

MEDICAL TOURISM AND CROSS- BOARDER MEDICAL CARE: BEST PRACTICES AND CONDITIONS FOR SUCCESS

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Agenda

- Best Practices Findings (last almost two years)
 - Presented by some categories of findings and the lessons learned
 - Underlying 'themes' from the research
 - Primarily academic research
 - Primarily peer-reviewed
 - Bias towards empirical research (but being very inclusive of various qualitative findings)
- Conditions for Success
 - Recommendations for Korea

Methodology

- Used PrimoSearch (multiple databases/ publishers)
 - Searched for articles in peer-reviewed journal articles for the past two years
 - Searched for the phrase 'medical tourism'
 - Looked for articles that had not only 'medical tourism' as a mention- but as a key concept as well
 - Reviewed 374 articles from this search

Finding #1- 'Differences'

- "Researchers from Simon Fraser University Describe Findings in Osteoarthritis." *Medical Devices & Surgical Technology Week* 27 Jan. 2013: 1004. Health Reference Center Academic. Web. 22 Apr. 2013.
- Three distinctive attitudinal characteristics among participants were identified when interview themes were compared to findings in the existing qualitative research on hip and knee surgery in osteoarthritis. **These attitudinal characteristics were that the medical tourists we spoke with were:**
 - (1) comfortable health-related decision-makers;
 - (2) unwavering in their views about procedure necessity and urgency; and
 - (3) firm in their desires to maintain active lives.
- Compared to other patients reported on in the existing qualitative hip and knee surgery literature, medical tourists are less likely to question their need for surgery and are particularly active in their pursuit of surgical intervention.
Lesson- It appears that medical tourists may be different in their decision making than traditional healthcare seekers (perhaps due to 'attitudinal characteristics')

Finding #2- 'Hope'

- "Is belief larger than fact: expectations, optimism and reality for translational stem cell research." BMC medicine, Bubela, Tania yr: 2012 vol: 10 pg: 133.
- This evidence supported that "Innovative biomedical technologies are prone to 'social bubbles' where categories of 'enthusiastic supporters weave a network of reinforcing feedbacks that lead to widespread endorsement and extraordinary commitment by those involved in the project."
 - In other words- "a belief may be larger than a fact."
- "Inflation of expectations may also result from societal pressures such as: the potential for economic returns on research investment, job creation in a new industry, and the fear that commercial benefits will flow elsewhere in the absence of a supportive funding and regulatory environment (i.e., Stem Cell Tourism)."

Lesson- This is more evidence that some of the medical tourism that occurs worldwide is 'competitive medicine' designed specifically to draw patients (by marketing 'hope') from more highly regulated or litigious markets

Finding #3- 'Positive'

- "Why do patients engage in medical tourism?" Maturitas, Runnels, Vivien yr: 2012 vol: 73 iss: 4 pg: 300-4.
- "Medical tourism is more than an economic issue or a price-driven phenomenon given the nature of services sought and the foreign environment in which treatment is delivered. **That patients seek access to care abroad says something about how health is construed and how domestic health care is regarded and, as such, reflects to a certain extent on the performance and responsiveness of domestic health care systems.** This, is driven by unmet need(s) of medical tourists, be they Western Europeans flying to Eastern Europe or Southeast Asia, or Asians traveling to the US or Western Europe for treatment."
- "Of course, **where patient involvement is regarded as crucial in achieving desired health outcomes and promoting the efficient use of resources, medical tourism should be welcome.** In consideration of the challenges and opportunities that medical tourism offers, advancing scholarship on the globalization of health care in general and of medical tourism in particular, calls for empirical evidence on this increasingly popular and complex form of accessing and providing medical care."

Lesson- Perhaps, as some have concluded, medical tourism and healthcare consumerism will prove to be a 'net positive' gain

Finding #4- 'Problems'

- **"Understanding the impacts of medical tourism on health human resources in Barbados: a prospective, qualitative study of stakeholder perceptions."** International journal for equity in health, Snyder, Jeremy yr: 2013 vol: 12 pg: 2.
- "Three themes were identified:
 - 1) Stakeholder perceptions of the patterns and plans for health human resource usage by current and planned medical tourism facilities in Barbados. We found that while health human resource usage in the medical tourism sector has been limited, it is likely to grow in the future;
 - 2) Anticipated positive impacts of medical tourism on health human resources and access to care in the public system. These benefits included improved quality control, training opportunities, and health worker retention; and
 - 3) **Anticipated negative impacts of medical tourism on health human resources and access to care in the public system. These impacts included longer wait times for care and a shift in planning priorities driven by the medical tourism sector."**

