A Survey of Medical Tourism Service Providers

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The forces of globalization have given rise to a new industry, medical tourism. While traveling to obtain medical care is not a new concept itself, the practice of consumers from the United States traveling to developing nations for health care is novel. Accurate data on the industry are scarce. This paper presents the results of a survey of medical tourism service providers, and discusses the potential impacts of medical tourism on both developing nations and the United States.

INTRODUCTION

No doubt the reader has encountered media headlines referencing medical tourism: "Hip surgery in India? Insurance may pay" (MSNBC.com, 2008) or "Americans look abroad to save on health care" (Associated Press, 2008). Traveling to other nations to receive health care is not a new phenomenon. Foreign residents living abroad have often journeyed back to home countries for medical care, due to cultural familiarity with the health system as well as the desire to be near loved ones while receiving medical care. The practice of wealthy patients traveling to world class health care institutions abroad is also not new. Along shared borders and in international areas like the European Union, traveling for medical care is routine. A more novel concept is the case of a middle class American traveling to a country such as India to have heart surgery.[2] This practice of internationally seeking out care on the basis of price is an interesting new trend to study.

In this paper, we focus on measuring trends in medical tourism among U.S. residents. Medical tourism is specifically defined by Carrera and Bridges (2006) as "organized travel outside one's natural health care jurisdiction for the enhancement or restoration of the individual's health through medical intervention." In 2007, the world market for medical tourism was estimated at $60 billion (Deloitte Center for Health Care Solutions, 2008). Estimates of medical travel by Americans range from 60,000 to one million annually (Ehrbeck et al., 2008; Youngman, 2009). A recent study reported that one percent of respondents had traveled outside the US for health care (Deloitte Center for Health Care Solutions, 2009). Destination country statistics vary widely and are questionable estimates as well. The popular book by Josef Woodman, *Patients Beyond Borders*, lists twenty "hot" destination countries.[3] The Deloitte Center report lists ten medical tourism "hubs".[4] Further, thirty-six nations have facilities that are accredited as having the same standards as US hospitals.[5]

The economic literature on medical tourism focuses on the international trade aspects of health care in general. Chanda (2002) and Timmermans (2004) describe the trade in health services. Woodward

(2005) and Mutchnick et al. (2005) explore the World Trade Organization's multilateral trade agreement on services (the GATS) and its implications. Mattoo and Rathindran (2006) investigate the role of health insurance in trade in health care services. Cross-border health travel between the U.S. and Mexico and the U.S. and Canada has received attention as well (Homedes and Ugaldes, 2003; Katz et al., 2002).

Our paper contributes to this literature in two ways. First, we focus on medical tourism specifically, rather than trade in health services in general. Second, we provide concrete data on medical tourism by surveying the industry. To our knowledge, no one has yet surveyed medical tourism agencies that serve U.S. travelers. The results from the initial survey will inform and guide our future research.

METHODOLOGY

We use the website OnlineMedicalTourism.com as our source for identifying the population of medical tourism service providers. It provides a wide variety of information on service providers, insurance, procedures, and accreditation.[6] In January 2010, the site listed 130 "full service" medical tourism service providers. We visited each service provider's website to determine whether the firm is seeking U.S. patients.[7] Ninety-one are identified as such and used as the population for our survey.

Of the 91 firms, 29 are based in the U.S. and 62 are based abroad. Just under half of the U.S. firms are located in California, Florida, and New Jersey, while India is the location of the most internationally based firms. Together, these firms offer a total of 57 destinations for medical tourism services. The maximum number of destinations listed by a single firm is 23. The average number of destinations is 3.4, although two-thirds of the firms only offer a single destination. Table 1 lists India as the most frequently offered destination.

We constructed a 30 item survey with questions on such topics as the type of services offered, the number of clients served, and perspectives on the industry.[8] Pre-notification letters were mailed before sending emails containing a link to the online survey. We sent paper copies of the survey to non-responders.

RESULTS

Seventeen medical tourism service providers sent full responses to our survey, which is a 19 percent response rate. 53 percent of these providers are located domestically (within the U.S.), while 47 percent are located internationally. Thus, compared to the population of service providers, our sample is over representative of domestic firms.[9] Although we surveyed only firms who market to clients from the United States, 81 percent of respondent firms indicate that they market to clients from other countries as well. 88 percent of the respondents indicate they are the President, CEO, COO, or Manager of the firm, and have been working in the medical tourism industry for an average of 3.2 years. Over 80 percent of the respondent firms have been established since 2005 (and over 41 percent have been established since 2007), which highlights medical tourism as an extremely young but growing industry.

