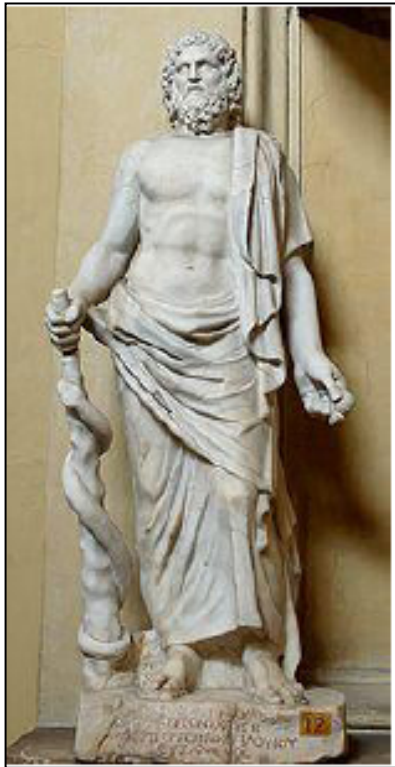


Supply and Demand in Medical Tourism & Cross-border Healthcare



Introduction

History of Medical Tourism



The asclepieion at Epidaurus ...

was the most **celebrated healing center of the Classical world**, the place where ill people went in the hope of being cured.

To find out the right cure for their ailments, they spent a night in the **enkoimitiria, a big sleeping hall**. In their dreams, the god himself would advise them what they had to do to **regain their health**.

Found in the sanctuary, there was a **guest house for 160 guestrooms**. There are also **mineral springs** in the vicinity which may have been used in healing.

Definition – Medical Tourism



Medical tourism (also called medical travel, health tourism or global healthcare) is a term initially coined by travel agencies and the mass media to describe the rapidly-growing practice of travelling across international borders to obtain health care. It also refers pejoratively to the practice of healthcare providers travelling internationally to deliver healthcare.

(**Source:** Wikipedia: http://en.wikipedia.org/wiki/Medical_tourism)

Challenges in Medical Tourism



Information ?
Transparency?



Safety/Security?
Communication ?

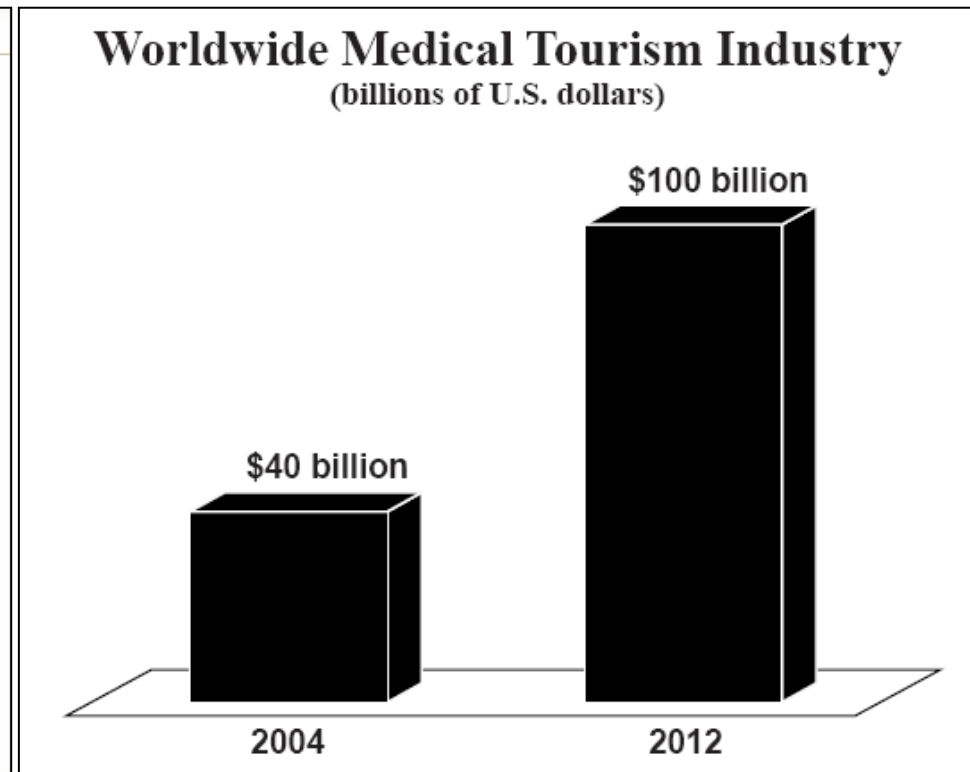


Quality ?
Organisation?

