

OFFICE OF THE SECRETARY OF STATE

STATE OF COLORADO

Kristina Cook

v.

JARED POLIS, candidate for Colorado Governor

COMPLAINT

Introduction

This complaint is brought against Jared Polis, candidate for Colorado Governor, for his failure to fully disclose his extensive financial assets and property holdings.

Parties and Jurisdiction

1. Kristina Cook is a resident of Colorado and registered elector who resides in Denver. Her work address is 633 17th Street, Suite 1640 Denver, Colorado 80202.
2. Jared Polis is a candidate for Colorado Governor. His mailing address is 1888 Sherman Street, Suite 420 Denver, Colorado 80203.
3. “Polis for Colorado” is Jared Polis’ campaign committee. Its mailing address is 1722 14th Street, Suite 212, Boulder, Colorado 80302.
4. Jurisdiction is proper under C.R.S. § 1-45-110(3) and 8 CCR 1505-6, Rule 18.2.1

General Allegations

6. On June 20, 2017, Polis filed a Personal Financial Disclosure Statement with the Colorado Secretary of State, attached at **Exhibit A**.
7. This report includes eight “business[es], insurance polic[ies], or trust[s] where there is a financial interest in excess of \$5,000 for you, your spouse, or your minor children residing with you.”

8. On July 10, 2018, Polis filed his 2017 Financial Disclosure Statement with the United States House of Representatives, attached as **Exhibit B**.

9. This federal disclosure statement contains important and substantial information missing from his Colorado financial statement.

10. As one example, on page six of his Federal Report, Polis listed a financial interest between \$5,000,000 and \$25,000,000 in BridgeHealth Medical Inc.

11. He did not list this financial interest in his state report.

12. This failure to report his interest in BridgeHealth is not a mere oversight. Polis has been extensively involved in BridgeHealth. By his admission, he co-founded the company, and he loaned the company money nearly every three months for at least five years. (**Exhibit C**)

13. In addition, Polis listed on his federal report that he held between \$5,000,000 and \$25,000,000 in convertible notes receivable from BridgeHealth. By holding convertible notes, Polis not only holds debt owed to him by BridgeHealth, but he also has the option to convert that debt into ownership stock in the company.

14. Polis' failure to report his interest in BridgeHealth is particularly notable, because the health care policies advocated by Polis as a candidate may very well benefit BridgeHealth, and thus increase Polis' personal fortune.

15. Specifically, BridgeHealth engages in "medical tourism" by helping Americans travel to other states and outside the country (including Mexico) for medical treatment, in order to escape higher insurance premiums and deductibles where they live. (**Exhibit D**)

16. As a Congressman, Polis actively helped develop and enact the Affordable Care Act, which mandate federal government regulation and control of major parts of the U.S. private healthcare system. According to the Medical Tourism Association, this law made health care "even more unaffordable than before" and created "a huge boom for medical tourism." Indeed, the Medical Tourism Association predicted that the law would help medical tourism companies: "We are very excited about the potential for Obama's healthcare reform to create a huge boom for medical tourism and make it more attractive than ever. (**Exhibit E**, page 4)

17. In fact, following Polis' successful efforts to pass the Affordable Health Care Act, his business – along with the medical tourism industry – grew by leaps and bounds, due to the changes in the law. BridgeHealth has been consistently named one of the fastest growing private companies in the country. (**Exhibit F**)

18. As a candidate for governor, Polis plans even more aggressive government regulation and control of the private healthcare system at the state and regional level. His ultimate goal is “a groundbreaking multi-state consortium to offer a universal, single-payer option out west.” (**Exhibit G**)

19. As governor, Polis’ health care policies will directly benefit the medical tourism industry and his company, BridgeHealth.

20. By failing to report his investment in BridgeHealth – along with other investments – he has helped shield his investments from public scrutiny.

First Claim
(Failure to file accurate reports)

21. Complainant incorporated all previous allegations.

22. Under C.R.S. § 1-45-110(2)(a) Polis must, as a candidate for governor, disclose the information required by C.R.S. § 24-6-202(2).

23. Under C.R.S. § 24-6-202(2)(d), a person must disclose “The name of each business, insurance policy, or trust in which he, his spouse, or minor children residing with him has a financial interest in excess of five thousand dollars”

24. Among other failures to disclose information, Polis has failed to disclose “the name of each business, insurance policy or trust” in which he has a financial interest in excess of five thousand dollars.

25. The vast majority of Polis’ investments are personal investments that he can readily identify. On Sept. 26, 2017, CBS News published a story which noted: “Based on analysis by the Center for Responsive Politics, as little as nine percent of Polis’ assets are in the trust.” (**Exhibit H**)

26. That same report identified Polis’ investments in 26 companies. Polis, however, has only listed six companies as assets.

27. Polis has filed a state financial disclosure report that misleads the public about the extent of his personal business investments and interests.

28. Polis’ misleading report is similar to his misleading statement from 2012, in which he wrote “when I was first elected in 2008, I decided to set up a blind trust to avoid even the appearance of impropriety.” (**Exhibit C**) This statement is misleading, because it implies that most or all of his investments are in a blind trust, when in fact his blind trusts only account for nine percent of his personal wealth.


29. Polis may file a document with the correct information within five business days of receiving notice from the Secretary of State. If Polis does not file the correct information, the Secretary “shall disqualify the candidate.”

Prayer for Relief

Complainant requests as relief:

1. A finding by the Secretary that Polis has violated C.R.S. § 1-45-110 by failing to provide complete disclosure information.
2. That Polis file complete and accurate personal financial information.
3. That if Polis does not file complete and accurate personal financial information within the required time, his name be struck as a candidate for governor.

Respectfully submitted this 9th day October, 2018

By:  _____

Scott E. Gessler
Geoffrey N. Blue
KLENDIA GESSLER & BLUE, LLC
1624 Market St., Suite 202
Denver, Colorado 80202
(720) 432-5705

Attorneys for complainant Kristina Cook

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
Website: www.sos.state.co.us

RECEIVED

JUN 20 2017

ELECTIONS
SECRETARY OF STATE



Doc ID: 214719 Doc Date: 06/20/2017 # of Pgs: 007
Type: Personal Financial Disclosure (Private)
Cand/Comm: JARED S. POLIS

PERSONAL FINANCIAL DISCLOSURE STATEMENT
For annual filing requirements. File in accordance with the appropriate statutes

1-45-110(2)(a), 12-9-201(2)(h), 12-47.1-301(1)(g), 12-60-301(1)(g), 24-6-202, 24-51-207(4), 24-35-207(6), C.R.S.

Personal financial disclosure statements filed for ballot access purposes must be filed within 10 days of filing a candidate affidavit. Judges running for retention, judges appointed to a court of record, and candidates running for Regional Transportation District are only required to file their PFD on or before the January 10 following such retention, appointment, or election. A fine of \$50 per day will be assessed for late filings related to ballot access. Attach extra pages as necessary. [Art. XXVIII, Sec. 10 (2)(a), Colorado Constitution and 1-45-110, C.R.S.]

Name:	Jared S. Polis
Mailing Address (include city, state, and zip):	1888 Sherman Street, Suite 420 Denver, CO 80203
Business Phone:	303-285-9541
Residence Phone:	303-285-9541

Check (✓) the appropriate response(s)

I am filing this disclosure because:

- I am filling a vacancy. I am seeking election to office. This is my annual filing

I am filing as:

- Office Holder/Incumbent
(OFFICE/DISTRICT NUMBER)
- Candidate
(OFFICE/DISTRICT NUMBER)
- State Board/Agency/Commission Member
(OFFICE)
- Judge
(SUPREME COURT/COURT OF APPEALS/ or COUNTY or JUDICIAL DISTRICT)
- Other
(OFFICE)

EXHIBIT
A

Name:	Jared S Polis
Office Sought:	Governor

INCOME:

List the names of any source(s) of income, including capital gains for yourself, your spouse, or minor children residing with you.

