-program-65388947.html

Sayfullaah, A., Huiyu, Z., & Shuai, C. (2013). 2013 MTA Medical Tourism Survey Report.

Stephano, R-M. (2012, January/February). The Cross Roads of Medical Tourism. *Medical Tourism Magazine 23, 3-4.*

Stephano, R-M. (2013, June/July). Medical tourism industry; Picture of good health. *Medical Tourism Magazine 28, 11-12.*

Stolley, K., & Watson, S. (2012). *Medical tourism a reference handbook.* Santa Barbara, CA: ABL-CLIO.

Woodman, J. (2008). *Patients beyond borders everybody's guide to affordable, world-class medical travel* (2nd ed.). Chapel Hill, NC: Healthy Travel Media.