Best Practices in Medical Tourism

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GREAT EVERY TIME

Delivering Excellent Patient Experience By Managing Critical Touchpoints In Medical Tourism

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and
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The ***Best Practices in Medical Tourism*** publications from the Medical Travel Quality Alliance are written to educate and inform health care and service providers in the medical tourism "supply chain", and to promote quality and safety practices in the treatment and care management of traveling international patients.

Titles in the series include
Care and Management of Traveling International Patients
GREAT EVERY TIME: Delivering Excellent Patient Experience By Managing Critical Touchpoints In Medical Tourism
What is Medical Tourism?

MTQUA welcomes submissions from experienced health care and medical tourism professionals for publication in this series. Please submit your proposal or your document by email to caroline@mtqua.org.

Providers who invest the time and effort to provide the most thoughtful professional experience for their patients will reap the most significant rewards in terms of repeat and referral business.

Medical travelers who choose the right hospital, procedure and physician will experience the greatest quality of outcome and care, and have the most successful medical journey.

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by

Sandra J. Millar and Julie W. Munro

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Introduction

Patient touchpoints or where patients and providers interact often determine the total patient experience and satisfaction. They affect both clinical tasks and patient outcomes.

This paper is written for hospitals, clinics, doctors and service providers, to help them identify the areas of concern that must be addressed when preparing one's enterprise to welcome and care for medical tourists, specifically where provider and international traveling patient meet and sometimes collide.

While directed at health care institutions, we believe this paper offers valuable information to any enterprise that provides a service for the medical tourist.

It is a roadmap to great patient experiences every time. It will give a better understanding of

- how to become a quality provider of treatment care for medical tourists
- how to keep medical tourists safe and secure
- what it takes to succeed in medical tourism

Our discussion here of great experiences is limited to those touchpoints that directly impact traveling international patients once they are "on the ground" in the hospital or clinic at their chosen medical destination.

There are other touchpoints, of course, that create a great patient experience. The patient experience does not begin or end inside the medical facility. Care management, referenced in other publications of Medical Travel Quality Alliance, is also critical.

No entry barriers

Barriers to entry in medical tourism historically have been very low. Hospitals and clinics, agents, and service providers can simply declare themselves "open for medical tourism", with few preparations other than creating a website or adding an international inquiry and call service.

Confusion by the general public about what is "medical tourism" keeps these barriers low, as many medical tourism participants – and the media – focus on the "tourism" part rather than the "medical" part. Travel for tourism is a well-established, known activity. Travel for medical treatment is vague, unfamiliar, and daunting.

Most health care and service providers entering the field of medical tourism have little understanding what a medical travel service requires in offering appropriate medical treatment and quality care.

Nor do many understand the expectations of patients and practitioners that are built on media reports and hearsay, and that may or may not match the reality of the experience.

The challenges

What do hospitals and clinics need to do so medical travelers will feel confident, comfortable and secure?

What do they need to do so they can deliver great experiences along with good medical outcomes to a population over which they have no control?

How can they earn the trust of medical tourists and build a long term business in medical tourism?

How can they build a sustainable medical tourism business that significantly impacts their bottom line?

Embracing medical tourism

In our experience, hospitals and doctors enthusiastically embrace medical tourism for one of three reasons.

First, some hospital or clinic directors, in their enthusiasm to jump into the medical tourism market, believe their institutions are ready, or good enough, to manage and treat international patients. We call this the *world class syndrome*.

Ill-prepared and inappropriately encouraged by their professional staff, a marketing director or administrative team, they lack understanding or knowledge of how to safely, competently, and compassionately manage traveling international patients.

Second, some hospitals and clinics may decide to join the medical tourism bandwagon because they have been solicited by agents to become medical tourism providers.

The hospitals and clinics are relying on untested agents to supply them with patients. Too late, they find that these patients often create problems the institutions are not equipped to handle.

In a worst case scenario, a hospital's, a doctor's or a clinic's reputation can be badly hurt and eventually destroyed.