Source of Income (Name of Employer)	Recipient of Income (Individual receiving income-- Self, Spouse, Minor Children)
U.S. Congress, Dept. of the Treasury	Self
Schutz Grandchildren 2016 Trust	Minor Children
See attached	

ASSETS:

List the name of each business, insurance policy, or trust where there is a financial interest in excess of \$5000 for you, your spouse, or your minor children residing with you.

Name of Business, Insurance Company or Trust	Who is the person with this financial interest?
Jared Polis Qualified Blind Trust	Self
Schutz Grandchildren 2016 Trust	Minor children
SPS Studios Inc.	Self
Jovian Holdings Inc.	Self
K-New York Trust	Self
Pine 3-J Trust	Self
Jovian Holdings LLC	Self
Jovian Capital Holdings LLC	Jovian Holdings LLC/Self

List the **LEGAL** description (as shown on the books of the county assessor) of all real property in Colorado (including an option to buy) in which you have a direct or indirect interest with a fair market value in excess of \$5000. Property that must be listed includes residential, investment property, condominium, rental property and any mineral, water, coal, and rights to sand and gravel. **STREET ADDRESSES DO NOT SATISFY STATUTORY REQUIREMENTS.**

Legal Description of Property	Owner of Record
Unit 404 The Walnut Condominiums, Boulder, CO	Mountain Property II LLC
Sub Northwoods Condominiums Lot F-8 Block F, Vail CO	K-Colorado LLC
PT NE4 29 4 68/PT SE4 20-4-68 Lot B AMD REC EXEMPT RE-1730 (.02R) Berthoud, Weld County, CO	Mountain Property Improvement LLC
PT NE4 29-4-68/PT SE4 20-4-68 Lot A AMD REC EXEMPT RE-1730 (.52R) Berthoud, Weld County, CO	Mountain Property Improvement LLC
PT E2NE4 29-4-68 LOT B CORR AMD REC EXEMPT CORR AMRE-3418 EXC PT NE4 29-4-68 COM SE COR NE4 SEC 29 S88D37'W 1227.91' TO POB S88D37W 100.01' N00D39'E 10' N88D37'E 100.01' S00D39'E 10' TO POB Berthoud, Weld County, CO	Mountain Property Improvement LLC

Name:	Jared S Polis
Office Sought:	Governor

PT E2NE4 29-4-68 LOT A 2 ND CORR REC EXEMPT RE-3418 EXC COM SE COR NE4 SEC 29 S88D37'W 580' TO POB S88D37'W647.91' N00D39'W 5' N88D37'E 274.14' N86D32'E 274.94' N88D37'E 103.05' S13D55'E 15.55' TO POB Berthoud, Weld County, CO	Mountain Property Improvement LLC
TRACT 2059 & TRACT 3052-B BO TRACTS 19-1N-70 PER DEED 1039668 4/30/90 BCR, Boulder CO	Pine 3-J Trust - Pine Property Limited Partnership
Lot 3 COLORADO & SOUTHERN INDUSTRIAL PARK, Boulder, CO	Pine 3-J Trust - Pine Property Limited Partnership
E 170 FT OF N 50 FT OF LOT 5 LESS E 40 FT FOR ST & LOT 6 LESS E 40 FT FOR ST & E 20 FT LOT 7 SMITHS ADD TO BO, Boulder CO	Pine 3-J Trust - BWAY Property Limited Partnership
PT LOTS 5 & 7 SMITHS & LOT 1 BLK 2 MENLO PARK, Boulder, CO	Pine 3-J Trust - BWAY Property Limited Partnership
LOT 2 ALVIN NEW, Boulder, CO	K-Colorado LLC
LOT 1 GUNPARK WAREHOUSE Boulder, CO	Gunpark Property Limited Partnership
6455 Spine RD Boulder 80301-3677	Gunpark Property Limited Partnership/ Blue Mountain Arts Inc

Name:	Jared S Polis
Office Sought:	Governor

LIABILITIES:

List the name of each creditor for you, your spouse, or minor children living with you to whom is owed an amount in excess of \$1000 including the interest rate.

Name of Creditor	Interest Rate (%)	Person Liable for Debt
United Mileage Visa Chase	14.24%	Self
Wells Fargo, CO	3%	Self
Wells Fargo VISA Credit Cards	0% automatically paid monthly	Self

List all offices, directorships and fiduciary relationships held by you, your spouse, or minor children residing with you.

Name of Organization or Trust	Position Held	Person Holding the Position
Jove Equity Fund I LP	Limited Partner	Self
Jove Venture Fund I LP	Limited Partner	Self
Jove Equity Partners LLC	Member	Self
Jove Equity Associates LLC	Member	Self
Jovian Capital Holdings LLC	Managing Member	Self
Jovian Management Company Holdings LLC	Managing Member	Self
Jovian Holdings LLC	Managing Member	Self
Jovian Holdings Inc.	Director (unpaid)	Self
Jovian P4 LLC	Managing Member	Self
LI Emerging Technologies Fund I LP	Limited Partner	Self
Ashford Properties SE, LLC	Managing Member	Self
Mountain Property Improvement LLC	Managing Member	Self
Mountain Property II LLC	Managing Member	Self
Pine 3-J Trust	Domestic Beneficiary	Self
Polis-Schutz Family Foundation	Board Member (unpaid)	Self
The Community Foundation: Jared Polis Foundation Fund; Venture Gift Fund	Donor-Advised Fund Donor	Self
Deutsche Banc Special Opportunities Fund	Limited Partner	Self
Centre Capital Investors III LP	Limited Partner	Self
Scael LLC	Member	Self
Gunpark Property Limited PS LLLP	Limited Partner	Self

Name:	Jared S Polis
Office Sought:	Governor

William Blair New World Ventures LP	Limited Partner	Self
Appian Ventures I LP	Limited Partner	Self
Bow River Capital Fund II LP	Limited Partner	Self
Bow River Capital Fund IV LP	Limited Partner	Self
Greenmont Capital Partners I LP	Limited Partner	Self
GS Mezzanine Partners 2006 LP	Limited Partner	Self
Kettle Partners Limited Partnership II	Limited Partner	Self
K-New York Trust	Domestic Beneficiary	Self
Baird Capital Partners IV Limited Partnership	Limited Partner	Self
PSI PHI Communications LLC	Member	Self
K-Colorado LLC	Member	Self

List the name of any person, firm, or organization that retains a person to lobby on its behalf if you share directly or indirectly in the compensation received for lobbying activity.

Name of Person, Firm, Corporation, or Organization Retaining Lobbyist

List any business with which you or your spouse is associated, and which does business with, or is regulated by, the State of Colorado (e.g., attorney, real estate, medical profession, etc.)

Name of Business:	Nature of Business:	Person Involved:

Signature: Jared S. Polis	Date: 6/19/17
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Name:	Jared S Polis
Office Sought:	Governor

INCUMBENTS
(FOR ANNUAL UPDATE PURPOSES ONLY)

As an alternative to items 1 through 7, you may file a copy of your federal income tax return, plus a certified statement of any investments not reflected in your income tax return. Please note that any information required on this form and not included in a federal income tax return must still be provided.

