Even three years after its implementation, more than half of all Americans are unaware it is now the law of the land. According to results of a Kaiser Family Foundation non-partisan study, 42 percent – or four in 10 Americans – even know the much maligned law is in place. What’s more, 12 percent believe Congress repealed the law and another 7 percent say the Supreme Court overturned what is seemingly known to just a few as the Patient Protection and Affordable Care Act (PPACA).

Perhaps, more telling is that 23 percent claimed to not know enough to say what the status of the law is, which is representative of the state of confusion that is Obamacare today.

Nobody expected Obamacare to get a free ride through Congress and onto the president’s desk for his signature – and it didn’t. Implementation faced divided support from the start and things have gotten worst since its passage in 2010.

Public opinion of PPACA, according to Kaiser, is at its second-lowest level in the past two years. Less than half – 35 percent – view Obamacare favorably while 40 percent claim to be opposed to the idea; this, despite even the president’s best intentions to prove otherwise.

Regardless, Obamacare, which requires most people to have health insurance beginning in 2014, is here – at least for now. Wherever it goes is anyone’s guess. Although most – from healthcare providers to policymakers on both sides of the aisle – believe the ride will be a bumpy one. One of the authors of the law went so far as to see a “huge train wreck” on the horizon.

One of the authors of the law went so far as to see a ‘huge train wreck’ on the horizon.
So how do insurance companies, small business owners and healthcare systems avoid the anticipated debris along the way? When the path ahead is unclear and complex, perhaps, the best course of action is to take a deep breath and do nothing. Sit back and let the road map out itself. That said, Obama care is likely to remain as difficult to understand as it is to explain.

Meanwhile, the Department of Health and Human Services has already begun to issue new applications for individuals and adults looking to get health insurance for 2014 coverage. Many of these same people who did not know Obamacare was law, can hardly be expected to understand the nuances of selecting insurance, either, or how to resolve problems when health claims are denied or where to seek help.

How much this insurance might cost individuals may take months to ascertain. That has not and will not stop marketplace experts from making predictions about sticker shock, a key aspect to determining the success of Obamacare at any level.

The latest opinion came in the form of a study published by the Society of Actuaries, which predicted, thanks to sicker patients who were previously uninsured now joining an expanding coverage pool, medical rates for everyone will increase substantially next year.

That fear has many insurance companies scrambling to find ways to mitigate these anticipated increases under the new health law. Determining the number of patients who will be affected by Obamacare is even harder.

“More surprises may lie ahead and Americans may start looking around, both domestically and internationally, for fast, affordable treatments for all sorts of medical conditions that they can’t find down the street.”

Higher premiums may be just the beginning and those policies without increases may be restricted in terms of doctors and hospital networks. If dire forecasts from the Congressional Budget Office in 2012 hold true, some three million Americans will lose their health insurance altogether because they will not be able to afford coverage.

More surprises may lie ahead and Americans may start looking around, both domestically and internationally, for fast, affordable treatments for all sorts of medical conditions that they can’t find down the street.

All this bodes well for medical tourism. The industry is primed to come to the rescue, now more than ever. Rising costs in the United States, an aging and affluent population in need of immediate care, and the expansion of technology and state-of-the-art facilities to even the furthest outposts of the world have made medical tourism a cost-effective proposition for all stakeholders – patients, employers, insurance companies, and healthcare providers -- to consider.

Throw in the perks of travel and sightseeing -- from exotic beaches and ancient ruins to modern landmarks and cosmopolitan cities -- and medical tourism is becoming, for even the most skeptical patient, a health alternative to Obamacare and the unpredictability that healthcare reform may or may not bring.

Ms. Stephano is an attorney and specializes in working with governments and hospitals to develop sustainable medical tourism/international patient programs and strategies including the development of healthcare clusters, and international patient departments on long-term plans.

Ms. Stephano serves on the Board of Directors for the International Healthcare Research Center, a 501c3, nonprofit medical tourism research center, the Corporate Health & Wellness Association, and two Washington D.C.-based groups focused on lobbying the U.S. Congress for the benefits of Medicare reimbursement overseas and the support of U.S. hospitals in their overseas initiatives.

Ms. Stephano donates her time as president of the Medical Tourism Association and editor-in-chief of the Medical Tourism Magazine.”
EDITORIAL

Obamacare: Will What You Know and Don’t Know Hurt You?

Even three years after its implementation, more than half of all Americans are unaware it is now the law of the land. Perhaps, more telling is that 23 percent claimed to not know enough to say what the status of the law is, which is representative of the state of confusion that is Obamacare today.

BY RENÉE-MARIE STEPHANO

NEWS AND INSIGHTS

Cultural & Linguistic Competency and Medical Tourism’s Bottom Line

All medical tourists are not the same – and that is the problem. Failure to address the diverse cultural and language backgrounds of medical tourists can dramatically affect a healthcare institution’s reputation and bottom line.

BY DR. SUZANNE SALIMBENE

Medical Tourism Industry: Picture of Good Health

Limitless access to healthcare services coupled with capital funding and systematic organizational planning and development have fueled the movement of travelers across borders to seek affordable, quality and timely medical treatment.

BY RENÉE-MARIE STEPHANO

Quality Beginning to Take Guesswork Out of Medical Tourism

Anyone willing to put the time and effort into research will find that the days of taking life and safety into their own hands just to save a buck are long gone.

BY RENÉE-MARIE STEPHANO

Strategy to Increase Brand Value of Indian Hospitals in International Markets

The medical tourism industry in India has been struggling to compete against international hospitals to attract patients at various forums, such as events, lectures, exhibitions and symposiums, without the hoped for results.

BY GURU PRASAD

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Concierge Services in Medical Tourism

Concierge services focusing on quality of care and enhancement of client relationships are becoming increasingly available to elevate the quality of care at medical tourism destinations.

BY DR. BOB LEE; DR. DAVID GROVES

Healthcare Branding & Sales Basics

Successful branding starts with the brand promise and the organization’s ability to ignite the cognitive sparks of target patients and influencers.

BY PATRICK GOODNESS

DESTINATIONS

Algarve: Beyond Surgery in the Medical Tourism Industry

Algarve, with its breathtaking scenery and nearby beaches, is more than a beautiful spot for a vacation. The historic region in Portugal is also a popular destination for surgery and short- and long-term rehabilitations.

BY ADALTO FELIX DE GODOL

Crimea: Birthplace of Modern Medical Tourism – Remedyng ‘Incurable’ Chronic Degenerative Diseases

Few places have as many spas, sanatoriums and clinics as the southern shores of Crimea. After years of disarray following the breakup of the former Soviet Union, Crimea is back – and remains a bargain for medical tourists worldwide.

BY NICHOLAS SAMPSIDIS

Therapy that Works – Prime Essential for Inbound Medical Tourism

Treatments for life-threatening conditions cannot be hit-or-miss; especially for medical tourists suffering from diabetes, cancer, multiple sclerosis and rheumatoid arthritis. Instead, it is imperative that therapy not available at home be treatment that works.

BY NICHOLAS SAMPSIDIS
Domestic Medical Tourism in Australia

Before Australia can develop and promote niche markets that attract foreign medical tourists, stakeholders must focus their attention on keeping domestic patients at home who may otherwise travel abroad for cost-effective and quality care.

BY ANITA MEDHEKAR

Global Smile: World-Class Dental Services alongside Environment Consciousness

In a country where dental care is particularly vital, the Philippines should be at the forefront of dental care, and keenly focused on world-class facilities for treatment.

BY BRUCE CURRAN

Improving Healthcare Quality in the Middle East: Controlling Costs in Kuwait and Broader GCC

Political upheaval has put healthcare under the microscope among Arab nations – particularly in Kuwait – where quality is struggling to keep pace with rising costs and expanding services and systems.

BY DR. MUSSAAD AL-RAZOUKI

Medical Tourism Providing Necessary Band-Aid to Turkish Debt

As Turkey tries to boost tourism revenues and narrow its account deficit, the government is aiming to capitalize on the number of visitors who are willing to combine medical treatments with a short vacation and, at the same time, raise $7 billion by attracting patients to a higher quality of healthcare without compromising costs.

BY MEDICAL TOURISM MAGAZINE

Role and Contribution of Medical Tourism toward Indian Economy

Coordinated services offered by the hospital and hospitality sectors to diversify tourism products, from general travel and tourism, ensure quality and enhance customer satisfaction in South India.

BY DR. BINDI VARGHESE

Seoul at Heart of Korean Medical Tourism Growth

The Korean capital has become a hotspot for foreign travelers who may be suffering from various ailments or who are looking for detailed health screening and, what might lead to, preventative care down the road.

BY RENÉE-MARIE STEPHANO

THERAPIES

Health and Wellness Tourism Today

The attractiveness and competitive advantage of health and wellness tourism is reflected in affordable prices on a global scale; international accessibility and proximity; international accreditation and certification; and excellence.

BY JOÃO VIEGAS FERNANDES; DR. FILOMENA MAURÍCIO VIEGAS FERNANDES, M.D.

Ozone and Thalassotherapy: An Alternative Form of Healing

Alternative remedies like ozone and thalassotherapy are gaining momentum at medical tourism destinations outside North America by providing a human touch to an otherwise sterile and pharmaceutically driven medical industry.

BY GLOBAL HEALTHQUEST

Statin Therapy: Life Saver or Risky Business?

Even though statins have been used to safely decrease heart attacks or strokes for the past two decades, there is still healthy debate in the medical community over whether benefits of the drug class outweigh the risks.

BY DR. KEVIN COY, M.D., FACC, FACP

Treatment toward a Cure: A Paradigm Shift in the Treatment of Diabetic and other Neuropathies

Chronic diseases including diabetes and diabetic neuropathies continue to swallow large portions of healthcare resources in the United States; yet, efforts have largely focused on the management of symptoms rather than reversal or cure.

BY DR. R.H. ODELL, M.D.; DR. R. SORGNARD; R.M. CARY, DFAAPA
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In many respects, medical tourism is not unlike walking into a movie theater. The film has gotten great reviews, but the bulk of the movie is unseen and still in doubt. Patients thinking about becoming medical tourists have heard all about the tremendous travel opportunities, the incredible cost savings and the convenience of not having to wait extended periods for treatment.

But, far too many willing to risk life and limb have heard very little about the quality of care or, more specifically, the facilities, the doctor and staff expertise, or the technologies available overseas. Granted, no one in their right mind would want to compromise on quality and safety, then, logic should dictate that cost should not consistently trump services and outcomes when making a decision.

Therein is the obstacle for those debating the merits of becoming medical tourists and the providers who offer such care and services: how to take the guess work and, as a result, the anxiety and fear out of the minds of potential patients or customers?

Fortunately, perception is not necessarily the reality in medical tourism today. Anyone willing to put the time and effort into research will find that the days of taking life and safety into their own hands just to save a buck are long gone. They will see that countries all over the world are seeking to capitalize on the rising costs of healthcare in the United States or the limited services and procedures available in other nations to instead attract patients within their own borders.

In many cases, convincing need be minimal. When cost is of no object, patients are usually eager to travel abroad for prompt access to procedures like hip or knee replacements. And with little prompting, some immigrants will always feel more comfortable returning to their nation of origin for care amongst family and friends or doctors they are most familiar with. That said quality remains highest on the list among factors influencing medical tourism decisions than even the price of a procedure.

"Pursuing medical travel opportunities should not have to be as complex and difficult as dissecting foreign policymaking, but sometimes they are."
Perception Is Not Reality

Quality is at the heart of why some 50 countries have already recognized the economic benefits of medical tourism and have thrown their full support behind initiatives to build top-flight treatment centers, train and attract skilled specialists, develop and maintain standards and create campaigns designed to eliminate negative perceptions.

Why else would the government of Malaysia, already one of the hotbeds for medical tourism, attempt to equal or better care offered in the United States by adding to its six public hospitals new construction of a children’s center and public structures in David and Panama City as well as in various provincial cities.

In many locales, the financial investment is already paying dividends. India, Malaysia, South Korea, Taiwan, South America, and nations in the Middle East are all home to world-class facilities; thereby, raising the bar for positive outcomes and performance to entice even more medical travelers.

"Fortunately, perception is not necessarily the reality in medical tourism today. Anyone willing to put the time and effort into research will find that the days of taking life and safety into their own hands just to save a buck are long gone."

The competition for foreign medical dollars has not only increased the stakes, but has also motivated hospitals and facilities to seek highly coveted Joint Commission International Accreditation, a rigorous process to undergo before being granted the governing body’s seal of approval. Malaysia alone is home to seven JCI-accredited hospitals, where most doctors speak English. Comparatively, as many as 19,000 hospitals in the United States have Joint Commission accreditation, setting a benchmark to be that much more lucrative and appealing for facilities abroad to match on an international scale.

Investments Paying Dividends

So, as the advent of quality care continues to extend and becomes more and more attainable, finding it can present a host of challenges of its own. Pursuing medical travel opportunities should not have to be as complex and difficult as dissecting foreign policymaking, but sometimes they are. That’s where medical facilitators come in and fill a void.

In the past three or four years, thousands of these buyers -- or those identified with names similar to health and travel -- have sprouted up on the medical tourism landscape. Medical tourism facilitators can sort through the intricacies and nuances of the industry and act much like a travel agency, booking flights, arranging hotel accommodations, obtaining passports and finding the best and most appropriate facilities and doctors.

As the term indicates, facilitators act as servers. The main course is and should be the medical experience. Surveys indicate that even patients looking for the best bargains are willing to pay a little bit more to ensure quality care and services. The good news is they don’t necessarily have to.

Overseas destinations are increasingly offering modern and well-equipped hospitals that are recognized and affiliated with respected international facilities including Wockhardt Hospital in Bangalore, India, which is linked to Harvard; Punta Pacifica in Panama, with Johns Hopkins; in Costa Rica, CIMA with Baylor University in Texas, Clínica Bíblica with Jackson Memorial Hospital in Miami and Evergreen Healthcare in Washington state; and in Mexico, most notably, Star Medica, a healthcare chain affiliated with seven hospital in Los Angeles.

Not only that, these hospitals and others are staffed by highly respected doctors and nurses trained in the United States, Canada, Brazil and throughout Europe including the United Kingdom and Germany. Some medical tourism destinations boast their own medical schools, like the two in Montevideo, Uruguay.

Is Anyone Listening?

All that sounds well and good. The important thing to consider is if anyone is listening. At any rate, it is imperative for governments and agencies charged with advancing medical tourism in their host countries to get in the business of self-promotion. Only then, will these nations make inroads that address the fears related to quality of care in the minds of potential customers and establish productive and credible medical tourist venues instead.

Changing public perceptions could not come at a more opportune time. In the United States, a hesitant population inches closer to full implementation of healthcare reform at the beginning of 2014. Even the staunchest proponents of the new legislation are willing to concede that healthcare costs will skyrocket at the onset of Obamacare; thus, opening a window for patients to travel outside the United States. What effects the costs will have on the quality of care that Americans will receive once the plan is at full throttle is still in question.

Some studies suggest that roughly 14 million Americans who have insurance outside their places of employment will probably receive more health benefits under Obamacare. Conversely, other industry experts say individuals covered by a group policy will likely have little change in their employee provided plans.

Meaning, the issue -- like it usually does -- comes down to the bottom line and how far patients in the United States are willing to reach into their pockets to feel it. Especially in tough global economic times, quality and cost can be difficult factors for any patient -- regardless of location -- to juggle. Medical tourists can at least feel confident that compromising on one or the other of these components doesn’t have to mean dropping the ball on their treatment and care.

About the Author

Renée-Marie Stephano is the president and co-founder of the Medical Tourism Association® and editor-in-chief of Medical Tourism Magazine™ and the Health and Wellness Destination Guide series of books. Ms. Stephano has authored several books from “Developing International Patient Centers, Best Practices in Facilitation,” to “Medical Tourism for Insurers and Employers,” and the most recent, “Engaging Wellness.”

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Many people don’t think twice when given the chance to travel. Despite economic descents around the globe, world travel and tourism is as robust as ever. In fact, research shows journeys abroad continue to grow – totaling a 3 percent increase to the world’s Gross Domestic Product – eclipsing several manufacturing industries and services in the business, financial and retail sectors.¹

As an offspring to this preference, patients, healthcare professionals and medical technology can be found today in the world’s most cosmopolitan landscapes, homes to social melting pots that breed trade and innovation, to pristine landmarks, where golden beaches compete with lush green tropical plants.

This limitless access to healthcare services coupled with capital funding and systematic organizational planning and development have fueled the movement of travelers across borders to seek affordable, quality and timely medical treatment.

A bleak international economic climate has spurred patients from even the wealthiest nations to shop for low-cost healthcare in countries that might have previously been thought of as less-developed on the global radar. Despite this movement and unprecedented publicity from leading media entities, the role of medical tourism and its impact on inbound and outbound countries is difficult to qualify and quantify.

Even less is known about socio-demographic profiles, age, gender, existing health conditions and status when attempting to define the medical tourism market.¹

Certainly, well-intentioned attempts have been to track and evaluate clinics, hospitals, medical tourism businesses and patient make-up; many of which report growth in patient numbers during the past 12 months and claim no reason not to expect further expansion within the next five years.

Based on these surveys, the forecast for medical tourism looks optimistic; however, these endeavors to evaluate and explain have been far from systematic and have given rise to more critical debate about statistics, rather than solid answers.

Progress toward Perfection

What should be worth noting is that this healthy prognosis

is, indeed, consistent with earlier findings from the Deloitte Center for Health Solutions on the process of “leaving home” for treatment or care abroad or elsewhere domestically. According to the internationally respected 2008 Survey of Health Care Consumers5:

- healthcare costs continue to increase well above the Consumer Price Index, as much as 6-8 percent per year.
- accrediting organizations including the Joint Commission International are extending their seal of approval to more foreign facilities, making safety and quality a mute concern.
- consumers are willing to travel for safe and less-costly care; at least two in five when the savings are expected to be 30 percent or more.

Defining Moments

It is important to understand that medical tourism has been around for thousands of years dating back to the advent of Ayurvedic medicine, when travelers flocked to ancient India to partake in specialized diets and sample exotic herbs that were said to prevent illness and promote wellness.

“...patients, healthcare professionals and medical technology can be found today in the word’s most cosmopolitan landscapes, homes to social melting pots that breed trade and innovation, to pristine landmarks, where golden beaches compete with lush green tropical plants.”

Since then, medical tourism has evolved to include varying definitions and names, often to fit the needs of self-serving individuals, locations and challenges. That said, establishing definitions and names, often to fit the needs of self-serving facitators and governing nations alike.

- Deloitte does estimate that there as many as 50 million medical travelers; while projections attributed to other measuring services range from around 3-5 million.
- In its most up-to-date findings, Deloitte also found that 750,000 Americans travel outside the United States for healthcare, with a majority seeking dental work, elective hip operations and even bypass surgery14.

Few are likely to doubt the promising observations from Deloitte or that medical tourism will witness further breakthroughs in the near future. What researchers and tracking services will find disagreement with – more or less – is the size of the industry; in large part due to differences in the definitions of medical tourism.

• Medical treatment in countries, such as India, Thailand and Singapore, can cost as little as 10 percent of comparable expenditures in the United States.6

Prime Locations

Based on the cost for services in the United States along a variety of specialties and procedures, the leading destinations7 for savings are:

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

Affordable Care

As such, for this purpose, medical tourism is when a consumer elects to travel across international borders for the intention of receiving some form of medical treatment, which may span the full range of services, but most commonly includes dental care, cosmetic surgery, elective surgery and fertility treatments.2

Factors influencing these decision-making processes weigh heavily on price, quality and service including reduced waiting periods. Even consumers with employee- or government-sponsored health insurance are likely to find value abroad because of lower labor costs, for sure; but, also fewer third-party payments, price transparency, limited malpractice liability and reduced regulations. For example:

- Few are likely to doubt the promising observations from Deloitte or that medical tourism will witness further breakthroughs in the near future. What researchers and tracking services will find disagreement with – more or less – is the size of the industry; in large part due to differences in the definitions of medical tourism.

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As patients seek to come out from under greater financial burdens related to high co-pays while costs become clearer and more accurate, affordable treatment alternatives are predicted to continue to foster medical tourism growth, especially for procedures that are traditionally not or may not soon be covered by health insurance. For example, comparative medical tourism prices for heart bypass procedures in select countries\(^8\) include:

- United States, $113,000
- Singapore, $20,000
- United Kingdom, $13,921
- Thailand, $13,000
- India, $10,000
- Malaysia, $9,000
- Poland, $7,140
- Mexico, $3,250

**Following Procedures**

Perhaps, because it is typically not covered by employer-based insurance plans, cosmetic surgery has seen and is expected to see the biggest growth in medical tourism in the next five years. One survey found that 56 percent of the respondents at medical tourism hospitals, clinics and businesses reported cosmetic surgery as the most sought-after treatment abroad; followed by expected growth above 40 percent for dental treatment, cancer care and infertility assistance.

\[\ldots\text{the forecast for medical tourism looks optimistic; however, these endeavors to evaluate and explain have been far from systematic and have given rise to more critical debate about statistics, rather than solid answers.}\]

In terms of patient numbers, India, Thailand and the United States continue to be the most popular destinations for medical tourism. On the other hand, the United States, Thailand and Singapore are rated highest for quality and range of service.

**Economic Impacts**

Brazil, Costa Rica, South Korea, Malaysia, Mexico, Singapore, Taiwan and Turkey are also favorites among healthcare travelers\(^9\). Just what economic impact medical tourism provides for these countries is difficult to comprehend or agree to. Accurate and verifiable statistics are just not available and, in all likelihood in many instances, have never been recorded; although Deloitte last estimated the medical tourism market to be around $100 billion by now, $4 billion in Asia alone.

- More specifically, India, one of the largest medical tourism sectors in terms of revenue and employment, continues to expand, according to PricewaterhouseCoopers. Analysts value the industry at more than US$34 billion and predicted the demand to have produced nearly US$40 billion by now.\(^10\)


So, it is probably safe to suggest that medical tourism is providing financial dividends to host countries based upon the expansion of facilities, establishment of programs and investment of both public and private dollars. Justifiably, there is no greater indicator of progress than the increasing number of foreign hospitals receiving Joint Commission International accreditation.

Many hospitals in Southeast Asia, particularly -- Malaysia, Thailand and Singapore -- are even trying to compete with facilities in the United States by purchasing expensive, state-of-the-art equipment, which, in turn, embraces more international patients and welcomes physicians trained in the United States and Europe who are affiliated with highly reputable medical providers at home. Other examples, cited by Deloitte\(^11\), include:

- The Department of Health in the Philippines has produced a medical tourism guidebook for distribution throughout Europe.

• The Korean medical tourism promotion policy has led to the planning of new medical institutions for international patients.
• The Taiwanese government has embarked on a $318 million project to help develop the country’s medical services.

Bang for Buck

As variables, such as government and private-sector investment, infrastructure, accreditation, medical technology, reputation, and achievements of both facilities and staff, are developed, sustained and marketed, this already widespread territory should expand.

Price, medical quality and service aside, like any savvy shopper, medical tourists now want even more bang for their buck. Distance can play a limited role in selecting a medical tourism location when alternative activities that most resemble a mini-vacation – from paragliding or waterskiing to sightseeing among ancient ruins or sauntering on a tropical beach – become more than just an afterthought.

No Pain, No Gain

Most significant is that the body of world travel and tourism is predicted to grow by 3.1 percent this year and again outpace the world GDP in 2013. Research and examination in the development of medical tourism and the industry’s implications need to keep stride with this movement. Methodical procedures need to be established to alert nations of actual and potential benefits of providing affordable, quality and timely care.

To this end, some national governments and international organizations have begun working to establish a standard accounting framework for the comparable measurement and reporting of health expenditures by the resident populations.

Of course, financial swings and uncertainty related to healthcare reform both in the United States and abroad can throw a monkey wrench into even the most promising plans for patients pursuing medical tourism and those nations hoping to host them.

What is most reassuring to recognize is that – like any sustainable industry worth its mettle – medical tourism has experienced and survived “growing pains” related to the world at large. Only time -- and the ability to offer continued savings of up to 70 percent after travel expenses in an age when healthcare costs keep skyrocketing -- will tell the exact extent of that growth.

