

# Is it Time for Standard Protocols on Medical Travel & Tourism?

# Presenter



- Catherine Berlin, Partner, Altreuter Berlin
- President of American Women's Club Malmö, engaged in FAWCO Global Aging Task Force
- Member of the New York State Bar, and past member of the International Bar Association and the Asociacion des Jeunes Avocats
- Author of *The Art of Story, Persuasive Writing for Lawyers and Other Creative Types*

# Presenter



- **Dr. Thomas H Treutler**
- CEO FlyClinic ([www.FlyClinic.com](http://www.FlyClinic.com))  
Founded in January 2010, FlyClinic is Latin America's 1st Health Travel Platform, facilitating affordable healthcare, based on transparency, honesty and trust.
- Giving patients a choice; making healthcare more transparent
- 18+ years experience in Colombia and the Americas
- Personal experience with a variety of healthcare systems:
  - USA
  - Colombia
  - United Kingdom
  - Germany (Re-United)
  - East Germany (Pre-Unification)

# Medical Tourism

Medical tourism is the act of traveling from home jurisdiction to a foreign destination for the primary purpose of medical treatment.



# Medical Tourism

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SOLUTIONS IN TRAVEL  
AUGUST 25-28, 2011 HOUSTON



# Why

- Lower medical care pricing
- Faster access
- No access
- Privacy
- *Insurer-prompted medical tourism*

# Lower Pricing

- Cuba's rehab villas cost half of what you would pay in the US

*Lonely Planet*

## The Cost of Medical Procedures in Selected Countries (in U.S. dollars)

<u>Procedure</u>	<u>U.S. Retail Price*</u>	<u>U.S. Insurers' Cost*</u>	<u>India**</u>	<u>Thailand**</u>	<u>Singapore**</u>
Angioplasty	\$98,618	\$44,268	\$11,000	\$13,000	\$13,000
Heart bypass	\$210,842	\$94,277	\$10,000	\$12,000	\$20,000
Heart-valve replacement (single)	\$274,395	\$122,969	\$9,500	\$10,500	\$13,000
Hip replacement	\$75,399	\$31,485	\$9,000	\$12,000	\$12,000
Knee replacement	\$69,991	\$30,358	\$8,500	\$10,000	\$13,000
Gastric bypass	\$82,646	\$47,735	\$11,000	\$15,000	\$15,000
Spinal fusion	\$108,127	\$43,576	\$5,500	\$7,000	\$9,000
Mastectomy	\$40,832	\$16,833	\$7,500	\$9,000	\$12,400

\* Retail price and insurers' costs represent the mid-point between low and high ranges.

\*\* U.S. rates include at least one day of hospitalization; international rates include airfare, hospital and hotel.

Sources: Subimo (U.S. rates); PlanetHospital (international rates), cited in Unmesh Kher, "Outsourcing Your Heart," *Time*, May 21, 2006.

# Lower Pricing

- Lower labor costs
- More competitive pricing amongst destination country medical providers and facilities
- Less cross-subsidization of non-reimbursable services by profits on higher-end services
- Streamlined specialty services
- Foreign hospitals ability to employ physicians directly
- Fewer regulations
- Reduced insurance premiums, or none

# Faster Access

- "I had to wait a year, but I finally got my teeth!"

*Private citizen  
Sweden*



# No Access

- Denial of treatment as patient is too old or sick, and therefore the treatment is a waste of resources
- innovative and not widespread
- innovative and not authorized
- and otherwise illegal

# Privacy

- Cosmetic
- Non-disclosure
- Lifestyle Procedures
- IVF
- Weight loss
- Anti aging