PERSONAL FINANCIAL DISCLOSURE STATEMENT

Name of official Jared S Polis
Office Held/ Sought Governor

Income:

Source of Income (Name of Employer)	Recipient of Income (individual receiving income - Self, Spouse, Minor Children)
Robert W. Baird & Co Incorporated Accounts:	
General Muni Money Market	Self
Baird Capital Partners IV LP *	Self
Citi - Roth IRA Accounts	
Bank Deposit Program	Self
Ishares RS 2000 Growth	Self
Jared Polis Qualified Blind Trust	
Congressional Federal Credit Union Checking	Self
Gunpark Property Limited Partnership*	Self
K-Colorado LLC*	Self
K-New York Trust	Self
Pine 3-J Trust*	Self
Mountain Property Improvement LLC	
Jovian Holdings LLC: - See assets listed below	Self
Goldman Sachs	
Bank Deposit Account	Jovian Holdings LLC
GS Mezzanine Partners 2006. LP*	Jovian Holdings LLC
Citi-Reg U Brokerage	
Bank Deposit Program	Jovian Holdings LLC
Ipath Bloomberg Agric Subidx	Jovian Holdings LLC
Ishares MSCI Brazil ETF Capped	Jovian Holdings LLC
Ishares MSCI Chile ETF Capped	Jovian Holdings LLC
Ishares MSCI India ETF	Jovian Holdings LLC
Ishares MSCI Mexico ETF Capped	Jovian Holdings LLC
Ishares MSCI Spain ETF Capped	Jovian Holdings LLC
Ishares Russell 3000 ETF	Jovian Holdings LLC
Powershares DB Agric Fund ETF	Jovian Holdings LLC
Proshares Ultrashort 20+ Yr	Jovian Holdings LLC
Proshare Ultrashort 7-10 Yr	Jovian Holdings LLC
SPDR S&P Emerging Latin AM ETF	Jovian Holdings LLC
Powershares QQQ Tr Units	Jovian Holdings LLC
Bow River Capital Fund II LP*	
Bow River Capital Fund IV LP*	
Jovian Capital Holdings LLC - Assets Listed below	
Jove Equity Fund I LP	Jovian Capital Holdings LLC
Jove Venture Fund I LP	
Jove Equity Partners LLC	Jovian Capital Holdings LLC
Jove Equity Associates LLC	
Jove Equity Partners LLC	Jovian Capital Holdings LLC
Jove Equity Associates LLC	Jovian Capital Holdings LLC

HAND DELIVERED

Page 1 of 1

LEGISLATIVE RESOURCE CENTER

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(Office Use Only)

U.S. HOUSE OF REPRESENTATIVES

MC

**UNITED STATES HOUSE OF REPRESENTATIVES
2017 FINANCIAL DISCLOSURE STATEMENT**

Form A

For Use by Members, Officers, and Employees

Name: Jared S. Polis Daytime Telephone: 202-225-2161

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Colorado</u> District: <u>2</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
	REPORT TYPE	<input checked="" type="checkbox"/> 2017 Annual (Due: May 15, 2018)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

EXHIBIT
B

SP, DC, JT	BLOCK A Assets and/or Income Source	BLOCK B VALUE OF ASSET													BLOCK C TYPE OF INCOME					BLOCK D AMOUNT OF INCOME												BLOCK E TRANSACTION Purchases (P), Sale (S), S(part), or Exchange (E)			
		A	B	C	D	E	F	G	H	I	J	K	L	M	None	Dividends	Rent	Interest	Capital Gain	Excepted Blind Trust	Tax Deferred	Other Type of Income	I	II	III	IV	V	VI	VII	VIII	IX		X	XI	XII
		N	1	1	5	1	2	5	1	5	25	e	S									N	1	2	1	2	5	1	5	1	1	e	S		
		O	0	0	0	0	5	0	0	m	m	p										O	0	0	0	0	5	0	0	0	0	v	P		
		N	1	0	0	0	0	0	0	1	i	e	u									N	2	1	0	0	0	0	0	0	0	0	u		
		E	0	1	0	0	0	0	0	1	i	r	s									E	0	1	1	0	0	0	0	0	0	0	r		
		0	1	1	0	0	0	0	0	1	i	r	s									0	1	1	1	1	0	0	0	0	0	0	s		
		0	1	1	1	1	1	0	25	50	50	e										0	2	5	1	1	1	0	5	1	0	5	e		
		5	5	1				1	m	m	m	D										5	5	0	5	5	1	1	1	0	0	0	D		
		0	0	0	2	5	1	1	1	1	1	C										0	0	0	0	0	0	0	0	0	0	0	C		
		0	0	0	0	0	0	5	1	1	1	C										0	0	0	0	0	0	0	0	5	0	0	C		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
		0	0	0	0	0	0	0	0	0	0	A										0	0	0	0	0	0	0	0	0	0	0	A		
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BLOCK A Assets and/or Income Source	BLOCK B VALUE OF ASSET													BLOCK C TYPE OF INCOME					BLOCK D AMOUNT OF INCOME												BLOCK E TRANSACTION Purchase (P), Sale (S), S(part), or Exchange (E)			
	A	B	C	D	E	F	G	H	I	J	K	L	M	None	Dividends	Rent	Interest	Capital Gains	Excepted Blind Trust	Tax Deferred	Other Type of Income	I	II	III	IV	V	VI	VII	VIII	IX		X	XI	XII
	SP, DC, JT	EIF																																

Lot 119	X																			Business Income	X															S	
Lot 120	X																			Business Income	X																S
Lot 123	X																			Business Income	X																S
HPT Holdings LLC, Vacant, Entitled Land, Miami, FL				X																Business Income					X												
24 Lots	X																			Business Income				X													S
51 Lots	X																			Business Income			X														S
Eden House (Formerly Nobe Fund Holdings LLC) Miami Beach, FL	X													X							X															Cash Distribution	
Boynnton Waters Fund Holdings LLC, Mortgage Note on Real property Estates at Boynnton Waters and Enclave at Boynnton Waters, Boynnton Beach, Florida					X									X							X																
GroupGifting.com Inc (dba eGifter)					X									X							X																
GroupGifting.com Investors LLC					X									X						Partnership Income	X																
Provider of Gift Card Solutions for Online Retailers Jericho, NY						X								X							X																
RCS/Hartle Groves LLC Rental Property, Clement FL					X									X							X																
Hartle Grove Apartments LLC (VEVE)						X								X							X																
RCS/STLCC Warehouse LLC Commercial Real Estate, St. Louis, MO St. Louis Commerce Center						X								X						Partnership Income	X															P	
January Studios LLC Movie Script & Production Denver, CO					X									X							X															P, (Partial)	
January Studios LLC - Note Receivable						X								X							X															P, (Partial)	
Conference Software Solutions, Inc. (Networking Research Group, Inc. Data analysis and matching, Chicago, IL Conference Software Solutions Inc. Note Receivable/Payable							X							X							X															P, (Partial), Exchange	
Western Residential Opportunity Fund LLC* Real Estate Investments, La Jolla, CA						X								X							X															Partnership Income	
Sonreas, Finished Townhome Lots, Murrieta, CA						X								X							X																
Meadowlark, Single family Lots, Murrieta, CA						X								X							X																
Jove Venture Fund I LP - See assets listed below Invests in private companies. Private equity, not self-directed. Denver, CO							X							X							X															Partnership Income	
KeyBank					X									X							X																
Wells Fargo Bank Checking Account	X													X							X																
Aquacopia Capital Management LLC Management CO, New York, New York	X													X							X															Partnership Income	
Aquacopia Venture Partners LLC General Partner of Aquacopia Venture Partners I LP Denver, CO					X									X							X															Partnership Income	
Aquacopia Ventures, I, LP* Invests in private equity & equity related investments in the	X													X							X															Partnership Income	

SCHEDULE E - POSITIONS

Position	Name of Organization
Limited Partner	Jove Equity Fund I LP
Limited Partner	Jove Venture Fund I LP
Partner	Jove Equity Partners LLC
Partner	Jove Equity Associates LLC
Managing Member	Jovian Capital Holdings LLC
Managing Member	Jovian Management Company Holdings LLC
Managing Member	Jovian Holdings LLC
Director	Jovian Holdings Inc (Unpaid)
Managing Member	Jovian P4 LLC
Limited Partner	LI Emerging Technologies Fund I, LP
Managing Member	Ashford Properties SE, LLC
Managing Member	Mountain Property Improvement LLC
Managing Member	Mountain Property II LLC
Domestic Beneficiary	Pine 3-J Trust
Board Member	Polis -Schutz Family Foundation (Unpaid)
Donor-Advised Fund Donor	The Community Foundation: Jared Polis Foundation Fund; Venture Gift Fund (Unpaid)
Limited Partner	Deutsche Banc Special Opportunities Fund
Limited Partner	Centre Capital Investors III LP
Partner	Scael LLC
Limited Partner	GunparkProperty Limited PS LLLP
Limited Partner	William Blair New World Ventures LP
Limited Partner	Appian Ventures I LP
Limited Partner	Bow River Capital Fund II LP
Limited Partner	Bow River Capital Fund IV LP
Limited Partner	Greenmont Capital Partners I LP
Limited Partner	GS Mezzanine Partners 2006 LP
Limited Partner	Kettle Partners Limited Partnership II
Domestic Beneficiary	K-New York Trust
Limited Partner	Baird Capital Partners IV Limited Partnership
Member	PSI PHI Communications LLC
Partner	K-Colorado LLC

SCHEDULE F – AGREEMENTS

Name: <u>Jared S. Polis</u>	Page <u>1</u> of <u>1</u>
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
<i>Example:</i> Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
Bellagio, LLC Las Vegas, NV	Gambling Winnings	\$1,350

Use additional sheets if more space is required.