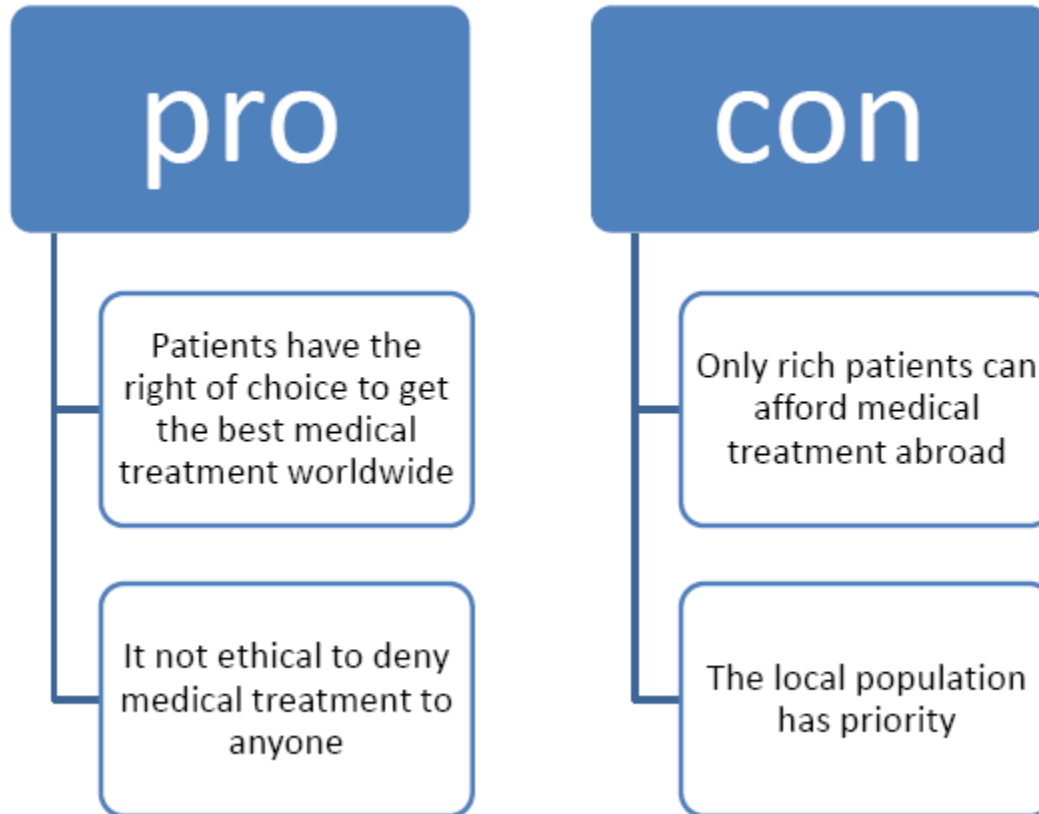
Mc Kinsey – Medical Tourism



Medical Tourism - Worldwide



Controversial Discussions

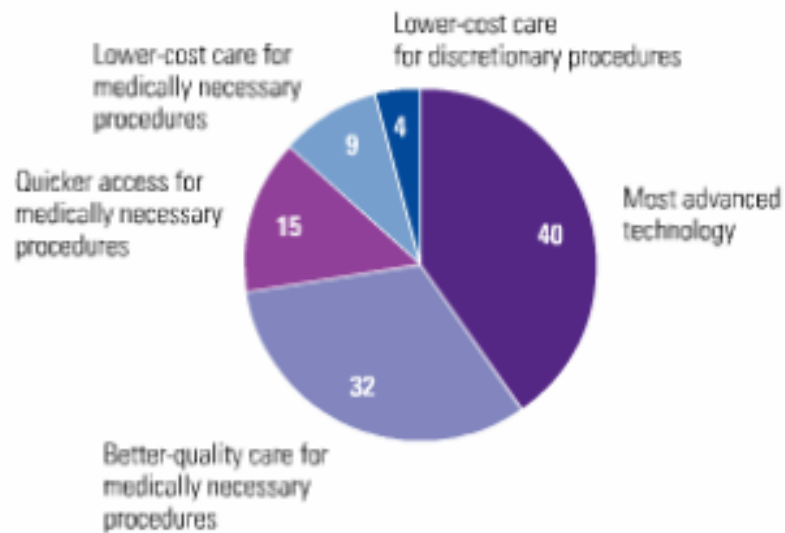


Aspects of Medical Tourism



Driving Forces

Quality = Main driving factor

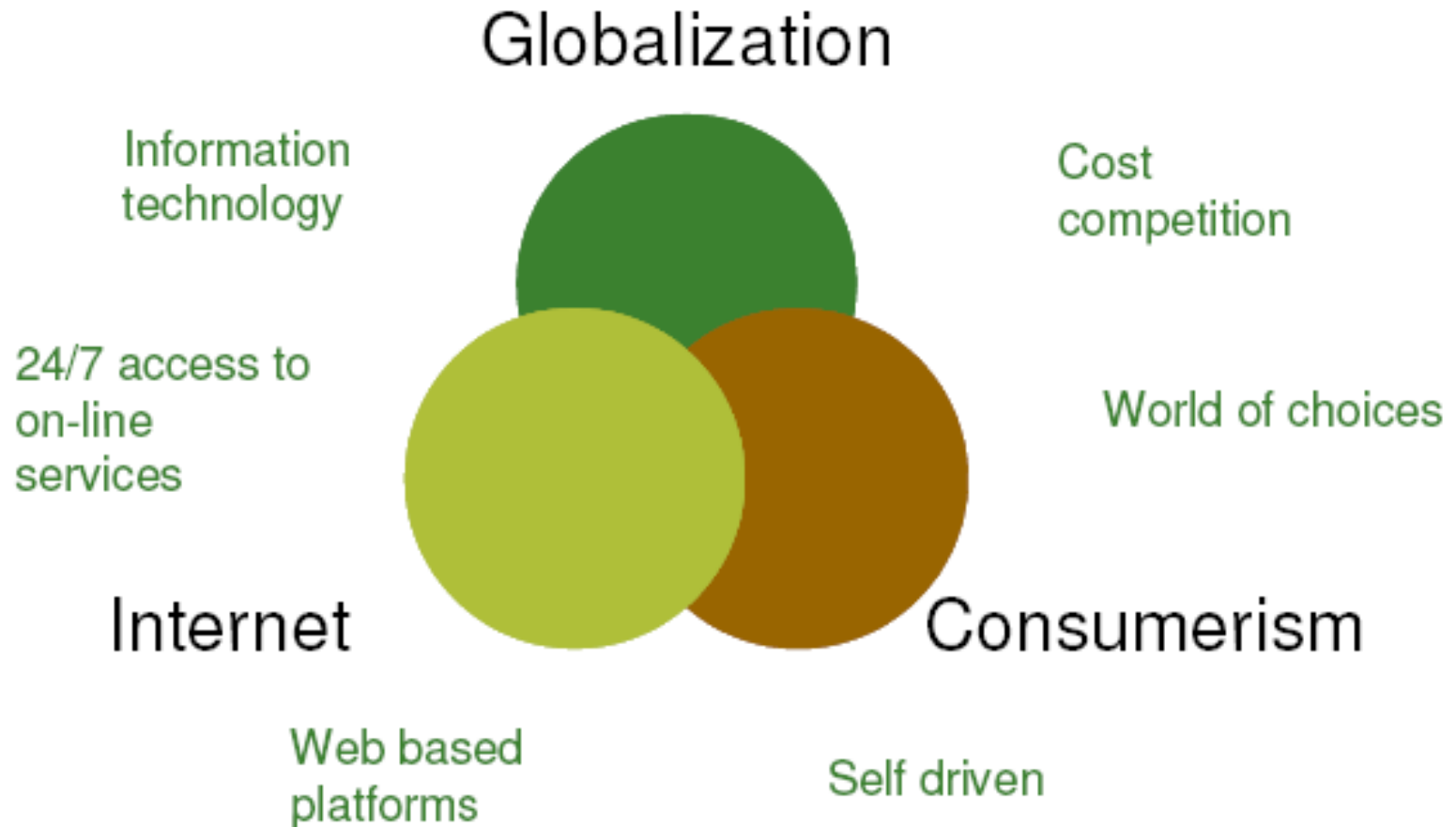


Comparative Treatment Cost Estimates

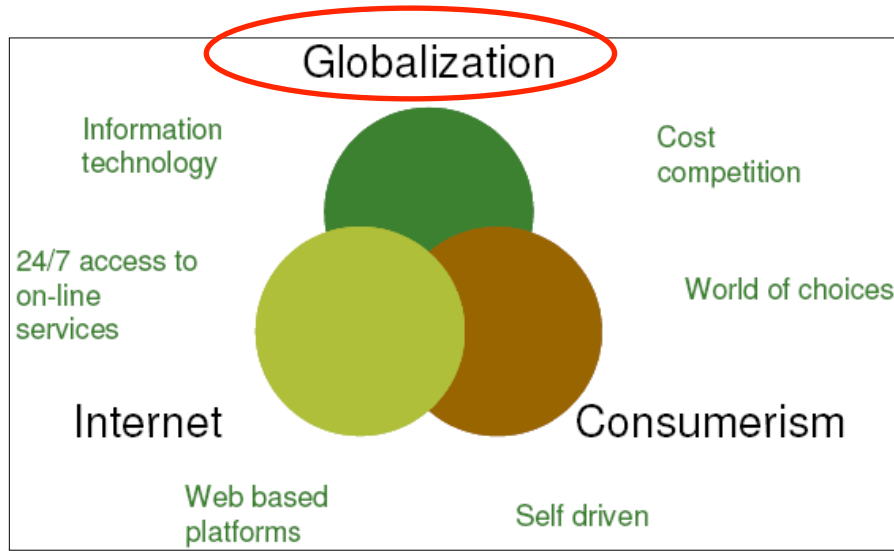


Even when standardized for quality and other features, treatment costs vary dramatically among different countries.

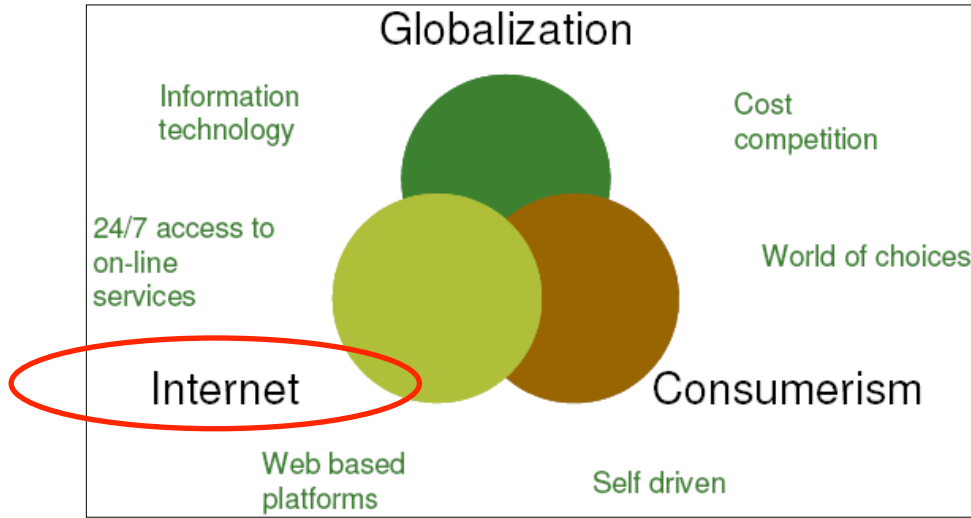
Driving Forces in Medical Tourism



Driving Forces in Medical Tourism



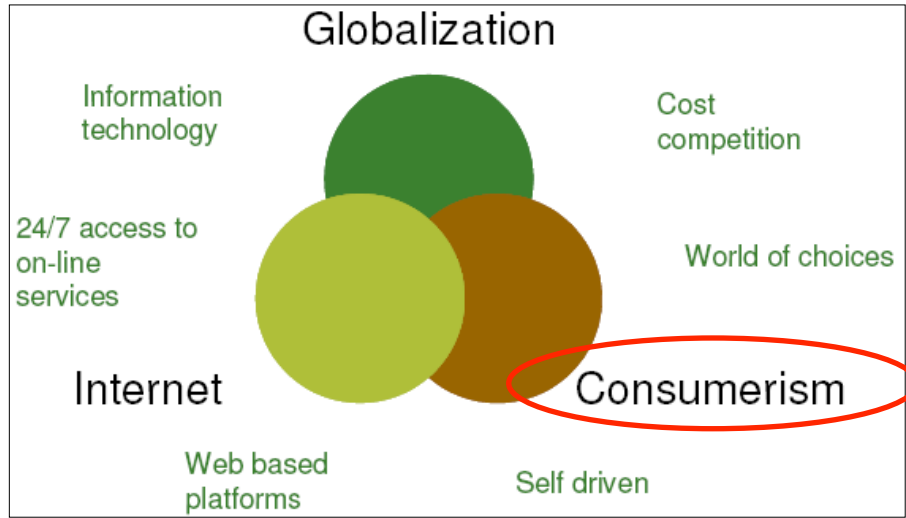
Driving Forces in Medical Tourism



Web based
Health Coach



Driving Forces in Medical Tourism



Driving Forces in Medical Tourism



Cost Comparison

Medical Tourism Sample Surgery Cost Chart

Surgery	USA	Colombia	Costa Rica	India	Jordan	Korea	Mexico	Singapore	Thailand
Heart Bypass	\$144,000	\$14,630	\$25,000	\$8,500	\$10,000	\$24,000	\$20,000	\$13,500	\$24,000
Angioplasty	\$57,000	\$7,106	\$13,000	\$8,500	\$5,000	\$19,600	\$16,000	\$7,500	\$7,000
Heart Valve Replacement	\$170,000	\$10,450	\$30,000	\$1,200	\$12,000	\$36,000	\$30,000	\$13,500	\$12,000
Hip Replacement	\$50,000	\$8,360	\$12,500	\$8,000	\$8,000	\$16,450	\$13,125	\$11,100	\$14,000
Hip Resurfacing	\$50,000	\$10,500	\$12,000	\$8,000	\$8,000	\$20,900	\$12,800	\$12,100	\$16,000
Knee Replacement	\$50,000	\$7,106	\$11,500	\$7,000	\$7,000	\$17,800	\$10,650	\$10,800	\$12,000
Spinal Fusion	\$100,000	\$14,500	\$15,000	\$12,000	\$10,000	\$17,350	\$7,000	\$18,300	\$11,000
Dental Implant	\$2,000-10,000	\$1,672	\$1,000	\$700	\$500	\$3400	\$910	\$1,900	\$3,000
Lap Band	\$30,000	\$6,500	\$8,500	\$7,500	\$5,000	\$9,500	\$8,430	\$12,000	\$12,000
Breast Implants	\$10,000	\$2,600	\$3,500	\$4,500	\$3,000	\$11,000	\$8,000	\$5,400	\$3,700
Rhinoplasty	\$8,000	\$1,677	\$5,500	\$3,500	\$2,500	\$4,000	\$4,165	\$1,700	\$3,400
Face Lift	\$15,000	\$3,305	\$5,900	\$7,000	\$3,000	\$3,000	\$7,200	\$4,000	\$6,600
Hysterectomy	\$15,000	\$1,845	\$5,500	\$5,500	\$2,500	\$8,000	\$6,675	\$4,000	\$5,000

