

The Internet's Impact on the Advancement of Medical Tourism

Master Thesis submitted in fulfillment of the Degree
Master of Business Administration
with a concentration in Tourism and Hotel Development

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Affidavit

I hereby affirm that this Master's Thesis, The Internet's Impact on the Advancement of Medical Tourism represents my own written work and that I have used no sources and aids other than those indicated. All passages quoted from publications or paraphrased from these sources are properly cited and attributed.

The thesis was not submitted in the same or in a substantially similar version, not even partially, to another examination board and was not published elsewhere.

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Abstract

The internet has had a profound impact on nearly every industry and every human being in the civilized world. It has allowed access and connectivity to nearly all corners of the world which was impossible before its existence. Accessing medical information is as easy as opening up a browser or app and running a Google search on your smartphone, from a tablet or desktop computer. Those seeking information about health conditions whether just attempting to discover a condition or looking closer at causes, symptoms, or treatments for a known problem or possibly performing provider searches, and reading reviews of providers has become normal behavior of personal health management. The internet has made all of this possible.

Medical tourism, although not a new concept, has emerged on the internet as an option available to people across the globe. This topic will be explored for individuals seeking treatment far away from home and the underlying reasons for this phenomenon. So what is medical tourism and what does the term mean? Why does it matter in today's internet driven world where access to healthcare is readily available to almost everyone, and in particular, what are the relationships linking healthcare and tourism? Is medical tourism popular or is it rare? Why is medical tourism more popular in some countries and cultures than in others? What role does the internet play in choosing a medical tourism option?

Many believe that medical tourism is a profitable industry and the economic benefits on the destination country's economy is substantial, but what does current literature show?

One of the objectives of this thesis is to uncover what influences people's decisions to choose medical tourism and medical tourism destinations. More specifically, what roles do distance, type of treatment, legal and ethical issues, culture and infrastructure play in the decision making process? What is the leading cause for the slow acceptance of medical tourism in the United States?

In addition, we will look at the medical tourism market, how individuals discover medical tourism, what type of marketing strategies are prevalent, where individuals travel and what countries are leading the market and specializations by country.

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List of Abbreviations

Abbreviation	Meaning
VIP	Very Important Person
WSJ	Wall Street Journal
U.S.	United States
FMMA	Free Market Medical Association
NIH	National Institute of Health
WHO	World Health Organization
PCP	Primary Care Physician
ROI	Return on Investment
ACA	Affordable Care Act
NHS	National Health Service
FDA	Food and Drug Administration

Introduction

Unlike traditional tourism, which is traveling for pleasure or the practice of traveling for recreation (merriam-webster.com n.d.), Medical tourism is the travel of people from one country to another for the purpose of receiving medical treatments (medicaltourism.com n.d.). Moreover, domestic medical tourism, a somewhat ignored topic, is the travel of people within the same country to other cities for medical treatments.

Patients travel as a “Medical Tourist” for many different types of treatments, the most popular being dental, cosmetic surgery, elective procedures and fertility treatments.

Although the internet along with the rising costs of healthcare has helped make medical tourism more accessible and more intriguing it is not a new phenomenon. Medical tourism has been around since the ancient times when Greeks and Egyptians traveled long distances to visit the soothing therapeutic hot spring baths. In the 20th century more affluent citizens in less developed countries traveled abroad to more developed countries seeking quality healthcare. In the 21st century the opposite is true; citizens in more developed countries travel to lesser developed countries seeking health care, but typically for lower costs. According to Lunt et al. (2011a), Some of the key influencers of this change are:

- A larger population of medical tourists.
- The rising costs of health care and the availability of low cost treatments.
- Affordable and accessible travel.
- Information available over the internet.
- Promotion of medical tourism and development by both private and government sectors.

In addition, since the turn of the century medical tourism numbers have grown significantly. In 2006 the number of medical tourists traveling abroad from the U.S. was 150,000, that number grew to 750,000 in 2008 and over 1 million in 2010 (Pickert 2008).

As the population grows and people live longer in western countries healthcare is expensive and continues to become more expensive. Consumers, businesses and governments continue to look for avenues to reduce healthcare costs while healthcare

providers and health insurance companies attempt to grow or at least maintain their business revenues and income. These economic pressures pushing back and forth are making the cost of treatments and health insurance more expensive for patients and less desirable offerings for doctors and health care providers. U.S. Health care providers can no longer expect to receive the same reimbursements for medical treatments they once did from insurance companies. This is causing a paradigm shift where hospitals and health care providers must change their service offerings to more cash based treatments. Therefore, the supply of quality health care providers offering affordable medical treatments in the U.S. may decline leaving patients with fewer options for health care.

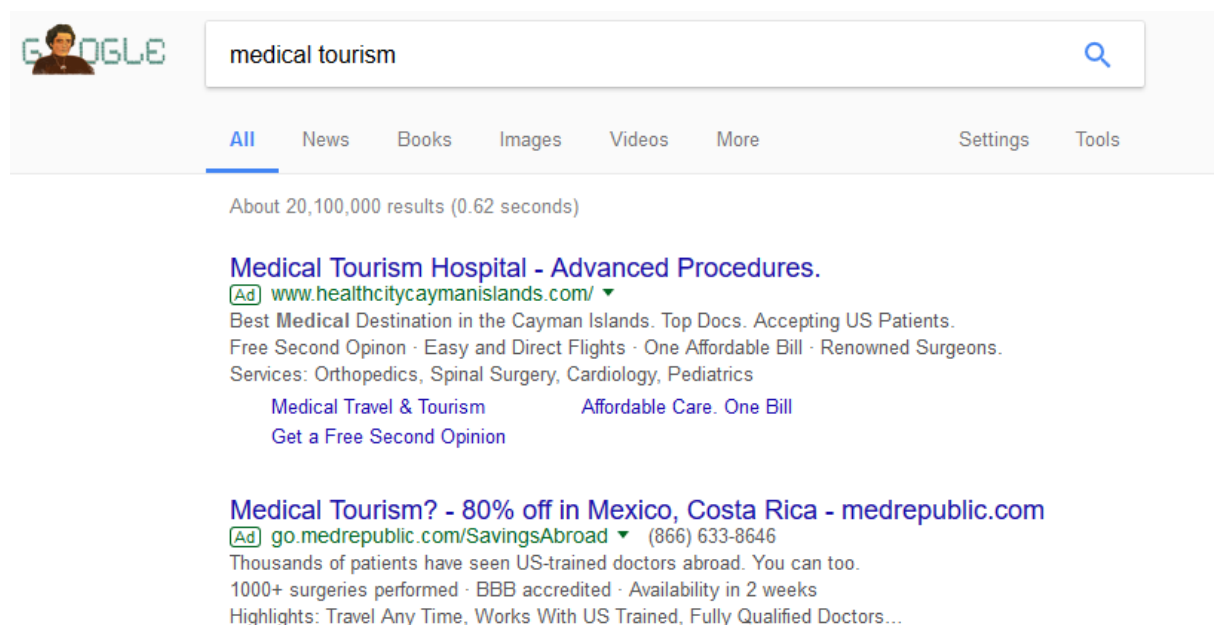
Literature Review

What is Medical Tourism?

The Medical Tourism Association (MTA) states, “medical tourism is where people who live in one country travel to another country to receive medical, dental, or surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care.

As healthcare has become more and more globalized, the popularity of medical tourism on the web has increased. A search for the term “Medical Tourism” on April 30, 2017 returned about 20,100,000 results according to Google.com. Just ten years earlier on July 20, 2007 the same search returned about 1,100,000 results (Horowitz, et al. 2007a). That is an increase of 19 million results in just ten years’ time.

Figure 1. Google search: “Medical Tourism”



However, just because the amount of information about medical tourism has increased at an extremely significant rate, does not necessarily equate to the same increase in awareness about medical tourism by global consumers.

During an interview posted on LifeHacker.com Pawel Cebula, co-founder of Medigo, a startup medical tourism booking platform, was asked, “What is the biggest challenge facing your business?” Cebula stated, “we need to grow the awareness of medical travel among the general population” (Cebula 2016).

Medical Tourism and Synonyms

The terms medical tourism, medical travel, health tourism and health travel are used synonymously throughout the industry and the internet. According to the World Health Organization (WHO) there is no agreed upon definition for medical tourism (Kelley 2013). An internet search on each term reveals a host of definitions all similar in meaning; traveling for medical purposes. Many website definitions completely drop the concept of tourism as is the case when Dr. Tomislav Meštrović, MD, PhD of News Medical wrote, “Medical tourism can be defined as the process of traveling outside the country of residence for the purpose of receiving medical care” (Meštrović n.d.).

Domestic Medical Tourism

If medical tourism is traveling for medical treatment abroad it could be argued that in large countries such as the United States, medical tourism exists without going outside the U.S. borders. It is no secret that people in the U.S. travel long distances and across state lines for medical treatment, especially those who are price sensitive. As explained in the Journal of Hospitality Marketing and Management, “...there are a growing number of patients who travel for medical care within their own country”. The authors go on to say that to date the majority of focus and research in the medical tourism field has been performed on international medical travel, but not on domestic medical travel (Hudson and Li 2010).

The Cost of Healthcare

As consumers in the U.S. become more price sensitive due to increases in insurance premiums and out of pocket deductibles hospitals, clinics, and private practices are becoming more competitive from a price perspective. In the article “Hospitals rethink

costs as patients grow more price sensitive”, the writer from Modern Healthcare magazine, explains:

Some hospitals and health systems are starting to review and revise their prices to make themselves more attractive to individual consumers who increasingly experience sticker shock when they pay for services out of pocket under high-deductible health plans (Evans 2015).

In addition, prices for procedures are beginning to appear for many different types of medical services all across the internet. Organizations such as the Free Market Medical Association (FMMA), an association that connects self-insured businesses and cash paying patients with medical providers in the U.S., offers medical providers information about how to diversify their payer base from strictly insurance and Medicare to cash based. Price comparison and procedure search platforms are coming online rapidly. These platforms are providing price transparency and a host of other features for both patients and providers.

Table 1. Healthcare Pricing Websites

Medical Procedure Platforms	Features
MDsave.com	Pricing, Financing, Pay online
SaveOnMedical.com	Pharmacy/Radiology pricing, Pay online
HealthCareBlueBook.com	Pricing, Concierge service
NewChoiceHealth.com	Pricing, Free quotes
FairHealthConsumer.com	Price estimation, Consumer education

While medical price equilibrium is slowly underway in the U.S., there is still a large discrepancy in procedure prices from one region to another. Consumers unwilling to compromise their health care due to cost will seek alternatives. This leaves the door open for medical tourism operators, who offer low cost procedures for patients willing to travel abroad, to capture market share.

Table 2. U.S. procedure prices compared to overseas prices.

Procedure	US Retail	India	Thailand	Singapore
Angioplasty	82,711	11,000	13,000	13,000
Gastric bypass	69,316	11,000	15,000	15,000
Heart bypass	176,835	10,000	12,000	20,000
Heart-valve replacement	230,138	9,500	10,500	13,000
Hip replace	63,238	9,000	12,000	12,000
Hysterectomy	29,489	2,900	4,500	...
Knee replacement	58,702	8,500	10,000	13,000
Mastectomy	34,246	7,500	7,000	9,000
Spinal fusion	90,679	5,500	7,000	9,000

*Prices listed in U.S. dollars, *Source: The Jama Network (2011)*

Quality

One of the most, if not the most important considerations when choosing a healthcare provider is evaluating a physician's reputation and skill level. Patients with access to the internet have many tools they can use to evaluate a physicians, procedures, and services prior to ever making contact with their provider of choice.

Those with access to the internet have become accustomed to using the following websites when researching and evaluating a potential provider:

- Consumerreports.com
- Healthgrades.com
- Google Reviews
- RateMDs.com
- Vitals.com

Although perceived as not as credible as third party reviews, patients researching physicians online have also become accustomed to reading or viewing (videos) testimonials typically published on a provider's website. For healthcare and medical

tourism marketers patient stories may seem like an additional tool for patients who are evaluating a provider, but it is unclear how effective patient stories really are in the decision-making process.

In a study performed on the effectiveness of patient decision aids the researchers of the study found that current research on this topic is inconclusive. The authors noted that more studies need to be performed in order to accurately report statistics on the effectiveness of patient stories in the decision making process (Becker et al. 2013).

Price transparency, increasing healthcare costs, and patients becoming more proactive in managing their health are all factors driving the wave of provider reputation management. Even large health systems such as Piedmont Healthcare in Atlanta, GA, and Wake Forest Baptist Health in Winston-Salem, NC have started to publish all provider ratings and comments online as a transparency strategy (Phillips 2016, 331).

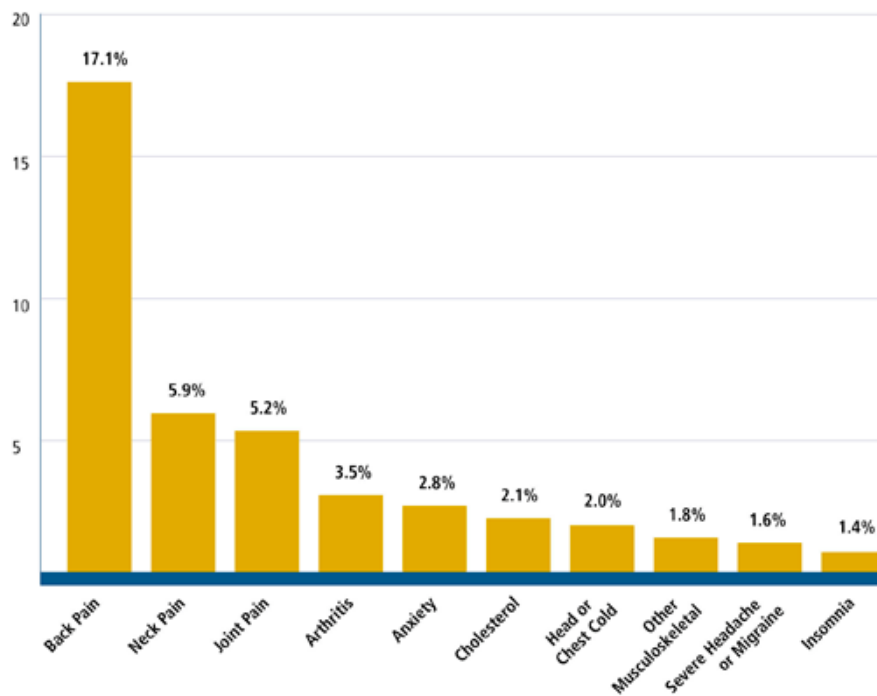
Accessibility to healthcare

Individuals seeking specialized, innovative, or alternative treatments that may be deemed unconventional, unaccepted or unavailable in the patient's home region may persuade a patient to seek treatment outside their local area. Additionally, patients may seek complementary or alternative medicine (CAM) due to failure of conventional medicine. In a research article in 2010 by C. Lee Ventola (2010), the author identifies reasons why patients turn to CAM:

- the increased availability of information on the Internet.
- increased contact with other cultures that traditionally use CAM.
- renewed interest in formerly countercultural ideologies, such as environmentalism.
- the perception that CAM is easier to understand, safer, and less expensive than conventional medications.
- distrust of and frustration with the health care system.
- a growing recognition that many factors contribute to health and well-being.

This is especially true for individuals who are experiencing conditions related to back and neck pain. The figure below reveals the leading conditions that influence the use of CAM.

Figure 3. Diseases/Conditions for which CAM is most frequently used among adults.



Source: Barnes PM, Bloom B, and Nahin R. (2008)

Elective Procedures

A patient's motivation to have a medical procedure depends on each individual's situation. In many cases patients are seeking a cure for a disease or pain relief from the natural degeneration of muscle, bone and soft tissue. Others seek cosmetic medical treatments for anti-aging and beauty. Conditions of the body such as back pain, joint degeneration, cartilage and ligament wear have many patients seeking medical treatments to reduce pain levels and improve their quality of life. New and old injuries to the body are also a cause for seeking medical treatments. Some cases include both an injury and a degenerative problem. In many cases patients' conditions are chronic and they are seeking an elective procedure. Having an elective procedure or surgery is a decision made by a patient after their condition has deteriorated to the point they are seeking more aggressive intervention. In a Medscape article written by Diedra

Henderson the authors explains that, “Some patients seek the surgeries to maintain a highly active lifestyle; other patients, disabled by arthritis, undergo the procedures to perform life's daily routines without pain.” (Henderson 2012). Elective procedures are considered non-emergency, i.e., a patient chooses to have a procedure. An elective procedure may be medically necessary or optional, but is not life threatening (surgeryencyclopedia.com, n.d.).

Marketing to Medical Tourists

Marketing to medical tourists efficiently and effectively is much the same as marketing to patients who are local. To effectively reach a large audience spread out geographically a medical tourism marketer has several tactical options for acquiring potential patient inquiries. Although the internet is filled with nearly unlimited information about health issues, studies have shown that it may not be the only source patients use when considering health treatment options, nor the first source used.

In an article written by Erin Ruppel and Steven Rains, the authors describe the theory of channel complementarity in the context of health information seekers. This theory states that individuals seeking health information use multiple sources when performing research (2012, 387).

