

MEDICAL TOURISM IN A PANDEMIC

Telemedicine as an asset in international patient care

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Christian Fadi El-Khoury has been involved in the medical travel industry for over a decade. Starting out with operating his own facilitation service he now uses his understanding of the industries inner workings, to consult hospitals and destinations on matters of cross-border-healthcare. As a student of business law at the University of Applied Sciences in Mainz, Germany, a big part of his work revolves around ethical and legal considerations as they apply to medical tourism.

ABSTRACT

Medical tourism, as many other industries, has suffered a big hit during the Covid pandemic. Being impacted both on the tourism and the healthcare side of the industry, it faces multiple challenges to recover. Looking at another period in time when the medical tourism industry was this heavily impacted and comparing technological advances during the respective periods, this article elaborates on how to better use digital technologies to rebuild and strengthen international patient care infrastructures.

Before delving into the topic at hand I make the usual disclaimer: Due to the sensitive nature of the industry, there is not a lot of hard data available on medical tourism. Many hospitals do not record foreign patients differently than local patients, due to the specific set of laws that apply to them. Only a few medical tourism destinations collect hard data and survey medical tourists on their experience. Thus, any quantative analysis of the impact the Covid pandemic had and will have on medical tourism is strongly limited.

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I. WHAT IS MEDICAL TOURISM?

Medical tourism refers to the practice of traveling abroad with the primary focus being to receive medical services and attention. There is a plethora of explanations for why patients travel for medical treatment. The main motivations are the search for the best available medical treatment and the search for better medical treatment than in the country of origin. Another motivation is the search for more affordable medical treatment or even medical treatment with shorter waiting periods vis-à-vis over capacity in domestic hospitals. Beyond these main drivers, medical travel is observed in patients who live in border regions and for medical emergencies and in case there is a requirement for health-promoting environmental conditions that cannot be achieved in the country the patient lives in.

The global medical tourism market is currently valued at 44.8 billion USD at a compound annual growth rate (CAGR) of 21.1% from 2020 to 2027.¹ While in the past it was either seen as part of the healthcare or tourism industry, in the last three decades medical tourism matured into its own industry.

II. THE PANDEMIC'S IMPACT ON THE MEDICAL TOURISM INDUSTRY

The industry is subject to many of the Covid pandemic's disruptions. Hospitals, currently mostly limited to the necessary services and urgent medical care, do not admit international patients. At the same time travel is restricted to a degree we have not seen before. Even if a patient manages to travel abroad and to be admitted in the hospital of their desire, they might not be allowed to bring a family members or interpreters to their appointments, which in some cases might directly impact the treatment experience and outcome.

For many of us, independently of generation, this situation is unprecedented. However, looking at the medical tourism industry in isolation and from a German perspective, it is not.

III. BORDER RESTRICTIONS: NOT UNPRECEDENTED IN MEDICAL TOURISM

In the 1990s, the medical tourism industry was not even remotely comparable to what it is now. It wasn't a matured industry or considered commonplace to travel abroad to receive medical treatment. In spite of that, Germany already attracted a steady flow of patients, especially from the Middle East. Some even describe this period as the golden age of medical tourism for Germany. Our company used to care for an average of 50 patients each week, in one hospital alone. All of them from the Middle East.

Then in August 1990, tensions between the Iraqi Republic and the State of Kuwait lead to what is now referred to as the Gulf War. Overnight flights were canceled, and appointments postponed to an unspecified date. Nobody could anticipate how long this situation would last, and if a recovery in the near future was possible. It seemed like in a matter of hours everything came to a halt.

¹ Grand View Research, Medical Tourism Market Size, Industry Report, 2020-2027, Grand View Research (Feb. 11, 2020, 01:04 PM), <https://www.grandviewresearch.com/industry-analysis/medical-tourism-market>.

