Chapter 8

RECOMMENDATIONS

A developing country like India can adopt a mechanism for healthcare delivery for medical tourists to strengthen its economy. Some of the suggestions following an analysis of the case studies and literature review are:

1. Create an efficient and economic human resource pool (skilled medical and paramedical professionals), Offer competitive costs and high quality of care to medical tourists while being aware of the language barrier such as that of Biopolis in Singapore and Bumrungrad hospital in Thailand. Create high quality infrastructure, medical equipments, good clinical outcomes, attractive tourist destinations with maintenance of confidentiality of the patient by the hospital staff. Indian Policy makers shall encourage investments in healthcare sector; over the years, the private sector in India has gained a significant presence in all the sub-segments of medical education and training, medical technology and diagnostics, pharmaceutical manufacture and sale, hospital construction and ancillary services, playing major role in providing quality medical care. Over 75% of the human resources and advanced medical technology, 68% of an estimated 15,097 hospitals and 37% of 623,819 total beds in the country are in the private sector. The composition of private sector in India is diverse with large number of sole practitioners or small nursing homes having bed capacities of less than 20. There are also several corporate entities, including pharmaceutical firms, and non-resident Indians (NRIs), Here networking of hospitals are highly recommended to share expertise and resources to have symbiotic effect. Joining hands with International Insurance Providers, Travel Operators and other ancillary services will make Indian to have edge over peer countries who are striving hard to explore medical tourism opportunities.

2. Government spending is less than 25% against the average spending of 30-40% in other developing countries. But there is subtle increase in health care costs which has become High financial burden on the poor. Due to under-funding, preventive and primary care and public health functions are yet to meet their objectives. Government & Policy makers shall increase health Investment & expenditure and plan for long
term and nursing care for senior citizens in view of Increasing burden of new diseases and health risks. Govt. shall revive CGHS Schemes for Government Employees; ESIS Schemes for benifit of community at large, Recent Initiative - covering mass populace PAN India may pave way for standardisation.

3. Government shall permit more medical institutions in all streams of medicine to offer varied courses to cater the needs of global society. It is observed that lack of adequate healthcare infrastructure is a prime factor denying access to international patient healthcare

4. Good coordination amongst the different stakeholders and the host country needs to assure that the cost and quality of care offered are commensurate. Greater government participation with stringent policy making to standardize quality of healthcare at all levels and litigation to protect the medical tourists against malpractice, post-operative complication and ethical concerns (organ transplantation and ‘reproductive tourism’). About 80% of the representatives of the multi-specialty hospitals in this study assert this recommendation along with the Public-Private Partnership (PPP) model for the participating hospitals for greater efficiency and resource allocation. Incentivize the participating hospitals where government needs to give the medical tourism sector an ‘infrastructure-status’ as with the Information Technology (IT) sector in India to boost health care investment.

5. Arrange easy availability of doctors by means of tele-medicine, video-conferencing and sharing of personal contact phone numbers of the doctors for round-the-clock availability in the event of a post-operative complication (For instance, the tele-medicine at Fortis hospital which links 54 countries to assist the medical tourists). Need for a unified national healthcare image of the country rather than private hospital-specific brand image to promote medical tourism, as in Singapore. Internet based clinics for AYUSH may be promoted to facilitate reach to long distant patients for their initial check-ups and pre-operative treatments. Policy makers shall encourage AYUSH practitioners.

6. Healthcare insurance sector needs to step up its activities to promote medical tourism by offering low-cost premiums through such companies as Blue Cross and Blue Shield. Penetration of health insurance in India is low; health insurance is
estimated at around 10% of total population. However, majority of the health insured in India are covered under social health insurance or community-based health insurance, and the penetration of commercial insurance may be around 1% only. The reasons for low penetration of commercial health insurance is due to low level of innovation in health insurance products, exclusions and administrative procedures governing the policies, and chances of co-variate risks, such as epidemics, which keeps the premiums high. Joint ventures with prospective market (Ageing Populated countries) based players. Then it will pave way for more inflow of medical tourists.

7. Special **provision at the airport** with dedicated immigration facilities to assist medical tourists both pre-operatively and post-operatively with availability of Medical visas to allow the medical tourists to recuperate for a longer time post-operatively.

8. There is an exigency for stringent policy formulation to **monitor the number** of medical tourists visiting the host country (India) and to **incentivize** the participating hospitals. The current Indian **National Health Policy of 2002** is primarily meant for promoting medical tourism in the primary and secondary healthcare sectors. Hence, a unique policy formulation is required to regulate the **tertiary** (specialised) health care provision for medical tourists. Public healthcare professionals need to be engaged while formulating **regulatory policies** along with stringent **clinical governance policies** of the private healthcare sector to overcome the challenges of this sector. **Macroeconomic policies** need to be formulated to assure that the local residents of the host country actually realise the benefits of medical tourism and to avoid diversion of resources away from reducing the endemic disease burden (such as AIDS, TB and Malaria in India). At the same time Accreditation of healthcare service providers may be encouraged which is a voluntary process by which an authorised agency or organisation evaluates and accredits health services according to a set of standards describing the structures and processes that contribute to desirable patient outcomes. Accreditation can thus be understood as an indicator of professional achievement and quality of care. Health services are increasingly coming under independent evaluation by accreditation agencies in many countries.