Information Sources

Sources in which patients seek health information may be expansive depending on the complexity of the health issue. Typical sources where patients seek or become aware of health information include:

- The internet
- Healthcare providers
- Family and friends
- Television, magazines, billboards and radio

Internet Marketing

From a marketing perspective the internet provides a medium for medical tourism providers and operators to advertise healthcare treatments and create awareness about medical travel options to those seeking out information. In addition to referrals made by doctors, family and friends, online marketers acquire new customers or patients from the internet using two strategies; demand generation and lead generation. In medical marketing terms lead generation is capturing a potential patient candidate as they are in the process of searching for a product or service solution and are ready to buy. Online lead generation usually involves direct response advertising using search engine marketing and Google advertising services such as Adwords.

As explained in an article stating the differences between demand generation and lead generation, lead generation is explained as “...focus[ing] on the life cycle point at which patients are ready...” the author goes on to explain “...demand generation begins at a much early stage of nurturing, first attracting, then interacting, managing, closing, and finally retaining [patients]” (recoverymarketingconsultants.com, n.d.).

The process of capturing an online lead generated using direct response advertising may vary depending on the situation, but one use case may follow this sample path:

1. An information seeker goes on Google and searches for a health related topic.
2. An advertiser's ad appears relating to the topic being searched.
3. The searcher clicks the ad and is taken to the advertiser's website.
4. The information seeker consumes media provided on the website and is persuaded to contact the business through a compelling sales offer.
5. The individual contacts the business and becomes a lead generated by direct response advertising.

Based on the explanation given for demand generation, the process of creating demand or generating interest in a product or service may follow this use case scenario:

1. An individual is displayed an advertisement on their social media news feed for a new or unknown product or service.
2. Over time the individual discovers that they are interested in the same product or service and remembers the advertisement they saw on social media.

3. They go online and search for the product or service and arrive at the advertiser's website.
4. At the website the visitor is asked to leave their email address in exchange for an ebook they intend to download.
5. With the visitor's email information they now receive email communication from the website which is the businesses attempt to nurture the visitor into purchasing a product or service.

Demand generation drives awareness and educates, and does not necessarily instantly deliver leads. Moreover, lead generation is a component of demand generation. From a strategy perspective the major difference between lead generation and demand generation is that demand generation is a marketing strategy that educates customers or patients about a company's product or service. Furthermore, lead generation is a subset of demand generation. Author Tommy Landry in his article *Lead Generation vs. Demand Generation* notes, "In a well-structured sales and marketing strategy, Demand Generation plants the seeds of the fruit trees. Lead generation then swoops in and picks the fruit when they are ready to eat." Landry goes on to explain that the two terms are often misconstrued or used interchangeably (Landry 2013).

Websites

To reach individuals in their search for healthcare information, medical tourism marketers have a host of tools and applications available through the use of the internet. Information seekers have become accustomed to reviewing information and services on websites. This is an indication that a medical tourism provider should first consider the use of a website as an information resource for patients.

Facilities and clinics offering services to medical tourists may have information on their website describing services provided to medical tourists and what patients traveling abroad may experience. Some facilitators offer travel assistance or all-inclusive packages while other facilitators and providers leave it up to the patient to book their travel and hotel accommodations.

An analysis was performed on five different medical tourism operator websites to determine key features and information provided by medical travel companies. The data collected includes the location of the company, what countries were being promoted as

destinations and the names of the doctors or clinics. What types of procedures or treatments were being offered, specialties if listed or if a specialty could be extracted. Finally, the marketing message or sales offer and a list of services provided on the website.

Table 3. Medical Tourism Companies

Website	Location	Destination	Treatment	Sales offer	Services
Meditour.com	Vancouver, BC, Canada	S. Korea, Puerto Rico, Jordan, USA, India, Thailand, Costa Rica, Turkey, Malaysia, Dubai, Mexico	Dental, Heart, IVF, Knee, Lap Band, Lasik	Request a quote	Patient Portal, Travel Assistance, Destination support, Customized vacations
Dentaldepartures.com	Seattle, Washington, USA	Mexico, Costa Rica, Bali, Columbia, Malaysia, Philippines, Thailand, Vietnam,	Dental procedures	Best price guarantee, free quote, free dentist finder	Live chat, Financing, Insurance, multilingual
Healthcaregetaways.com	San Jose, California, USA	Algodones, Costa Rica	Dental Procedures	Save \$2K - \$5K per tooth, 2 year guarantee	Free consultation, price quotes, emergency services
Soterhealth.com	Ponca City, Oklahoma, USA	Not listed	Surgery, Oncology, Cardiology, Dentistry, Emergency, Infertility, Organ transplant, Orthopedics, Neurology, Pediatrics, Stem Cells	Call to make an appointment	Travel support, Admissions coordination, English speaking doctors, Ground transportation, Coordination between PCP and foreign doctor

Medigo.com	Berlin, Germany	Mexico, Costa Rica, Hungary, Thailand, UAE, Poland	Dentistry, Cosmetics, Hair and skin, Weight loss, Orthopedics, Fertility, Other	Free quote, Clinic search	Travel assistance, Pricing, Second opinion, Financing

Of the five companies found to market to medical tourists three listed an office location in the United States, one in Canada and one in Germany. Most of the companies offer a wide range of destinations, procedures and services. The sales offer found on the majority of websites was a “free quote”.

Social Media

Social media's use in the medical field is somewhat misconstrued by many physician owned practices and the marketing professionals who coordinate efforts for practices on social media platforms. Many marketers attempt to use social media in the traditional medical business model much in the same manner it is used in other industries, e.g., to sell products and services. When patients are using government or private insurance as their payment method, as they often do in the traditional business model, at best social media is a patient referral tool and a place where patients can comment on their experience with a physician or practice. In an article written by Dike Drummond, MD, titled “Healthcare Social Media is a Waste of Time for Most Doctors” (Drummond 2013). Dr. Drummond explains the three reasons why doctors using social media to market their practice is a mistake. Reason one is because there is no measurable return on investment (ROI), two, is because it is time consuming and another added stressor for already stressed out physicians and finally three, because healthcare social media is a fad (Drummond 2013).

Social media's use by medical tourism marketers, since in many cases patients are paying cash and not part of the traditional medical business model, provides a platform for not only creating awareness, but also a platform for promoting offers for medical treatments at discounted cash prices.

Using platforms such as Facebook allows marketers to use segmentation tools within the platform to define target audiences with precision, showing advertisements to those located in specific geographies, by income, net worth, age, sex, interests and many more characteristics. Having the ability to be very specific in targeting gives marketers access to potential patients on a global scale and because it is possible to track clicks, visits and inquiries from the internet, marketers are able to measure ROI.

In the traditional healthcare model social media is often used as a feedback tool for providers and a place for reputation management. Doctor ratings and reviews have become extremely important in the decision process of people searching for healthcare providers. According to Benedict Nwachukwu, MD, MBA in a study published by *Science Daily*, “Doctor rating sites have become a popular outlet for patients to express their satisfaction or dissatisfaction. They've also been shown to influence physician selection” (Science Daily 2017).

Doctor referrals

Most doctors, marketers and patients would agree that referrals for treatments from primary care providers are the most beneficial for patients and the most cost effective form of marketing for the receiving provider. Doctors referring to one another or referrals coming from doctor referral networks are a commonplace within the medical field, but not so commonplace within the medical tourism segment. Referrals in the medical tourism sector typically are different than traditional doctor referrals because of distance and relationship building between physicians not being common. In a traditional model a patient visits a primary care provider (PCP) who is a generalist. If the PCP discovers that a patient requires seeing a specialist the PCP refers the patient to a specialist doctor with whom the PCP is familiar. Referrals in medical tourism in many cases are from patient, friend or family member to patient or from a medical tourism facilitator to patient.

In addition, referral fees are commonplace when a medical tourism facilitator receives a payment for delivering a patient to an overseas provider. From a business model perspective it makes sense that a referral fee be paid by the provider receiving the patient, but this type of arrangement creates a potential ethical issue. Referral fees paid to medical tourism facilitators by overseas providers have the potential to influence medical tourism facilitators' choices for patients (Alleman et al. 2010).

Medical tourism motivators

What motivates people to look for treatment outside of their local region is not a simple answer. People's health situations are unique as well as their financial situation. In addition, a person's travel experience and view on globalization may influence motivation to go abroad for medical treatment. For instance, not being an experienced traveler or having the desire to travel may influence someone becoming a medical tourist, regardless of all other factors.

According to a study performed on motivational factors there are four key motivators that lead people to choose medical tourism. The obvious reason for medical treatment, whether at home or abroad, is for personal need. The authors of the study go on to list the other three needs as, procedure based, travel based and cost based (Crooks et al. 2010).

Procedure based motivation could be for treatment unavailable in the patient's home country. A good example of a procedure unavailable in most western countries due to the controversy around the harvesting process is any treatment which involves embryonic stem cells. According to the National Conference of State Legislatures' website, in an article published in 2016 laws regarding the use of fetal or embryonic stem cells in research vary widely by state (Embryonic and Fetal). Not all procedure based motivation is due to lack of or banned treatments, some patients may have become frustrated with local physicians due to an unsolved complex health issue and decide to try an alternative method or type of treatment (National Conference 2016).

Travel based motivational factors may help determine the decision to elect a medical tourism procedure and the destination of choice (Crooks et al. 2010). Medical travel packages that include an optional sunny beach destination combined with a medical treatment could help motivate a patient to choose between seeing a local provider or an overseas provider. Familiarity with local customs, food and language may play a role in the destination choice for some, especially those who may have moved abroad and travel back to their homeland for medical purposes.

Cost based motivational factors come into play when a procedure is available to a patient in their local area, but due to financial situations the procedure is not an option. Cost based motivational factors alone are sometimes significant enough to be covered by health insurance policies such as the case of Serigraph, a Wisconsin based business that partnered with Anthem Blue Cross and Blue Shield, a U.S. health insurance provider. Together they teamed up to test sending patients overseas for major elective procedures. In press release on Anthem's website the company spokesperson wrote, "Under the pilot program, Serigraph members planning to undergo certain procedures can enjoy access to an extended network of respected hospitals and health care providers in India" (Wellpoint 2008).

Supply and Demand

Business laws state that forces of supply and demand in a free market typically push prices towards equilibrium levels (Baumol and Blinder 2009). In healthcare supply and demand laws do not always apply. In the U.S. health insurance providers often set the price for doctor visits, both the price a patient pays and the amount that a provider receives. Therefore, the law of supply and demand is not always applicable.

Supply and demand in healthcare

Visits to doctors whether for a checkup, illness or a procedure often result in an examination, diagnostic tests and a prescription. All of which the costs are determined by either the government or health insurance companies. In a free market, the market determines the price, but in the United States Medicare is controlled by the U.S. government. Medicare sets the prices that health insurance companies use to reimburse medical providers.

According to the book *Theory and Application of Economics*, "The consumer is very often not paying the full price for that treatment because the cost is frequently covered, at least in part, by insurance" (Cooper and John 2012, 705).

In the case of cosmetic or elective procedures which typically are not covered by health insurance companies, the law of supply and demand should apply. As an out of pocket

expense for most patients finding the best price by the most qualified provider is an ideal strategy to save money and receive quality care.

Regardless of free market supply and demand laws, even with cash based cosmetic procedures the law of supply and demand typically does not apply. In a study published in the *Aesthetic Surgery Journal* the authors found that regions in the U.S. with high density plastic surgeons did not correlate with lower prices for cosmetic procedures. The authors went on to report that cosmetic surgery prices correlated with population size, the cost of living index and the cost of real estate, not supply and demand (Richardson et al. 2015).

Ethical Issues

Given the high costs of healthcare and the average Americans' uncertainty about their financial future, it is understandable that many patients seek lower cost medical alternatives. Thanks to the Internet, it has become easier than ever to find more affordable solutions to both elective and necessary medical treatments, whether that is within a patient's local area or abroad.

But for all the finances saved by considering medical tourism, it raises equally as many questions. One of the most common is the ethical issues and questions that arise with medical tourism, both for patients and practitioners.

In order to address the ethics of medical tourism it would be difficult without first addressing the stigma. As Dr. J. F. LeMoine writes in the article he authored in 2014 on the ethics of medical tourism, "When discussing medical ethics and the medical tourism industry we must first discard the sensational and the absurd" (LeMoine 2014).

There are urban legends, myths, and certainly many real-life stories of medical tourism "nightmares," complete with missing organs or fake medical doctors. But then, these stories also exist from within the United States, such as the case of Oneal Ron Morris published in the *Washington Post*, where a fake plastic surgeon injected women with cement, tire sealant, and bathroom caulk (Mettler 2017).

Many health policy experts do worry about the role that organized crime and loose regulation may play in issue such as the procurement of organs in some countries

(Crooks, 2013). But even beyond those worst-case scenarios, there are interesting ethical questions regarding the prominence of medical tourism, as well as the role that the internet plays in promoting it.

Controversial, Experimental, or Illegal Procedures

In the United States, FDA regulation and relatively strict oversight prevents patients from receiving treatments that are illegal, or not related to science-based medicine. Unlike the U.S. not all countries have these strict regulations. It is possible for patients desperate for help to seek out unregulated, controversial, or pseudoscience treatments from other countries.

This issue has long been at the forefront of medical tourism ethics. But the internet may be exacerbating the issue. As Jonathon Kay writes in his book “The State of the American Mind,” the internet “allows people to spread medical conspiracy theories and pseudoscience” (Kay 2015, 138). This opens up the possibility that the internet itself may both encourage people to desire a controversial treatment and help them find someone in the world that will perform it inexpensively.

Effects on Destination Country's Medical Care

The growing medical tourism market may have an effect on the destination country's medical practices. Some researchers note that medical tourism may be beneficial to a country's economy. But others note that it may hurt the existing medical structures in place for less affluent locals. Skilled doctors in these countries may focus their efforts on attracting and treating medical tourists, who bring in more money. Governments may fund medical centers in tourist-heavy communities in an effort to generate revenue, ignoring rural and distressed areas that would otherwise benefit from increased healthcare funding.

As Dr. Mogaka writes in the Journal of Market Access and Health Policy:

This dichotomy is especially pronounced in developing countries, with one tier providing excellent treatment in technologically sophisticated modern hospitals catering to foreigners and local elites, whilst, despite their many and pressing problems, large sections of the rest of the population are unable to access or afford the basic health care provided at a price by the other tier” (Mogaka et al. 2017).

Then again it is also possible that medical tourism creates an influx in healthcare financing – one that allows hospitals to pay for more advanced diagnostic equipment and treatments. It may also help keep healthcare talent that would otherwise leave the country for more profitable opportunities elsewhere (LeMoine 2014).

Potential to Spread Foreign Disease

Both in the destination and departure countries, medical tourism may open up the possibility of a national health crisis. Researchers in Canada spoke with health and safety professionals in British Columbia, and found that one of their primary fears was the transmission of antibiotic resistant organisms across countries (Crooks 2013). But it is unclear whether or not this risk is significant, especially compared to some of the risks that already exist due to increased travel and globalization.

Lack of Adequate Follow-Up Care

Patients that struggle with complications, or those that require follow-up checkups and care may not be able to receive adequate post-treatment care (Wahed 2015). Rarely are follow up treatments included in any medical tourism plan, and the cost of flights, hotels, and other features may make the act of following up not cost effective. Yet patient follow up care in the departure country could have problems as well, as a patient's local physician may not have all of the documentation, knowledge of the procedure, or information necessary to provide adequate care.

Marketing vs. Quality of Care

Medical tourism competitiveness may also come with a corresponding push in the online marketing realm. From the Harvard Gazette, "Many countries, eager to capitalize on the influx of travelers seeking medical care, will include visits to popular local attractions in their treatment packages". As this is the premise medical tourism, the author goes on to state that, "A patient undergoing cardiac surgery in India may be offered the chance to see the Taj Mahal beforehand. Other medical facilities have incorporated wellness spas" (Walsh 2012).

Patients may be at risk for making decisions based on the marketing the healthcare provider uses to get their business, and not the quality of medical care. Medical tourism operators, hospitals and doctors become incentivized to focus more on how to attract patients than they are on how to treat them.

Adapting to the Controversy of Ethics

Perhaps unsurprisingly, the ethical considerations associated with medical tourism remain controversial, and the role the internet plays in creating these ethical quandaries has still not been firmly established in the literature. It will be important for policy experts and researchers to continue to examine these issues as internet supported medical tourism continues to grow.

Medical Tourism Legal Issues

One of the strongest tools the United States has for protecting patients is the risk of malpractice lawsuits. Although it's clear that the current malpractice system in the U.S. is filled with problems that make healthcare arguably worse for patients, including:

- Making healthcare more expensive.
- Encouraging frivolous lawsuits.
- Creating the need for more cautious care when aggressive treatment is needed (Bernstein 2013).

It is still a tool that offers at least some degree of protection to patients. So while defensive medicine is certainly not without its problems, it does offer one small layer of protection, which is to avoid lawsuits and liabilities, surgeons and doctors are motivated to only use science based medicine and in-depth diagnosis and to avoid harm whenever possible.

It is with this in mind that medical tourism, receiving healthcare from other countries, is not necessarily bound by the same guidelines as the United States. This can potentially create legal issues for the patient. These are issues that all patients may need to be aware of before they undergo any destination medical treatment, and legal problems that can arise from even the most routine of treatments.