About the Author

Renée-Marie Stephano is the president and co-founder of the Medical Tourism Association® and editor-in-chief of Medical Tourism Magazine™ and the Health and Wellness Destination Guide series of books. Ms. Stephano has authored several books from “Developing International Patient Centers, Best Practices in Facilitation,” to “Medical Tourism for Insurers and Employers,” and the most recent, “Engaging Wellness.”

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Turkish tourism figures have increased by double-digit percentages over last year, when 37 million tourists visited the sixth most popular travel destination in the world. About 270,000 of those visitors came for surgical procedures, generating $1 billion in revenues, representing a small, but growing fraction of tourism receipts, which local businesses often complain don’t do what they should for their pockets.

As Turkey tries to boost tourism revenues and narrow its account deficit, the government is aiming to capitalize on the number of visitors who are willing to combine medical treatments with a short vacation and, at the same time, raise $7 billion by attracting patients to a higher quality of healthcare without compromising costs.

Cluster Development

The approach is not entirely novel. Turkey has been matching visiting patients with doctors for the past decade. With more than 140 members, the Turkish Healthcare Travel Council has served as a tourism cluster in and outside the country since 2008. Members consist of both national and international members including governmental institutions, hospitals, clinics, medical tourism facilitators, travel agencies, hotels, spa and wellness centers and thermal medical spas. Clusters allow medical tourists seeking elective procedures to shop for value, review patient testimonials and interact with facility, staff and physicians in advance of making a decision.

Healthcare groups, located in Turkey’s top 15 destinations including Istanbul, Ankara, Izmir, Afyon, Bursa, Antalya, Malatya, Sivas, Mugla, Adana, Mersin, Gaziantep, Samsun, Erzurum and North Cyprus, market “one-stop” service approaches to foreign patients, covering all procedures from the day of request to the day of departure.

“\textbf{A large issue facing the industry today is that many providers are not approaching medical tourism programs sustainably, which means not looking at their plan for the long-term future or local impact.}”

Despite expectations of a widening debt to the rest of the world, the Turkish economy looks healthy in the eyes of many who continue to invest in its sun-drenched Mediterranean shores where package tours not only include exploring archeological evidence and shopping, but procedures from brain and cardiovascular surgeries to organ transplants and stem cell implantation as well.
A majority of the patients come from European countries like Germany, the Netherlands, and Belgium, where heavily congested healthcare systems move visitors to seek more readily accessible surgeries. At the same time, patients from less developed nations are attracted to the Western trained doctors and new facilities popping up in Turkey’s flourishing private healthcare network. Throw in cost savings up to 60 percent less than comparative procedures in Western Europe and it’s no wonder the Turkish government expects to double the number of medical tourists to a half-million in the next two years.

**Izmir Hosts Congress**

Turkish government ministries accelerated the push toward globalized healthcare by hosting international medical tourism service providers, investors, and leaders from the public and private sectors and academia at the “World Health & 3rd Age Tourism Congress,” earlier this year, in Izmir.

Situated in the middle of the Aegean shores, Izmir is considered a prime medical tourism destination in Turkey. The transportation hub can be reached by road, air or seas and offers 14 public, three university and 11 private hospitals as well as popular thermal springs and natural treatment establishments.

**Medical tourism could also get a bump if the government follows through on a proposal to create airport-accessible, tax-free healthcare zones, which, authorities hope, could increase the number of patients from abroad by up to 85 percent.**

During the congress, participants from around the world evaluated the current state of the medical tourism industry, identified opportunities and problems, and offered solutions during their stay in the third-largest city in Turkey and home to popular procedures that include thalassotherapy, In Vitro fertilization, plastic and esthetic surgery, and dental and eye care.

**Sustainable Approach**

Renee-Marie Stephano, president of the Medical Tourism Association® and a featured speaker at the congress, says that in order for Turkey to extend its healthcare system to a global audience and sustain medical tourism as a viable economic entity, the country must lift barriers to foreign direct investments and insurance portability, increase rates of innovation and change public perceptions.

“A large issue facing the industry today is that many providers are not approaching medical tourism programs sustainably, which means not looking at their plan for the long-term future or local impact,” said Stephano, who presented “Globalization vs. Localization and Innovation through Sustainability.” “This approach ensures that medical tourists are receiving the best care possible. It should also be noted that developing sustainable programs will not come overnight, and must be monitored and adjusted regularly in order to achieve maximum benefits.”

Turkish parliament has already taken steps to make private investment easier and unlock billions of dollars in financial backing for healthcare in the next few years. Foreign institutions including Malaysia’s state investment arm Khazanah National, U.S. private equity firm Carlyle, emerging markets investor ADN Capital, Qatar’s First Investment Bank and the World Bank’s International Finance Corp have taken advantage of the loosened reigns on government restrictions.

**Tax-Free Healthcare Zones**

Medical tourism could also get a bump if the government follows through on a proposal to create airport-accessible, tax-free healthcare zones, which, authorities hope, could increase the number of patients from abroad by up to 85 percent.

Tax-free health zones foster economic development, investment in healthcare infrastructure and international standards of excellence; establish world-class clusters of hospitals, life sciences and medical research and education; and serve patients locally, regionally and internationally.

The proposal would build upon Turkey’s current bedrock of 750 sound private hospitals and clinics, 49 of which are Joint Commission International-accredited; and 660 thermal complexes and 270 spa and wellness resorts – a backbone of the country’s medical tourism industry built on top of a major geothermal belt where curative therapy means the application of medicinal waters for treatment.

Boosting tourism revenues is critical to capping Turkey’s current debt, which closed to around 6 percent of Gross Domestic Product in 2012 from about 10 percent in 2011. Tourism, which netted $21.6 billion in receipts to the Turkish economy last year, could benefit from an infusion of medical tourism as a strategy to defray competition from nearby Greece and Spain for the tourist dollar. Travel and healthcare leaders in Turkey are hoping medical tourism can be that lifeblood.
Special advantages for medical travellers

Turkish Airlines is offering discounts and advantages for those who come to a hospital in Turkey for medical treatment purpose.

Turkey, with its high quality health care establishments and experienced medical staff, has become a global medical tourism destination. In order to support the efforts of health care establishments in medical tourism, Turkish Airlines has prepared a support package. Partnership protocols have been signed with the major health care establishment who invest in medical tourism. The package has been in effect since 1 January 2010.

Advantages Offered to Patients Travelling to Turkey

- Discounts on flight Tickets
- Excess luggage allowances
- Free rebooking charge
- Discounts for companions

For detailed information please contact us at medikalturizm@thy.com e-mail address.
Granted, medical tourism is a relatively new, but rapidly growing industry with unlimited potential. Still, the industry has been neglecting two “soft” aspects essential to its long-term growth and success.

When I began to talk to hospitals in culturally diverse Los Angeles about the impact of language access and cultural appropriateness on successful medical outcomes and patient satisfaction way back in 1993, I remember the director of one of the most diverse and prestigious hospitals patting me on the back in a dismissive manner and telling me, “Don’t worry, we treat all our patients exactly the same!”

That was the major problem!

Experience and tracking of medical outcomes and patient satisfaction in treating patients of diverse cultural and language backgrounds have proven that equal care is not equally effective for or viewed as quality care by all groups. Now, 20 years later, almost every hospital in the United States, and in most other countries with diverse immigrant or migrant populations, have either an entire department or at least a director of cultural and linguistic competence to insure that patients are treated in a culturally appropriate manner. Most have staff interpreters or contracts with an off-site service. Why? Because failure to attend to these two aspects of patient care can be very costly to the institution’s reputation and bottom line!

Because medical tourism has been viewed as separate from domestic patient care, these “soft” aspects of quality care have not really drawn industry attention.

Medical tourism is profit-driven and very competitive, making cultural and linguistic competence even more essential to every organization’s bottom line.

Poor Linguistic and Cultural Competence = Waste of Marketing Budget!

The internet is the main source for marketing to potential patients, hospitals and insurance agencies in medical tourism. However, most organizations seeking foreign patients through the internet are often marketing in a foreign language and...
targeting people/organizations that belong to cultures different from their own. It’s important for healthcare facilities trying to build their images in the medical tourism marketplace to realize that people reading their web sites will measure the quality of care provided by the quality of their web site.

The *culture* of these potential clients will determine what types of services and benefits they expect and value most. The *language*, or actual words and phrases used to describe these benefits and services, will determine whether or not that particular location or facility will attract clients and encourage them to consider care at that site.

Correct use of the primary languages of the targeted audiences is essential, as well. Sloppy grammar or use of unidiomatic phrases results in negative, rather than positive advertising! It tells perspective patients and medical partners that the care provided is also sloppy and uncaring, that the patient/physician communication will be far from adequate at that facility.

Organizations seeking patients from abroad can only expect to “attract” rather than “discourage” prospective patients and, thus, get the “best bang” for their marketing budget by making sure their web sites -- and all other marketing materials -- appeal specifically to the culturally determined values and measures of quality of that targeted audience, and are written by a trained native speaker of the language of the targeted patient population.

**Use your knowledge of culture and language to maximize the effectiveness of your marketing budget:**

1. Study the values, “buzz words” and positive images of your targeted market (these will be different for every cultural group). Design your web page to appeal to these values in a way that will be most attractive to this group. Even responses to color, amount of animation and types of links are culturally determined.

2. Work with a native speaker of the targeted audience’s language to design and not merely “translate” your domestic web page. You need a web page that “fits” the unique cultural values of the people you wish to attract.

3. Check the meaningfulness of the finished product with at least two other members of that culture/language group to be sure
   a. the language is correct and idiomatic
   b. it uses words and images that are considered attractive by that population
   c. it says what you wish to say in a manner that is linguistically and culturally appropriate

**Cultural and Linguistic Competence = Greater Patient Satisfaction, Fewer Medical Errors, More Return Patients & Patient Referrals**

Both the ability of medical and non-medical staff to communicate effectively in the patient’s language is valued as second only to proof of medical expertise for someone in search of treatment abroad. Seeking care in another country is a pretty scary proposition. It is difficult to trust a physician who you cannot understand; especially one who cannot understand you! Clear physician/patient communication also lowers the risk of medical errors.¹

Luckily, language access in medical tourism is a lot more “manageable” than for immigrant patients in diverse countries, such as the United States or Great Britain, where these patients may come from hundreds of different cultural, religious and language backgrounds. It is fairly common for countries and hospitals seeking to expand medical tourism to target patients from a limited number of geographical areas. Therefore, the number and cultural backgrounds and languages spoken are usually finite and can be anticipated in advance.

Medical facilities can develop patient information packets, signage and staff language and cultural training programs that focus on the needs and expectations of these targeted patient groups. It is also easier and more cost-effective to hire and train medical interpreters for those few languages. It is important to recognize that, although a bilingual staff is the best way to assure patient/caregiver communication, it is not enough for organizations to allow staff to self-evaluate their fluency in another language.

> “The culture of these potential clients will determine what types of services and benefits they expect and value most.”

All “bilingual” staff must be formally tested by a professional who can accurately evaluate their ability to communicate effectively with patients in that language. Also, culture will impact the interpretation of specific words because some speak the same language, but come from different cultures or even social backgrounds. While most countries do not have the stringent malpractice laws that exist in the United States, certainly a hospital’s record of medical errors and the patient’s satisfaction with his/her ability to communicate with both medical and non-medical staff have a strong effect on both the hospital’s and the country’s medical tourism growth and return on investment.

Knowledge and the ability to accommodate the patient’s cultural needs and expectations regarding both medical care and auxiliary services are also important factors in patient satisfaction and gaining referrals directly from former patients or from their local physicians. Even cultural factors, such as the appropriate form of address, knowledge and considerations of religious beliefs, taboos and dietary customs and restrictions, have a tremendous impact on patient satisfaction. It is important, ¹ Price-Wise, G.; “An Intoxicating Error: Language, Culture and Medical Tragedy”; www.flculturalcompetence.org
for example, to know that prior to first obtaining permission, staff must not cut a Sikh’s hair or remove the bracelets that may be attached to his wrist. Or, in which cultures it is necessary for a female physician to attend to a female patient, or even when the patient’s religion forbids the eating of certain foods.

Culture also determines patient decision-making practices, and how actively they expect to participate in the development of their treatment plan. Billing, systems of payment, and to whom payments are made require knowledge of both the patient’s cultural and home medical systems. For example, in Mexico, where I am currently located, payment is made immediately after treatment and, if a hospital stay is involved, prior to leaving the facility. Often, the physician collects the money personally. American patients who Mexican hospitals target are not used to paying when services are rendered, but instead expect to be billed and pay at a later date; meaning the physician never personally handles money. These cultural differences in medical systems might encourage American patients to wonder whether the hospital is a fly-by-night operation that might disappear after money is collected!

When I was participating at a medical tourism conference, in Puerto Vallarta, Mexico, last year, there was a talk by a facilitator representing Thailand. When asked what was behind Thailand’s rapid growth and industry success, the speaker attributed it to “Service, service, service!” However, culture determines how the patient defines both good and bad service. People from certain cultures may view touching as a display of affection while those from other cultures do not. Members of some cultures and social stratum want to be addressed by their first names. Still, others believe respect is shown by using their family names. People from some cultures view the physician as “the knower” and measure “good care” by the level of their decision-making because authority “knows what is best.”

People from other cultures define good service and care as the physician’s willingness to form a partnership with them, to disclose all news, both good and bad, and share responsibility in making medical decisions. Patients from some cultures will show respect for the physician by never disagreeing or asking questions. When asked if they understand or agree to follow a specific treatment plan, they will respectfully say, “Yes”; even if they do not understand instructions or have no intention to comply. Failure to comply with this medical advice may result in a negative outcome.

Meet MT patients’ cultural needs and wants — if they are pleased with the care and services you have given them, they will refer friends and relatives and help expand your client base and international reputation and, thus, boost your bottom line!

1. Study and compare the domestic medical system of your targeted client base with your own. Learn what patients complain about related to their local systems and what they expect as a demonstration of good care and service. Can you avoid the negative aspects of domestic care while, at the same time, provide all those defined as good? Can you do this at a substantially lower cost and in the patient’s own language? These are the “pluses” to focus upon in your marketing materials.

2. Make sure the patient is comfortable being in a foreign country and with the customs and languages that they do not know.
   a. Have someone ready to greet them in their language.
   b. Make sure forms and medical information including follow-up and billing is provided in their native language.

   c. Try to insure that both the physicians and nurses who attend to them can communicate effectively in their language or through a professionally trained medical interpreter. Train physicians and nurses how to use interpreters effectively.

   d. Train both medical and non-medical staff in the cultural and religious beliefs and taboos that may affect satisfaction and compliance with care.

   e. Train both medical and non-medical staff in the language skills required to communicate with that population group.

3. Even if your country doesn’t have malpractice laws, avoid risks of medical error through miscommunication. Hire professionally trained medical interpreters or contract with an outside face-to-face, phone or video interpreting service.

Conclusions

Although the “soft skills” of cultural appropriateness and language access have, up to now, been largely ignored in favor of a focus upon marketing medical and technical know-how and lower cost, they impact every facet of both financial success and customer satisfaction in medical tourism. Without them, marketing attempts will fall flat and may even steer prospective clients away from entire countries as well as individual medical facilities. Unless these facilities can promise and deliver appropriate care that meets the cultural needs, values and expectations in a language that is understood, medical tourists will not feel satisfied with care and will not recommend these facilities to friends, family and their local physicians. Cultural and linguistic competency may be “soft skills,” but they are necessary elements to growth of patient base, reputation and your bottom line.

About the Author

Suzanne Salimbene, Ph.D., president of Interface International, holds a doctorate from the University of London, Institute of Education in the Teaching English to Speakers of Other Languages. She developed an interest in cross-cultural business communication after living and working in many countries. She began to focus on linguistic and cultural competency in healthcare, in 1993, and has written and trained exclusively in that field since 1994.


When she moved to Mexico in 2008, she began to utilize her vast experience to assist the country in growing its medical tourism industry. For a complete CV listing her experience and publications, please contact her English-language web site www.interfaceinternational.com.mx. She can also be contacted by email at s.salimbene@gmail.com or by telephone in the United States at 1-815-282-2433 or in Mexico at 33 3165 0069.
Potential patients can usually find in Seoul a higher standard of care than what is available in their host countries and at one-fifth the cost of treatment in the United States. Throw in endless sightseeing opportunities that blend ancient customs with cosmopolitan culture and, of course, the price is right in Seoul.

The Korean government is well aware of the harvest it can reap, based on the number of fields that patients have sought specialty care including internal medicine, neurology, dentistry, orthopedics and neurosurgery. By last count, the Korea National Tourism Organization estimates that, in 2012, more than 150,000 patients visited the country for treatments and procedures, up from 122,297, in 2011.1

Critics sustain that these estimates are just that and fail to differentiate medical tourists from international patients, many of whom may include such as American soldiers and diplomats based in the country or foreign holiday and business travelers and expatriates who happen upon treatment while visiting.

No matter, Korean officials still believe the numbers add up and can be expected to grow to 400,000 by 2018. So, it should come as no surprise that the Health Industry Policy Division is determined to ride this Korean wave – second only to “Hallyu,” the term used to describe and spread the country’s pop culture which continues to make a substantial splash of its own in the region.

![Seoul at Heart of Korean Medical Tourism Growth](image)

Don’t blame tourists looking for the best buys in healthcare to begin the daunting task with a little Seoul searching. The Korean capital has become a hotbed for foreign travelers who may be suffering from various ailments or who are looking for detailed health screening and, what might lead to, preventative care down the road. The reasons among tourists typically come down to money and quality of care.

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Far beyond the lure of “Hallyu,” Seoul can be appealing for its old-way culture, shopping, traditional forms of entertainment and now medical tourism. Under the catch-phrase “Medical Korea,” government officials have been supporting programs and initiatives that brand and promote Korean medical services to potential patients abroad.

Putting Best Face Forward

Korean healthcare systems and technology in treatments for cancer, infertility, plastic surgery, and dental medicine are considered to be equivalent to that in the United States, or even slightly more advanced. A market-research survey of medical tourists last year revealed that 48.4 percent cited “the quality of medical service and technology” as the primary reason for choosing Korea for care.

Products and solutions continue to change how healthcare is delivered in Korea, where diagnosis and external medicine have been extended from the hospital, laboratory and doctor’s office and into patient homes, making outcomes and management models both more effective and efficient.

Of course, Korea has a long and recognized history in skin care, plastic surgery, and oriental medicine and has been, no doubt, a pioneer in the advancement of non-invasive and invasive laser technology. Coined, by some, the Beverly Hills of the Far East, Seoul has become a recognized hub for procedures and treatments that slow the natural aging processes and restore harmony between a patient’s lifestyle and appearance.

Since the government got involved, steps have been taken to strengthen medical tourism within Korea’s borders including the relaxation of visa restrictions related to healthcare, establishment of around-the-clock treatment call centers and one-stop service centers.

Wise Investments

The marketing efforts of medical tourism have paid dividend; even where the region abroad was not specifically targeted. Activity, according to the Korea Health Industry Development Institute, indicates an increase in patients from Kazakhstan, Mongolia and the Middle East.

Thanks to a partnership agreement with leading local healthcare facilities – Seoul National University, Seoul St. Mary’s, Asian Medical and Samsung Medical -- oil-rich Arab nations have been sending their patients to Korea for gastrointestinal diseases, and cardiovascular, cancer, infertility, orthopedic and spinal pain concerns.

In turn, Korean hospitals are doing their share to transfer medical systems to counterparts in Saudi Arabia. Under a project called the Medical Systems Twinning Project, one of six agreements between the two health ministries, Korea has agreed to establish hospitals – among them for brain imaging techniques and neuroscience research – in the Middle East country and bring educational and management expertise to their medical staff.

Sound Business to Bank On

All of this makes sound business sense, considering business giant Hyundai Engineering and Construction set up facilities some two decades ago in Riyadh, where King Fahad Medical City, a state-sponsored hospital and key beneficiary of the contracted agreement, is situated.

Korean physicians will soon be dispatched to Riyadh and four other cities to demonstrate surgical operations for Saudi
Arabian doctors and medical staff, in much the same way the United States administered to the Southeast Asia nation under a similar healthcare package some 50 years ago.

Dubbed the Minnesota Project, sponsored by the U.S. Agency for International Development, the initiative trained 226 Korean medical experts, from 1955-1961, and helped spawn medical tourism in post-war Korea, luring foreign visitors with cheaper prices and faster scheduling for cosmetic surgery and infertility treatments.

Today, Arab princes and princess are common travelers to Korea for stem cell treatments and others, along with VIP patients from all over the world including Europe, the United States and especially China and Japan.

Korean authorities are banking on these added revenue-generating efforts related to medical tourism – both at home and abroad – to expand current economic opportunities and stimulate windfalls from partnerships and program sources on the yet-to-be-determined horizon.

The turnabout is a far cry since the “rising dragon” hosted the 1st Global Healthcare & Medical Tourism Conference, in Seoul, and made a debutante-like formal entrance into medical tourism societies worldwide. Sponsored in partnership with the Medical Tourism Association®, the conference attracted industry leaders from 34 countries, the largest presence of healthcare buyers gathered to date, and became symbolic of Korea’s echoed intentions to make medical tourism an engine of national economic growth.

Full Throttle Ahead

In the time since, Korea has maintained full throttle by punctuating established ties with industry friends like the Medical Tourism Association® while forging new and innovative programs and initiatives with others.

Despite economic uncertainties worldwide, medical tourism in Korea has experienced and survived the growing pains related to any industry worth its mettle. Seoul, in particular, continues to rank among the most powerful economic cities in the world.

Coupled with trusted medical facilities and practices, documented affordability and value, proven infrastructure, and the glitz and glamour associated with both an exotic and flamboyant travel capital, only a Seoul in Korea might be pressed to look beyond the city as a destination for medical tourism.

About the Author

Renée-Marie Stephano is the president and co-founder of the Medical Tourism Association® and editor-in-chief of Medical Tourism Magazine™ and the Health and Wellness Destination Guide series of books. Ms. Stephano has authored several books from “Developing International Patient Centers, Best Practices in Facilitation,” to “Medical Tourism for Insurers and Employers,” and the most recent, “Engaging Wellness.”

Ms. Stephano is an attorney and specializes in working with governments and hospitals to develop sustainable medical tourism/international patient programs and strategies including the development of healthcare clusters, and international patient departments on long-term plans. Ms. Stephano works with ministers of health, tourism and economic development in creating public-private partnerships to support medical tourism and, at the same time, to provide a benefit and return to the local community. She organizes one of the only ministerial summits that brings together ministers of health, tourism and economic development every year.

Today, Arab princes and princess are common travelers to Korea for stem cell treatments and others, along with VIP patients from all over the world including Europe, the United States and especially China and Japan.
In the United States and most developed countries, the quality of medical care continues to grow in the treatment of acute disease and many cancers. Sadly, such has not been the case of many chronic diseases. Efforts have largely been in management of symptoms rather than reversal or even cure. Diabetes, diabetic neuropathies and other neuropathy associated disease states consume large portions of healthcare resources in the United States and throughout the world.

By and large to date, care has only focused on symptom control and slowing the disease progression. At this time, there is no real effective treatment, only symptom management. We have developed a protocol for which compelling evidence exists that the clinical course of diabetic and other neuropathies is actually arrested and likely reversed. To this end, we utilize advanced electronic signaling treatment (EST) to signal cell healing rather than smothering nerve and muscle cells with pharmacological agents. We also discovered these energy medicine techniques are practically devoid of side effects.

Neuropathy

Peripheral neuropathy occurs as a component of several common and many rare diseases. It is heterogeneous in etiology, diverse in pathology and varied in severity. Peripheral neuropathy of the extremities is often undervalued as a significant problem worldwide, especially in the United States.

Neuropathy from diabetes and other causes is rampant in the United States. (>8 percent of the population by some estimates), and is projected to worsen. Neuropathy, at least subclinically, is often the first sign of diabetes; other end organ damage is less perceivable. Morbidity associated with neuropathy from diabetic and other diseases is a major reason why patients seek medical care and are a huge cost to third-party payers, and the United States -- and global communities -- as a whole. This nerve disease affects millions worldwide by causing multiple foot, ankle, hand, wrist, as well as other muscular and skeletal disorders.

