

Best Practices In Medical Tourism

1



Care And Management Of Traveling International Patients

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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,” in order to focus attention on quality and safety practices in the treatment and care management of international traveling 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
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of
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by

Julie W. Munro

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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.

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Introduction

An environment of safety, medical excellence and care continuity must be available and offered to all medical travelers without regard to their home country or their medical destination.

The Medical Travel Quality Alliance (MTQUA) offers this perspective on how best to ensure that needs of medical travelers are met in this environment. This perspective is based on the experiences and insights of medical travel agents and facilitators like myself who have worked with thousands of medical travelers for five years or longer, steering their medical journeys from inquiry through medical treatment, recovery and post-care follow up.

MTQUA applauds these medical travel agencies for their work keeping their international patients safe and healthy. We thank them for their support of our activities.

MTQUA thanks our supporters at Bangkok Hospital Center, Bumrungrad International, Clemenceau Medical Centre, Parkway Hospital, and Wockhardt Hospitals Group for their comments, advice and guidance.

The medical traveler's journey

Completing a successful medical journey involves more than the patient and his or her practitioner and/or provider at opposite ends of the journey, at the medical destination and in the home town. Undertaking medical treatment in another country has a complexity in and of itself that is significantly different from having the same treatment at home.

Little of this complexity is appreciated or understood within the medical tourism community. The very debate over the definition of “medical tourism” reflects this ignorance and confusion. Does medical tourism involve or incorporate executive health checkups? Does it include emergency medical care, or casual treatments, or dental examinations or cosmetic dentistry? Does it include spas? And so the debate lumbers on, without agreement or common definition, even as we move into the second decade of 21st century medical travel.

More people in the industry now understand medical tourism has little to do with tourism and much to do with medical care and treatment.

Is the patient well informed about the medical journey he or she is about to undertake? How does the patient become well informed? Is it possible for the patient to find out what he or she needs to know to plan for the most favorable outcome?

Assistance for the medical traveler

Some in the industry understand that the international patient embarking on a medical journey needs assistance. Yet what this assistance entails seems open to as many interpretations as there are medical travel agents and providers.

Medical travel agents

Because the bulk of media attention and entrepreneurial activity has been in the United States, because Americans are sadly insular when it comes to arranging independent travel outside the U.S., and because this industry has been unfortunately labeled as “tourism”, many U.S.-based medical “travel agents” have focused on passport and visa assistance, flight and hotel arrangements, and booking appointments through hospitals in medical destinations. They provide very little, if any, support of care, planning, or continuity in care management.

In countries where patients tend to be more accustomed to or familiar with international travel, as in most of Europe and the Middle East, the medical “travel agent” has not been as popular a figure as in America. People require less travel assistance. Travel agents in some countries may be legally restricted in the types of services they can offer to medical travelers.

Medical travel facilitators

The term “facilitator” has emerged to perhaps differentiate those who are essentially travel and tour agents from companies that may provide health care arrangements and “ground” services without making travel arrangements. It remains to be seen whether the medical “travel facilitator” is significantly different from the medical “travel agent.”

Medical tourism companies

Certainly, medical travel facilitator is popular nomenclature within the industry but has failed to catch on with the health care consumer. The most common searches in Google are for “medical travel agents” and “medical tourism companies.”

Concierge services

Some hospitals, clinics and other medical providers offer “concierge services” for their international patients because they style themselves

after 5-star hotels. There are facilities in the U.S., Switzerland, Germany and elsewhere that consider foreign patients a “little” different from domestic patients since international patients who seek care with them are often referred by their own home country specialists and their care is closely monitored by these same home country doctors. Their concierge services are little more than hotel-type concierge services.

Patient navigators

The Cleveland Clinic now offers “patient navigators” whose role is to smooth the path of the patient inside the hospital and during treatment. The patient navigator is neither a patient advocate nor advisor. The patient navigator is a hospital employee who is charged with keeping the patient compliant in order for medical treatment to occur.