Similarly, in February 2020 we noticed hospitals taking longer to process international patient requests. Certainly, this was owed to the uncertainty of what was to come. During March hospitals started to completely shut down international units, requests went unanswered and appointments got canceled. From there on the situation only tightened, which brought medical tourism to a standstill. Appointments that have been postponed for just a couple of weeks were permanently canceled. Staff in international offices and departments was furloughed or laid off. As the situation manifested itself around the globe, international patients seized to send requests, since they weren't even allowed to leave their home country.

IV. TELEMEDICINE IN INTERNATIONAL PATIENT CARE

As this is not intended to be a lesson in the world's geopolitics, here is the big picture.

Although we find ourselves in a comparable situation, there is a key differentiating aspect: Technology. In 1990, e-mail was anything but a standard way of communication. While today, patients can get a hospital appointment with the click of a button or quick and easy direct communication through e-mail, back then they had to call the hospital and facilitator directly. Medical documentation was sent via telefax, telex, or parcel service. Processing medical travel requests is a demanding task even with the use of the technology that is available nowadays. Months of work between initial contact and departure are not unusual as there are extensive requirements for information, organization, and visa processing. In the 1990s things took longer, although that was, to a degree, mitigated since people who inquired for medical treatment options abroad only did so if they were financially capable and decisive in taking that step. Still, the hurdles were higher in the 1990s, things took longer and were overall, less convenient.

One might assume that the difference in technology would mitigate the effects of the pandemic on the industry. One might also assume that hospitals would use telemedicine services to stay in touch with current patients, offering them digital post-operative consultations and tending to their requests digitally. However, this is not what we have observed. Be it rigid hospital structures or hierarchical issues, hospitals seem to struggle with offering their remote services to international patients. While health-tech certainly experienced a maybe industry-changing boost, the transfer of these technologies hasn't manifested in international patient care.

The demands, international patients have for telemedicine services, aren't unreasonably high. In fact, most of them are just seeking an adequate infrastructure to continue current treatment protocols or talking to a specialist should they have an ailment they would like to be evaluated. Seldomly they request anything beyond, what we refer to as an ad-hoc consultation (initial consultation) or a second medical opinion. In light of this, it doesn't seem to reach beyond one's imagination to offer these services, promoting patient's health and their trust. In reality, things look differently. I will try to shed some light on some of the reasons for the lack of international telemedicine offers and how to navigate these obstacles.

V. OBSTACLES LIE IN CHOICE, IMPLEMENTATION AND MARKET PENETRATION

One of the impediments is the availability of designated technology itself. There are many platforms designed for telemedicine services. However, these services most commonly are conceived for a specified legal jurisdiction, without a cross-border-healthcare adaption in mind. So, while a platform

might adhere to the General Data Protection Regulation of the European Union (an EU wide effort to harmonize data privacy and protection, which applies not only to EU member states), it does not adhere to the regulations of the state the individual patient might stem from. Hospitals are careful when it comes to “just” trusting any one of these many providers. And rightfully so. Not only in Germany but globally, the industry is often known to be somewhat scandal-ridden. Be it illegal commissions for patient referral, faulty translations, or illicit practices by medical tourism facilitators, hospitals are not looking to add privacy law violations to the list. The due diligence required to verify a platform's specification is time-consuming and demanding.

Added are the common phenomena of paralysis by analysis and choice overload. Paralysis by analysis refers to a process in which overthinking a situation might delay or halt progress. Choice overload describes a cognitive impairment, caused by too many seemingly equivalent options, that keeps people from making a decision. To put it simply: There are too many telemedicine technologies for hospitals to choose from. While I strongly support competition as the best quality driver and quality control mechanism, hospitals have a hard time deciding which technologies are adequate and suits for their needs. Currently, hospitals do not have the capacity they can devote towards an in-depth analysis of different technology providers. Further, it requires a mix of competencies to understand these technologies to evaluate them. Besides technical understanding and a legal evaluation, there is a requirement for understanding the necessary processes connected with international patient care. The choice should be based on this variety of factors to ensure quality and usability, granting a satisfying experience to the patient, while keeping processes lean for the medical provider.

