

Best Practices in Medical Tourism

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What is Medical Tourism?

Toward a practical
understanding of
medical tourism and
medical travel,
wellness tourism,
health tourism and
health travel

Julie W. Munro

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The ***Best Practices in Medical Tourism*** publications from the Medical Travel Quality Alliance are written to educate and inform health care and service providers in the medical tourism “supply chain,” in order to focus attention on quality and safety practices in the treatment and care management of traveling international patients.

Titles in the series include

Care and Management of Traveling International Patients
Critical Patient Touchpoints in Medical Tourism
What is Medical Tourism?

How this publication came about:

At Medical Travel Quality Alliance, we have noted that the question “What is medical tourism?” seems to be asked with increasing frequency, especially by newcomers to the medical tourism industry. The wide variety of answers that do exist are too narrow, too general, or confusing, and leave many other questions unanswered.

We hope these working definitions and explanations of medical tourism, medical travel, wellness tourism and more may help medical tourism participants, consumers, journalists and medical tourism industry “outsiders” to better understand the nature of medical tourism. We use these definitions internally to help guide our own work and have found them very useful.

You are welcome to use these definitions and descriptions on your websites and in your publications. When quoting this document, please attribute the text appropriately.

You may or may not agree with these definitions and descriptions. We welcome a dialog on the MTQUA blog.

<http://www.mtqua.org/2012/07/02/what-is-medical-tourism/>

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MTQUA welcomes submissions from experienced health care and medical tourism professionals for publication in this series.

Please submit your proposal or your document by email to caroline@mtqua.org.

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EXECUTIVE SUMMARY

Medical tourism describes the act of people making health choices and accessing health treatments across borders. Depending on who is asking the question, it can be trade in goods and services, a health choice, or a health service.

The term *medical tourism* has come to embrace all facets of consumers seeking treatment, improvement or change through medical or wellness practices – provided they cross an international border to do so.

On one hand, *medical tourism* is a popular, consumer-driven internet search term. To find information about medical treatment abroad, consumers and media alike google *medical tourism*.

For government planners, economists and academics, *medical tourism* is data: population movements and the value they bring or leave in their wake. This definition of *medical tourism* serves a need to count and put an economic value on movement of people.

The economic definition is not sufficient or useful for those “on the ground” who provide the goods and services for this population. Medical professionals, health care providers, and medical travel service companies need a useful and practical definition that guides them in caring for traveling international patients. It is a matter of giving value to life, death and quality of life.

1. WHY DOES IT MATTER?

Should it matter that there is no agreed upon definition or common understanding of *medical tourism*?

Without a common understanding of the phrase *medical tourism*, for example, data is poor and unreliable, and affects the quality of academic research, media reports, government policies and business plans.

Questions such as “How are medical tourists to be counted?” or “Should medical travelers be counted instead of – or separate from – medical tourists?” are hard to answer when there is no common understanding or description of medical tourism.

It is like collecting data about the transportation industry by counting the bicycle, car and horse cart as passenger vehicles.

Researchers, economists and government statisticians have a need for one kind of definition of medical tourism. Recent OECD reports illustrate the difficulty at the international trade level of developing a useful definition of medical tourism.

However, medical professionals, health care providers, medical travel service providers and wellness companies have a need for a different kind of definition.



With no common, practical understanding of *medical tourism* and other terms used in the medical tourism industry, can there be a common approach to the treatment and care management requirements of traveling international patients? Can we develop workable business models and marketing strategies?

Can we answer questions like “What are the needs of medical tourists?” or “How do we treat medical travelers?” or “How do we find/reach/market to medical tourists – or medical travelers?”

When the practical world and the world of research meet, as when academics survey practitioners to report on patient activity, significant misunderstandings can occur because of different definitions for *medical tourism*.

2. WHAT IS THIS INDUSTRY ABOUT?

Is it medical? Is it health? Is it wellness?

Medical tourism, health tourism, medical travel, and health travel – these phrases are not interchangeable, yet they are being used interchangeably, but with very different meanings, by different interest groups, leading to some of the current confusion.

Researchers, economists and government statisticians have a need to define *medical tourism* in economic and sociological terms. Medical professionals, health care providers, medical travel service providers and wellness companies have a different need, relevant to the medical and health related services they offer.