Medical concierge

“Medical concierge” is a misunderstood term. When first used in medical tourism in 2004, it was in the context of providing personal attention and services within a concierge medicine environment. This notion of providing direct personal care privately and outside of a health insurance program is not well-known outside the U.S. (or even within the U.S. for that matter), but continues to expand by doctors.

There is a role in medical tourism for the “medical concierge.” In practice, it has evolved as someone doing the initial intake by email, helping plan the travel and ground arrangements, and visiting the patient while in the hospital.

This common and limited function of a medical concierge is certainly useful in all settings – hospitals, clinics, recovery resorts and medical tourism companies.

But this sort of “medical concierge” is not sufficient to secure a quality outcome of the highest degree.

The Patient Care Manager

As created and practiced in the U.S., concierge medicine, also called boutique medicine or retainer-based medicine, provides a patient with personalized attention and medical care by a private physician who has opted out of an insurance covered network and directly charges each subscribed patient a monthly or annual fee for unrestricted access and services often 24 hours a day, 7 days a week.

Today, few engaged in medical tourism understand and use the phrase “medical concierge” in the sense of providing concierge medicine team support. As long as medical tourism continues to be viewed structurally as tourism that happens to have a hospital stopover, the role of a “hospital concierge” will be similar to that of a hotel concierge and not have any medical support element.

Dr. Howard Maron, a pioneer in concierge medicine, says about his work, “To describe what I do as simply opening doors and directing people [is wrong] ... I prefer [to call it] 'highly attentive medicine.'”

Beyond “medical concierge” or “patient navigator”, there is a different and significant need for someone offering “highly attentive patient care” to the international traveling patient.

Such a care manager actually takes responsibility for a patient, advising and advocating for a traveling international patient in order to present the best opportunity for an excellent medical travel outcome.

The needs of the medical traveler are clear and definable, and are different from those of ordinary patients who seek care in their home communities, or in their home countries.

MTQUA calls this type of advisor or advocate for the medical traveler an international patient care manager (or patient manager for short). This Patient Manager is someone who serves the traveling international patient as a personal medical care coach, fully engaged and charged with making the medical traveler’s journey a safe and medically excellent one.

An International Patient Manager or International Care Manager is someone who has a practical knowledge of the health care environment, understands and is familiar with the medical environment at the medical destination.

The International Patient Manager is trained to be the patient's representative and advocate, supporting the patient through all the elements of the medical journey.

The International Patient Manager, as a professional, is a full partner in the medical traveler's care management team. An international patient manager may be but is not necessarily a degree-carrying medical professional.

Best practices in the care of the medical traveler

At present, medical tourism best practices are few and far between. It will be some time before the medical travel industry reaches a universal understanding of what it takes for a patient to experience a successful medical journey.

On the surface, medical tourism seems like such a straightforward business – after all, it is only a matter of finding individuals who need medical attention, putting them on a plane, making sure they get to the hospital for whatever surgery they need, and putting them on the flight back home.

Simple enough – until the first time that something goes wrong.

When something does go wrong for the medical traveler, it becomes dramatically clear that this individual is not a tourist, not a customer, or a client, but a patient – a patient who is being wheeled into an operating theater because an international patient manager made the arrangements, or because an international care manager came

forward and said to this individual: This is a good hospital. This is a good doctor. Count on me. Trust me.

It is remarkable how few in the medical travel or health tourism industry who write about the duties of a “medical travel agent” or purport to define the role of a “medical travel agent,” have taken more than a handful – if that – of international patients through the entire care management process that makes for a successful medical journey.

Some search for best practices, not recognizing that best practices already exist in the industry: individuals and agencies who, having worked with thousands of medical travelers from many different countries, are using common procedures, systems, processes and managerial styles that produce quality outcomes at reduced risk for the medical traveler.

What are these common procedures and processes? How do we know they work, and that they do what they are intended to do?

First, we have the evidence of thousands of medical travelers who have successfully completed their medical journeys, criteria for successful completion being satisfied patients with excellent outcomes over time.

Second is the evidence of significantly fewer adverse outcomes than expected and, when analyzed, are usually due to the patient’s non-adherence to care instructions.