The survey respondents cite an average of four destination countries as being offered by the service provider for medical travel. Table 1 lists the most frequently offered destination countries. Nearly half of the providers offer India as a destination, and 30 to 40 percent offer Costa Rica, Turkey, and Brazil as destinations. The top three destination countries listed by the firms in our survey match the top three countries offered by the population of firms on the medical tourism website.

TABLE 1
FREQUENTLY OFFERED DESTINATIONS

	Survey Sample		Population	
	n = 17		N = 91	
Destination	*Number of Firms*	*Percentage of Sample*	*Number of Firms*	*Percentage of Population*
India	8	47%	38	42%
Costa Rica	6	35%	20	22%
Turkey	5	29%	17	19%
Brazil	5	29%		
Malaysia	4	24%		
Mexico	4	24%		
Thailand			19	21%
Singapore			17	19%

Table 2 outlines a general range of procedures for which medical tourism service providers commonly coordinate travel. The entire sample of respondent firms offers to organize trips for hip or knee surgery, and over 75 percent of firms will organize trips for heart surgery, general surgery, laparoscopic surgery, obesity surgery, dental treatments, infertility treatments, or scans and investigations. The average service provider in the sample offers travel for over twelve different procedures, suggesting that it is common for firms to coordinate travel for a wide range of procedures rather than specializing in one or two areas.

TABLE 2
AVAILABLE PROCEEDURES

Procedure	Number of Firms	Percentage of Sample
Hip Surgery	17	100%
Knee Surgery	17	100%
Heart Surgery	16	94%
General Surgery	15	88%
Laparoscopic Surgery	15	88%
Obesity Surgery	15	88%
Dental Surgery/Treatment	14	82%
Infertility Treatment	14	82%
Scans/Investigations	13	76%
Cosmetic Surgery	12	71%
Cancer Treatment	12	71%
Neurosurgery	12	71%
Spinal Fusion	12	71%
Transplants	10	59%
Eye Surgery	9	53%
Therapeutic or Medical Spa Treatment	5	29%

Since half of the firms in the sample began offering services in 2007 or later, we report client trends for the years 2007-2009. Each firm received an average of 56 inquiries from potential clients in 2007, and this number rose 54 percent in 2008 to an average of 86 inquiries (see Table 3). In 2009, the

number of inquiries climbed 324 percent to 365. These results suggest that the popularity of medical tourism among U.S. residents is exhibiting an upward trend in recent years.

Similarly, the number of arranged client trips rose from an average of 30 trips in 2007 to 38 trips in 2008. In 2009, the number of arranged trips increased nearly 260 percent to 136 arranged trips per firm. The average number of client trips actually completed exhibits a decrease between 2007 and 2008 (from an average of 44 to 20 trips), before increasing again by 140 percent to 48 completed trips in 2009. These numbers indicate that 13 percent of client inquiries turned into actual trips for medical treatment in 2009. This figure is fairly consistent with the 18 percent number given directly by survey respondents (with individual estimates varying between 4 and 100 percent by firm). The average reported length of trip in 2009 was 17 days (median trip length was 11 days).[10]

TABLE 3
TRAVEL TRENDS, BY SERVICE PROVIDER

	Year		
	2007	*2008*	*2009*
Number of Inquiries			
Mean	56.0	85.8	365.2
	(76.8)	*(74.4)*	*(449.3)*
Maximum	190	250	1500
Minimum	5	10	5
No. Obs.	5	10	12
Number of Arranged Trips			
Mean	30.3	38.0	136.2
	(41.4)	*(52.8)*	*(231.4)*
Maximum	78	150	800
Minimum	3	1	4
No. Obs.	3	9	11
Number of Completed Trips			
Mean	44.0	20.0	47.8
	(48.1)	*(36.9)*	*(67.2)*
Maximum	78	103	201
Minimum	10	2	1
No. Obs.	2	7	10

standard deviations in parentheses

The literature cites several potential reasons for recent increases in medical travel abroad, including cost savings, improved quality of care, ability to obtain faster treatments, unavailability of treatments domestically, and internet marketing (Connell, 2006; Lunt and Carrera, 2010). Table 4 highlights factors ranked by our survey respondents as relevant to clients when making their decisions to travel abroad for medical care. We asked medical tourism service providers to rank the value of these factors to their clients on a 4-point scale ranging from "not at all important" (1) to "very important" (4). In addition to reporting means and standard deviations, we perform one-sample t-tests in order to determine whether the means are significantly greater than 2 (indicating the average respondent ranks the factor as "important" or "very important").

