

A conceptual Framework for Exploring the Policy Implications and Consumer Decision Components for Medical Tourism.

Author: Sudheer Muhammed KM

Department of Humanities, Social Sciences & Management

National Institute of Technology Karnataka

Surathkal- 575 025

E-mail: sudheerkkm@gmail.com

Co Author: Dr. Sunil C D'Souza

Department of Humanities, Social Sciences & Management

National Institute of Technology Karnataka

Surathkal- 575 025

E-mail: sunildsouza31@gmail.com

A conceptual Framework for Exploring the Policy Implications and Consumer Decision Components for Medical Tourism

Abstract: Travelling around the globe for medical treatment is becoming more and more prevalent these days. The fundamental premise of medical tourism is that the same care, or even better quality of care, may be available in other countries, and obtained at a more affordable cost than in the home country. India, as one of the several major destinations in medical tourism industry that is rapidly developing. The objective of this research study is to determine the influencing factors that lead international medical tourists to choose hospitals in India as their medical tourism destination as well as to determine the factors influencing the development of medical tourism in India. These factors will be ranked according to importance so as to assist in determining which point the hospital and the policy makers should focus on. Medical tourism is largely a consumer-driven trend and in order to survive and thrive, the health-delivery industry must keep up with its consumers' demands and needs.

Keywords: Medical tourism, Destination choice, Development of medical tourism

1. INTRODUCTION

The globalization of healthcare has created a niche tourism sector known as health tourism. Medical or health tourism is one of the fastest growing tourism sectors internationally, and many countries are currently planning legal and practical frameworks to tap into this market. Particularly, developing countries are increasingly offering state-of-the-art medical facilities and services to foreign customers. Medical tourism refers to a vacation that involves traveling to avail from a broad range of medical services. It may also include leisure, fun, and recreational activities alongside the wellness and healthcare services. The primary goal of patients, who are engaging in medical tourism is to access high quality of healthcare from internationally accredited hospitals at a more affordable price.

Many countries have benefited from the business opportunities that medical tourism offers. For some medical tourists the overseas destination may offer superior medical facilities or treatments that are not available locally (Teh & Chu, 2006). Now around the world, there are a lot of medical tourist destinations which offer excellent medical treatments that cost only a fraction of the total healthcare expenses in many developed, first world countries like the United States of America and the United Kingdom. The popular medical tourism destinations around the world are Argentina, Brunei, Cuba, Lithuania, Colombia, Malaysia, Costa Rica, Hong Kong, Jordan, Hungary, India, South Africa, Philippines, Thailand, Saudi Arabia, UAE, South Korea, Singapore, Tunisia, Ukraine and New Zealand (Gahlinger, PM, 2008). Currently most important medical tourist destinations are in Asian continent (Connell, 2006).

Globalization has caused many countries to revamp their economic strengths and weaknesses as well as reassess products or services from which the nation can get benefitted. As technology and medical know-how dissolved to emerging market countries, a new model of medical tourism – from developed to developing countries – evolved over the last two decades. Tourists from developed countries started to exploit the possibility of combining tourist aspects with medical ones (Horowitz, M.D., Rosensweig, J.A. & Jones, C.A. 2007). The emerging markets in Asia are India, Malaysia, Singapore, and Thailand. Also in Europe and Latin America there are some of the most attractive and low cost medical tourist destinations. At the same time, the hospitals in USA and Europe - especially UK and Germany, are able to attract foreign patients for high quality and specialized care. It is important though to note that medical tourism destination countries differ widely with regard

to the stringency of their healthcare regulations as well as certification, licensure and accreditation processes (Lunt, N., Mannion, R., & Exworthy, M. 2012).

1.1 Significance of the Study

The phenomenon of global medical tourism is on the increase, and India, as one of the several major destinations in medical tourism industry that is rapidly developing, is creating a worldwide trademark as “The Medical Hub of Asia”. Every year, around 5,000 medical tourists from Oman travel mostly to India and the United Kingdom for medical treatments (International Medical Travel Journal, 2011). According to an article from Bloomberg Businessweek (2008), a heart bypass operation that costs \$100,000 USD in the United States only costs \$18,500 USD in Singapore, \$11,000 USD in Thailand, and \$10,000 USD in India. Therefore, the results and findings of this research study will be useful to leading hospitals in India wherein they can have a clear understanding on what medical tourists value the most and what they are looking for when they come to India for medical check-ups and surgeries. Other non-leading hospitals can also benefit from this research study in which they can have information on the various aspects that they might need to improve in order to better serve international medical travelers. Furthermore, this research study will be beneficial to the Ministry of Tourism (MoT) as profound details will be unveiled regarding the core determinants that motivate international patients seeking medical treatments to choose hospitals in India as their main destination for healthcare. Since, Medical tourism is a consumer-driven industry and in order to survive and thrive, the health delivery industry must keep up with its consumers' demands and needs.

1.2 Medical Tourism in India

According to Naranong and Naranong (2011), Thailand, India, and Singapore accounted for 90% of medical tourists in Asia in 2008. Medical tourism is a growing sector in India, and it is expected to experience an annual growth rate of 30%, making it a \$2 billion industry by 2012 (Rajendra Mishra, & Kumar Shailesh, 2012). India is one of the leading emerging medical tourist destinations in the world. There are various factors that drive international medical travelers to visit India for medical treatment purposes and these are internationally accredited hospitals, highly professional and highly qualified doctors and nurses, Low-cost medical treatment cost, high quality standard of services, and excellent hospitality services. India is at the forefront of the medical tourist industry with its economic boom starting in the 1990s and thus India becoming a destination for outsourcing and not only for information

technology (IT) but also medical treatment. Subsequently, medical tourism in India has become a business sector and not just a trend (Schult, 2008). So, India is one of the several major destinations in medical tourism industry having high potential to become the Hub of medical tourism in Asia.