OPINION

Polis: Author's assertions on investments "baseless"



Rep. Jared Polis

By **SPECIAL TO THE DENVER POST**

PUBLISHED: January 23, 2012 at 10:35 am | UPDATED: May 1, 2016 at 4:00 pm

Re: "Did Polis pad his portfolio during health debate?" Jan. 22 book excerpt.

In Sunday's Denver Post, a conservative commentator and adviser to Sarah Palin [Peter Schweizer] made a series of baseless charges about my finances and conduct in Congress. This person has made a lucrative cottage industry of hurling various charges at elected officials, including John Boehner, Nancy Pelosi and John Kerry. Gadflies have been around forever, but they usually don't get featured in major American newspapers.



In short, this [article](#) makes numerous false claims about my personal investments. The fact is that I have not purchased stock in any publicly traded company since entering Congress. His assertions are blatantly and verifiably false. Additionally, when I was first elected in 2008, I decided to set up a blind trust to avoid even the appearance of impropriety, a step few members take and that is not required. But I believe elected officials should be held to a higher standard; which is why I've also cosponsored the STOCK Act, which would make it illegal for members of Congress, or their staff, to trade stock based on non-public information.

Regrettably, facts offer no defense against propagandists. This person also falsely claimed that the blind trust I set up is all a farce controlled by a personal friend, Solomon Halpern. Solomon Halpern has never controlled the investments made by my blind trust. That work is done by a Texas firm called Kanaly Trust, which was selected for its experience handling blind trusts for Bush administration officials. As is required by law, I have had no contact with Kanaly Trust since the trust was established. But in the age of what Steven Colbert calls "truthiness," baseless attacks are what we've come to expect in political discourse.


When finished inventing evidence, the writer recycled baseless charges familiar to observers of local politics. He claims that I "made two large purchases of company stock" in a firm called Bridgehealth that supposedly would benefit from the health care bill then being considered by the House Education and Labor Committee, of which I was a member. Hardly.

I co-founded Bridgehealth in 2007 (well before my election) to provide more affordable health care options. I've heard too many horror stories of Coloradans who can't afford proper care. I have loaned this business money virtually every quarter since its founding in order to sustain its operations and to avoid layoffs. I am not otherwise involved in this company as either an employee or board member. And contrary to the assertion that I was "shepherding" this bill through, I was one of only three Democrats on the committee to vote against it (as The Denver Post reported.)

Similarly, it is claimed that I made other investments that benefited from the bill. This is also wholly false. To reiterate, I have not purchased any publicly traded stock since entering office. Two weeks after I voted against the bill a series of exchange traded funds, or ETFs, which are similar to mutual funds, were purchased to diversify my personal holdings (those outside of the blind trust that support my personal expenses and home). One of these was in the health care sector. It represents less than 1 percent of my overall diversified portfolio. Using the author's logic, anyone who purchased a mutual fund or invested in their 401(k) would be disqualified from public office.

I am proud of my record in Congress and I welcome and enjoy the chance to debate the issues. But we all bear a responsibility to the truth. The quality of debate should be equal to the greatness of our country. When a political operative who has co-authored books with the likes of Glenn Beck chooses to spread untruths and to purposely mislead the public just to make a few dollars, it harms our democracy.

U.S. Rep. Jared Polis, a Democrat, represents Colorado's 2nd Congressional District.

**Special to The Denver Post**



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BridgeHealth Contracts with North American Specialty Hospital (NASH), a Near-Shore Center of Excellence

BridgeHealth offers access to a unique travel-for-treatment provider located in Cancun, thus continuing its commitment to providing the highest quality surgical care at affordable prices to plan sponsors and their members





August 01, 2018 11:21 AM Eastern Daylight Time

DENVER--(BUSINESS WIRE)--BridgeHealth and North American Specialty Hospital announced today a contract that opens the door to BridgeHealth members for high-quality surgical care delivered in a near-shore location, at prices far below the average cost for care in the U.S. A market leader in value-based surgical benefits and recognized by *Inc.* magazine as one of America's fastest-growing privately held companies, BridgeHealth now adds the North American Specialty Hospital (NASH) in Cancun to its high-performance program of providers available to self-insured plan sponsors.

"We are thrilled to be partnering with NASH to make another high-quality provider available to our members," said Kim Abram, BridgeHealth's Vice President of Provider Strategy. "Working with NASH offers a unique approach to surgical care, giving members access to highly qualified local providers with cost savings through BridgeHealth's bundled rates."

NASH constitutes the first-ever center of excellence in the delivery of healthcare located outside of the U.S., equipped in Cancun with U.S. surgical equipment, medical supplies, clinical protocols, and performance metrics. The facility has U.S. and Canadian hospital accreditation and the engagement of American surgeons, who practice locally in U.S. cities, throughout the patient's continuum of care, from preoperative evaluation to 12 weeks of postoperative care when the patient returns home. In addition, for patient comfort and convenience, a 108-room Sheraton Four Points hotel is directly attached to NASH's facility in Cancun.

“We’re delighted to make NASH available to BridgeHealth plan sponsors and members,” said Jim Polsfut, NASH CEO, chairman, and co-founder. “BridgeHealth is a world-class organization, truly focused on clinical quality and safety, and one for which our institutional missions are fully aligned.”

About BridgeHealth

BridgeHealth (www.bridgehealth.com) is a provider of value-based healthcare services. Its bundled rates allow self-insured group health plans to improve the quality and outcomes of surgery while reducing costs from 30% to 50% on average per procedure.

About North American Specialty Hospital (NASH)

NASH is a U.S. majority-owned and managed entity, providing pre-operative and post-operative services throughout the U.S. and clinical care in Cancun. NASH services currently include joint replacement and specialty pharmacy (<http://northamericanspecialtyhospital.com>).

Contacts

BridgeHealth

Laura Casanova, 303-457-5734

[Tweets by @bridgehealth](#)

Medical Tourism

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International
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**Five Essentials for
a Successful
Inbound Medical
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EXHIBIT

E

HEALTHCARE REFORM ~ IT IS GROWING MEDICAL TOURISM

People for months have been guessing at what kind of healthcare reform legislation President Obama will propose in front of the US Congress. Evidently, some of that guesswork is over as the Associated Press Reported on July 14th about some planned aspects of the proposed healthcare reform. President Obama is attempting to have healthcare reform legislation implemented before the end of the summer. In a conversation with Senator Max Baucus, Chairman of the Finance Committee, President Obama indicated that he wants legislation ready by July 17th, according to numerous Democratic officials. The purpose of the healthcare legislation proposal would be “that it can ensure quality, affordable care for every American at lower costs.”

The legislation is supposed to be introduced in the House of Representatives as early as July 17th for discussion and debate and eventually move on to a vote. The proposed legislation would prohibit health insurance companies from denying coverage or charging higher premiums on the basis of pre-existing medical conditions. And it would spend billions of dollars subsidizing lower-income individuals and families who cannot afford coverage in an attempt to cut dramatically into the numbers of the uninsured.

The legislation is also expected to impose a fee on large companies that fail to offer insurance and individuals who refuse to purchase affordable insurance will have to pay a penalty. Of the more criticized aspects, this legislation is supposed to propose a new income tax on the wealthy, estimated to raise more than \$500 billion over the next decade. We’ll see how that sits with the fundraising Obama constituents.