# Insurer Prompted MT

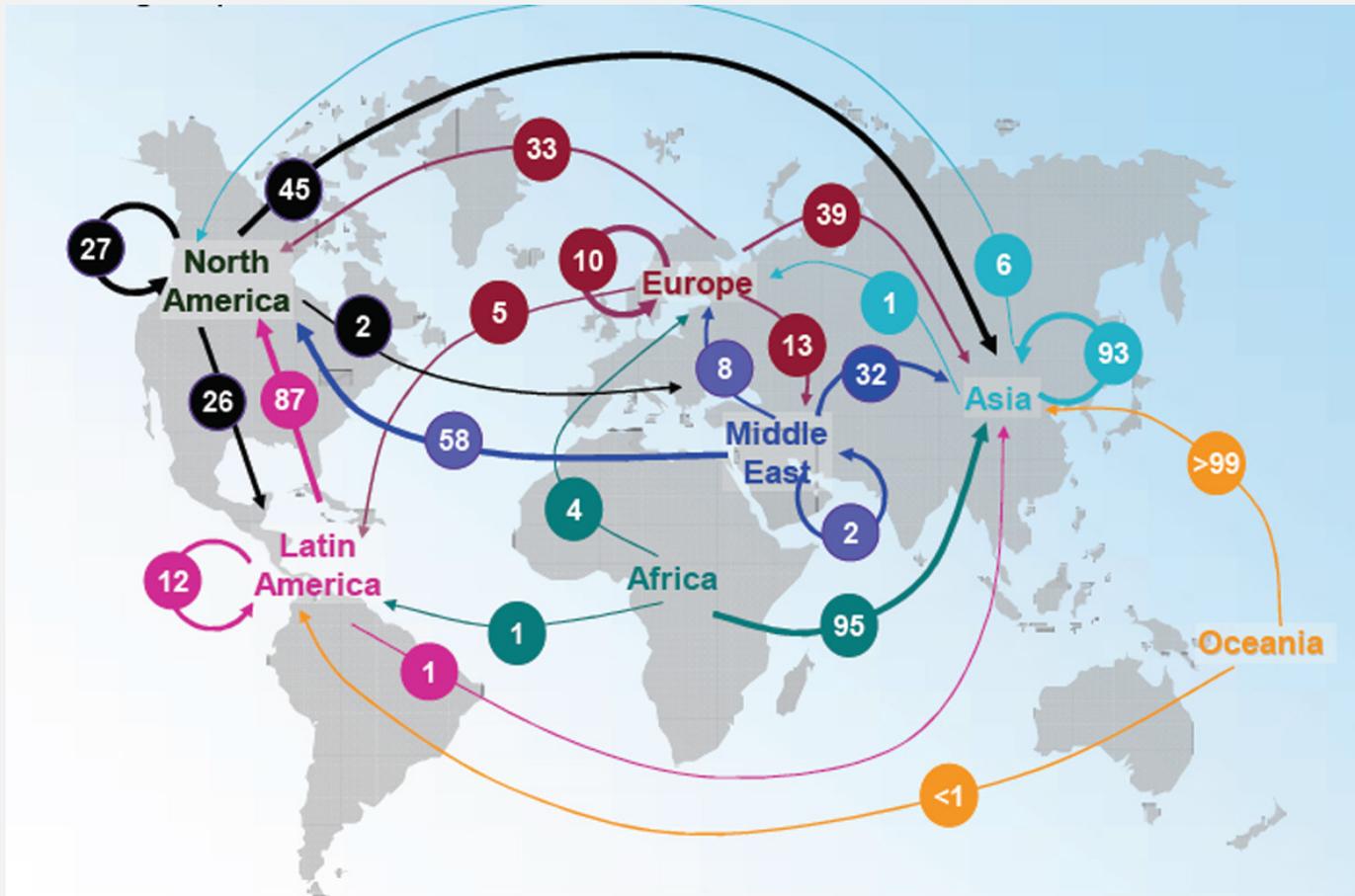
- United Group Programs (Boca Raton, FL) has signed up at least 40 US corporations for its MT plan.
- Recent Senate Special Committee on Aging had a hearing, “The Globalization of Health Care: Can Medical Tourism Reduce Health Care Costs
- West Virginia recently debated legislation that would have given its public employees incentives (round-trip airline tickets and accommodation for two, paid sick leave upon return, and waivers of deductibles) to use medical tourism at accredited facilities. The bill did not pass.
- Hannaford Brothers, operator of 160 supermarkets, offered its 9000 employees the option of traveling to Singapore for surgery, with the incentive that it would “work with insurer Aetna to pay 100% of the patient costs.”
- Texas has prevented health insurers in the in the state from offering a plan that requires patients to travel to a foreign country.
- California legalized insurance covering services received in Mexico that meet certain requirements.

# Lies, Damn Lies, and Statistics

- Deloitte By 2010, 6,000,000 people per year will be traveling for medical treatment
- McKinsey Report of May 08: Only 65-80,000 people got on a plane in 07 for the sole purpose of far-away, for in-patient treatment (Extreme medical tourism)
- National Coalition on Health Care – 500,000 from the US in 2006.



# Regions: Who Goes Where



# For What

## India

- 150,000 overseas patients in 2006
- Wockhardt Hospitals Group is assoc with Harvard Medical International
- Superspecialty in awake, beating heart coronary bypass grafting, and high-tech hip resurfacing
- Asian Heart Institute & Research Centre in Mumbai is affiliated with the Cleveland Clinic.
- World class doctors, low wait times, from 1/10<sup>th</sup> the cost. Eg, organ transplants – 350,000/55,000, and fast



# For What

## Korea

- Highest cure rates for stomach cancer, liver cancer, uterine cervix cancer and an impressive 95% success rate for liver transplantations.
- Ranked lower in medical costs than Japan, Singapore and USA. Prices for a bypass, hip replacement and knee replacement is only 20 - 25% of the total cost of what is being charged in the United States
- Leader in certain IVF treatments and egg freezing, and ENT specialties.

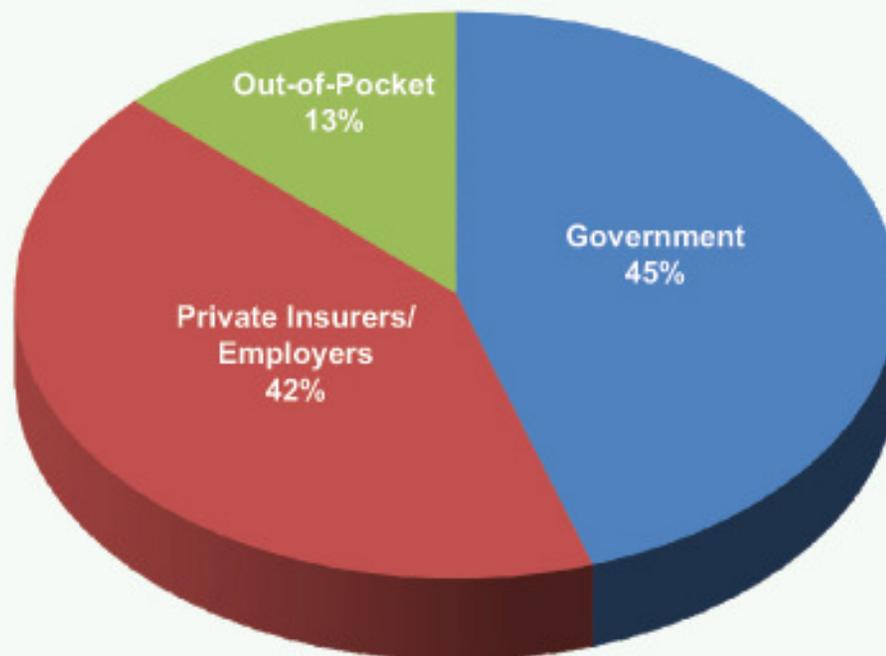
*“Do you look young while your voice sounds old?”* Dr. Hyung-Tae Kim, of Yeson Voice Center in Seoul