Several factors contribute to India's popularity as a medical tourism destination, including the experience and Western training of medical care providers, its large network of private hospitals, and its pharmaceutical industry. India has a long history of subsidized medical education, and Indian medical institutions graduate nearly 30,000 nurses and physicians each year (Woodman, 2007). Another factor significant to India's popularity as a medical tourism destination is its pharmaceutical industry, one of the largest in the world. It is highly self-sufficient and also exports drugs for a fraction of the cost to countries all around the world. It is ranked fourth in the world, by producing about 8% of the world's pharmaceuticals (Pharmaceuticals Export Promotion Council of India, 2009).

Another thing is the huge difference between the exchange rate of the domestic and foreign currency which is also a major pull factor for the so-called external 'brain drain' in which the developed countries are the major beneficiaries. Since, they have a higher priced currency than the third world countries (Godwin, 2003). So the country can provide world-class medical care at a fraction of the cost incurred in the developed countries due to the availability of relatively cheaper but quality human resources, low-priced medicines, and other infrastructure. The slogan has been 'First World treatment at Third World prices' (Gupta, 2004). Healthcare resources of India also include holistic systems of medicine such as Ayurveda, Unani, Siddha, Naturopathy, Yoga and Meditation in addition to modern medicines like Allopathic – surgery, plastic surgery, dental treatment and eye care treatment (Jyothis & Janardhanan, 2009).

One important reason for this immigration is the highly advanced private medical facilities available in India today that were not available just a decade ago. India has one of the biggest private hospital groups in the world – Apollo Hospitals. Most of these hospitals are for-profit hospitals that not everyone in India can afford. Due to the demand from the affluent and burgeoning middle-class in India, most of these hospitals are offering stock options, signing bonuses and other incentives to Indian doctors in the U.S. to return and practice in India (Knox, 2007). These Indian doctors bring their specialized training and knowledge base from a Western country to treat patients in India. And also Political stability in India coupled with

experienced, skilled consultants, specialized infrastructures with internationally acclaimed super-specialists are the key growth drivers of Medical Tourism in India.

2. PREVIOUS STUDIES ABOUT MEDICAL TOURISM

Little academic research has been carried out on medical tourism and still it remains as an emerging niche market (Heung et al., 2010). Most of the study about medical tourism show cost benefit to be one of the initial factors which encourages medical tourists to travel abroad for treatment (Burkett, 2007; Turner, 2007; Connell, 2006; Ramírez de Arellano, 2007). Transportation and convenience costs are affected by the distance between the patients' country of origin and their medical destination (Connell, 2006). When a person is planning for getting treatment abroad, he will try to find a popular tourism country in which they could enjoy their trip during the treatment period (Connell, 2006; Turner, 2007).

Medical tourists choose to obtain healthcare in a foreign country because a treatment abroad may guarantee privacy and confidentiality. Which many patients prefer especially when undergoing treatments such as plastic surgery. Patients also travel abroad in search of procedures that are not available or are illegal in their home countries such as drug rehabilitation, stem cell therapy, or sex change procedures (Horowitz, Rosensweig, & Jones, 2007). Most medical travel is for procedures that are not adequately covered by home-country health insurance (Mattoo and Rathindran, 2006). For example, health insurance plans usually do not cover various forms of dental or cosmetic surgeries (Connell, 2006). In countries where there is no widespread national healthcare, the lack of adequate health insurance or no health insurance at all, are some of the reasons motivating people to seek treatments abroad (Caballero-Danell & Mugomba, 2007).

Table.1. Studies about Medical Tourism

Studies About Medical Tourism		
No	Author	Contribution
1.	(Smith & Forgione, 2007).	Factors Affecting the Choice of Medical Facility and Destination
2.	(Caballero-Danell & Mugomba, 2007).	Market Description: Medical Tourism
3.	(Caballero-Danell & Mugomba, 2007).	Distribution Channel of Medical Tourism

4.	(Ye et al., 2008).	Motivations of Medical Tourists
	(Zahra Kazemi, 2008)	Effective factors for attracting medical tourism.
5.	(Heung et al., 2010).	Supply and Demand Model of Medical Tourism.
6.	(Vincent C.S. Heung et al.,2010).	Barriers to medical tourism development
7.	(Pankaj Mochi et al, 2012; Suman kumar dawn & Swati Pal,2011; Joseph M. Cherukara and James Manalel, 2008; Dindayal Swain and Suprava Sahu, 2008; Anupama Sharma, 2013;	Challenges and opportunities of medical tourism in India
8.	Medhekar & Newby (2013)	Information Search Model of Medical Treatment Abroad
9.	Anitha Medhekar (2014)	Role of Private Corporate Sector in Provision of Healthcare Services
10.	(Seyama Sultana et al.,2014)	Factors Affecting the Attractiveness of Medical Tourism Destination
11.	Satpal Singh & Sahil,2014	Study on satisfaction level among Foreign patient's
12	Jyothis T.and V.K Janardhanan, 2009	Service Quality in Health Tourism in Kerala

Source: Literature Review

There are 78 million baby boomers in the United States alone and this segment of the population is increasingly interested in traveling abroad to meet their health needs (Ross, 2002). Finally, when choosing to travel to a specific country in search of a medical treatment, there are several factors that come into play. For example, geographical and cultural proximity, medical specializations, reputation and portability of health insurance are some of the reasons for a person's choice of one country over another (Bookman & Bookman, 2007). According to Chanda (2013), geography, culture, and language all play a role in making India a top medical tourism destination.