Third, some providers truly believe they are prepared to accept medical tourists. They believe, because they provide treatment of a reasonably high quality for local patients, they can care as well for foreign patients. They view the additional revenue generated by foreign patients to be a bonus added to the bottom line that doesn't require much extra work or preparation.

While their perception of their quality may be correct, they ignore that treating traveling international patients is quite different from treating patients who come from their own community or country.

Building trust

Most of these health care providers are unaware that foreign traveling patients require significantly more attention and care than what they give their local patients.

All levels of medical and support personnel need to adapt to the new foreign patients. Changes must be made to the institution's culture, business methods and treatment protocols. Small and large improvements must be made to the physical setting.

Hospitals and clinics are seldom prepared to manage international patients on any scale, yet they consider themselves medical tourism providers simply by declaring themselves so.

Despite their good intentions, these providers may cause – or even create – unnecessary problems for patients and for the medical travel industry.

And, as an industry, we do very little to prevent abuse of patient trust. There is little to give patients confidence in the medical tourism process.

There are a number of critical patient touchpoints that have major impact on developing the relationship between the international patient and the hospital.

Trust is a key component in the healing process. Building trust between the patient and the doctor, the patient and the nurse, and the patient and the institution, takes a great deal of care, effort, and patience.

Trust is typically focused on the doctor-patient relationship, and is left to the doctor to develop with each patient.

Trust building must be an institutional goal. There are techniques that can be used to help build trusting relationships. These techniques should be not only a consideration for the marketing and finance departments but, perhaps more important, a matter for the medical department.

Ashish Jha, professor of health policy and management at Harvard, believes transparency is a very good measure of a hospital's quality.

As difficult as it often is to establish bonds of trust, it is easier to nurture them once established. But it is even easier to break these bonds of trust.

Critical Patient Touchpoints

1. Direct and clear communications

It is not up to the patient to understand the hospital staff. It is up to the hospital staff to make sure they understand the patient.

With international patients, care begins and ends with communication. Communicate early, communicate often, and when in doubt, communicate again. Communication gets the job done, and gets it done right.

Physicians are typically conservative and tradition-bound individuals. They may not, for example, be accustomed to answering the many questions international patients may have.

In some cultures, it is still quite rare to raise questions about treatment. This reluctance, or fear, may bring about anxiety within the patients and concern about getting good results.

Communications and trust go hand in hand. Physicians may perceive the patient's questioning as a lack of trust in their abilities. They may become distressed and anxious as much as their patients.

And so, the bond between patient and doctor is broken, the relationship is altered – not necessarily on the patient's side but on the doctor's side – and it is hard to get this back.

Communication tools go hand in hand with the dialog of communications. Consider how you can build the best pathways for patient-caregiver communications through email, telephone, electronic medical records, Skype, video conferencing.

2. Cultural barriers to treatment and care

Hospital staff must appreciate, observe and manage the sensitive nature of cultural differences, most of which lie below the surface.

We hear much about the need for health care professionals to be culturally aware.

In practice, in medical travel and health tourism, this often means little more than applying a checklist for religious or social sensitivity to patient care protocols. Religious holidays? Check. Prayer room? Check. Family suite? Check. International television channels? Check. Ethnic foods? Check.

Different cultures put emphasis on different things. A North American patient expects eye contact, a firm handshake and an open discussion when meeting a doctor.

For the doctor, likely from a different culture than this patient, these expectations are foreign. A direct and open attitude, in many cultures, is not the accepted practice even though many medical staff may have attended western universities and medical training facilities, or are board-certified by American or European organizations.

The doctor finds these expectations strange or discomforting. The doctor must learn about and understand what lies underneath this expectation and, to foster trust, meet these expectations.

Even when medical staff are fluent in the English language, their cultural backgrounds may inhibit them from fully understanding a patient's direct approach.

Trust building may be affected by differences in physical stature, personal hygiene, appearance, or demeanor.

In Asian cultures, doctors tend to be physically smaller than their western or Middle Eastern patients, and can be intimidated by the direct approach of one of these patients.