Another hurdle is the prominent role medical tourism facilitators play. While I always emphasize that companies, who intermediate between patient and medical provider, in many cases are essential, operating with and through them bears undeniable risk. That risk mostly manifests in legal or reputational consequences.

Many facilitators will not make telemedicine solutions accessible to the patients that contact them or even dissuade patients from using them. Medical tourism facilitators usually benefit from a commission, the medical provider pays them based on the revenue, the referred patient generates. Teleconsultations often are less financially challenging than an in-present consultation, which reduces the facilitator's benefit. Further facilitators want to minimize the risk of “losing the patient”. This does not refer to the medical use of the phrase, but an industry term akin to “losing the customer”. Offering a direct point of contact to the medical provider puts the patient, who priorly had to rely on the facilitator, in a position of control. If he feels well-tended to (medically and non-medically) he might use this direct point of contact in the future, bypassing the facilitator's service.

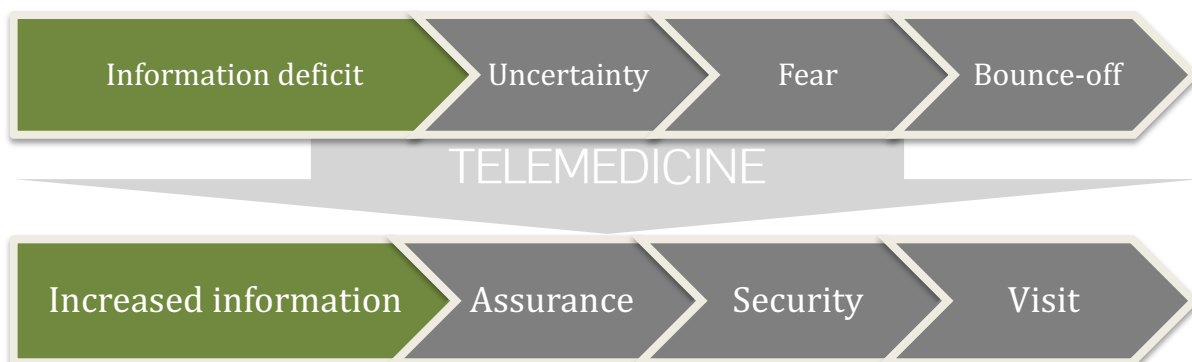
This problem is emphasized by the lack of well-concepted modes of cooperation between medical providers and facilitators. Contractual agreements between hospitals (or physicians) and facilitators are problematic and often unlawful from the onset. There is a plethora of underlying problems in hospital-facilitator-relationships and not always have the parties agreed on the exact terms of their cooperation. Consequently, designing appropriate partnerships for the implementation of telemedicine, that are accordant to the law of two or more jurisdictions, is just one of the barriers that have to be overcome, when offering telemedicine for international patients.

VI. MUTUAL BENEFIT RATHER THAN MUTUAL EXCLUSIVITY

On an industry level, many stakeholders perceive a conflict of interest between medical tourism and telemedicine. The fear is, that enhanced international telemedicine practices will make medical tourism obsolete, thus depriving the stakeholders of their benefit. Similar to what I have explained above, a patient wouldn't need the services of a facilitator to contact the provider of his choice. While telemedicine would thrive, medical tourism would suffer. While I cannot with certainty forecast what the future holds, I have never agreed with that particular point of view. It only follows from the premise that medical travel and telemedicine are mutually exclusive, which they aren't. I even find myself seeing them as mutually beneficial. Hospitals can open new revenue streams by implementing business models that adapt the technological advances. Combining digital health solutions with in-person visits could vastly improve the patient experience as they were consulted priorly and hence, can utilize the in-person visit more efficiently. Well-designed telemedicine services are a lead-generating machine for hospitals. If implemented correctly, hospitals could see more inquires and actual patients, due to the correct use of digital means. Take the current pandemic as an example. When things became clearer in March and April 2020, some hospitals invested in their telemedicine infrastructure and reached out to their current patients abroad, letting them know that the hospital was ready to help them to the highest degree possible from afar. The result? Patients already scheduled their visits and treatments for 2021. Another benefit is transparency. One of the major issues the medical travel industry faces is a lack of transparency. This applies to medical travel with and without medical facilitators as an intermediary. Offering patients, the chance to connect in advance, explaining matters in detail, and clarifying options ensures them they are on the right path and their travel expenses will not be for nothing.