Some other factors like the liberalization of trade in services, the growing cooperation between private and public sectors and, most importantly, the successful merging “splicing” of the tourism and health sectors also have contributed to an increase in the supply of medical tourism (Bookman and Bookman, 2007). The development and expansion of medical tourism has not only been demand-led but has also resulted from the countries’ ability of supplying high quality medical services at significantly lower prices. Strong economic growth in developing countries has provided the resources and opportunities to improve capacity and infrastructure constraints that had hindered the development of this industry in the past (Deloitte, 2008a).

Medical tourism destinations promote a plethora of procedures and treatments. Some of the most common and popular include orthopedic surgery; spinal procedures such as spinal fusion and spinal disc replacement, cardiac procedures such as angioplasty, gynecological surgery, general surgeries such as vascular surgery, stomach and bowel surgery, kidney and urinary surgery, cataract surgery, and LASIK surgery; hip and knee replacement, hip resurfacing and dental procedures. Some less common procedures are fertility treatments, bariatric surgery, transplants, sex reassignment, and wellness screenings (Marsek & Sharpe, 2009). The medical procedures they obtain include not only elective surgeries such as cosmetic and dental operations, but also more complex surgeries that require specialist knowledge and technology (Singh, 2008).

Several studies have analyzed the factors and dimensions that influence a country’s medical tourism industry. Smith and Forgione (2007), developed a two stage model that indicates the factors that influence a patient’s decision to seek healthcare services abroad. Their model suggests that there is no dominant factor that affects such a decision; rather, all factors seem equally at play. In the first stage of the model, the factors involved in choosing a destination are identified. Then, in the second stage, those involved in choosing a healthcare facility are evaluated. They argue that country-specific characteristics, like political climate, economic conditions, and regulatory policies, influence the country choice, whereas the factors like quality of care, costs, physician training, and hospital accreditation affect the healthcare facility choice.

The problem of this model is the factors like economic conditions, political climate, and regulatory standards are insufficient to explain the range of factors that affect the choice of a destination. The factors like geographical distance, government support for the promotion of

medical tourism, infrastructural and superstructural conditions, and the existence of trained medical staff, may also come into play in this decision. And also additional factors like reputation of the hospitals or physicians in a country and/or the location of these facilities within the destination may also affect the selection of a hospital, although cost, physician training, quality of care, and accreditation are, of course, crucial. Under this, Smith and Forgione (2007), proposed two phases: the first is the destination decision, and the second is the selection of a hospital. However, in reality, the order of these decisions may change according to the needs of the customer.

To provide a better understanding of both the current status of medical tourism and anticipated developments, Caballero-Danell and Mugomba (2007), developed a map to document all information collected from the newspapers, electronic media, magazines, periodicals, and academic material. Based on the available data, they devised a market description model that describes the market structure of the medical tourism industry and considers all of the stakeholders involved. According to their map, the components of the medical tourism market include consumer benefits, branding, infrastructure, the legal framework, products, communication channels, intermediaries, target markets, operators, and social issues.

Caballero-Danell and Mugomba (2007), also proposed a model that identifies and categorizes three distribution channels that link consumers to destinations: operators; representatives within the target consumer markets, which are also referred to as intermediaries; and word of mouth. Based on Bitner and Zeithaml's (2003), argument that traditional service providers such as doctors in a limited distribution area distribute their services directly to consumers, a direct arrow is used to represent consumers' contact with a destination without the need for intermediaries (Bitner & Zeithaml, 2003).

The model developed by Caballero-Danell and Mugomba (2007), includes several constituents of the market. However, these constituents could be grouped in a more constructive way to create a more comprehensive market model. The model does not seem likely that a patient would contact a destination directly without first considering other alternatives, medical tourism is a global phenomenon. Surely it is only a limited number of patients who would contact a doctor or hospital directly based on word of mouth.

A study carried out by Ye, Yuen, Qiu, and Zhang (2008), examined the motivations and barriers to medical tourism among such potential tourists in Hong Kong. They adopted a case

study approach, drew on push-and-pull motivation theory, and developed a framework of the motivations of medical tourists. These authors found the motivations of medical tourists differ from those of their mass tourism counterparts. The former are more concerned with medical factors than destination attributes. The study findings also have several important implications for medical tourism destinations; for example, marketing programs should not focus on low costs alone, but should highlight other features (Ye et al., 2008).

The logic that the motivations of medical tourists differ from those of mass tourists, and that the preferences of the former can be differentiated according to their needs, these results cannot be generalized because of the case study approach and limited sample size employed. Another thing is the study focused solely on cosmetic surgery patients who had undergone or intended to undergo a cosmetic procedure abroad. The results may thus be different for medical tourists who are interested in other types of surgery. The aforementioned studies concentrate on specific areas of the medical tourism industry, such as its marketing, medical, economic aspects, and from either the supply or demand perspective (Bookman & Bookman, 2007; Connell, 2006; Smith & Forgione, 2007).

Turner (2010) has proposed quality and ethical standards for regulating the global medical tourism industry at national and international level, to protect the patients when they travel abroad for medical treatment. With the globalization of healthcare services, health literacy is a key factor. Based on this emerging halal healthcare market Medhekar and Haq (2010) proposed a culturally sensitive Muslim typology to market Indian medical tourism to Muslim patients.

Heung, Kucukusta, and Song (2010), developed a conceptual model of medical tourism to provide a picture of the industry in terms of supply and demand. Although such models presented primary research contributions, they remained in conceptual structure, which could not provide definite directions and strategies for the practical development of medical tourism. What is more, the past research did not discuss the completeness of such factors. For instance, the main demand triggers of medical tourist such as insurance items, services provided by intermediaries, medical preparation and waiting, and follow-up treatment were not mentioned. Internet is also a driving factor in disseminating information, outsourcing healthcare services and making medical travel a global phenomenon, whereby potential patients gain access to global healthcare information and promotion, along with the choice of destination, cost of surgery, waiting time, quality, tourist attractions, social, economic and

political conditions within a country before they make a decision to travel abroad for medical treatment (Lunt et al., 2010; Medhekar and Newby, 2013).

