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Quality, liability, aftercare

Medical tourism must nail down these three areas of concern in order to thrive

For the past eight years, I have been an evangelist for medical travel and the medical travel industry, preaching the benefits of off-shoring healthcare to anyone who would listen. It's a compelling argument—high-quality care, immediate access and prices that are 50% to 70% less than comparable healthcare in the U.S.—especially under these current economic conditions.

So the question is why? Why haven't more employers and payers adopted medical travel as a solution to lower healthcare costs?

There are three reasons: liability, quality and continuity of care. Talk to any human resources director and inevitably the conversation always comes back to these three questions:

- "How do I know these hospitals offer same quality services as U.S. hospitals?
- "What happens if something goes wrong?"
- "Who is responsible for delivering aftercare when these patients return from overseas?"

Hungry as they may be for lower-cost healthcare options, employers simply will not bite on medical off-shoring if there are no practical answers to these basic questions.

This year, as president of the International Medical Travel Association, I have stopped preaching to the nonbelievers and have turned my energy to the converted. If the medical travel industry wants U.S. patients, then it has to address these challenges head on. We need to make it easy for employers, employees and benefit designers to say "yes" to medical travel.

The good news is that the solutions we need to move the ball forward already exist and are commercially available. We do not need to reinvent the wheel or slog through a cumbersome legislative process. The bad news is that we are working against the clock, and consolidating a diverse provider group around common objectives is never easy. But the recession is creating the will, so it's our job to show the way.

Let's start with quality. Most international hospitals seeking to attract international patients, and in particular U.S. patients, are accredited by the Joint Commission International. That's good, but not good enough. U.S. payers and employers view the Joint Commission International accreditation as a minimum standard, not a maximum standard, and healthcare buyers want to compare hospitals using standardized metrics.

So let's establish standardized metrics, publish the data and advocate that all hospitals (U.S. and international) do the same. This requires a critical mass of Joint Commission International hospitals to support the initial effort; the engagement of an independent third-party organization, such as the Joint Commission, to help establish eight to 10 standardized metrics that are reasonable indicators of quality; and an independent company or organization to collect, analyze and publish this data.

Globalizing healthcare benefits the consumer because it drives competition and choice.

This one initiative shifts international hospitals from the defense to the offense, and the more hospitals that join this effort, the more weight these quality metrics carry.

The liability issue is the "boogeyman" of medical travel—no doubt about it. Because there is no case law on the books, no one is precisely sure where liability rests when patients travel abroad. But one thing is for certain: No one wants to be holding that bag. So what to do?

First, the medical travel industry needs standardized definitions, terms and conditions of service, consent documents and liability waiver forms that all hospitals use when managing international patients. Second, medical travelers should be required to purchase medical travel insurance that provides specific levels of coverage in the event of complication, injury or death. Several firms already offer medical travel insurance. Third, all hospitals managing international patients should publish medical malpractice guidelines in their country and policies hospitals have in place to manage medical malpractice claims.

To be sure, risk cannot be eliminated but it can be mitigated. By adopting common practices that promote transparency and patient safety, the industry assumes a proactive rather than reactive position when it comes to liability.

Tackling continuity of care seems vexing, but I think the solution rests with the insurers themselves. An insurer essentially operates provider networks, and if international hospitals become "in network," then that establishes a clear pathway of care management across borders. People tend to forget that Aetna, Blue Cross and UnitedHealth Group plans already handle tens of thousands of patients annually who receive treatment at "approved" international hospitals and come back home safely within their care network. Why is this any different?

If international hospitals can prove that they deliver quality that is equal to or better than U.S. hospitals, and that they are adopting common best practices to lower risk and maximize patient safety, then it would seem reasonable that insurers would find it in their client's interest to develop new global products.

There is no doubt in my mind that globalizing healthcare benefits the consumer, because it drives competition and choice. I believe the international hospitals must assume a leadership role and focus on two fronts—quality and liability—and let payers manage the third—continuity of care.

Let me be clear. I am not a lawyer, doctor, risk manager or quality expert. Some may view these initiatives as overly simplistic, but, as a marketer, I believe simple solutions not only work best—they are the easiest to sell. «

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