All respondents believe that the experience and reputation of the overseas medical provider is either important or very important to their clients when making travel decisions. Other significant factors include the cheaper cost of overseas medical care, the waiting period for domestic treatment, inadequate

domestic health insurance, incentives for overseas medical care within the client's current health insurance package, and the availability abroad of medical treatments that are not available in the United States. The importance of health insurance is further highlighted by a separate number reported by survey respondents, who state that 83 percent of their clients do not have domestic health insurance coverage for their procedure. Taken together, these results confirm that a large portion of medical travelers may be motivated by the potential for cost savings abroad. Two factors do not appear to be thought to hold much relevance to client decisions- the ability to undergo medical procedures abroad anonymously (e.g. without family, friends, or acquaintances having to know about the treatment), and a desire to combine medical treatment with a vacation.

TABLE 4
INFLUENCES ON DECISION TO SEEK MEDICAL TREATMENT ABROAD, AS REPORTED BY MEDICAL TOURISM SERVICE PROVIDERS

Importance to Clients When Making the Decision to Seek Medical Treatment Abroad		
	Mean	St. Dev.
Experience & Reputation of a Particular Overseas Medical Provider	3.47***	0.51
Medical Care Abroad is Cheaper than Domestic Care	3.24***	0.75
Length of Waiting Time for Domestic Treatment	3.12***	0.93
Client has Inadequate Domestic Health Insurance	2.82***	1.01
Client's Health Insurance Covers Treatment Abroad, or Offers Incentives	2.94***	0.83
Treatment is Available Abroad that is Unavailable Domestically	2.94***	0.97
Anonymity of Treatment	2.24	0.90
Combining Medical Treatment with Vacation	1.88	0.81

*Scale ranges from 1 (not at all important) to 4 (very important). n = 17. ***p<.01 ($\mu \geq 3$).*

Once the client decides to seek medical treatment abroad, the next step is choosing a particular medical provider and destination country. Respondent firms were asked to indicate the importance of several factors that play into these choices, both to themselves as well as the importance of these factors to their clients. The most important factor weighed by firms in recommending care providers is provider accreditation; over 75 percent of firms consider a nationally-recognized accreditation to be important or very important when choosing care providers, with this same percentage believing in the importance of JCI accreditation in particular (see Table 5).[11] However, the mean and significance of these factors decrease when respondents rank the importance of accreditations to the clients themselves, suggesting that these factors are slightly less important to clients than to providers. Interestingly, outside of JCI accreditation, the particular type of accreditation earned by the care provider does not appear to matter to either service providers or their clients.

Several additional factors appear to be important not only to the service provider firms, but to the clients as well. Over 75 percent of firms believe that their clients consider the following factors to be important or very important in choosing providers and countries: volume of tourists served, experience and reputation of the medical provider, quality of medical and after-care, quality of facilities, procedure cost, and the ability of providers to communicate in English. With regards to quality of care, a separate survey question finds that 83 percent of respondent firms claim their clients believe they are receiving similar or superior care abroad when compared to domestic care. Table 5 further indicates that distance and ease of travel from the client's home are important, and respondent firms also believe clients frequently base decisions on recommendations from acquaintances.

TABLE 5
FACTORS INFLUENCING SPECIFIC MEDICAL TOURISM DECISIONS, AS REPORTED BY MEDICAL TOURISM SERVICE PROVIDERS

	Importance to Firms When Determining Which Providers to Recommend n=17		Importance to Clients When Choosing Provider and Country n=16	
Factor	Mean	St. Dev.	Mean	St. Dev.
JCI Accreditation	3.11***	0.78	2.56**	0.96
Trent Accreditation	2.13	0.96	1.94	0.88
CHSA Accreditation	2.06	1.00	1.73	0.88
ACHSI Accreditation	2.00	0.97	1.88	1.02
Any Nationally-Recognized Accreditation	3.06***	1.03	2.69**	1.19
Volume of Medical Tourists Served	2.76***	0.75	2.75***	0.58
Experience & Reputation of Medical Provider	3.76***	0.44	3.44***	0.51
Quality of Medical Care	3.88***	0.33	3.63***	0.50
Quality of After-Care	3.64***	0.79	3.44***	0.63
Quality of Facilities	3.81***	0.40	3.56***	0.51
Procedure Cost	2.76***	0.44	3.31***	0.60
Distance from Client's Home	2.41**	0.87	2.56**	0.96
Ease of Travel from Client's Home	2.82***	0.64	3.06***	0.77
Ability to Communicate in English	3.59***	0.62	3.50***	0.63
Recommendations from Acquaintances	n.a.	n.a.	3.06***	0.57
Desire to Travel and Vacation in that Country	n.a.	n.a.	2.07	0.70