Medhekar and Newby (2013) proposed an Information Search Model of Medical Treatment Abroad. Their empirical findings concluded that potential medical patients make an informed decision and search for internal (personal experience) and external (internet, print, media, family, friends, doctor, medical tours operator, and health insurance provider) information before making the decision to travel abroad for treatment. Ethical and equity issues related to private corporate sector and medical tourism are raised, where millions of poor from do not have access to affordable first world quality of health care and surgery; and developing nations are treating patients from developed countries of USA, UK, Canada, Europe and Australia (Turner, 2007 & 2010; Singh, 2008).

Since, no previous academic research focuses on the factors that influence the development of such tourism (Vincent C.S. Heung, Deniz Kucukusta, & Haiyan Song, 2011). Hence, this study reveals significant research value and contributions for the development of medical tourism industry from consumer perspective as well as service provider's perspective.

3. MEDICAL TOURISM CONCEPTUAL MODEL

The proposed integrated model comprises two components, factors affecting the choice of medical facility, physician and destination and Factors affecting development of medical tourism, to provide a holistic view of the medical tourism market in terms of the medical tourist's decision-making process, which involves interaction between the two. It also provide an overview about the demand triggers, internal and external facilitating factors and role of medical tourism intermediaries in medical tourism destination selection. From the perspective of development factors, it provide a comprehensive view about how well a destination is prepared to meet the demands of these tourists by organizing various service providers in the industry.

3.1 Factors Affecting the Choice of Medical Facility and Destination

The term "Factors Affecting the Choice of Medical Facility and Destination" in the integrated model refers to the factors that affect tourists' decisions in terms of destination and their medical options. These factors represent the expectations of a potential medical tourist based on his or her specific demand triggers of medical treatment in host country, which drive the tourism decision. Such a potential tourist is in need of medical treatment and wants to make

the best possible decision. To do so, he or she is likely to use the travel facilitators in the first stage of the model. The internal facilitating factors will assist the patient to ready for treatment mentally and external facilitating factors will help to determine the best travel destination. However, the selection order (ranking) may change according to his or her specific needs;

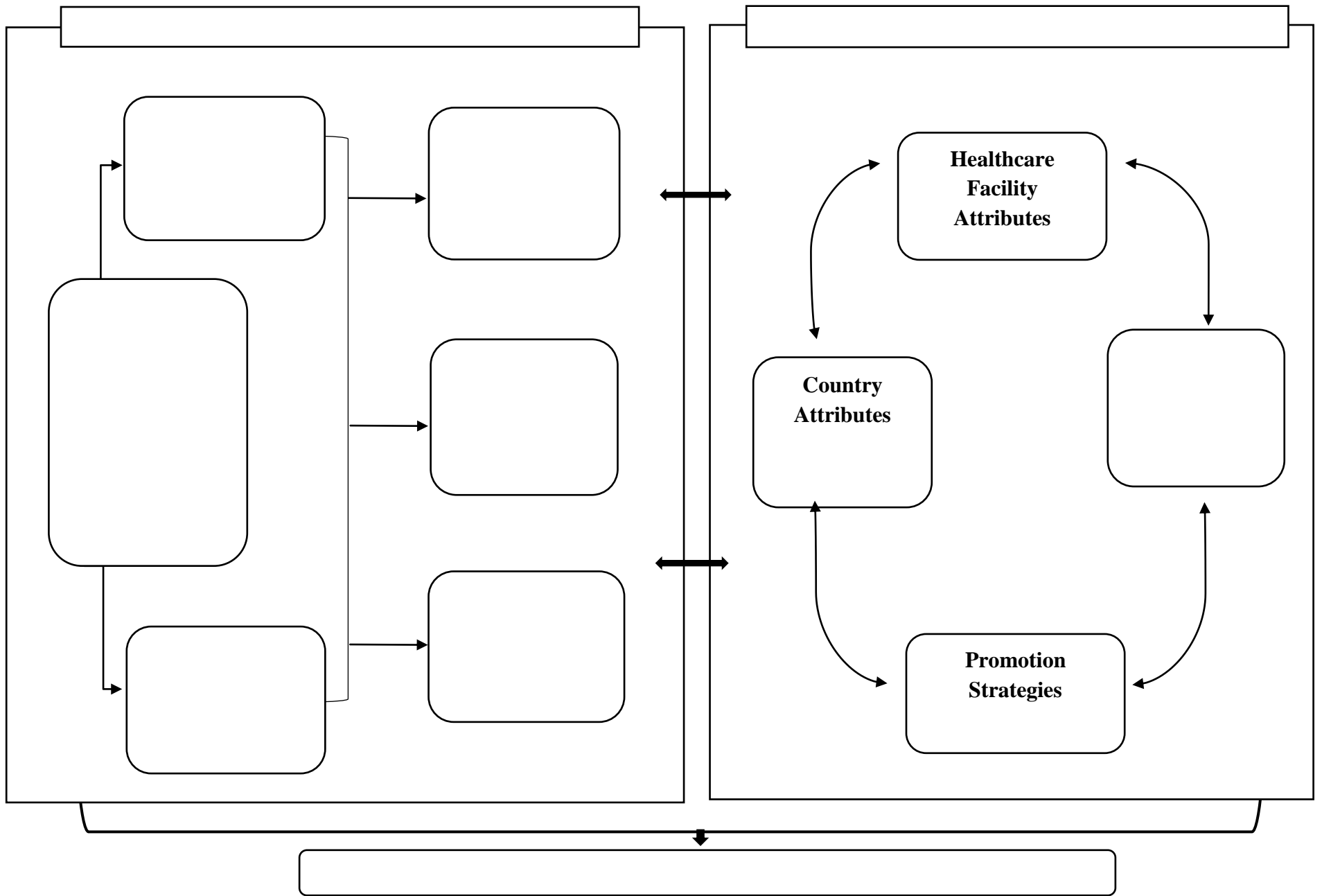


Figure.1 Medical Tourism Demand, Supply and Opportunities: Research Framework

for example, a patient in need of an aesthetic surgical procedure will most likely make a decision in a totally different way to one who requires a liver transplant. Thus, not only does the decision process change, but the ranking of the factors that affect decision also changes. Cost effectiveness may be the major consideration for a patient undergoing a cosmetic procedure, whereas the qualifications of the physician may be the primary concern for an organ transplant.