# Protocols



# Leverage

FIGURE V  
**U.S. Health Care Spending**



Source: "Core Health Indicators, 2004," World Health Organization. Available at [http://www.who.int/whosis/database/core/core\\_select.cfm](http://www.who.int/whosis/database/core/core_select.cfm).

# Leverage through Protocols

- The Numbers (health care accounting and stats)
- Intermediaries
- Travel and Accommodations
- Pre and Post Operative Care
- Accreditation, Licensing, and Affiliation
- Medical Records
- Government Regulations
- Mediation
- Internet Databases

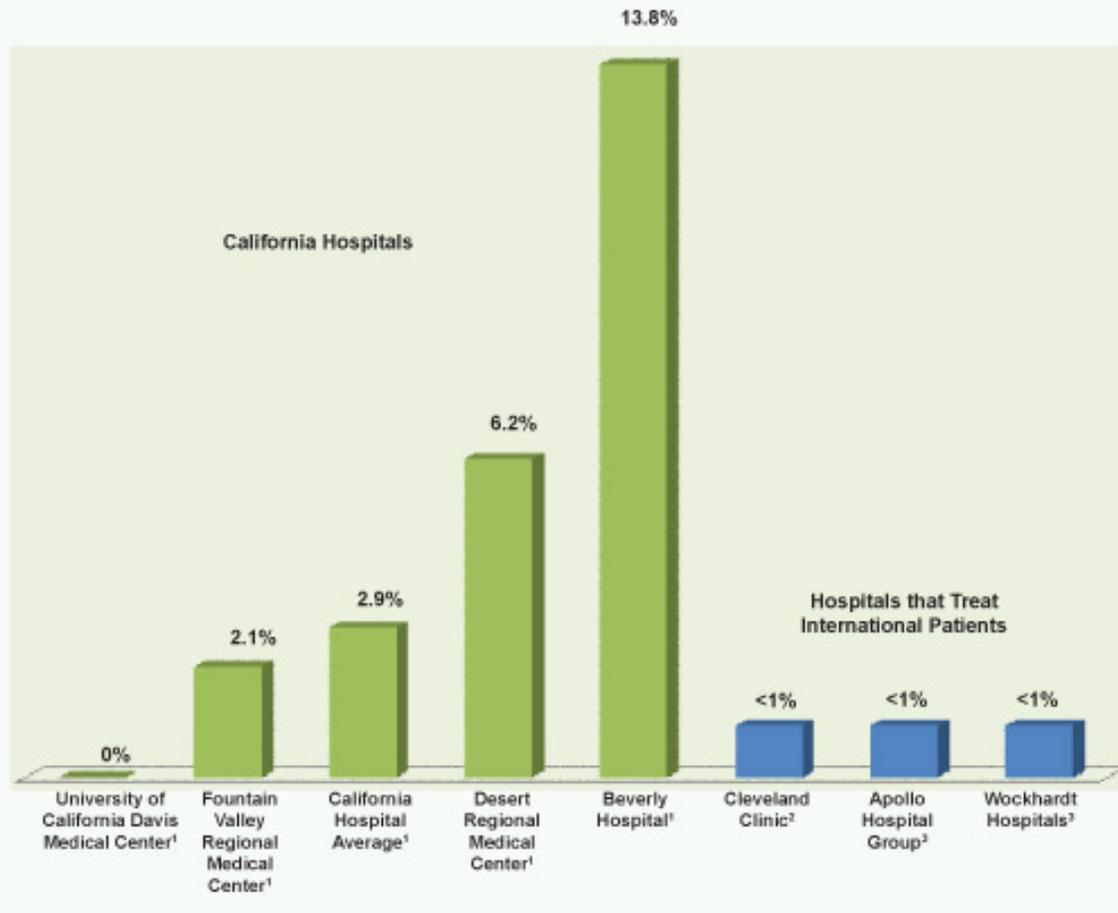
# The Numbers



- **Performance Statistics.** Addressing the fear that care offered to a US medical tourist in a foreign country will be inferior to that provided in the US.
- **Faulty comparisons.** Tremendous differences in quality of care statistics among providers in the US. Potential MT customers must think locally and realistically about the level of service they would receive at home.