Third are observations made by doctors at the medical destination. They note that their patients who are under the care management of an experienced international patient manager are better patients than those who are booked directly through a hospital’s international department. They are better informed, better prepared, and better monitored. Consequently they tend to heal better and faster.

Fourth are the comments made by the patients themselves once they have experienced the medical travel care process. For medical travel agents and international patient service companies who have

managed thousands of traveling patients, the one consistent comment they hear from patients is: I could not have done this myself.

And finally is the willingness of patients to gladly return for another medical procedure, and to give testimony to others without reimbursement of any kind.

The medical traveler

What characterizes a medical traveler? Who are the patients who need the services of an international patient manager?

Patients who use medical services in a country other than their home fall into these categories: the emergency room patient; the “incidental” patient; the expatriate or local foreign resident; and the medical traveler.

Neither the emergency room patient nor the incidental patient plans ahead to use medical services away from home but circumstances – whether an accident or acute event lands one in an ER, or a casual whim to get Botox finds one in a street-side clinic – may bring one face to face with a medical practitioner in a foreign country.

The expatriate may or may not be a medical traveler. Utilizing maternity and pediatric services are almost routine for the expatriate family, and whatever local hospital or clinic is favored in the community is generally used. For acute care, expatriates may stay *in situ*, become medical travelers to a third country, or elect to return to their home countries.

The medical traveler crosses national borders to seek planned, usually acute, care that is inaccessible at home.

Even when preparing for elective surgery at home, health guide books counsel “ordinary” patients to seek out the facts about their pending surgery, and the hospital and doctor who will treat them.

Despite relative ease of access to information at home, the information gathering often overwhelms the patient, who sets about to learn about a surgeon's background, procedure outcomes, hospital infection rates, nurse ratios, and so on.

Most patients rely on their primary care doctor to lead them to the appropriate specialist. Expecting the medical traveler to conduct the same search for information about foreign medical services is both naïve and foolish.

All patients are generally advised and encouraged to bring a family member or friend to a doctor appointment and to surgery. Most important for a patient after gathering health documents and preparing a list of current medications, according to many doctors and advisors, is enlisting someone to be a second pair of eyes and ears.

Is this any less important when a patient is seeking care from strange doctors in an unfamiliar medical environment in a foreign country? Is it reasonable to expect a family member or friend to be little more than a companion and conversation buddy in a foreign medical setting? Is it not in the best interests of the patient to have a knowledgeable professional at his or her side when obtaining care in a strange hospital by a strange doctor in a strange country?

Most patients have never been inside a hospital and are not equipped to judge if their care is exemplary or falls short of requirements for safety and quality outcomes. The medical traveler is no more or less prepared to judge and evaluate.

Continuity of care in medical travel

It has been the experience of MTQUA participants that the degree of attentive and quality care is directly related to the level and influence of the support structure around a patient, the sort of support structure set in motion by the international patient manager at the moment a patient decides to seek medical care abroad.

MTQUA participants have presented this medical travel continuum of care for several years, first at an international medical tourism conference in Bangkok, Thailand to an audience of hospital executives, doctors, JCI representatives and medical travel agents and subsequently at numerous medical travel and tourism conferences. This model for medical travel continuum of care is increasingly being used and referenced.

In MTQUA's model of medical travel continuum of care, seven key processes are identified. Each of these processes has best practice implications and in each of these processes, the international patient manager can play a vital role.

These seven processes of care management for the medical traveler also suggest parallel processes for the provider or medical travel agency in operations and in marketing to the international patient and medical traveler.

These processes are: inquiry; planning and preparation; admission and treatment; recovery and discharge; care management and follow up; feedback and data collection; and program improvement, development and promotion.

Inquiry process

The inquiry process connects the patient with the international patient advisory service: the information gathering stage; the detailed inquiry and response; and an evaluation of the patient's suitability for medical travel must all work together in the patient's interest.

Clear information that is specific to the patient's needs, an inquiry form and submission process that is mindful of privacy and confidentiality issues, a quick, accurate and thorough response are key.