Lives are at stake

Whatever disagreements on definitions academic or other special interest groups may have, this paper is not written for them. This paper is written for the larger and more vital audience of medical professionals, health care and service providers, insurers, employers and patients.

All need to understand the role each plays in the medical tourism “supply chain” and by doing so, create a safer and

better treatment and care environment for patients. This is a practical need and an essential one. Lives truly are at stake, as many of us can attest.

Is it travel or is it tourism?

The word *travel* – as in *medical travel* or *business travel* – suggests a purposeful, not recreational trip. Highly-skilled, professional services accompany purpose-driven travel – educational conferences, continuing education workshops, various business, trade, or professional meetings.

The word *tourism* – as in *medical tourism*, *adventure tourism*, *cultural tourism*, or *culinary tourism* – reflects a more leisurely or pleasurable trip.

Associated with all varieties of *tourism* are non-professional service industries such as transportation services (airlines, cruise ships, tour buses), hospitality services (hotels, resorts) and entertainment venues (amusement parks, casinos, shopping malls, music and sports venues, theaters).

3. HEALTH TOURISM

If we accept the World Health Organization definition of health, that *health* is a state of complete

physical, mental and social well-being and not merely the absence of disease or infirmity, *health tourism* is the broadest of all possible categories of health-related activity that involves travel. In other words, *medical tourism* is a subset of *health tourism*.

Other subsets of *health tourism* may include culinary tourism, accessible tourism and sports tourism.

4. MEDICAL TOURISM

What is medical tourism?

The term *medical tourism* has come to embrace all facets of consumers seeking treatment, improvement or change through medical or wellness practices – provided they cross an international border to do so.

Medical tourism is the go-to keyword phrase for internet searches and advertising campaigns. For search engines like Google and Bing, *medical tourism* by far exceeds any other phrase when searching for cross-border health care options.

Medical tourism, the phrase, is here to stay. It's a popular, consumer-driven search term. When looking for information about medical treatment abroad, media and consumers alike search out *medical tourism*.

If medical professionals, health care providers, and medical travel service companies look for guidance in caring for traveling international patients, will they find it by searching *medical tourism*? Not easily.

Has *medical tourism* lost its meaning?

***Medical tourism* still has meaning for consumers.** But *medical tourism* is not very useful or practical for health care practitioners and service providers.

It has become a universal term that embraces virtually all categories of people who seek or obtain any kind of health-related activity – provided they travel away from “home” to get it. It embraces consumers and stakeholders in medical travel, wellness travel, international patient care, and domestic medical tourism.

Trying to be all things to all people is a prescription for failure. *Medical tourism* is already losing meaning for those who provide the treatment and care that is at the heart of the industry.

Global health care

Some medical tourism participants are suggesting that medical tourism is also *global health care*. Equating *global health care* with *medical tourism* only creates more confusion.

Global health is not medical tourism, and neither is global health care. References to *global health care* as *medical tourism* are creeping into usage by those whose interests may lie beyond the traditional scope of direct patient care for traveling international patients.

By entering new international markets under the rubric of *global health care* presented as *medical tourism*, insurance companies have received a warm welcome in countries that are anxious to explore the various opportunities offered by medical tourism.

Global health is the purview of multilateral organizations, government agencies, non-governmental organizations and private foundations that have accepted a mandate to expand and improve the delivery of standard health care around the globe, particularly in impoverished or disease-ridden regions.

Global health refers to a wide range of health problems, determinants, and solutions, such as epidemic infectious diseases, chronic illnesses and injuries, development, and foreign aid.

Secondary references to global health include global health care, global health systems, global health issues, and global health policy.

Global health care includes panoply of industries such as health care, pharmaceuticals, biotech, medical devices, health care logistics, consulting and business services.

Domestic medical tourism

Domestic medical tourism is a recently-coined phrase used chiefly to describe American patients traveling across state lines to obtain medical treatment.

In the U.S., insurance companies are regulated by each state, not by the federal government. Health care choices through insurance programs are limited to what is available in a patient's own state. If one lives in Texas, one can access health care throughout Texas, but not in neighboring Oklahoma.

It would be less confusing if this movement of patients was instead called domestic medical *travel* as these patients who travel domestically are almost exclusively seeking medical intervention for medical problems.