Democratic leaders have indicated that they’re increasing the size of the exemption for small businesses from a requirement for employers to provide health care to their employees. The exemption is expected to increase from businesses with payrolls of \$100,000 to those with payrolls of \$250,000.



And how will these dollars be spent? Evidently, President Obama believes one way to save on healthcare costs is to reduce spending on procedures for which evidence shows it may not necessarily improve care for the sick and the dying. The suggestion is that perhaps a painkiller is preferable to surgery. Interestingly, the cost of a government based healthcare system will dictate whether sick family members die or receive surgery. Essentially, the cost to the government for a heart operation or expensive cancer treatment will be the decisive factor under the Obama plan as to whether they receive it. This cost/benefit analysis between the cost to the government and the benefit of extending your life is then put into the hands of politicians. Interesting indeed for medical tourism.

The big part of the proposal of providing healthcare at “lower costs” has not been addressed and it seems like the proverbial “cart being put before the horse.” By forcing health insurance companies to provide healthcare to people with no pre-existing condition clause, will force insurance companies to insure potentially hundreds of thousands or millions of Americans with serious health conditions that were previously not insured. This means that health insurance premiums and costs would rise for other employers and Americans who have health insurance because they would be subsidizing the sicker Americans. This has already been seen to happen in several states in the US that put in mandated health insurance benefits and requirements, where certain employers pay more for their healthcare because they are subsidizing the cost for employers who have sick employees or employees with health conditions.

Also, if part of the solution is the US government “subsidizing costs” through taxes on wealthy Americans, this means that the US government is not addressing at all why costs for healthcare are so high and doing anything to lower healthcare costs. This means that Obama’s plan not only doesn’t lower costs, but has a huge chance to significantly increase the already overpriced cost for healthcare in America, and it means while the government forces healthcare on everyone, healthcare costs will continue to rise and continue

to become even more unaffordable than before. This presents a HUGE opportunity for medical tourism, and the passing of this legislation could lead to even greater adoption of medical tourism as one of the only ways to reduce healthcare costs. New health insurance plans that are being developed which incorporate medical tourism, could very well meet the purposes of the Obama legislation by providing health insurance at lower costs than a normal plan. Either way this should be very exciting for the medical tourism industry. We are very excited about the potential for Obama’s healthcare reform to create a huge boom for medical tourism and make it more attractive than ever. The MTA has already received many inquiries from US employers and health insurance agents that feel Obama’s plan will push more people towards medical tourism. ■



Renee-Marie Stephano is a Founder and President of the Medical Tourism Association, also known as MTA, the first international non-profit trade association for the medical tourism industry. Ms. Stephano also serves as general counsel for the MTA and is Editor of the Medical Tourism Magazine.

Ms. Stephano received her Juris Doctorate degree in Law in Pennsylvania. She has a background in international marketing and health law and then went on to open her own law firm, spending six years serving as general counsel for a US national healthcare administrator which was the first US healthcare administrator to implement medical tourism into both self-funded and fully insured health plans in the United States.

Ms. Stephano works full time for the Medical Tourism Association and is considered an expert in medical tourism. In her role at the Medical Tourism Association, Ms. Stephano helps countries and hospitals create strategic marketing plans and helps identify target markets. She has helped many countries and hospitals achieve their goals of attracting foreign patients and international insurance companies. Ms. Stephano works with global health care providers to maintain transparency with respect to quality of care as they increase their flow of patients and she also works with medical travel facilitators to establish best practices to ultimately ensure patient safety.



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KURT WORRALL-CLARE,
Advocate, Hospital Association of South Africa

DR. SHIN-HO LEE,
Executive Director for Industry Support for Korea Health Industry
Development Institute, Seoul, Korea

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Sales and Provider Relations for Christus Muguerza, Monterrey, Mexico

FATMA ABDULLA,
Former Chief Strategy Officer of Dubai Healthcare City;
Dubai, United Arab Emirates

BRAD COOK,
International Benefits Director at Hospital Biblica Clinica; Costa Rica

KENNETH MAYS,
Hospital Marketing Director, Bumrungrad, Thailand

DR. SANJIV MALIK,
Regional Director, Max Healthcare; India

JONATHAN EDELHEIT, CEO,
Medical Tourism Association, Inc.; Palm Beach, Florida

RENEE-MARIE STEPHANO, Esq.,
President, Medical Tourism Association and Editor of
The Medical Tourism Magazine; Palm Beach Florida

CYNTHIA L. CARRION,
Assistant Secretary, Philippines Department of Tourism; Philippines

STEPHEN M. WEINER, Esq.,
Chairman of the Health Law Practice of Mintz, Levin, Cohn, Ferris,
Glovsky & Popeo, P.C.; Boston, Mass.

SCOTT A. EDELSTEIN, Esq.,
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Head of International Business, Wockhardt Hospitals, India

MEDICAL TOURISM

M A G A Z I N E

Your Guide to Overseas Medicine



EDITOR & PUBLISHER:

Renée-Marie Stephano, Esq.

CONTRIBUTING EDITORS:

*Jonathan S. Edelbeit
Vivian Ho
Dr. Prem Jagyasi
Jessica Leopold
Gabriella Vicuña
Christin Erazo
Cayla Lambier*

ONLINE MAGAZINE EDITORS:

*Jessica Johnson
Jonathan Edelbeit*

REGULAR AUTHORS:

*Alex Piper
Jonathan S. Edelbeit
Michael Bina
David G. Vequist
Erika Valdez
Cagri Kanver
Dan Cormany
Vivian Ho*

CONTRIBUTING AUTHORS:

*Dr. Jose Quesada
Cayla Lambier
Cecilia Kenneally
Rosanna Moreno, Esq.
Christine Leyden
Karen Timmons
Scott C. Simmons
Marsha Proctor Killen
Dr. Daniel Kelly
Tray Malicot
Christin Erazo
Nataly Kelly
Dr. Ilka De Obaldía
Dr. Michael O. Sigler
Dr. Roberto Sanchez*

ART DIRECTOR:

Renée-Marie Stephano, Esq.

ART DEPARTMENT:

Dimier Quirós

MAIN OFFICES:

*10130 Northlake Blvd. Suite 214-315
West Palm Beach, Florida 33412 USA
Tel: 561-791-2000
Fax: 866-756-0811*

*info@MedicalTourismMag.com
www.MedicalTourismMag.com*

REGIONAL OFFICES:

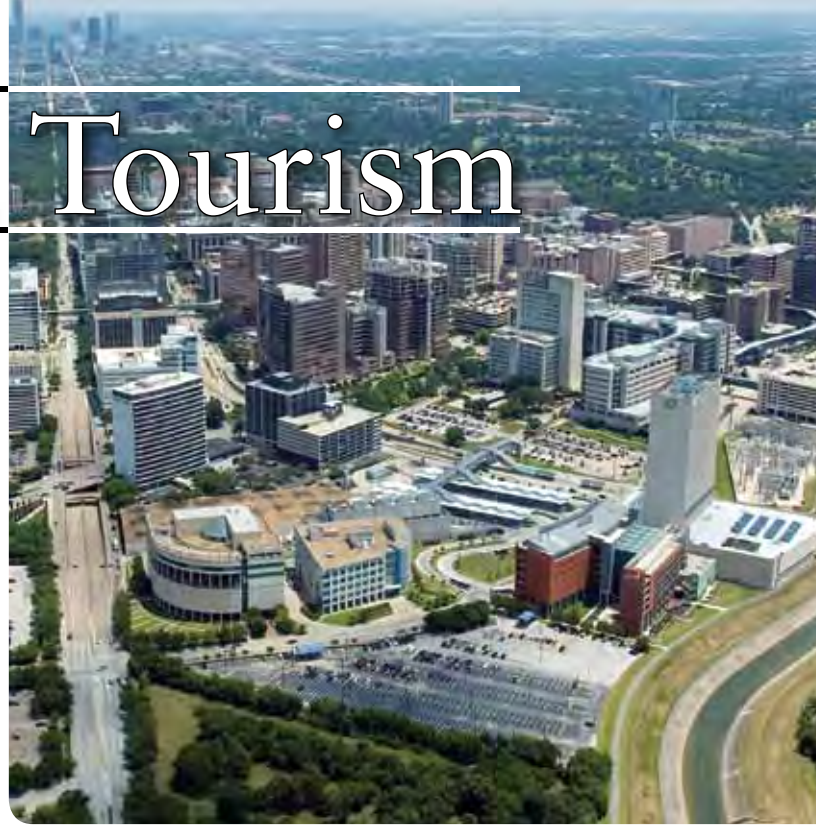
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Medical Tourism

AT A GLANCE



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3 People for months have been guessing at what kind of healthcare reform legislation President Obama will propose in front of the US Congress. Evidently, some of that guesswork is over as the Associated Press reported on July 14th about some planned aspects of the proposed healthcare reform.

