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**GLOBAL MEDICAL
TOURISM**
(SAMPLE COPY, NOT FOR RESALE)

Trends, Industry Participants, Product Overviews and Market Drivers

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SAMPLE

1. Introduction

The wealthy citizens of developing countries have frequently traveled to the U.S. and Western Europe to seek the expertise and gain access to advanced technology available at leading medical centers. Recently, a trend categorized as “medical tourism” has emerged, wherein citizens of highly-developed countries choose to bypass care offered in their own communities and travel to developed areas of the world to receive a wide variety of medical services in order to save money. Medical tourism is becoming increasingly popular, and it is projected that as many as [REDACTED] Americans have sought off-shore medical care in [REDACTED]. This phenomenon is driven by marketplace forces and occurs outside of the purview and control of the organized healthcare system. Medical tourism presents important concerns and challenges as well as potential opportunities. This trend will have an increasing impact on the healthcare landscape in industrialized and developing countries around the world.

Medical tourism is fundamentally different from the traditional model of international “medical travel,” where patients generally journey from less-developed nations to major medical centers in highly-developed countries for medical treatment that is unavailable in their own communities. The term “medical tourism” does not accurately reflect the reality of the patient’s situation or the advanced medical care provided in these destinations. Nevertheless, it provides an unambiguous way of differentiating the recent phenomenon of medical tourism from the traditional model of international medical travel.

1.1 Executive Summary

Global competition is emerging in the healthcare industry. Historically, wealthy patients from developing countries have traveled to developed countries for high-quality medical care. Currently, a growing number of less affluent patients from developed countries are traveling to regions once characterized as “third world”. These patients are seeking high-quality medical care at affordable prices. An estimated [REDACTED] Americans traveled abroad for treatment in [REDACTED]. The majority of American patients traveled to Mexico and other Latin American countries. [REDACTED] Americans were also among the estimated [REDACTED] foreign patients who sought care in Singapore, the [REDACTED] foreign patients in India and the estimated [REDACTED] foreign patients in Thailand. The cost savings for patients seeking medical care abroad are significant. For example:

- Apollo Hospital in New Delhi, India, charges \$ [REDACTED] for cardiac surgery, compared to about \$ [REDACTED] in the U.S.
- Hospitals in Argentina, Singapore and Thailand charge \$ [REDACTED] to \$ [REDACTED] for a partial hip replacement—one-half the price charged in Europe and the U.S.
- Hospitals in Singapore charge \$ [REDACTED], and hospitals in India charge only \$ [REDACTED] for a knee replacement that costs \$ [REDACTED] in the U.S.
- A rhinoplasty (nose reconstruction) procedure that costs only \$ [REDACTED] in India would cost \$ [REDACTED] in the U.S.

In [REDACTED], the medical tourism industry grossed about \$ [REDACTED] worldwide. Most analysts estimate this total will rise to \$ [REDACTED] by [REDACTED]. Patients who are not familiar with specific medical facilities abroad can coordinate their treatment through medical travel intermediaries. Medical intermediaries are specialized travel agents, who investigate healthcare providers and screen customers to assess their physical ability to travel. Medical travel agencies often have doctors and nurses on staff to evaluate the medical efficacy of procedures and assist patients with the selection of physicians and hospitals. Prices for medical treatment are lower in foreign hospitals for several reasons. Labor costs are lower, third parties (insurance and government) are less involved, package pricing with price transparency is routine, there are fewer regulations limiting collaborative arrangements between healthcare facilities and physicians, malpractice litigation costs are lower, and the practice of shifting the burden of cost for charity care to paying patients are reduced.

How can patients ensure they will receive high-quality medical treatment?

- Foreign healthcare providers often have physicians with internationally respected credentials on staff, and many of them were trained in the U.S., Australia, Canada and Europe.
- More than █ hospitals abroad are accredited by the Joint Commission International (JCI), an arm of The Joint Commission that accredits American hospitals participating in Medicare; another █ are accredited through the International Standards Organization; and some countries are adopting their own accrediting standards.
- Some foreign hospitals are owned, managed or affiliated with prestigious American universities or healthcare systems, such as the Cleveland Clinic and Johns Hopkins International.
- Several companies are building and operating hospitals in Mexico that meet American standards, primarily for American and wealthy Mexican patients.
- Finally, patients can also use online communities to obtain information on the safety and quality of medical providers by reading the testimonies of other patients who have had surgery abroad.