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The inquiry response team needs to respond appropriately and in a variety of roles as needed, as sales person, medical assistant, travel agent and counselor.

At what point does an inquiry change from a sales lead to a medical treatment plan? Do the response team members understand the difference?

Team members who are required to up sell services must be trained to do so with caution and care appropriate to the patient's requirements. Team members must be trained to respond with medically appropriate terminology and careful not to practice medicine without a license.

Doctors who understand the limitations of the written, audio or video inquiry restrain from providing or appearing to provide a definitive diagnosis. In some jurisdictions, they are prohibited from engaging with a patient whom they have not previously met face to face.

Patients need to be reminded that a "Dr." or "M.D." designation by a name is not proof of medical qualification. Medical travel websites exist that market services, in one case by an engineering Ph.D. who signs patient communications as Dr. So-and-so, and in another case, by a "Dr." who has had his license revoked in the U.S. and claims to practice in a third country where he is unlicensed.

The inquiry process includes levels of screening and risk assessment, from questionnaires and medical histories to review of test results and imaging records. Any advisor or inquiry processor must know when and how to say no to someone who is not a candidate for medical travel.

Planning and preparation

Once a patient has been accepted for treatment, certain steps must be taken for the medical journey to be a success.

Responsibility for planning the medical journey can fall on the shoulders of the international patient manager, the hospital and/or the patient. What are the planner's responsibilities? Is the treatment plan realistic? Does it fit the patient's travel and work schedule? Are optional treatments and procedures compatible with the treatment plan? Are there medical or non-medical treatments that will help with recovery and healing? Who is the patient's contact, doctor at home and patient representative?

What are the medical traveler's responsibilities? Is he or she fully informed? Has he fully disclosed his condition and health issues? Is the home physician supporting or managing the medical journey?

Travel and accommodation plans may be made by the patient or the planner, often in conjunction with a travel agent, and considering proximity to health care facility. Flight and hotel arrangements should be flexible if possible to allow for small or major changes that occur during treatment and care at the medical destination.

Ground transportation (between airport and hotel) usually comes together with accommodation plans. Health care related transportation is the purview of the international patient manager as it is critical that the patient arrives to appointments at the right place and at the right time.

The doctor at the destination must be made part of the team prior to the patient's departure from home, and is responsible for reviewing and issuing pre-surgery instructions that include restriction of some medications 4 to 6 weeks prior to surgery.

Admission and treatment

Hoping to get decent treatment in a decent setting with a decent doctor so they can return home and live a decently comfortable life again, medical travelers cross their fingers, take a

deep breath and walk off the flight when it lands in Singapore, Sao Paolo or Sofia.

What most find startles them. More than lower costs, up-to-date technology, and fancy lobbies, they are impressed also by hospitals that have only private rooms – for international patients and local residents alike; by nursing care from twice or three times as many nurses on their ward as in America; by attentive and well-trained doctors and surgeons who spend time answering questions and who give out their cell phone numbers and personal email addresses.

Many are astonished that pre-surgery tests – the routine x-rays, blood tests, heart monitors – can be completed within a couple of hours, and often any needed follow up testing is also done quickly.

By accepting a traveling patient for treatment, the provider in a medical destination acknowledges that a medical traveler has special requirements that are different from and in addition to those of local residents coming for treatment. A medical traveler has time constraints, for example, and the hospital should acknowledge this by giving the medical traveler priority in scheduling.

Patients whether at home or abroad are generally bewildered by the hospital experience since they do not get many chances in their lifetimes to go through it. They have the best intentions prior to the consultation to ask specific questions, get a complete understanding of what they will be going through, and basically be in charge of their situation.

In fact, the opposite happens when they are at last facing the doctor. The white coat syndrome. Patient confusion. Apprehension. International patients are usually exhausted from long flights, bewildered by body language and other social cues they cannot read or understand, puzzled by cultural differences and nuances in language, or differences in terminology or drug names. Even with family present, they are frightened, intimidated and alone.