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68 The current economic crisis is affecting U.S. hospitals on many different fronts, from a reduction in patient volumes to an increase in debt, producing a negative financial effect. According to Moody's Investors Service, last year not-for-profit hospitals received 27 credit upgrades versus 53 credit downgrades - the largest number of downgrades since 2001.

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84 What do Bumrungrad, Cleveland Clinic and Galicia Heart have in common? Accreditation, high quality standards and medical tourism are in the spotlight.

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MD Anderson ~ Making Cancer History

78 Marking more than six decades of Making Cancer History®, The University of Texas M. D. Anderson Cancer Center is located in Houston on the campus of the Texas Medical Center. The Texas Legislature created M. D. Anderson in 1941 as a component of The University of Texas System. The institution is one of the nation's original three comprehensive cancer centers designated by the National Cancer Act of 1971.

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Coming to America ~ What Medical Tourists Need to Know

39 When most people think of "medical tourism", they think of U.S. or European patients seeking health care services in Asia or Latin America where these services are often dramatically less expensive. According to Deloitte LLP, approximately 750,000 Americans traveled abroad in 2007 for medical care. It is estimated this number will grow to six million by 2010.

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Safety and Quality Standards ~ Driving Patient Expectations

51 Cost and quality don't always mesh, but these two factors are the most common reasons that people travel abroad for health care. Americans, for example, travel to India, Thailand, Singapore, Costa Rica, and other countries for joint replacement, cosmetic surgery, dental treatments, or heart surgery to take advantage of costs that can be drastically lower than in the United States. Some Americans also seek care outside their home country in order to access what are considered alternative treatments that are not yet approved in the United States.

BY KAREN TIMMONS

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aBuzz About the Competition

30 All this new, competitive pressure has awakened the competitive instincts in some US providers to first, get serious about protecting existing business. This outside pressure has also caused some providers to completely rethink their business model and aggressively seek new business from beyond a traditional marketing "territory" and existing medical "relationships." Providers are now saying: Turnabout is fair play!

BY MICHAEL BINA

Medical Tourism

AT A GLANCE

Talking the Talk ~ Obtaining Culturally and Linguistically Competent Health Care in the United States

80 Countless patients and families come to the United States from abroad to seek medical care each year, yet few are familiar with their options for receiving access to language services – such as interpreting and translation – along with culturally sensitive care. Standards for culturally and linguistically appropriate services (CLAS) are promoted at a federal level and are widely observed within the U.S. health care system. This article introduces the range of cultural and linguistic services commonly offered within the United States that are available to international visitors seeking health care.

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Going Green ~ Cost Reduction New Words in a New World 2

54 In the previous issue, we covered the basics about corporate sustainability. We presented sustainability as growing from a simple and single department to a mindset change in every major corporation. I hope the article was helpful for industry leaders to emphasize the basics about sustainability and the importance of getting involved in moving towards a sustainable corporate culture as quickly as possible.

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Country Spotlight

Intracorneal Rings ~ A Transplant-Free Solution

61 The cornea is a transparent structure that covers the front of the eye and allows light to enter it. Any alteration in that window which produces a spot or irregularity generates a bad image, which translates into bad vision.

BY DR. ILKA DE OBALDIA

The Aging Revolution

64 The only constant in science has, and always will be, change. Facts that were incontrovertible transform into things that we now have control over. And, new facts are discovered to take their place, which will in turn become altered or understood in new ways in the future. This is the rolling road that science has always followed, and in no other area of medicine is it as apparent as in the investigation into the ways we age.

BY DR. MICHAEL SIGLER

Pana-Health ~ Bridging Overseas Health and Medical Care

56 The data about Medical Tourism shows it is already taking off, with projections that it will skyrocket even more in the next decade. As with any trend, many competitors will jump on board in an attempt to ride the wave to the top. In fact, over 50 countries have already identified medical tourism as a national industry. But who will come out a winner? What countries and what providers will be the front-runners in this incredibly delicate and personal field, one that weaves together well-being and enjoyment?

BY JILL MAURER AND JACOB EHRLER



Medical Tourism Economic Report: Inbound Medical Tourism in the United States

10 There are an increasing number of international patient departments in U.S. hospitals marketing to these patients. These hospitals and clinics are offering inbound medical tourism services to patients who come to the U.S. for higher quality than they can receive in their home country, access to procedures that are not available in their country's healthcare facilities, freedom from long wait times or the rationing of procedures because of national governmental regulations, because of the ability to combine tourism opportunities in the U.S., and/or (believe it or not!) because the price differential- paying for services in cash in the U.S. may be less expensive than in their home country.

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16 For years, non-U.S. residents have traveled into the U.S. for healthcare, many travelling from third-world countries every year for their annual check-ups, second opinions, diagnosis or treatment of a wide array of medical conditions. If you Google the topic, you'll find records of wealthy and/or affluent travelers from other countries visiting the U.S. as far back as 2000 for everything from difficult-pregnancy childbirths to cancer diagnosis.

BY ALEX PIPER

News & Insights

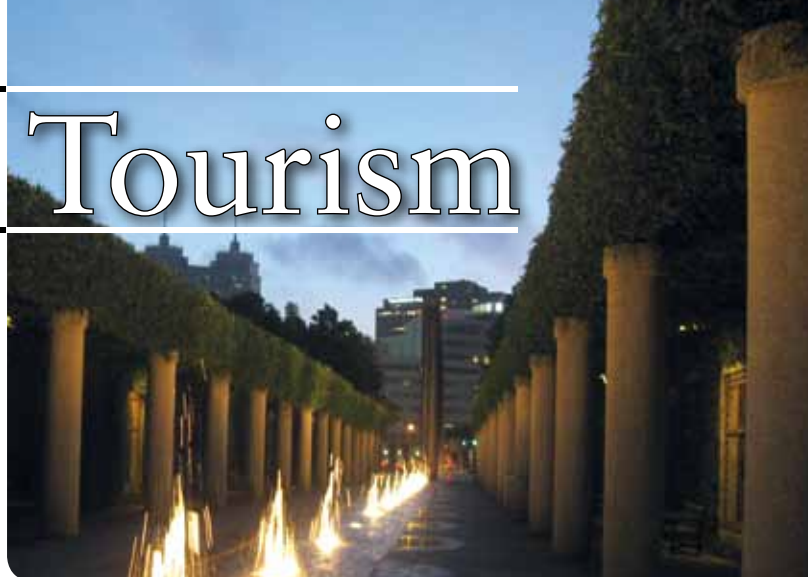
No "Face Time" ~ The Biggest Mistake In Medical Tourism

48 It is amazing how fast the medical tourism industry has been growing in the past few years. Over five years ago it was rarely mentioned in the media and press, and my recollection was that it was mentioned in the international press in an article in the International Herald Tribune. My name and former employer was mentioned with Bumrungrad Hospital. Today, medical tourism is constantly in the media and press and there is not one day that multiple newspapers and other forms of media write articles about it.