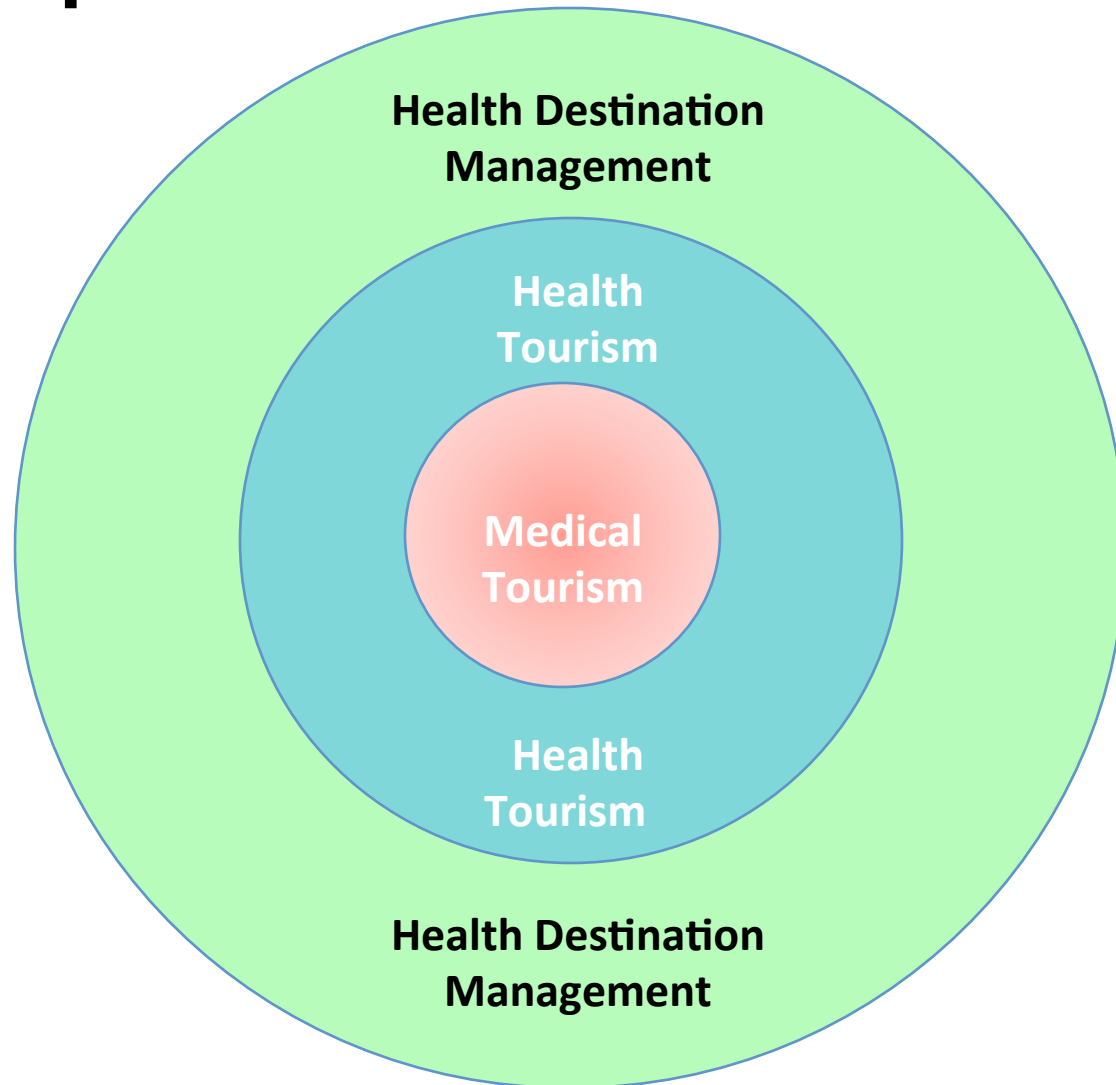
Updated July 2009

Transplants:	Asia	Latin America	United States
Kidney Transplant	\$43,550	\$30,000	Up to: \$150,000
Liver Transplant	\$134,000	\$75,000	Up to: \$315,000

Updated July 2009

Basic Concepts & Terminology

Concepts of Health- & Medical Tourism





Definition – Medical Tourism

Services typically sought by travelers include **elective procedures** as well as complex **specialized surgeries** such as joint replacement (knee/hip), cardiac surgery, dental surgery, and cosmetic surgeries.

However, virtually **every type of health care**, including psychiatry, alternative treatments, convalescent care and even burial services are available.

As a practical matter, providers and customers commonly use **informal channels of communication-connection-contract**, and in such cases this tends to mean **less regulatory or legal oversight** to assure quality and less formal recourse to reimbursement or redress, if needed

(**Source:** Wikipedia: http://en.wikipedia.org/wiki/Medical_tourism)

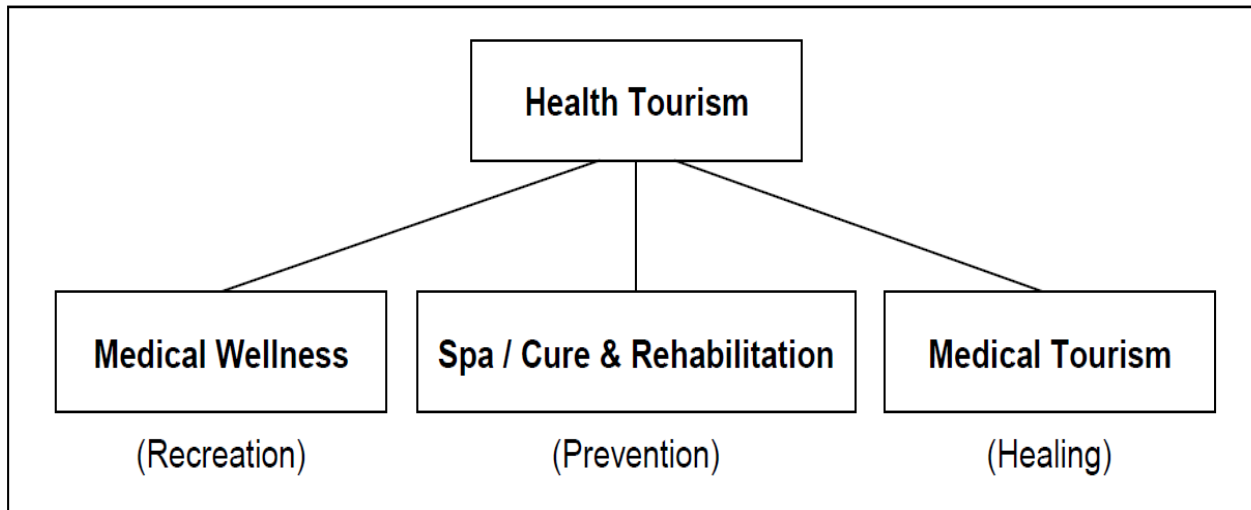
Definition – Health Tourism



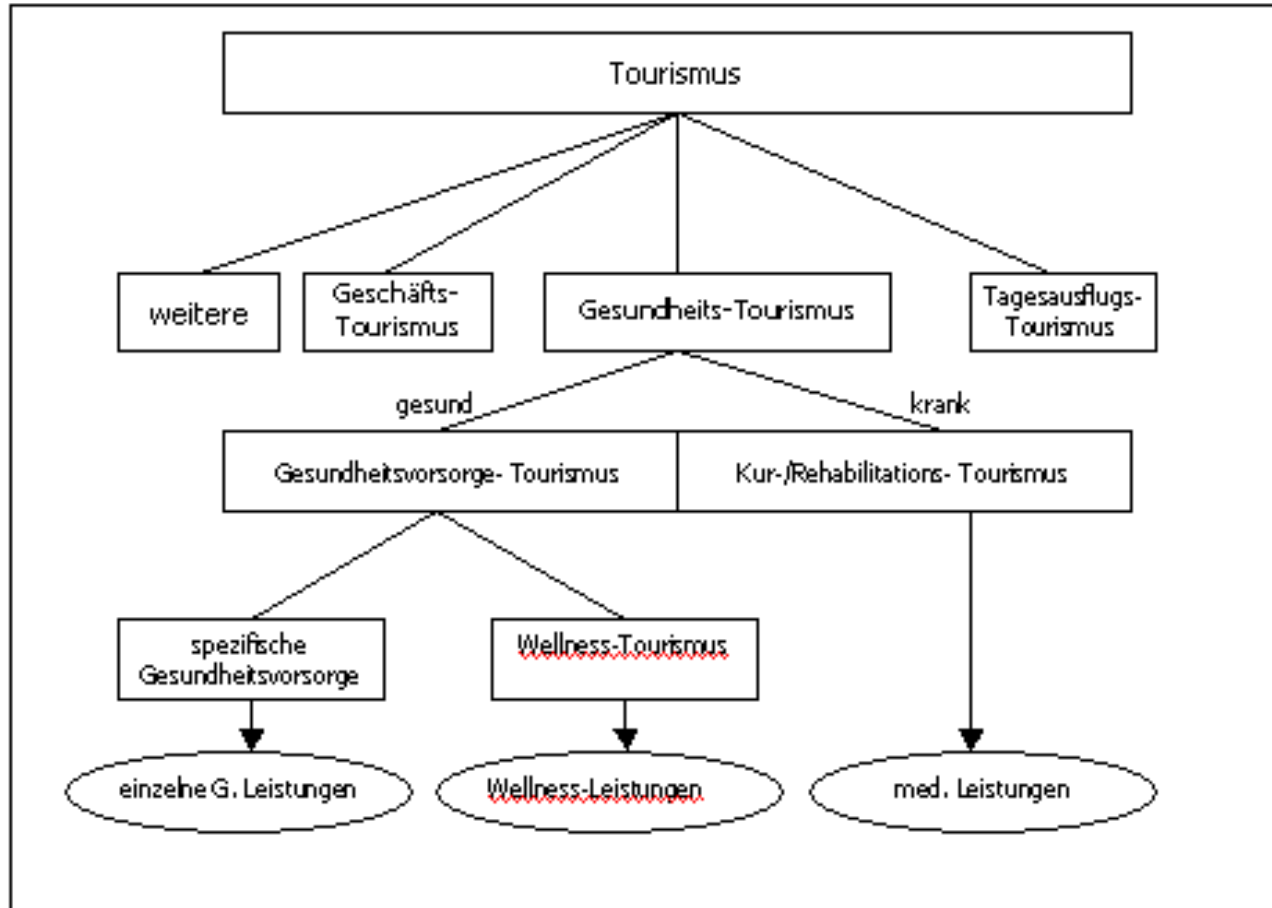
Health Tourism. Travel undertaken to enjoy a more salutary environment, to seek out alternative therapeutic treatments, or to visit a health spa.