*Scale ranges from 1 (not at all important) to 4 (very important). ***p<.01 ($\mu \geq 3$). **p<.05 ($\mu \geq 3$).*

FURTHER DISCUSSION

Of the survey respondents, 76 percent believe that the number of U.S. patients seeking medical travel abroad will increase in 2010. Ninety percent of these medical tourism service providers view the outlook for medical tourism over the next five years as very promising, and all expect their company's profits to grow over that period. This expected increase in medical tourism has many potential implications for the developing nation receiving inbound patients as well as for the U.S. as sender of outbound patients. Beyond the scope of this brief paper, each merits thorough scholarly inquiry.

Developing Nations

In order to attract foreign patients, health infrastructure must be built or expanded. Many developing nations lack adequate health systems, and improvement in health infrastructure is needed for long run economic development and growth. Foreign investment funds may be attracted into the nation. Foreign patients themselves can be a source of foreign currency and tax revenue.

Along with improved health infrastructure may come improvements in human capital. Health care professionals may see new career opportunities available in the home nation, and as a result, brain drain may be mitigated. Perhaps health care workers who immigrated to industrial nations in search of career advancement will have cause to return home.

Entrepreneurship opportunities may be triggered in the local economy. Foreign patients buy services such as ground transportation and lodging from local vendors. While other tourist activities such

as sightseeing and shopping are not a requisite part of a cross-border health care trip, patients and traveling companions often do partake in such activities. A hospital facility may employ thousands of workers, from the custodians to the CEOs, each purchasing goods and services in the local economy.

The developing nation's export sector grows. When a patient travels abroad for medical care, the receiving nation is technically exporting a health service. Traditionally, developing nations have focused on commodity and low-skilled exports. Harnessing a comparative advantage in medical tourism may be a way for developing nations to increase their export sectors in a new way.

A two-tier health care system may emerge. Wealthy foreign patients are treated in state-of-the-art hospitals while the local population continues to receive care in stressed public health care facilities. Similarly, while career advancement opportunities may cause more health care workers to remain in the developing nation in general, brain drain from the public health system into the more lucrative private health system could result.

In order for medical tourism to grow and thrive, developing nation governments will need to review a host of policies. Immigration policy can either help to foster or thwart this sector. Short term or special medical visas will need to be created or the number available expanded. A simple, transparent, and quick visa application process is necessary. Regulations on foreign investment may warrant review and revision. New tax policy may be designed to collect revenue from the private health sector with the purpose of subsidizing care in the public sector. Regulations stipulating that a certain number of hospital beds in the private hospitals be reserved for the local population may be considered. Incentive schemes that encourage health professionals to remain in the public health sector merit thought. And finally, many governments are directly involved in promoting their nation as a medical tourism destination.

United States

Affordable healthcare is a key issue in the United States right now. Millions of Americans are uninsured or underinsured. When paying out-of-pocket and faced with the need for a non-emergency medical procedure, the patient can elect to have treatment performed abroad for a substantial savings. In fact, 64 percent of the survey respondents believe that U.S. healthcare reform is likely to have a significant positive impact on the number of patients seeking medical travel abroad. While this option might help to keep health spending lower for some individuals, there is no reason to believe that it will have a large effect on health care spending for the nation as a whole. Primary care, emergency care, and follow up care will still take place in the current domestic health care system.

The option of more affordable health care abroad may affect the number of bankruptcies. Himmelstein et al. (2007) find that over 60 percent of US household bankruptcies are linked to medical bills. Moreover, this same study finds that 78 percent of bankrupted households surveyed had health insurance.

Insurance firms and employers have taken notice of the medical tourism trend and new insurance products are springing up. WellPoint Inc., a licensee of the Blue Cross Blue Shield Association, is running a pilot project with a medical tourism logistics company ("Healthbase Collaborates", 2009). An east coast grocery store chain has worked with Aetna to cover employees' knee and hip replacements in Singapore ("Hannaford's Medical-Tourism", 2008). Insurer AIG underwrites a product called MedTour which combines traditional travel insurance with insurance for medical complications (International Medical Insurance Group, 2009). According to their website, Aos Assurance Company sells medical malpractice insurance to patients receiving treatments in foreign countries.