No Legal Recourse for Malpractice or Poor Medical Treatment

Many of the countries that offer medical tourism do not have institutions in place to protect patients in a meaningful way (Wahed 2015). This means that in the event of malpractice, poor treatment, or even the theft of the initial investment, it would quickly become challenging if not impossible for patients and their loved ones to seek and receive restitution.

There are currently few to no legal avenues to bring medical tourism cases to a judge in most destination countries, and most patients head to those countries unaware of their rights or possibly waiving them.

Expensive and Difficult Litigation

Even if there were a legal avenue, litigation would be both expensive and time consuming. The cost of legal fees, the travel, the language differences – all of these would create barriers that make executing some type of lawsuit difficult. It is also questionable that the award for winning these legal fees would be equivalent or greater to the amount spent on the lawsuit itself.

Obtaining Illegal Treatments – Destination and Departure

Not all of the legal issues associated with medical tourism are about litigation. The legality of the procedure itself may be called into question. For example, in the United States, embryonic stem cell treatment is illegal. Abroad, that is not always the case, opening up both legal and ethical challenges in performing procedures that are viewed by many as controversial (Waldby 2008).

Some procedures are also illegal in the destination countries. Surrogacy, for example, is illegal in many countries, and yet still performed, especially in distressed communities (Wahed 2015).

There are ethical issues associated with these types of procedures as well, such as the exploitation of poor communities. India legalized surrogacy specifically to promote medical tourism, raising its own ethical issues.

Regardless, if a patient seeks out an illegal procedure, either at home or abroad (and with or without their knowledge), it is possible that they are opening themselves up to legal problems in the future.

Legal Claims Made Online

US and UK companies are bound by legal guidelines preventing them from unethical advertising or deceptive marketing (Youngman 2010), and although there is certainly a case to be made that enforcement in these countries is poor, the existence of these regulations is considered to be more strict.

It is true that most other countries have some type of protections for consumers. These include medical tourism destinations such as Mexico (Congress of The United Mexican States 2006) and Thailand (Sean 2014).

But it's not clear how strict enforcement of these laws is supported, especially with regards to medical tourism. It is possible that doctors and surgical centers are purposefully able to make misleading or deceptive claims without repercussions, and with no legal recourse as per the issues previously mentioned.

The Many Legal Challenges of Medical Tourism

Medical tourism does appear to have a high success rate and strong satisfaction level when completed correctly. But it is often those added protections that make it a safe choice for Americans seeking lower cost healthcare elsewhere, and without them, the patient has less to protect them from any legal challenges that may arise.

Destinations

In the world of medical tourism, some countries are more popular destinations than others. Research into which countries are considered the top choices, however, is somewhat lacking, and there are questions about data collection in these studies. For example, a study published in Human Geographies found that Costa Rica was the most popular medical tourism destination, but they deployed the survey almost exclusively in Costa Rica, so the results are highly questionable (Bristow).

Other reports, primarily in the news, are compiled based on a feature of the country itself, not necessarily the industry as a whole in terms of volume or economic impact.

Features include:

- Cost of Care
- Quality of Care
- Anecdotes

These articles also do not clarify or explore the connection between the destination country and the departure country. Medical tourism is not only a feature of the United

States healthcare system, it is also seen in many developed nations, including Canada and the UK. That means that some destinations may be popular for one country and not for others, and these distinctions may not be seen in the articles. Cuba, for example, was the first and most established medical tourism destination, and yet not used by those in the United States during the embargo (Johnson).

Nevertheless, there are several countries that are regularly promoted as top destinations for medical tourism. These numbers come from *Patients Beyond Borders* (2016), a for-profit medical tourism guidebook, and have not been verified in medical journals, therefore the accuracy of the numbers may be questionable. These include:

- India – India is one of the top choices in worldwide medical tourism, as costs are often ninety percent (90%) of U.S. treatment options, laws have been crafted to be friendly to medical tourists, and the medical system is more developed than neighboring countries. According to *Patients Beyond Borders*, the top procedures include cardiac care, orthopedic surgery, and pregnancy/fertility related treatments. An estimated 250,000 patients arrived in India for medical procedures. India also has as special type of visa (M-Visa) for medical tourists (Chambers 2015).
- Mexico – Range of between 200,000 to 1.1 Million, with numbers that may integrate undocumented workers that go south for medical care. Top cited procedures include dentistry, bariatric surgery, and other weight loss treatments.
- Thailand – With a liberal willingness to perform gender reassignment surgery, access to experienced plastic surgeons, and a cost that, while not the “cheapest,” is about fifty percent (50%) of healthcare costs of the United States. Thailand has become a source of medical tourism not only for those in Western Countries, but also throughout Asia.
- Brazil – Contrary to popular belief, Brazil is not the worldwide leader in cosmetic surgery. That honor is held, perhaps unsurprisingly, by the United States (Lee). Moreover, Brazil is a close second, and sees 180,000 patients a year for cosmetic and related procedures. Average cost savings is roughly thirty percent (30%) compared to U.S. prices.
- Singapore – Singapore has been losing ground to both Thailand and Malaysia (Huang) over the past several years due to higher prices and less government support. But its overall medical care is some of the most technologically

advanced in Asia. While it is not necessarily a top destination for the United States, it sees between 400,000 and 600,000 patients a year with the majority from nearby Asian countries.

- Malaysia – Malaysia is also a popular source for medical tourism, although the majority of its tourists are from nearby countries. They offer full body screenings and most popular medical procedures, with an estimated savings that rivals India.
- Turkey – According to Patients Beyond Borders, Turkey is a popular location for medical tourism, as they house many U.S. expat doctors, ten JCI accredited hospitals, and fifty percent (50%) off savings of many cancer treatments, cardiac surgeries and orthopedic surgeries.

Other countries that were not listed in the article, but are mentioned often in online medical tourism articles include:

- Costa Rica
- Colombia
- Germany
- South Korea
- Taiwan (Dezzani, “International Living”).

It is important to emphasize that these numbers appear unverified and unsourced. Within the same article is the claim that 600,000 foreign patients opted for treatment in the United States. The United States International Trade Commission puts that number at closer to 100,000 to 200,000, but excludes Mexico and Canada (Chambers 2015). It is indicated that the total number may not be known.

The report published by the United States International Trade Commission also provides greater levels of insight into the habits of U.S. Travelers. Using U.S. Government surveys, the trade commission was able to collect the following data on outbound destination travel:

- 150,000 to 320,000 patients listed “healthcare” as their reason for travel.
 - 26% Travel to South America
 - 18% Travel to Central America
 - 19% Travel to the Caribbean
 - 14% Travel to Asia

- 15% Travel to Europe
 - 5% Travel to the Middle East
- It is estimated that over 900,000 Californians travel to Mexico by land for medical care, but roughly half are likely to be undocumented immigrants. These numbers also may include those traveling for prescription drugs, which can be purchased without a prescription.

The accuracy of this information cannot be verified, and few journals have published many articles comparing medical tourism rates. Nevertheless, what is available does indicate that the countries above are likely some of the most active in the medical tourism world.

United States Inbound Medical Tourism and Domestic Medical Tourism

Medical tourism in the United States has seen some growth over the past several years, although not to the degree of outbound medical tourism, with the former at two times growth and the latter at nine times growth (Chambers 2015). Inbound medical tourism is believed to bring 3.3 billion dollars into the U.S. economy. Broken down by regions, the top inbound travelers come from:

- Caribbean (44%)
- Europe (24%)
- Central America (10%)
- Middle East (8%)
- South America (7%)
- Asia (7%)

These numbers, however, also exclude Canada and Mexico, which are likely to travel over land rather than by air, and thus would not be included within the survey.

The inbound market is also changing. States like Florida are looking to increase their inbound medical tourism, with the hopes to attract more travelers from the Caribbean. Other states, like Arizona, are doing the same.

However, some states are also looking at strategies to improve domestic medical tourism, attracting travelers from other states by offering more competitive prices or integrating the “tourism” component. The Guardian tried to find numbers for domestic

tourism in 2014 and was largely unsuccessful (Sherwood). They found that Florida earned 5.2 billion dollars in domestic medical tourism revenue, with over 375,000 patients.

There has also been a push to promote domestic tourism in the corporate world as well. More and more companies have been incentivizing domestic medical tourism in their workers, as traveling across state lines can save the company a considerable amount in health insurance costs. But specific numbers in domestic tourism are not well reported on a state or national level.

Popular Procedures in Medical Tourism

Medical tourism may be growing in popularity, but not all procedures are popular abroad. The Affordable Care Act (ACA) successfully decreased the number of patients that were uninsured, but it also increased the number of patients that were underinsured (McBeth 2017).

This has pushed patients into seeking out medical tourism not necessarily for procedures that are now easily covered by the ACA (pregnancy, routine care, etc.), but for procedures that are either not at all covered by health insurance (such as cosmetic, experimental, or controversial procedures), as well as medical procedures that are simply too expensive for those that are underinsured (cardiac care, some cancer treatments).

In general, this is confirmed by the data, although the actual tracking of this information is scarce and evaluating the data is difficult. Medical tourism, almost by definition, is completed outside of traditional data collection channels, such as the National Health Service (NHS), insurance companies, and other private and public oversight committees.

In 2011, research was compiled in the Journal of General Internal Medicine that looked at the businesses facilitating medical tourism, and they found that these businesses tended to focus on the following services:

- Orthopedics (73%)
- Cosmetic Surgery (69%)
- Cardiac Surgery (52%)
- Stem Cell Therapy – Not Approved in US (44%) (Alleman, et al. 2010).

But this number may not be entirely accurate, as this only refers to companies that specifically engaged in U.S. based medical tourism management, not necessarily the most common procedures. It also excludes international hospitals, doctors, and internet sites that promote medical tourism from outside of the United States, and it is likely to be outdated given the changes to medical care and income over the past several years. Regardless, it is partially confirmed by other articles. An unsourced article in *Patients Beyond Borders* listed the most common treatments in the following order:

- Cosmetic Surgery
- Dentistry – Both Cosmetic and General
- Cardiovascular
- Orthopedics
- Cancer-Related
- Reproductive
- Weight Loss/Bariatric Surgery

Specific statistics are not provided in the article, but many of these treatments correspond directly to costly treatments that are not always covered by insurance in the United States – most noticeably elective cosmetic surgeries. This appears to be confirmed by most online sources, although without the research to support this information.

The International Second Opinion

It does not appear that many patients seek out medical treatment abroad for most routine checkups, or care that is covered by most health insurance policies. But it does appear that patients are also using international medical offices as a way to receive a second opinion (*Patients Beyond Borders* 2016).

It's unclear, however, that these second opinions are beneficial for the patient. Second opinions are used as an online marketing tool by many businesses (Lunt 2011). This is already a complex issue with legal and ethical implications:

- Is it ethical to provide a web based second opinion with no in-person diagnosis?
- Are patients looking for doctors that will provide them with a second opinion they want to hear?

- Does the second opinion end up holding more weight than the original?

It is also possible that some international doctors may be incentivized to find a second possibility in order to attract new patients in a way that may not be ideal for the patient's health. Since patients are being diagnosed online, or may have already paid for a treatment, doctors are not likely to stop a procedure even if they find that the procedure is not medically necessary.

Patients may also be seeking out alternative treatments, not necessarily alternative diagnosis, in an effort to avoid high risk (but necessary) surgeries. All of these make second opinions more problematic.

Data is Unclear and May Be Misleading

Research into the popularity of specific medical procedures is scarce, and what data is available may be incomplete. According to authors Lunt and Carerra (2011): "Given a large amount of materials around Medical Tourism is sourced online this raises questions about information quality. Clear evidence from other studies suggests that the quality of health information online is variable and should be used with caution."

With little to no paper trail or statistics with international medical travel, there is a possibility that some procedures are missed within the data. Nevertheless, cosmetic and elective procedures, as well as expensive procedures not covered by the underinsured, do appear, in what limited research is available, to be the most common and most popular procedures in the medical tourism world.

Medical Tourism Procedures by Country

Individual patients have different motivating factors for seeking out medical tourism. Some patients are looking for access to medical procedures illegal or unavailable in the United States, such as embryonic stem cell therapy or an experimental technology (Barclay 2009). Many, if not most, are simply seeking a cost savings, as the price of healthcare in other countries is a fraction of the cost in the United States.

But not all countries are created equal – or at least, the perception within the patient community is that not all countries specialize in each procedure. Different countries are associated with different types of specialties, and knowing those specialties can help provide insight into patient cross-border healthcare choices.

It should be noted that it is unclear in the research whether or not patients choose a country first or a doctor first, but given the associated specialties of each region, it is plausible that patients are seeking out doctors in countries associated with their medical care, rather than seeking out medical care from international experts.

What Countries Specialize in Specific Procedures?

Determining regional specialties can be a challenge. In a paper by Dr. Michael Horowitz of the Global Perspectives Program, a research firm studying medical tourism, Dr. Horowitz briefly mentions a few country-specific specialties:

- Central and South America – Cosmetic and Plastic Surgery, Dental.
- India, Malaysia, Singapore, and Thailand – Cardiac Surgery and Orthopaedic Care.
- Belgium, Germany, Canada, Israel, and Italy – Technologically Advanced Care (no Specialty) (Horowitz et al. 2007b).

The United States is briefly mentioned, and the linked resource indicates that the U.S. may be a possible location for invitro-fertilization. The data on these countries is unfortunately scarce (Leigh 2005).

Research into individual countries yields more promising data, at least with regards to medical tourism:

- Thailand – Cosmetic Surgery and Sex Change Surgery (Pocock 2011).
- Singapore – Cardiac Surgery, Joint Replacement, Liver Transplants, Neuro Surgery (Pocock 2011).
- Malaysia – Cardiac and Cosmetic Surgery (Pocock 2011).
- Brazil – Cosmetic Plastic Surgery (Edmonds 2011).
- Mexico – Bariatric Surgery (Snyder 2010).
- India – Heart Surgeries, Knee and Hip Replacements (Bies 2007).

Turkey is also considered a popular destination for low-cost medical tourism, but it is unclear if it has a specific specialty. Similarly, both Israel and Germany do not appear to have a specific specialty, but their healthcare systems rank at the top of their class, and their costs remain less than the United States (Dicker 2017).

The Medical Tourism Specialty of the United States

The United States does not appear to be a significant destination for medical tourism. According to Horowitz et al (2007b), the United States used to be one of the top destinations for medical care due to the perception that it had the best medical care available in the world. But it has since fallen out of favor, as the trend is now for those in more expensive developed countries to seek treatment from either less developed or less expensive countries abroad.

As mentioned, invitro fertilization does appear to be a possible reason for U.S. tourism, as the U.S. has an ample supply of egg donors, which ten years ago were popular with international couples (Leigh 2005). But it is unclear if that trend has continued.

Destination Choices

Although research into medical tourism is generally lacking, one area that has received a strong amount of research is into the science of destination choice – how and why certain patients have decided to choose their medical tourism destination country.

The Internet's Role in Decision Making

Of course, no conversation on destination choice can start without first exploring the role the internet plays in medical tourism destination choice. In their article “Nip, tuck and click: medical tourism and the emergence of web-based health information,” Lunt, Hardey, and Mannion (2010) write:

At the heart of the growth in Medical Tourism lies commercialization and in some part this is premised on the availability of web-based resources to furnish the consumer with information, advertisements and market destinations, and to connect consumers with an array of healthcare providers and brokers.

The internet's commercialization of medical tourism may not be the sole determinant in the decision making process, but given the intense role that the internet and social media has had on travel as a whole (Zeng 2014), and how easy it is to market medical tourism as a solution for saving money or finding a treatment unavailable locally, it stands to reason that the internet is at least partially responsible for many of the decisions that consumers make with regards to international healthcare.

It is not inconceivable that web searches, marketing, social media, and online news reports plant seeds that affect the judgments these consumers make.

Research In to Destination Decision Making

Outside of the internet, many different factors appear to play a role in destination choice. It is possible that patients use multiple factors to determine their choice in destination countries, because the perceived personal risk encourages a higher level of involvement (Jotikasthira 2010), but often in these papers it does appear that patients use a limited supply of data to make their decisions.

Research into destination choice has often focused on individual countries, rather than the industry as a whole (with a few exceptions), but it is likely that similar factors affect all country choices in some form. These include:

- **Cost** – By far, the most commonly cited factor was cost (Sultana 2014, Dehdashti 2016). India saw some of the most patients of any medical tourism country, and came with some of the lowest costs. Similarly, many articles cited cost as the reason Singapore has lost patients to Thailand and Malaysia (Huang). Cost is likely to play at least some role in every destination choice, even if it is not the final determining factor.
- **Quality of Care** – Quality of care also played a significant role in the choice of a destination country (Dehdashti 2016). It was the second most common factor after cost. Quality of care is not necessarily well defined, but may be related to the perception of care in the country, or the researched care given by the clinic or doctor.
- **Promotional Programs** – Promotional programs also appeared to be a motivating factor in determining destination. No specific promotional programs were mentioned, but it was listed in the research as playing a major factor in both the development of trust and the choice to use a service.
- **Location** – Location was a common factor in the research. Yet it was not location simply in terms of distance, but also in terms of “cultural exchange and language compatibility” (Dehdashti 2016).
- **Economic Conditions** – Economic condition of the destination country was also a very important factor in the decision making process. Interestingly, it appeared to be a more important factor than distance or location. Economic instability

seems to decrease medical tourism in a possible destination country. Political condition also played a role, although to a lesser extent.