People choose to travel to a foreign country for medical treatment for a variety of reasons, and the destination they choose also depend on a number of factors. Smith and Forgione (2007), argued that destination-specific characteristics, including economic conditions, the political climate, and regulatory policies, influence this choice. Accordingly, these factors, along with a number of others, constitute the selection criteria on the demand side of our integrated medical tourism model.

Given that good-quality medical care is currently available in Western and other developing countries, other factors drive the decision to pursue treatment overseas. Although the quality of care in a particular destination certainly has a bearing on medical travel decisions, the prime motivator is generally financial (Marlowe & Sullivan, 2007). The costs of treatment in certain destinations are often a quarter to one-tenth of the price of those in developed nations (Adams, 2006).

People may also travel abroad to obtain medical treatments that are not covered by their insurance policies, or because they cannot afford insurance coverage at all. For example, more than 40 million people in the United States have no health insurance (Hutchinson, 2005), and must pay for any procedures they require out of their own pockets. Most of the countries that promote medical tourism are attractive to those seeking affordable treatment. Cosmetic surgery, which is rarely covered by insurance policies, is one of the most popular medical treatments in the medical tourism market and, arguably, gave rise to the medical tourism phenomenon (Marlowe & Sullivan, 2007). Individuals desiring such surgery can take advantage of the lower treatment and overall costs in a destination to enjoy a vacation and the Confidentiality ensured by having the procedures performed outside their home countries.

Another factor in the decision to travel abroad for treatment is the long waiting lists for certain procedures in some countries or the unavailability of those procedures in national healthcare systems (Hansen, 2008; Hume & DeMicco, 2007). In addition, such procedures as stem cell

therapy and organ transplants are also prohibited in certain countries, prompting their citizens to travel to medical tourism destinations to receive those (Horowitz & Rosensweig, 2007).

In addition to costs, the quality of medical treatment and care is also essential in a medical tourist's decision-making process, particularly when it comes to selecting a hospital. Many doctors in developing countries are educated, and are licensed to practice in developed countries, such as the United States, United Kingdom, Canada, and Australia. The existence of well-trained doctors and specialists who speak their language plays an important role in attracting medical tourists to a particular destination. Further, their selection of the physician/specialist who will perform a specific procedure or treatment is also crucial. In some circumstances, the background and expertise of this physician/specialist may be the most important element of the entire medical travel decision-making process. The provision of top-quality healthcare services also requires quality nursing and post-operative care staff (McCallum & Jacoby, 2007).

Internationally recognized accreditation and certification schemes, such as the Joint Commission International (JCI) scheme, the International Organization for Standardization (ISO) scheme, and the Trent Accreditation Scheme (TAS, 2001), are making the standards of medical services worldwide increasingly transparent. Such international accreditation serves to demonstrate that the hospital employs only licensed, well-educated and experienced medical, nursing, and other professional staff (Ramanna, 2006).

3.2 Medical Tourism Facilitators

Medical travel agencies operate as intermediaries between international patients and hospital networks, helping them to select a destination, facility, and provider, thus further facilitating the growth of medical tourism. Such companies also assist patients by transmitting medical records, arranging travel details, and collecting payment. For example, Cosmetic Surgery Travel is a U.S. medical tourism company that specializes in plastic surgery vacations to Thailand (Travel-Lists, 2010). The company makes all of the arrangements for the patient's stay in Thailand and assists with further surgical consultation and preparations for surgery. Likewise, U.K.-based Med de Tour was established to serve people seeking world-class medical treatment in India's top hospitals at far lower costs than in the United Kingdom and with the added benefit of shorter waiting lists (Travel-Lists). Medical travel agencies constitute one of the channels of distribution in our integrated model. Some of these companies assign medical tourists a program manager or

assistant who takes care of all arrangements before and during their stay in the destination, including meeting them at the airport, acting as their local guide, and/or helping them to communicate with their families (Smith & Forgione, 2007). Many of them also arrange follow-up care services in the patient's home country (Horowitz & Rosensweig, 2007). The potential medical patients make an informed decision and search for internal (personal experience) and external (internet, print, media, family, friends, doctor, medical tours operator, and health insurance provider) information before making the decision to travel abroad for treatment (Medhekar and Newby, 2013).

Online patient networks, mailing lists, and cost-saving and boutique medical offers also help patients to make their choices in a more informed way. The role played by the Internet, another channel of distribution in our model, is particularly crucial in offering potential tourists access to information on services and costs worldwide. Cheap airfares have also helped to create new customer-oriented markets (Hansen, 2008).

Medical outsourcing is also boosting the medical tourism industry, as increasing numbers of companies, governments, and insurers consider it to lower health costs and maximize benefits (McCallum & Jacoby, 2007). Companies may consider outsourcing certain medical procedures for their employees because performing those procedures abroad has advantages in terms of cost, access, and quality (Marlowe & Sullivan, 2007; McCallum & Jacoby, 2007). Smerd (2008), reports that some insurance companies in the United States are offering services through medical travel companies and sending their clients to JCI-accredited hospitals in Thailand, Singapore, Turkey, Ireland, and Costa Rica.