Source: Travel Industry Dictionary

Definition – Health & Medical Tourism



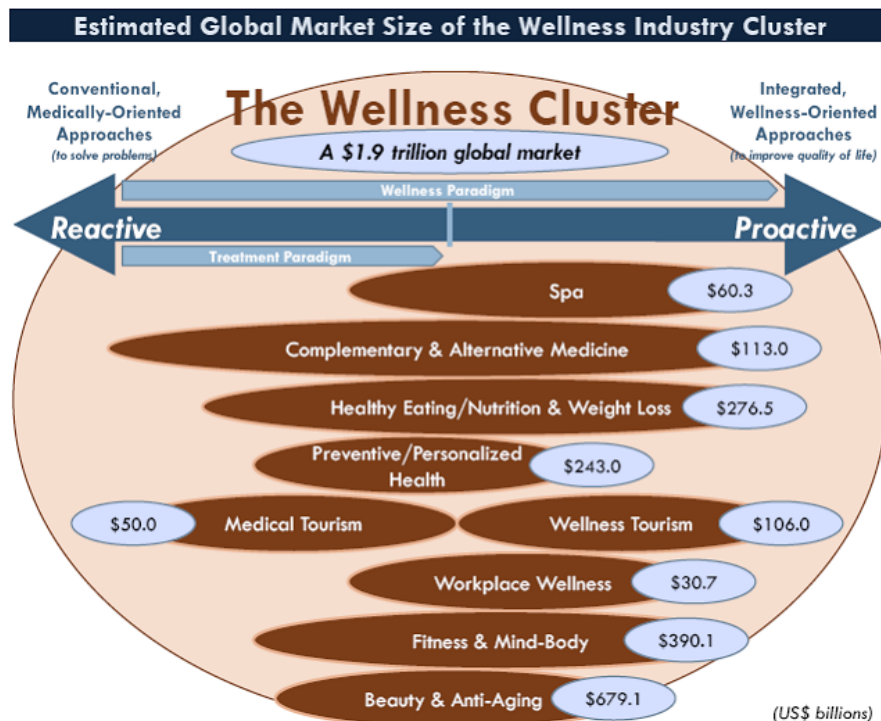
Definition – Health & Medical Tourism



Definition – Wellness

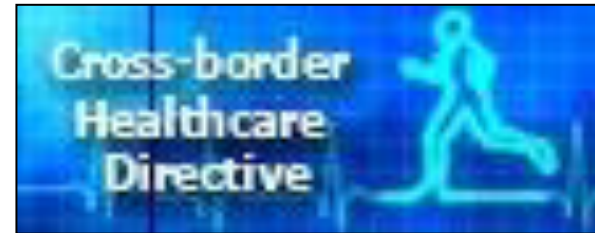
Wellness (by Halbert Dunn)

In his book, High-Level Wellness, Halbert Dunn viewed wellness not as a static state of being “unsick,” but rather as an ongoing process or a “direction in progress toward an ever higher potential of functioning. He defined wellness as: “an integrated method of functioning which is oriented to maximizing the potential of which an individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning.



		Offers	Motivation	Examples	Providers
Not indication-oriented (Diagnosis not relevant)	I	Primary Prevention	Disease prevention Health promoting Lifestyle	Nutrition, Sport, Wellnes	All providers (Guidelines of Health Insurances)
	II	Performance	Reaching Goals	Meditation, Marathon	Medical a/o Psychological Training Providers
	III	Attractiveness	Improving Attractiveness	Dermabrasion Peeling	Medical / Cosmetic Providers
Not indication-oriented (Diagnosis relevant)	IV	Secondary / Tertiary Prevention	Early Detection Prevention of Disease (aggravation & recurrence)	Medical Training	Medical Therapy in cooperation with Tourism Providers
	V	Rehabilitation	Restoration of Health	Specific Rehabilitation	Medical Institution
	VI	Treatment Alleviation	Treatment of a Disease	Treatment in Center of Excellence	Medical Institution

Cross-border Healthcare in Europe



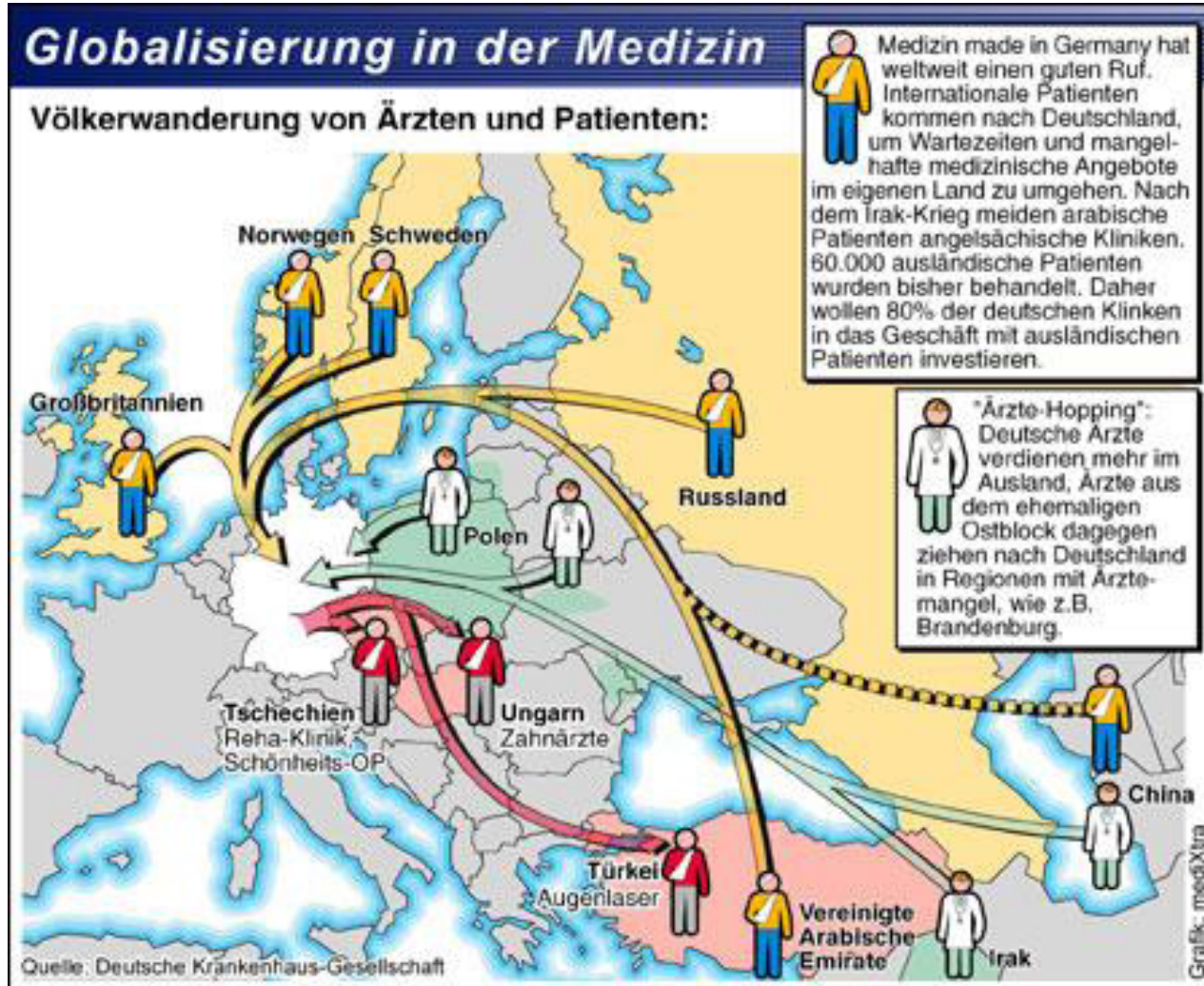
EU Cross-border Healthcare Directive

Three reasons to act

1. Clarify the right to seek cross-border healthcare
2. Make cross-border healthcare safer and better quality
3. Boost cooperation to tackle common challenges together, prepare the future, and make better health systems for their patients and professionals

On 2 July 2008, as part of the Renewed Social Agenda, the Commission adopted a draft Directive on the application of patients' rights in to cross-border healthcare, which provides a Community framework for safe, high quality and efficient cross-border healthcare.

Globalisation in Healthcare



Eurobarometer Flash

Flash EB Series #210

Cross-border health services in the EU

Conducted by
The Gallup Organization, Hungary
upon the request of the
Health and Consumer Protection Directorate-
General (DG SANCO), Health Strategy Unit
(C5)



EUROBAROMETER

The survey covered all 27 Member States of the European Union (EU) on a randomly selected sample of over 27,200 individuals of at least 15 years of age. The interviews were conducted by telephone between May 26 and 30, 2007.

More **details on the survey** are available in the final chapter of this report.

In order to assess **cross-border healthcare from the citizens' perspective**, the European Commission Directorate General for Health and Consumer Protection sought to poll citizens from all EU countries about their experiences and expectations concerning **patient mobility**.