An international patient coordinator or care manager who has assisted from the first will be a familiar and comforting presence for

the medical traveler, providing culturally and emotionally sensitive and caring support. The international patient manager will be the medical traveler's eyes and ears, and an invaluable aide for the provider's medical team.

During the consultation and intake process, the international patient manager is the insider who knows the facility, its policies, its routines and surgeon's preferences, and ensures a continuity of care for the patient. Patient privacy, HIPAA rules, cost estimates, payment procedures, security, standards of care, and ethical considerations are just some of the concerns that an international patient manager acting as the patient's representative is there to monitor or act on, leaving the medical traveler to be a patient and to concentrate on the treatment, recovery and healing.

Patient support provided by the international patient manager gives the doctor the freedom to be a healer.

Recovery and discharge

An international patient manager can support and stay with the patient until time to go to the operating suite, and may in some cases visit the patient in the recovery room shortly after surgery or speak with the surgeon during or immediately after surgery. As the patient goes into surgery, he or she is comforted in knowing that family members are kept informed throughout the surgery and immediate recovery, and that the international patient manager "has his back."

At discharge, the international patient manager ensures medical records, images, operative notes, "fit to fly" certificates are in order, discharge plans are in place, and the elements of follow up care – visiting nurse, rehabilitation and physical therapy, follow up appointments, and complementary treatments to relieve inflammation, boost the immune system and promote healing – are in place.

Care management and follow up

Once discharged from a hospital, the medical traveler becomes more vulnerable. Some, relieved that surgery went well and often feeling much better with less pain, throw caution to the wind and engage in tourist attractions, thereby increasing the chance of compromising their recovery. Some are hesitant or timid about following up.

In nearly all cases, patients should continue to be monitored by an international patient manager, visiting nurse or both, depending on the circumstances.

Government and industry officials responsible for contracting and managing department-wide outbound medical travel programs for their personnel – a national airline, an oil company, or a police division for example – express certain concerns about what they perceive as excessive care management received by the patients they send to an overseas provider. This “over-managed care” as evidenced by the bills submitted for payment by the hospital is made up of aggressive or overly cautious treatment, excessive medication, prolonged stay either in an ICU, CCU or ward, and padded costs.

Hospitals tend to justify such “over-managed care” by claiming medical travelers are in special circumstances that require the over-managed care. MTQUA participants have observed most of the need for over-managed care disappears when an international patient manager is part of the care management team.

Feedback and data collection

Following up on medical travelers once they are home, liaising with the local care giver or care manager, and pursuing feedback as to the quality and kind of care given at the medical destination, the original treatment plan, the discharge plan and the medical

traveler's compliance are critical elements in improving safety and quality for the patient. Feedback can be anecdotal or rigorous depending on the needs of the provider or the medical travel agency. All feedback is useful and invaluable.

It does not take a genius – or a village, or an association – to know when a medical traveler has had a successful medical journey and to recognize best practices. But it takes commitment, research and follow up to learn when a medical journey has not achieved the safety and quality outcomes that were planned or expected. It behooves the industry to begin gathering rigorous data covering short term and long term outcomes across nations, by procedures and, for these purposes, by contracted and received medical support services.

Program development and promotion

Today the growth of medical travel and tourism outbound from industrialized countries owes much to the fact that consumers have decided to direct their own medical and health care. The internet has empowered consumers to make their own choices in dealing with the problems they have in receiving medical care in their home countries.

Consumers are reading about, talking about and questioning the care they are getting or about to get, whether at home or abroad. They think they know or can learn everything.

Health care consumers are their own bosses, and bosses make demands. If their demands are not met, these new educated health care consumers tend to make a lot of noise. Doctors and hospitals are learning to appreciate and cater to these demanding health care consumers and not to treat them as nuisances or trouble-makers.

In the internet world which is the world that the health care consumer and the medical traveler inhabit, news, especially bad

news in the form of complaints and criticisms, travels very fast. If they have experienced rudeness, inattention, apathy, delays, these may get as much attention and negative press as poor results, infections and complications.

The unhappy international patient talks to friends and family, about poor results, about infections, about rude or unintelligible communications, about unexpectedly high costs. The international patient does not have to waste time writing letters of complaint. Today, they have the court of the internet.