If the patient is especially overweight, an Asian doctor is often uncomfortable caring for this patient.

Some patients may respond poorly to a doctor's facial hair. Or vice versa – the doctor may respond poorly to the patient's facial hair.

Some nurses may react against a patient's body odors. If the patient is not accepting of a nurse's authoritative role, the nurse is unlikely to provide more than the basic requirements of treatment.

With proper preparation, patients and doctors – and nurses – can better understand and learn how to handle these very obvious differences.

But cultural differences and cultural sensitivities run much deeper than making adjustments based on a simple checklist or on visible cultural cues.

The problems that trip up institutions are often due to these less obvious cultural differences.

They occur because 90 per cent of differences between peoples and cultures lie beneath the surface.

Like an iceberg that does more damage by the mass hidden below the surface of the water, deep cultural differences that are manifest through values, standards and expectations can seriously impact treatment and care.

Few institutions train or educate their personnel about attitudes toward death, family, humor, marriage, sexuality, pain, justice, or gender differences.

Major medical destinations lie in Asia. In Asia, the concept of *face* and *saving face* continue to be major characteristics of culture in Thailand, Malaysia, China, Singapore and elsewhere.

Face, as in *giving face*, *losing face*, and *keeping face* can impact quality of care.

Doing something well or correctly is less important than the perception of doing something well. The opposite, doing something badly, is less important than keeping the bad deed secret. In other words, it is acceptable to cover up an error made on the floor by a nurse than to admit the mistake and correct it.

Not surprisingly, international patients who may feel frustrated at not being listened to or understood, may want to directly confront a caregiver or aggressively demand assistance.

Verbal confrontation may be all right in India, for example, where assertive behavior is accepted and leads to action, but is not okay in Thailand, where direct confrontation can result in deliberate ignoring of the demand, and even refusal or subversion.

3. The physical environment

Trust and confidence is enhanced or shattered in the first moments when the patient walks into your establishment.

The physical appearance of the hospital is a key element to review in preparing for medical tourists.

Research shows that most patients and their families judge the quality of clinical care received based on their perceptions of mostly non-clinical care environments. Enhancements in public areas create an open and accepting attitude for patients.

Because many private hospitals in Asia are newer than the medical facilities in patients' home countries, medical travelers are often pleasantly surprised to see the hotel-like lobbies of these new hospitals and to recognize familiar food service brands such as Starbucks and McDonalds.

Walking about the public areas, the observant medical traveler may notice certain features like the existence of security measures, new or old furniture, clean or dirty windows, crowded or noisy waiting areas, a clean dust-free and odorless environment, sparkling clean public washrooms and sanitary conditions in cafeterias.

Appropriate multi-lingual signage is often one of the most overlooked and most easily fixed problems in hospitals and clinics.

Evidence-based design is emerging as a hallmark of progressive health care facility planning around the world.

On the ward, consider the subtle influence of paint and décor color, the comfort of air cooling and heating systems, the furniture styles, age and condition of the bed and the equipment

used. Are bed sheets, robes, pajamas the right size, the right style, and the right fabric?

Hand-washing procedures, the use of protective gloves or facial masks during examinations, availability and use of sanitation gels are all observed, and all contribute to the patient's positive or negative feelings about the hospital and staff.

Making patient needs, or in this case, making international traveling patient needs, the first priority during the design process is no longer a radical notion. The Cleveland Clinic (located in Cleveland, Ohio) has gone so far as to create the Office of Patient Experience where patient-experience specialists serve as part as the design and construction team.

4. Patient orientation to international services

Nothing beats a friendly companion who speaks the same language.

An orientation tour of hospital facilities with a native speaking guide (speaking the patient's own language) should highlight banking, international calling, computer services, bookstore, snack shop, religious center (prayer room or chapel), and hair salon along with restaurants, coffee shops and gift shops within the hospital complex.

Some patients ask for the contact information of a local priest or imam. This service can be a key in providing comfort and favorably positioning the hospital and its services.