- Religion – One interesting and potentially overlooked factor in the decision making process may be religion, at least for those with strong religious origins. A study regarding medical tourism in Iran for in-vitro fertilization found that primarily Muslim couples decided to go to Iran, potentially implying that religious background was a determining factor (Moghimehfar 2011).
- None – There was also an interesting study on tourists in Thailand, that found that some patients decided to pursue a medical treatment spontaneously while they were on a vacation – that they originally had no intention of undergoing any medical treatment at all (Wongkit 2012).

Interestingly, tourist attractions and the “tourism” aspect of medical tourism seemed to play much less of a role. It appears that the medical component is much more of a determinant than the destination’s tourist attractions.

However, this differs slightly from another, more recent study, developed the Medical Tourism Index – a scale designed to determine medical tourism desirability in various countries. Their survey found the following factors played a significant role in the choice to go to a specific country:

- Low Corruption
- Similar Culture
- Attractive Tourist Destination
- Popular Tourist Destination
- Low Cost to Travel To
- Quality Medical Treatments
- High Standards at Hospitals
- Well Trained, Experienced, Reputable Doctors (Fetscherin and Stephano).

It should be noted that previous studies did not discount that being a popular tourist destination played a role. Instead, it may be likely that popularity as a tourist destination helped create feelings of safety that helped patients be more comfortable, but that the final decision was not because of the attractions.

Unanswered Questions

Despite this information, many important questions were left unanswered. For example:

- How much of a role did destination image play in destination choice?
- How much did prior visits or knowledge of a country play in destination choice?

- How much research did patients place into other countries?
- What extent did marketing and internet searches play a role?
- Is “Quality of Care” based on medical data or on perception based on marketing?
- How much does general awareness play a role?
- How did they find out about medical tourism and did that method affect destination?
- Which country was the patient’s first choice or exposure, and was that their final destination?

There are many questions left unanswered by the research, but there are cursory findings that do seem to provide useful guidance into understanding patient destination choice.

Destination Image

One factor that likely plays an implicit, if not explicit role in destination choice is the destination image, particularly with regards to the quality of medical care and the safety of the country for both tourists and for medical recovery (Khan 2016).

Although destination image itself can be complex to measure, as they likely differ between populations, meta-analyses of factors that are tangentially related to destination image, such as quality of care, economic condition, political condition, safety, and infrastructure (to a lesser extent) all seem to be related to the destination image (Dehdashti 2016).

Destination image plays such a significant role, that it may also affect satisfaction of the procedure after the procedure has been completed (Nguyen 2016).

But what factors are involved in destination image, and how do patients view the medical infrastructure, safety, and other image related issues of some of the most popular countries for medical tourism?

Factors in Destination Image

Destination image research is still in its infancy, but there have been some interesting findings regarding the formation of destination image, and how image plays a role in the decision to use that country’s medical tourism services. For example, research by Hassan and Hemdi reveals:

- Previous experience with a destination plays a role in destination image.
- Word of mouth from friends/family plays a role in destination image.

- Tourism attractions, while they do not play a significant role in destination choice (Dehdashti 2016), they do seem to play a role in destination image development. Attractions are also defined differently in Hassan's research, and include socioeconomic factors, geographical factors, and natural attributes.
- Positive destination image before seeking medical tourism does appear to play a role in future choice of said destination. (Might then improving the general tourism industry in a country also have ancillary benefits in medical tourism? That's not clear).
- Safety and security of the destination played a significant role in destination choice.
- Destination image of hygiene also appeared to influence image considerably, and destination choice. Medical destination tourists were far more likely to choose destinations that appeared to be more hygienic (Hassan and Hemdi 2016).

Destination image as a whole seems to play a significant role in destination choice, and there are many different factors to what creates the image of a destination in the literature.

Country Specific Attitudes in Destination Image

Destination image, by definition, differs by country. There has been research into destination image by country, but almost all of that research is related solely to traditional travel, not necessarily medical travel.

Indeed, this differentiation has caused challenges for countries trying to break into the medical tourism field. Hong Kong, a technologically advanced, low cost, and popular travel destination has experienced barriers in developing their medical tourism popularity (Heung 2011).

So there must be differences between overall tourism destination image and the destination image of the healthcare tourism field. But parceling out these image differences in the research is difficult.

The best information found on destination image came from one study that looked at 4 factors related to tourism destination image and choice:

- Factor 1: Country Environment (corruption, economy, exchange rate, safety)
- Factor 2: Tourism Destination (popular for travel, great weather, attractions).
- Factor 3: Costs (of all components of travel).

- Factor 4: Facility and Services - quality of medical treatments, doctor training, etc (Fetscherin and Stephano).

Each of these factors has sub-factors that are too extensive to list here, but include user attitudes for specific benefits, such as their preference for great weather (Factor 2) or their preference for reputable hospitals (Factor 4). There are some interesting findings within the study that are worth exploring.

The study was given to 3000 respondents, who were then asked to choose a country and give their opinion of the image of that country. But the outcome that is relevant here is how those in the U.S. view each country using the factors previously mentioned. The results are the following chart, with a “total score” for all factors given to each country:

Table 4. Destination Image by Country Scoring

Country	# respondents	Factor 1	Factor 2	Factor 3	Factor 4	MTI Score
Canada	217	79.5	70.3	75.7	78.1	76.9
UK	174	77.2	72.9	66.8	77.5	74.8
Israel	138	65.6	79.9	64.8	84.6	74.2
Singapore	33	71.1	78.6	66.7	78.2	74.0
Abu Dhabi*	14	64.9	79.2	64.4	82.3	73.0
Costa Rica	120	66.5	83.5	74.7	72.8	72.8
Italy	138	65.8	81.6	65.0	76.9	72.0
Jordan*	6	73.1	62.9	66.7	75.4	71.1
Germany	154	68.5	71.3	62.7	76.6	70.7
Philippines	95	65.3	75.9	73.2	72.1	70.7
Japan	146	64.9	79.0	62.9	75.3	70.4
France	151	65.0	80.7	58.8	75.9	70.2
South Korea	50	63.1	73.5	66.9	76.6	70.0
Taiwan*	21	64.5	70.1	66.2	75.6	69.4
Spain	105	64.0	78.6	63.9	72.7	69.3
Brazil	116	58.8	81.2	67.3	70.6	67.9
Jamaica	78	62.5	82.0	67.6	65.8	67.7
India	130	58.8	72.8	70.4	72.1	67.5
Colombia	55	60.9	73.2	72.0	68.6	67.4
Panama*	26	61.5	70.0	71.0	68.8	67.0
Dubai	39	60.2	72.7	56.4	73.6	66.1
Dominican Republic	58	62.8	76.9	67.9	62.9	66.0

Source: *Tourism Management*

It should be noted that there are several limitations with this research.

- First, sample sizes for all countries are small, with the largest being Canada at 217.

- There also appears to be more equal weighting to each factor, when some factors (cost, for example) seem more likely to be valued than others.
- The Medical Tourism Index (MTI) was also specifically developed for this study, and reliability has not been tested.
- Also, the self-selection of choosing only one country to answer introduces many biases. Mexico, for example, ended up far below this list despite being one of the most popular choices for medical tourism. It's possible that those that purposefully selected Mexico had biases that those interested in medical tourism did not have.

But while all of these limitations exist, at least it can provide a useful snapshot to direct further study, and is the closest research in destination image currently available.

Evaluating Medical Tourism Destinations

While there remain numerous options for medical tourism, even outside of the traditional countries, there are some destinations, such as Thailand, Brazil, and Mexico, which remain highly active in the industry. The following is an evaluation on the state of medical tourism in some of the more popular destination countries.

State of Medical Tourism in Thailand

As the medical tourism industry grew in the 2000s, many tourists were traveling to Thailand for their medical treatments (Cohen 2008). Indeed, thirty percent (30%) of tourists entering Thailand did so for some type of medical treatment. The government made an active effort to promote and encourage medical care, and the results have followed suit.

Indeed, it was estimated that 380,000 medical tourists flew into Thailand in 2008, while another hub of medical tourism considered popular at the time, Turkey, only estimated to have seen 15,000. The difference between Thailand and many other countries was stark.

But what is perhaps most interesting in the research is that the tourism component seemed to play a larger role. Medical tourists that were also vacationing in Thailand outnumbered medical tourists there strictly for medical purposes (Cohen 2008).

Thailand appeared to have features that attracted wealthy westerners, and helped them leverage themselves as a better option than other countries in the region, including:

- Hospitals that Look Like High Class Hotels
- Emphasis on Non-Invasive Treatments
- Specialized Areas for Religious/Cultural Needs

Thailand also combined these benefits with notoriety for travel, such as beachfront properties.

But Thailand does have some challenges for medical tourists. It has fewer protections for the patient, and does not as easily regulate or monitor misleading internet advertisements.

State of Medical Tourism in Singapore

Singapore is still viewed as one of the top choices in medical tourism, even though it has partially fallen out of favor in Asia as a result of higher prices. However, even recently it was named one of the best for patient experience from within 7 Asian countries (Lai 2017).

Its popularity has unfortunately come at a cost. Higher prices for locals, along with a shortage of private sector doctors is plaguing the country, but the government has been doing a better job of managing those challenges than other countries, such as Malaysia (Leng 2010). Also, while Singapore has been losing ground in routine procedures, their medical advancements have allowed them to be a better option for more complex procedures.

State of Medical Tourism in Malaysia

Malaysia has similarities to Singapore in terms of infrastructure and government support, but unlike Singapore it has had challenges putting those strengths together (Leng 2010). Still, it has been able to maintain much lower prices than Singapore, and other Asian competitors.

Malaysia has also been marketing itself to Muslim nations and Muslim tourists. As a Muslim country of its own, it has combined tourism (hotel packages) with conveniences available for Muslim travelers, like Halal food and prayer areas (Leng 2007). It has also taken a bit of an opposite approach, turning some vacations into a chance to receive a free screenings and medical care, rather than turning medical visits into vacations.

State of Medical Tourism in Brazil

Medical facilities in Brazil have advanced considerably, as it looks to compete with the United States in terms of treatment quality while still offering prices that are fifty (50) to sixty-six percent (66%) of those in the U.S. (qtd. IMTJ, 2016). This success has also pushed further training and skill in Brazil, as doctors try to compete with each other to attract new clients.

Brazil also appears to take their role as a medical tourism destination very seriously. The Brazilian Medical Association, which “serves to defend the dignity of the medical professional and quality of care to the health of the population.” (qtd. IMTJ, 2016), is a non-profit with over 140,000 members.

State of Medical Tourism in Mexico

Mexico has become a significant hub for U.S. patients that are either uninsured or underinsured (Medical Tourism Magazine, 2009). Part of this growth in medical tourism comes from a significantly lower overhead:

- Lower Salaries (including doctors)
- Lower Malpractice Insurance Rates
- Lower Overhead (Medical Tourism Magazine, 2009).

Indeed, medical equipment is considered more expensive than doctor and hospital salaries. Mexico is particularly popular for dentistry, which is provided at a significant discount compared to U.S. rates. Dental schools have also opened up across Mexico, driving greater competition while creating more qualified dentists.

However, bariatric surgery and plastic surgery are also popular procedures in Mexico (Chambers 2015).

State of Medical Tourism in India

India has long been a central hub of medical tourism, offering some of the most affordable rates in the world. Medical tourism accounts for billions of dollars in revenue, making it a priority of India's government as well (Shetty 2010). As of 2010, however, the country had not taken many steps towards regulating the industry. Rather, they spent most of their resources attracting international clients.

This investment has encouraged treatments in India, but has hurt the local healthcare system. It also doesn't protect patients, as there is little accountability for error. There is

also a considerable amount of investment in promotion of unproven alternative treatments, such as Ayurveda, which may delay more necessary treatments.

Research Questions

The overall aim of this thesis is to assess the impact the internet has had on medical tourism and more specifically medical tourism in regards to U.S. health care consumers. In addition, the paper hopes to determine what are the driving factors or benefits that influence the decision by those who seek medical procedures outside the United States? In terms of medical tourists decisions, is the cost of treatments at home the key factor in choosing a foreign destination and does the image of the destination country, travel distance (proximity), risk and reward comparisons and type of treatment help determine the destination of choice?

The survey and live interviews were performed to support main research question which asks if the cost of medical treatment alone is the leading benefit in determining or influencing why a patient chooses to have medical treatment outside the U.S. Additionally the research hopes to determine, the level of awareness regarding medical tourism and if consumers know the meaning of the term.

Furthermore, the survey and interviews hope to reveal the leading cause of slow acceptance of medical tourism as an option by patients in the United States. Moreover, since paying for medical treatments is becoming such a burden on individuals, while health insurance deductibles continue to rise, why are more U.S. patients not seeking treatments outside the borders of the United States?

Objectives of this research

This study was designed using both qualitative and quantitative research to explore the impact the internet has had on medical tourism. The aim of this study was to obtain greater insight into U.S. consumer awareness of medical treatment availability outside the U.S. and their behaviors in regards to medical tourism decision-making.

This study attempts to examine U.S. consumers' over-all awareness and knowledge of medical tourism. For those who were familiar with medical tourism, the survey asked what were the driving factors that would persuade someone to go out of the country for medical treatments?

These questions were addressed in a single live interview design and additionally, recorded through an online survey emailed to 9,962 individuals.

In the live interview design the individuals interviewed first heard about medical tourism through a friend. One interviewed medical traveler reported that cost and his comfort level with the doctor was the key influencer in his decision to have a procedure outside the United States.

The results recorded from the online survey reported that the majority of respondents had never heard of medical tourism. Those familiar with medical tourism recorded that cost was not the main influencer should they to choose a medical treatment outside the U.S. Generally, they all recorded cost was a factor, but not the leading factor for those who responded.

It is important for those working in the medical tourism industry to realize that U.S. consumer awareness about medical tourism is low, the population requires education about the benefits of traveling outside the U.S. for medical treatments. Additionally, medical tourism operators need to be aware that those considering or those who may consider a treatment outside the U.S. that lower cost treatments is not the most important benefit.

Medical Tourism and the Benefits

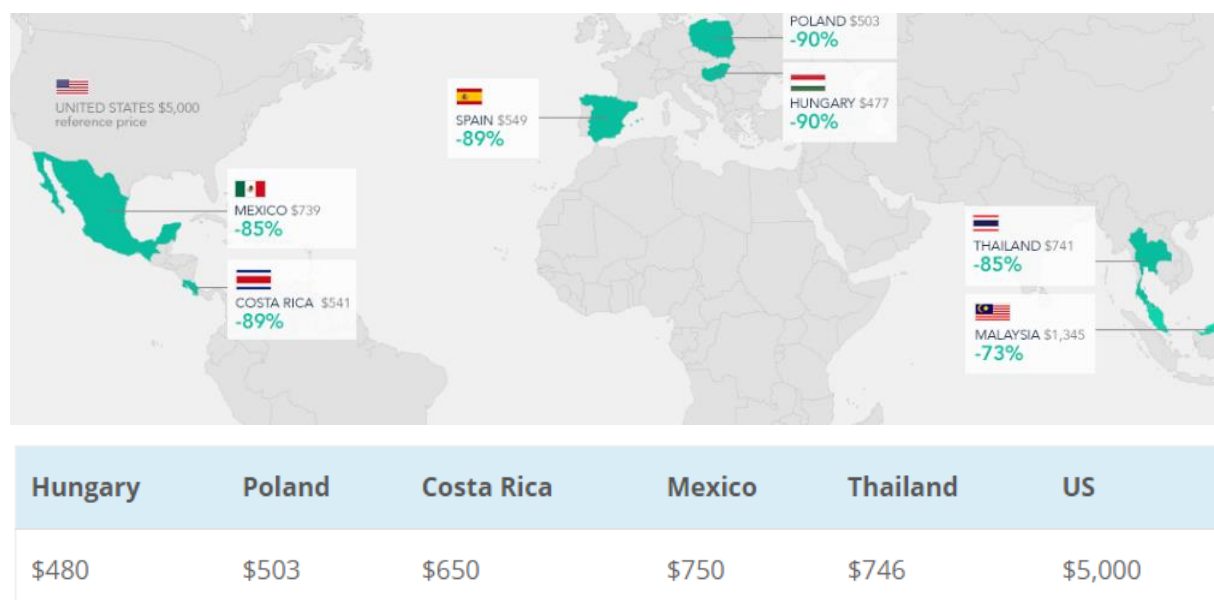
Because many medical tourism marketers focus on price it appears the benefits of having a medical treatment outside the U.S. are thought to be centered on lower treatment costs, but studies have shown that cost is not always the leading benefit reported by medical travelers. It is common knowledge that health care costs are much higher in the U.S. compared to similar procedure costs in other countries. As explained in an interview on PBS Newshour Mark Pearson of the Organization for Economic Co-operation and Development (OECD) stated, "When we look across a broad range of

hospital services (both medical and surgical), the average price in the United States is eighty-five (85) percent higher than the average in other OECD countries” (Kane 2012). Although cost plays a significant role as a benefit of medical tourism as a whole, it is not possible to classify every medical traveler as the same.