If the international patient is an activist or is quite angry – or family or friends are angry – their experiences and complaints will likely get into an internet chat room, a social network, on Twitter or on Facebook.

The best defense is a good offense. A good offense for a hospital is to produce information, deliver facts, and publish data. International patient managers and medical travel partners should be able to extract valuable information from this data to make comparisons on a number of levels, among hospitals in the same medical destination, among hospitals in different destinations including those in the outbound patient's home country.

Some hospitals in medical destinations have begun striving toward full disclosure, to publish outcomes data and in general striving to be more transparent, and should be commended and emulated. Unfortunately, the response by some in this industry has been to dismiss the published data as self-serving promotional statistics.

Role of the hospital

If the medical travel continuum of care as described herein is an acceptable, even desirable, protocol for managing the cross-border patient, can any hospital provide the services and fulfill the functions required for a successful medical journey?

A hospital has clear conflicts of interest. No matter what system a hospital puts in place, and how many staff it hires as international coordinators, it is prevented from truly acting on the patient's behalf and as the patient's advocate and representative.

What hospital is willing to invest in training and maintaining a team of international patient managers who are not inquiry processors, translators, or marketing staff but who are empowered to act on behalf of the patient and in the patient's interest? Will the hospital keep this highly specialized team on staff during cycles of international patient retraction?

The medical traveler is best served when a hospital acknowledges its limitations and constraints, and selects medical travel agents and international patient managers as partners in a long term commitment to work together in the best interests of traveling international patients.

Certification

The medical travel cycle of care presented in this paper is not definitive nor is it the only protocol by which to support the medical traveler's journey. However, because it offers a comprehensive approach to providing team care for the medical traveler that has demonstrated success over time, MTQUA has chosen it as the foundation for its certification programs.

MTQUA awards medical tourism certification to hospitals, clinics, and medical tourism companies and other providers of medical travel services including physician practices, recovery resorts, medical travel insurance companies, and qualified travel agencies.

Designed by leading medical travel professionals and international patient specialists, certification guidelines and standards focus on

practical and experiential criteria that help the certified entity provide safer and better care of the traveling international patient.

MTQUA certification is not a certification of medical quality. It is patient-centered and guided by principles aimed at ensuring a good outcome for each medical tourist. It complements an organization's medical practices and enhances its ability to provide consistent, world class medical treatment and care management.

MTQUA also provides individual certification programs to train individuals involved in the care, management, and support of the medical traveler and traveling international patient.

The Certified Medical Concierge (C.M.C.) is a first level certification, followed by the Certified International Patient Manager™ (C.I.P.M.™) credential.

A Certified Medical Concierge is likely to be someone working as a hospital or clinic customer service representative, a travel agency, a hotel, or any number of organizations that may interface with a medical traveler.

A Certified International Patient Manager™ is certification beyond the entry-level Certified Medical Concierge and is most suitable for anyone directly involved in guidance, planning and care management of the traveling international patient. This includes key staff of a medical travel agency or facilitation company, recovery resort, corporate human resources or benefits department, or hospital international patient department.

Information about all these programs are available on the [MTQUA website \(www.mtqua.org\)](http://www.mtqua.org) or by email caroline@mtqua.org



About the author



Julie W. Munro is Chief Executive Officer of InterMed Global (www.intermedglobal.com), whose consulting team provides leadership to health care and medical tourism enterprises in strategic planning, development and implementation, media and public relations management, strategic international marketing and internet marketing.

Ms. Munro 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.

She 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. She writes a regular blog for Medical Travel Quality Alliance and contributes to Healthcare Finance News and other publications. She is the author of several medical tourism industry white papers, including Care and Management of Traveling International Patients, the most downloaded document in medical tourism.

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. Contact Julie Munro by email at quality@mtqua.org.

Best Practices in Medical Tourism #2



GREAT EVERY TIME: Delivering Excellent Patient Experience By Managing Critical Touchpoints In Medical Tourism

by Sandra J. Millar and Julie W. Munro

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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.