BY JONATHAN EDELHEIT

Medical Tourism

AT A GLANCE



Convention & Visitors Bureau Role in Medical Tourism

26 It would seem like the perfect wedding when two of the world's largest industries find themselves joining together to support the globalization of health care and the comfortable provision of services to the medical tourist. But as the world of medicine and insurance is introduced to the world of tourism and hospitality, the first impression is more of an arranged marriage between two strangers struggling to become acquainted after the wedding has occurred.

BY DAN CORMANY

The Role of TeleHealth in Medical Tourism

32 Telehealth, also known as telemedicine, is the remote provision of health care services enabled by technology. A continuum of successful telehealth applications have been demonstrated over the last twenty years, ranging from the transmission of digital photographs and patient histories for diagnostic consultation, to remote monitoring of physiologic data for chronic disease management, to interactive patient physical examination using medical video endoscopes and ultrasound over high-definition videoconferencing links. The common tie among these varied applications is that technology is used to improve access to health care services independent of geography.

BY SCOTT C. SIMMONS AND DR. ANNE E. BURDICK

Healthcare Reform and the Demise of Medical Tourism?

42 Business leaders in the Medical Tourism industry have valid questions about the viability of their business models as healthcare reform transforms the U.S. healthcare environment. While it remains unclear how the U.S. healthcare market will transform over the next decade, it does seem clear that increasing costs of care will continue to drive political and legislative agendas. The combination of rising healthcare costs and the desire to provide healthcare to uninsured Americans will create disruptive market opportunities for companies who identify innovative solutions that address these issues.

BY MARSHA PROCTOR KILLEN

Australia ~ Privacy, Quality and Follow-Up in the Treatment of Mental Illness

70 Although Australia is becoming ever more popular as a destination for cosmetic surgery and other medical procedures, the country's world-class mental health services are increasingly being accessed by international clients. As well as receiving referrals from all over Australia, The Melbourne Clinic receives international referrals for a variety of reasons ranging from the effectiveness of the specialty services, to its cultural understanding, as well as the patient's wish to maintain a greater degree of anonymity.

BY PROFESSOR ISAAC SCHWEITZER

Saving Lives

Brain Tumor Center ~ Endonasal Surgery for Pituitary Tumors

45 Under high-powered, high-definition magnification with the operating microscope and endoscope, tumor removal is performed using microsurgical techniques. The size, consistency, location and invasiveness of a tumor will largely determine whether a complete or subtotal removal can be accomplished.

BY DR. DANIEL F. KELLY

An Innovative Approach to Continuity of Care: Caregivers

20 30 years ago, a Colorado entrepreneur named Paul Sauer identified a growing need for personal care services provided in people's homes. Seeing this empty space in the caregiving world, Sauer developed a program to provide in-home staffing for people managing an illness, recovering from a medical procedure, facing the challenges of physical decline, or challenges of ongoing caregiving demands. Over the years, Homewatch CareGivers has morphed into a comprehensive care model for delivering a full-range of support and care services for people of all ages within a large range of needs.

BY TREY MALICOT

Cyclical Care for Patients ~ Here and Abroad

75 Patient healthcare has come full circle with World-wide Managed Care Partners and World-wide Medical Partners coming together to bring patients inbound and outbound to provide the most cost-efficient, quality care.

BY CHRISTIN ERAZO

Jackson International ~ Working Internationally to Save Lives

23 Either for life changing or life saving medical procedures, Jackson International becomes one of the best options for foreign patients looking for top rated care in the United States. Jackson International links foreign patients in need of treatment for complex medical and surgical care with the exceptional, life saving and life changing medical expertise of Jackson Memorial Hospital, one of the top-rated hospitals in the United States.

BY JACKSON MEMORIAL INTERNATIONAL TEAM



Economic Report: Inbound Medical Tourism in the United States

By DAVID G. VEQUIST IV and ERIKA VALDEZ

As medical tourism continues to grow, developed nations, such as the United States, see large number of Americans traveling abroad for medical procedures. However, there continues to be a growing interest in inbound medical tourism in the U.S. There are an increasing number of international patient departments in U.S. hospitals marketing to these patients. These hospitals and clinics are offering inbound medical tourism services to patients who come to the U.S. for higher quality than they can receive in their home country, access to procedures that are not available in their country's healthcare facilities, freedom from long wait times or the rationing of procedures because of national governmental regulations, because of the ability to combine tourism opportunities in the U.S., and/or (believe it or not!) because the price differential- paying for services in cash in the U.S. may be less expensive than in their home country.

Some Case Examples

Back in the 90s, the Methodist Healthcare System (which was the employer of one of the authors at the time), a multi-billion dollar subsidiary of HCA in South Texas, was engaging in leading-edge Medical Tourism marketing to recruit (particularly affluent) Mexican nationals to San Antonio, Texas to receive various medical procedures. These foreign nationals would typically pay in cash and offered an additional, profitable, and non-traditional revenue stream for their flagship urban hospital. Since then, many U.S. facilities have expanded their marketing to attract international patients and have developed international patient departments.

As recently as October of 2008, a group of hospitals in Southeastern Michigan (including The University of Michigan Health System, Detroit Medical Center, Henry Ford Health System and St. John Health System) announced an advertising

program to try and recruit foreign patients to that region. Since 2004, using nothing other than their website for advertising, these facilities were able to attract patients from 11 different countries and so they felt it was time to become more aggressive in their marketing. They are pushing back against foreign hospitals that have been heavily advertising in the U.S. to offer patients lower-cost medical care. Calling it 'reverse medical tourism,' these facilities began a national advertising campaign intended to attract patients from the U.S. and around the world to some of its 'centers of excellence' medical programs.¹

In another example, the Shady Grove Fertility Center, which is the Washington/Baltimore area's largest in vitro fertilization (IVF) and fertility clinic gave IVF treatment to more than five dozen British patients in 2008 (a 350% increase from 2007).

¹ Southeast Michigan hospitals advertise for international patients retrieved on June 29, 2009 from <http://www.craigslist.com/article/20090626/HEALTH/906269974#>

This is a reversal of the medical tourism flow of Americans going overseas in search of less costly elective medical procedures. In just a little over a year, Shady Grove Fertility Center has set up innovative partnerships with three fertility clinics in the UK. In addition, they held informational seminars hosted in the UK for potential donor egg patients. These British fertility patients, who need to use donor eggs rather than their own, were flocking to the Shady Grove Fertility Center because, in the UK, egg donors are neither paid nor guaranteed anonymity and donor eggs are scarce. Wait times in the U.K. can be as long as three years and choice of donor is often limited. In contrast, Shady Grove Fertility not only pays donors, but also offers an innovative way to reduce waiting time and cost for donor eggs. This center was looking to replicate this success and was going to explore similar relationships in potential partner clinics in the country of Ireland.²

An American academic center that is focusing on inbound medical tourism is the University of Central Florida (UCF). Local tourism officials hope the university and its medical city at Lake Nona will also attract people from around the world. Inbound medical tourism is considered a goal for the hospital and Central Florida as a whole. Following UCF's lead, other Central Florida hospitals (such as the two large hospital systems- Florida Hospital and Orlando Health) and clinics have begun encouraging patients from abroad to come to Orlando for medical treatment.

In a very recent Orlando Business Journal article³ and a Fox News Orlando⁴ report, local physician Dr. Kirti Kalidas, discussed the \$17 million USD expansion of his Center for Natural & Integrative Medicine in Southwest Orange County. By late 2010, he will have expanded his clinic to include an 87,000 square foot, 126 room Cambria Suites hotel so out-of-town and out-of-country patients can stay the week, get health screenings, enjoy the spa, and engage in detoxification (also he is hoping to attract other healthcare providers to a 20,000-square-foot medical office building as well). He is one of only around 30 doctors in the country that has both a traditional M.D. and a Naturopathic license and his clinic offers various alternative and integrative procedures such as Vitamin IVs, Hyperbaric Oxygen Therapy, Ozone Therapy among its alternative wellness programs.