U.S. insurers and U.S. medical travel companies have begun to negotiate flat fees for surgeries across the country. They offer hospitals cash payments in advance in lieu of hospitals waiting for payment based on a cumbersome billing system.

This practice can make the surgery cost competitive with the cost of treatment abroad. Individuals who negotiate directly with providers increasingly get much lower pricing.

This practice is little known partly because hospitals do not want their patients to hear about them, since the package prices they offer at discount are typically not available to local patients.

Cost is the attraction but better or different treatment and care also factor into *domestic* medical travel.

In Canada, a similar domestic medical travel market may be in the making, as some patients in one province, to avoid wait lists or access special treatments, insist their provincial health care system pay for treatment in another province. In countries where there is one primary national health care funder (U.K., Germany, France, etc.), domestic medical travel is not currently an issue.

Cross-border health care

Cross-border medical travel, particularly within Europe, has a meaning to economists specific to the ebb and flow of cross-border workers, migrants and retirees within the European Union.

But in popular media, it is starting to characterize regional medical travel, or medical travel to a nearby country. Closer to home, one usually drives rather than flies to the medical destination. It may include both medical travel and wellness tourism and is often referred to as *cross-border health care*.

Cross-border medical tourism is starting to include Americans crossing into Mexico or Canada, Canadians crossing into the U.S., or residents of Caribbean island nations seeking care in nearby countries.

Diaspora medical travel

Some medical travel companies have created special medical travel programs for people with cultural and social ties or family roots in a medical destination. These are often first or second generation immigrants.

These companies argue a medical travel program will be more popular and patients easier to manage because the patients are in a familiar environment, maybe speak the local language, and have lower expectations of treatment or care.

5. WELLNESS TOURISM

A recent report for the global spa industry documented how confused – and confusing – definitions used in medical tourism are. The authors surveyed spa industry executives in countries around the world.

One would expect them to have heard of and read about medical tourism, yet 25% could not provide a definition for *medical tourism* and other phrases.

Across the board, however, these industry executives were clear in their belief that *wellness tourists* are an entirely different consumer segment than *medical tourists*, and that their interests were entirely different.

The report defines *wellness tourists* as those who travel from home to proactively pursue activities for personal health and wellbeing **and** seek unique, authentic or location-based experiences and therapies not available at home.

It recommends that the term *health tourism* not be used to describe *wellness tourism*. Certainly, in the context of the WHO definition, *wellness tourism* is not *health tourism*. It is a subset of *health tourism*.

The report makes an interesting observation that wellness businesses prefer to use the word “guest”, not “patient,” and focus on ambiance and experiences rather than outcomes.

6. MEDICAL TRAVEL

Invasive vs. non-invasive procedures

Wellness travelers may seek care characterized as non-invasive: alternative therapies and wellness treatments; most dental treatments; some non-invasive cosmetic surgery procedures like Botox, facial fillers, spot liposuction, and fat injections; acupuncture therapy; ayurveda; mineral spas; colonic cleansing; most executive check-ups.

It is critical to make a distinction between invasive and non-invasive procedures.

Insurance companies that issue medical travel insurance are clear about this. Medical travel insurance – different from travel medical insurance which covers tourists for accidental, unplanned medical treatment while on vacation – insures against complications of invasive procedures.

Non-invasive procedures sought by wellness travelers are dental treatments (excluding implants), dermatology procedures, certain cosmetic procedures, some ophthalmology procedures, genetic testing and so on.

They may be single-purpose travelers, mostly focused on saving money, who travel across a border and return the same day. They may be on vacation and opt to have some non-invasive treatments at the same time as participating in wellness tourism activities. Medi-spas have emerged to serve these vacationers.

Similarly, Europe offers many spas for wellness travelers that traditionally provide healing waters and mineral baths, and are prescribed by medical doctors for rehabilitation.

Medical tourism is not medical travel

***Medical travel* is a phrase very much preferred over *medical tourism* by health care leaders, hospital executives, doctors and other medical professionals.**

Most have reluctantly accepted the term *medical tourism* but many continue to dislike it because they feel it trivializes the process of getting and giving treatment and care.

Medical travel is the process by which a consumer (a patient) gets treatment for a medical condition. Treatment is nearly always invasive. It includes dental implants, fertility treatments, alternative or experimental procedures, addiction treatment, Lasik eye surgery, cancer therapies, as well as major surgery procedures.