Lesson- As suggested by some researchers (particularly in the public health area) medical tourism may just be exporting problems from one area to another

Finding #5- 'Satisfaction'

- "High satisfaction rating by users of private-for-profit healthcare providers-evidence from a cross-sectional survey among inpatients of a private tertiary level hospital of north India." North American journal of medical sciences, Haque, Anwarul yr:2012 vol:4 iss:9 pg:405
- "Studies have demonstrated that client satisfaction has cultural connotations and provider behavior might be more predictive of patient satisfaction than technical competence. The patients usually prefer private providers who are considered more accessible even though the public health-care is mostly free or highly subsidized in India. Similar findings have been reported from other parts of the world with higher client satisfaction with private providers owing to greater attention and sensitivity to client's need even in the face of similar technical quality of service provided."
- "With the current impetus growing on medical tourism and showcasing India's efforts in hospitality and patient care, this report vindicates the notion of private healthcare providers of their patient-friendly services."

Lesson- Medical tourists, by several accounts, are more satisfied in their healthcare experiences than traditional patients

Finding #6- 'Faster'

- **"Modernising the regulation of medical migration: moving from national monopolies to international markets. Epstein, Richard J. ; Epstein, Stephen D., BMC Medical Ethics, Oct 5, 2012, Vol.13, p.26**
- **"Rates of international medical migration have risen sharply in recent decades, creating new debates over professional opportunity and fairness.** These debates have in turn raised questions as to the utility of current professional regulatory systems, which have evolved at a relatively slow pace over the last three centuries. The key challenge for any such regulatory system has always been that of protecting the public from the exaggerated claims of mere 'druggists' and 'apothecaries' [4] whilst also preventing exploitation, albeit inadvertent, by professional organisations - including those administrative bodies entrusted with regulatory powers."
- **"Human society is changing faster than ever, driven by revolutionary increases in personal mobility (globalisation) and information transfer (digitisation). This abrupt transition to a flatter world has eroded the once-impenetrable barriers defining nation-states..."**

Lesson- Medical tourism and its continuum of behaviors is moving faster than the legal/regulatory bodies that are meant to monitor it.

Finding #7- 'Options'

- "Circumvention tourism", Cohen, Glenn, Cornell law review, 2012, Vol.97(6), pp.1309-98
- "This Article is the first to comprehensively examine a subcategory of medical tourism that I call "circumvention tourism," which involves patients who travel abroad for services that are legal in the patient's destination country but illegal in the patient's home country - that is, travel to circumvent domestic prohibitions on accessing certain medical services. ... In Part I, I describe four case studies of medical circumvention tourism: female genital cutting, travel to obtain an abortion, certain reproductive technology services, and assisted suicide. ... In all of these cases, the "perpetrator" (engaging in the abortion, assisting the suicide, etc.) is a citizen, and for most, at least one "victim" is a home country citizen (though the abortion case is more controversial for reasons I discuss below). (3) "The character of the activity to be regulated, the importance of regulation to the regulating state, the extent to which other states regulate such activities, and the degree to which the desirability of such regulation is generally accepted."

Lesson- Consumers are continuing to find ways to find options even if it is not available in their local geographic area.

Finding #8- 'Tourism?'

- **"Beyond "medical tourism": Canadian companies marketing medical travel. Turner, Leigh, Globalization and Health, June 15, 2012, Vol.8, p.16**
- **“Medical travel companies typically emphasize affordability of care, timely access to care, and quality of care rather than tourism-related activities in their core marketing messages. Some companies note that they offer access to care in “exotic settings”. However, incorporating rhetoric concerning holiday-going and tourism activities into core marketing messages is atypical.** Acknowledging that medical travel companies place greater emphasis on advertising medical interventions than promoting tourism, many businesses nonetheless market services associated with travel and tourism. Of the eighteen companies marketing medical tourism at global health care destinations, thirteen offer to coordinate travel arrangements, seventeen advertise the service of booking hotel reservations or otherwise arranging accommodations for clients, and fourteen offer to organize tours to local attractions located near where medical procedures are provided."

Lesson- Tourism is a fundamental part of the overall trend but it may not be the core factor in its growth.