# Numbers

## Mortality rates for coronary artery bypass graft surgery



# The Numbers



- Need for standardized international performance statistics

*“99% success rate in more than 50,000 cardiac surgeries performed, which is on par with surgical success rates of the best U.S. cardiac surgery centers. Great, but where on the stats on something serious, but less serious than death.”*

# The Numbers

Twenty-five years of medical malpractice reform:

- Limiting the doctrine of joint and several liability
- Limiting the collateral source rule
- Allowing periodic payments and annuities
- Capping non-economic damages
- Capping punitive damages
- Changing the evidentiary rules relating to punitive damages
- Shortening the statute of limitations
- Requiring a certificate of merit from another physician before being allowed to begin a case

# Intermediaries

## Medretreat PlanetHospital MedicalTours International

- Authorization Release Form
- Qualification of US Program Manager
- Collection and dissemination of medical records,
- Standardization of medical questionnaire
- Information on proposed physicians and facilities,
- Marketing research results on accommodations
- How manager is available to assist
- What qualifies as a “future requirement“
- Insurance options
- Mediation options
- How arms length with providers
- Full credentials disclosure
- Who pays case manager in the destination country
- How are case managers selected
- Factors used to determine necessary and supplemental arrangements.

# Intermediaries

- A vehicle for reporting quality of care statistics of facilities and providers
- Accreditation
- Insurance
- Disclosure
- Mediation

# Medical Records

- US HIPPA – Request
- China – the patient is the custodian of records
- In Japan – post-discharge access
- Europe Electronic Medical Record
- JCI hospitals give each patient a detailed discharge summary, and in the patient's language
- Cloud computing

OCA Official Form No. 960  
**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**  
 [This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form. In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV\* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 460-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

**6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: \_\_\_\_\_

8. Name and address of person(s) or category of person to whom this information will be sent: \_\_\_\_\_

9(a). Specific information to be released:

Medical Record from (insert date) \_\_\_\_\_ to (insert date) \_\_\_\_\_

Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: \_\_\_\_\_ Include: (Indicate by Initialing)

\_\_\_\_\_ Alcohol/Drug Treatment

\_\_\_\_\_ Mental Health Information

\_\_\_\_\_ HIV-Related Information

Authorization to Discuss Health Information

Individual health care provider(s) listed here: \_\_\_\_\_

(Name) \_\_\_\_\_

Person on which this authorization will expire: \_\_\_\_\_

to sign on behalf of patient: \_\_\_\_\_

been surveyed. In addition, I have been provided a \_\_\_\_\_



Health Law protects information which reasonably could affect a person's contact.

# Government Regulations

- Stark Law – Doctor cannot refer Medicare patient to facility that doctor is connected with.
- Anti-kickback statute
- Civil Monetary Penalties Act – Hospitals cannot pay (directly or indirectly) a doctor to reduce Medicare services
- Antitrust



# Travel and Accommodations

## Expand horizons

- Package with conference planners
- Packaging with tourism bureaus, travel websites, and intermediaries including provider consortiums and MT associations,
- Contracting as consultants
- FDI and tie-ins with foreign hospitals
- Coordinate with interstate MT

# Travel and Accommodation

“Our flight to India entailed roughly nineteen hours of flying time each way. The physical strain of the long flight was felt by each of us, all in good health and under the age of thirty five. For one of us, the flights resulted in a very painful swelling and stiffness in a leg which remained very painful for a number of months following our trip and required treatment by a physiotherapist...This experience made us question whether or not medical tourists have access to reliable and accurate information necessary to minimize the risks of travel, whether or not they understand this information, and how common it is for airlines to give them the necessary seating to minimize the health risks associated with travel after surgery.”



Three Academics Perspective on Medical Tourism  
[MedicalTourismMagazine.com](http://MedicalTourismMagazine.com)

# Accreditation

## Who's in Charge and How Independent Is Each?

- Joint Commission – US standards for hospitals, labs, office surgeries; proposed overhaul in 2009  
[http://www.jointcommission.org/Standards/SII/sii\\_hap.htm](http://www.jointcommission.org/Standards/SII/sii_hap.htm)
- Joint Commission International – affiliated, but not the same standards. <http://www.jointcommissioninternational.org/23218/iortiz/>
- The Trent Scheme – UK based, accredits hospitals in the UK and Hong Kong and is expanding <http://www.trentaccreditationscheme.org>
- ISQua – umbrella organization that accredits accreditation systems in Australia, New Zealand, and Taiwan
- The Australian Council on Healthcare Standards, or ACHS
- Canadian Council on Health Services Accreditation, or CCHSA
- Society for International Healthcare Accreditation, or SOFIHA
- HealthCare Tourism International, or HTI
- International Standards Office
- Confederation of Indian Industry

# Accreditation



- The Cleveland Clinic owns facilities in Canada and Vienna, Austria; and in Abu Dhabi
- Wockhardt (India) is affiliated with Harvard Medical School.
- Hospital Punta Pacifica in Panama City, Panama, and International Medical Center in Singapore are affiliated with Johns Hopkins International.
- Dallas-based International Hospital Corp. is building and operating hospitals in Mexico that meet American standards.
- 
- Bumrungrad International Hospital in Thailand has an American management team to provide American-style care.