Dr. Michael Horowitz of Emory University notes that the reason people become medical tourists depends on the demographic and that middle class Americans evade financial instability for medically necessary procedures. Others are seeking cosmetic treatments and yet others travel for the benefit of receiving a treatment unavailable in industrialized nations (Horowitz 2007a).

The figure below compares the cost of dental procedures around the world. Consumers have options when it comes to costs of health care. The comparable reference point is a five thousand (5,000) dollar treatment in the United States. The same procedure in Mexico costs \$750 or \$650 if a patient chooses Costa Rica.

Figure 1. The cost of dental procedures from around the world



*Source Medigo.com (n.d.)

Research Introduction

Consumer awareness

Even though the concept of traveling for health care has been around since ancient times, people are generally unaware of the term “medical tourism”. Moreover, as retail

healthcare and price shopping for providers and treatments becomes more popular the population is slowly becoming aware of large variations in the costs of medical care for the same treatment, even within their own neighborhoods.

The Huffington Post reported back in 2013, when federal health care price data was released, how prices can vary significantly from one provider to another (Kirkham and Young 2013).

Figure 2. Large price variations in a single geographic area.

What It Costs Here — And There

American hospitals charge vastly different sums for the same medical procedures. The cost of treating chronic obstructive pulmonary disease, for example, varies greatly from hospital to hospital throughout the New York area. At Bayonne Hospital Center in New Jersey, the average amount charged per patient is a staggering \$99,690, compared to an average of just \$7,044 per patient at Lincoln Medical and Mental Health Center in the Bronx.



Source: Health and Human Services. Map tiles and data: Stamen Design, OpenStreetMap.

THE HUFFINGTON POST

Source: *The Huffington Post*

As consumers become more responsible for paying larger amounts of their health care bills, price transparency for treatments will become more relevant to both patients and

providers. That is not to say that consumers believe lower priced health care is more attractive. In a study released in 2012 of 1,421 employees, Health Affairs magazine discovered that lower priced health care providers were perceived as substandard by consumers. In other words, high cost equates to high quality, or as the saying goes “you get what you pay for”. The authors went on to report that when quality data along with lower cost data is presented together in an easy to interpret format improved the likelihood that the employees chose those options (Hibbard et al. 2012, 560).

One could therefore argue that not only is consumer awareness about medical tourism questionably low, but consumer perception about provider quality and cost may be misconstrued.

Methodology

The methodology used to answer the research questions such as: have you ever heard of medical tourism? What are the benefits of medical tourism? What part of healthcare does medical tourism play? Who chooses medical tourism and what are the connections or influences of a person's behavior that leads them to choose traveling abroad for medical treatment. Of the influencers, are there any commonalities amongst those who choose medical tourism?

In order to have balanced and valid answers to these research questions a survey questionnaire and live interviews were conducted and analyzed. To receive appropriate and valid answers to these questions expert interviews and a conducted survey were analyzed.

Why this methodology

The decision to choose both a survey questionnaire and live interviews for this research is to be able to analyze both qualitative and quantitative answers. Live interviews provide free flowing answers and a more realistic view of the questions being answered. Additionally, if a question is misinterpreted during a live interview then there is an opportunity to clear up any misunderstanding about the question so that an appropriate answer is received.

Online Survey Questionnaire

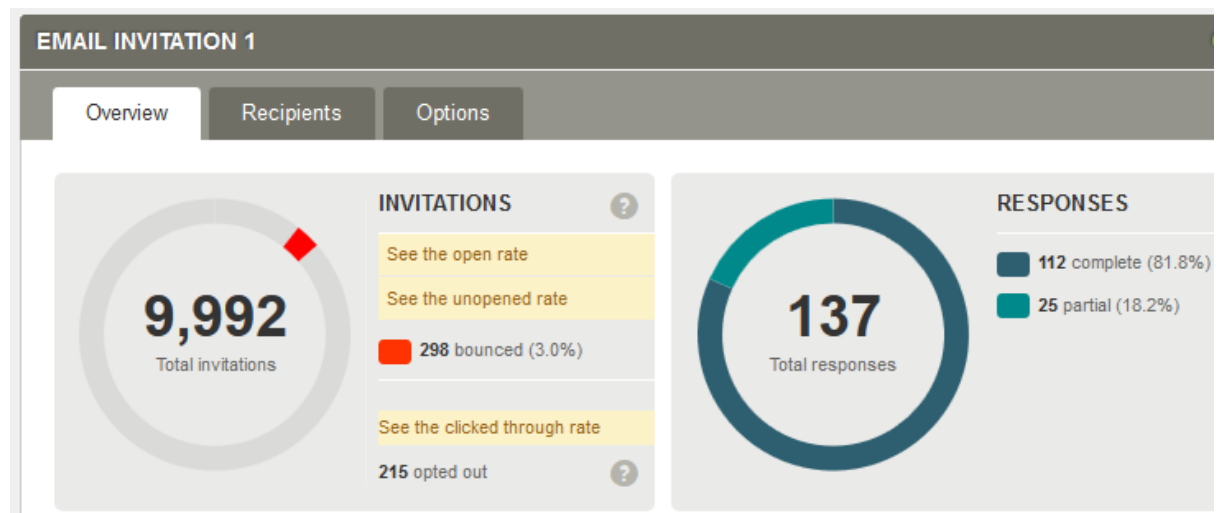
The objective of the online survey is to better understand consumer awareness regarding traveling abroad for medical treatments, specifically the level of awareness regarding medical tourism and whether cost is a key influencer in deciding on a medical treatment abroad. The format used for the online survey was web-based due to the flexibility of design elements, the ease of reach of users and the ability to store answers in a database.

Survey Recipients Statistics

The online survey methodology was quantitative using seventeen closed-ended questions which was sent to nine thousand nine hundred and ninety-two (9,992) recipients all living in the United States. The survey email database was purchased from SurveyMonkey.com.

Two hundred and ninety-eight (298) of the emails bounced and two hundred and fifteen (215) opted out. One hundred and thirty-seven (137) individuals responded to the survey. One hundred and twelve (112) completed the survey and twenty-five (25) partially completed the survey.

Figure 3. Collected Responses Overview



The recipients selected for use in the questionnaire have the following profile characteristics:

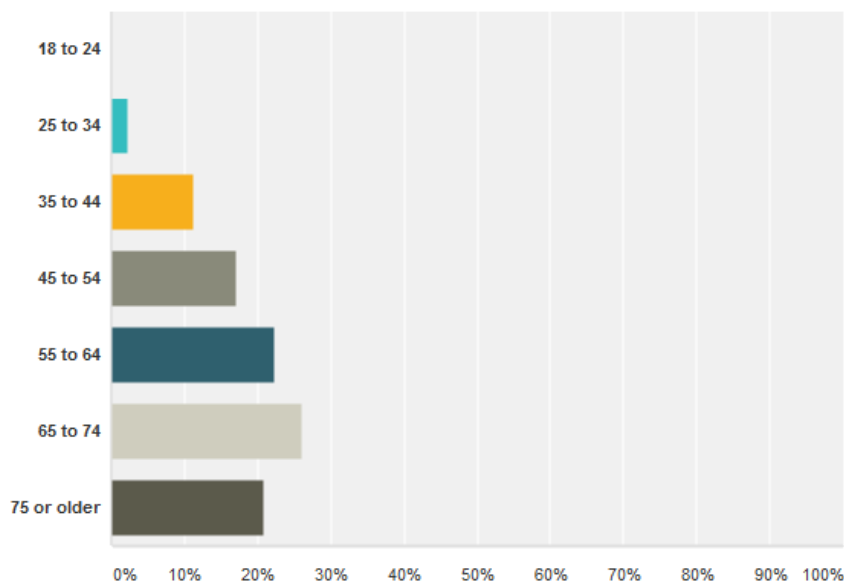
- A mix of adult men and women
- Single and married

- Age range between 25 and up
- Have back pain
- Have seen a doctor about their pain

A database of respondents who reported back pain was chosen because back surgery is considered an elective procedure and is a very high cost surgery in the United States.

Data Analysis

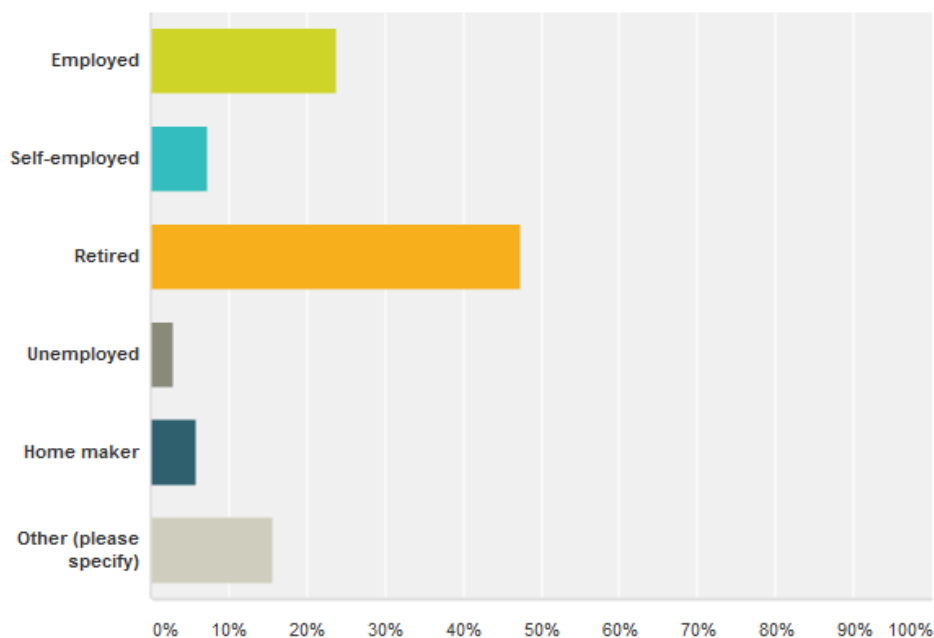
Figure 4. What is your age?



Of the total responses received (134) only one respondent skipped this question. Moreover, more than twenty-six percent were sixty-five to seventy-four years old which is the highest percentage age range. Followed by twenty-two percent of respondents fifty-five to sixty-four years old. Coming in third highest was the seventy-five and older range. Forty-five to fifty-four made up seventeen percent while eleven percent chose thirty-five to forty-four as their age. The largest drop off was in the twenty-five to thirty-four age range coming in with two percentage of respondents. No respondents selected the eighteen to twenty-four age group.

Question two asked respondents to provide their employment status.

Figure 5. What is your employment status?



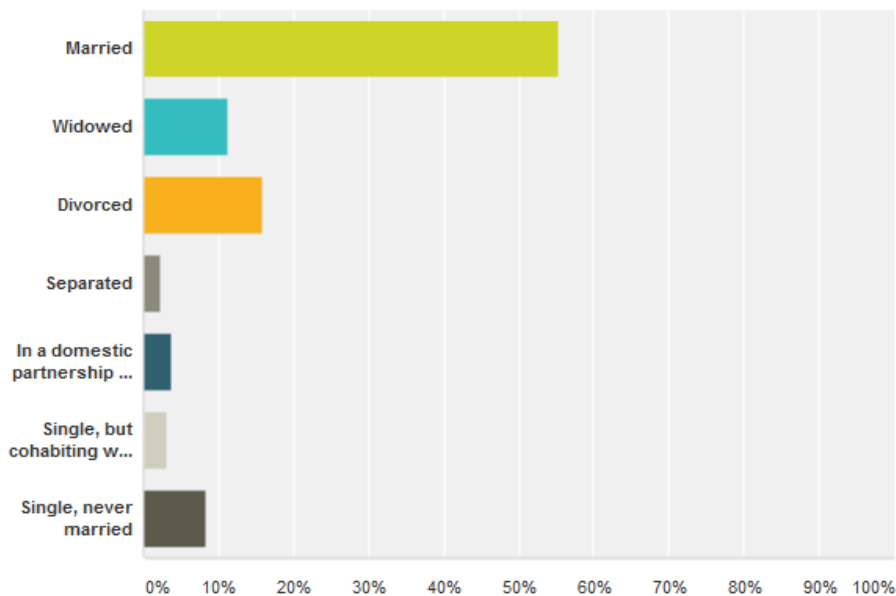
Over forty-five percent of respondents selected retired, followed by twenty-four percent employed while sixteen percent selected other. Within the other category twenty-one respondents stated the following about their employment status:

1. Disabled (16)
2. Stay at home mom (1)
3. Part-time job/semi-retired (4)

Seven percent of respondents chose self-employed, followed by homemaker at six percent and unemployed at three percent.

Question three asked respondents their current relationship status. 132 respondents answered this question and three respondents skipped answering this question.

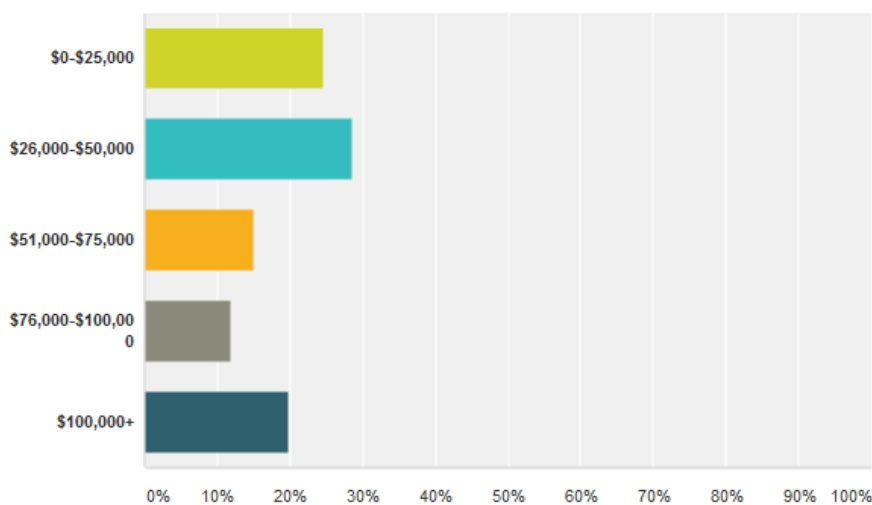
Figure 6. What is your current relationship status?



Just over fifty-five percent of respondents chose married as their current relationship status followed by sixteen percent divorced, eleven percent widowed, eight percent single/never married, four percent in a domestic partnership, three percent cohabitating with a significant other and two percent selected separated.

Question four asked respondents to select their total household income.

Figure 7. What is your total household income?



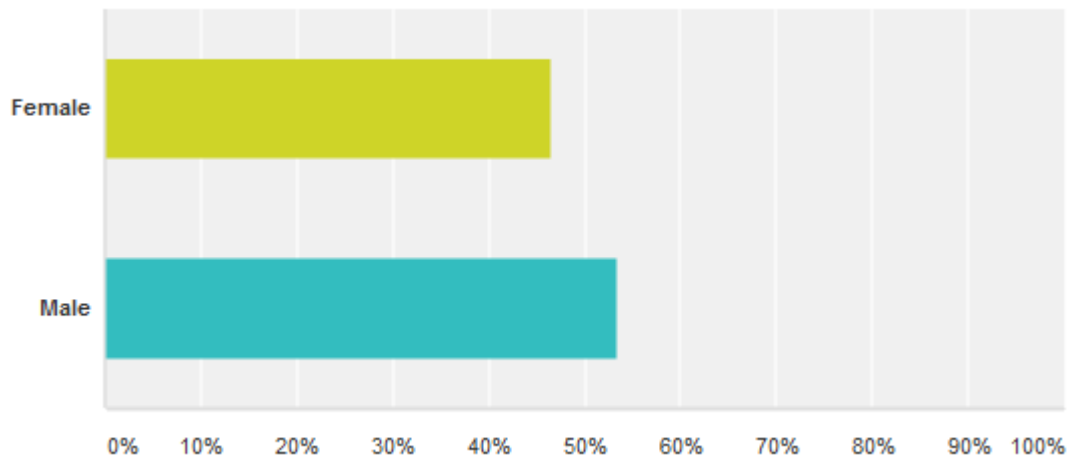
126 respondents answered this question while ten skipped.

\$26,000 to \$50,000 was selected most often with twenty-nine percent of respondents choosing this range. Twenty-five percent of respondents selected \$0-\$25,000 as their

household income. The \$100,000+ household income range was selected by twelve percent of respondents. Fifteen percent of respondents chose \$51,000-\$75,000 income range, and finally twelve percent selected \$76,000-\$100,000.

Question five asked “what is your gender”.

Figure 8. What is your gender?

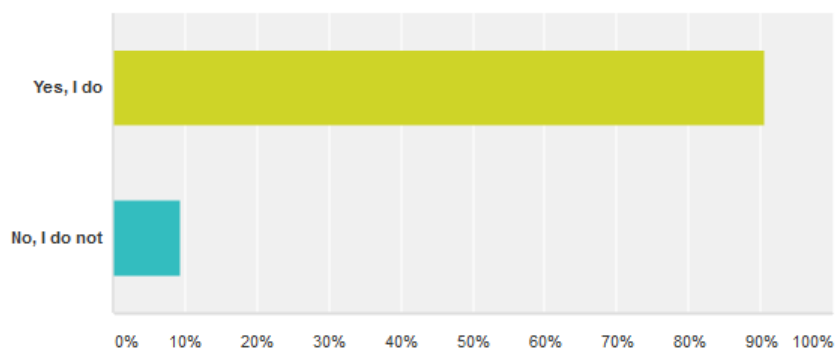


The majority of respondents selected male (53%) while forty-six percent selected female.