5. Professional demeanor

A proper professional attitude must be integrated into all patient touchpoints.

Most discussions of professionalism focus on preparing doctors and hospital executives to handle the very different real-world situations that occur when an institution takes medical travelers on as patients.

Nursing staff should not be neglected. Nurses need similar training or preparation for dealing with medical travelers.

They are often ignored by management yet, when family or patient representative leaves the hospital for the day, and the physician is not available or it is after hours, the floor nurses are a patient's only means of contact and care – and trust.

The degree of professionalism, the attire and grooming of the surgeon and staff, the physical layout and cleanliness of the office and examining room all contribute to the feeling of comfort for the patient.

The subtleties of soothing color, proper air-handling systems, comfortable furniture styles, cleanliness and upkeep of fixtures, age of equipment, hand-washing procedure, and use of protective gloves or facial masks during examinations all contribute to patients' positive feelings about the hospital and staff and trust in their medical care.

Many international patients have a different body shape and size in comparison with local patients. The need for different sizes of gowns and robes, beds, wheelchairs and medical instruments must be reviewed.

Understanding, not derision, from the staff is the appropriate professional decorum.

6. Case management

A home away from home; a friend in need.

The doctor must often assume the role of a case manager since most traveling patients are not accompanied on their medical journey by a patient advocate or independent care manager.

The MTQUA publication, Care and Management of Traveling International Patients, addresses this section in detail.

Though a hospital may have patient service personnel to resolve simple problems like flight changes, visa extensions, lost wallets, international telephone calling, etc., the patient and accompanying family members most likely turn to the surgeon or the nursing assistant for help with issues of care, for advice, consolation and problem resolution.

7. Care on the floor

"Customer service" should extend to the experience on the ward.

Once the patient is settled in the hospital room, the initial visit by internationally trained English-speaking staff is a welcome addition to patient comfort and care. It is an orientation to the hospital experience and a friendly "welcome wagon" visit in one. It is a critical

touchpoint, and sets the tone for the total patient experience.

It may not be a nurse or floor staff, but a trained support services team member who can better communicate in the native language with the patient is a must.

English being the default international language of health care, consider having at least one person per shift who is able to speak well in English.

There are many stories from both patients and hospital staff of unnecessary complications and misunderstanding from not being able to communicate accurately with each other.

Many difficulties arise in the area of food. International patients want food they are accustomed to, and to get help in ordering it. Patients often need assistance with eating or drinking, and even reaching for trays left out-of-reach by unthinking food service staff.

Empowering floor staff with responsibilities for meeting certain needs that patients may have is a further change to consider implementing. It should go without saying that specific patient needs must be written into case files so each shift is aware of the patient's requests and requirements.

Not only floor staff but laboratory technicians, pharmacists, radiology staff and others who interact with patients or visit patients on the floor should be encouraged directly, quickly and courteously to respond to patient needs.

If the patient must leave the floor for tests or therapy, the personnel interacting with the patients must be sensitive to the needs and language restrictions of the patients. A trained international patient care representative may be advisable.

In many institutions, empowering individuals who are low in the hierarchy will likely meet strong resistance from the institution's own internal culture.

8. Care in the I.C.U. and C.C.U.

This may be where an independent patient advocate is most valuable for the patient.

Some medical tourists may find themselves in an Intensive Care Unit or Cardiac Care Unit after a difficult surgery or an unexpected incident like heart palpitations, cardiac arrest, renal compromise or failure, reaction to medications or any event during surgery that causes extraordinary behavior, complication or infection.

Patients may awaken post surgery to find themselves unexpectedly in unfamiliar surroundings, in the full glare of bright lights staying on round the clock, and with many medical staff working around them.

Bewildered, they may react poorly or panic, try to get up or remove lines or sensors. I.C.U. nurses who are highly trained in their specialty but not usually trained in the unusual circumstances they may encounter while caring for an international patient, respond by placing the patient in restraints, secured hand and foot ostensibly for his own safety.