Components of Diabetic Peripheral Neuropathy

Diabetic peripheral neuropathy (DPN) is a particularly debilitating complication of diabetes mellitus and accounts for significant morbidity by predisposing the foot to ulceration and lower extremity amputation. It is estimated that between 12 percent and 50 percent of people with diabetes have some degree of DPN, which may be asymptomatic or symptomatic. Symptoms may be disabling and may be manifested as both “negative” and “positive.” These symptoms include tingling, prickling, pins and needles, numbness, and pain (e.g., burning,
lancinating, throbbing, stabbing, aching), along with allodynia (other pain or unusual sensation) and loss of proprioception (balance). A predominant feature of DPN is sensory loss, but it is believed that all causes of peripheral neuropathy have a sensory, motor and autonomic neuropathy component. Sensory neuropathy causes paresthesia and loss of protective sensations, which can lead to sleep deprivation, ulcers and lower extremity amputations. Motor neuropathy causes imbalance leading to injuries and fractures, some forcing the patients to lose their independence. Autonomic neuropathy can alter everyday body functions, such as blood pressure, heart rate, bowel and bladder emptying, digestion, and lead to skin ischemia and Charcot events.

The costs to the world economy are staggering. In the United States alone, the annual total direct medical and treatment cost of diabetes was estimated to be $44 billion in 1997, representing 5.8 percent of total personal healthcare expenditures during that year. The management of DPN and its complications is likely to form a large proportion of this total expenditure because treatment is often resource-intensive and long-term. In 2001, the total annual cost of DPN and its complications in the United States was estimated to be between $4.6 and $13.7 billion for Type I and Type II Diabetes.

In the United States alone, the annual total direct medical and treatment cost of diabetes was estimated to be $44 billion in 1997...

Up to 27 percent of the direct medical cost of diabetes may be attributed to DPN. These staggering figures cover the annual cost of DPN only, which is believed to represent only 30-40 percent of the prevalence of overall peripheral neuropathy and, as such, 60-70 percent of all the causes of peripheral neuropathy are not related to diabetes. Together, not only can diabetic and other causes of peripheral neuropathy lead to tremendous debilitating complications, such as amputations, pain, numbness, loss of balance, sleep, strength, quality and length of life, and poly-pharmacy use, but they also account for significant overall morbidity and healthcare costs. Some studies have shown that the costs of caring for the diabetic patient with neuropathy can be as much as $7,000 more per year than caring for the diabetic patient without neuropathy. Sadly, most of this cost is directed to symptom management and control only.

Treatment Options for Peripheral Neuropathy

Diabetic neuropathy is known to develop well before the patient has any symptoms, since many early symptoms are “negative.” The literature states unequivocally that the sooner treatment can be initiated, the greater the chances of reversal of the symptoms. This is a disease of the circulation. Microvascular circulatory deficiencies caused by errors in glucose metabolism have direct effects on circulation to the nerves. There is also direct effects on the nerves themselves. Pain signals, in turn, trigger secondary peripheral and central hyperalgesia (increased pain and sensation), which enhances the body’s response to the microvascular insult. On a local level, micro-inflammation and edema around the nerves also contribute to neuropathy and diseases such as carpal tunnel syndrome and Morton’s Neuromas.

Several modalities are currently used to treat diabetic or peripheral neuropathy. Modifying risk factors by lifestyle changes, vitamins and supplements, physical medicine, topical medicinal treatments, prescribed oral medications, transcutaneous electrical nerve stimulation (TENS) units, monochromatic infrared light energy (MIRE), Anodyne®, Microvas®, and surgery have all been used to treat PN patients. The most common approach is oral medications, which only “papers over” the symptoms. According to Berger, 53.9 percent of diabetic PN patients are treated with opioids; 39.7 percent with anti-inflammatory drugs; 21.1 percent with serotonin-selective reuptake inhibitors (SSRI), such as Cymbalta; 11.3 percent with tricyclic inhibitors (TCA), such as Nortryptiline; and 11.1 percent with anticonvulsants, such as Neurontin and Lyrica. Many researchers and clinicians have observed no rational reason to treat the neuropathic patient with opiates.

The safety and efficacy of these medications throughout the literature over the years is equivocal at best. These medications have drawbacks. Major adverse effects could include risk of renal impairment, GI bleeding, sedation, dizziness, confusion, short-term memory impairment, constipation, nausea, swelling and physical dependence. Almost some or all of these adverse effects including the staggering healthcare costs of iatrogenic complications are well-documented with long-term usage of many of these medications.

Recently, further studies and sub-analysis performed have shown no statistical quality or merit in treatment modalities, such as TENS, MIRE, Anodyne®, Microvas® and even decompressive nerve surgery.

New Treatment for Peripheral Neuropathy

For the purposes of a discussion of pathophysiology, neuropathy from diabetes will be used as the model. We will discuss how chemistry and physics, both models that we, as humans, use to model these smooth-running biological systems, act together for healing. On a more basic level, we know that electrons (i.e. electron behaviors) tie together all of electrical and chemical medicine, and thus disease and curative medicine conceptually together.

Alternating current (AC) frequencies reverse fire and at a rate greater than a nerve (i.e., greater than 1,000 Hz). These depolarizing frequencies have been shown by Knedlitscheck et al. (1994) to stimulate utilization of cAMP. It is well documented that cAMP directs all cell-specific activity, such as the repair of insulted tissue causing the metabolic cascade (leaking arachidonic acid) and decreasing level of noxious pain mediators (anti-inflammatory effect). The sustained depolarization of the cell increases intercellular levels and utilization of cAMP.
In fact, Kilgore and Bhadra (2004) have shown that nerve block via depolarization does occur at 2,000 to 20,000 Hz. Wali and Brain (1990) showed more sustained blockade. Wyss (1967, 1976) clearly showed that depolarization is sustained with the application of these currents, specifically 4,000 Hz.

New Treatment for Peripheral Neuropathy

A new, innovative and effective treatment has been established for diabetic and other peripheral neuropathies. This treatment is termed the Combination Electrochemical Treatment (CET), which incorporates two well-established procedures that have been combined into a protocol that shows great promise as a safe and effective treatment solution for diabetic, idiopathic and all other neuropathies.

CET consists of two procedures; an ankle block performed with local anesthetic, and Electronic Signal Treatment (EST), and is delivered by a unique sophisticated electromedical wave generator.

Ankle Block

The peripheral nerve block injections are performed with a low volume and concentration of local anesthetic, and as such are not intended to produce the level of anesthesia required for performing surgery. Bupivicaine is chosen because it does not fix to the tissues as rapidly; more time is available for the iontophoresis (electronic means of delivering a medication) of the local anesthetic into the tissues by EST. No steroids are utilized at any time during this procedure. The blocks are aseptically performed utilizing Betadine; no infections have been reported in thousands of injections.

Electronic Signal Treatment

Electricity has been a powerful tool in medicine for thousands of years. All medical professionals are, to some degree, aware of electrotherapy. EST is a digitally produced alternating current, sinusoidal, electronic signal with associated harmonics that produce theoretically reasonable and/or scientifically documented physiological effects when applied to the human body. These signals are produced by advanced electronics not possible even 10-15 years ago.

EST medical device that delivers the electronic signals uses sophisticated communications-level technology to produce and deliver higher frequency signal energy in a continually varying sequential and random pattern via the specialty electrodes. This alternation of sequential and random signal delivery eliminates neuron accommodation.

Increasing blood flow: When mechanisms are considered, a note needs to be made about neuroanatomy. While myotomes and dermatomes have been well-documented in biomedical literature, as far as we can tell no such maps exist for the distal sympathetic C fibers anywhere in the body. Still, we know enough about the C fibers to realize that these are primary in diabetes pathophysiology: these efferent fibers control the tone of local arterioles and, thus, are the critical contribution to the pathophysiology of small vascular structures and small nerve fibers (which are only viable as a function of these tiny arterioles). Pathology in the small arterioles and nerve fibers combine to adversely affect the distal tissues of the legs (and later the hands).

CET has been shown to increase blood flow. The vasodilatation improves microcirculation, which has a salutary effect on the healing process in these oxygen-deprived nerve cells. The drainage function of the capillary system is improved as a result. Stimulation of motor nerve fibers results in excitation of the muscle fibers. This has two effects on the blood flow: energy is used up, the metabolic rate is increased and blood flow is enhanced in the region of stimulating muscles. In addition, through the contraction activity of the muscle group, an active stimulation of the venous backflow occurs. Also, EST directly influences blood flow and lymph transport via sympathetic function imitation.

Anti-inflammatory action: EST, as an extension of presently available technology, also has potent anti-inflammatory effects. The potential long-lasting anti-inflammatory effects of some electrical currents are based on basic physical and biochemical facts, namely that of stimulating and signaling effective and long-lasting anti-inflammatory effects in nerve and muscle cells. The safety of electrotherapeutic treatments in general and EST in particular has been established through extensive clinical use. EST utilizes computer-controlled, exogenously delivered specific parameter electroanalgesia using both varied amplitudes and frequencies of electronic signals.

The goal of therapy during the treatment protocol is to reduce neuropathic symptoms including any pain, paresthesias, dyesthesias, allodynia and numbness.

The electronic frequencies are programmed into the EST device and sequenced through a series of different complex waveforms. Each individual waveform represents a different mechanism of action. The electronic signals stimulate superior steroidogenic effects without the possible negative side effects of the injected steroid.

Blocking pain signals: Another primary action mechanism of EST is a reactive sustained depolarization of the nerve’s cell membrane. This occurs because multiple delivered signals fall within the absolute refractory period of the cell membrane. A pharmaceutical nerve block occurs when the Na channels are completely blocked, resulting in sustained hyperpolarization of the cell membrane. EST produces a sustained depolarization of
the cell membrane. All propagated pain and dysesthetic signals are blocked, but all cellular voltage-gated channels are allowed to function at optimum levels to their designated equilibrium point. Thus, metabolic activity of the cell is continued, the patient’s pain suppression is facilitated and all aspects of neuropathy can potentially be reversed.

More profound effects happen on a cellular level: the sustained depolarization that occurs has a direct effect to produce an electrical conformational change of the cell membrane and activation of adenyly cyclase, which converts ATP to cAMP. The positive affects of cAMP were discussed previously. Stimulation also activates the release of pain-suppressing neuro-modulators found in the central nervous system (e.g. endorphin, encephalin and GABA).

Therapeutic Injections and EST Series

The first author, a board-certified anesthesiologist, interventional pain medicine specialist and Fellow of Interventional Pain Practice (FIPP) of the World Institute of Pain, has been using this block for more than five years. He introduced the CET concept to the International Spine Intervention Society at its annual convention in July 2008.

Diabetic peripheral neuropathy (DPN) and peripheral neuropathy (PN) patients have shown marked symptom reduction and motor function improvement with application of the CET. It is the authors’ position that nerve regeneration is really occurring. Clinical objective human data of nerve regeneration from neuropathy patients in the authors clinics and the clinics of others have included changes in epidermal nerve fiber testing (ENFD), Neuralscan neurodiagnostic testing and nerve conduction velocity (NCV) testing. Examples will be presented by the authors at the 6th World Medical Tourism & Global Healthcare Congress, in Las Vegas, in November 2013.

Clinically, the highest improvement in symptomology (reversal of pain, restoration of sensation and feeling to the extremities, increase strength, balance and quality of life) has been obtained with patients treated between 8-16 weeks. The treatment course is variable depending on the severity of the patient’s neuropathy and overall compliance to the treatment regimen. The goal of therapy during the treatment protocol is to reduce neuropathic symptoms including any pain, paresthesias, dysesthesias, alldynia and numbness. Long-term goals include prevention of infections, amputations, misuse of medications, improvement of balance, sleep, overall function and quality of life, all of which have been accomplished in more than 80 percent of patients.

Summary and Conclusion

The clinical experiences of multiple MDs and DPMs have shown that the application of EST, when combined with the low-dose local anesthetic, favorably influences the peripheral vasculature and promotes nerve and cell regeneration. Many forms of neuropathy can be reversed over time with this effective, new treatment. Our clinicians are seeing the nerve regenerative and growth capabilities of this treatment consistent with the above results. Little or no return of neuropathy symptoms from long-term post CET treatment has been observed. Our current patient treatment success, response rates and lack of relapse are substantial, along with three different kinds of objective proof of neural regeneration. Further basic science studies regarding the exact mechanisms and clinical studies which would correlate risk factors, such as length of time prior to treatment, could yield even more effective protocols. Finally, Neuralscan testing of populations at risk for diabetic and other neuropathies could be an effective screening technique where early intervention may not require the 2-3 months in the current protocol.

References


About the Author

Robert H. Odell, Jr., is president and CEO of The Neuropathy and Pain Centers of Las Vegas. As a fellow of the Medical Scientist Training Program, he received his Ph.D. in Biomedical Engineering from Stanford University, in 1974, and his M.D. from Stanford in 1976. He completed his residency in anesthesiology at UCLA, and served as chief resident at Harbor/UCLA Medical Center, in 1982. He is a diplomate of the American Board of Anesthesiology (1983), American Academy of Pain Management (2001) and the American Board of Pain Medicine (2007) and a Fellow of Interventional Pain Practice (2008). During the last several years, Dr. Odell has been working with some advanced electromedical devices which produce salutary effects for some of the most refractory pain management challenges. Research utilizes the Combined Electrochemical Treatment (CET), which combines the clinical benefits of these Electronic Signal Treatment (EST) devices with interventional pain management techniques to produce dramatic patient outcomes in a wide variety of refractory neuropathic pain states including low back pain, diabetic neuropathy, idiopathic neuropathy, failed spine fusion syndrome and carpal tunnel syndrome.

He has been practicing anesthesiology since the early 1980s, and pain management since 2001. He was instrumental in the development of a neurodiagnostic test used in his clinic to detect the spinal level of the pain generator in neck and low back pain, and now it is being utilized to test for neuropathy. He has extensive experience with a wide variety of non-interventional and interventional acute and chronic pain management techniques including vertebral axial decompression and electroanalgesia. Dr. Odell is a member of the International Spinal Intervention Society (ISIS), American Society of Anesthesiologists, and the American Society of Regional Anesthesia and Pain Medicine.
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In the wake of political upheaval among Arab nations, a strong focus has emerged on the lack of quality healthcare in the Middle East and North Africa (MENA). In many countries of the Gulf Cooperation Council (GCC), Levant – a large area of Southwest Asia -- and North Africa, the healthcare sector remains poorly developed.

Many of the oil-rich GCC states had not invested in new public healthcare infrastructure since the mid-80s. In the past five years, most GCC governments are spending to meet demands for growing healthcare services. Amidst these heavy increases in capital expenditures and healthcare costs, the important question remains how these GCC countries can ensure proper quality control on their indigenous healthcare systems. As the basic microeconomic premise suggests, increased quantity does not necessarily mean increased quality.

This paper focuses on recent government initiatives in Kuwait, which is late to adopt a few trends sweeping the broader GCC, such as private/public partnerships sponsoring healthcare infrastructure projects as well as the separation of healthcare service provisions from regulatory arms of the government (i.e. by creating an independent healthcare regulator). The paper then describes effects of increasing healthcare costs in the broader GCC, such as the swelling Ministry of Health (MoH) budgets, large marquee hospital projects and the focus on sending GCC patients abroad. The paper also describes innovative initiatives that curtail these same costs while improving the quality of healthcare.

Introduction

MoH and other healthcare stakeholders in Kuwait are embarking on an ambitious reform plan as part of Kuwait’s 37 billion KD (110 bn USD), five-year Development Plan (2010-2014), an amalgamation of 231 policies created by the Kuwaiti Supreme Council for Planning and Development. The Annual Plan (2010-2011) included more than 800 projects -- 40 related to healthcare -- divided according to three echelons:

1) Establishment of New Companies -- where joint ownership is shared between the state and private sector, usually according to a predetermined framework, such as the Privatization Law (Law 10 for 2010)
2) Strategic Public/Private Partnerships (PPPs) -- e.g. Build Operate Transfer (BOT) Projects
3) Typical Tenders for Services -- i.e. Government to Business (G2B) contracts

A further 1,200 projects are scheduled for the Annual Plan (2011-2012).

The Kuwait government is set to tender approximately three bn USD worth of healthcare projects in the next year. These projects follow the similar framework used for the overall Annual Plan related projects and include:

Many of the oil-rich GCC states had not invested in new public healthcare infrastructure since the mid-80s.
1) Establishment of New Companies – the Kuwait Health Assurance Company (KHAC), a 1,600-1,800 bed health maintenance organization, and the yet-to-be-established Private Health Insurance Company for Kuwaiti Nationals (PHICKN)

2) Strategic Public Private Partnerships – a 500-bed new rehabilitation and physical medicine hospital (NPMPRH) through a design, build, finance and maintain (DBFM) contract

3) Typical Tenders – the 540-, 400- and 240-bed expansion of the Husain Maki Jumaa Specialty Surgery and Oncology, Amiri General and Razzi Orthopedic Hospitals; respectively

MoH maintains a solid-end state vision of the healthcare system; meaning separation of regulator from provider and payor functions with a strong dedication to improving quality and private-sector participation as done in the neighboring emirate of Abu Dhabi. However, establishment of KHAC and PHICKN are strong contributors to the diversification of health system finance in Kuwait. The 2011-2012 Kuwait budget will mark the first time MoH spends more than one bn KD (3.3 bn USD) on the operational expenditure (OPEX) of the public healthcare system. This figure does not take into account the aforementioned capital expenditure projects (CAPEX). With KHAC aimed at refinancing healthcare costs of the expat population of Kuwait and PHICKN addressing healthcare finance needs of the national population, the government is sending strong signals of cooperation to the private sector in an attempt to curb the exponential increases in public healthcare spending.

Kuwait Health Assurance Company (KHAC)

The Kuwaiti government has been pursuing finance mechanisms for its healthcare system since the 1980s. The Kuwaiti constitution guarantees its citizens free healthcare (Article 15 of the 1962 Kuwaiti Constitution can be confused for claiming that “the State cares for public health and for means of prevention and treatment of diseases and epidemics”); however, with regards to the Privatization Law of 2010, the Kuwaiti Parliament decreed that the sectors of healthcare and education should not be fully privatized, under the law dictating that any government entity/asset/corporation must be “privatized” according to the following framework:

- 50 percent will be offered to the public by means of a public joint stock holding company listed on the Kuwait Stock Exchange (KSE)
- 26 percent (golden operating share) will be offered to a private (technical/financial) partner/consortium. Strong preference is given to Kuwaiti companies; particularly, those already publically listed. The consortium is also encouraged to involve international technical partners and investors with exemplary track records
- 24 percent is retained by Kuwait through the state-owned investment vehicle, the Kuwait Investment Authority (KIA)

The KHAC project was initially championed by Dr. Ibrahim Al AbdelHadi, Kuwaiti undersecretary of health, in November/December 2009. A Request for Proposal (RFP) was issued, Dec. 23, 2009, for the Strategic Analysis and Feasibility of the Project. The RFP was well received by the local and regional consulting community. A local consultancy worked on the feasibility from January 2010 until September 2010, and the results were received with mixed reactions from multiple private-sector investors.

Once KIA and MoH reviewed the consulting study results, preparations were made to establish a company by law through a decree from the Council of Ministers. The company was decreed during the meeting of the Council of Ministers, Monday, Jan. 3, 2011; thereby establishing the first of the Development Plan. A KIA statement, released Feb. 28, 2011, announced that the project would be valued at 318 million KD (~1 bn USD); thereby, making it the largest private/public partnership in the history of Kuwait.

"The Kuwaiti government has been pursuing finance mechanisms for its healthcare system since the 1980s." 

Due to mixed reactions concerning the legal implications set forth by KIA and its advisors, the final bid date was extended three times and re-set by KIA according to the following new timeline:

- Oct. 27, 2011 – Last date to enter as a bidder for new entrants, last day the data room will be available, last day to integrate other companies into an existing consortium
- Nov. 13, 2011 -- last date to submit bid bond (10 mn KD or 33.3 mn USD)
- Nov. 17, 2011 -- Financial bid day and declaration of winner

KHAC plans to have the private partner/consortium bid for 26 percent of the operating share, which will guarantee management of the three hospitals as well as provide Health Maintenance Organization (HMO)-type plans for users. KIA makes the distinction between health maintenance and insurance; whereby, KHAC will be incentivized to management of the health (and prevention) of its patient population rather than the treatment.

The government of Kuwait will provide 140,000 square-miles of land (at a minimal lease price) divided in three equal parcels in the growing governates of Ahmadi, Jahra and Farwaniya. It will be the responsibility of the winning consortium to deliver at least three hospitals (1,600-1,800
beds) and 10-15 primary care clinics (at least one clinic in each of the six governates of Kuwait) in 36 months. Kuwait has also guaranteed the following benefits specifically for KHAC:

- Unique Designation of a Health System (only license in Kuwait) for 10 years
- Grace period for licensing and implementation
- Immediate patient flow (1.2-1.7 million) of expats
- Sharing of existing MoH medical records
- Staff designation before entry into Kuwait
- Free transfer of clinical staff within the system
- Use of generic prescriptions
- Unit Dose System
- Option for Group purchasing with the MoH
- Preapproved assurance plan premiums with inflation considerations
- Preapproved co-payments for primary care and emergency visits
- Heavily subsidized tertiary care for 5 percent of pre-approved government premium

The target market for KHAC is the growing expatriate population of Kuwait. Whether it would be mandatory for expatriates to enroll in KHAC is not clear. It is believed that enrollment would remain optional. Kuwaiti citizens will also be able to enroll; however, it is not clear whether or not the Kuwaiti government would subsidize/take full ownership of the fees. Kuwaiti citizens might have to pay-out-of-pocket since MoH would still operate 5-6 government general hospitals. Mubarak General Hospital is set to be transferred to Kuwait University, where it will operate as an Academic Medical Center once Jaber General Hospital is completed in 2014.

In March 2011, nine individual consortia paid the 15,000 KD entry fee for access to the KIA data room on KHAC. There were those that decided to pay the aforementioned 10 million KD bid bond in July 2011, with only a single consortium and eventual winner, Agility, a pan MENA logistics and project management company, remaining.

In February 2012, KIA rejected the single bid of Agility, which was only 0.001 percent higher than the par value determined by KIA and its advisors. The re-issue date for the tender has yet to be determined.

**Private Health Insurance Company for Kuwaiti Nationals (PHICKN)**

Just as KHAC is diversifying the financing of expat healthcare expenditures, the private health insurance company for Kuwaiti nationals is achieving similar levels of spending for the local population.

In August 2011, Kuwait Council of Ministers created a publicly owned healthcare insurance company with 50 percent of the shares to be equally distributed among the 1.15 million Kuwaiti citizens. The same was done with the other half to the Kuwaiti Islamic Bank, Warba Bank, a private-sector consortium with strong preferences for international technical partners which have proven track records in the delivery of health insurance products and solutions, both regionally and internationally.

The government is expected to subsidize the premiums of the nationals. Judging by the government’s previous lead-time on KHAC, PHICKN should be tendered by late 2013.
New Physical Medicine and Rehabilitation Hospital (NPMRH)

The project involves the design, build, finance and maintain of a 500-bed physical medicine and rehabilitation hospital located in Al Andalus, Kuwait. It includes the provision of facilities management services and will have a term of no less than 25 years.

The tender is currently managed by the Partnerships Technical Bureau (PTB) of Kuwait, formed in 2008 to streamline the procurement and tendering of strategic government projects. PTB is an independent government agency that operates under the political auspices of the Ministry of Finance. It is believed the Ministry of Health will be part of the final selection committee and will be involved in assessing the technical proposal.