Question six started to ask respondents more specific health related questions, the first one being “do you have health insurance?”

129 people answered this question while seven skipped.

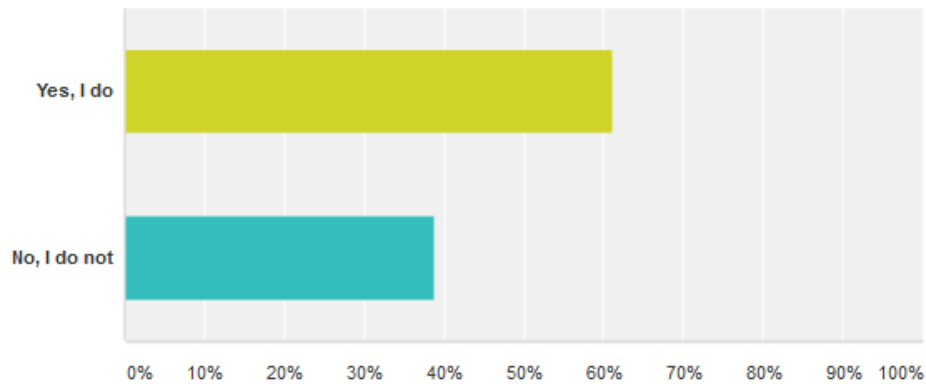
Figure 9. Do you currently have health insurance?



Ninety-one percent selected yes while nine percent selected no.

Question seven asked if respondents had government sponsored Medicare benefits.

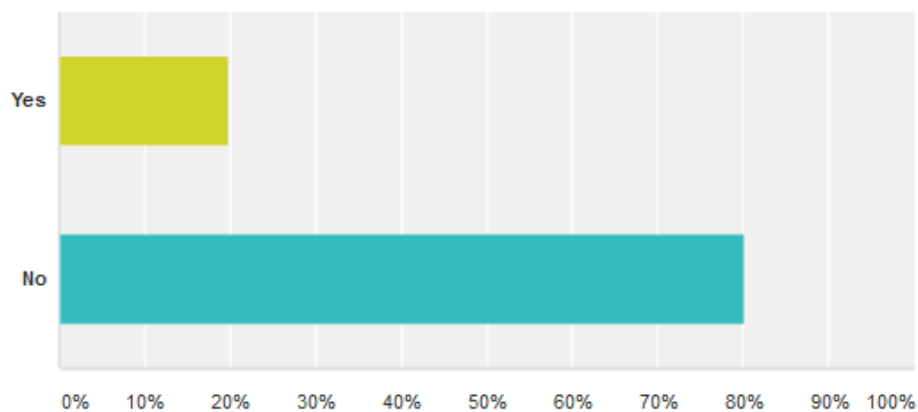
Figure 10. Do you currently receive Medicare benefits?



Sixty-one percent selected yes while thirty-nine percent selected no, they did not receive Medicare benefits.

Question eight asked if respondents knew anyone who traveled outside the United States for medical treatment.

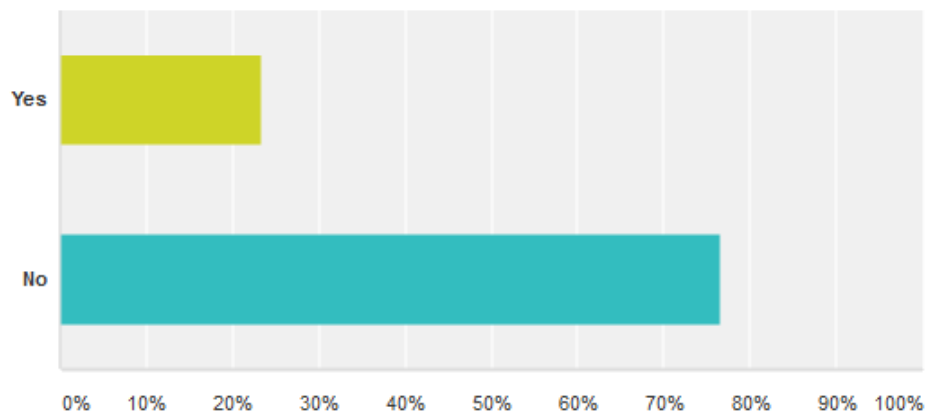
Figure 11. Do you know anyone who has traveled outside the US for medical treatment?



Eighty percent of respondents chose no, while twenty percent chose yes.

Question nine asked if respondents had ever heard of the term medical tourism.

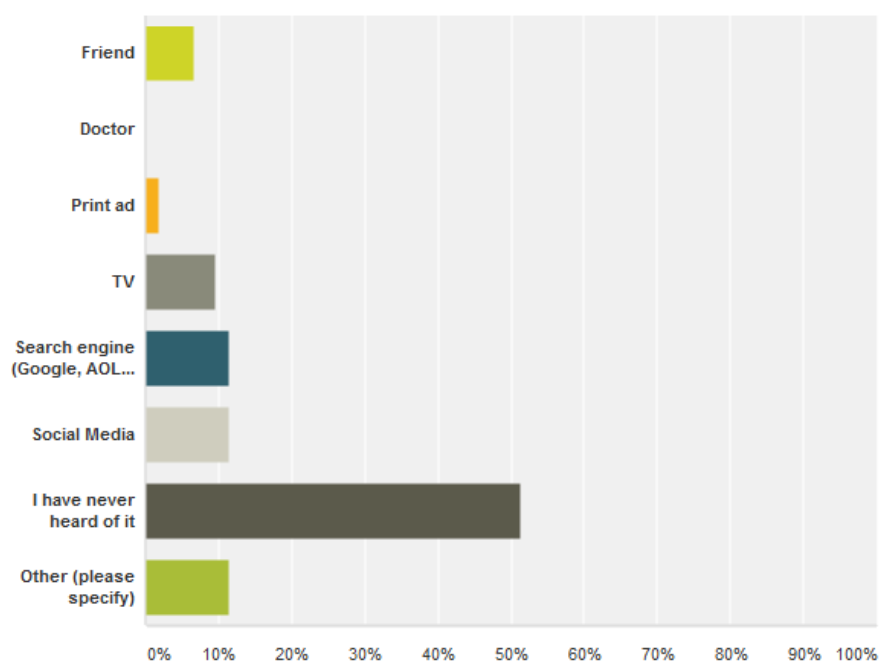
Figure 12. Have you ever heard of medical tourism before this survey?



Seventy-seven percent chose no, while twenty-three percent selected yes.

Question twelve was answered by 105 respondents while thirty-one decided to skip this question. This question was attempting to find the source in which a respondent may have heard of medical tourism.

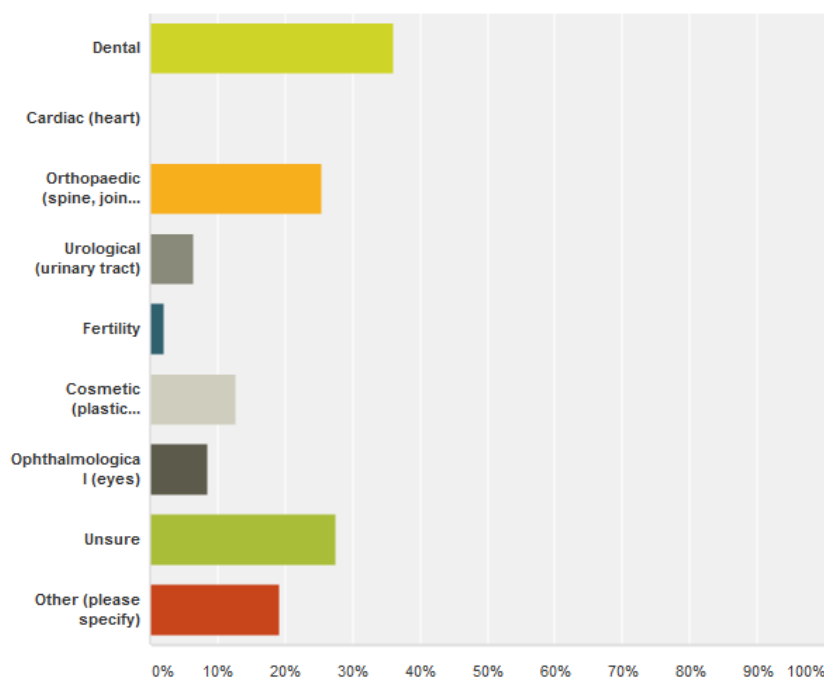
Figure 13. How did you first hear about medical tourism?



Over fifty percent of respondents selected “I have never heard of it”. Search engine, social media and other answers were selected by eleven percent of respondents. Seven percent heard about medical tourism through a friend and two percent heard about it from a print advertisement. No respondents selected doctor as an answer.

Question thirteen asked respondents if they knew someone who traveled outside the United States, what procedure was performed.

Figure 14. If you selected yes in question eight, what procedure did they undergo? Select all that apply.



The majority of respondents selected a dental procedure (36%) while twenty-eight percent selected unsure. Twenty-six percent selected an orthopaedic procedure (spine, bone, joint, etc) followed by other being selected nineteen percent. Other consisted of the following entries:

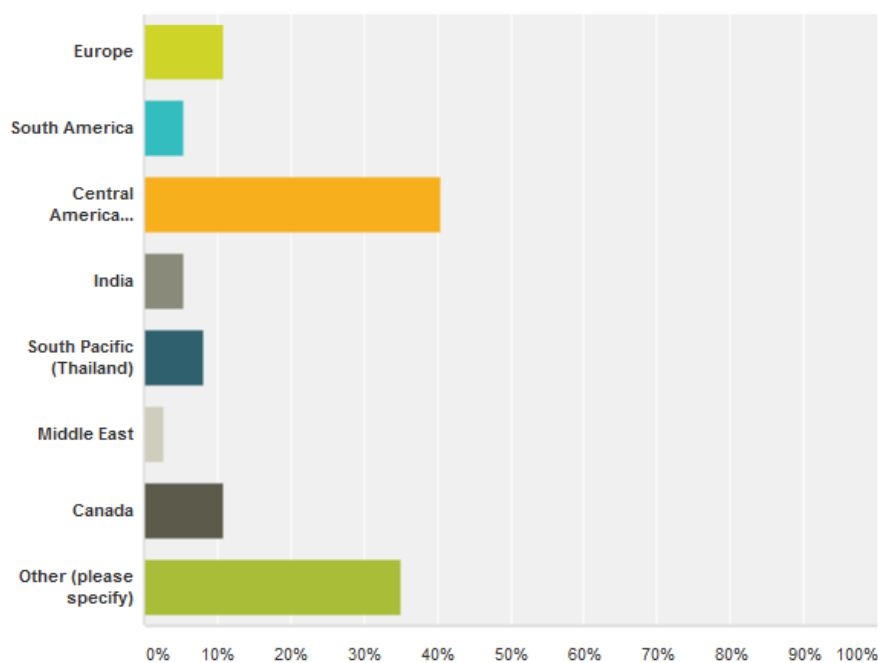
1. Cancer
2. Gender reassignment
3. Hernia
4. Cardiac issues
5. Gastric bypass for weight loss

6. Stem cells for multiple sclerosis
7. N/A

Thirteen percent chose a cosmetic procedure, nine percent chose ophthalmological (eyes), six percent selected urological (urinary), two percent chose fertility and no respondents chose cardiac.

Question twelve asked what country they traveled to for a procedure.

Figure 15. What country(s) did they travel to outside the US for a medical procedure?



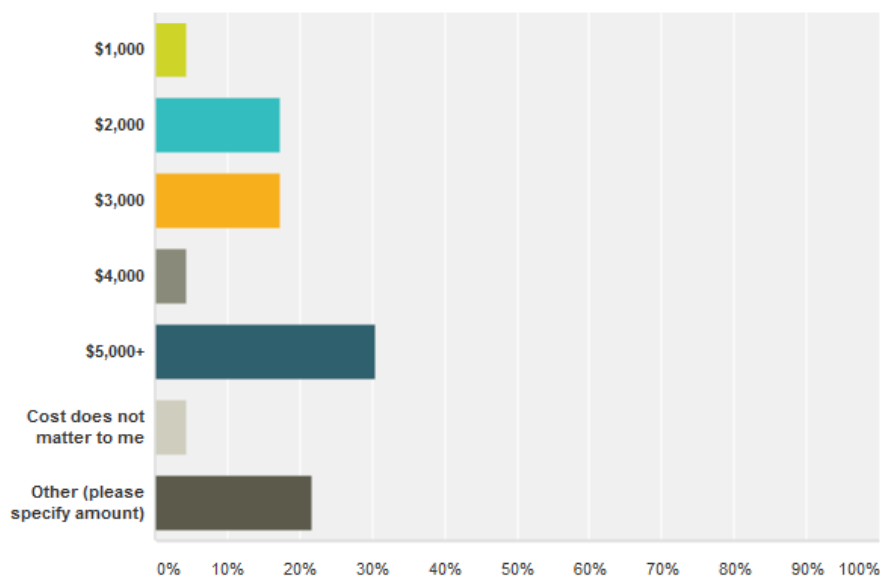
Forty-one percent of respondents selected Central America, Other was selected thirty-five percent of the time and consisted of the following answers:

1. Tropical country
2. Philippines
3. Mexico
4. None
5. Canada

Europe and Canada were both selected by eleven percent of respondents, the South Pacific was selected by eight percent of respondents, five percent of respondents selected both India and South America and the Middle East was selected by three percent of those who answered this question.

Question thirteen asked respondents if the cost of procedures may impact their decision to choose a procedure abroad.

Figure 16. How much cost savings would be necessary for you to consider medical tourism?



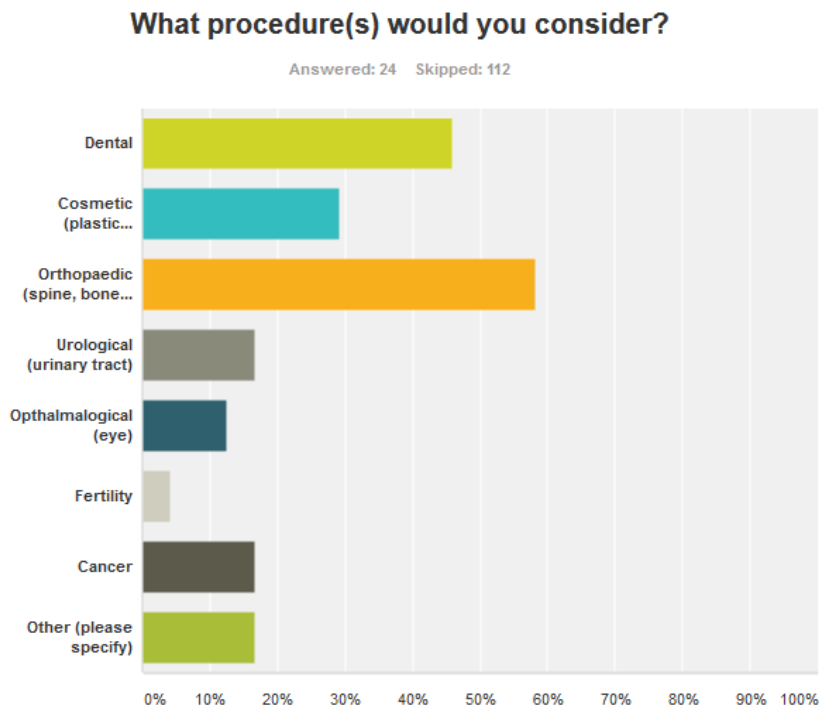
Thirty percent of respondents selected \$5,000 or more, twenty-two percent chose Other, which consisted of the following responses:

1. \$20,000
2. Depends on the situation and procedure
3. Hard to say
4. None
5. Fifty percent or more

\$2,000 and \$3,000 was selected by seventeen percent of respondents, \$4,000 and \$1,000 was selected by four percent of the respondents and by those who selected "Cost does not matter to me".

Question fourteen asked respondents what procedure or procedures would they consider medical tourism as an option.

Figure 17. What procedure(s) would you consider?