Eurobarometer Survey

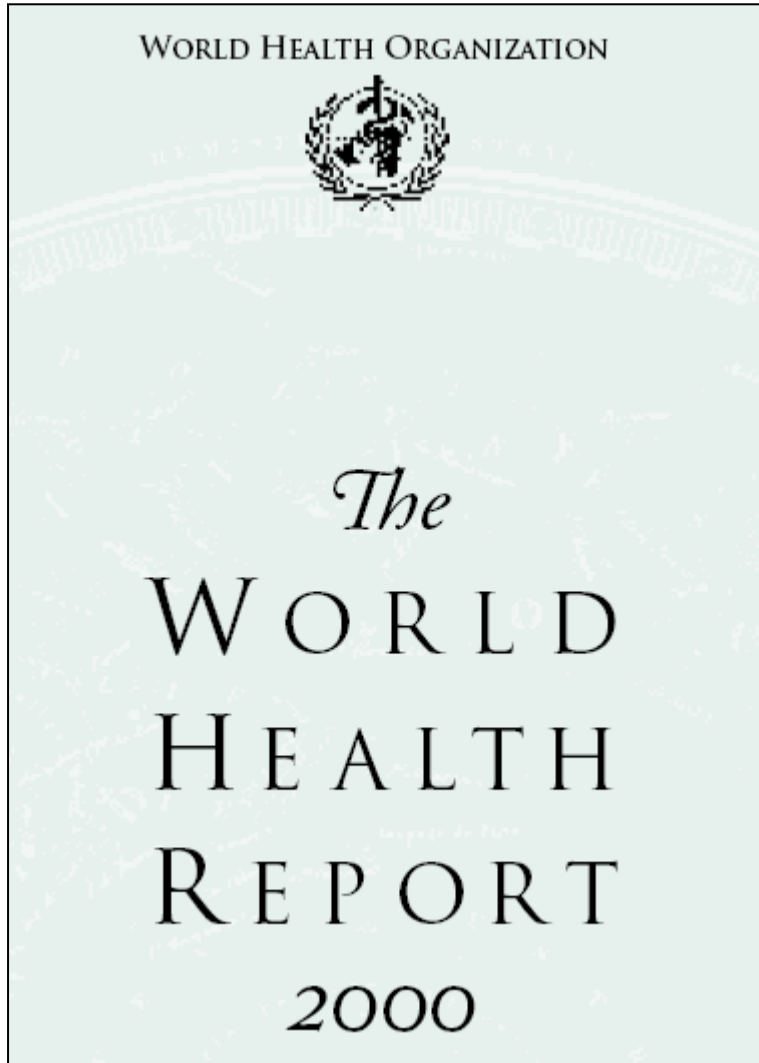
Table 3a. Q3. Preparedness to travel to another MS to receive treatment, by country

QUESTION: Q3. Would you be willing to travel to another EU country to receive medical treatment?

	Total N	% Yes	% No	% DK/NA
 EU27	27228	53	42,2	4,8
COUNTRY				

International Comparison of Healthcare Systems

WHO – World Health Report



Die Weltgesundheitsorganisation hat eine Rangordnung der Gesundheitssysteme ihrer 191 Mitgliedsländer aufgestellt.[3] Verglichen wurde anhand der oben genannten Ziele – Gesundheitsniveau, Bedürfnisorientierung und Finanzierungsgerechtigkeit – auf der Grundlage von Daten aus dem Jahr 1997.

Die Studie ergab folgende Platzierungen:

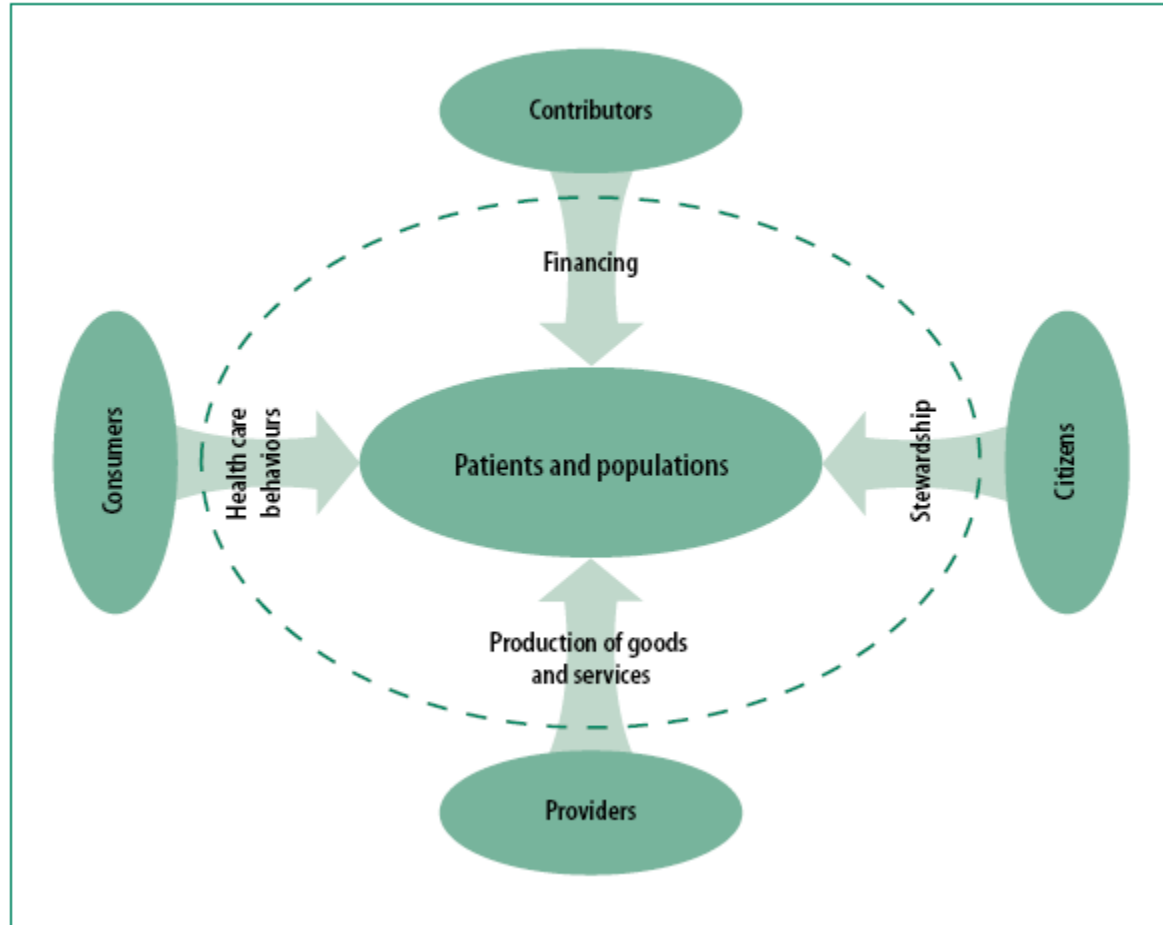
WHO - Ranking

OVERALL PERFORMANCE				
Rank	Uncertainty Interval	Member State	Index	Uncertainty Interval
1	1 – 5	France	0.994	0.982 – 1.000
2	1 – 5	Italy	0.991	0.978 – 1.000
3	1 – 6	San Marino	0.988	0.973 – 1.000
4	2 – 7	Andorra	0.982	0.966 – 0.997
5	3 – 7	Malta	0.978	0.965 – 0.993
6	2 – 11	Singapore	0.973	0.947 – 0.998
7	4 – 8	Spain	0.972	0.959 – 0.985
8	4 – 14	Oman	0.961	0.938 – 0.985
9	7 – 12	Austria	0.959	0.946 – 0.972
10	8 – 11	Japan	0.957	0.948 – 0.965
11	8 – 12	Norway	0.955	0.947 – 0.964
12	10 – 15	Portugal	0.945	0.931 – 0.958
13	10 – 16	Monaco	0.943	0.929 – 0.957
14	13 – 19	Greece	0.933	0.921 – 0.945
15	12 – 20	Iceland	0.932	0.917 – 0.948
16	14 – 21	Luxembourg	0.928	0.914 – 0.942
17	14 – 21	Netherlands	0.928	0.914 – 0.942
18	16 – 21	United Kingdom	0.925	0.913 – 0.937
19	14 – 22	Ireland	0.924	0.909 – 0.939
20	17 – 24	Switzerland	0.916	0.903 – 0.930
21	18 – 24	Belgium	0.915	0.903 – 0.926
22	14 – 29	Colombia	0.910	0.881 – 0.939
23	20 – 26	Sweden	0.908	0.893 – 0.921
24	16 – 30	Cyprus	0.906	0.879 – 0.932
25	22 – 27	Germany	0.902	0.890 – 0.914

26	22 – 32	Saudi Arabia	0.894	0.872 – 0.916
27	23 – 33	United Arab Emirates	0.886	0.861 – 0.911
28	26 – 32	Israel	0.884	0.870 – 0.897
29	18 – 39	Morocco	0.882	0.834 – 0.925
30	27 – 32	Canada	0.881	0.868 – 0.894
31	27 – 33	Finland	0.881	0.866 – 0.895
32	28 – 34	Australia	0.876	0.861 – 0.891
33	22 – 43	Chile	0.870	0.816 – 0.918
34	32 – 36	Denmark	0.862	0.848 – 0.874
35	31 – 41	Dominica	0.854	0.824 – 0.883
36	33 – 40	Costa Rica	0.849	0.825 – 0.871
37	35 – 44	United States of America	0.838	0.817 – 0.859
38	34 – 46	Slovenia	0.838	0.813 – 0.859
39	36 – 44	Cuba	0.834	0.816 – 0.852
40	36 – 48	Brunei Darussalam	0.829	0.808 – 0.849
41	38 – 45	New Zealand	0.827	0.815 – 0.840
42	37 – 48	Bahrain	0.824	0.804 – 0.845
43	39 – 53	Croatia	0.812	0.782 – 0.837
44	41 – 51	Qatar	0.812	0.793 – 0.831
45	41 – 52	Kuwait	0.810	0.790 – 0.830
46	41 – 53	Barbados	0.808	0.779 – 0.834
47	36 – 59	Thailand	0.807	0.759 – 0.852
48	43 – 54	Czech Republic	0.805	0.781 – 0.825
49	42 – 55	Malaysia	0.802	0.772 – 0.830
50	45 – 59	Poland	0.793	0.762 – 0.819
51	38 – 67	Dominican Republic	0.789	0.735 – 0.845
52	41 – 67	Tunisia	0.785	0.741 – 0.832
53	47 – 62	Jamaica	0.782	0.754 – 0.809
54	50 – 64	Venezuela, Bolivarian Republic of	0.775	0.745 – 0.803
55	41 – 75	Albania	0.774	0.709 – 0.834