# Post Op Care

*"With a lack of guidelines for physicians, international patients are often treated like pariahs."  
Steven Tucker, MD.*

*"American plastic surgeons do not like to treat complications of their foreign colleagues any more than they like to treat those of their American ones." Richard T. Bosshardt, MD.*



# Guidelines

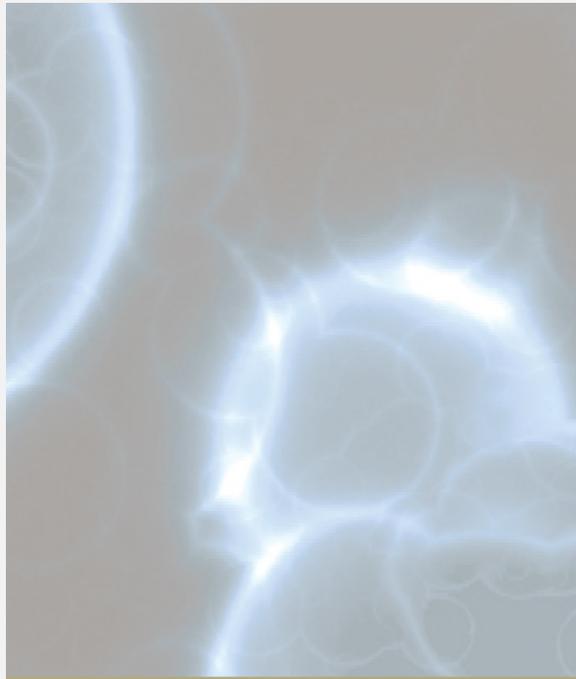


## NEW AMA GUIDELINES ON MEDICAL TOURISM

The AMA advocates that employers, insurance companies, and other entities that facilitate or incentivize medical care outside the U.S. adhere to the following principles:

- (a) Medical care outside of the U.S. must be voluntary.
- (b) Financial incentives to travel outside the U.S. for medical care should not inappropriately limit the diagnostic and therapeutic alternatives that are offered to patients, or restrict treatment or referral options.
- (c) Patients should only be referred for medical care to institutions that have been accredited by recognized international accrediting bodies (e.g., the Joint Commission International or the International Society for Quality in Health Care).
- (d) Prior to travel, local follow-up care should be coordinated and financing should be arranged to ensure continuity of care when patients return from medical care outside the US.
- (e) Coverage for travel outside the U.S. for medical care must include the costs of necessary follow-up care upon return to the U.S.
- (f) Patients should be informed of their rights and legal recourse prior to agreeing to travel outside the U.S. for medical care.
- (g) Access to physician licensing and outcome data, as well as facility accreditation and outcomes data, should be arranged for patients seeking medical care outside the U.S.
- (h) The transfer of patient medical records to and from facilities outside the U.S. should be consistent with HIPAA guidelines.
- (i) Patients choosing to travel outside the U.S. for medical care should be provided with information about the potential risks of combining surgical procedures with long flights and vacation activities.

# Guidelines



The ISSCR logo, consisting of the letters 'ISSCR' in a large, blue, serif font, followed by a stylized circular emblem made of overlapping white and grey segments. Below the logo is the text 'International Society for Stem Cell Research'. The main title 'Guidelines for the Clinical Translation of Stem Cells' is centered in a bold, black, sans-serif font. Below the title is the date 'December 3, 2008'. The entire content is framed by a thin blue border.

# Internet



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## BBB BUSINESS REVIEW *BETA* TEST OF NEW REVIEW FORMAT -- PLEASE SHARE YOUR FEEDBACK

Overview

Complaints

[What is a BBB Business Review?](#)

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On a scale of A+ to F  
Reason for Rating  
BBB Ratings System  
Overview