Many US health care institutions are taking advantage of opportunities for partnerships abroad. The Cleveland Clinic manages and operates the Sheikh Khalifa Medical City, a network of healthcare facilities in Abu Dhabi, and is set to open the Cleveland Clinic Abu Dhabi in 2012 (Cleveland Clinic, 2009). Duke University has partnered with National University of Singapore to form the Duke-NUS Graduate Medical School (Duke-NUS, 2009). A subsidiary of Harvard University has programs in thirty countries, including the Harvard Medical School Dubai Center in Dubai's Healthcare City (Partners Harvard, 2009). Memorial Sloan-Kettering Cancer Center has established relationships with institutions in nine nations (Memorial Sloan-Kettering, 2009).

Follow up care in the home country may present some challenges. Physicians may be reluctant to provide treatment to patients who have had a procedure performed abroad, one reason being the fear of opening one's self up to malpractice suits because of prior poor care abroad. There also could be resentment that the patient went abroad for the procedure yet expects follow up care domestically. Continuity of care can be interrupted by unclear or missing medical records. Communication issues between the local physician and physician abroad may surface.

As medical tourism gains in popularity, the federal and state governments may become involved in some manner. If domestic physicians fear malpractice suits from patients who received medical care abroad, states may wish to review medical malpractice laws. As the US population ages and the government is on the hook for larger and larger Medicare bills, providing coverage for overseas care may warrant exploration. The question of whether an insurance company can force a patient to receive care abroad may come up and require legislation.

CONCLUSION

Our survey highlights recent increases in medical tourism by U.S. residents. Results suggest that several factors rank as important to service providers and clients when choosing medical providers abroad, including cost savings, quality of care, experience and reputation of the provider, accreditation, distance and ease of travel, and decreased waiting times. Although the current economic climate may be expected to have a temporary negative impact on medical tourism, service providers appear to be divided on whether the industry has experienced a slowdown due the recent recession.[12] Job loss, loss of health benefits, and lower incomes may make medical tourism attractive to even more Americans needing health care now. If pilot programs prove to be successful, perhaps more insurance companies may look to medical tourism to lower costs. It is plausible that the mix of medical procedures sought abroad might change. In response to the economy, developing nations seeking to attract patients may increase or decrease their marketing campaigns or re-target for the wealthy countries only.

END NOTES

1. Financial support for initial inquiry into this topic was provided by a summer research grant from the University of Southern Indiana's College of Business. We also wish to thank attendees at the 2010 Academy of Business Economics Annual Conference for helpful comments.
2. To be sure, the United States is not the only source of medical tourism patients. With brevity in mind, the US is the focus of this short paper.
3. The countries are Antigua and Barbados, Brazil, Costa Rica, Czech Republic, Hungary, India, Israel, Jordan, Malaysia, Mexico, New Zealand, Panama, Philippines, Singapore, South Africa, South Korea, Taiwan, Thailand, Turkey, and United Arab Emirates.
4. Medical hubs are Brazil, Costa Rica, Gulf States, Hungary, India, Malaysia, Mexico, Singapore, South Africa, and Thailand.
5. Countries with Joint Commission International (JCI) accredited facilities are: Austria, Bangladesh, Barbados, Bermuda, Brazil, Chile, China, Costa Rica, Cyprus, Czech Republic, Denmark, Egypt, Ethiopia, Germany, India, Indonesia, Ireland, Israel, Italy, Jordan, Kingdom of Saudi Arabia, Lebanon, Malaysia, Mexico, Pakistan, Philippines, Portugal, Qatar, Singapore, Spain, South Korea, Switzerland, Taiwan, Thailand, Turkey, and United Arab Emirates.
6. Listing on the site is voluntary.
7. Websites that have a U.S. toll free phone number or list prices in U.S. dollars are assumed to be seeking U.S. patients. Some sites solely listed prices in foreign currency or indicated that they seek to assist European clients.
8. A copy of the survey instrument is available upon request. The instrument was reviewed and approved by our college's Institutional Research Board.

9. This result may be due to the fact that our names as principal researchers and our sponsoring institution are both American, which may have led to increased participation by domestic firms.
10. The statistics reported in Table 3 exclude one firm reporting an average of 2700 inquiries per year, which represents a clear large outlier firm.
11. The Joint Commission International accreditation certifies a foreign hospital as providing the same standard of care as U.S. hospitals.
12. 47 percent of survey respondents believe the industry has seen a slowdown due to the recession, while 35 percent disagree (18 percent remain neutral).

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