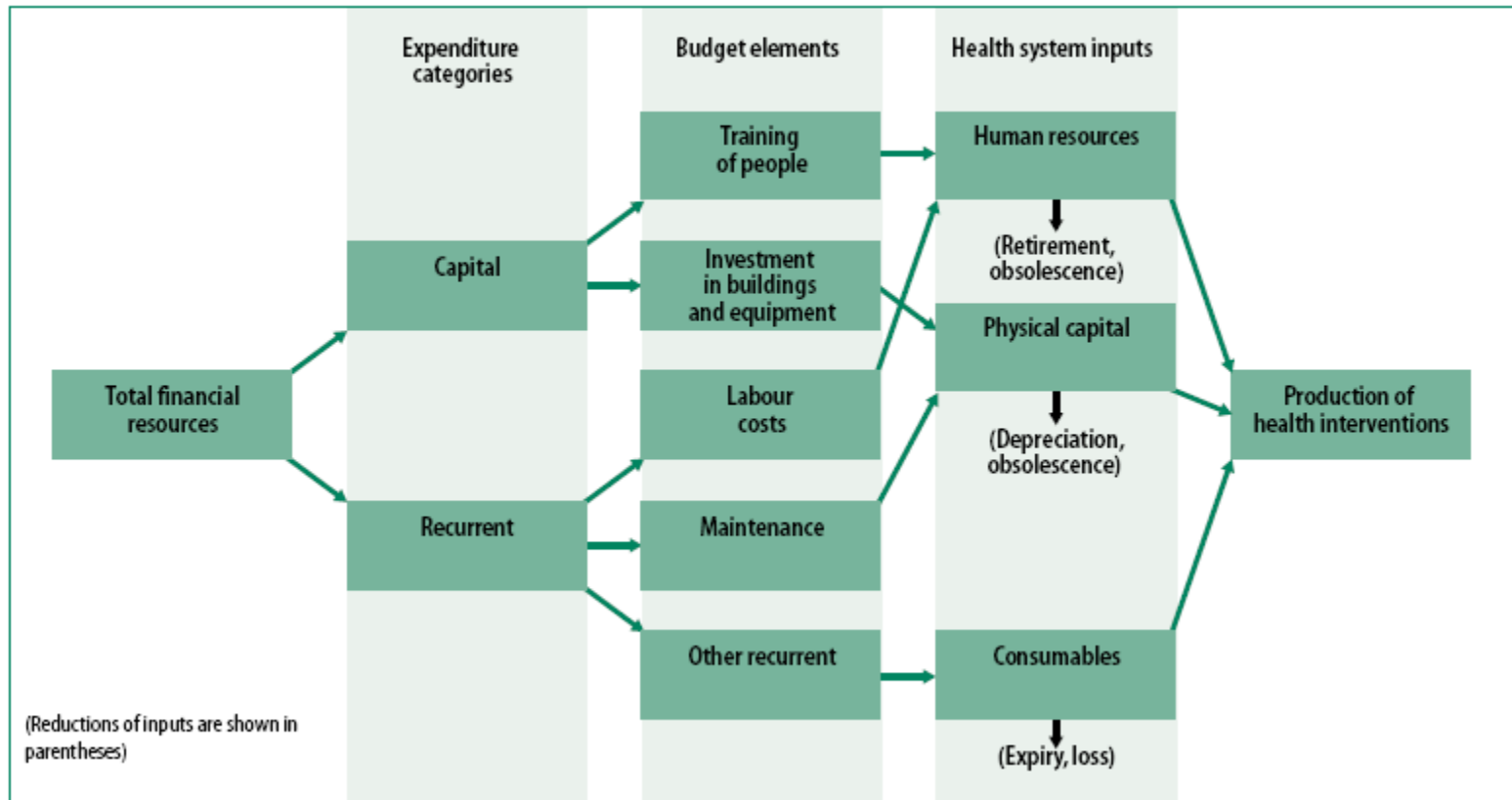
Multiple Roles of People in Health Systems

Figure 3.1 The multiple roles of people in health systems



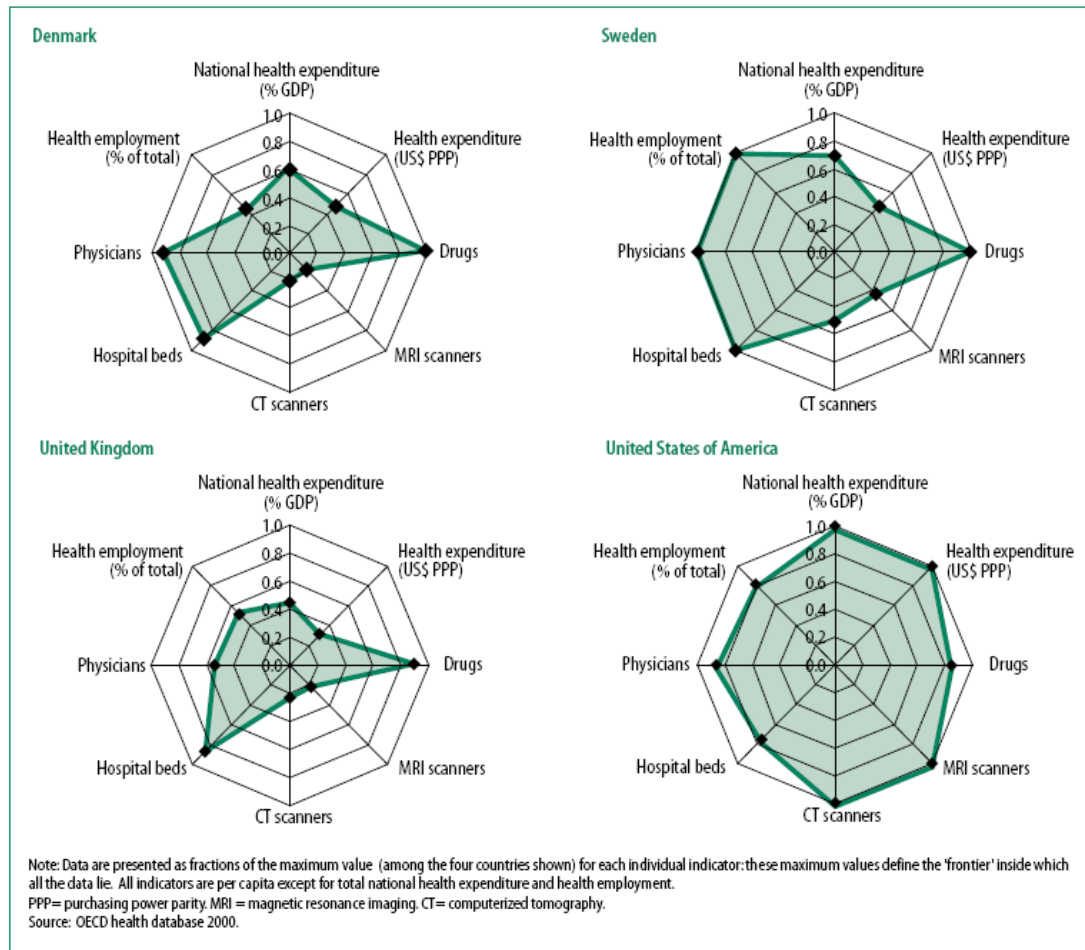
Health Systems Input

Figure 4.1 Health system inputs: from financial resources to health interventions

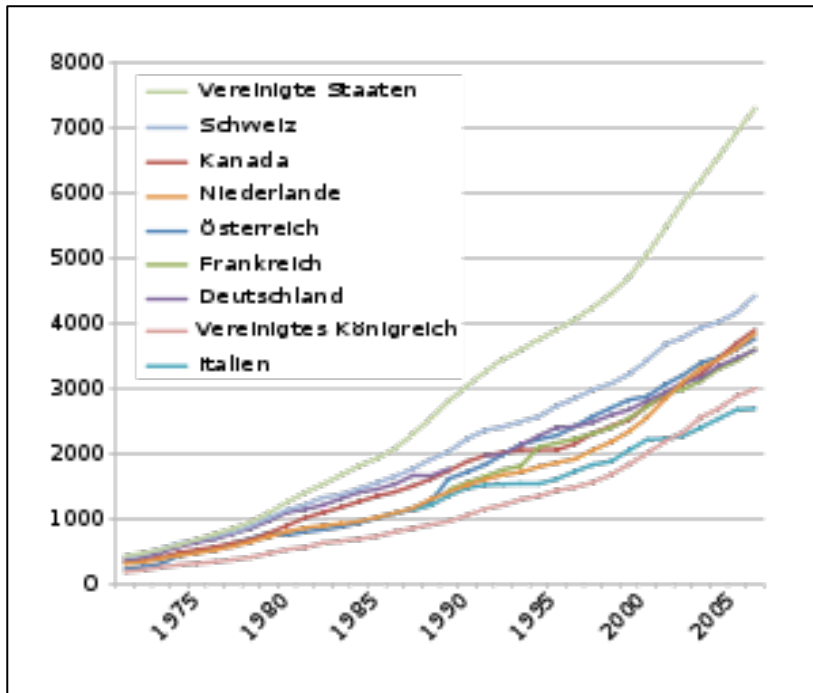


Health Systems Input Comparison

Figure 4.2 Health systems input mix: comparison of four high income countries, around 1997



Ausgaben im Gesundheitssystemen



Im Durchschnitt der OECD-Mitgliedsländer wachsen die Gesundheitsausgaben stärker als die Wirtschaftskraft. Die Pro-Kopf-Ausgaben stiegen von 1990 bis 2005 um über 80%, während die Bruttoinlandsprodukte (BIP) pro Kopf nur um 37% wuchsen.