The project aims to meet the following key strategic objectives:

- Build a center of excellence in rendering physical medicine and rehabilitation services
- Promote Kuwait as a regional and international center for physical medicine and rehabilitation services
- Increase and enhance the type and quality of services provided by MoH
- Provide a comprehensive rehabilitation program for Kuwaiti citizens with disabilities, within their own home environment without language and cultural barriers and, thus, curtail overseas treatment

MoH has been exploring the development of a new physical medicine and rehabilitation facility since the early 1980s. Concrete plans were put into place when Dr. Abdul Rahman Saleh Al Muhailan was appointed minister of health (1994-1996), the only physical medicine specialist to ever to assume that post. These plans were finally implemented in a Request for Qualification and Proposal Submission/Transaction Advisory Services by PTB, in August 2010. An international management consultancy and auditing company won the contract to lead PTB consultants. Results of the study are expected to be made public by Q4 2011.

MoH expects the new hospital to provide tertiary and geriatric rehabilitation; extended care for persons with physical disabilities; redevelopment of the prosthetic and orthotic manufacturing unit; building infrastructure and facilities; and facilities management services.

As of the writing of this report, 15 different consortiums have expressed interest in the NPMRH project.

Expansion of Ministry of Health Hospitals

Originally referred to as the “Nine New Medical Towers Project,” MoH has chosen instead to focus expansion projects on three hospitals:

1) Husain Maki Jumaa Specialty Surgery and Oncology Hospital
2) Amiri General Hospital
3) Razzi Orthopaedic Hospital
These projects will include design, design verification and building. As of April 2011, 12 consortium -- comprising both international hospital design companies and local contractors -- have been pre-qualified to bid on these projects. When the remaining six expansions will take place is unclear.

Future Landscape of the Kuwaiti Healthcare System

Healthcare in Kuwait is as dynamic as the political landscape. For the past two years, MoH has enjoyed one of its most stable periods of leadership under His Excellency Dr. Hilal Al Sayer, who followed six different appointments in three years. He is Kuwait’s longest-serving health minister and first physician to serve in this capacity since His Excellency Dr. Mohammad Al Jarallah, who assumed MoH leadership from 1999-2006. The new government of His Excellency Prime Minister Sheikh Jaber Al Mubarak Al Sabah has also selected H.E. Dr. Ali Al Obaidi, a young physician to the MoH post.

Momentum is strong within Kuwait to create an independent healthcare regulatory agency, which this report will refer to as the Kuwait Health Authority, which will lead policy development, licensing, quality assurance and the overseas healthcare functions in Kuwait.

Stakeholders in Kuwait hope this new authority will stabilize and structure the overall healthcare system in Kuwait, which, in turn, will increase private-sector investment in the nation’s healthcare; thereby, improving services and benefiting the most important stakeholder of the Kuwaiti healthcare system – our benevolent population.

The Arab Health Spring: The Need to Curtail Costs

Healthcare costs have received much interest on a global scale from strategic thinkers, such as Michael Porter and Robert Kaplan, in a New York Times article, to social commentators, such as Steve Lopez of the Los Angeles Times. Indeed, the main thrust behind Obamacare and the Accountable Care Act in the United States is the rising cost of healthcare. The United States spends 17-19 percent of its Gross Domestic Product on healthcare while OECD spends 8-9 percent and GCC 3-4 percent. In fact, the problem is quite acute in the United States, where government-sponsored Medicaid and Medicare payment systems are projected to bankrupt the nation within the next 25-30 years. As the world population swells to just more than seven billion, emerging economies along the Silk Road and ageing economies of the Old World alike are facing similar challenges of treating more people, for more diseases, with dwindling resources.

As governments in the Middle East pursue gains to the welfare of their citizenry and, particularly, access to enhanced quality of life measures, additional healthcare spending becomes a top priority. Kuwaiti MoH announced a record budget of 1.2 billion KD (~4 billion USD) for FY 2012-2013, which represents an 100 percent increase from the 600 mn KD (2 bn USD) budget of FY 2007-2008. This spending accounts for more than 80 percent of the healthcare expenditures in the country. In Saudi Arabia, GCC’s largest healthcare market, MoH is responsible for close to 73 percent of healthcare services, according to Dr. Hamad Al Omar, whose budget this year reached SR 50 billion (~13.5bn USD); not including a further SR16 billion (~4.3 bn USD) for the large health cities projects spread across
the Kingdom. This results in approximately SR66 billion (~18 bn USD) toward Saudi healthcare spending. When another 25 percent is added for other healthcare providers -- both governmental and private -- the total Saudi healthcare budget comes to about SR80 billion ($21.3 billion) for the FY 2012-2013. Back in the fall of 2007, McKinsey and Co. calculated GCC’s expenditure on healthcare to reach $60 billion by 2025; however, this figure appears low when considering that both Kuwaiti and Saudi healthcare budgets are increasing.

Indeed, GCC governments continue to build costly cathedrals of care, such as the island hospital of Cleveland Clinic Abu Dhabi and the Sidra Medical Research Center, an arbores oasis of clinical excellence in Doha, Qatar, both multi-billion-dollar medical titans in their own right. While tertiary centers of excellence focusing on research are greatly needed in the Middle East, a strong emphasis needs to be placed on prevention that reduces the need for hefty investments in healthcare infrastructure.

Another large proponent of these exponential MoH budget increases is the continued dependency on overseas healthcare spending by GCC governments. MoH recently announced an increase in the number of companions and the stipends for patients under the age of 18, over the age of 65, and those with special needs who now have the luxury of two family member companions instead of one. Each of these people now stand to receive a handsome 30-50 percent increase in their daily stipend to cover lodging, food and transportation; (150 USD for patients in the United States, 150 Euros for patients in Europe - primarily Germany, France and Belgium – and 150 GBP for patients seeking treatment in the United Kingdom. Kleos Healthcare recently calculated GCC spends roughly $12 billion: $10 billion from the public and $2 billion from the private sector, which includes patients paying from their own pockets or through private health insurance companies.

In fact, the generosity of most GCC governments extends beyond the healthcare of their citizens. Kuwait, for example, has expatriates living in the Pearl of the Gulf who are only required to pay a very low yearly assurance premium of 20-50KD (~70-180 USD); pale in comparison to the 300-350 KD (1000-1200 USD) annual cost of their care to the government of Kuwait. Similar examples are across GCC, where both nationals and expatriates enjoy significantly subsidized specialty care.

Moreover, the underlying issue behind these increases in healthcare costs is the unhealthy lifestyle most people in the Middle East choose to live.

Moreover, the underlying issue behind these increases in healthcare costs is the unhealthy lifestyle most people in the Middle East choose to live. GCC is widely recognized as one of the most obese regions of the world, with more than 30 percent of the adult population registering a Body Mass Index (BMI) of 30 or more, with a further 30 percent registering a BMI of more than 25. This means that close to two-thirds of the adult population of the Middle East is overweight. Recent
studies by both the Mayo Clinic and Lehigh University suggest that obesity is an even larger driver of healthcare costs than smoking; whereby, obese patients tend to spend 2-3 times as much as the average patient on their healthcare needs.

Furthermore, the link between obesity and diabetes type II has also been documented extensively in medical literature; evident by the high percentage of GCC adults who suffer from diabetes type II (25-30 percent). These chronically ill diabetes type II patients are also four times more likely to be hospitalized, a further cost burden on GCC health budgets. It should come as no surprise, then, that some GCC countries send as many as 10 percent of all inpatients abroad for emergency care.

However, there are reassuring programs across GCC to help reduce healthcare costs. In a meeting of GCC Finance Ministers and Health Ministers, in May 2012, the levy charged on tobacco imports was increased 100-200 percent; subject to an approval by the World Trade Organization. This would mark the second doubling of tobacco taxes since the 50-100 percent increases in 2010. However, an increase in tax does not necessary mean a decrease in utilization, because prices per packs are still significantly cheaper in GCC (~1-2 USD per pack) than in the United States (~7-15 USD per pack). Indeed, despite the heavy custom tariffs levied on tobacco products, Saudi Arabia tobacco imports increased by 57 percent, in 2011, compared to 2009, according to a report by the Saudi Customs Department. The Kingdom imported 57,838 tons of tobacco, in 2011, valued at SR3.3 billion compared to SR2.1 billion in 2009, according to research by Zawya.

According to statistics, 22,000 people die in Saudi Arabia each year the result of various diseases related to smoking. According to figures released by the World Health Organization, there are 6 million smokers in the Kingdom, 1.5 million of whom are women. Saudi Arabia is still considered the world’s fourth largest importer of tobacco, with annual consumption averaging per individual at 2,130 cigarettes. Surprisingly enough, approximately 60 percent of all Saudi doctors smoke.

Another initiative focuses more on patient perceptions. Certain clinical centers of excellence in Saudi Arabia are piloting an interesting development that makes physicians aware of procedural and prescription costs before treating patients through a computerized physician order entry (CPOE) that prints out the associated cost of the procedure or prescription. This has a dual effect:

- physicians are less likely to prescribe unnecessary tests and psychological placebo medications; thereby, reducing the cost burden on their respective department
- patients accustomed to receiving both the treatment and prescription at no cost are made aware of the “value” of the service that the Saudi government is providing. This is an important segue to more accountable-care models; other GCC governments should take note.

About the Author

Dr. Mussaad Al-Razouki is the chief executive officer at Kleos Healthcare Corporation, a Kuwaiti WLL that provides excellence in strategic planning and management for Middle East healthcare entities including investment companies, clinical service providers (i.e. hospitals), payors (i.e. insurance companies) and government regulatory bodies.

Dr. Razouki has more than 10 years experience in healthcare, shifting his focus from excellence in clinical practice and research to the management and financing of healthcare systems. Dr. Razouki is the first Arab national to receive an M.B.A. in healthcare management and finance from the Columbia University School of Business. An oral and maxillofacial surgeon by training, Dr. Razouki has completed clinical rotations at New York Presbyterian Hospital of Columbia University Medical Center, Harlem Hospital, Cleveland University Hospital of Case Western Reserve University and Massachusetts General Hospital of Harvard University.

In 2007, Dr. Razouki joined by the world’s largest and oldest management and strategic consulting firm, Booz Allen Hamilton, which, at the time, was operating in more than 100 countries across six continents with $4 billion in revenue. Dr. Razouki was recruited from New York to the Dubai office, where he built the Middle East healthcare practice by leading a wide variety of projects across all five dimensions of the healthcare economy that includes investors, service providers, payors, suppliers and regulators.

In addition to his work at Kleos, Dr. Razouki serves the central Kuwaiti government, which he advises its senior leaders on both healthcare and education reform as part of the nation’s $100 billion development plan.
How do you turn patient leads into actual patients? One word: TRUST. Before potential patients can trust you, they must first come to know you and like you. Trust cannot be purchased. It must be earned. How do you earn trust from potential patients? Branding and relationship development work best.

**Branding**

Most healthcare marketing executives struggle with the idea of branding. In a recent survey of marketers by Forrester Research, the desire to differentiate one’s brand, establish a clear difference between competitors and build awareness in new markets were cited as the top reasons for investing in branding or rebranding development. Successful branding starts with the brand promise and the organization’s ability to ignite the cognitive sparks of target patients and influencers.

As healthcare marketers, we understand that patients are interested in solving pressing health and wellness concerns. Most patients are open to receiving information that helps them make an informed decision, as long as it doesn’t cross the line into hard-line sales tactics. The key is education. Seriously obese, potential bariatric patients don’t instantly gravitate toward bariatric surgery. They start with a desire to lose weight. With proper education, bariatric surgery becomes an option. A woman seeking cosmetic surgery doesn’t look in the mirror and automatically decide to get a facelift. She looks in the mirror and decides that she would like to look younger. A facelift is one of many options available to her to achieve that goal.

As healthcare marketing consultants, we routinely ask ourselves if we are helping our clients engage effectively as they work to build relationships with patients. The goal is to

> Healthcare providers that have a clear, strong brand supported by a powerful web presence filled with informative content that helps define their value proposition will have a definitive advantage.
provide patients with the information they seek and to establish and communicate a brand promise that truly differentiates our clients from their competitors. But, it's not enough to be different. Patients don’t choose a doctor or hospital because they appear to be different. They choose a doctor or hospital because they are a better fit for their needs. Consequently, the branding value proposition needs to focus on differentiation with a goal of demonstrating why your organization is not only different…but, better.

Patients today have a better understanding of their options, and are not likely to spend money without a great deal of thought and research behind the purchase. Healthcare providers that have a clear, strong brand supported by a powerful web presence filled with informative content that helps define their value proposition will have a definitive advantage. Most patients prefer to research potential provider options online. When they select their top choices, they want to be able to communicate quickly and efficiently, and to make a decision based on the promise of a measurable outcome. If your brand isn’t strong enough to communicate your value proposition, you will never get the chance to demonstrate why and how you are a better fit for their needs.

At one time or another in our lives, we are all patients. As a patient, I will not choose a provider that doesn’t take the time to understand my issues and help me solve them. While I may conduct the initial research online, or even take the advice of a friend or colleague, in the end I want a relationship with a healthcare provider that truly understands and fulfills my needs and can give me the results I seek. This is when change management becomes a critical step for success.

To get a better understanding of a patient’s problems and how to solve them, we need to change the way we market and sell our healthcare products and services. We may also need to retrain our sales and patient service teams.

Selling healthcare services is unique, but not totally removed from the process of selling a traditional product. Today, healthcare sales and marketing is all about defining a patient problem, and then combining products, services and expertise to deliver a solution including post-care and ongoing access to consultation and advice.

Remember: before a patient can purchase your healthcare services, they first need to become believers in your brand. As a marketing consultant, we help our clients understand that their patients don’t just buy healthcare services. They buy the fact that our clients listen to their needs, meet their expectations and deliver on their brand promise.

Promises matter. They matter to us in our personal lives. They matter to us in business. And they really matter in healthcare. Your brand promise dictates how you should execute every stage of the patient experience. Make sure you deliver.

**Relationship Marketing: Delivering Quality Content**

In addition to branding, relationship development is critical to success in today’s healthcare marketplace. Today, more than ever, people are looking for reliable healthcare information. To build lasting relationships with potential patients, it is critical to give patients the information they need to decide if your healthcare organization is a good fit for their needs.

Quality online and editorial content about your organization, physicians, procedures and the quality of care is a step toward earning patient trust. With the right content, patients begin to see you as a knowledgeable, helpful resource in their search for the right healthcare solution.

During the past few years, sales methods have changed dramatically. Traditional methods and hard-line sales techniques are slowly being pushed to the side. Today, successful sales tactics must reflect the needs of the buyer. As the buyers’ needs have changed...so must the sales methods. Modern-day sales methods are based on relationship building, with a goal of communicating value and demonstrating a sincere desire to earn a patient’s confidence and trust. This process is referred to as lead nurturing.

> **To build an effective content marketing campaign, you need to know who your patients are, what they like to read, and at what stage in the buying process they are ready to read it.**

Part of lead nurturing is about providing your patients with the information they need, when they need it. Content marketing is a key. Successful healthcare content marketing starts with understanding your patients. To build an effective content marketing campaign, you need to know who your patients are, what they like to read, and at what stage in the buying process they are ready to read it.

Content marketing and positive editorial exposure through public relations builds trust and credibility. The right content allows you to share best practices, insights and advice. The best content informs prospective patients, facilitates the healthcare buying process and lays the foundation for an ongoing conversation based on trust.

What are the stages of the patient decision-making process? To create the best content to match your prospective patient’s needs, it’s best to outline the key stages on their path from prospect to patient.

While the journey varies, most patients are likely to go through the following stages:

- **Awareness.** The patient recognizes a problem or a need and seeks a way to define what’s wrong and how to fix
it. Good content anticipates the issues they are trying to solve and provides the answers they are trying to find.

• **Research.** The patient researches and examines how others have solved the same issue. This is when patient testimonials and video documentation are very helpful.

• **Consideration.** The patient sorts through options, reading content from various sources to determine differences between possible providers, and begins to rank potential solutions.

• **Decision.** The patient creates a short list of providers to research and evaluate further. This final research eventually leads to a decision.

> **Content marketing and positive editorial exposure through public relations builds trust and credibility.**

The relevance and availability of this information is critical at each stage of the decision-making process. At the awareness stage, patients need to discover what may be wrong and the best solution to fix it. At the consideration stage, patients begin to evaluate different healthcare and provider solutions. The key to success is to find out what kind of information prospective patients want and need at each stage.

After you discover what your patients need, you can begin to create and market the kind of content that meets these needs. Create a strong foundation of trust by publishing valuable information for patients at every stage of their journey and you will transform a greater number of leads into patients.

**About the Author**

Patrick Goodness is the CEO of The Goodness Company: Global Healthcare and Medical Tourism Marketing. Goodness is a recognized leader in healthcare marketing and consults with private and public healthcare organizations around the world on healthcare branding, medical marketing, healthcare destination branding, medical tourism marketing and more.

His namesake company, The Goodness Company, is a full-service healthcare and medical tourism marketing and public relations agency with offices in the United States and Latin America. Since 1994, The Goodness Company has become recognized across the United States and around the globe as a leader in healthcare and medical tourism marketing solutions.

**Global Experience**

The Goodness Company has executed work in more than 45 countries on five continents, with projects in global marketing, advertising, public relations, video marketing, internet marketing and more. Goodness is recognized for its strategic healthcare marketing planning services that position clients to succeed in a competitive global environment. Healthcare organizations and corporations around the world trust The Goodness Company with critical healthcare marketing, public relations and branding projects.

Multicultural and multinational experience, paired with a hands-on approach to healthcare and medical tourism marketing and public relations, has positioned The Goodness Company as a leader in domestic and international healthcare marketing.

The Largest Patient Education Platform in the World
Exclusively Featuring MTA Members & Certified Organizations
To elevate the quality of care in medical tourism, concierge services are becoming increasingly available in many medical tourism destinations. A hired concierge will assist clients with various activities including arrangement of transportation, restaurant reservations, appointment for spa services, procurement of tickets to various events, and recommendations and travel arrangements for tours to local attractions. To stay in business and be in competence within a global market, medical tourism destinations ought to offer concierge services that focus on quality of care and enhancement of client relationships.

Content Analyses

There are three entities identified as key areas for the development of concierge services. They are physicians, hospital and programs for patient’s family and friends.

Physicians

Concierge medicine or concierge healthcare emphasizes the accessibility and immediate attention that a physician

“
To enhance the quality of care in medical tourism, concierge services are becoming increasingly available in many medical tourism destinations.”
may provide to patients. A physician needs to be 24-hour accessible by phone, email, text message or pager. Physicians are encouraged to offer free check-up, provide preventive care and electronic medical records, coordinate with fitness and nutrition providers, recommend personalized wellness programs to clients and attend specialist appointments with patients (Clark et al, 2010).

Key elements identified by examining the role of physicians in concierge services are:

- Accessibility
- Exclusive services
- Integrate treatment with caring programs

Hospitals

1. Hospitals, to stand out from the crowd, are adding amenities and special services for clients to improve their services.

"Staid is out, amenities are in." Besides providing Wi-Fi connections and hanging arts on the walls, the Century City Doctors Hospital in Los Angeles extols its menu, created by celeb chef Wolfgang Puck, and puts flat-screen TVs in all rooms. Memorial Sloan-Kettering Cancer Center, in New York, has an afternoon tea service. M.D. Anderson Cancer Center, in Houston, offers patients field trips to local museums and attractions. A new hospital, Henry Ford West Bloomfield Hospital, in a Detroit suburb, established a wellness center facilitated with walking path, cooking classes and shops that intended to make it more of a community draw (Hobson, 2008).

2. Offering concierge services for everyone including visitors, patients, families and friends, employees, medical staff.

The Parrish Medical Center in Titusville, Fla., a spa-or resort-like hospital, was jokingly referred to as “the Hilton of hospitals.” The center offers a 24-7 concierge service with a wonderful entertainment system that includes movies, games, Internet access and patient education videos, and “comfort carts” filled with snacks and beverages for patients and their families (Finkel, E., 2006).

3. Outsourcing concierge services for efficiency and patient satisfaction.

Busy doctors, nurses or patients’ families may not consider the hospital a logical place to take their dry cleaning. But some of the nation’s top outsourcing companies are banking on dry cleaning and other concierge services, such as car washing and oil changes, to keep hospital employees happy in an increasingly competitive working environment (Kirchheimer, 2005).

Program for Family and Friends

A common theme among concierge services is the special treatment and services associated with simplifying life and providing exclusiveness to treatment.

However, often, one important element was missed among these services: programs designed for families and/or individual who are companions of the patients. These individuals are often thought of as ancillary to services that are provided. They are most important because the patient is concerned about their loved ones and how they are treated. There is evidence that when these services are provided, it helps with patient recovery.

Reviewing the existing literature in health industry, we found eight common facilities that were associated with somewhat services provided for family and friends.

1. Facilitate rooms inside hospital or hotel rooms; no concierge service provided; hospital controlled.
2. Hotel rooms outside hospital; hotel attached to hospital; no concierge service provided; hotel controlled; hospital promoted.
3. Hotel rooms outside hotel; not attached to hospital; no concierge service provided; hotel controlled; hospital promoted.
4. No affiliation with hospital; no concierge; hotel controlled.
5. Facilitate rooms in a hospital or hotel rooms; concierge service provided; hospital controlled.
6. Hotel rooms outside hospital; attached to hospital; concierge service provided; hotel controlled; hospital promoted.
7. Hotel rooms outside hotel; not attached to hospital; concierge service provided; hotel controlled; the hospital promoted.
8. No affiliation with hospital; concierge services provided; hotel controlled.

Of these eight types of facilities, 1-4 offer no concierge services; and 5-8 provide concierge services. The first and fifth types are services undertaken by hospitals; types two, three, six and seven are affiliated with hospitals. Hotel rooms are often recommended by hospitals; while types four and eight are totally operated by hotels independently.

The key factors in these types of facilities are whether or not concierge services are provided and where they are controlled and promoted. Many of these services are the same as the concierge provided by doctors and hospitals to their clients or employees. But, those services are perfunctory and only designed to make the individual more comfortable. The missing element in most of them is the personalized services. Travel agents or a ground operator can usually provide such individualization of services. It is they who usually bring services together that meet and take care of the individual needs of patients and their visitors. It is the coordination of those amenities and personalization of them by travel agents or ground operators that made the greatest impact on client satisfaction.
Recommendation for the Development of Concierge Services

Top-notch Physicians
The client is seeking the best physician to provide the quality of treatment. Physicians affiliated with universities or research hospitals are on the cutting edge of medicine. Their research reputations may help individuals to make a proper decision. A prospective client may visit the website http://health.usnews.com to read peer reviews posted for every doctor, but this is only available for the medical practitioner in the United States. Another way to learn about a doctor’s reputation is to examine his/her publications and research grants. Most practitioners are certified by a country’s medical board. The criteria used for certification is available, but varies by nation. Certification does not ensure quality of service. Thus, research conducted by a prospective patient is essential to obtain the quality and level of service that they expect. Here is a helpful research site: http://Health-Tourism.com

Reputable Hospitals
There are two major components for a successful hospital: one is the reputation and the other is the certification that its professionals profess to provide the best services. Joint Commission International (JCI) is an international hospital certification board (http://jointcommissioninternational.org/). In addition to JCI, the other website: http://health.usnews.com also provides reviews of hospitals. One critical element for reviewing a hospital is how its staff provides quality services. JCI established standards directly related to quality and ensures they are based upon their criteria.

Concierge Programs for Recovery
Proper recovery is essential for healing. There are three key elements for one’s recovery: the quality of rehabilitation, the environment, and families and friends. Concierge for families and friends is the least explored element in medical tourism because it involves mixing and matching of services that make the primary difference. A great deal of research has been done on how to enhance the quality of rehabilitation. Standard procedures in operation have been established based upon criteria created by professional organizations and their recommendations. Research on the recovery environment is well underway in terms of designing and functioning. But, many of the recovery environments are institutional in nature. One of the benefits in medical tourism is to offer a client a relaxed setting within a pleasant environment. In this kind of environment, recovery is enhanced with family and friends. This adds another dimension to the healing process. The last two elements discussed above hold potential, especially related to positive attitudes toward healing processes.

Post Recovery/Education
Post recovery is designed as a prevention phase. This is the educational process provided to the patient and the family and friends to help the individual plan their future and change their lifestyle in order to prevent further problems. Most times, the educational process is provided, but there is very little follow-up to ensure or continue the process to help the individual realize their goals. This type of follow-up allows building relationships with clients and often makes a difference in retaining clients for future services.