3.3 Selection of Medical Tourism Destination Country, Hospital, Physician

The selection of destination depends on a number of factors. Smith and Forgione (2007), argued that destination-specific characteristics, including economic conditions, the political climate, and regulatory policies, influence this choice. Good-quality medical care is available in Western and other developed countries, the quality of care in a particular destination certainly has a bearing on medical travel decisions (Marlowe & Sullivan, 2007). The costs of treatment in certain destinations are often a quarter to one-tenth of the price of those in developed nations (Adams, 2006). People may also travel abroad to obtain medical treatments that are not covered by their

insurance policies (Hutchinson, 2005). Accordingly, these factors, along with a number of others, constitute the selection criteria of our integrated medical tourism model.

3.4 Factors Influencing Development of Medical Tourism

The factors affecting development of medical tourism in proposed integrated model reflects the existing situation of the medical tourism industry in terms of the infrastructure/ superstructure facilities, promotional activities, and country attributes that are generally supplied by the private and public sectors. Medical tourism supply or development in the model focuses on how an individual medical tourist's requirements interact with the activities of the private, public, and governmental sectors of medical tourism destinations during the selection procedure.

The governments of a number of countries, including Greece, South Africa, Jordan, India, Malaysia, the Philippines, and Singapore, are actively promoting medical tourism. However, in general, governments worldwide remain more conscious of their role to provide public health services for their own citizens rather than to generate revenue from public resources sold to foreigners (Teh & Chu, 2006). Governments can also promote medical tourism as part of national tourism marketing campaigns. In addition, they can support this niche area by developing policies that decrease marketing expenses in foreign countries through tax deductions, by providing financial support for equipment, by setting aside land for medical tourism without affecting public health services, and by supporting overseas investments in this type of tourism (UNESCAP, 2007). A destination's national policy toward medical tourism also plays a significant role in its openness to foreign investment in the medical sector and in the way in which foreign patients are received. Openness to such economic policy instruments as the General Agreement on Trade in Services (GATS) is essential in ensuring the future success of this sector (Ormond, 2005).

As noted in the factors affecting choice of medical tourism destination side subsection, quality is of the utmost importance in a patient's choice of medical tourism destination. Nearly 150 hospitals outside the United States are now ISO- and JCI-accredited (Herrick, 2007). Increasing numbers of medical institutions are seeking such accreditation to boost patient confidence and better compete in the medical tourism market (UNESCAP, 2007).

In many countries, including Australia, Thailand, the United States and the United Kingdom, the burden of analyzing available opportunities, pushing development, and formulating strategies for medical tourism has fallen primarily on the private sector. For this reason, governments primarily focus their efforts, intentions, and activities on public hospitals and doctors (Teh & Chu, 2006). Most activity in the medical tourism arena is based in the private sector, primarily in specialist hospitals that generally operate for profit. As medical tourism develops in a given destination, the demand for private hospitals will also increase, and more qualified doctors may be attracted away from the public sector, which could put a strain on the national health system (Gupta, 2004).

Travel agents have been described as the most important information gatekeeper in the travel purchase decision making process, experts who are knowledgeable in all aspects of tourism and as information brokers whose opinions and recommendations are sought because of their high level of knowledge and involvement in a particular product class (Middleton, 1994; McIntosh & Goeldner, 1990). Their knowledge and information has a significant impact on destination choice. In addition, unfamiliar tourists and those people who travel internationally are most likely to use the travel agency services when travelling (Baloglu & Mangalolu, 2001). Study indicated that 50% respondents in India and 52% in the United Arab Emirates use medical brokerage firms to help them arrange the travelling and booking procedures for out of country healthcare options (Alsharif, Labonté, and Zuxun Lu, 2010).

A study done by Jagyasi (2010a), stressed that the role of facilitator in medical tourism is very significant in engaging between the patients and the health providers. Results showed that 61percent of respondents stated facilitator s role were very important to them in making their choices and decision to pursue their treatment in different countries. Another 27 percent stated as important and only 10 percent respondents regarded facilitator as optional. These Medical travel facilitators not only connect patients with provider but also act as negotiator. Facilitators or brokers in patients' home countries as well as in destination nations and in third-party countries further promote the practice (Crooks, et al., 2011). So the role of medical travel facilitators have become vital in building the bridge of connecting healthcare and revisit intentions, thus, generating revenue for the country.

4. CONTRIBUTION TO BODY OF KNOWLEDGE

Medical tourism is becoming an important industry that tourism organizations cannot afford to neglect. Given that this niche industry combines the medical and tourism sectors, and has tremendous economic and social impacts, particularly in developing countries, studies in this arena will be of great interest to scholars and practitioners in both sectors. Despite its importance, few studies have been carried out to examine the nature of the industry. The results of the studies allows to depict the entire picture of the industry and reveals its strengths and weaknesses. Analysis of the demand side highlights the key points of what medical tourists expect to find in a destination and how to attract them. The information gleaned from such studies also has implications for the quality of medical and hospitality services in a single institution and for the industry at large. Studies of the supply side provide valuable information on medical tourism institutions in terms of promotional activities and infrastructure and superstructure development. Analyzing and comparing the demand and supply factors in a given country or region, as well as their interactions with the decisions made by medical tourists, will undoubtedly reveal the managerial and structural approaches taken by all of the market players in the medical tourism industry. The results obtained will help to reveal the existing conditions in the destination and provide useful information for the private and public sector players actively engaged in the medical tourism industry.

Academic literature and research on medical tourism especially that based on firsthand patient and/or interviews is limited due to the relative newness of the industry. What is available comes mostly from newspapers, popular magazines, and online articles. This research aims to add new and significant insights to the slowly accruing academic literature on medical tourism.