Medical tourism is only one aspect of the way globalization is changing the U.S. healthcare system. Apart from patient travel, many medical tasks can be outsourced to skilled professionals abroad when the physical presence of a physician is unnecessary. This can include interpretation of diagnostic tests and long distance international collaboration, particularly in case management and disease management programs, because of the availability of information technology.

If American consumers are to benefit to the fullest extent from global healthcare competition, then federal and state policymakers must enact legislation to recognize domestic and foreign licenses and board certifications from other states and countries. Reform of the federal Stark laws that limit relationships between physicians and hospitals is necessary in order to allow healthcare providers to offer integrated medical services, including follow-up care for American patients returning home from treatment abroad. Finally, the U.S. federal and state governments should lead by example in extending healthcare coverage to Medicare and Medicaid recipients, who are willing to obtain less expensive, high-quality medical care abroad. Medicare, in particular, would benefit from these cost-savings measures due to its large volume of approved-orthopedic and approved-cardiac procedures.

1.2 Medical Tourism: An Overview

Throughout much of recorded history, health travel was restricted to either the wealthy or the destitute. But in today's global economy, the physical, economic and cultural barriers that once separated nations are dissolving. The convenience of international travel and more lenient trade policies make it possible for those with modest incomes to enjoy the benefits of world-class healthcare at some of the most popular medical tourism destinations around the globe. These advancements translate into a smorgasbord of options for patients who find it difficult or impossible to access affordable, quality healthcare in their home countries. Today, Americans who suffer from grossly inflated healthcare costs often flock to hospitals in medical tourism destinations like Thailand and India to undergo sophisticated procedures at a fraction of the price. In countries like England, where socialized medicine is the norm, long wait periods and insufficient healthcare personnel have helped produce a steady stream of patients seeking treatment abroad. These medical tourists flock to countries like India, where a highly-evolved education system produces thousands of qualified doctors and nurses. Low-cost labor, prestigious medical schools and large investment capital are helping to transform many parts of the developing world into medical tourism hotspots that show no sign of stopping.

While affordability and time are still the main reasons why patients trudge across borders for surgery, issues like quality and service are also important factors as well. In fact, medical procedures performed abroad are often better than what you would expect from primary healthcare centers back home. Most countries vying for a slice of the multi-billion dollar medical tourism pie have expanded their offerings by investing heavily into medical infrastructure, and they're advertising aggressively. Competition has led to niche specialties with Israel offering male infertility treatments, and South Africa promoting medical safaris. With an increase in the number of participating countries and available procedures, medical tourism is clearly a global phenomenon that is here to stay.

Table 1.1: An Overview of Medical Tourism, 2006

Country	No. of Patients Treated 2006	From	Earnings (\$ Millions)	Strengths
Thailand	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
India	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Jordan	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Malaysia	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
South Africa	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Cuba	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Source: [REDACTED]

1.3 Scope

Healthcare in the 21st century is a global industry in which quality and affordability determine the volume of business. Internationally, patients have the opportunity to obtain the best tailored healthcare from a vast array of hospitals throughout the world. A trip to India offers access to the best technology at the lowest price and a taste of the ancient mystic culture. Thailand offers all medical procedures at an affordable price amidst an exotic, hospitable location. South Africa offers world-class cosmetic surgeries combined with a medical safari adventure. Brazil, Mexico, Argentina and Panama offer their North American neighbors low-cost cosmetic surgeries. Singapore and Malaysia offer technologically advanced treatments in a pristine tropical environment. Belgium, Hungary, Poland and Germany offer relatively inexpensive dental and cosmetic procedures to their British patients. This detailed report analyzes all the available procedures offered by the aforementioned host countries, the prices, the technological advancements, the five-star facilities, the treatment packages, the tourist attractions, the facilitators of medical tourism, and other related topics. Patients from the U.S. and U.K. form the largest segment of global medical tourists, and this report will supply them with essential information to make an informed decision regarding their healthcare provider.