# Is it Time for Standard Protocols on Medical Travel & Tourism?

# Definition

Medical Tourism  
Medical Travel  
Health Tourism  
Health Travel

# NOT like this, ...



# Rather like this!

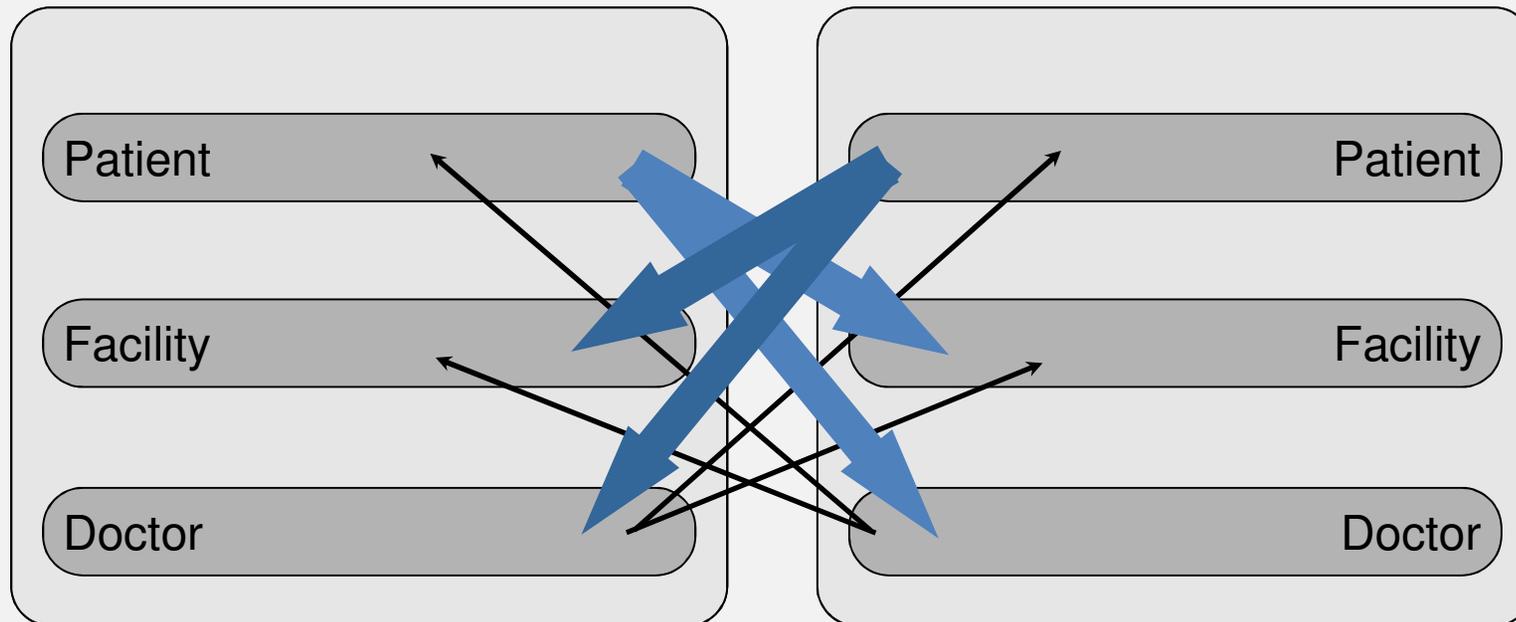
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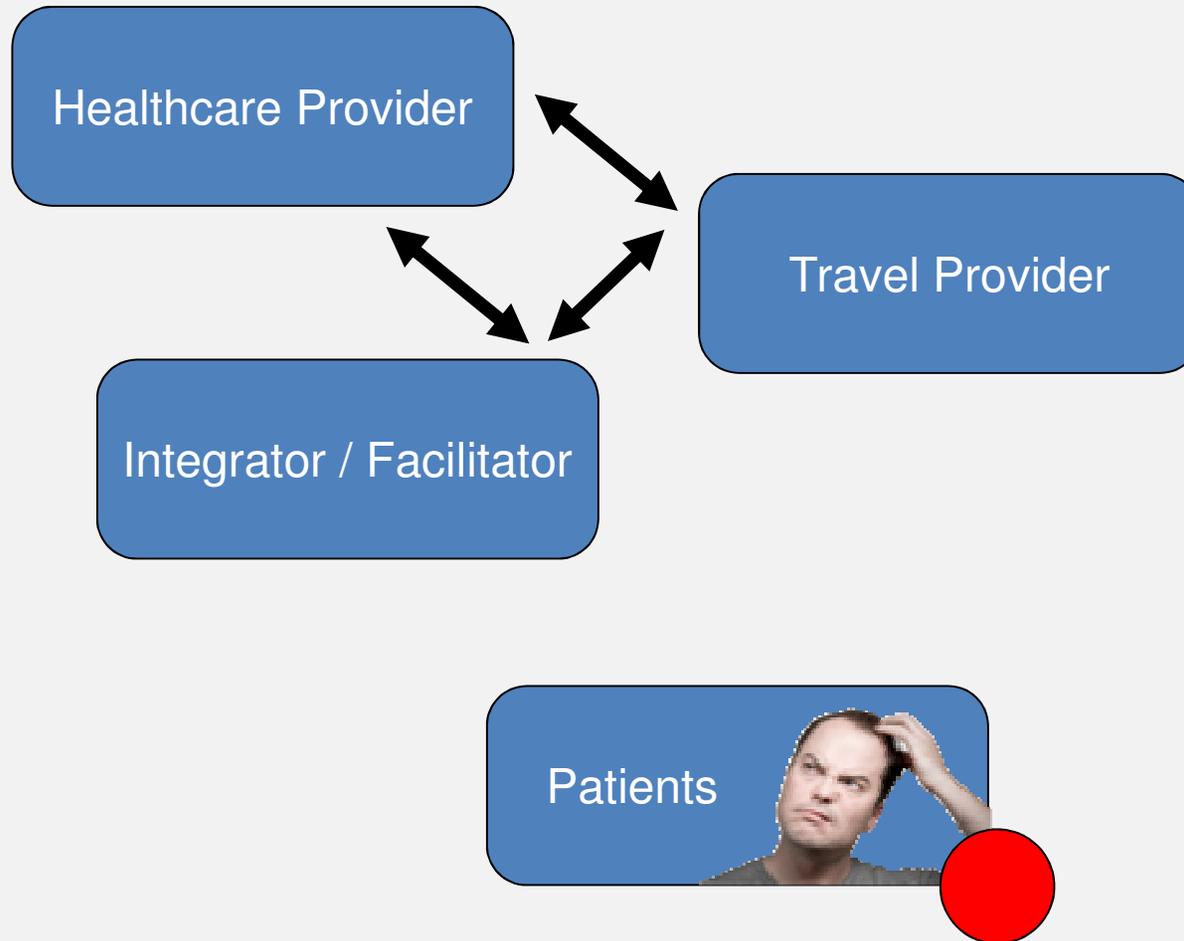
# Medical Tourism