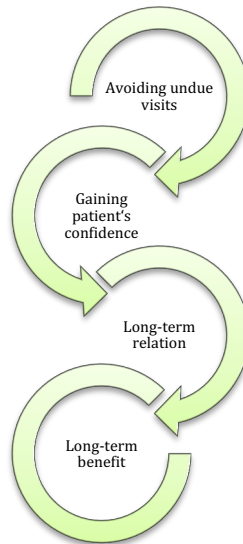
People who contemplate traveling to another country for medical treatment find themselves in a vulnerable position. They are about to go on a journey, often to a different country and culture, to receive essential services in a different language. The more information can be provided beforehand, the better prepared the medical traveler is. Priority on the list is the ability to speak with the specialist who will end up treating them in advance. It adds familiarity to a prior unfamiliar situation. Per our internal analytics, as well as data from our clients, we see that 7 out of 10 prospective medical tourists decide against travelling (bounce-off) due to fear. This fear is, in the majority of cases, a result of uncertainty which stems from an information deficit. By providing a direct link to the specialist, in which questions can be competently answered, the root cause for the uncertainty gets leveled, which results in patient confidence and ultimately a decision to visit the clinic (see graphic 1).

Graphic 1



Further, providing the direct link can also prevent patients from travelling without necessity. What at a first glance seems to be counterintuitive to the medical provider, actually saves internal resources. More importantly it gains the patient's trust as he will understand that the hospital primarily cares for his health and wellbeing, instead of prioritizing financial considerations.

Graphic 2



A short-term reduction in visits, translates into a long-standing provider-patient relation that will turn out to be much more beneficial to the provider (see graphic 2).

VII. CONCLUSION

For the impact the Covid pandemic has and will have on medical tourism we must be careful in drawing conclusions. One often-mentioned notion, which I agree with, is that destinations that managed the Covid pandemic well in the public eye, will see a rise in medical tourists, while nations who seem to have struggled with the situation might have a lot of work ahead of them, to be an attractive destination. This view is also supported by a survey the International Medical Travel Journey conducted.²

This stems from the connection between management of the Covid pandemic and quality of healthcare in a country, although this interpretation is not without fault.

As per the survey, medical travelers will also seek out well-known hospital brands and providers, even more so than before.

It is hard to say what will determine the industry's recovery for individual stakeholders. However, I perceive active participation as an influential factor. Going forward it now is more important than ever to market a medical travel destination and to be present in the public's eye, showing the willingness and openness to be a recipient of international patients. Further, demonstrating to international patients that a country or hospital cares for them and that an adequate infrastructure is present to assist

² Keith Pollard, A Serious Impact On Healthcare-Related Business, International Medical Travel Journal (Feb. 12, 2020, 09:00 AM), <https://www.imtj.com/blog/serious-impact-healthcare-related-business/>.

them, whether travel is possible or not.

And that is where telemedicine comes in.

While in 1990 we did not have the technological means to support patients from afar, we do now. It would be remiss of hospitals, interested in caring for international patients, not to use these means to make themselves more attractive.

Besides being an important tool in generating treatment requests it is even more useful in ensuring ongoing support. From the patient's perspective, who seeks medical treatment abroad precisely because adequate treatment is not possible in his home country, the service continuity is attractive and ever so often even necessary.

Telemedicine can be a powerful driver for growth even in the medical tourism industry. Not only as a safety-net for situations like the one we find ourselves in currently. Much more so as a tool for continuous support and even a service to attract patients to a location in a way, that makes them come back again.