Managing Cost
Often there’s a controversy about benefits and costs when planning to add a new program. The assumption is often made that concierge services cannot be provided because of a high cost. This is not true even though it is very difficult to achieve without certain expenses. Research is needed to determine which services will provide what kind of benefits. Without this information, money is sometimes wasted on services that have no direct or indirect benefits to achieved outcomes.

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About the Author
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Dr. David Groves, a professor emeritus at Bowling Green State University, has more than 100 publications. His research focuses on event planning and tourism destination development, and health education.

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Such consensus leads to a soul-searching question: How many spas, hotels or sanatoriums, worldwide, have a functional program to remedy chronic inflammatory diseases? As a group, they’re the leading cause of death - cardiovascular diseases, diabetes, cancer, MS, and rheumatoid arthritis. The benefits of the “Mediterranean Diet” for heart health have made headlines, but are they effective enough for the diet to be introduced in sanatoriums? Programs for life-threatening conditions cannot be hit-or-miss. With respect to effectiveness, another curative diet, the “ORS Method,” is specific and targeted; its objective being to inhibit the activity of two enzymes at the center of inflammation. In so doing, damage that characterizes destructive cycles in chronic illnesses is minimized or averted. The biochemistry that inhibits the two enzymes does so long enough for healing phases to outpace cyclical damage on the cellular level. Clinical work, dating back to the late 1970s, produced rather remarkable results reversing some of the most challenging conditions like diabetic foot ulcers. Clearly enough, an effective therapy can translate into bottom-line dividends for inbound medical tourism operators.

Observing the Incurable Being Cured

Glimpsing into the waiting room, I routinely noted that patients rarely smiled. They were there to see cardiologist K.A. Oster, chairman of the Department of Medicine, at St. Vincent-Park City Hospital, Conn. Diabetic foot ulcer was the complaint. He was their last hope, considering that personal physicians had offered little aside from a dim prognosis: “Amputation. To prevent progressive gangrene.”

Non-healing peripheral wounds, also called diabetic foot ulcers, are a complication of atherosclerosis, often accompanied by diabetes. Each year, in the United States alone, more than $2.5 billion is spent on treating the condition in about 6.5 million patients. Some $4 billion is spent amputating limbs – the eventual outcome. Against the backdrop of an epidemic of epidemic chronic degenerative diseases that is plaguing America, non-healing peripheral wounds have been headlined by specialists as a “Snowballing Threat to Public Health.”

“Non-healing peripheral wounds, also called diabetic foot ulcers, are a complication of atherosclerosis, often accompanied by diabetes.”
Most physicians are clueless with respect to remedying the condition.

During the 1980s, when I had the fortune of being a member of the Oster-Ross research team, I personally observed how several dozen patients were cured of the condition and with remarkable speed, three months, on average. In all, more than 100 patients were remedied, a result published in several, peer-review medical journals and books.

Nonetheless, the therapy had two major drawbacks. It was inexpensive and it couldn't be patented. Oster had been advised of the shortcomings by shareholders, for he was also clinical pharmacologist and medical director of McKesson Laboratories, a major wholesale, pharmaceutical manufacturer. If anyone could have gotten the therapy approved, he was in a position to do it.

**A Common Cause, a Common Treatment**

Perhaps, the most valuable lesson learned in the treatment of “incurable” cardiovascular diseases was that much the same therapy also works for reversing multiple sclerosis (MS), gout (podagra) and psoriasis. One day, Oster shared his pet hypothesis with me, namely, that, “A multitude of apparently unrelated inflammatory diseases may actually be only one many faceted disease.”

In other words, seemingly unrelated diseases, such as Alzheimer’s, cancer, and Lupus, apparently, have a common, inflammatory pathology. The nature of each condition and resulting symptoms appear to be largely determined by where inflammation starts in the human system. Oster expanded on his thesis, telling me that, “The different” disease manifestations may be amenable to a common treatment,” that is, a common cause means that a common treatment should be possible.

During the 1980s, when I had the fortune of being a member of the Oster-Ross research team, I personally observed how several dozen patients were cured of the condition and with remarkable speed, three months, on average.

In support of Oster’s theory that chronic illnesses have a common pathology is the active participation of the same enzyme, xanthine oxidase or “XO,” for short, in each condition. During cycles of inflammation, XO generates unstable free radicals causing a chain reaction of cellular death. Inserting XO plus the name of any major, chronic illness into a search engine reveals the impressive extent of research being done on XO. By the way, the main source of XO is homogenized cow’s milk. The human liver also produces it to digest food, but it’s about 15 less potent than XO in cow’s milk. Inflammation and XO seem to be the two bad-boy links between the diseases.

Cutting-edge researchers have come to nearly the same conclusion, namely, that virtually all chronic diseases start with inflammation. It’s an aspect widely covered, even a Time magazine cover story (Feb. 23, 2004).

Cyclical inflammation flare-ups in chronic illnesses are like a trick, birthday candle that relights after you blow it out. It’s the low-temperature-burning magnesium flakes in the wick that allow the candle to relight. In chronic diseases, XO is an irritant that has taken up residence where it shouldn’t be found. It “relights” inflammation, over and over again, under certain conditions. The key, then, is to eliminate those conditions. It’s something that can be accomplished by way of diet.

The ORS Method applies theory to practice – the natural extension of the folic acid therapy that we implemented with great success more than 30 years ago. It’s a nutritional plan that introduces correctives through proper food selection. Very specific, nutritional guidelines can inhibit XO activity while decreasing the vulnerability of cells to inflammation. By inhibiting XO long enough, natural healing processes can outpace damage, allowing recovery from some 30 inflammatory diseases.

**Dressing Up for Dinner**

The choice should be simple enough.

Either therapy can be as dreary as the color of hospital walls or it can be implemented with flair by going on vacation in 5-star luxury at a fraction of the cost.

Again, results are what count most.

Open heart surgery has an unpredictable outcome and will cost no small amount of pocket change. It may or it may not alleviate symptoms and it certainly doesn’t cure or address the heart of the problem. It’s a matter of time, 2-15 years, before bypass surgery will be rescheduled for round 2.

For most persons diagnosed with a chronic degenerative disease, it comes down to hoping against hope and risking it through the medical minefield of some rather grim statistics. Therapy that is the subject of the present article means learning about the condition, tripping the light fantastic and restoring zest and well-being with gourmet flair. All factors considered, bypassing the bypass seems to be the intelligent choice.

After a guest arrives at a hotel or a sanatorium and the original diagnosis is recorded by an attending physician, a comprehensive questionnaire is filled out to assess the ideal, nutritional solution for each person. The core of the individualized, therapy program consists of dressing up for dinner and enjoying tasty menus for 1-4 weeks. Education is ongoing during the stay, considering that the follow-up required after returning home, especially for reversing more serious conditions, may require 2-6 months. Some nutritional guidelines are to be adhered to, forever. In any event, the approach allows each person to take control of his or her health in a dignified and civilized way.
In contrast to draconian diets that cut out fats, cholesterol, carbohydrates, alcohol and protein leaving a symbolic vegetable to look at, ORS Method dinner plate offerings compete with savory choices from the best of French cuisine. Let it be recalled that the French consume three times more cholesterol and fat than Americans yet have five times less heart disease. The observation has been referred to by researchers as the “French paradox,” yet it is easily explained on the basis of findings determined by the Oster-Ross team. A well-documented article in Wikipedia, “Homogenized Milk and Atherosclerosis,” covers the subject and the connection between “XO, cholesterol and fats.”

The best of curative diets that might be offered in a sanatorium, today, lacks the fine-tuning and targeted recommendations characterizing the ORS Method. Fad diet plans promoted by publishers also lack the background science and are often counterproductive. Decision-makers at sanatoriums and health retreats interested in learning more about the ORS Method may send inquiries to the coordinates, below.

Why Overseas?

Nothing forbids the ORS Method from being introduced in health retreats in the United States as long as promotional claims aren’t made that it cures a health condition. It might present a marketing challenge considering that the method is designed specifically for remedying an illness, but the challenge is not insurmountable. Clearly enough, overseas venues don’t risk a possible, head-on clash with the economic interests that rule the medical, food and pharmaceutical industries in the United States. History is replete with examples of innovative ideas and businesses being compromised by malevolent motives. The therapy is too effective and inexpensive for it not to draw attention.

I’ve chosen to work alongside a few, select sanatoriums in Yalta, Crimea, which is quiet, abounding with charm and rich in tradition. In fact, it’s the birthplace of modern medical tourism, with Russian aristocracy voyaging there since the 1800s. International flight connections are through Simferopol and Kiev and no visa is required for Americans and Europeans. It’s like the French Riviera, in terms of climate, with the edge to Crimea, in terms of unspoiled nature.

The Benefits for Inbound Medical Tourism Operators

With the ORS Method in the arsenal of marketing divisions at spas, hotels and sanatoriums, benefits that can be expected include:

- Increased bookings
- Increased guest satisfaction
- Word-of-mouth recommendations
- Reduced advertising and marketing costs
- Upscale guest-client base
- Increased seminar and conference bookings by professional groups
- Reduced medical overhead costs (no expensive equipment needed)
- No higher degrees needed for support staff
- Extended summer season or even year-round occupancy

A Personal Note

Unfortunately, I discovered that atherosclerosis and Alzheimer’s are the same inflammatory disease, but in different locales too late to help my ailing mother. With her passing, the desire to share information about how chronic illnesses can be remedied has become a mission as much as a way of life.

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About the Author

Protégé of cardiologist K.A. Oster and professor D.J. Ross, Nicholas Sampsidis is an authority on chronic, inflammatory, degenerative diseases and a pioneer in their treatment. Author of the best-selling title, “Homogenized Milk & Atherosclerosis,” of which nearly one million copies are in print, he has updated the information and backed it with more than 100 new references in a new edition (eBook format). In his latest title, “Something Called XO,” Sampsidis expands on the hypothesis of Oster and Ross that many apparently different diseases are actually one manifold manifestation of the same disease. Applying more than 40 years of research to practice, Sampsidis has formulated a unique, nutritional solution for preventing and reversing chronic degenerative diseases – the ORS Method. A graduate of Bowdoin College, Sampsidis provides advisory support to health centers and sanatoriums interested in implementing the therapy. n.sampsidis@treat-heart-disease.org nsampsidis@hotmail.com

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Ozone and Thalassotherapy: an Alternative Form of Healing

By GLOBAL HEALTHQUEST

The simplest definition of alternative therapy is medicine that involves unconventional methods. Alternative therapy has often been criticized by the healthcare community; however, in the 21st century, the use of alternative remedies has been adopted by medical practitioners to complement conventional treatment methods. If alternative therapies are used by conventional doctors, are they still considered "alternative?"

This is an interesting topic for many and should not be discussed without addressing the subjects of ozone therapy and thalassotherapy. During the past century, these two forms of treatment have become increasingly available in healthcare clinics around the world, particularly in the Caribbean and in Europe, for their abilities to have soothing dermatological effects and for their alleged ability to treat a variety of ailments from multiple sclerosis to cancer.

Thalassotherapy

From the Greek word thalassa, meaning “sea,” thalassotherapy is the use of ocean and seawater, ocean climate, marine products, such as algae, seaweed, mud, and other sea-based items, for medicinal purposes. Earliest evidence suggests that the therapy originated in the 19th century in England and France. Some claims date back even further to the Roman antiquity era.

The effectiveness of thalassotherapy treatment revolves around the scientific effects of natural elements found in seawater and the effect those elements have on the body. A marine environment is host to minerals and nutrients, such as sodium, potassium, calcium, iodide and magnesium. The combination and exposure to these elements produces the healing effects that people experience after treatment.

### Seawater composition (by mass)

<table>
<thead>
<tr>
<th>Element</th>
<th>Percent</th>
<th>Element</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>85.84</td>
<td>Sulfur</td>
<td>0.091</td>
</tr>
<tr>
<td>Hydrogen</td>
<td>10.82</td>
<td>Calcium</td>
<td>0.04</td>
</tr>
<tr>
<td>Chloride</td>
<td>1.94</td>
<td>Potassium</td>
<td>0.04</td>
</tr>
<tr>
<td>Sodium</td>
<td>1.08</td>
<td>Bromine</td>
<td>0.0067</td>
</tr>
<tr>
<td>Magnesium</td>
<td>0.1292</td>
<td>Carbon</td>
<td>0.0028</td>
</tr>
</tbody>
</table>

Commonly applied through immersion in the warm seawater, mud, clay, seaweed or algae wraps or even through enjoying a seaside massage while breathing in the sea air, the minerals are absorbed through the skin, creating a lasting detoxifying effect.
Benefits of Seawater

The natural healing powers of thalassotherapy help to restore the human body's natural, chemical and mineral balance because seawater and human plasma have a very similar make-up. As the elements pass through the skin, the body receives a boost to the circulation, increasing blood flow, accelerating metabolism and eliminating toxins.

Although often used purely for detoxification, enthusiasts claim this alternative treatment can be useful in healing many types of dermatological conditions, such as eczema and cellulite, psoriasis, muscle pain, arthritis, assists with stress reduction and, because of the boost it provides to the metabolism, can also lead to weight loss.

The Discovery of Ozone

In 1856, a mere 16 years after scientists discovered its benefits, ozone was used in a medical setting to disinfect operating rooms, drinking water, wounds and to sterilize surgical equipment. Produced through the combination of three atoms of oxygen, O₃ is a naturally occurring tri-atomic molecule or a compound found in the upper atmosphere. It was discovered after Greek scientists noted a peculiar odor, similar to that of chlorine, which occurred after lightning storms. Under normal conditions, ozone is a pale blue gas and is a powerful oxidant with many applications in modern consumer and industrial society aside from the atmospheric benefits it has in preventing ultraviolet damage to the planet.

Produced naturally by white blood cells and other organic species of plants and animals, ozone is utilized by the body to destroy foreign elements. As it breaks down to form dioxygen or O₂, ozone releases free radicals which are highly reactive and can trigger other necessary chemical processes in the body.

Ozone Therapy

Still considered by many to be a form of alternative medicine, ozone therapy is the method of introducing the molecule into the body, creating an oxygen-rich environment in which various diseases cannot thrive. The theory that disease cannot grow in a high-oxygen environment has been a long established medical practice since World War I, when surgeons left wounds exposed to the air to disinfect and promote healing. Today, numerous organizations worldwide including those in Asia, Europe, Cuba and the Caribbean claim benefits of ozone therapy.

Introducing ozone into the body varies among a number of different methods commonly being used today. Various procedures usually involve mixing ozone with other gases and liquids and injecting the formula into the body either directly into the muscle or just under the skin. Ozone can also be delivered to patients using autohemotherapy, which involves drawing blood from the patient, exposing the blood to ozone and then re-injecting the ozone-rich blood back into the body.

The therapy has been proposed for use in the treatment of more than 150 diseases including:

- Cancer
- Lyme Disease
- AIDS
- Diabetes
- Stroke
- Depression
- Chronic Fatigue
- Lupus
- Fibromyalgia
- Multiple Sclerosis
- Arthritis
- Heart Disease
- Dementia

Ozone can also be used in dentistry, treatment of herniated discs, on athletes to increase performance, detoxification and to provide a boost to the immune and circulatory systems.

Alternative Remedies in a Modern World

Thalassotherapy and ozone therapy are just two of the many alternative treatments that healthcare facilities and clinics are offering their patients. Alternative therapies often deliver an increased focus on quality of life, relaxation and balance for the patients involved, seeking to restore the physical self and mind with more natural elements, promoting the body to use its own natural processes to heal. The inclusion of alternative therapies into a patient’s treatment program is often viewed not as a single solution, but a compliment to conventional medicine. This type of complementary medicine is quickly gaining momentum outside of North America as it provides a human touch to an otherwise sterile and pharmaceutically driven medical industry.

Due to the increased focus on alternative therapies in other countries, many patients find themselves travelling abroad to receive such services. Destinations, such as the Caribbean, are finding themselves at the heart of a booming medical tourism.
industry that revolves around these alternative remedies and complementary medicine.

**Medical Tourism**

Today, more than ever, people all over the world are comparing local healthcare services to those offered in other countries, and often they are choosing to travel to get what they perceive as superior healthcare. In a 2012 poll conducted by global research company Ipsos, 18 percent of those surveyed indicated they “definitely would” consider travelling to another country to receive medical or dental care, and 36 percent reported they “probably would.” Moreover, the majority of those reporting they would travel to receive medical or dental care are under the age of 50. This means that the largest generation since the baby boomers will likely engage in medical tourism for many years to come.

There are a number of reasons why people travel abroad for medical and dental services. Some want to find the best possible treatment; others to avoid long wait periods in their own countries. Still, others want to receive the same level of medical care for a fraction of the cost. In addition, many of these exotic destinations offer the ideal backdrop of enticing beaches, tropical weather and wonderful cultural experiences while recovering. This trend has led to the birth of medical tourism agencies, which are full-service travel agents that act as medical facilitators between patients and their doctors and specialists, arranging for accommodations; offering medical concierge services, assistive devices for travellers with disabilities; making transportation arrangements, providing access to alternative therapy centres, knowledgeable counselling, and also arranging other tourist activities and excursions that can make a medical vacation more enjoyable. Whether patients are seeking medical intervention or a wellness retreat, global medical treatment and alternative remedies are becoming increasingly accessible to the public.

**Global HealthQuest**

Global HealthQuest (GHQ) connects people to health and wellness facilities around the world. GHQ provides alternative care for those who cannot find an appropriate solution in their own country, or prefer to travel abroad for health and wellness programs and services for one or more reasons. GHQ is the official representative of select hospitals and wellness sanctuaries around the world, and can recommend an appropriate service and destination, facilitate travel, lodging and leisure activities, and manage the entire process including pre-treatment preparation and post-treatment follow-up and care.

Global HealthQuest’s rigorous screening ensures that approved facilities maintain high healthcare standards, provide exceptional care and maintain a strong focus on each individual’s quality of life.

Like GHQ’s symbol suggests, the serious matter of medical services are combined with the spiritual properties of the lotus flower, to ensure professional, quality care is delivered in a calm, tranquil and balanced environment where true healing can take place. Add to this the natural setting of a tropical paradise with tranquil and balanced environment where true healing can take place. Add to this the natural setting of a tropical paradise with lush vegetation, sunshine year-round and a constant gentle ocean breeze and you have found the ideal location, which can be considered therapeutic in its own right.

For the uninitiated, the concept of travelling to a foreign land to receive healthcare services may be daunting. Whatever the reason, Global HealthQuest is able to find a solution to address almost every client’s needs. This is why GHQ facilitates every step, and provides all the education necessary to ensure each client or patient makes a highly informed decision and does not encounter anything unexpected. No GHQ client is ever alone at any stage in the process because trusted staff and international partners provide support and oversight throughout each person’s program or treatment service to ensure complete success and total satisfaction.

Once a person takes the first step to inquire about alternative healthcare services abroad, GHQ makes the person’s health and wellness needs a top priority, explaining each available option in detail. For clients looking to be treated for a medical condition, GHQ works collaboratively with their local doctor and the medical team at the recommended facility abroad to facilitate an efficient exchange of documents and ensure the recommended treatment is suitable and safe. Accordingly, a plan is then developed to facilitate every aspect of the program or service including travel and lodging and even leisure activities, where suitable if the client wishes to participate.

"Today, more than ever, people all over the world are comparing local healthcare services to those offered in other countries, and often they are choosing to travel to get what they perceive as superior healthcare."

Upon return to Canada, GHQ staff manages the post-treatment program, which might include physiotherapy, rehabilitation or other service. This ensures clients who have travelled abroad for medical treatments make a full and efficient recovery.

With more than 20 years experience in the field of rehabilitation and disability management, Global HealthQuest believes there is nothing more important than your health and well-being and their goal is to help you lead a fuller, more well-balanced and healthy life.

*If you are interested in learning more about what Global HealthQuest can offer you, please don’t hesitate to contact us:*

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What is coronary artery disease?

Coronary artery disease, also known as atherosclerotic heart disease, is caused by the buildup of plaque, a sticky sponge-like substance that attaches to the arteries of the heart. If too much of this plaque begins to clog the arteries, the heart is forced to work harder to get blood to flow. Many who live with this disease eventually suffer an acute myocardial infarction, or heart attack. Unfortunately, coronary artery disease is the number one cause of heart attacks in both men and women.

Often, patients never even know they have coronary artery disease until they suffer a heart attack, but symptoms can include chest pain and shortness of breath. The disease has some important risk factors, such as high blood pressure and cholesterol, and diabetes and obesity, which have been shown to be indicators of coronary artery disease as well.

What is a statin?

Luckily, there are medications and therapies that patients can take that not only help alleviate their symptoms, but also decrease their risk of suffering a fatal heart attack. These medications are called statins.

Statins are a type of medication used to lower cholesterol by blocking an enzyme which is a cause of cholesterol production. Like any medication, statins have rare adverse reactions. Patients can develop liver or muscle problems. There are many statins on the market, but some of the more widely known versions are Lipitor®, Crestor® and Zocor®. Other than their names, every brand of statin works the same – they help inhibit the creation of cholesterol in the body.

“Often, patients never even know they have coronary artery disease until they suffer a heart attack, but symptoms can include chest pain and shortness of breath.”

During the past 20 years of my career as a practicing cardiologist, I have witnessed the ravages of coronary artery disease in my patients and in South Florida. Even with available, life-saving medications, patients are reluctant to take them because of an ongoing debate about their effectiveness, side effects and unsubstantiated data.

By DR. KEVIN COY
Like any medication, statins have side effects. Patients can develop problems with their liver, or muscular problems, but many of these reported risks are low.

Statins even have the secondary benefit of helping people who are at high risk of developing coronary artery disease. Even if a patient has no symptoms or signs of narrowed arteries due to coronary artery disease, statin medications can help reduce progression of the disease and a possible heart attack.

**Safe? Or, too risky?**

Nevertheless, there is a debate on the safety of statins. Even though statins have been used safely for two decades and a number of studies have shown the significant life-saving benefits of this drug class, there is still a debate about whether statins are effective or if their risks are too great. One study said the medication did not prove to have a significant help for those who did not have a previous cardiac disease, while other studies said the opposite. Yet another study linked statin use to increased diabetes.

Even though statins have been used safely for two decades and a number of studies have shown the significant life-saving benefits of this drug class, there is still a debate about whether statins are effective or if their risks are too great.

Much of the time, the data from small, outlying studies have been amplified past their true study reaches in order to skew public perception. For example, while many patients in some of those studies have a number of other health risks, many of them would have developed those diseases regardless of statin use.

Sadly, I’ve had many patients who have been scared away from taking this much-needed medication because of fears that are founded in sensationalized studies that have insignificant data.

As physicians, we are trained to synthesize data using the scientific method. We are taught to weigh the information and facts for any treatment and arrive at a conclusion that is based on fact and overwhelming evidence. To this day, I still use this method when subscribing medications or performing procedures, and we physicians continue to make adjustments to our decision-making process as new information is released.

But, when all data is before us and the evidence still points to the treatment having significant benefits, we will always choose that direction. In this case, there are no doubts that statin therapy has benefits far exceeding the risks.

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**About the Author:**

Dr. Kevin Coy received his medical training at the University of Florida, where he graduated with honors in research and then pursued his cardiology fellowship at the respected University of California Los Angeles – Cedars-Sinai Program. After completing his cardiology fellowship, he trained with the pioneers of angioplasty, Dr. Richard Myler and Dr. Simon Sterzler, at the San Francisco Heart Institute. Dr. Coy relocated to South Florida in 1992 and, after beginning his private practice, he was the founding partner of Miami International Cardiology Consultants, which he continues to grow.

Dr. Coy is board-certified in internal medicine, cardiology and interventional cardiology, all by the American Board of Internal Medicine, and is a Fellow of the American College of Physicians and the American College of Cardiology.

Dr. Coy has presented papers, both nationally and internationally, and has established cardiac programs throughout the Caribbean. At Doctor’s Hospital in Nassau, the Bahamas, Dr. Coy performed the first cardiac catheterizations and angioplasty procedures as well as developed the cardiac catheterization program. Dr. Coy has served as a visiting teacher throughout the Caribbean including the University of the West Indies. He has participated in training his colleagues in various Caribbean islands, such as the Bahamas, the Cayman Islands and Curacao.