Lagen die Gesundheitsausgaben 1970 durchschnittlich noch bei 5% des BIP, war der Anteil 1990 auf 7% angewachsen und stieg bis zum Jahr 2005 weiter auf 9%.

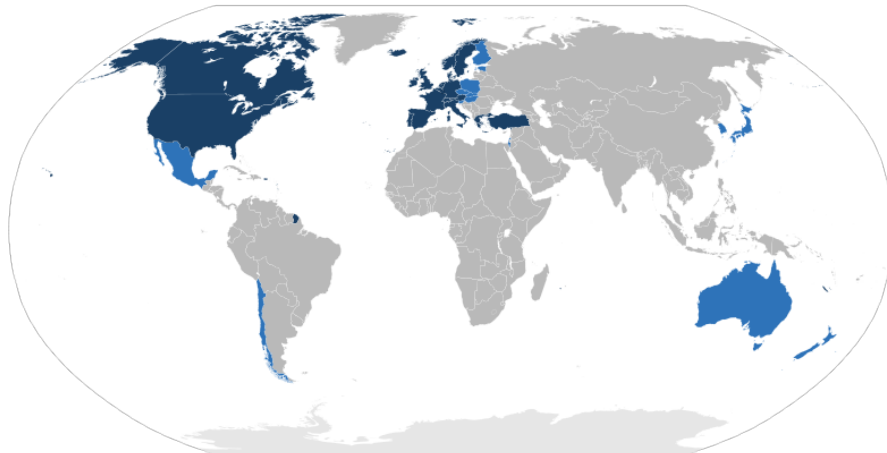
Anstieg der Kosten im Gesundheitssystem im Zeitraum von 1970 bis 2007 in verschiedenen Ländern

(in USD/Kopf der Bev., Quelle: OECD)

OECD



Die OECD wurde 1961 als **Nachfolgeorganisation der Organisation für europäische wirtschaftliche Zusammenarbeit (OEEC)** und des Marshallplans zum Wiederaufbau Europas gegründet, die seit dem 16. April 1948 agierten.



Heute versteht sich die OECD als **Forum, in dem Regierungen ihre Erfahrungen austauschen, best practice identifizieren und Lösungen für gemeinsame Probleme erarbeiten.** In der Regel ist peer pressure der wichtigste Anreiz für die Umsetzung der erarbeiteten Empfehlungen.

Häufig werden im Rahmen der OECD auch **Standards und Richtlinien** erarbeitet, gelegentlich auch rechtlich verbindliche Verträge.

OECD

Exhibit ES-1. Overall Ranking

Country Rankings	
	1.00-2.33
	2.34-4.66
	4.67-7.00

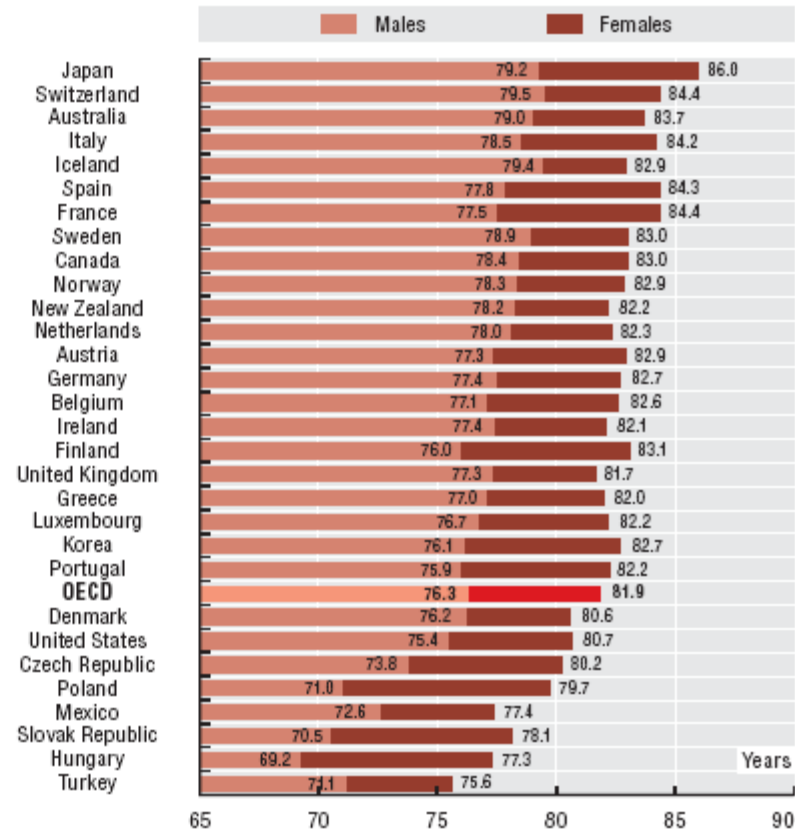
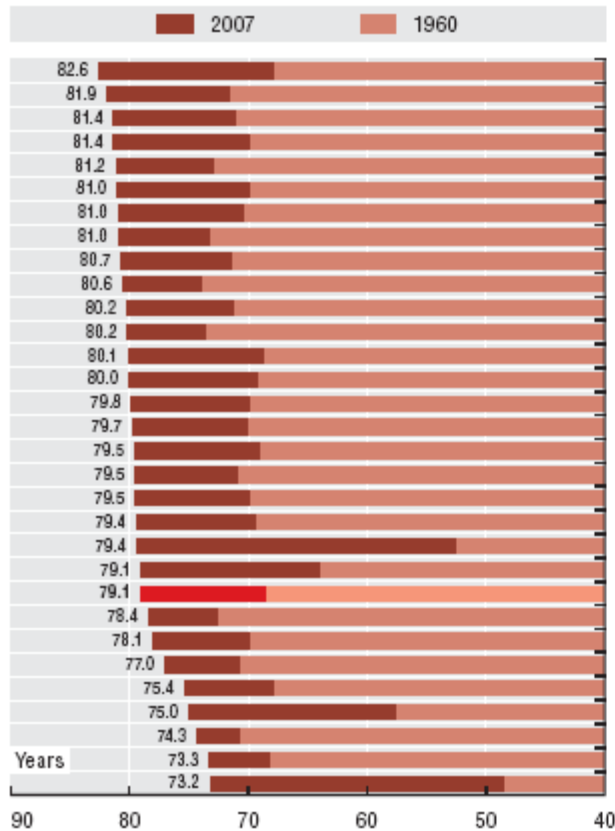


	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	\$3,357	\$3,895	\$3,588	\$3,837*	\$2,454	\$2,992	\$7,290

Note: * Estimate. Expenditures shown in \$US PPP (purchasing power parity).

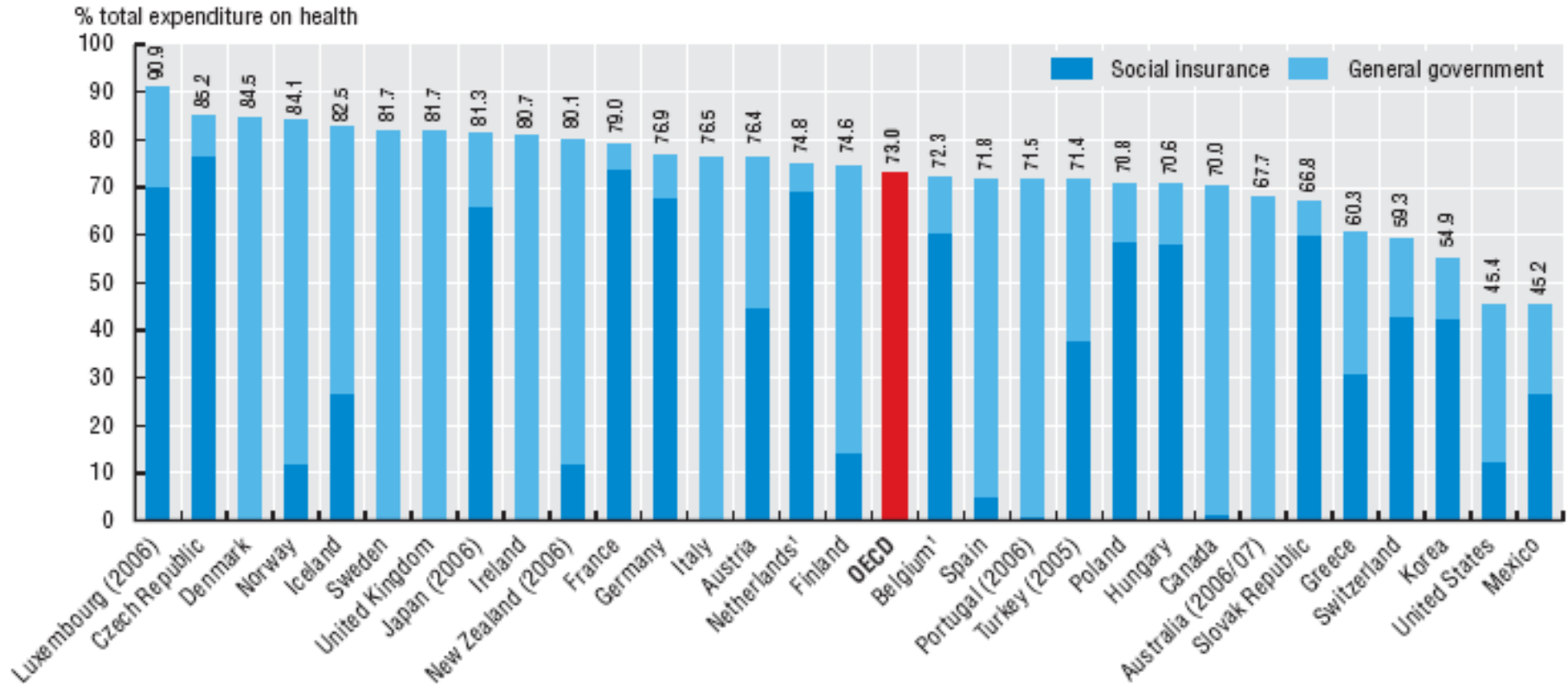
Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, OECD Health Data, 2009 (Paris: OECD, Nov. 2009).