5. CONCLUSION

Medical tourism has gained increased attention in recent years, particularly in developing countries, only a few academic studies of the sector have been published. Given the scarcity of academic literature in this area, the aim of the present study is to offer a comprehensive theoretical framework for future research. Accordingly, following a comprehensive review and thorough analysis of the existing literature, we have developed a conceptual model of the medical tourism industry, that provides a complete pictures of this industry in a given country or

region. This integrated model highlights the importance of the medical tourist's needs when he or she selects a country, destination hospital, and doctor. His or her selection process is also affected by such supply-side factors as the infrastructure/superstructure, promotional activities, quality assurance, and communication facilities in a destination. In this respect, the model represents both the selection and delivery process in the medical tourism industry. This integrated medical tourism model will help researchers to determine the factors that affect the medical tourist decision process by taking both the demand and supply conditions in a given country or region into consideration. The model can be tested in any medical tourism destination, and we suggest that both qualitative and quantitative techniques be employed. The results obtained will help to reveal the existing conditions in the destination and provide useful information for the private and public sector actors actively engaged in the medical tourism industry.

REFERENCE

- Adams, M. (2006). Rising popularity of medical tourism reveals deterioration of U.S. healthcare system. Retrieved from: <http://www.newstarget.com/007097.html>
- Alsharif, M.J., Labonté, R., & Zuxun Lu. (2010). Patients beyond borders: A study of medical tourists in four countries. *Global Social Policy*, 10(3), 315-335.
- Baloglu, S., & Mangaloglu, M. (2001). Tourism destination images of Turkey, Egypt, Greece and Italy as perceived by US-based tour operators and travel agents. *Tourism Management*, 22, 1-9.
- Bitner, M. J., & Zeithaml, V. (2003). *Services marketing Integrating customer focus across the firm*. New York: McGraw Hill
- Bookman, Milica Z. and Karla R. Bookman (2007), *Medical Tourism in Developing Countries*, New York, Palgrave Macmillan.
- Burkett, L. (2007). Medical tourism: Concerns, benefits, and the American perspective. *The Journal of Legal Medicine*, 28, 223–245.

Caballero, S. and Mugomba, D. (2007). Medical Tourism and its Entrepreneurial Opportunities - A conceptual framework for entry into the industry. Available from: http://gupea.ub.gu.se/dspace/bitstream/2077/4671/1/2006_91.pdf

Chanda, R. (2002) 'Trade in health services', Bulletin of the World Health Organization, 80(2): 158-163.

Connell, J. (2006). Medical tourism: Sea, sun, sand and... surgery. *Tourism Management*, 27(6), 1093-1100.

Crooks, V.A., Turner, L., Snyder, J., Johnston, R., & Kingsbury, P. (2011). Promoting medical tourism to India: messages, images, and the marketing of international patient travel. (Research Support, Non-U.S. Gov't). *Social Science Media*, 72(5), 726-732.

Deloitte Development LLC (2008). Medical Tourism: Consumers in Search of Value. Retrieved 2008 from http://www.deloitte.com/assets/DcomUnitedStates/Local%20Assets/Documents/us_chs_MedicalTourismStudy%283%29.pdf

Deloitte Development LLC (2009). Medical Tourism: Update and implications.

Gahlinger, PM (2008). *The Medical Tourism Travel Guide: Your Complete Reference to Top-Quality, Low-Cost Dental, Cosmetic, Medical Care & Surgery Overseas*. Sunrise River Press

Godwin, S K (2003): 'The Brain Drain Debate:Is it too simplified'? Rapid Response to DebbieMellor on 'Brain Drain', *British Medical Journal*, 327 (October 17) 7420; 928.

Gupta, A. S. (2004, May 9). Medical tourism and public health. *People's Democracy*, 28(19). Retrieved from http://pd.cpim.org/2004/0509/05092004_snd.html

Gupta, A. S. (2004, May 9). Medical tourism and public health. *People's Democracy*, 28(19). Retrieved from http://pd.cpim.org/2004/0509/05092004_snd.html

Hansen, F. (2008). A revolution in healthcare: Medicine meets the marketplace. *The Institute of Public Affairs Review: A Quarterly Review of Politics and Public Affairs*, 59(4), 42-45.

Hansen, F. (2008). A revolution in healthcare: Medicine meets the marketplace. *The Institute of Public Affairs Review: A Quarterly Review of Politics and Public Affairs*, 59(4), 42-45.

- Herrick, D. M. (2007). Medical tourism: Global competition in healthcare (NCPA Policy Rep. No. 304). Retrieved July 20, 2008, from <http://www.ncpa.org/pub/st/st304>
- Heung, V. C. S., Kucukusta, D., & Song, H. (2010). A conceptual model of medical tourism: implications for future research. *Journal of Travel and Tourism Marketing*, 27(3), 236-251.
- Himmelstein, D., Warren, E., Thorne, D., and Woolhandler, S. (2005). Illness and injury as contributors to bankruptcy. *Health Affairs*, W5, 63–73.
- Horowitz, M. D., and Rosensweig, J. A. (2007). —Medical tourism - healthcare in the global economy, *Physician Executive*, 33(6):24.
- Hume, L. F., & DeMicco, F. J. (2007). Bringing hotels to healthcare: A rx for success. *Journal of Quality Assurance in Hospitality & Tourism*, 8(1), 75–84.
- Hutchinson, B. (2005).). Medical tourism growing worldwide. *UDaily*. Retrieved 07.02.09, from. <http://www.udel.edu/PR/UDaily/2005/mar/tourism072505.html>.
- International Medical Travel Journal (2011). MIDDLE EAST: Is the Middle East a destination or a source of medical tourists? Retrieved from <http://www.imtj.com/news/?EntryId82=295793>
- Jagyasi, D.P. (2010a). <http://www.drprem.com/medical-tourism-facilitator/>.
- Jyothis & Janardhanan, (2009). Service Quality in Health Tourism: An Evaluation of the Health Tourism Providers of Kerala (India) *South Asian Journal of Tourism and Heritage* (2009), Vol. 2, No. 1
- Knox, R. 2007. India's doctors returning home. November 30. <http://www.npr.org/templates/story/story.php?storyId=16774871>
- Lunt, N., & Carrera, P. (2010). Medical tourism: Assessing the evidence on treatment abroad. *Maturitas*, 66(1), 27–32.
- Lunt, N., & Carrera, P. (2010). Medical tourism: Assessing the evidence on treatment abroad. *Maturitas*, 66(1), 27–32.
- Marlowe, J., & Sullivan, P. (2007). Medical tourism: The ultimate outsourcing. *Human Resource Planning*, 30(2), 8–10.