Table 1.2: Countries and Their Specialties in Medical Tourism

Country	Specialty
Argentina	[REDACTED]
Belgium	[REDACTED]
Brazil	[REDACTED]
Costa Rica	[REDACTED]
India	[REDACTED]
Mexico	[REDACTED]
Singapore	[REDACTED]
South Africa	[REDACTED]
Thailand	[REDACTED]

Source: [REDACTED]

1.4 Methodology

The information in this report was obtained from interviews conducted with senior executives, founding members, sales and marketing professionals of companies that specialize in the medical tourism industry. Representatives from virtually every company cited in this report were queried about their products, marketing strategies and their overall opinions regarding the global medical tourism industry. The structure of the hospital laboratories and patient facilities was derived from interviews conducted with laboratory directors and medical technologists working within the field. Additional information was gleaned from trade association publications and meetings, product brochures and catalogs, and company literature. The annual reports, 10-K filings and financial reports of publicly-held companies mentioned in this report were examined. Statistical information from the proprietary databases at Biotechnology Associates and from the private data stores of TriMark Publications was also used in preparation of this report. The most recent data available were utilized from the following sources: The Joint Commission International (JCI), Trent Accreditation Scheme (TAS), data published by various healthcare providers, data published by the Governments of Thailand and India, Health for All Database of the World Health Organization, and hospital websites of healthcare providing countries. The author of this report is a retired college professor with extensive knowledge and experience in biochemistry, biotechnology, pharmacology and environmental biology. The information compiled for this study was obtained from sources that we believe to be reliable, but we do not guarantee the accuracy, adequacy or completeness of any information, any omission or any result derived from the use of such information.

Primary Sources

TriMark collects information from hundreds of Database Tables and many comprehensive multi-client research projects and Sector Snapshots that we publish annually. We extract relevant data and analytics from TriMark's research in the past three years as part of this data collection. We also extract qualified data feeds from e-questionnaire responses and primary research responses for this compilation.

Secondary Sources

TriMark uses research publications, journals, magazines, newspapers, newsletters, industry reports, investment research reports, trade and industry association reports, government affiliated trade releases, and other published information as part of its secondary research materials. The information is then analyzed and translated by the Industry Research Group into a TriMark study. The Editorial Group reviews the complete package with product and market forecasts, critical industry trends, threats and opportunities, competitive strategies and market share determinations. The report conclusions are verified through intensive interviewing of the top ranking companies in the industry.

TriMark Publications Report, Research and Data Acquisition Structure

The general sequence of research and analysis activity prior to the publication of every report includes the following items:

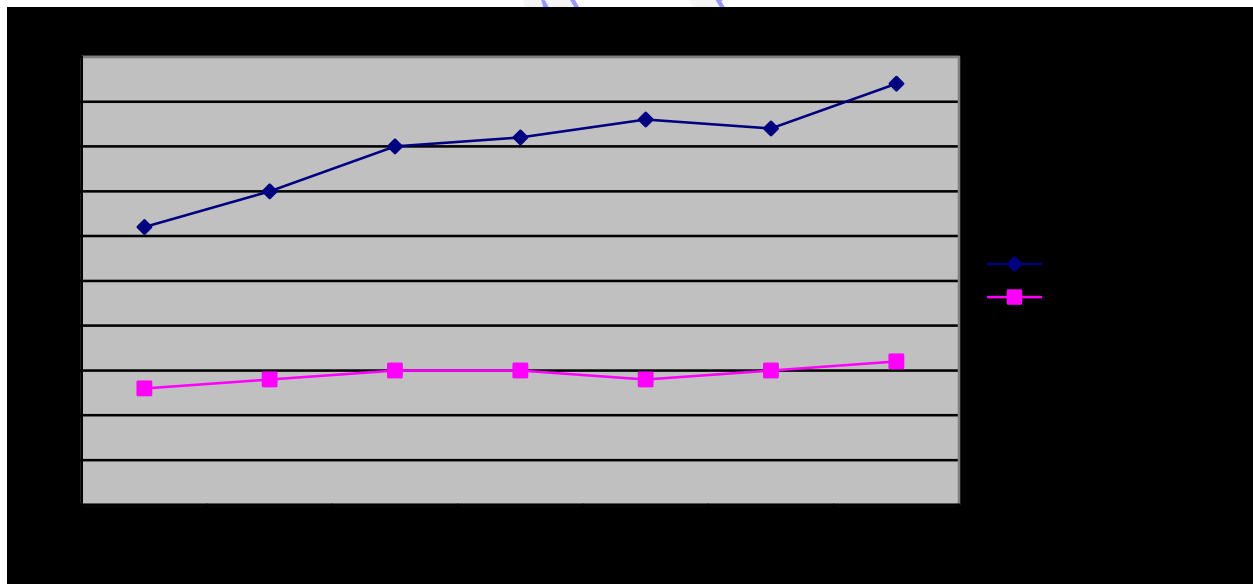
- Completing an extensive secondary research effort on an important market sector, including gathering all relevant information from corporate reporting, publicly available databases, proprietary databases, direct meetings and personal interviews with the key personnel.
- Formulating a study outline with the assigned writer, including important items, as follows:
 - Market and Product Segment grouping and evaluating their relative significance.
 - Key Competitors Evaluations including their relative positions in the business and other relevant facts to prioritize diligence levels and assist in designing a primary research strategy.
 - End-User Research to evaluate analytical significance in market estimation.
 - Supply Chain Research and Analysis to identify any factors affecting the market.
 - New technology platforms and cutting edge applications.