There is usually no English language proficiency in an I.C.U. or C.C.U. The empathy usually found in recovery room staff or on the floor gives way to specialized nurses and doctors. A simple request from the patient for water or ice chips is ignored. An indication of discomfort is misunderstood.

Unknown specialists may come in and out, possibly replacing one's original doctor or surgeon, and adding to the patient's isolation and feelings of threat or danger.

The comfort and security of a competent, experienced medical travel professional can make an enormous positive difference. All the patient may need is a full, clearly communicated explanation as

to what has happened and why he is attached to medical equipment in an intensive care environment.

In the event of a catastrophe – a serious setback or even death – an independent professional may be able to assist the appropriate hospital personnel in communicating with family or friends, or an embassy, to explain the patient's circumstances and situation in a professional, detached but sensitive and culturally respectful manner.

9. Costs, billings and insurance

The greatest impact on your patients may be financial.

> In many cases, doctors are the ones to present the cost quotation to the patient. They also are the ones who directly and personally may experience the patient's "sticker shock" when the patient finds out that the cost quotation first presented by email is not, in fact, the actual estimated cost or the final bill.

Most doctors are uncomfortable discussing costs with patients. But for medical travelers, usually paying the bill themselves, this is often the proverbial elephant in the room – everyone knows it's there but no one wants to talk about it.

Doctors need to understand how to deal with cost issues and questions. Clumsy handling of the expenses that make up a patient's total bill disturbs and threatens the trust balance between doctor and patient.

Some medical travelers may have insurance that covers their medical procedures. Sometimes they have misread their travel insurance policies and believe to be covered for routine tests, eye examinations or dental treatments. Major arguments with hospital

staff have occurred over coverage and care and treatment may become compromised.

Some insurance companies may cover many medical situations, especially in the case of expatriates, but the time between initial treatment and insurance payment approval of planned treatment and guarantee of payment may take two or more days, with the patient unwilling or unable to pay for immediate treatment.

Many problems surround this type of situation and must be settled on a case by case basis between the hospital's insurance specialists and the insurer.

10. Documentation and discharge

The medical tourist needs information at the end, too.

At the final doctor or hospital visit, patients should receive, in English and without asking, a complete history of the procedure or treatment and any recommendations for home country follow-up or continuing treatment.

The patient's medical history should be presented as standard procedure, in digital and paper form, complete with digital scans and operative notes.

Some hospitals include a DVD prepared by the marketing department in the discharge package.

Documentation and all legal forms including insurance material must be to international standards in English. If the selected hospitals are internationally accredited this will likely be the case.

English speaking staff must be involved with the production and presentation of all documents to be able to discuss their content with the patient.

Some patients like to take photographs of the facility and their medical staff as a special reminder of their positive hospital experience. All photographs should, of course, respect the privacy of other patients.

11. Post discharge outcomes

Continuity of care extends beyond discharge and involves both medical and marketing staff.

Upon discharge, the patient pays the hospital bill and moves on to live in a hotel for few days. Too often, once the bill is paid, hospital or clinic staff close the file on the patient, though the patient remains in the care of the doctor.

The patient is usually expected to return, for a check-up, suture removal, medication, or testing. Often patients are so happy to leave, the last thing they intend to do is return for what they perceive as non-essential care.

Continuing contact throughout the care episode and period of recovery is a key patient touchpoint.

During this time, it is critical that the patient have 24/7 access to a hospital staff nurse or physician to answer any medical concerns and be available to the patient with the ability to transport and admit back to the hospital, if necessary.

Surgeons should also provide a means for continuing contact if needed. It is essential that patients not feel abandoned and know

someone is available to discuss further care needs or problems even after they have returned home.

Several weeks post surgery, it is both a comfort and good marketing tool to send a short note to patients inquiring about their recovery and wishing them well. Some hospitals approach patients for testimonials.

Handing off of care between the home-based doctor and the provider at the medical destination, and the sharing of electronic information between them continue to be vulnerable touchpoints in the long term care management of the international traveling patient.