Many *medical travel* patients, or *medical travelers*, require admission to hospital, whether for ambulatory care and a stay of less than 24 hours, or for inpatient care and overnight stay. Most require light or general anesthesia, administered by a licensed medical professional.

Most, if not all, must make their medical travel plans in advance. Seldom does one pop into a hospital or clinic casually for an invasive treatment. Indeed, those who do choose to have an invasive procedure on a whim may be putting themselves in harm's way and the facility or doctor who takes them may be negligent.

7. MEDICAL TRAVELER

Characteristics of the medical traveler

Medical travelers have 3 common characteristics:

- they are not resident in the destination country

- they travel from home to a different country for care
- the cultural or social environment and/or language of the medical destination may be different or strange

They are traveling international patients.

A medical travel journey is distinguished by the following:

- advance planning
- exchange of medical records and medical history
- pre-surgery instructions that may need to be followed prior to reaching the medical destination
- consideration about the kind of accommodations that will be needed post-surgery
- recovery care management
- care planning and follow-up upon returning home
- possible additional, unexpected medical attention

This last item is very important. The medical traveler may acquire an infection, get a complication, or have a bad outcome, likely needing further medical attention.

The medical traveler may be required to return to the original place of treatment, or may be able to receive

treatment at home. Treatment at home may depend on how *medical travel* is perceived by the treating doctor at home.

There are no re-dos for medical travelers

A Singaporean colleague liked to use the example of a tourist who books a vacation stay at a hotel advertising a “seaside” location. Upon arrival, the tourist finds the sea is across a highway and down a cliff from the hotel. Next year, when the tourist repeats his seaside holiday, he will be sure to choose a different hotel.

A medical traveler does not have the opportunity to “try out” a hospital and, if unsatisfied, try a different one. The medical traveler has one shot at getting it right. There are no re-dos.

Are international patients medical tourists?

International patients are not medical travelers or medical tourists. By reason of employment or retirement, they may reside in a foreign country, and they usually will seek medical care there. They are expatriates. Their homes and families are nearby.

Other international patients are people on vacation who are struck by illness, experience health-related symptoms that need attention, or have an accident while on vacation. Most of these international patients make their way to nearby clinics or hospitals for emergency care.



International patients may be considered “incidental” or “accidental” medical tourists – seeking treatment for an unplanned medical condition while on a foreign holiday. They may purchase travel medical insurance for emergency medical coverage along with trip insurance.

For hospitals in countries like the U.S., where medical travel is not an identified market segment, *international patients* is often a catch-all term for both travelers and expatriates.

These international patients may be offered translation services, travel arrangements, assistance with cross-border insurance or financial transactions and other “concierge” style activities by the hospital.

Migrant workers, retirees and new immigrants may sometimes be considered international patients rather than medical travelers. Issues surrounding access to health care for these groups are political issues, not issues of individual health choice.

All international patients would be well-served if hospitals used similar care management protocols as they reserve for medical travelers.

International patients and medical travelers share common needs

Medical travelers are traveling international patients. International patients overlap with medical travelers in key ways in needing and expecting a supportive clinical and care environment.

A supportive environment may mean hospital staff that provide translation, deal with off-shore insurance approval and payment, and cater to “comfort” requests such as better quality food, room upgrades, international television channels, and internet service.

For international patients, it is a bonus to find hospitals that have doctors and professional staff who are culturally in tune with them. If they have special medical treatment preferences or if they are demanding individuals who insist on full disclosure of care, they may present problems for unprepared hospitals.

Are expatriates medical travelers?

Many expatriates themselves firmly reject the notion that they are medical tourists or medical travelers.

They live in the community where they seek treatment. They have support networks and groups of friends where they share information about living in that country, especially about hospitals, doctors, medications and other health-related matters.

They know exactly where their embassy is and how to access assistance. They can ask for help and advice from corporate headquarters personnel.

Though they may need few of the services provided to medical travelers outside of the hospital, once they are inside, they benefit from the same extra services that hospitals provide for medical travelers.

Most expatriates are covered by international medical insurance policies paid for by their corporations, non-government organizations or home governments. These international policies tend to provide generous health care coverage at the best hospitals or, if care is not available locally, coverage is provided back in the home country or in a third country.