Life Expectancy (OECD)



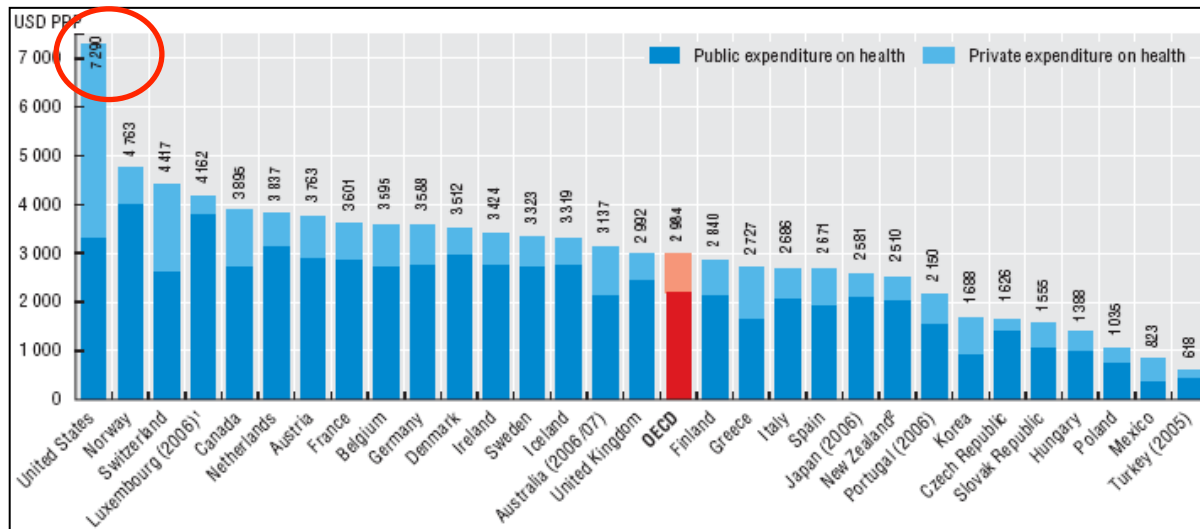
Source: OECD Health Data 2009, OECD <http://www.oecd.org/health/healthdata>

Public vs. Private Healthcare Spending



Source: OECD Health Data 2009, OECD (<http://www.oecd.org/health/healthdata>)

Health Expenditure



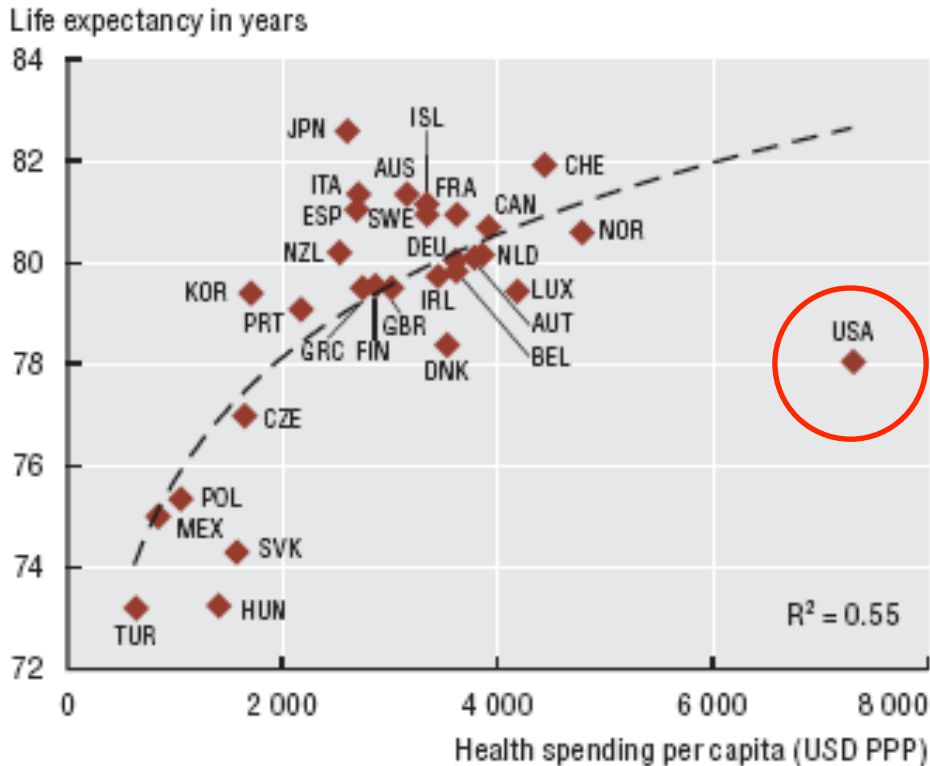
Health expenditure per capita varies widely across OECD countries.

The United States spends almost two-and-a-half times the OECD average

1. Health expenditure is for the insured population rather than resident population.
2. Current health expenditure.

Source: OECD Health Data 2009, OECD (<http://www.oecd.org/health/healthdata>)

Health Spending ~ Life Expectancy



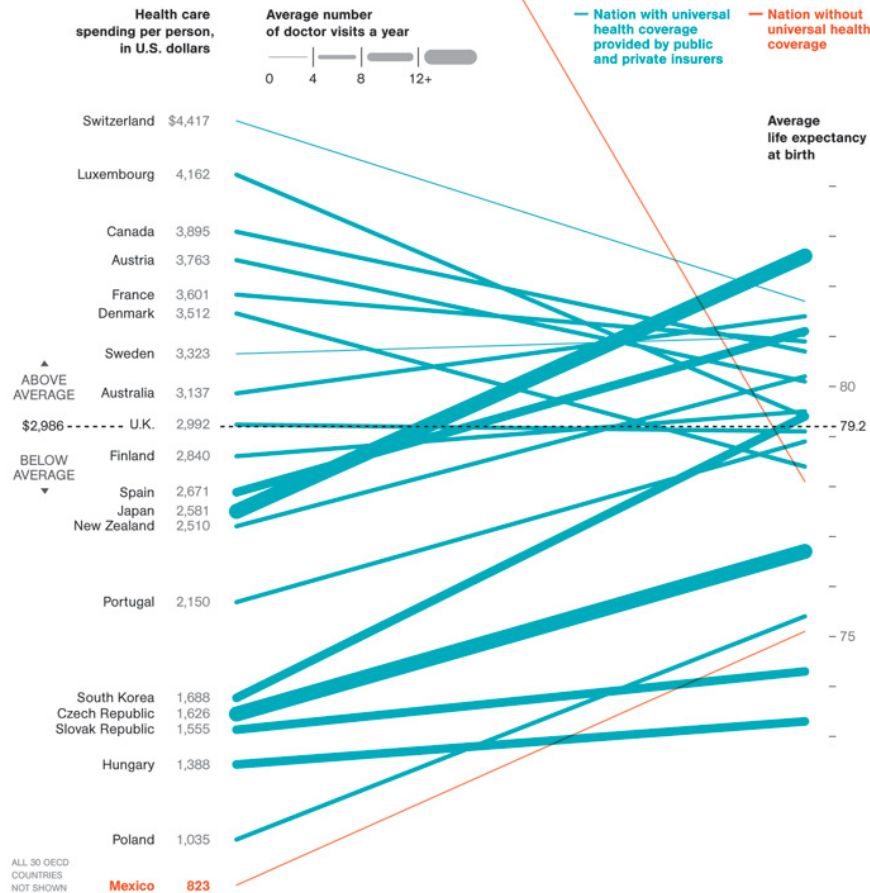
Higher health spending per capita is generally associated with **higher life expectancy**, although this link tends to be less pronounced in countries with higher spending.

Other factors also influence life expectancy...

United States \$7,290

Dollar figures reflect all public and private spending on care, from doctor visits to hospital infrastructure. Data are from 2007 or the most recent year available.

GRAPHIC: OLIVER UBERTI, ING STAFF. SOURCE: "OECD HEALTH DATA 2009," ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT



OECD – Health at a Glance



This special edition of Health at a Glance focuses on health systems across the 27 European Union member states as well as Iceland, Norway, Switzerland and Turkey.



This first edition of Health at a Glance: Asia/Pacific presents a set of key indicators of health status, the determinants of health, health care resources and utilisation, and health care expenditure and financing across 27 Asia/Pacific countries.

Chapter 1. Health Status

Life expectancy and healthy life expectancy at birth

Life expectancy and healthy life expectancy at age

Mortality from all causes

Mortality from heart disease and stroke

Mortality from cancer

Mortality from transport accidents

Suicide

Infant mortality

Infant health: Low birth weight

Self-reported health and disability

Incidence of selected communicable diseases

HIV/AIDS

Cancer incidence

Diabetes prevalence and incidence

Dementia prevalence

Chapter 2. Determinants of Health

Smoking and alcohol consumption among children

Nutrition among children

Physical activity among children

Overweight and obesity among children

Supply of fruit and vegetables for consumption

Tobacco consumption among adults

Alcohol consumption among adults

Overweight and obesity among adults

Chapter 3. Health Care Resources, Services and Outcomes

Practising physicians

Practising nurses

Childhood vaccination programmes

Influenza vaccination for older people

Medical technologies: CT scanners and MRI
units

Hospital beds

Hospital discharges

Average length of stay in hospitals

Cardiac procedures (coronary angioplasty)

Cataract surgeries

Hip and knee replacement

Screening, survival and mortality for cervical
cancer

Screening, survival and mortality for breast
cancer

Chapter 4. Health Expenditure and Financing

Health expenditure per capita
Health expenditure in relation to GDP
Health expenditure by function
Pharmaceutical expenditure
Financing of health care
Trade in health services