Marsek, P. and F. Sharpe. 2009. The complete idiot's guide to medical tourism. Alpha Publishing. New York.

Mattoo A and Rathindran R (2006) How health insurance inhibits trade in healthcare. Health Affairs 25(20): 358–367.

McCallum, B. T., & Jacoby, P. (2007). Medical outsourcing: Reducing clients' healthcare risks. *Journal of Financial Planning*, 20(10), 60–69.

McIntosh, W.R., & Goeldner, C.R. (1990). *Tourism: Principles, Practices, Philosophies* (6 ed.). New York: Wiley.

Medhekar, A. & Haq, F. (2010). Marketing Indian Medical Tourism to Muslim Patients in an Islamic Way. In proceedings of the 1st International Conference on Islamic Marketing and Branding: Exploring Issues and Challenges, pp.1-17, University of Malaysia.

Medhekar, A. & Newby, L. (2013). Information Search to Travel Abroad for Medical Treatment: An Empirical Study. In the proceedings of 7th International Conference on Healthcare Systems and Global Business Issues, Edited by Dennis Emmett, Marshall University, USA, pp. 77-96, presented at Jaipur National University, India.

Middleton, V. (1994). *Marketing travel and tourism* (2 Ed.). Oxford: Butterworth Heinemann.

NaRanong, A. and NaRanong V. (2011). The effects of medical tourism: Thailand's experience. *World Health Organization. Bulletin of the World Health Organization*. Geneva: May 2011. Vol. 89, Iss. 5; pg. 336, 9 pgs

Ormond, M. (2011) 'Medical tourism, medical exile: Responding to the cross-border pursuit of healthcare in Malaysia', in C. Minca and T. Oakes (eds) *Real Tourism: Representation, Practice and the 'Material' in Contemporary Travel*, London: Routledge.

Pharmaceuticals Export Promotion Council of India, 2009. [[http://pharmexcil.org/index.php?option=com_content&view=article&id=12 &Itemid=31](http://pharmexcil.org/index.php?option=com_content&view=article&id=12&Itemid=31)]

Rajendra Mishra, Kumar Shailesh (2012) Making Indian Healthcare Market a Global Medical Tourism Destination. *IOSR Journal of Business and Management (IOSRJBM)* ISSN: 2278-487X Volume 2, Issue 4 (July-Aug. 2012), PP 23-28

- Ramanna, M. (2006). Medical tourism and the demand for hospital accreditation overseas. Retrieved March 7, 2010, from [http://www.law.uh.edu/healthlaw/perspectives/2006%5C\(MR\)MedicalTourismFinal.pdf](http://www.law.uh.edu/healthlaw/perspectives/2006%5C(MR)MedicalTourismFinal.pdf)
- Ramirez de Arellano AB. Patients without borders: the emergence of medical tourism. *Int J Health Serv* 2007; 37: 193e198.
- Ross, K. (2001). Health tourism: an overview. Hospitality Net, December.
- Schult, J. 2006. Beauty from afar: A medical tourist's guide to affordable and quality cosmetic care outside the U.S. Harry N. Abrams, Inc: New York
- Singh, P. (2008). Medical tourism: global outlook and Indian scenario: Kanishka Publishers
- Singh, P. (2008). Medical tourism: global outlook and Indian scenario: Kanishka Publishers.
- Smerd, J. (2008). Large companies hopping aboard medical tourism. *Workforce Management*, 87(11), 8–10.
- Smith, P. and Forgione, D. (2008). Global Outsourcing of Healthcare: A Medical Tourism Decision Model. Retrieved from <http://business.utsa.edu/wps/acc/0033ACC-205-2008.pdf>
- Teh, I., & Chu, C. (2006). Supplementing growth with medical tourism. *APBN*, 9(8), 306–311.
- Teh, I., & Chu, C. (2006). Supplementing growth with medical tourism. *APBN*, 9(8), 306–311.
- Turner, L. (2007). First World Health Care at Third World Prices : Globalization, Bioethics and Medical Tourism. *Bio Societies*, 2(3), 303-325.
- United Nations Economic and Social Commission for Asia and the Pacific Publications. (2007). EGM patients without borders: An overview of the medical travel industry in Asia, its challenges and opportunities. Bangkok, Thailand: Author. Retrieved March 6, 2010, from <http://www.unescap.org/esid/hds/lastestadd/MedicalTBkgdPaper%5BFIN%5D021007.pdf>
- Woodman, J. 2007. Patients beyond borders: Everybody's guide to affordable, world-class medical tourism. Healthy Travel Media: Chapel Hill.

Ye, B. H., Yuen, P. P., Qiu, H. Z., & Zhang, V. H. (2008). Motivation of medical tourists: an exploratory case study of Hong Kong medical tourists. In A PTA annual conference, Bangkok, Thailand.