Finding #9- 'Shaping'

- "The global reproductive health market: U.S. media framings and public discourses about transnational surrogacy", Markens, Susan, *Social Science & Medicine*, 2012, Vol.74(11), pp.1745-1753
- "A focus on the media frames used to tell stories about this relatively rare type of reproductive/medical tourism is therefore important in as much as it could influence public perceptions and political reactions, if any, to the global reproductive surrogacy industry. As Sarah Franklin (1993) writes, "dominant cultural representations...have become key sites of struggle over the meanings through which reproductive politics are defined" (p. 524). At the same time, an analysis of media frames also reveals what ideas resonate in the public sphere (Ferree, 2003), and thus provides a useful window to the larger cultural assumptions that shape debates about surrogacy."

Lesson- Medical Tourism is having an impact on policies, regulations, and increasingly shaping debates about what healthcare is becoming.

Finding #10- 'Increase'

- **"The dilemma of "to be or not to be": developing electronically e-health & cloud computing documents for overseas transplant patients from Taiwan organ transplant health professionals' perspective", Shih, F-j ; Fan, Y-w ; Chiu, C-m ; Shih, F-ji ; Wang, S-s, Transplantation proceedings, 2012, Vol.44(4), pp.835-8**
- "An estimated 2133 cases for overseas organ transplant (OOT) originate from Taiwan. Eighty-five percent of overseas kidney transplantations and 92% of overseas liver transplantations were conducted in Mainland China (MC). As more communication avenues become possible between two parties of MC and Taiwan, Taiwan's organ transplant health professionals (OTHP) are challenged to provide consultation about OOT for the patients with end-stage organ failure and their families..."
- **"This information would help facilitates OTHP in domestic and overseas health professionals to better learn the trends of OOT patients' health situation across pre- and post-transplant stages."**

Lesson- Technological developments are making it easier to increase the amount of healthcare travel around the world.

Finding #11- 'Risks'

- "The unwritten price of cosmetic tourism: an observational study and cost analysis", Miyagi, K ; Auberson, D ; Patel, A J ; Malata, C M
- Journal of plastic, reconstructive & aesthetic surgery : JPRAS, 2012, Vol.65(1), pp.22-8
- "Although potential downsides are also obvious, many patients choose to overlook these as they often become apparent at a later stage. **Inevitably in cosmetic tourism, there is usually limited scope for preoperative counselling and postoperative review. There is also a lack of clarity to both patients and healthcare professionals as to who will manage postoperative complications, including revisional surgery, and there may be no legal recourse should these occur or patients feel dissatisfied with the surgical result. Finally, for packages that include long-haul flights there is a significant risk of venous thromboembolism in the early postoperative period.**"
- "Our study identifies and highlights a number of important points. Firstly, it confirms the ongoing conduct of cosmetic tourism, and the need for better patient education about the potential risks of such practices."