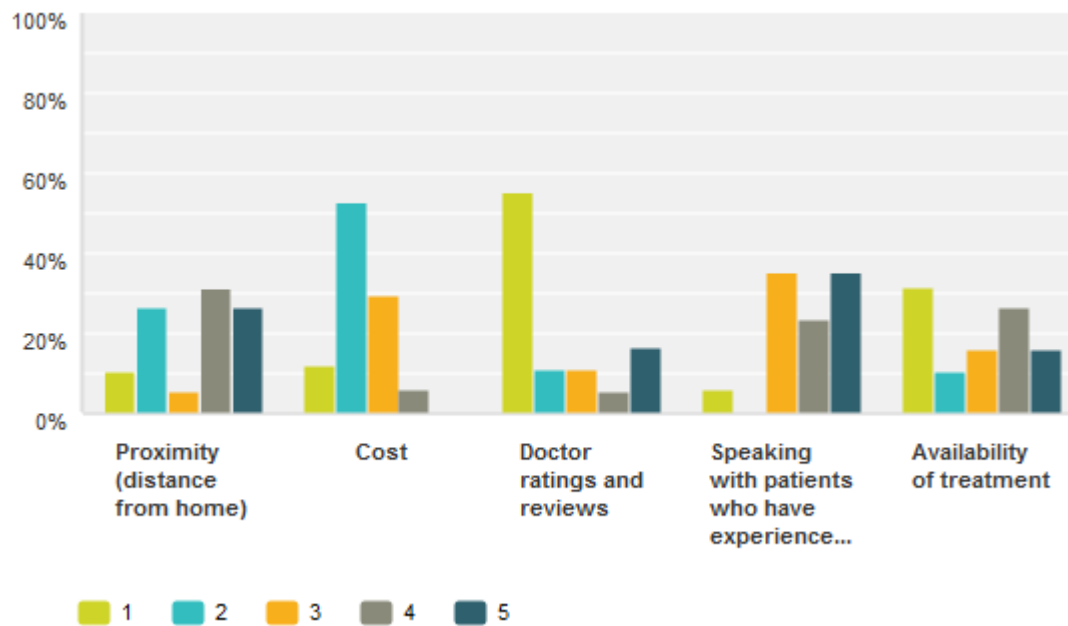
The majority of respondents selected an orthopaedic procedure (58%). Dental was the second most selected choice by respondents (46%) followed by Cosmetic (29%), Urological, Cancer and Other were selected by 17% of respondents. In the “Other” category respondents specified:

1. All of them if I felt safe doing so
2. Stem cells
3. None
4. Kidney transplant

13% of respondents chose Ophthalmological with Fertility being selected least often (4%)

Question fifteen asked respondents to choose what they would consider most important (1) to least important (5) factor in their decision to choose a medical tourism destination.

Figure 18. Please rank from most important (1) to least important (5) in choosing your destination for treatment.

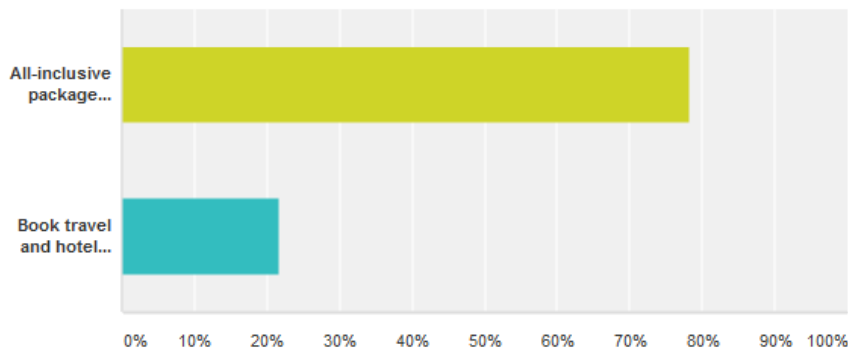


The percentage of respondents ranked the importance of each factor on a scale from 1 to 5:

- Proximity: 4 (32%)
- Cost: 2 (53%)
- Doctor ratings and reviews: 1 (56%)
- Speaking with patients who have experience: 5 and 6 (35%)
- Availability of treatment: 1 (32%)

Question sixteen asked respondents if they preferred to have an all-inclusive package or book their own travel accommodations.

Figure 19. If you were booking a medical tourism procedure, which method would you prefer?



The overwhelming selection by respondents was an All-inclusive package (78%) while 22% of respondents selected they would Book travel and hotel separately.

The final question (17) asked respondents to leave their email address if they would like more information regarding medical tourism. Ten respondents left their email addresses requesting more information.

Limitations of study

The results of the survey have some limitations and therefore leave room for further debate and further study. Although the sample size is significant, there is a limitation of 134 respondents. Moreover, if the sample size were larger more precise result could be expected. The questionnaire was emailed to just under 10,000 recipients, but 134 respondents agreed to participate.

An additional limitation is the fact that many of the recipients who answered the questionnaire claimed to have never heard about medical tourism, but did state they knew someone who traveled outside the United States for medical treatment. These statements are evidence that people may know about medical tourism, but do not understand or are not familiar with the term. For this reason, some respondents who started the survey may not have finished.

Finally, the questionnaire may have been lengthy which is evident in the dropout rate of respondents who started the questionnaire, but did not complete it in its entirety. A shorter survey with less demographic questions may result in more complete results.

Survey Results and Conclusion

The results collected from the data set shows that the term medical tourism is not well known among the majority of respondents who answered the questionnaire. The dataset was overwhelmingly made up of respondents who answered they were retired, married, with a household income of \$26,000 - \$50,000, have health insurance and claim to have government sponsored Medicare benefits.

The same dataset reveals that the majority of those surveyed did not know anyone who has traveled outside the U.S. for a medical procedure.

Those who had heard about medical tourism prior to this questionnaire had heard about it nearly equally amongst the answer choices provided in the survey, with the exception of print advertising which was only selected by two respondents. Of the respondents who knew someone who had undergone a medical tourism procedure, dental procedures were most often selected in and the location chosen most often; Central America.

The results of the questionnaire revealed that cost was not the leading factor in determining the destination of choice. Although cost was an important factor, the ratings and reviews of doctors was selected as most important to respondents.

The majority of respondents stated they would consider a medical tourism procedure and preferred an all-inclusive package rather than booking travel and accommodations on their own.

Live Interview

The methodology used in the live interview design research was explorative, standardized open-ended interview protocol combining semi-structured questions and unstructured exploratory questions (Turner 2010).

The interview guide developed for the live interview research is structured in the following manner:

1. Interview preparation checklist
2. Introduction to the study, topic and purpose
3. Profile/demographic information collection
4. Medical history questions
5. Research questions
6. Closing comments

Medical traveler interviewee information

The interview sample consists of three respondents. Two men and one woman, ages ranging from 56 to 74, with a mean age of 64. Two of the three respondents hold a graduate degree and are working in a professional position while the third is a retired airline pilot. Two of the respondents are single and the other one is single, but cohabitating. Two respondents are from the Atlanta, Georgia metro area located in the southeastern part of the United States and the other person is living in Tampa Bay, Florida, but originally from Wisconsin. The respondents were interviewed using a pre-constructed questionnaire as a guide followed by a six question survey using DRAMMA scale with scaled answers falling between one to seven. One being not very true and seven being very true. All of the three interviewees are English-speaking natives while the former airline pilot is fluent in Spanish . Two of the interviews were performed live in-person and recorded using a smartphone recording feature within the Apple IOS. The third interview was also performed live but by telephone using the Google Voice platform. This interview was also recorded. The recordings from the interviews were transcribed for this study. Each interviewed lasted approximately thirty minutes.

Medical travel behavior

Interviewees were asked to describe medical tourism based on their experiences by answering the following questions in their own words.

Knowledge of topic

- Describe medical tourism
- Benefits of medical tourism
- Rank benefits

Give a brief description of medical tourism experience

1. Purpose of trip
2. How medical tourism was first discovered
3. Research prior to trip
4. Decision making process
5. Length of trip
6. Travel solo or with companion

Case Study 1

Interview - March 28, 2017 at 18:00, 31 minutes in length

The interviewee in this case is a seventy-four (74) year old married man, recent retiree with one adult child who is proactively managing his health. He is a former airline pilot who flew international routes from the U.S. east coast to primarily Amsterdam for United Airlines. The interviewee is in good health overall and has only gone abroad for health care one time.

Recent medical tourism experience

The patient described a treatment that he had in May of 2014 where he traveled to Mexico City, Mexico for a dental procedure. The guest first heard about medical tourism from an article he read in the Wall St. Journal which was about how people from the United States were traveling to India for lower cost procedures. The type of treatment people were traveling to India to receive were for colonoscopies. The interviewee believes that these types of procedures have a very high deductible and are oftentimes not covered by private insurance plans. He went on to describe how the WSJ article also mentioned domestic medical tourism within the United States and how traveling distances within the United States for health care is more popular than traveling abroad.

Knowledge of medical tourism

The interviewee had never heard of the term “medical tourism” prior to reading about it in the Wall St Journal article. The interviewee continued to explain how his friends who are frequent travelers often travel to Brazil for cosmetic treatments. He mentioned that his friends who live in the Southern United States in places such as Miami and Texas, Houston in particular, will make trips to Brazil to receive medical treatments. His friends report that the quality of cosmetic treatments and the experience of providers is better in Brazil than in the United States.

The benefits of medical tourism

Other than lower cost being a benefit of traveling abroad for medical treatments, the interviewee stated that quality of the treatment being sought is an additional benefit. As previously mentioned, sometimes people seeking cosmetic treatments believe that doctors and surgeons in Brazil have more experience and provide better quality outcomes than those in domestic markets.

In the case of the interviewee, he specifically reported that cost was the primary motivator for going abroad for his cosmetic dental procedure. Additionally, the reputation of the dentist significantly influenced his decision to fly to Mexico for his procedure.

The interviewee stated he and his spouse take several vacations each year, but because of the stress related to having major dental surgery he was not able to focus on any type of travel related activities.

Finally, the other benefit mentioned in the interview is that access to innovative procedures unavailable in the United States is another added benefit of medical tourism.

The decision making process

The interviewee stated that he had been friends with the dentist who performed his procedure for years prior to his surgery. The dentist in Mexico has a very good reputation, so good that he is the dentist for the President of Mexico.

Even though the respondent was friends with the dentist he decided to perform research on the dentist and his credentials. Through an internet search he found that the Mexican dentist received his training from Rochester University in New York State. Finding this information helped to calm the respondents fears. In addition to researching the dentist, the interviewee used the internet to search for the best priced travel and hotel accommodations, he then booked his travel and hotel through a travel website on his own.

The interviewee was impressed with the clinic he chose in Mexico City and explained it was the nicest dental clinic he had ever visited and he described it as first class. The interviewee stated that his regular dentist in the United States, who he has been a patient of for the last forty years, warned him about going to Mexico for a procedure. The concerns stated by the American dentist were regarding the quality of care and the

potential for complications post-surgery. After seeing the quality of work performed by the Mexican dental surgeon the American dentist continues to be very impressed with the outcome.

The medical procedure

The interviewee explained his experience in detail starting with traveling by air from Atlanta, Georgia to Mexico City on a Wednesday on a direct flight. Being that he is friends with the dentist, he stayed at the dentist's house for the duration of his stay. The next day he had his evaluation appointment with the dentist (on Thursday) at which point a temporary prosthesis was implanted in the patient and an order was created for the necessary procedure hardware and immediately sent to Switzerland by internet. The Swiss company Straumann located in Basel, Switzerland was used to produce the dental hardware required for the procedure. According to the interviewee, the hardware and supplies for the procedure arrived sometime between Friday and Monday. The final procedure was performed on Monday and the patient returned back to Atlanta Monday evening.

The respondent highlighted his experience at the Mexican clinic:

- Relatively new medical office building
- New equipment both clinical and office
- Friendly, bilingual, and knowledgeable staff
- Spa like setting with upsell services such as foot massages
- Modern use of technology including electronic medical records and digital XRAY systems

Overall the Interviewee had a very positive experience, he felt like he received very important person (VIP) treatment during his appointments. He has referred two other American people to the dental clinic in Mexico City.

Table 5: DRAMMA Scale: Case Study 1

	Question	Answer
Detachment	Did not question my decision	7
Recovery	Felt relaxed after your procedure	7
Autonomy	Felt free of something	7
Mastery	Mastered challenge	5
Meaning	Realized something meaningful	7
Affiliation	Felt close to people around you	7

Case Study 2

Interview - May 2, 2017 at 17:40, 37 minutes in length

The interviewee in this case is a fifty-six (56) year old unmarried woman. She is a homemaker with one adult child (22) who has been struggling with health issues for the past ten years. She is a former marketing executive who semi-retired early due to her health concerns and has been searching for a diagnosis for bouts of extreme fatigue, allergies, and a host of musculoskeletal issues. The interviewee has been to hundreds of doctors in the U.S. seeking answers to her problem, but has only gone abroad for health care one time to date.

Recent medical tourism experience

The interviewee described her most recent medical tourism experience as a consultation that she had during a trip to Austria in 2013 and a future medical tourism procedure that is planned for July 2017 in Germany. Although the visit to Austria was for a second opinion diagnosis and the visit to Germany is for a treatment, both are for the same ongoing health issue. Prior to her visit to Austria, the interviewee reported that she had heard of medical tourism through her work as a marketing executive in the health care services industry.

Knowledge of medical tourism

The interviewee stated that she feels the U.S. is not as open and advanced as other countries in the practice of natural medicine and healing people through what are considered alternative treatments. Her experience with European physicians has been very different in that they look to find the root of the problem and unlike U.S. doctors, they're not treating just the symptoms. From her experience she has become frustrated with seeing doctor after doctor and has not found the answer. This is the reason she is seeking medical treatment outside the United States and she believes that there are many other people experiencing similar issues.

She believes that pharmaceutical companies have influence over doctors and conspire to keep people ill so that they continue to profit from uncured illnesses. She went on to

state that not only the pharmaceutical companies are problematic in curing disease but health insurance companies control over physicians does not allow enough time spent between physician and patient.

She stated that European physicians compared to U.S. doctors are much more compassionate and caring and spend ample time with their patients. In Europe there was no time limit between physician and patient. Her experience with an Austrian doctor was much more detailed; her doctor asked very detailed questions including about her lifestyle.

The benefits of medical tourism

The main benefit as explained by this interviewee is access to health care unavailable to her locally (stateside). She explained that there are so many other options available in other countries that are not allowed by the FDA in the U.S. In fact she is planning on going to Germany in July to an Oncology clinic where they treat cancer patients and where they have successfully treated over two hundred Lyme disease patients. The treatment of Lyme disease at this clinic was discovered accidentally explained the interviewee. While treating a cancer patient who also had Lyme disease they discovered the Lyme disease cure.

From the interviewee's perspective cost was not a benefit for her, in fact she felt that it was more expensive to go abroad to see a medical provider. She stated that the cost of treatment at the German hospital is \$15,000 per person.

The interviewee reported that consequences of medical tourism procedures could include the loss of money if the treatment does not have the intended outcome and emotional distress from a failed treatment or diagnosis. Also, she stated that worsening an already present condition could be a negative consequence.

The decision making process

The decision to go abroad for treatment (in the first instance for a diagnosis) was years in the making, but ultimately came from the advice from a friend who had lived abroad for several years and had experienced health care outside the U.S.

The decision to choose Austria was partially connected to visiting Vienna as a tourist to see the sights that the city has to offer and partially because of her friend's familiarity with the city's doctors.

Her choosing to go abroad for treatment in Germany was made due to the lack of availability of the treatment anywhere else in the world (that she knows of). In both cases the interviewee used the internet to book travel and hotel accommodations. She relied on her friend for other information about the Austrian trip.

The medical procedure

The interviewee first went to Austria seeking a diagnosis of her condition which was diagnosed in the U.S. as Fibromyalgia. Fibromyalgia is a condition of the musculoskeletal system which symptoms include widespread fatigue and pain in the joints and muscles. Information gathered from WebMD.com (n.d.) reveals that fibromyalgia can cause mental disorders such as anxiety and depression, in addition to affecting a person physically. Having not been satisfied with her fibromyalgia diagnosis, the interviewee stated that she felt the need to continue seeking answers, and decided to take the advice from a friend and look at alternative methods to find a diagnosis.

After her visit to Austria, the interviewee returned to the United States with a diagnosis of Multiple Sclerosis (MS) as the Austrian doctors found a spot on an MRI scan of her brain and determined it was probably MS, but suggested to her further testing.

The interviewee has since found out through more tests, performed at an MS center in Atlanta, Georgia in the U.S. that she does not have MS, but is suffering from Lyme disease. A tick born infection which carries many of the same symptoms as fibromyalgia.

The best way to find a good provider or in her case, alternative treatment, overseas from her perspective and from her experience is through a network of family and friends who are looking out for you. She described it as her family and friends caring so much about her getting better that they were and still are always on the lookout for news regarding treatment of her condition. The news and information has come in various forms to her such as through email newsletter articles, blog posts, articles on news websites, and forum posts shared online by people who had a similar problem.

Table 6: DRAMMA Scale: Case Study 2

	Question	Answer
Detachment	Did not question my decision	7
Recovery	Felt relaxed after your procedure	7
Autonomy	Felt free and independent of my choice	7
Mastery	Mastered challenge	4
Meaning	Realized something meaningful	7
Affiliation	Felt close to people around you	7

Case Study 3

Interview - June 9, 2017 at 9:00, 31 minutes in length

The interviewee in this case is a sixty-two year old man. He is currently retired, a former spine surgeon and co-founder of one of the largest spine care facilities in the United States. The interviewee has a total of six children with ages ranging from late teens to his eldest daughter who is forty-five. The interviewee is in excellent health and takes very good care of himself. He exercises frequently, eats healthy and does not have any bad habits. Surprisingly he was not injured as a result of strenuous activity, his health issue appeared abruptly while he was doing normal activity. The interviewee reports that he stays up to date on the latest medical innovations and is very interested in regenerative medicine. The interviewee has been to various clinics around the world visiting places in Ukraine, Germany, Ecuador, the United States, China and Hong Kong.