How care continuity is managed, with corresponding follow up and documentation, affects outcomes for the patient and for the provider's medical tourism plans.

Great EVERY Time!

Success in medical tourism relies on trust between medical travelers and their health care providers and care managers.

In embracing medical tourism, providers are making an implicit contract with medical travelers to provide comfortable and secure surroundings and good medical outcomes.

Today, a good medical outcome is not enough. As more medical tourism providers and destinations enter the industry, delivering great patient experiences is becoming very important.

The burden falls on all levels of medical and support personnel to participate in changing and suitably adapting internal culture, business methods, physical environment and existing treatment protocols, thereby delivering great patient experiences and giving medical travelers greater confidence in the medical tourism process.

About the authors

Sandra J. Millar

Sandra J. Millar, Chief Operating Officer of Bhavana Phuket Addiction Treatment Centre in Phuket, Thailand, is an international business and health care specialist with more than 30 years experience in health care practice, marketing, and tourism program development.

In Thailand, Mrs. Millar was Director of International Operations at Phyathai 2 Hospital (Harvard Medical affiliated), and International Affairs Director at Samitivej Hospital (JCI-accredited) in Bangkok, where she participated in the preparatory stages of accreditation. She provided assistance in strategic planning, international marketing, policy and operational protocols, patient consultations, paralegal and insurance resolution, end-of-life family counseling and patient safety issues for more than eight years.

In Canada, she was Senior Disciplinary Judge for the College of Nurses of Ontario, chairing Strategic Planning, Fitness to Practice and Communication committees, and a senior trade commissioner for the government of Canada concentrating on NAFTA regulations and World Bank/Asian Development Bank undertakings. She was an advisor and partner in private consortia for the development of health care investment opportunities in Saudi Arabia, Jordan, Viet Nam and Thailand.

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She founded InterMed Global as a consultancy and training company based on her work at Cosmetic Surgery Travel (www.cosmeticsurgerytravel.com) which she established in 2003. One of the earliest medical travel agencies, today Cosmetic Surgery Travel is a leading international medical travel facilitator bringing patients from around the world for medical treatment in Singapore, Thailand, Korea and other countries.

Ms. Munro is President of the Medical Travel Quality Alliance (www.mtqua.org). She is a member of the International Advisory Board of the European Medical Tourism Alliance EEIG (www.eumta.org) and former Vice President of the International Medical Travel Association (www.intlmta.org). She writes a regular blog and contributes to Healthcare Finance News and other publications.

Ms. Munro is a popular speaker and lecturer at medical tourism conferences and workshops around the world, speaking on comparative business models of medical tourism, international marketing for medical travel, and international patient management. She divides her time between Bangkok, Thailand and Scottsdale, Arizona.

Medical Travel Quality Alliance

http://www.mtqua.org

As medical travel increasingly becomes an acceptable alternative for patients who seek choices in medical care, medical travel and health tourism providers must offer assurances these patients will receive treatment abroad that is safe and of a standard that is as good as or better than the same treatment at home.

Medical Travel Quality Alliance (MTQUA) promotes and participates in development of quality and safety standards and practices for providers and related service providers.

Certification
MTQUA encourages professional development in the medical tourism industry and offers certification, training and workshops for all who provide treatment and care to patients seeking cross-border medical treatment and care.

World's Best Hospitals For Medical Tourists™
MTQUA annually publishes a list of best hospitals for medical travelers, based on quality medical treatment, patient care and medical travel best practice.

Membership
All providers of treatment and care to medical tourists are welcome to join MTQUA's campaign for quality in medical travel. Membership is open to enterprises and individuals.

Partnership
A hospital, clinic, medical practice or other business that offers medical care to traveling patients or support services to medical travelers may apply to be a MTQUA Partner.

Medical Travel Patient Registry™
MTQUA maintains a private Patient Registry for international traveling patients.

Inside Medical Travel Newsletter
Useful tools, information and insights to help you grow your medical tourism business.