Home

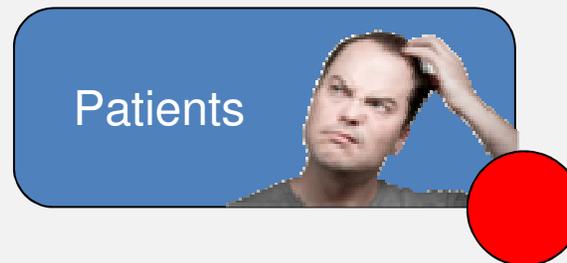
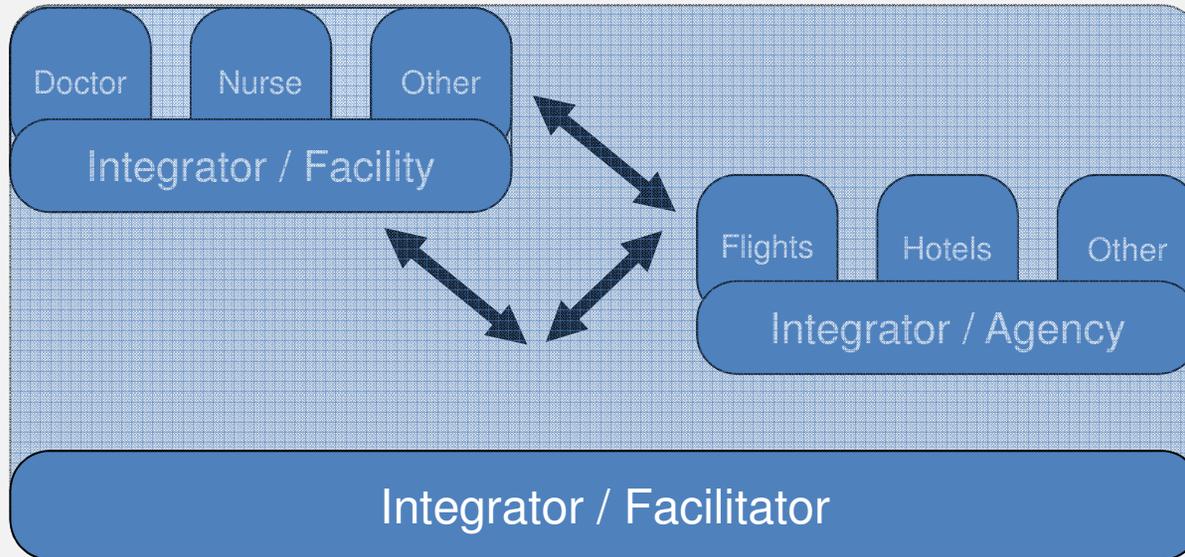
Abroad