Dr. Coy is currently licensed to practice medicine in the Cayman Islands and the Turks and Caicos Islands.

Dr. Coy has interests in both non-invasive and invasive interventional cardiology and has been the co-principal investigator or principal investigator in a number of trials during the past 16 years in South Florida. In 1992, he won the Laverna Titus award for clinical research in Southern California. Dr. Coy has participated in developing and furthering new technologies in the area of cardiology. Besides his clinical research, he continues to practice both locally and internationally. He currently holds medical licenses in the Turks and Caicos Islands, and in Florida and California, where he is in good standing.
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Many elderly people face the rest of their life in their own home prison, although with opulence and surrounded by caregivers. They spend their last years “alone” at the same place with the same people. Some of these patients are having medical treatment or facing a long time recovering from cancer or other sickness in the same city or place they once lived and worked. It is important to remember that after so many years of hard work and a busy life, there is nothing better than to spend the retiring or last years of their lives in paradisiacal places with all due medical attention.

Although most of the attention is usually given to surgeries and other treatments with short-term intervention, medical tourism also involves long stays and periods of treatment abroad, even with affordable prices. Even better than to stay at home or in a hospital during long periods is to receive all medical services in places with breathtaking sceneries, near beaches with the usual warm care of healthcare professionals. This is one side of medical tourism that there is little information about, beautiful locations that are destinations for treatments, for a short or long period of time.

Algarve, in Portugal, is one of the most beautiful and prepared places for short- or long-term treatments to recover from a surgery or to spend the last years of life enjoying the exuberating nature. It is a region in the southern part of the country with plenty of beautiful beaches, paradisiacal landscapes, some of the best golf camps of the world and with a great infrastructure to receive all kinds of tourists, even those looking to conciliate medical treatment with quality of life.

There are several cities near the sea with just as good healthcare systems and networks of public and private hospitals as those in Algarve. The region receives thousands of international patients for treatments, especially from those who want or need long periods of convalescence. In fact, there are several villages ready to receive patients, many of whom have Algarve as a second home, spending months or years there as one of a few places where there is sun all year long in Europe.

However, this area receives tourists from all parts of the world with many purposes and is not exactly a destination only for elderly; there are wonderful resorts nearby the beaches in cities like Sagres and Martinhal, which receive families from all of Europe. There is an international airport conveniently located in the city of Faro, near all other cities and a few hours from most destinations in Europe and easily reachable from the United States through Lisboa.

The sun, sea and beaches are used as complimentary benefits to patients who prefer to face a medical treatment walking in the sand than to spend all day long lying in a bed or watching television in a cold hospital room. Being able to visit historical
places dating back to the Roman Empire, cycle around the roads and safe streets to take in the beauty of the cliffs or enjoy the hospitality of a people well-prepared to receive international patients speaking all languages, makes Algarve an important destination in the medical tourism industry for those looking to stay long periods of time.

The entire region offers treatments beyond medical intervention using all the knowledge acquired from centuries of studies and expertise; beginning with the baths and thermal waters used by Romans to current techniques, clinics, medical centers, spas and hospitals that have a profusion of methods to cure its old and new diseases. More than just a new medical tourism destination to compete with many others, Algarve has thousands of years of existence; some thermas were used before the birth of Jesus Christ. Just to be treated by experienced doctors in a place full of history is something not to be forgotten, better yet when the patient can choose the best treatment from a preferred hospital or spa.

The proximity to the African continent opens a big door for those who need high-level medical treatment just a few flight hours away, which avoids those risks related to distant travel after critical surgical intervention. The affordable medicine provided in the region, quality of service, and expert physicians and technologically advanced hospitals capable of performing critical procedures makes Algarve a European centre of excellence in medicine. More yet, for those countries in Africa whose language is Portuguese, Algarve provides patients with a very familiar environment to ease translations.

"The difficulty ahead is to convince medical tourist facilitators and agents to pay more attention to this region of Europe that attracts millions of tourists every year, usually for vacation."

Despite the ability to perform any kind of treatment from a check-up to surgeries or transplants, the region needs to be known for the service it already provides for international patients. Most of them use the services when they need healthcare attention on vacation and are surprised by the level of medicine practiced, sometimes of higher standards than in their country. This is why the Portuguese Tourism Association of Health and Wellbeing (Associação Portuguesa de Turismo e Bem-Estar – APTSBE) is working hard to show the advantages of this destination, not just for a tourist that suffers a stroke, breaks a leg, but as a medical tourism destination with an extensive range of treatments offered to all kinds of patients -- even for Americans visiting the country at vacations or from elsewhere in Europe.

Due to the tourists coming from all international destinations attracted to the sun, the world-recognized golf camps and the safe and beautiful locations, Algarve prepares its infrastructure to receive any kind of patient speaking languages from almost all European countries. From an accident to a programmed surgical procedure, patients soon discover there is no need to return home for a treatment. In fact, the patient begins to spend more time in the region even during severe or long-term treatments. The good news is that the major hospital groups in Algarve have commercial relations with the biggest medical insurance companies in the world.

The difficulty ahead is to convince medical tourist facilitators and agents to pay more attention to this region of Europe that attracts millions of tourists every year, usually for vacation. Many tourists have a second home in the area, spending months to alleviate the hard time of treatment in a sunny and paradisiacal place. These locations need to be marketed by medical tourism professionals and sold to those patients who want to regain their health in a beautiful place or who need to face long treatments with the freedom to enjoy nature while there.

In fact, there is a big niche market in the medical tourism industry, which grows constantly with ageing populations who have enough finances to pay for better medical treatment in places like the Algarve. More than a beautiful destination for vacations, these places receive patients from a surgery in their advanced and accredited hospitals to long-term interventions as oncologic treatments where the nature and hospitality may not reduce the pain, but will make treatment or, at least the rest of the patient’s life, more pleasant than a hospital room.

Algarve is an approved destination by the Portugal Bureau of Tourism - Turismo de Portugal, the Algarve Resort and Hotel Association (AHETA), the Hospital Particular do Algarve (HPA), the Portugal Government and many medical schools in the country. Recognized by European organizations which demand a high standard of quality in healthcare, Algarve is certainly a medical destination for the present, more yet for the future.

About the Author
Adalto Felix de Godoi Graduated in management at the University of London/LSE with an M.B.A. from the University of São Paulo/Brazil. De Godoi works as an administrative coordinator in a JCI-accredited hospital and writes and has some books published about hospitality and humanization at hospitals.
Crimea: Birthplace of Modern Medical Tourism

Remedying ‘Incurable’ Chronic Degenerative Diseases

By NICHOLAS SAMPSIDIS

Few places on earth have as many spas, sanatoriums and clinics as the southern shores of Crimea – a tradition going back some 200 years. However, quantity doesn’t always equate to quality. Indeed, after the breakup of the USSR, some stately residences fell into disarray. Following recent Ukrainian government activities, fiscal initiatives, renewed interest on the part of Russian banks, plus the influx of high-profile guests and celebrities, Crimea is very much back – and with polish.

N
o less importantly, Crimea remains a bargain. Perhaps, most significant of all for medical tourists is the remarkable health dividends. Select sanatoriums are marrying into state-of-the-art nutritional solutions for reversing chronic, inflammatory illnesses – cardiovascular diseases, prostate and breast cancers, Lupus, psoriasis, gout, arthritis, MS, and early stage Alzheimer’s.

The Location

If Eve is an apparent afterthought in the creation of the human race, Crimea seems to be no less so in the creation of continents. A peninsula the size of Massachusetts, Crimea is attached to the mainland by an umbilical isthmus and bolted into the Black Sea at the precise, geographic epicenter of Europe, Asia and Africa. And situated at the heart of Crimea is the international airport of Simferopol, a 2-3 hour flight from European capitals, with connections through Kiev. No visa is needed for Americans and Europeans.

The Weather

Situated strategically, it only makes sense that Crimea should also be a center for health and well-being. It’s naturally endowed for such with sage, thyme and rosemary growing wild on its southern slopes. Shoreline temperatures rarely

“...
drop below freezing where subtropical palms abound. In fact, temperatures are just right for plentiful vineyards. Azure waters can be stormy during the four or five months of “winter,” at times even biblical in appearance with golden rays slicing into frothing waters through clouds posing long enough for photo opportunities, making the “Russian Rivera” true to its name most of the year. Blue skies offset uneven, pastel villages, which painters such as Constantin Korovin immortalized. Views from precipitous slopes are no less sweeping or majestic, today, than they were when A.S. Pushkin and Anton P. Chekhov inhaled inspiration from them. The bulwarks of mountains that shield Yalta, Gurzuf and Livadia from continental cold in winter months bear the brunt of snow that manages to crawl to it to negotiate a place on its peaks. Even if snow might be rare in Yalta proper, winter apparel is a must.

History

Crimea’s tradition of modern, medical tourism is traceable to Alexander I, conqueror of Napoleon and master of continental Europe, who voyaged to its shores with Empress Elizabeth after her physicians ordered her to leave St. Petersburg and move to a warmer climate. They bought land near Yalta in 1825 on which the Oreanda manor was built. Since then, all Russian emperors, their family members and Russian aristocracy came to Crimea to revitalize health and well-being. Mark Twain stayed in Yalta as a young man. Churchill, Roosevelt and Stalin divvied up the world near Yalta, in “Livadia,” the week of Feb. 4-11, 1945. It was the palace home of Tsar Nicholas II and his family. If legend is believed, according to some historians Odysseus was an early visitor, shipwrecked in Crimea or Ogygia, where he spent seven years with the nymph, Calypso, before sailing on a raft the last leg home.

Medical Treatments

Treatments for health conditions are as abundant in Crimean sanatoriums as the creative minds of leading scientists from the epoch of the USSR could produce. Natural treatments predating the USSR also have their place. However, results upholding the effectiveness of treatments aren’t readily available so one has to rely on word-of-mouth advice.

ORS Method is a therapy based on research and clinical work conducted originally in the United States and recently introduced to select Crimean sanatoriums.

During the past 40 years, the research team founded by internationally, renowned cardiologist K.A. Oster, who was chief of medicine at St. Vincent-Park City Hospital in Bridgeport, Conn., developed a methodology for remediying chronic inflammatory, degenerative diseases. Less serious conditions that are being treated include gout (podagra), psoriasis and chest pain (angina pectoris). Examples of life-threatening illnesses include prostate and breast cancer, MS, diabetes I and II, arthritis and cardiovascular diseases.

Core therapy targets the elimination of specific oxidants found in certain foods, inhibits the activity of oxidants and the formation of free radicals in human tissues (reducing oxidative stress), and reduces cell membrane vulnerability to the same oxidants by correcting lipid intake to favor more stable fatty acids. Considerations that characterize each individual diagnosis are added to the core therapy. Treatment of some of these challenging conditions, such as the healing of diabetic foot ulcers, requires three months, on average. Therapy is individualized for each guest.

Chefs are provided nutritional guidelines drawn up by trained specialists. The core diet may be modified according to individual, symptom complaints, possible laboratory test deviations, as well as individual food preferences.

In summary, guests staying for 1-4 weeks in participating sanatoriums are fed savory, gourmet meals, whose nutrient specifics inhibit processes behind disease – their cause - on a cellular level. As part of the individualized approach, guests are also taught how to extend the curative diet to their kitchens in order to take control of health upon returning home.

Prices in Crimea for the Day-to-Day

Crimea is consumer-friendly. Take United States and European prices for just about anything and divide by three or even 20 to get the price for equivalent goods or services in Crimea. Trolley fare, for instance, is 14 cents from one end of Yalta to the other. The tab for lunch in an open air restaurant bordering the market is under $5. And it’s not hamburgers and French fries, but rather tasty Central Asian “Manty” (fist-size, lamb “ravioli”) with hors d’oeuvres, a lumberjack bowl of freshly, prepared lamb stew, an oversized mug of draught beer, fresh-baked “lavash” (pita-type bread), plus all of the trimmings. It has been said, “Crimea costs as much as a person wishes to spend.” That is, restaurants can be found where tourists can spend several hundred dollars for essentially the same lunch, but with piano music and a sea view. Crimea just might be the most undervalued pearl in the world of medical tourism and it’s very accommodating in that it has treatments and services for every budget.

From June 15-Sept. 15, prices tend to be elevated compared to the rest of the year, nevertheless, they’re still extremely friendly by United States and European measures. Illnesses don’t wait for a particular season, so prices between high and low season aren’t the prime consideration for the medical tourist, but the availability of accommodations can be. Advance bookings are recommended.

Personal Care Pampering, Dentistry and Medical Therapy Prices

Dental work is highly professional with quality on par with the United States and Europe, yet it costs a fraction of the price. As a rough gauge, the price for extracting a wisdom tooth is $5-$15 in Crimea. Massages, skin care, mud baths, manicures-pedicures, haircuts, etc., will cost about 5-10 times less than the equivalent in the United States, except in upscale hotels.

ORS Method prices for the treatment of chronic, inflammatory conditions fluctuate according to the class of
room selected in a seaside sanatorium as well as on the length of stay. As a general rule, all-inclusive prices for the program, including medical supervision, lab analyses, medications and supplements, three meals a day (an individualized diet plan with drinks and wine), education, use of pool and facilities, range from $1,800-$2,500 for 1-2 guests per room per week, (airfare not included). The recommended stay for the treatment of most conditions is three weeks although some, like angina pectoris, is only two weeks.

**Distractions: Antiques, Theater, Excursions and Art**

Crimea’s natural beauty and charm makes it a hub for painters and artists. Art galleries abound and open-air showcasing of works takes place nearly year-round on Pushkin Street in Yalta. Some of the world’s best painters make Crimea their home. The realist and impressionist traditions remain well represented with avant-garde works being plentiful, as well. Like Key West, Fla., or St. Tropez, France, Crimea has a style all of its own, exemplified by works of art with an abundance of color and light, which accent and give life to lay-back, even ramshackle subjects.

The Chekov Theater is a historic landmark in Yalta with diverse performances and concerts playing throughout the year. Language may be an obstacle considering that most theatrical plays are in Russian.

Several cities like Yalta have antique and flea markets, which are open year-round. More valued antiques are generally displayed in specialized stores and some of the better hotels.

Excursions to historical landmarks, archeology sites, palaces, churches, vineyards and natural sites are plentiful and very reasonable. Several gondolas stretch from greater Yalta to overlooking mountains.

**Getting There**

The southern shore cities of Crimea are 40-80 miles distant from the international airport in Simferopol. Bus and trolley fare from Simferopol to Yalta is a reasonable $2-$4, while cab fare for the same trip is $30-$50. Yalta is about 93 km (55 miles) from Simferopol.

**Language and Getting Around**

Communication is a priority so getting a Ukrainian SIM card for a mobile phone is a must. The major operators are MTC, Life and KievStar. Promotional rates are always changing, yet all operators offer a starting SIM card with at least 30 minutes of calls for about $5. KievStar seems to be advantageous because communication with another KievStar subscriber is free for at least six months, even when credit expires. Talk about bargains! Incoming calls from the United States or Europe are also free in that credit is not deducted.

Local currency is the hryvnia, pronounced griv-nia in Russian. One dollar is equal to about 8 grivnia, while 1€ is about 10 grivnia.

Because of the established tourist tradition in Crimea, highly proficient tour guides and translators are always to be found. The better hotels generally have bilingual staff.

Straight through to the extended summer season, plentiful, local, day cruises tour the southern coastline and the rates are very reasonable, roughly $3 for short excursions; 8$ for day trips.

**The Crimea Example**

The inertia of tradition, sea and sun has allowed Crimea to survive the economic challenges and chaos following the breakup of the USSR. The successful implementation of a curative diet program in select sanatoriums is an example of what can be accomplished with a therapy that works, an example that also applies to any location where persons may be in need of treatment for chronic degenerative diseases.

Although locations with coconuts and palm fronds have their pluses for drawing medical tourists, any resort, hotel or health retreat with an adequate restaurant and chef can improve occupancy rates by introducing an effective curative diet. Owners of such establishments who may be interested in learning more about curative diet plans, such as the ORS Method can send an inquiry to the coordinates that follow. The same applies to inbound medical tourism providers interested in learning more about Crimea.

It’s worth noting that 60 percent of all bankruptcies in the United States are the consequence of insurmountable medical bills tied to the onset of a serious, chronic degenerative disease. Adding insult to injury is the common failure of costly treatments. Alternatives exist to invasive and/or toxic therapeutic attempts on the life of a person stricken with cancer or heart disease. The approach for treating them is as true today as it was 2,400 years ago, when it was said:

“Let food become your medicine and let medicine become your food.” - Hippocrates (460-377 B.C.) – “the father of modern medicine”

**About the Author**

Protégé of cardiologist K.A. Oster and professor D.J. Ross, Nicholas Sampsidis is an authority on chronic, inflammatory degenerative diseases and a pioneer in their treatment. Author of the best-selling title, “Homogenized Milk & Atherosclerosis,” of which nearly one million copies are in print, he has updated the information and backed it with more than 100 new references in a new edition (eBook format). In his latest title, “Something Called XO,” Sampsidis expands on the hypothesis of Oster and Ross that many apparently different diseases are actually one many faceted manifestation of the same disease. Applying more than 40 years of research to practice, Sampsidis has formulated a unique, nutritional solution for preventing and reversing chronic degenerative diseases – the ORS Method. A graduate of Bowdoin College, Sampsidis provides advisory support to health centers and sanatoriums interested in implementing the therapy. nsampsidis@treat-heart-disease.org nsampsidis@boinmail.com

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Medical tourism is a multi-billion dollar international industry. The market was valued at US$ 77 billion in 2010, and forecast to be US$ 114 billion by 2013 (RNCOS, 2010). Medical tourism has economic impacts on developing countries. Nearly 750,000 Americans travelled abroad in 2007 and projection claim nearly 6 million will have travelled to developing countries by 2010 for medical procedures (Bookman and Bookman, 2007). Medical tourism is “driven by a number of forces outside typical medical referral systems. These medical tourists seek modern healthcare at affordable prices in countries at variable levels of development. Medical tourism is different from the traditional form of international medical care where patients typically journey from less-developed nations to major centres in highly developed countries for advanced medical treatment (Horowitz and Rosensweig, p. 24, 2007).”

According to Deloitte (2008), medical tourism can be broken down to include inbound, outbound and intrabound options. For example, Australian outbound medical tourists travel to another country, such as Thailand and Singapore, for medical treatment; whereas, inbound medical tourists travel from another country, such as New Zealand or Fiji, to Australia for medical treatment. Domestic medical tourism is also known as intrabound or intranational travel (Wilks and Grenfell, 2006; Hudson and Li, 2012); first proposed as an integrated domestic medical tourism model based on a United States study. Domestic medical tourism is increasing in the United States due to high health costs and insurance premiums. Many insurance companies and employers provide incentives

...Australian outbound medical tourists travel to another country, such as Thailand and Singapore, for medical treatment. ...
for their customers and employees to consider travelling within the country for cost-effective and quality healthcare rather than go overseas for medical treatment (Deloitte, 2008; Business Insurance, 2009; Hudson and Li, 2012).

For example, Lowe’s Company, with stores in the United States, Canada, Mexico and Australia, has negotiated lower insurance premiums with leading medical hospitals, such as the Cleveland Clinic, and are sending their employees interstate for domestic medical tourism for complicated elective surgeries, such as joint replacements and cardiac procedures because of lower prices and high-quality healthcare (MTM, 2013; Glatter, 2012).

Domestic Medical Tourism in Australia

Domestic medical tourism has been in Australia for at least the past century, when patients travelled from very remote and regional areas to capital cities across the continent. Domestic tourists are interested in medical treatment or complex surgeries, such as diagnostic tests, orthopaedic and cardiac care, radiotherapy, spinal surgery, reproductive or cancer treatment, neurosurgery, among others, to improve their health and quality of life. Inequities to access and shortages of medical facilities, specialized doctors and surgeons in remote and regional parts of Australia have spurred low- and middle-income patients to travel to capital cities for care.

Australia is a big country. More than 69 percent of the population live in a major capital city along the eastern and the southern coast rather than in remote and regional areas, where the population density is lowest. According to Australian Bureau of Statistics (2010) census data, nearly 15.1 million people lived in capital cities, 4.3 million in inner regional areas, 2.1 million in outer regional areas, 324,000 in remote areas and only 174,000 in extreme outlying places where the indigenous population is largest. In these capital cities, patients have access to the best infrastructure and medical facilities in a timely manner.

"Domestic medical tourism has been in Australia for at least the past century, when patients travelled from very remote and regional areas to capital cities across the continent."

The inner, outer regional areas and the remote and more remote areas of Australia do not have the same advantages including access to the latest medical facilities and technology, specialized diagnostic centers, surgeons and hospitals. This has led to inequalities in access to state-of-the-art healthcare facilities, advanced medical technology, and doctors and specialists; thereby, leading to longer waiting periods for surgery and poor health conditions.

Thus, many Australian patients from regional and remote areas must travel to another region, capital city or state within the country, where medical treatment/surgery is available in a timely manner. This is an example of domestic medical tourism. These excursions improve the overall physical health and well-being of a patient and may be planned in combination with a short vacation.

For example, Australians from the mining towns of Blackwater or Mount Isa or the regional city of Rockhampton — the Beef capital of Australia — often travel to Brisbane, the capital of Queensland, for cancer treatment, radiotherapy, neurosurgery, orthopaedic care, heart and specialized procedures, eye surgery and in vitro fertilization.

Key Drivers for Domestic Medical Tourism in Australia

Many Australian nationals from the remote and regional areas travel to another city within the state or to state capitals, such as Darwin, Brisbane, Sydney, Melbourne, Adelaide, Perth and Hobart, for a specialist surgeon, second opinion, diagnostic tests, and elective or complex medical surgery, either alone or with a companion. There is no easily obtainable data to indicate how many Australians are actually travelling from remote and regional areas, or interstate and intrastate, to major state capital cities for medical treatment. The key driving factors for domestic medical tourism in Australia are:

- lack of medical facilities, diagnostic centers and speciality surgeons
- treatment and surgery is unavailable in the very remote and regional areas
- long waiting periods in public hospitals
- advanced medical facilities and the quality of medical care within cities
- shorter distances compared to travel overseas, such as Thailand or India
- removed language, food and cultural barriers
- lack of family or friend support within the city
- no medical visa requirements
- hospitals are covered for insurance in terms of surgical errors or malpractice
- treatments are not available because of state regulations and other legal and ethical issues.

This inequality in access to healthcare between the remote/ regional areas and capital cities imposes stress and burdens on patients and adds costs for travel to access the best medical facilities, surgeons and treatments.

An empirical qualitative study (Hegney, 2005) concluded that cancer patients from remote and regional Queensland had to travel to Brisbane — the capital of Queensland — for radiotherapy. Travelling interstate for radiotherapy imposed additional restrictions related to accommodations, physical
and emotional support, existing health concerns and burdens placed on patient families and friends who also make the trip. There are many patients living in remote and regional districts in Australia from low socio-economic backgrounds who are not insured and cannot travel overseas for medical treatment. Instead, they either have to wait in the queue or travel intrastate or interstate for medical treatment. By these means, they incur additional travel, accommodation, food and other incidental costs for both themselves and those accompanying them.

**Conclusion**

For domestic medical tourism to be most efficient and cost-effective while providing the highest quality care, the government needs to enter into agreements with leading hospitals that offer complex surgeries and are willing to partner with hotels that provide accommodations and local transport facilities (Medhekar, 2012) for patients from remote and regional Australia. The major private hospitals are not promoting intrabound/domestic medical tourism enough as an option for Australian patients from these sites. A priority should be given to publicizing cost-effectiveness, accreditation, world-class quality, limited waiting periods and the availability of highly specialized treatments at home to patients who may otherwise travel abroad for medical care.

Neighbouring countries in Asia including Thailand, Singapore and India are providing lower costs, little or no waiting periods, world-class quality healthcare, JCI-accredited medical facilities and expertise, state-of-the-art medical technology, attractive nurse-to-patient ratios and a chance to take a mini vacation at an attractive destination (Medhekar, 2012).