- Identifying the key technology and market trends that drive or affect these markets. Assessing the regional significance for each product and market segment for proper emphasis of further regional/national primary and secondary research.
- Launching a combination of primary research activities, including two levels of questionnaires, executive-direct focused, company-specific and region-specific communications to qualified and experienced senior executives worldwide.
- Completing a confirmatory primary research assessment of the report’s findings with the assistance of Expert Panel Partners from the industry being analyzed.

1.5 Key Drivers of Medical Tourism

The overburdened healthcare infrastructures and high costs in Europe and the U.S. are the key drivers for the boom in medical tourism. In Britain, the National Health Service (NHS) has a long wait-list of patients for surgery. In the U.S., the healthcare crisis has different dimensions. There are [REDACTED] uninsured American citizens, and the insured must pay an inflated premium for standard healthcare. An additional key driver was inadvertently created by the stringent regulations imposed by the U.S. and the E.U. post-September 11, 2001, which prompted a growing number of foreign patients from the Middle East to visit Asian countries to obtain treatment. These combined factors have opened up avenues for hospitals in various Asian countries to promote medical tourism.

Figure 1.1: Number Uninsured and Uninsured Rate in the U.S., 1987–2006



Note: Numbers in millions; rates in percent.

Source: [REDACTED]

Table 1.3: Insured and Uninsured Breakdown in the U.S., 2001–2005

Year	Uninsured		Medicaid/SCHIP	Employer Sponsored Insurance	Individually Purchased Insurance	Medicare	Military Healthcare
	Number (\$ Million)	Percent	Percent	Percent	Percent	Percent	Percent
2005	█	█	█	█	█	█	█
2004	█	█	█	█	█	█	█
2003	█	█	█	█	█	█	█
2002	█	█	█	█	█	█	█
2001	█	█	█	█	█	█	█

Source: █

Table 1.4: Percentage of Population Without Health Insurance in the U.S., 2007

Year	Population Without Health Insurance in 2007 (%)	Change From 2006 (%)
All Age Groups		
White	█	█
Black	█	█
Asian	█	█
Hispanic	█	█
Children (Under 18)		
White	█	█
Black	█	█
Asian	█	█
Hispanic	█	█
Children in Poverty	█	█

Source: █

1.6 Medical Tourism: Advantages

For many medical procedures, it's often more expensive to receive treatment at home than it is to purchase a plane ticket, book a hotel, and pay for all medical expenses out of pocket in a foreign country. This is especially true in popular medical tourism destinations such as India, Thailand and Singapore. The *New England Journal of Medicine* recently detailed an account of a self-employed carpenter, who had an acute mitral valve prolapse that required surgery. Estimated fees for this procedure at the nearest hospital approached \$█, and half of this amount must be paid in advance. After conducting some research, this patient was able to find a hospital in Texas that could perform the procedure for \$█. After further investigation, the patient decided to fly to New Delhi, India, where he had the procedure performed for less than \$█. Shortly after returning to North Carolina, the patient went back to work with a healthy heart. Some countries heavily regulate (or even ban) certain elective procedures or complicated surgeries. Hip resurfacing, for example, was only recently approved by the U.S. Food and Drug Administration, despite its widespread use and success rate at many popular medical tourism destinations around the world.