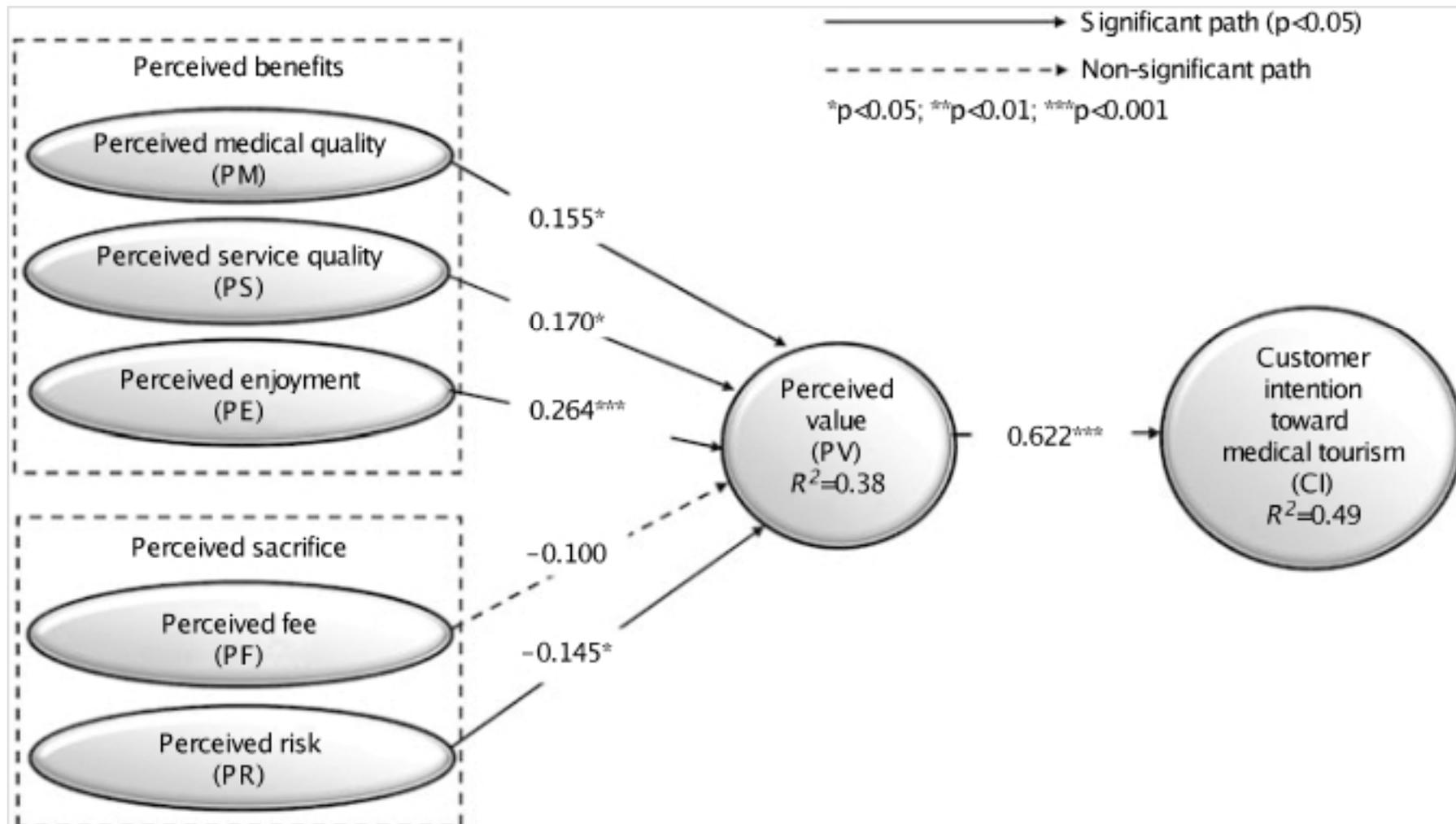
Lesson- Medical tourism definitely increases the risks of receiving healthcare by introducing more complexities.

Finding #12- 'Value'

- **"Value as a medical tourism driver", Hsiu-Yuan Wang, Managing Service Quality, 2012, Vol.22(5), p.465-491**
- **"The results indicated that perceived value was a key predictor of customer intentions. As for benefits, perceived medical quality, service quality and enjoyment were critical components that significantly influenced the perception of value. Regarding sacrifice, the effects of perceived risk on perceived value were significant."**
- **"The findings can assist governments in developing policies that promote medical destination and provide insights into research on how destination countries can make medical tourism a win/win option for themselves and international patients."**

Lesson- Medical tourism probably wouldn't continue to grow if patients didn't perceive that they were receiving more value by traveling for healthcare.