Some expatriates are employed by local companies. Expatriate school teachers are a good example. Local health care insurance plans are not as generous as international policies, and generally limits treatment to in-country hospitals. If a treatment is not available locally, locally employed expatriates must find it elsewhere and pay for it on their own.

Expatriates become medical travelers when they travel to a different country for treatment.

Are domestic traveling patients medical travelers?

Patients who travel domestically for treatment do not meet our definition of medical travelers. They travel for care but, notwithstanding the contradictions of American health care, they travel within their home country and enjoy a familiar cultural and social environment.

Their expectations of the care they will get are the same from one state to another. The parameters of the treatment that domestic traveling patients receive are common. Laws and regulations are common. Language and customs are common. The tools they have to remedy poor outcomes are the same.

8. CONCLUSION

Medical travel

Medical Travel Quality Alliance uses *medical travel* and *medical traveler* to describe traveling international patients who display the characteristics and actions related to treatment and care described here.



Practically speaking, to call both the organ transplant recipient and the dermatology patient *medical tourists* helps neither of them better understand the responsibilities, risks and realities of obtaining their particular treatment overseas.

Nor does it help the health care specialist, the facilitator or other service provider give the most appropriate and safest treatment and care for the patient.

Medical tourism, health tourism

We can't fight Google, so we reluctantly have accepted usage of the phrase *medical tourism* to describe just about every sort of person traveling just about anywhere for just about any kind of health-related activity. We continue to use *medical tourism* and *medical tourist* to reach out to consumers or media, even though *health tourism* might be more accurate.



About the author

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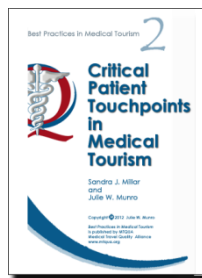
Julie W. Munro is Chief Executive Officer of InterMed Global (www.intermedglobal.com), whose consulting team provides leadership to health care and medical tourism enterprises in strategic planning, development and implementation, media and public relations management, strategic international marketing and internet marketing.

Ms. Munro founded InterMed Global as a consultancy and training company based on her work at Cosmetic Surgery Travel (www.cosmeticsurgerytravel.com) which she established in 2003. One of the earliest medical travel agencies, today Cosmetic Surgery Travel is a leading international medical travel facilitator bringing patients from around the world for medical treatment in Singapore, Thailand, Korea and other countries.

She is President of the Medical Travel Quality Alliance (www.mtqua.org). She is a member of the International Advisory Board of the European Medical Tourism Alliance EEIG (www.eumta.org) and former Vice President of the International Medical Travel Association. She writes a regular blog for Medical Travel Quality Alliance and contributes to Healthcare Finance News and other publications. She is the author of several medical tourism industry white papers, including Care and Management of Traveling International Patients, the most downloaded document in medical tourism.

Ms. Munro is a popular speaker and lecturer at medical tourism conferences and workshops around the world, speaking on comparative business models of medical tourism, international marketing for medical travel, and international patient management. She divides her time between Bangkok, Thailand and Scottsdale, Arizona. Contact Julie Munro by email at quality@mtqua.org.

Best Practices in Medical Tourism #2



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Critical Patient Touchpoints in Medical Tourism

by Sandra J. Millar and Julie W. Munro

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As medical travel increasingly becomes an acceptable alternative for patients who seek choices in medical care, medical travel and health tourism providers must offer assurances these patients will receive treatment abroad that is safe and of a standard that is the same or better than the same treatment at home.

Medical Travel Quality Alliance (MTQUA) promotes and participates in development of quality and safety standards and practices for providers and related service providers.



Certification

MTQUA encourages professional development in the medical tourism industry and offers certification, training and workshops for all who provide treatment and care to patients seeking cross-border medical treatment and care.



World's Best Hospitals For Medical Tourists™

MTQUA annually publishes a list of best hospitals for medical travelers, based on quality medical treatment, patient care and medical travel best practice.



Membership

All providers of treatment and care to medical tourists are welcome to join MTQUA's campaign for quality in medical travel. Membership is open to enterprises and individuals.



Partnership

A hospital, clinic, medical practice or other business that offers medical care to traveling patients or support services to medical travelers may apply to be a MTQUA Partner.



Medical Travel Patient Registry™

MTQUA maintains a private Patient Registry for international traveling patients.

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Useful tools, information and insights to help you grow your medical tourism business.