Australian health insurance companies and specialty hospitals can offer many of these same features and competitive options to intrabound domestic medical patients. When packaged together, additional revenue will be generated for private Australian hospitals and, at the same time, create more jobs in both medical tourism and in the hospitality sector.

International or outbound medical travel may not be for everyone, especially for senior citizens and middle- and low-income groups. Reasons include travel distance, financial issues, safety and security, limited food and cultural affinity, ethical situations and serious health conditions. If competitive alternative choices are available, private Australian hospitals can attract those domestic patients who otherwise choose to travel abroad for medical treatment and surgery.

It is of utmost importance for patients in remote and regional locations to have easy access to modern medical facilities and technology, and specialized surgeons to close the gaps in secondary and tertiary medical treatment for patients of all incomes.

Therefore, it is essential for the Australian government to build highly specialized hospitals and increase their capacity to provide beds, facilities and infrastructure, and specialized surgeons and nurses that can offer fast, cost-effective, quality healthcare to intrabound domestic medical tourists in capital and regional cities. When achieved, Australia can develop a niche market for specialized surgeries and attract medical tourists from foreign countries.

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The Summit will be held during the 6th World Medical Tourism & Global Healthcare Congress at Caesars Palace in Las Vegas.

Network with Ministers of Health, Tourism and Economy, Trade Commissioners and Health Attachés from all over the world. Topics will include: innovation in management of healthcare, reduction of healthcare costs, management of non-communicable diseases, legal healthcare issues, ROI and country brand development, among other topics.

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One such “Thriller in Manila” revolves around the art and science of dentistry. Some 26 colleges around the country offer such courses. Pre-dental training is two years, followed by four more years to become a fully-fledged dentist. The best students often go “overseas” to train as “specialists” in countries such as Germany, Japan and the United States.

These human resources are very much needed “back-home” in a country where dental care is particularly vital. It somehow “fits-like-a-glove” that the Philippines should be at the forefront of dental care, and keenly focused on world-class facilities for dental treatment.

After all, it is well known that the Filipino diet is laced with sweetness and deeply sugar-based. Just walk down any food street and be overwhelmed with the number of franchises and shops selling sugar products. The fact is that teeth, of all ages, do not take too kindly to such a diet, and superior treatment and good dental care, as well as extensive educational programs, from a tender age, are imperative in a society that puts so much store in sugar.

The ‘Old’ versus the ‘New’ World of Dentistry

The Old Vision
First the patient is subjected to the “damaging” x-rays of an analog machine. Then, in need of treatment, is seated in a drab, cell-like room, confined in an uncomfortable, long, semi-reclining contraption, confronted by a full face of bright, hot lighting, and, after a good gargle and the insert of a tube of

In the digital age, change is instant, development and improvement are lightning fast, and access to everything is readily on-tap. With vision and determination, the finest global resources are increasingly woven into world-class facilities across many fields. Advanced technology may well be the foundations of excellence, but it depends on human resourcefulness and real people on the ground to put it all together.

Global Smile: World-Class Dental Services alongside Environment Consciousness

By BRUCE CURRAN
gurgle, subjected to a mouthful of injections, before the high-pitched whining noise and ominous whirling twitch of the drill invades the open mouth. Out of the corner of the eye stands the perpetrator in a dental coat of friendless white.

The job is done, the mouth is numb, and the road to recovery is far flung and not uncommonly tainted with pain.

**The New World**

First, the patient has safe x-rays on a digital machine that can complete 3-D, digital CT scans in less than 30 seconds. The perfectly shaped reclining, brightly colored chair is ergonomically comfortable and feels unrestricted and welcoming. The anti-bacterial painted walls are warming, colorful and artistic, and are complimented by the welded seams of the anti-static flooring to give a secure and healthy room space. The LED lighting is restricted to the mouth only, and is set together with a digital recording camera.

The laser machine inflicts no pain, automatically kills off surrounding germs, is silent and performs the work without any fuss and without the need for an injection. The dentist sits on a swivel chair, and the surrounding instruments are streamlined and un-intrusive. All in all, the ambiance is relaxing, supportive and elegant. Even the dentist’s robe is in a friendly color. The job is won, the day is done and the pain is none!

**World Class**

The “Dr. Smile” dental care and laser centers are a classic example, with their range of equipment involved being truly international: the German dental-chair specialists who have been in business for 126 years, and these come in many colors; the safe and speedy digital 3D CT scan x-ray machines that come from Korea; the vacuum sterilization systems from Britain; the many refined dental instruments from Japan; cool-lighting LED pieces and camera units from France; highly refined digital software patient education programs from Israel; and the critical and crucial top-of-the-line laser equipment from the United States. Take this best of global technology, add the vital ingredient of highly trained Filipino personnel into this jigsaw and you have a world-class operation.

**Filipino Branding**

There is an additional ingredient, uniquely Filipino, that has put this local dental group firmly in the limelight – “ambiance” is their buzzword. After all, it is the overall experience of being treated at a dental clinic that leaves an indelible mark in the memory of each and every patient, young and old. “Filipino ingenuity” together with their refined national trait of “human sensitivity” has created a unique Filipino brand that is part and parcel of an enthusiastic “ambiance.”

The “Dr. Smile” clinics, among others, have created a formula of professionalism mixed within a dental space, which is friendly, relaxing and very inviting. They are fully backed by top-of-the-line dental services from people like the Swiss National Fritz Minder with his dental laboratory “Swissdent” based in Manila. The “Dr. Smile” group of dental care and laser centers (www.drsmile.com.ph) has only recently stepped into the limelight of world-class dentistry. Their unique blending of art and science has created a winning formula that is about to raise the standards within the Philippines dentistry. They are definitively gearing for expansion nationwide in the years ahead.

**Mercury & Environmental Care**

Top technology is all very well, but environmental awareness is another aspect critical in our modern consciousness. “Filtered air” and “purified water” are essential and well-catered for, but the ultimate test for a dental clinic is in its careful disposal of mercury – a common content of older fillings. Mercury is a damaging pollutant and must not be allowed to drain into our city waterways or landfills.

At “Dr. Smile,” like in many other dental clinics, the filtration system is specifically designed to extract all mercury before it is encased and disposed of through the correct channels. This essential and honorable approach has and will win many hearts and customers. At “Dr Smile,” the clientele is local and international, individual and corporate, old and young, and even boasts a few diplomats.

**The Future of Dentistry**

Such highly specialized operations are becoming a boom to the country, and it is definitely in the cards that the Philippines is smiling brightly in the dental limelight.

It is highly likely, with more and more Filipino dentists going overseas for specialized training, that the Philippines is on the cusp of a new era. The onset of “Dental Tourism” is looming on a fresh horizon, and the dental fraternity is waiting patiently, caring totally and ready and willing to embrace a new industry dependent on the Global Smile.

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**About the Author**

Bruce Curran has travelled to 51 countries, and has chosen the Philippines as his adopted home. He says “It is such a pleasure to live in a country so full of people friendly beyond compare.”

He has also travelled to 51 provinces in the Philippines, and has written eight books on the country including travel tales, short stories and the definitive guide to the Philippine Islands, titled “Combing the Coral Carpet.” He has contributed articles for Malubuy, Zest Air, Sea Air, the Philippine Tatler, Mercury Drug’s Enrich, Lonely Planet, Time magazine, Action Asia and more. He is the investment director of Campbell Alexander in Makati, and regularly writes financial articles for various web sites and publications, such as the Philippine magazine “Billionaire.”

He established Campbell Alexander, in 1995, as a financial planning company for foreigners based in the Philippines. The company is also an agent for the Philippine Retirement Authority, assisting foreigners at many levels as they settle in the Philippine Islands amidst many challenges. brucecurran@campbellalexander.com beemason1@gmail.com www.bancasafaris.com
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This article represents an attempt to develop an understanding of current health and wellness tourism around the world. The aims are to:

- clarify concepts because of the usual incipiency and lack of conceptual rigor regarding health and wellness tourism;
- qualify procedures and patient safety as crucial factors;
- importance of destination branding.

Brief History: Health and Wellness

Past ancestors: Ayurvedic Medicine (India, 3000 BC); Chinese Medicine (Emperor Sheng Nung, 2038–2698 BC); Thai Traditional Medicine; Japanese Onsen; Russian Steam Bath; Tell el Amarna Therms (Egypt, 1350 BC); Greek Thalassa (Hippocrates, 460–355 BC); Roman Thermae/Balnea Publica (II BC–III AC); Arabian Medicine (8th-15th century, Al Razi 850–923); Turkish Haman; Dead Sea Salts Baths; Egyptian Mansuri Hospital (Cairo, 1248) – Travellers came from all over the world; Native American Sweat Lodge; Mexican Temazcalli; Australian Aboriginal Steam Baths; Mineral Springs in Spa near Liége (14th); Climatotherapy (XVII/XIX Centuries) in Madeira and Canarias Islands; Scientific Medicine (19th century).


According to the World Health Organization (WHO), health is “a state of physical, mental and social well-being and not merely the complete absence of disease or infirmity.” In accordance with this definition, wellness can be equated with health. Health and wellness involves several well-being dimensions including physical, mental, social, sexual, emotional, cultural, spiritual, educational, occupational, financial, ethical and existential dimensions.
Emergent Paradigms on Health and Medicine

**Preventive Medicine** – promotes healthy lifestyles and diets, stress management, intellectual stimulation and fitness with a focus on wellness assessments versus illness.

**Predictive Medicine** – individual health promotion based on diagnostics of genetic and environmental determinants.

**Holistic Medicine** – whole-being, meaning physical well-being, mental awareness and wisdom, spiritual harmony and equilibrium.

**Integrative Medicine** – brings together orthodox Western medicine/Allopathic and other Eastern holistic medicines – Chinese, Ayurvedic and Indigenous knowledge and environmental consciousness. Integrative medicine emphasizes wellness, wholeness and a preventive approach to health. Western medicine is based on an illness model concerned with treating disease rather than enhancing wellness.

**Anti-Aging** – medicine that combines all those preceding paradigms.

**Definition: Health and Wellness Tourism**

Health and wellness tourism includes travelling both nationally and internationally to places and facilities, such as hospitals, clinics, thermae, thalasso, wellness SPAs, and fitness centers and wellness resorts.

*In 2012, it was estimated that a million medical tourists travelled around the world for outbound/inbound medical tourism.*

The purpose of health and wellness tourism is medical care and health, beauty, relaxation, recovery and rehabilitation treatments. There are more than a hundred-million health and wellness tourists around the world each year. Health and wellness tourism includes medical tourism, elderly age tourism, disability tourism, thermal tourism and thalasso-therapy tourism.

**Wellness Tourism**

Wellness tourism includes consumers who travel to maintain their well-being and life satisfaction through the experiences of healthy treatments. Wellness has to do with quality of life. In a holistic approach to health (Chinese, ayurvedic and integrative medicines), wellness treatments and therapies restore the vital balance among bodies, mind, and spirit toward equilibrium and health harmony. This harmony re-balances and restores the energy flow bringing about overall well-being.

**Health Tourism**

Health tourism refers to patients who travel nationally or internationally for healing therapies in hospitals and clinics. Health tourism includes medical tourism, aesthetical/plastic tourism, thermal tourism and thalassotherapy tourism.

**Medical Tourism**

Medical tourism involves travel to hospitals and clinics for medical treatments in different areas including cardiology, gynaecology, neurology, ophthalmology, oncology, orthopaedic, transplants, preventive medicine, artificial insemination, anti-aging medicine and plastic reconstructive medicine. Medical tourism is also known as medical travel, health tourism, health travel, healthcare tourism, health tourism, health tourism, and Overseas medical.

Medical tourism has two components: inbound and outbound. In 2012, it was estimated that a million medical tourists travelled around the world for outbound/inbound medical tourism.

Medical tourism is a $100 billion global industry. The most important destinations include Argentina, Austria, Belgium, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Cyprus, Czech Republic, Dubai, El Salvador, France, Germany, Greece, Guatemala, Hungary, India, Israel, Jordan, Malaysia, Mexico, Philippines, Poland, Singapore, South Africa, South Korea, Spain, Sri Lanka, Thailand, Tunisia, Turkey, United Arab Emirates, Venezuela and Vietnam.
Aesthetical Tourism

Aesthetical tourism includes aesthetic surgery and treatments. In aesthetic/plastic tourism, the most important countries are the United States and Brazil. Other destinations are Argentina, Austria, Belgium, Bolivia, Costa Rica, Cuba, France, Germany, Greece, Hungary, Italy, Poland, South Africa, Spain, Tunisia, Turkey, United Arab Emirates and Venezuela.

Quality/Excellence and Safety

Within the scope of healthcare, the quality of procedures and patient/client safety is strongly connected. Quality is the level of excellence ensured by a continuous managerial system.

Safety is the condition/state of being secure from hurt/injury and aims to prevent accidents and contagious diseases. It includes protective devices to prevent hazardous accidents and nosokomeion diseases.

Quality/Excellence and Main Safety Components

Safe Environment – air quality; water quality; reduced noise and visual pollution; free of radiation pollution (magnetic, electric, nuclear...); natural or recreated pleasant landscape - healthy trees, bushes and flowers.

Architectonic Requirements – Modern and pleasant-looking healthcare facilities that enable the fast physical, mental and spiritual well-being of patients and that makes their relatives and visitors rest and relax.

The main architectonic requirements are operating rooms located in sterilized areas; lounges designed as living rooms and libraries; assuring safety, patient well-being and reduced time in integrated examination rooms on the same floor; special architectural design that allows optimization of patient flow within the hospital and aims to prevent infections; floors, walls and ceiling materials must be easy to clean and disinfect; walls painted with soft colors, such as blue, green and pink; natural lighting and ventilation; and healthy plants.

“A new generation of healthcare facilities is emerging that is very different from familiar institutional models. Based on patient-centered care and healing the whole person, these health centers are spiritual sanctuaries with gardens, fountains, natural light, art and music. Research is learning how human emotions are linked to disease and that healing is promoted by surroundings that reduce stress and engage the senses in therapeutic ways.” – Jain Malkin

Hotel Structure and Services

The hospital (hospital like a hotel) requires healthcare humanization; beautiful lounges; several restaurants and cafeterias; shops; exhibition galleries; musical concerts; conference halls; containing simultaneous translation systems; and catering and laundry facilities specializing in the healthcare sector.

“A hospital is primarily a hotel in which health services are provided.” – Acibadem, Turkey

Medical tourism hospitals must have a specialized staff which can speak different languages fluently, namely the official voice of the patient’s country.

Professional Healthcare Qualifications: Surgeons, Doctors and Others

Professional staff includes a high-qualified board of internationally certified surgeons and doctors specialized in different medical fields; highly qualified anaesthesiologists; qualified nurses; and others health professionals.

Multi-Language Staff Communicating Skills

Medical tourism hospitals must have a specialized staff which can speak different languages fluently, namely the official voice of the patient’s country. Good communication is very important to the safety and well-being of patients and their relatives.

Scientific Affiliation

Hospitals and clinics develop protocols with universities/colleges and research centers. Turkey, Acibadem is affiliated with Harvard Medical International and Anadolu Health Center with John Hopkins Hospital.

Healthcare Humanization

It is very important that patient-centered healthcare include a warm and tender environment; attention to each individual patient’s needs; respect of cultural roots, alimentary traditions and religious beliefs; and patient participation in musical and theatrical groups.
Accreditation and Certification

In medical/aesthetical tourism, it is important to attest to the excellence and safety of healthcare services for clients from other countries. The most important international accreditation institutions are the Joint Commission International (JCI); Canadian Council on Health Services (CCHSA); Deutche Akkreditierungsstelle Chemie (GMBH); Commission on Laboratory Accreditation of the College of American Pathologists; Clinical Laboratory Accreditation Certificate; ISO 15189 and ISO 9001:2000; Medical Tourism Association (MTA Certification); International Society for Quality in Healthcare (ISQUA); European Society for Quality in Healthcare (ESQH); International Organization for standardization (ISO); Trent Accreditation Schemes (TAS); King’s Fund Health Quality Services (KFHQS); and International Society of Aesthetic Plastic Surgery (ISAPS).

High Standard of Ethical and Professional Deontology

In health and wellness tourism, quality/excellence, safety and ethics are deeply connected. The aesthetical surgeons must avoid making several surgical operations, while informing the client/patient of the dangers of multiple aesthetical surgeries.

Importance of Branding Destinations

Health and wellness brand destination becomes more important to promote the image of high-quality healthcare in a location (city, region, country). Seeking to attract international patients from around the world, partners and stakeholders should work together to develop network synergies – health and wellness clusters. Hotels and resorts become healthcare facilities for prior and post-surgery medical travellers.

Attractive and Competitive Advantage of a Destination

The attractiveness and competitive advantage of medical/aesthetical tourism are competitive prices on a global scale; international accessibility and proximity; international accreditation/certification; and excellence.

Excellence is defined as a high-level of holistic quality (several levels and parameters), which exceed expectations including accredited hospitals; qualified doctors; certified surgeons; qualified anaesthesiologists; qualified nurses and others professionals; advanced technologies; efficacious therapeutic procedures; faster medical services; affiliation with universities and research centres; humanization of healthcare; beautiful hospitals; hospitality/hotel structure; linguistically competent teams; healing climate; pleasant environment/landscapes; healthy gastronomy; and partnership with luxury hotels and resorts.

About the Authors

João Viegas Fernandes is a founder and president of the Associação Portuguesa de Turismo de Saúde e Bem – Estar – APTSBE (Health and Wellness Tourism Portuguese Association). He is also the architect and advisor to Algarve Region Health & Wellness Tourism Cluster and Destination Branding. He is considered a visionary, pioneer and expert in health and wellness in Portugal.

As a professor, he conceptualized a discipline in health and wellness tourism, which he teaches in the School of Management, Hospitality and Tourism, of Algarve University. He has lectured in various universities in Portugal, Spain and Brazil and is researching health and wellness tourism around the world. Fernandes is a consultant in this area, both nationally and internationally.

Fernandes has spoken at several conferences in Portugal, Spain, Brazil, Turkey, Cape Verde and Monaco, on sustainable health and wellness tourism. He is the author of the book, “Thalassa, Thermae, SPA-Salute Per Aqqua” (Lisboa, Portugal 2006). He also is co-author of several articles and books including “SPAS, Centros Talasso e Termas: Turismo de Saúde e Bem-Estar” (Lisboa, Portugal 2008); and “Turismo de Saúde e Bem-Estar no Mundo: Ética, Excelência, Segurança e Sustentabilidade” (São Paulo, Brazil 2011).

Fernandes was the chairperson of the I International Conference on Health and Tourism (Faro, Portugal 2012) and the II International Congress on Health and Tourism (Albufeira, Portugal 2014). He is an advocate of increased cooperation in health and wellness tourism among the eight countries which speak Portuguese.

Filomena Maurício Viegas Fernandes is a medical doctor and specialist in public health. She was the health delegate in several municipalities in the Algarve region and has been responsible for a number of programs on public health.

She has delivered presentations at various international conferences and is considered an expert in health and wellness tourism. Fernandes has been researching and teaching health and wellness tourism in the School of Management, Hospitality and Tourism, at Algarve University. She is the co-author of several articles and books including “SPAS, Centros Talasso e Termas: Turismo de Saúde e Bem-Estar” (Lisboa, Portugal 2008); and “Turismo de Saúde e Bem-Estar no Mundo: Ética, Excelência, Segurança e Sustentabilidade” (São Paulo, Brazil 2011).

Fernandes was a member of the organizing committee of the I International Conference on Health and Tourism (Faro, Portugal 2012) and is coordinating the II International Congress on Health and Tourism, in Albufeira, Algarve, Portugal, in 2014.
Indian hospitals have been struggling to compete against international hospitals to attract patients at various forums, such as events, lectures, exhibitions and symposiums without the hoped for results. The medical tourism industry in India is still maturing due to various reasons that are well-known to the regular readers of this magazine.

To accelerate this movement of international patients to Indian hospitals, I propose the following:

**Specialty**

India has many hospitals and clinics (approximating to 22,000) that offer treatments in nearly every medical sector including cardiology and cardiothoracic surgery, joint replacement, orthopedic surgery, gastroenterology, ophthalmology, transplants and urology. The various specialties include neurology, neurosurgery, oncology, ophthalmology, rheumatology, endocrinology, ENT, pediatrics, pediatric surgery, pediatric neurology, urology, nephrology, dermatology, dentistry, plastic surgery, gynecology, pulmonology, psychiatry, and general medicine and surgery. Board certification from the United States, United Kingdom, Australia, Germany and Japan are valuable assets that can be used to promote healthcare services in international markets, as well as cutting-edge technology and equipment. Another marketing strategy used by service providers is to offer more value to differentiate from increasing competition and, thereby, create more convenience and efficiency for patients and stronger customer relationships. Some of the non-medical care services include online arrangements, such as travel coordination, language interpreter/translation, guest-houses or apartments for patients’ relatives adjacent to the hospital, hotel selection and reservations, sightseeing tours inside a city, medical transportation both on land and in air, and one-to-one nursing care.

Some major healthcare service providers in India have expanded their businesses overseas by investing in and/or operating hospitals or medical centers. These clinics, diagnostic centers, pharmacies and hospital networks are also used for follow-up on patients who got treated in India. Thereby, the strategy is to be well-framed for the “specialty” in which the hospitals work to increase brand value.

India’s healthcare service providers have an advantage among their competitors due to their high standards of medical treatments and services offered to patients at a very competitive price. India treats many complicated medical procedures at a
The internet is the primary means for disseminating information related to medical and non-medical care services offered by every healthcare service provider. It is the most cost-effective way to extend a product to targeted customers and, at the same time, help patients acquire correct and valuable information that allows them to make informed decisions. Service providers use the internet to market available medical treatments and confirm patient confidence. Many aspects, like two-way communication; facility, treatment and service descriptions; quality assurance and other concierge procedures are also presented on the internet to attract patients into a medical traveling program. Most of the healthcare service providers generally need the help of facilitators to promote their medical tourism efforts. These facilitators provide information and recommend patients and their related treatments to hospitals. These people work as a center-point of contact for cooperation between patients and hospitals for screening cases and transferring all appropriate medical reports. In some cases, facilitators are responsible for advertising and marketing protocols related to assurance and reliability for healthcare service providers in potential countries.

"India has a large pool of doctors (approximately 600,000), nurses and paramedics with required specialization and expertise, and the advantage of speaking English."

Major healthcare service providers in India, particularly large private hospitals, need to participate in tourism marts, international medical fairs, medical tourism exhibitions, seminars, conferences and advertise in travel magazines in countries with support from the government. In addition, other informative materials, such as corporate brochures, leaflets, multimedia and t-shirts with logos, can also be used to create awareness of the healthcare services available.

Hospitals need to build cooperation with local institutes, universities and medical schools in other countries and collaborate on education and training for doctors and nurses; conduct surgical camps, establish telemedicine, information and satellite centres and outreach activities overseas; work in conjunction with United Nations projects, and CSR activities with Overseas NGOs; and exchange knowledge as well as promote alternative healthcare services. Hospitals should also advertise to healthcare service providers about medical and non-medical services in both local and international media. News articles and videos related to quality standards of medical treatment, rare surgeries, unique techniques, technology and quality assurance/awards/accreditation need to be available online and to the international media. These activities create awareness of the medical treatments available as well as build a positive image of high-quality and international standards of medical care in India.

The next strategy Indian hospitals may use to attract international patients to their low-cost treatments is to offer access to well-trained medical specialists who are qualified from established institutes overseas including the United States, United Kingdom, France, Japan, and Germany. In the international arena, specialized and qualified doctors and staff can provide a competitive advantage to hospitals. There is also a lack of training in international marketing for staff otherwise well-versed in healthcare industry operations. This sector needs skilled manpower with immense knowledge to explore international markets for Indian hospitals. However, a shortage of doctors and trained medical staff is also a major concern in Indian medical tourism. Furthermore, patient culture is also misunderstood and considered a challenge to medical tourism in India as well.