Results of the Structural Modeling Analysis

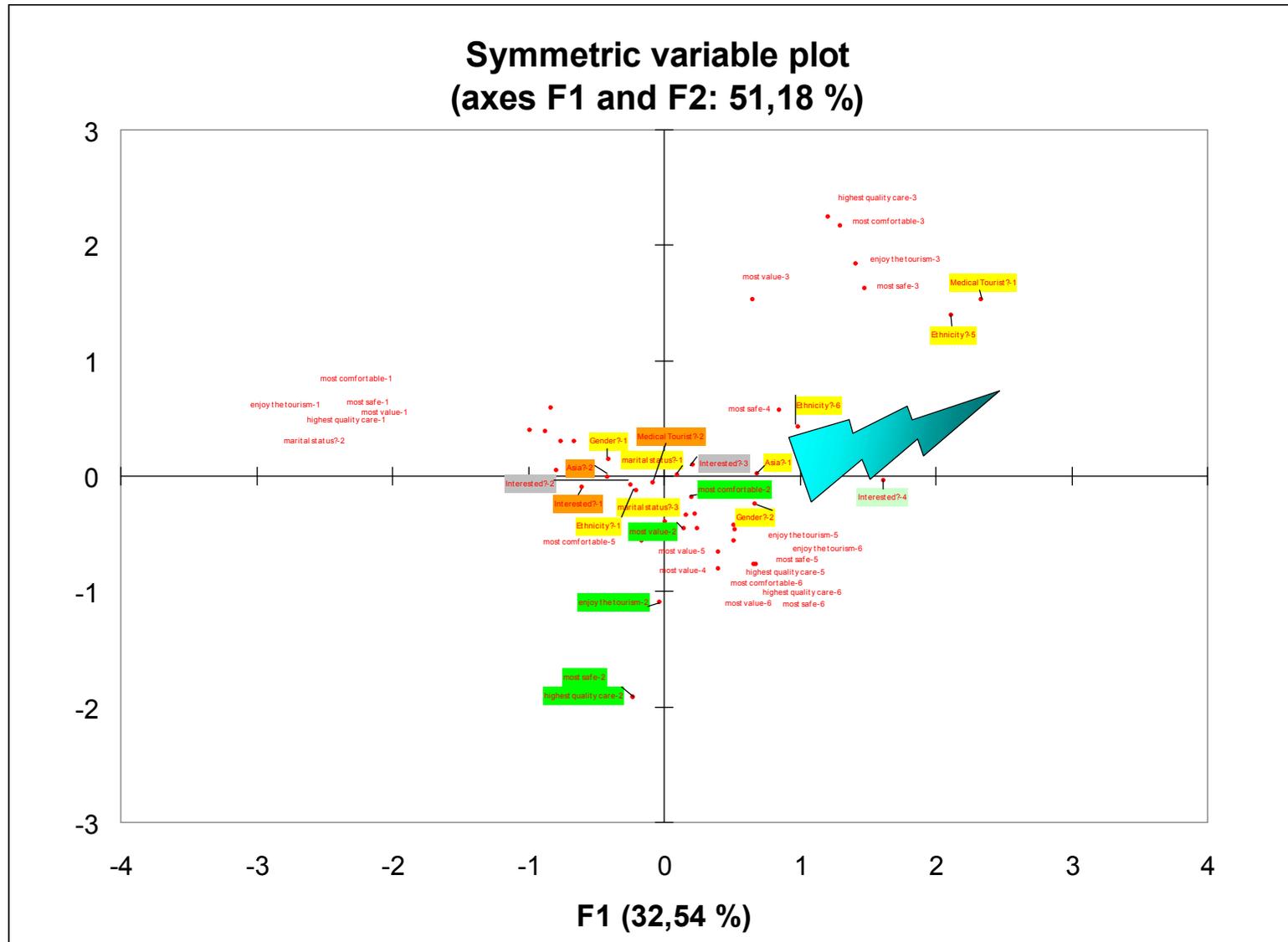


Extra Finding- 'Accelerate'

- **“Study sees more telemedicine, medical tourism in 2012.” Medical Marketing & Media, Jan, 2012, Vol.47(1), p.25(1)**
- “...Five trends for health:
 - Increasing medical tourism as hard times drive growth of 25% to 35% per year, according to Patients Beyond Borders, with adventurous types traveling to Hungary for dental surgery, or Thailand for elective surgery.
 - A spike in telemedicine, providing a means of sending scans and tests for analysis, remote monitoring of chronic conditions and real-time interaction through teleconsultations.
 - "Cyberchondria," patients self-diagnosing based on what they see on the Web and then clogging up doctors' offices.
 - Personalized medicine is coming online, with more targeted drugs, more accurate dosing and, hopefully, better safety and outcomes.
 - Diabetes' status as the center of gravity in healthcare will accelerate, says Euro, noting that Centers for Disease Control data estimate that 79 million US adults have prediabetes.
- "The transformation of health will continue to accelerate, getting bigger as companies scale beyond traditional borders and also smaller as more targeted therapies and communications come to the fore," says Larry Mickelberg, digital guru at Havas Worldwide Health. "The result is the creation of live global ecosystems of data, help and service. We have the opportunity to marry these new streams with more traditional health communications and power better health experiences."

Lesson- Medical travel is part of a larger acceleration of change or transformation in healthcare.

Preliminary Results- Vequist & Stackpole



Conditions for Success

- Honest Assessment of Infrastructure
- Collaborative Environment
 - Government
 - Hospitals
 - Providers
 - Other Stakeholders
 - Hotels
 - Tourism
 - Airlines
- Security/Stability Concerns are Addressed
- Economic Factors are Right
- Consumerism is Allowed to Flourish



Conditions for Success- Recommendations for Korea

- Physical Expansion into Other Markets
- Begin to Attract Additional Demographics/Target Markets
- Continue to Explore Mobile Advertising Opportunities
- Airport Technology Kiosk
 - Collaboration with Samsung



THE END

Thank you for your time!

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