9. Government shall make it mandatory to all Indian hospitals to seek international accreditation from global gencies to standardise their protocols and project their
international quality of healthcare delivery. As of October 31, 2011, there are 10 hospitals in India accredited by JCI. India is ninth largest country in the world with more than six JCI accredited hospitals. In addition, several Indian hospitals are in the process of getting accreditation. The accreditation shall win the confidence of International tourists. Government shall conduct a drive to promote voluntary accreditation.

10. **Tax** should be levied on medical travelers and the revenue obtained should be channelized to offer subsidized medical care for the domestic lower-income patients. In addition, **transparent pricing policies’** across the hospitals needs to be established to protect the medical tourists. **Proactive country-specific marketing strategies**, seminars and talks need to be organised extensively to educate the patients.

11. In India, in addition to existence of modern medicine, indigenous or traditional medical practitioners continue to practice throughout the country. Popular indigenous healthcare traditions include Ayurveda, Siddha, Unani, Homeopathy, Naturopathy, and Yoga, wherein science-based evidences are being sought. Innovations are being undertaken and professionalism is being introduced. Such strategies could be strengthened further in order to attract more international customers. There have also been instances of healthy collaborations of traditional knowledge systems with modern medicines. For example in some cases, heart patients with acute problems undergo a surgery and then during the recovery period their treatment is supplemented with the use of Ayurvedic or Yogic solutions. Similarly in the case of Asthmatic patients, Yogic exercises and dietary restrictions can help in speedy recovery. Convergence of traditional healthcare solutions – Yoga along with Ayurveda – is also increasingly becoming popular to attract international customers, who are familiar with one system and to introduce the benefit of other.

12. Many cultural beliefs have implications for healthcare, which may be direct or indirect. The manner in which services are packaged and promoted or the terms used or notions conveyed in promotional materials may create problems in cross-cultural communication. Even asking about the ability to pay for medical services may create an uncomfortable situation for the patient and his or her family. Many new immigrants don’t believe in banks and keep much of their money hidden as cash in their homes.
They may feel that to indicate what they have in the way of resources may make them the target of thieves. Asians and Hispanics are often victimized by these types of crimes because members of these groups are known to hide their money at home. Making changes to accommodate the needs and perspectives of minority patients doesn’t have to be hard. It does take some thought and an appreciation of the patients’ expectations. A good place to start is with promotional brochures and patient forms. They should be printed in the major languages of the patients who seek services with identified organization. Avoid the mistake, however, of carrying out word-for-word translations from English, since many concepts and words in English don’t convert easily to other languages. Hence special provision shall be made available for better comfort.

13. Creating a Medical Tourism Development Authority. Marketing Plan is the primary rule for any successful tourism. The plan should include several details like product development, upgrades and improvements, positioning and/or branding, attractions and events, visitor amenities and services, marketing and public relations, public/private partnerships, recruitment, funding and budgets, and organizational responsibilities. With the international tourism booming up, it is the high-time for devising effective marketing strategies for promoting and rightly positioning Indian Health Tourism sector on the international platform. India may require an investment of Rs.1,40,000 Crores by 2014 for achieving its full potential. With the destination firmly established as the 'Wellness Capital of Asia', achieving world-class status is next on the national agenda. But this will not be possible only by the government alone. The private stake holders have to play a significant role in this. With the tourism perspective both comparative and competitive advantages should be considered when considering competitiveness. Comparative advantage relates to inherited or endowed resources such as climate, scenery, flora and fauna, while competitive advantage would relate to such created items as health and medical care stations, heritage/ historic attractions, events, transport networks, government policy, the quality of management and skills of workers.

14. The central and state governments shall provide support for promotion and development of events specifically aimed at tapping the medical tourists; these may be
organized at important global locations, with an eye to attract the cost conscious patients from industrialized countries, with the assistance of travel organizers and tour operators. Indian corporate hospitals may be provided with incentives for active promotion of medical tourism. Both from public and private sectors shall be e-enabled i.e. stationed on the first step of the e-technology ladder i.e. at least have a computer and e-mail address for their business. This will improve their accessibility in terms of not only business, but also to training and advice from experts. In turn, The Ministry of Tourism shall develop linkages with other medical tourism service providers to promote India to its target audience through many different channels to increase the reach of its communications. It will explore the use of new media like podcasting to sell India as a vibrant recuperative destination.