# Industry Overview



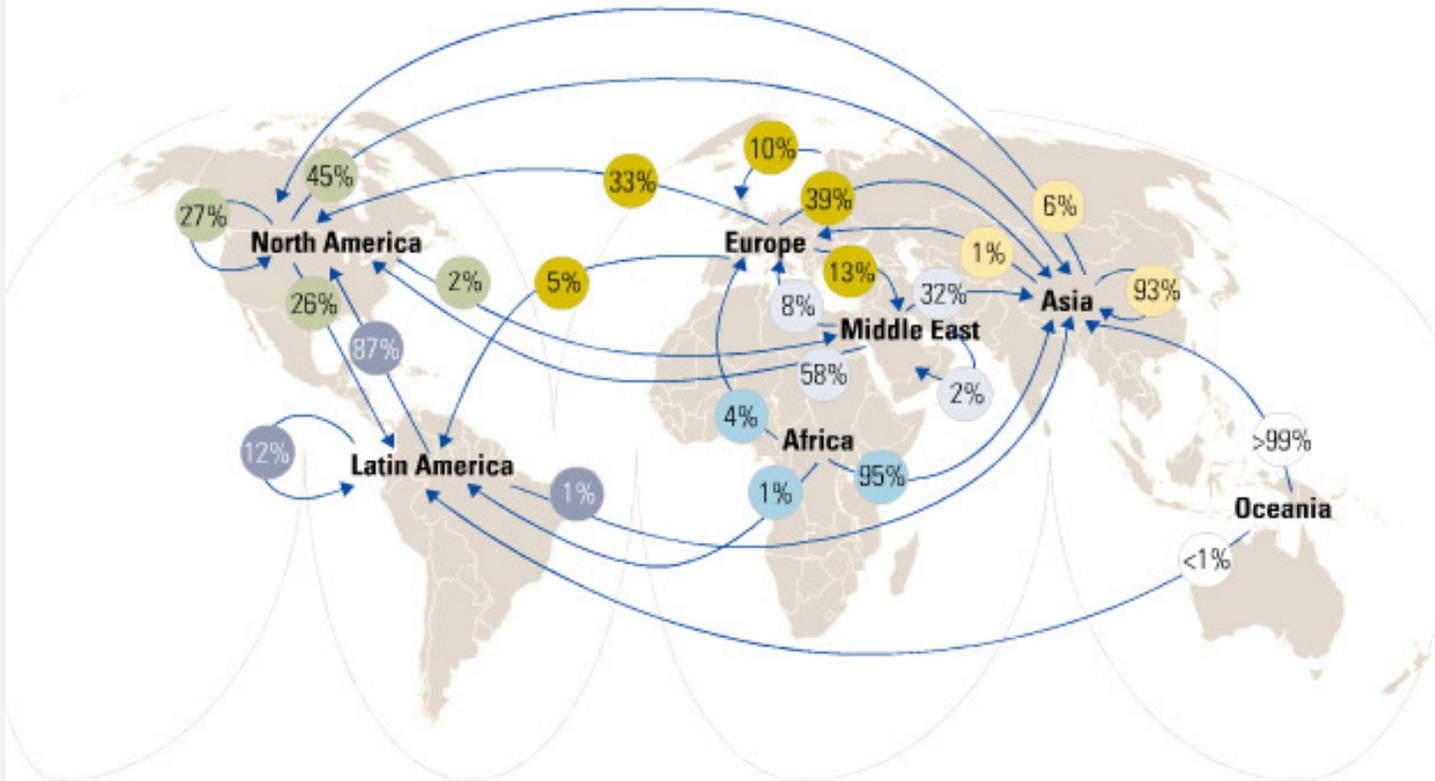
# Industry Overview



# Global Movement

Medical travelers by point of origin

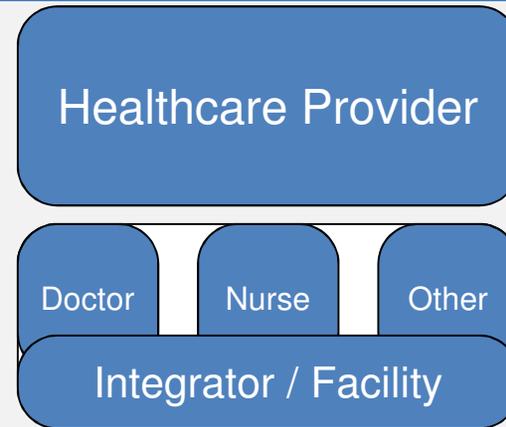
- Africa
- Europe
- Middle East
- Oceania
- Asia
- Latin America
- North America



Source: Interviews with providers and patient-level data; McKinsey analysis

# Standard Protocols

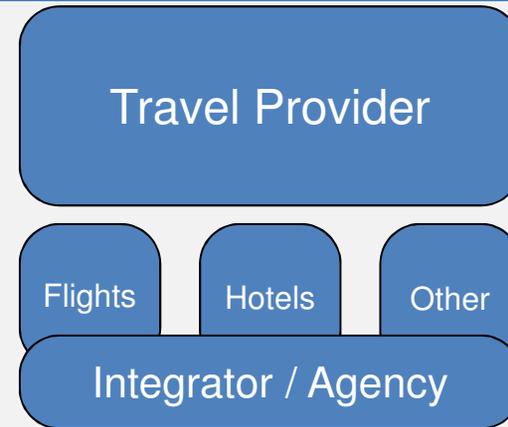
- Equipment 
- Procedures 
- Medicine 
- Information 
- Care 



-  Highly standardized / regulated by government
-  Partially standardized / regulated by government
-  Strong Self-Regulation

# Standard Protocols

- Equipment 
- Procedures 
- Food 
- Information 
- Care 



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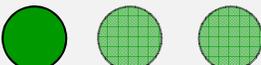
# Standard Protocols

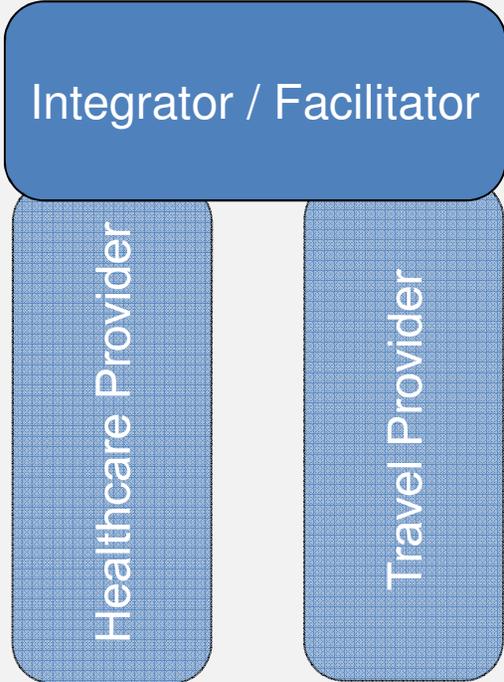
Integrator / Facilitator

- Equipment
- Procedures
- Meds/Food
- Information
- Care

- Highly standardized / regulated by government
- Partially standardized / regulated by government
- Strong Self-Regulation

# Standard Protocols

- Equipment 
- Procedures 
- Meds/Food 
- Information 
- Care 



-  Highly standardized / regulated by government
-  Partially standardized / regulated by government
-  Strong Self-Regulation

# Standards in MT

Established:

- Joint Commission International (JCI)

Being Developed:

- Medical Tourism Association (MTA)

# A Gold Standard?

- Who decides? (Patient? Facilitator?)
- Who rules? Incoming or Outgoing?
- Transparency (Germany)
- Privacy (Germany, USA)
- Patient Protection (Colombia)

# ... Standards

- Setting ...
- Communicating ...
- Enforcing ...
- Controlling ...

# Where to go?

- Self regulated / Guidelines
- Patients inform themselves
- Empowering Patients
- Transparency
- Market-Driven

# THANK YOU

**Dr. Thomas H Treutler**  
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