Recent medical tourism experience

The interviewee described his recent medical tourism experience as a trip to Sweden for a stem cell treatment which was needed for an injury in his Achilles tendon and knee. The injuries happened simultaneously and within a week after the injury the interviewee started researching the best approach for treatment. The interviewee traveled to the Karolinska Institute in Sweden to have a procedure performed which involved a series of stem cell injections. As someone who keeps up with the latest trends in healthcare, the interviewee was familiar with the term medical tourism, but had never considered himself a medical tourist.

Knowledge of medical tourism

As a former practicing physician, and current member of the Florida board of health, the interviewee is very familiar with medical tourism. He described how the company he cofounded received medical tourists who travelled from all over the world to his facility to have a specialized procedure and a technique that he perfected. During the early years when his company was just a startup the techniques used in his clinic were not available in many parts of the world. Therefore people travelled to him for treatment. Although his business strategy was not positioning their company and services as a segment of the medical tourism industry, it ended up being that unintentionally. He explained how his

clinic was just a few minutes away from an international airport, and how the area was a very popular tourist destination due to the tropical climate and coastline of beaches within walking distance of the facility. The procedure which patients received allowed them to recover quickly and return to light activity within twenty-four hours after treatment. The interviewee explained how his company had built relationships with several hotels next door to the facility to make travel less expensive and stressful for patients. The interviewee went on to explain how patients would fly into the airport, take a hotel shuttle, or taxi to their hotel and then easily walk to the clinic which was next door.

The benefits of medical tourism

The interviewee believes that if people who are having health issues cannot find treatment at home from a local source that the internet may provide them access to a procedure or treatment which will solve their health concerns. Therefore the key benefit of medical tourism from a patient perspective is access to a global healthcare system which, as a result, provides accessibility to treatments on a global scale. The interviewee stated that from his perspective and experience the key benefit for providers is financial. He explained that physicians whose treatments are sought out by patients from everywhere are usually paid for with cash and in an industry that relies on government and private insurance payments, receiving cash creates efficiencies that physicians are not accustomed to experiencing.

In his case he was not concerned about the cost of his procedure, the most important influencer in his case was access to the best treatment available worldwide at that time.

The decision making process

The decision to seek out a procedure abroad began with an assessment of the interviewee's condition by a specialist located in his city. Being an orthopedic surgeon, the interviewee already had a very good sense of his injury, but he visited a knee specialist that he knew who confirmed his exact injury. With understanding of his injury he used the internet to research clinics offering the latest treatments using stem cell therapies, also known as regenerative medicine. After speaking with some colleagues he was introduced to the medical director at a stem cell clinic in Sweden. Once in contact with the medical director he decided to visit the clinic and follow through having a procedure. The interviewee used the internet to book his travel and hotel

accommodations and to research restaurants, nightclubs and other things to do while in Sweden.

Although he could have received similar treatment by local physicians he chose to go abroad based on the research and specialization that the Swedish clinic offered. The interviewee stated that he had never been to Sweden prior to traveling there for this procedure and he looked forward to sightseeing and experiencing Swedish culture.

The medical procedure

The procedure in which the interviewee had undergone was stem cell injections in his knee and achilles tendon. He was diagnosed with achilles tendonitis on his left side which caused an injury to his right knee from overcompensation. The interviewee received stem cell injections in his knee from stem cells derived from his bone marrow. The interviewee explained the process of extracting BMC (Bone Marrow Concentrate) from his iliac crest, which he explained is the largest bone in the hip. He went on to describe how the plasma from his bone marrow was placed into a special machine which removed everything except stem cells. Finally, the injection was administered in both problematic areas.

He described his experience as successful and stated that the knee injury is completely healed, but the achilles tendonitis has been slow to heal, but it doing much better.

Table 7: DRAMMA Scale: Case Study 3

	Question	Answer
Detachment	Did not question my decision	7
Recovery	Felt relaxed after your procedure	5
Autonomy	Felt free of something	6
Mastery	Mastered challenge	7
Meaning	Realized something meaningful	5
Affiliation	Felt close to people around you	6

Live Interview Results and Conclusion

The research performed shows that the interviewees' experiences, knowledge of medical tourism and reasons for traveling abroad for health care are different. In the first case study the interviewee reported that he was traveling to Mexico on a friend's suggestion to undergo a dental treatment. His main motivator was cost, but like the interviewee in case study 2, he found that the quality of medical care he received matched or surpassed what he experienced at home. The second interviewee reported that she had traveled and will be traveling again to Europe, also discovered through a friend, first for a diagnosis or second opinion and in the future for a medical treatment unavailable in the U.S. In the first case study, the interviewee had heard of medical tourism through an article in the WSJ, while the second case study interviewee reported she had heard about medical tourism while working in the medical field ten years ago. Finally, the respondent in Case Study 3 had heard about medical tourism from himself being a medical tourism provider.

In Table 3 the results of each case study's DRAMMA scale are presented. In all cases the interviewees chose very true (7) for detachment. Case 1 and Case 2 had very similar responses with the exception of "Mastery" (mastering a personal challenge) which received a lower value of four (4) and five (5), but still on the positive side of the scale. Case 3 responded completely different on every part of the scale except as noted above. The interviewee in Case 3 is a retired orthopedic surgeon and his approach to treating the body is different than the other two interviewees. The surgeon spoke and responded to questions in terms of his health issue as a scientist leaving out any emotional comments.

Table 8. Comparing DRAMMA Scale Results

DRAMMA	Case 1	Case 2	Case 3
Detachment	7	7	7
Recovery	7	7	5
Autonomy	7	7	6
Mastery	5	4	7

Meaning	7	7	5
Affiliation	7	7	6
Average	6.7	6.5	6

The outcome of this small sample shows us that those who have traveled outside the U.S. for health care were motivated by three factors:

1. Cost
2. Availability of treatments
3. Quality of care

Additionally, although the internet assisted in the selection and research process, word of mouth is how the interviewees in this research discovered the option of choosing to go abroad for medical care. None of the interviewees used the internet alone in the decision-making process. Having access to the internet provided more information about the availability of treatments, physicians, clinics and destinations, but all interviewees admitted they felt they would have gone abroad for the same treatment even if they did not have access to the internet. Interviewees stated that they used the internet to research and book their travel accommodations and to become acquainted with the destination.

Further interview studies should be introduced to provide statistical significance to better understand the true impact the internet has regarding deciding on a medical tourism procedure. Additional qualitative research should also help uncover what motivates people to choose medical tourism as an option and their knowledge of the terminology and meaning regarding medical tourism.

Limitations

The results of the survey and live interviews have some limitations and therefore leave room for further studies. In regards to the emailed survey; one limitation is the number of questions asked to respondents. Sources online, such as the blog post published on SurveyGizmo, suggest that a survey take five minutes or less and include no more than ten questions (Milliken 2016). This is evident towards the end of the survey where

respondents dropped out or skipped questions. Another possible limitation is the selection of back pain sufferers as respondents. Because back surgery is considered a complex surgery which may have complications, choosing respondents who are interested in a less invasive procedure such as cosmetic dentistry may yield better results. Finally, including respondents from countries other than the U.S. may have yielded different results.

In regards to the live interviews, as is the case with the emailed survey, interviewing a person from a non-U.S. country may have provided another point of view. Further, an additional limitation regarding the live interview is the number of interviews held. Due to the nature of live interviews, geography and time limit the ability to capture a variety of profiles and limit the sample size.

Conclusion

Medical tourism is already a booming industry, and it is expected to grow further over the course of the next several decades. Passage of the America Healthcare Act (AHCA) and repeal of Obamacare may boost it even further (Dickston 2017), as more Americans are set to lose health insurance coverage.

For patients, this may not be a bad change. Globalization means that more countries have advanced their healthcare to meet or possibly exceed American standards, and yet they can provide the services at a much lower price. Even domestic medical tourism may begin to experience an increase in competition, lowering prices and attracting patients hoping to reduce their healthcare costs.

All this growth comes with challenges:

Medical tourism offers few legal protections. Some of the most popular countries for medical tourism has few systems in place to protect patients from disreputable doctors, illegal internet marketing practices, and theft.

Medical tourism has several ethical issues. It incentivizes doctors to cater to international tourists rather than locals, pushes patients to make decisions based on

vacation quality instead of quality of care, increasing the chance of spreading foreign disease, and has little in place to assist with recovery and follow up care.

Still, these challenges are not stopping destination countries from successfully attracting and treating patients from all over the world.

For those looking to engage in medical tourism, it appears that there are many steps to take to make it seem like the right choice for patients. Following the models of other countries, as well as the factors that go into destination choice, companies and countries would be best served by focusing on the following:

Reducing Costs – Costs are a primary motivating factor of most medical tourism, with the exception of those seeking illegal treatments, faster treatment, or experimental/advanced care. Any method of decreasing costs must be reviewed first, as it appears to be a priority for most national and international tourists.

Reducing Speed – Another strategy that may be useful is reducing time to treatment. Patients in Canada, for example, appear to be willing to pay to receive a treatment right away. This is also true internationally, in areas like Thailand, where patients appear to appreciate that they can visit and receive a treatment right away.

Creating a Promotional Package – It appears from both the literature currently published and the results of the included survey that patients do appreciate the idea of traveling to a destination where everything is taken care of, including flight, hotel, and more. If this package comes with any discounts, it may have even more appeal. Marketing promotional packages online could be a way to attract international patients.

Identifying with Patients – Although this may be easier on a country-wide level, some degree of identifying with patients may be valuable. For example, catering to a patient's religious affiliation successfully, or proving a shared culture or language may have an effect on medical tourism.

Focusing On All Tourism – On a country or state level (as in the case of domestic tourism), positive associations with all tourism associations may be useful. Although the ability to visit attractions does not appear to play a significant role in destination choice, positive travel experiences and positive travel branding do, even outside of the confines of medical tourism.

One thing that does appear to be a limitation, however, is that medical destination branding seems to fuel itself. The popular locations for medical treatments do not appear to have changed much in the past ten or so years. Can a country or state break into the

medical tourism field? If so then how? It may require a significant effort, especially online and via social media, in order to brand the field.

Nevertheless, there is a considerable medical tourism market, and for countries or organizations that are looking for avenues to break into the healthcare market, medical tourism is certainly one of the most interesting to consider.

Although medical tourism is a fascinating industry that represents a significant portion of the global economy, research into medical tourism is lacking, especially with regards to how the internet has impacted the medical tourism field. Consumer awareness about treatment options outside the United States is low.

It would be appropriate for both prospective medical tourism companies, and countries hoping to become a part of the field, to invest in this research in order to gain a greater understanding of marketing, image, destination choice, and many of the other factors that are needed to successfully become a hub of international healthcare. At the moment, it appears most research is surface level, and not necessarily useful in a more focused context.

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Appendices

Appendix 1: Interview Outline

Structure: Standardized open-ended

Stage 1: Preparing for the interview

1. The setting: Live recorded interviews with little distraction
2. Explain the purpose of the interview
3. Express confidentiality
4. Explain the format
5. Length of interview
6. Exchange contact info

Stage 2: formulating research questions

1. Use open-ended questions (avoid yes/no answers)
2. Use neutral questions
3. Ask questions one at a time
4. Be clear and avoid asking “why” type questions.

Interview questionnaire script

Introduction

Patrick: Hello <interviewee name>, thank you for taking the time today to speak with me about your medical travel experiences. I am conducting research to try to determine why people choose a particular destination for medical tourism and the level of awareness around medical tourism as an industry. After the interview I will also be showing you what is called a DRAMMA scale, but I'll explain more about that later. The interview should last about 30 minutes. Does this time work for you?

Patrick:

I am going to ask you a series of questions and please take your time to think about them before answering. Also, you and your story will remain completely anonymous, all personal information will be kept confidential.

Do you have any questions for me?

Before we get started I'd like to learn more about you, what you do for a living, your age if you don't mind, your marital status, do you have children, where you live now and how frequently you travel.

Patrick: Thank you for the information, now on to the medical travel research questions!

1. First I'd like to know what you know about medical tourism? Please tell me about that.
2. From your perspective what are the benefits of medical tourism?
3. How would you rank these benefits from most important to least important?
4. I'd like you to think back to the medical tourism trip you took, and tell me about it.
5. What first made you think about medical tourism as an option?
6. What type of research did you do before going for your procedure?
7. Did you look at more than one clinic or doctor?
8. Where did you go?
9. What was the purpose of the trip? You can be general with this answer.
10. How long it took approximately from the time you first spoke with the clinic until you went for your treatment?
11. Who traveled with you?
12. What part of your experience was most memorable? Describe the event and feeling you had that makes this event most memorable.
13. How long did this feeling last?
14. Can you explain where you were exactly when this moment occurred?
15. Explain what kind of follow up care after your procedure was provided.
16. Explain how your follow up care was provided?
17. Based on your experiences can you explain the best way for someone considering medical tourism as an option to find the right clinic?

18. What do you feel are the benefits or consequences of choosing medical tourism?
19. How has having a procedure in another country influenced or not influenced your decisions about choosing medical tourism as an option for medical treatments?
20. Prior to this experience explain your knowledge of medical tourism

Appendix 2: DRAMMA Scale

DRAMMA – Try to remember back to the time directly after your procedure and please answer the following questions using the scale below. Where one (1) is not true at all and seven (7) is very true.

Detachment

Directly after my procedure I did not think negatively about my decision at all ____

Recovery/Relaxation

Directly after my procedure I felt comfortable and relaxed ____

Autonomy

Directly after my procedure I felt free and independent in my choice ____

Mastery

Directly after my procedure I felt having mastered a personal challenge ____

Meaning

Directly after my procedure I realized doing/experiencing something meaningful ____

Affiliation

Directly after my procedure I felt close to the people around me ____

Not at all true			Somewhat true			Very true
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Appendix 3: Online Survey Questionnaire

Name: Medical Tourism Questionnaire 2017

Platform: SurveyMonkey.com

Questions 1-18

1. What is your age?
 - a. 18 to 24
 - b. 25 to 34
 - c. 35 to 44
 - d. 45 to 54
 - e. 55 to 64
 - f. 65 to 74
 - g. 75 or older

2. Which of the following best describes your employment status?
 - a. Employed
 - b. Self-employed
 - c. Retired
 - d. Unemployed
 - e. Home maker
 - f. Other (please specify)

3. Which of the following best describes your current relationship status?
 - a. Married
 - b. Widowed
 - c. Divorced
 - d. Separated
 - e. In a domestic partnership or civil union
 - f. Single, but cohabiting with a significant other
 - g. Single, never married

4. Total household income last year.
 - a. \$0-\$25,000
 - b. \$26,000-\$50,000

- c. \$51,000-\$75,000
- d. \$76,000-\$100,000
- e. \$100,000+

Demographics page 2

5. What is your gender?
 - a. Female
 - b. Male
6. Do you currently have health insurance?
 - a. Yes, I do
 - b. No, I do not
 - c.
7. Do you currently receive Medicare benefits?
 - a. Yes, I do
 - b. No, I do not
8. Do you know anyone who has traveled outside the US for medical treatments?
 - a. Yes
 - b. No
9. Have you ever heard of medical tourism before this survey?
 - a. Yes
 - b. No
10. How did you hear about medical tourism?
 - a. Friend
 - b. Doctor
 - c. Print ad
 - d. TV
 - e. Search engine (Google, AOL, Bing, Yahoo, etc.)
 - f. Social Media
 - g. I have never heard of it
 - h. Other (please specify)

11. If yes to Q.8, what type of medical procedure(s) did they undergo? Select all that apply.

- a. Dental
- b. Cardiac (heart)
- c. Orthopaedic (spine, joints, bones)
- d. Urological (urinary tract)
- e. Fertility
- f. Cosmetic (plastic surgery)
- g. Ophthalmological (eyes)
- h. Unsure
- i. Other (please specify)

12. What country(s) did they travel to for medical treatments outside the US?

- a. Europe
- b. South America
- c. Central America (Panama, Mexico, etc)
- d. India
- e. South Pacific (Thailand)
- f. Middle East
- g. Canada
- h. Other (please specify)

13. How much cost savings would be necessary for you to consider medical tourism?

- a. \$1,000
- b. \$2,000
- c. \$3,000
- d. \$4,000
- e. \$5,000+
- f. Cost does not matter to me
- g. Other (please specify amount)

14. What procedure(s) would you consider?

- a. Dental
- b. Cosmetic (plastic surgery)
- c. Orthopaedic (spine, bone, joint)
- d. Urological (urinary tract)
- e. Ophthalmological (eye)
- f. Fertility
- g. Cancer
- h. Other (please specify)

15. Please rank from most important (1) to least important (5) in choosing your destination for treatment.

- a. Proximity (distance from home)
- b. Cost
- c. Doctor ratings and reviews
- d. Speaking with patients who have experienced medical tourism
- e. Availability of treatment

16. If you were booking a medical tourism procedure, which method would you prefer?

- a. All-inclusive package (included costs: medical treatment, travel and hotel accommodations)
- b. Book travel and hotel accommodations on my own (please explain why you chose this option below):
- c.

17. Would you ever consider medical tourism?

- a. Yes
- b. No
- c. Maybe

18. If you would like more information about Medical Tourism please leave your email address below