

Sun, Sand and...Sutures?

By Jennifer Della'Zanna, CHDS, CPC, CGSC, CEHRS

As members of the United States medical profession, we often see, and document, the negative side of medical tourism. Bad outcomes our doctors have to repair, lost or illegible documentation, complications from inferior safety standards for procedures like blood transfusions. Horror stories abound. But the trend is growing, so there must be some advantages. So let's explore!

"The whole of Asia flocks to [to the shrine of Asklepios at] Pergamon."

Philostratus, c. 225, *Life of Apollonius of Tyana* Book 4, Chapter 34

"But if there is more serious illness and a true phthisis, it is necessary to counter it forthwith at the very commencement; for when of long standing it is not readily overcome. If the strength allows of it a long sea voyage is requisite with a change of air, of such a kind that a denser climate should be sought than that which the patient quits; hence the most suitable is the voyage to Alexandria from Italy."

Celsus, 1478, *Da Medicina*, Book III, Chapter 22

"Every creature in Bath...was to be seen in the room at different periods of the fashionable hours; crowds of people were every moment passing in and out, up the steps and down."

Jane Austen, 1817, *Northanger Abbey*

People have been traveling for their health for centuries. Whether “taking the waters” in Bath, England, worshipping at the shrine of a healing god, or just enjoying the benefits of an ocean voyage, it’s not a new phenomenon. It has, however, become an increasingly popular option for Americans in the past twenty years or so. And more and more patients today are in a position to combine that health care with rest and relaxation at a beautiful vacation destination.

The Centers for Disease Control (CDC) estimated that 750,000 Americans traveled abroad for medical care in 2007, but that figure may not have been accurate. *The International Medical Travel Journal*, which provides third-party reports on statistics within the medical travel field, asserts that nobody really knows how many Americans travel abroad for treatments. The target countries don’t often keep accurate records sorted by incoming citizenship, and some organizations count only travel overseas, not counting Mexico or Canada as “abroad.” So, it’s difficult to say just how many of us are taking advantage of this healthcare option. The other problem with statistics is, sometimes the industry differentiates between *medical travel*, *medical tourism* and *health travel*.

Medical Travel – Travel in order to seek procedural health care at a destination other than where the patient lives. This can be overseas or in a different city or state. This is health care for its own sake, without any aspect of vacation along with the care.

Health Travel – Travel in order to seek “alternative” healing treatments such as mineral springs, ayurvedic medicine or herbal treatments.

Medical Tourism – Travel in order to seek procedural health care at a destination where the patient (and/or companions) will also participate of the areas tourist attractions or destination advantages, either before or after the procedure(s).

The first procedures to become popular outside the US were dental and, as they usually have an easy and quick recovery time, they are the most common procedures to combine with tourism. True medical tourism is actually a small subset of travel for health purposes. The other most popular procedures are cosmetic surgery, fertility treatments, cardiac and bariatric surgery.

The rise in travel for cosmetic surgery was largely due to cost, since this type of surgery is not typically covered by insurance. It can cost far less to travel to another country, have a cosmetic procedure and stay there for a portion of the recovery than it does to have the procedure done in the United States. AllMedicalTourism.com has a cost comparison tool on their site (<http://www.allmedicaltourism.com/?mic=so7si472pc#Search>) that lets you compare prices of specific surgeries in specific countries with those in the United States. For example, according to their chart, a breast lift and tummy tuck procedure can cost \$54,655 in the US, and the possible savings abroad ranges from 84% in the Czech Republic to 92% in Thailand (that's between \$4,372 and \$8,744). However, it seems that the greatest safety risk to patients due to unlicensed practitioners and substandard care is in cosmetic surgery.

Fertility treatments are another area not typically covered by insurance, so cost can be a factor for this type of treatment. Doreen and Kenneth are residents of Holland—although Doreen is an American expat. Last year, during a temporary work assignment in South Africa, they took advantage of lower-cost fertility treatments available at a facility that advertised internationally and had a good reputation. They are now happy, but tired, parents of healthy twin boys. “Very

few of the patients were South African,” Doreen observed. “I saw a lot of people from Great Britain and other areas of Europe.”

Traveling internationally can have some unexpected consequences, though. Doreen and Kenneth were drawn to the plight of the multitudes of orphans they saw in Johannesburg while they lived there for nine months. They want another child, but they plan to donate the remaining eggs they have at the facility to people who want children but can’t afford the full cost of the fertility treatments (even at discounted prices). Instead of putting Doreen through another pregnancy, they will adopt a child from South Africa in the next year or two.

Once the trend for overseas procedures started, people thought to look into other types of surgery, especially those who were uninsured. Cardiac procedures have become popular in India. A coronary artery bypass graft (CABG) costs an average \$52,450 for an uninsured patient in America, but only \$8,916 in India. This may be one example of where tourism may not be a good combination with the procedure, but the cost savings can certainly ease the stress on an uninsured patient’s cardiac status.

With all this business going overseas, it only makes sense that another business would sprout up to make things easier for patients to arrange such travel. As travel agencies saw the need, some began to specialize, and there is now a healthy crop of medical brokerages available. Just do a search on Google, and you’ll see the most popular ones appear on-screen. Of course, the Internet has made everything more accessible.

Will all this searching for procedures in other countries for cost savings change once the Affordable Care Act (ACA), otherwise known as Obamacare, kicks in? Maybe not, because some companies have started to encourage their workers to go abroad for care as well.