Patients seeking medical treatments are concerned with quality; defined by accreditation from a recognized international organization that audits medical quality. India has a large pool of doctors (approximately 600,000), nurses and paramedics with required specialization and expertise, and the advantage of speaking English. The medical education system caters to the ever-increasing demand for the delivery of quality healthcare services across the country. The Joint Commission International (JCI) recognizes and accredits hospitals that meet or exceed those standards of medical facilities in the West.

In India, large facilities including Fortis Hospital, Apollo Hospitals, Wockhardt Hospitals, Medanta Medcity, Max Hospital, Breach Candy Hospitals Lilavati Hospital, and Manipal Hospitals are equipped with cutting-edge technology as well as the infrastructure to offer spacious, luxury rooms and excellent amenities similar to those found at five-star hotels for patients and their relatives. This competitive advantage will help gain confidence and trust among international patients, making India a preferred choice among medical tourists.

About the Author
Guru Prasad serves as senior manager in the international marketing department of Fortis Healthcare Limited, in New Delhi, where he has marketed products and services for the past 13 years. He has spoken in many countries including Korea and Russia, among others, and is also responsible for organizing and executing health camps, lectures and joint surgeries between nations and the medical fraternity representing Fortis Hospital. He has researched and prepared a thesis on “Strategy to Increase the Brand Value of Indian Hospitals in International Market.”
Role and Contribution of Medical Tourism toward Indian Economy: A Relative Study of the Prominent Participants in Hospital and Hospitality

By DR. BINDI VARGHESE

India today has copious opportunities to compete with developed nations and build a quality healthcare system of its own. This paper accentuates the prospects of medical tourism as a “cost-effective” means of private medical care for patients needing surgical and other forms of specialized treatment. This escalation is facilitated by the corporate and hospitality sectors involved in medical care. There is also an unvarying effort taken up by corporate hospitals to support medical tourism to its fullest. Patrons across India look forward to high-end medical facilities with value-added or coordinated services. These coordinated services are offered by the hospitality sector to diversify tourism products, from general travel and tourism, and ensure quality and enhance customer satisfaction in South India. Hence, the paper attempts to understand the role and contribution of medical tourism toward building the Indian economy.

1. Introduction

Travel is a global phenomenon. In the past few years, the travel and tourism industry has been taken by storm due to its vulnerable nature. Addressing its mounting challenges, the travel industry remains a vital economic sector with significant potential for global growth and development, particularly within emerging countries (Woodman, J., 2007). The demands and expectations of travelers who are endlessly in search of different experiences, adventures and lifestyles which pave the way for various concepts that define paradigms in the tourism arena are constantly in flux. Attention is given to new frontiers for meeting the demands. India has been offering varied niches to its tourists and, to a large extent, shares a comparatively competitive edge. This emerging sector offers an array of travel services, benchmarking India at a global level through products including adventure, wildlife, historical monuments, culture and heritage, nature and pilgrimage. Medical tourism is a promising concept and a growing phenomenon meeting the need of the hour (Theobald, F.T., 1998). India, to a large extent, has also been branded for its wellness and surgical competency. Medical patrons across India look forward to high-end medical facilities with value-added or coordinated services.

“Medical patrons across India look forward to high-end medical facilities with value-added or coordinated services.”
Coordinated services are offered by the hospitality sector to diversify tourism products from the general travel and tourism arena. Coordinated services can also be termed as an all-inclusive package offered by travel facilitators to the medical tourist who wants transportation, transfers, medical treatment, holidaying, leisure and all allied services (Gan, Lydia, James & Frederick, R., 2011). Medical tourism is backed by corporate hospitals offering high-end medical services and an effective healthcare network with the hospitality sector. Private hospitals have gone one step ahead in commercializing their services through high-end sophistication in the international market. Medical tourism is a rapidly budding sector in the global market, which is now actively developed by both public and private tourism sectors and healthcare organizations. Increased foreign arrivals in India have compelled stakeholders to consider tourism at a much higher level. The following graph reflects foreign arrivals in India before 2010.

Chart 1.1 - Foreign Tourist Arrivals in India, 2006-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>FTAs (in million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>4.45</td>
</tr>
<tr>
<td>2007</td>
<td>5.08</td>
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<td>2008</td>
<td>5.37</td>
</tr>
<tr>
<td>2009</td>
<td>4.94</td>
</tr>
<tr>
<td>2010</td>
<td>5.39</td>
</tr>
</tbody>
</table>

Source: Ministry of Tourism, Government of India

2. Review of Literature

Existing medical tourism promises tremendous growth and synergy for taking the healthcare segment global while making it easily accessible. The literature reflects upon various aspects and areas of medical tourism. This imminent arena covers the prospects of medical tourism, emerging trends and the future of upcoming healthcare hubs.

Bookman & Bookman, in their book, discussed western patients who are increasingly traveling to developing countries for healthcare where they are offered the best skills and facilities that cater to their needs. This international trade of medical services has huge economic potential for developing countries and serious implications for healthcare across the globe. It is successful only in countries with economic and political advantages that enable them to navigate around international and domestic obstacles to trade in medical services.

Brotman, Billie, Ann (2010), examines factors demanding sophisticated medical treatments offered by private hospitals operating in India. The article classifies three types of medical tourism: Outbound, Inbound and Intra bound. Increased profitability and positive growth trends by private hospital chains can be attributed to rising domestic income levels within India.

Cooperman, S. (2007), builds upon the search for quality healthcare at discounted prices in foreign hospitals which offer proficient services and state-of-the-art facilities including complete luxury suites, on-call concierges and personal chauffeurs. Today, India, Thailand, Singapore and Hong Kong are popular medical travel destinations. For negotiating in the world of discount medical care, an entire industry of middlemen has emerged. Though the options are seemingly endless, buyers ought to beware.

Melani, G., focuses on medical tourism growth in Colorado. The author claims that healthcare providers are expanding on medical tourism by attracting more patients to the state. Medical tourism also helps employers reduce medical expenses while offering employees a wider range of treatment.

Carlson, G., and Greeley, H., highlight issues in macro-environment that affect historic relationships that have existed between hospitals and their medical staffs. Rising costs, deteriorating relationships, unexplained variations in clinical outcomes, transparency in healthcare outcomes, medical tourism, competition between hospitals and physicians, and reluctance by facilities and physicians to change are among the issues challenging the sustainability of the current business model. This article highlights barriers to maintaining traditional relationships and concludes with strategies to preserve and strengthen them between physicians and hospitals.

Horowitz, Michael, D., and Rosensweig, Jeffrey, A., accentuate on tourist travel outside their country for surgical reasons. A changing scenario was found in medical tourism that involved the traditional form of international healthcare where patients typically voyage from less-developed nations to highly developed countries for advanced medical treatment. The most sought-out destinations for Medicare today are developing nations, offering advanced medical treatments. There are potentially two categories: working class adults who require elective surgery, but have no health insurance and patients who want procedures not covered by insurance, such as cosmetic surgery, dental reconstruction, gender reassignment operations, or fertility treatment. Also, most importantly, a faraway country provides privacy and confidentiality for patients undergoing plastic surgery or sex-change procedures.

…Medical tourism represents a major challenge for healthcare delivery in the United States and offers an opportunity to integrate and improve the system globally.

Nakra, Prema, discusses the significance of medical tourism in the western healthcare delivery system. Medical tourism represents a major challenge for healthcare delivery in the United States and offers an opportunity to integrate and improve the system globally. Highlighting impacts of healthcare and education reconciliation serve U.S. healthcare providers with an estimation of the potential effects of increased coverage, operational capacity and procedures for handling the millions of people seeking medical care. It finds that recruiting foreign-born physicians and nursing staff to the United States will be more challenging as medical tourism grows.

Sack, C., Scherag, A., Lütkes, P., Günther, W., Jöckel, K., H., and Holtmann, G. (2011), reveal that countries where hospitals are undergoing mandatory or voluntary accreditation are more acceptable because formal licensing influences quality of care and patient satisfaction. The article states the relationship between patient satisfaction and accreditation status.

Cooperman, Stephanie, addresses the search for quality healthcare at discounted prices in foreign hospitals which offer proficient services in state-of-the-art facilities with complete luxury suites, on-call concierges and personal chauffeurs.
Today, India, Thailand, Singapore and Hong Kong are popular medical travel destinations.

Oswald, S., and Clewett, J., comment on key policy recommendations and operational implications for stakeholders involved in delivering health services in fragile states and difficult environments. Their paper highlights several key principles for policymakers and implementers to improve the delivery of health services. Develop accountability mechanisms and to facilitate an appropriate mix of aid modalities; thereby, focusing on health systems as a whole.

3. Concept of the Study

Healthcare is a booming component of the Indian economy. Increasing health awareness coupled with a rise in the standard of living has led to increases in demand for quality healthcare services. Thus, research focuses on the prospects of the hospitality sector considering four prominent cities of South India and, thereby, increasing the visibility of India on the global map as a medical tourism hub.

4. Need of the Study

India offers world-class healthcare that costs substantially less than that in developed countries, using the same technology delivered by competent specialists attaining similar success rates. Indian hospitals do not face problems with technical skills because they are acquired through education and training, but difficulty lies in leveraging the soft skills of employees. Soft skills are one of the underlying principles that trademark a hospital for professionalism and excellent customer service. There is also a need to identify the role of various stakeholders in promoting healthcare and building the Indian economy. Further, the necessity is toward creation of an effective environment and network; thereby, building professional competency through healthcare managers. Considering all these factors is imperative to undertaking the present study of various independent variables impacting the growth of medical tourism in South India.

5. Research Methodology

Research includes two broad segments of data collection. The primary data was gathered through structured questionnaires and interviews from the service provider and medical tourist. Secondary data was gathered from research centers, universities, management institutes, books, journals, magazines, travel guides, travelogues and monographs.

6. Objectives

Research was conducted with the following objectives:

- To establish the relationship between quality and standardization norms and the demand for medical tourism in South India.
- To recognize the balance between quality of assured and coordinated services allied with the hospitality sector.

7. Hypotheses

The following study reveals consequent hypotheses, which were tested respectively.

- H1 Significant role upon quality and standardization norms and demand for medical tourism.
- H1 Significant relationship between coordinated service and the images portrayed in the international market.

8. Sampling Technique

Non-probability samplings are techniques -- namely judgmental – that select items deliberately; since the choice concerning the items remains supreme.

9. Sample Distribution

<table>
<thead>
<tr>
<th>Sample Size – International Patients</th>
<th>140 nos</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Hospitals visited</td>
<td>30 nos</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Corporate or Private Hospitals</td>
</tr>
<tr>
<td>b. Medical Institutions</td>
</tr>
<tr>
<td>c. Government Hospitals</td>
</tr>
<tr>
<td>d. Alternative Treatment Centres (Wellness &amp; Ayurveda)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospitals visited in South India</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Andhra Pradesh (Hyderabad)</td>
</tr>
<tr>
<td>b. Tamil Nad (Chennai)</td>
</tr>
<tr>
<td>c. Karnataka (Bangalore)</td>
</tr>
<tr>
<td>d. Kerala (Cochin and Trivandrum)</td>
</tr>
</tbody>
</table>

10. Testing of Hypotheses

H1 significant role upon quality and standardization norms and demand for medical tourism.

Significant Factors for Quality Assurance

Table showing Result of Chi-Square Test on Significant Factors for Quality Assurance

<table>
<thead>
<tr>
<th>Quality Assurance Factors</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kerala</td>
</tr>
<tr>
<td>Hospital Accreditation</td>
<td>40.00%</td>
</tr>
<tr>
<td>Hospital Affiliation</td>
<td>3.33%</td>
</tr>
<tr>
<td>Physician’s Credentials Online</td>
<td>50.00%</td>
</tr>
<tr>
<td>Communities</td>
<td>10.00%</td>
</tr>
<tr>
<td>Goodwill</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerala</td>
</tr>
<tr>
<td>40.00%</td>
</tr>
<tr>
<td>3.33%</td>
</tr>
<tr>
<td>50.00%</td>
</tr>
<tr>
<td>10.00%</td>
</tr>
<tr>
<td>0.00%</td>
</tr>
</tbody>
</table>

Interpretation

Analysis represents no difference in the importance of various parameters of quality assurance among medical tourism destinations. The above analysis projects the p-value, which is more than 0.05 percent and, hence, there are no significant differences in the factors for quality assurance among locations, and the null Hypotheses are accepted.

H1 Significant relationship between coordinated service and the brand image portrayed in the international market.

Factors Affecting the Accessibility of Coordinated Services

Table showing Result of Chi-Square Test on Factors Affecting the Accessibility of Coordinated Services

<table>
<thead>
<tr>
<th>Types of Factors</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Coordination</td>
<td>Kerala</td>
</tr>
<tr>
<td>13.33%</td>
<td>37.50%</td>
</tr>
<tr>
<td>Delayed Response</td>
<td>63.33%</td>
</tr>
<tr>
<td>Poor Networking</td>
<td>3.33%</td>
</tr>
<tr>
<td>Inefficiency in Troubleshooting</td>
<td>3.33%</td>
</tr>
<tr>
<td>Poor Follow-up</td>
<td>26.67%</td>
</tr>
<tr>
<td>Rigid Procedures</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lack of Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerala</td>
</tr>
<tr>
<td>13.33%</td>
</tr>
<tr>
<td>Delayed Response</td>
</tr>
<tr>
<td>Poor Networking</td>
</tr>
<tr>
<td>Inefficiency in Troubleshooting</td>
</tr>
<tr>
<td>Poor Follow-up</td>
</tr>
<tr>
<td>Rigid Procedures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1163</td>
</tr>
<tr>
<td>0.2883</td>
</tr>
<tr>
<td>0.0384</td>
</tr>
<tr>
<td>0.1875</td>
</tr>
<tr>
<td>0.3556</td>
</tr>
<tr>
<td>0.3883</td>
</tr>
</tbody>
</table>
Interpretation
Analysis corresponds to significant differences in the perception of poor networks affecting the accessibility of coordinated services among locations; hence, the null Hypotheses could be rejected. There were no significant differences in the perception of other factors affecting the accessibility of coordinated services among locations and, hence, the null Hypotheses are accepted.

The following analysis is carried out after a thorough investigation at popular hospitals in South India to determine various factors in the healthcare sector.

Reason for South India as a Healthcare Destination

Table showing Reason for South India as a Healthcare Destination

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>14</td>
<td>46.7%</td>
</tr>
<tr>
<td>Healthcare Advancement</td>
<td>16</td>
<td>53.3%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100%</td>
</tr>
</tbody>
</table>

Interpretation
Medical tourists gave equal importance to cost and healthcare advancements, as hospital authorities reveal. The above analysis shows that 46.7 percent of the sample grade-cost to be a significant factor and the healthcare advancements are graded as 53.3 percent.

Specialized Treatments Offered

Table Showing Specialized Treatments Offered in Hospitals in South India

<table>
<thead>
<tr>
<th>Specialized Treatments</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Surgery</td>
<td>23</td>
<td>51.1%</td>
</tr>
<tr>
<td>Minor Surgery</td>
<td>16</td>
<td>35.5%</td>
</tr>
<tr>
<td>Alternative Treatments</td>
<td>6</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

Interpretation
The above analysis shows that the most frequent forms of medical treatment were “major surgeries,” which made up 51.1 percent, followed by “minor surgeries” with 35.3 percent. Also, 13.3 percent opted for alternative treatments. The “major surgeries” include organ transplants, cardiac surgeries, and hip/knee replacement. “Minor surgeries” include dental treatments, cosmetic and scans investigations. Alternative treatments were preferred compared to wellness and rejuvenation. The most popular destination for alternative treatments in South India was Kerala.

Factors Considered for Quality Assurance

Table Showing Descriptive Report of Factors Considered for Quality Assurance

<table>
<thead>
<tr>
<th>Significant Parameters for Quality Assurance</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Credential</td>
<td>1.13</td>
<td>.434</td>
</tr>
<tr>
<td>Global Competency</td>
<td>1.83</td>
<td>1.020</td>
</tr>
<tr>
<td>Accreditations</td>
<td>1.87</td>
<td>1.137</td>
</tr>
<tr>
<td>Online Communities</td>
<td>2.07</td>
<td>.907</td>
</tr>
<tr>
<td>Affiliations</td>
<td>2.30</td>
<td>1.208</td>
</tr>
</tbody>
</table>

Interpretation
The most important factors perceived by hospitals for quality assurance were physicians’ credentials, followed by global competency and accreditations. Online communities (word-of-mouth) and affiliations were also moderately important.

Table showing Result of Cross Tabulation Test

<table>
<thead>
<tr>
<th>Report</th>
<th>Location</th>
<th>Kerala</th>
<th>Bangalore</th>
<th>Hyderabad</th>
<th>Chennai</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditations</td>
<td>Mean</td>
<td>1.50</td>
<td>1.71</td>
<td>2.63</td>
<td>1.57</td>
<td>1.87</td>
</tr>
<tr>
<td></td>
<td>Std. Dev.</td>
<td>.756</td>
<td>.756</td>
<td>1.768</td>
<td>.535</td>
<td>1.137</td>
</tr>
<tr>
<td>Affiliations</td>
<td>Mean</td>
<td>1.75</td>
<td>1.71</td>
<td>3.25</td>
<td>2.43</td>
<td>2.36</td>
</tr>
<tr>
<td></td>
<td>Std. Dev.</td>
<td>.866</td>
<td>.756</td>
<td>1.282</td>
<td>1.272</td>
<td>1.208</td>
</tr>
<tr>
<td>Physician credential</td>
<td>Mean</td>
<td>1.13</td>
<td>1.00</td>
<td>1.38</td>
<td>1.00</td>
<td>1.13</td>
</tr>
<tr>
<td></td>
<td>Std. Dev.</td>
<td>.354</td>
<td>.000</td>
<td>.744</td>
<td>.000</td>
<td>.434</td>
</tr>
<tr>
<td>online communities</td>
<td>Mean</td>
<td>2.13</td>
<td>1.43</td>
<td>2.50</td>
<td>2.14</td>
<td>2.07</td>
</tr>
<tr>
<td></td>
<td>Std. Dev.</td>
<td>1.126</td>
<td>.535</td>
<td>.756</td>
<td>.900</td>
<td>.907</td>
</tr>
<tr>
<td>Global competency</td>
<td>Mean</td>
<td>2.00</td>
<td>1.57</td>
<td>2.38</td>
<td>1.29</td>
<td>1.83</td>
</tr>
<tr>
<td></td>
<td>Std. Dev.</td>
<td>.756</td>
<td>1.134</td>
<td>1.302</td>
<td>.488</td>
<td>1.020</td>
</tr>
</tbody>
</table>

Table 6.43.3 - Table showing Result of Anova Test

<table>
<thead>
<tr>
<th>ANOVA Table</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrediations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* location</td>
<td>Between Groups</td>
<td>31.018</td>
<td>26</td>
<td>1.193</td>
<td>.182</td>
</tr>
<tr>
<td></td>
<td>Within Groups</td>
<td>37.467</td>
<td>29</td>
<td></td>
<td>.172</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>68.485</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affiliations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* location</td>
<td>Between Groups</td>
<td>30.143</td>
<td>26</td>
<td>1.159</td>
<td>.030</td>
</tr>
<tr>
<td></td>
<td>Within Groups</td>
<td>42.300</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>72.443</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician credential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* location</td>
<td>Between Groups</td>
<td>4.750</td>
<td>26</td>
<td>1.83</td>
<td>.295</td>
</tr>
<tr>
<td></td>
<td>Within Groups</td>
<td>5.467</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>10.217</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>online communities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* location</td>
<td>Between Groups</td>
<td>19.446</td>
<td>26</td>
<td>1.573</td>
<td>.143</td>
</tr>
<tr>
<td></td>
<td>Within Groups</td>
<td>23.867</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43.313</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global competency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* location</td>
<td>Between Groups</td>
<td>5.148</td>
<td>26</td>
<td>.962</td>
<td>.475</td>
</tr>
<tr>
<td></td>
<td>Within Groups</td>
<td>25.018</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>30.167</td>
<td>55</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interpretation
There were significant differences in the perception of the importance of affiliations of hospitals for quality assurance among locations. Affiliations were perceived to be significantly more important for hospitals in Bangalore and Kerala than in Chennai and Hyderabad. There were no significant differences in the perception of importance of other factors for quality assurance among locations.

11. Outcomes of the Study

The study foresees certain challenges facing healthcare organizations in South India. An integrated pedagogy in the management of quality and productivity, and between quality and technology is one of the crucial challenges for South India. Experts deem that upgrading quality leads to a productivity increase. Healthcare administrators are frequently misled to spend enormous amounts of money without any care for continuous improvements.

An additional challenge facing South India is the recent management concerns regarding quality, cost and competitiveness. It is imperative that a hospital with a poor current status must improve rapidly for its survival. Hospitals with a superior status must improve in order to preserve their competitive edge. A hospital, which is average, must improve with a superior status must improve in order to preserve their current status must improve rapidly for its survival. Hospitals with a poor competitiveness. It is imperative that a hospital with a poor current status must improve rapidly for its survival. Hospitals with a superior status must improve in order to preserve their competitive edge. A hospital, which is average, must improve with a superior status must improve in order to preserve their current status. Hospitals must continuously improve their quality and productivity, and between quality and productivity, and between quality and technology is one of the crucial challenges for South India. An integrated pedagogy in the management of quality and productivity, and between quality and technology is one of the crucial challenges for South India.
Policy development is when management works together to focus resources on achieving customer satisfaction for patients and other customers (Juran, J.M., and Godfrey, A.B., 1999). Application of quality control systems is a vital aspect that hospitals in South India cannot disregard.

12. General Findings

- Overall perception of the quality of assured and coordinated services was high and positively correlated. Further, analysis confirms that the overall perception of the quality of service of assured services is significantly higher than the overall perception of the quality of coordinated services.
- Research affirms significant differences in the overall perception of service quality offered and overall level of satisfaction with associated and coordinated services among locations.
- Importance of different parameters of quality assurance among various medical tourism destinations reveals that patrons considered a physician’s credentials as the predominant factor in assuring quality compared with hospital accreditation and affiliations.
- The study also confirms the most important factors perceived by hospitals for quality assurance to be physicians’ credentials, global competency and accreditations.
- Coordinated services including travel assistance, language translators, post-operative care and insurance assistance are facilitated by the hospitals to differentiate from competitors.

13. Suggestions

Stakeholders and other intermediaries can mull over the following suggestions for building professional competency and better healthcare management. A new paradigm in the healthcare segment gives a broader space for government to play the role of facilitator with effective trade policies to ensure a seamless value chain.

- The policymakers need to focus on Indian healthcare businesses that are receiving medical tourists from developing countries who travel for proficient procedures with cost and surgical competency being a prime focus.
- The administrative authorities should undertake capacity building programs to train in the medical tourism framework.
- South Indian healthcare segments can also focus on alternative forms of treatments like ayurveda, unani and Siddha to tap potential global markets; thereby, creating a niche for itself.
- Homogeneity in medical aspirants and heterogeneity in medical service demands would be challenging for South India from the healthcare provider’s perspective.
- The private hospitals can network with the international embassies to influence the government and tap into funded medical tourists by globalization its healthcare services.
- Exhibitions, trade fairs and associations with international bodies can be a mode to enhance medical tourism.
- The healthcare segments can thrive efficiently if hospital managers are directly implicated in promoting services globally, leaving no space for further ambiguity in the minds of medical aspirants.

14. Scope for Further Research

Medical tourism can be transversely diagnosed to foster its prospects by changing market expectations. The complexity of international rules and norms influence the medical tourist’s decision to travel abroad for treatment and can provide perspectives for further research.

15. Conclusion

Medical tourism has drastically changed through the divergent role played by stakeholders over the years. Augmented competition has pulled various other stakeholders into the trade. Principally, policymakers, community and other private participants have played noteworthy roles in globalizing South Indian healthcare systems. Proficiency in delivering healthcare services and lesser perplexity in the healthcare network can enhance the capacity building process. Quality and standard assurance are prime parameters in benchmarking medical hubs to prosper. The South Indian metros have largely outreached into developed countries and have benchmarked themselves with amplified goodwill and globally competitive brand images.

Equally challenging is the cultural and regulatory barriers which can affect significantly the healthcare globalization in Southern India.

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