North Carolina's Blue Ridge Paper Products was the first American company to contract with a medical brokerage in 2006. The first patient had a trip scheduled for overseas surgery when the United Steelworkers' Union stepped in and said they would not allow it. The company discontinued the contract with the broker. However, other companies have now done it successfully. WellPoint, a subsidiary of Blue Cross/Blue Shield tried it first with Serigraph, a printing company in Wisconsin. Since then, insurers such as BC/BS of South Carolina and Aetna have contracted directly with hospitals in other countries, giving their members a much larger geographical region of "in-network" providers than ever before.

Bumrungrad Hospital in Bangkok, Thailand went after the international medical tourism market in response to the Asian financial crisis in 1997. They renovated the hospital to look like a luxury hotel, complete with American storefronts in the lobby (like Starbucks), and they advertised their services. They packaged low-cost healthcare with tourist attractions. They claim to provide care to 435,000 international patients per year, of which 58,000 are American.

Singapore had previously been the go-to spot for healthcare, without a lot of advertising on their part, but Thailand undercut their costs and were starting to eat into their market share. So, Singapore increased its research and development and went about marketing "top-quality" care instead of low-price care. They recruited top-notch doctors and researchers and worked to partner with American hospitals to bring quality care—often at a premium, not a cost savings—to their clients. The press releases on www.SingaporeMedicine.com show that trend.

India is the fastest growing competitor in the global healthcare market. Medical visas allow people to stay in India for extended periods of recuperation. They market extremely high level care at very low prices, creating a combination hard for most Americans to resist!

In all the countries emerging as hot markets in global healthcare, doctors are encouraged to get US board certification, no matter where they trained originally, and these countries court US hospitals and universities to partner with their local hospitals and lend that credibility to their services. Singapore has attracted the likes of Johns Hopkins and Duke University, and Harvard has a campus set up in Dubai. However, India, the Philippines, and Thailand are not known for their strict regulatory oversight in healthcare. Marketing for global healthcare is still ahead of development of legal protections for patients in the global health care market.

However, there have been strides in patient protection in the past twenty years. In 1994, the US-based Joint Commission created the Joint Commission International (JCI), which now has a presence in 90 countries. In 2007, JCI collaborated with the World Health Organization (WHO) to create The WHO Collaborating Centre for Patient Safety Solutions. The two organizations work together to identify global medical safety concerns and create solutions for them.

The one country where Americans can travel with all their protections intact is the US. With all the attention on foreign travel, it's easy to forget that the US still has some of the best hospitals in the world, and there are as many people coming to the US for care as there are leaving it. The International Medical Travel Journal asserts that, despite all the press, most people traveling for medical care travel regionally—not across country lines. As far as price goes, there are some areas of the country where healthcare costs less than others, so cost can still be a guide when looking across state lines instead of borders. Specialty is usually more of a consideration—think of how many people you've heard of traveling to Sloane-Kettering Cancer Center in New York City or The Mayo Clinic in Rochester, MN. These are names known worldwide for their care and are a draw for international and American patients alike.

There are many elements to consider when deciding to travel for medical reasons, and the cost calculators cannot always let you know the true cost of a procedure abroad. Besides the incidentals, which may or may not be packaged with the cost of the procedure, one must consider the cost of a travel/care companion (which can be nice in all cases, and required in some). Arrangements might need to be made if complications occur and the patient cannot travel back home at the time originally scheduled. And in the case of complications that must be dealt with once the patient has returned, extra costs may be incurred that might not have been if the patient had remained at home.

The global medical market works in procedure terms. The cost of a procedure is just that—the cost of a procedure. In the United States, most insurers consider that major procedures carry a “global surgical period” of 90 days, which means that any care the patient receives from the day before the surgery to 90 days after surgery are covered by the cost of the procedure. So, the cost of a procedure in the US covers a lot more care than is being provided abroad. When the patient has to turn to an emergency room for the care that would have otherwise been included in the surgical fee, costs may escalate beyond what was anticipated—negating any savings. Sure, there are success stories, and there are horror stories—for both local and global medical care.

As with all medical decisions, the correct one is personal and a matter of assessing risk vs. benefit. And, perhaps, the lure of a white, sandy beach.

SIDEBAR INFORMATION:

The Medical Tourism Association is a Global Non-profit association for the Medical Tourism and International Patient Industry: <http://www.medicaltourismassociation.com/en/index.html>

The Association operates a portal for healthcare consumers at www.MedicalTourism.com

The International Medical Travel Journal is a wealth of articles, reports and news about the medical travel industry. <http://www.imtj.com/welcome/>

The AMA's guidelines on medical tourism: <http://www.ama-assn.org/ama1/pub/upload/mm/31/medicaltourism.pdf>

Traveler's guide to safe dental care:
<http://www.osap.org/?page=travelersguide&terms=dental+and+tourism>

Safety guidelines from the International Society of Aesthetic Plastic Surgery:
<http://www.isaps.org/medical-procedures-abroad-the-key-guidelines-for-plastic-surgery-travelers.html>

CDC advice for medical travelers: <http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-2-the-pre-travel-consultation/medical-tourism>

If you are interested in hiring an agency, go to:
http://www.healism.com/medical_tourism/medical_tourism_companies/overview/

For information on accreditation of a global healthcare provider or hospital, go to:
<http://www.health-traveler.com/info/accreditations>

<http://www.jointcommissioninternational.org/>

Online and print resources for patients considering medical travel/tourism:
<http://www.patientsbeyondborders.com/>

AllMedicalTourism has a cost calculator based on procedure and destination:
www.allmedicaltourism.com

Medical tourism complications insurance: <http://www.mtqua.org/services/insurance/>