To increase the state's reputation as a medical destination, several Florida cities are also looking to increase their share of the lucrative medical meetings market. Orlando, the nation's top-ranked medical meeting hub for the past decade, played host to more than 215 medical meetings with 170,000 attendees in 2008.⁵ Dr. Rolando D. Rodriguez is spearheading the effort for the Greater Miami Chamber of Commerce to make South Florida the world's No. 1 international gateway for healthcare (the Baptist system in Miami is one of the most popular destination for international patients. It had 12,000 foreign patients from 100 foreign countries in 2008). Six years after the death of an ambitious joint effort to make Miami a major healthcare destination for wealthy foreigners, a new group has formed to try to do the same thing. This group expects that these efforts could be a boost to the local economy (hurt by the decline in the housing sector and the global recession) and also lead to improved healthcare for local residents as providers upgrade services to compete on a global scale. The

² A Growing Number of Brit Cross the Atlantic for Donor Egg IVF Treatment at Shady Grove Fertility Center retrieved on June 25, 2009 from <http://au.sys-con.com/node/1004094>

³ Orlando doc plans \$17 million 'medical tourism' development retrieved on June 29, 2009 from <http://orlando.bizjournals.com/orlando/stories/2009/05/11/story3.html>

⁴ Orlando's medical tourism retrieved on June 29, 2009 from http://www.myfoxorlando.com/dpp/health/062209_Orlando_medical_tourism

⁵ Sun. Sand. Surgery. Retrieved on June 29, 2009 from <http://today.ucf.edu/blog/2009/05/28/sun-sand-surgery/>



University of Miami had started an ambitious program to attract foreigners wanting quality care and since its expansion, international traffic has gone up about 20 percent. The City of Jacksonville also boasts of having the Mayo Clinic and the University of Florida Proton Therapy Institute at Shands that attract thousands of international patients every year.

Many of these Florida hospitals that cater to international patients offer concierge services (e.g., picking them up at the airport, finding hotels, showing relatives where to shop while the patient is recovering, etc.). These hospitals go out of their way to be much more customer-friendly oriented in order to attract foreign patients. It was suggested by the president of a Florida public hospital that handles their international business that all aspects of the hospital have to be aligned with the marketing image. The lobby has to be nice, things have to look good, and even a public hospital can't look like a typical public hospital.

Economic Facts

In its 2008 report on medical tourism⁶, Deloitte and Touche (D&T) suggested that in 2008 there would be more than 400,000 non-U.S. residents that would receive care in the United States and spend almost \$5 billion for health services. International patients currently make up almost 3.5% of all inpatient procedures performed in the U.S. By 2011, D&T suggested that those numbers could rise to as much as 800,000 patients annually. Some of the most common treatments that international patients are seeking are: Cancer/Oncology; Orthopedic; Cardiovascular; and Cosmetic.

Some of the advantages for hospitals that have inbound medical tourism are that medical tourists tend to pay commercial charges or higher for medical services, and that they tend to be more affluent than general patient populations. Some of the most commonly known hospitals listed in the report are (Note: total patient visits include domestic and international patients): Texas Medical Center (around 5.5 million total patient visits); the University of Pittsburgh Medical Center (over 3 million total patient visits); Harvard Medicine (over 2 million total patient visits in the Boston location); John Hopkins Hospital (over half a million total patient visits); the Cleveland Clinic (over 3 million total patient visits); Cornell Medical School (around 2 million total patient visits); Duke University School of Medicine (almost 1.5 million total patient visits); Memorial Sloan-Kettering Cancer Center (around half a million total patient visits); and the Mayo Clinic (only around 150,000 total patient visits).

⁶ Medical Tourism: Consumers in Search of Value retrieved on June 29, 2009 from [http://www.deloitte.com/dtt/cda/doc/content/us_chs_MedicalTourismStudy\(1\).pdf](http://www.deloitte.com/dtt/cda/doc/content/us_chs_MedicalTourismStudy(1).pdf)

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According to the D&T report, several initiatives have been helpful in promoting clinical programs related to U.S. inbound medical tourism: 1) the establishment of international partnerships and the formation of international health care projects have increased awareness of the opportunities for foreign patients to travel the U.S. for care; 2) listing their services in international medical directories; 3) having foreign physicians and U.S. physicians training abroad (helps to increase the number of referrals to the U.S.); and 4) U.S. medical centers making an effort to serve embassy contacts and the relatives of ethnic groups within their own communities (to increase referrals among family members internationally).

Some Future Trends

Hospitals typically offer discounts on their gross charge rates for uninsured foreigners if they pay in advance. But currently, popular inbound patient venues are reporting that more of their foreign patients have insurance coverage than ever before (the Cleveland Clinic reports 90%, Mount Sinai says 60%, and Baptist Health International Center in Miami has about 70%). It is stated that “even wealthy people would rather pay an insurance premium than \$500,000 in cash”.⁷ This will be a future trend with less international patients paying in cash and instead utilizing a more diverse slate of financing alternatives (including U.S. health insurance programs).

In addition, Complementary and Alternative Medicine (CAM), which is even more popular in some areas of the world than in the U.S. (all 18 hospitals named by U.S. News as “America’s Best Hospitals” provide some type of CAM services; and according to the American Hospital Association’s Annual Survey of Hospitals- 19.8% offered CAM in 2006), are expected to be integrated as part of the traditional procedures offered for these patients. Although initially, inbound medical tourism had been dominated by large teaching institutions (typically ones that enjoy positive national and/or international reputations). Expect that in the future, more non-teaching and for profit hospitals and clinics (retail clinics, a non-traditional competitor, have increased by almost four times in the last 2 years, from just 250 clinics in 2006 to close to 1,000 in 2008) will enter the market as the population of affluent people rises worldwide. Finally, as the movement towards more government intervention and reimbursement impacts U.S. facilities in the near future, expect that more hospitals and clinics will begin to market to these higher-margin patients. ■

⁷ South Florida hospital compete for international patients retrieved on June 29, 2009 from <http://www.miamiherald.com/103/story/1085748.html>

About the Authors

David G. Vequist IV, Ph.D. is the founder and Director of the Center for Medical Tourism Research (www.medicaltourismresearch.org) - the very first Medical Tourism research center in the world. He is also an Associate Professor of Management in the H-E-B School of Business & Administration at the University of Incarnate Word in San Antonio, Texas, USA. He is also a consultant, author and speaker on topics such as medical tourism, healthcare trends, and technologies. He can be reached at vequist@uiwtx.edu.

Erika Valdez, a native of Mexico, and just graduated from the MBA program (May 2009) in the H-E-B School of Business & Administration at the University of Incarnate Word in San Antonio, Texas, USA. She is a Graduate Assistant at the Center for Medical Tourism Research (www.medicaltourismresearch.org) and a promising speaker and author in the area of medical tourism and economic development in developing nations. She can be reached at eri.valort@gmail.com.



Five Essentials for a Successful Inbound Medical Tourism Practice

By ROSANNA MORENO

In the world-renowned Texas Medical Center, Memorial Hermann Hospital provides a model of exceptional international service.

One day a few weeks ago, a flight from the Middle East arrived in Houston. An ambulance met the plane on the tarmac and whisked a trauma patient to the emergency room of Memorial Hermann Hospital in the city's famed Texas Medical Center. After a neurological evaluation, the patient was wheeled into the operating room, where surgery took place that same day. As of this writing, the patient is in The Institute for Rehabilitation and Research, a part of the Memorial Hermann system, participating in post-operative rehabilitation.

For decades, patients have come from around the world for specialized treatment at the Texas Medical Center. Each day, the Center welcomes international patients who arrive for initial diagnosis, treatment for a disease or disorder, a valued second opinion or an annual checkup. More than 14,600 international patients came to the Center in 2008, and that number is on track to increase nearly 20 percent in 2009.

Most are drawn by the state-of-the-art medical technology for which the United States and the Center, in particular, are known. Many come for the pioneering treatments not available anywhere else. Others come because the wait for care in their home country is too long. While, some come simply because they can afford the best of the best and they know they can find it here.

While the Texas Medical Center may be a location of choice for advanced medical treatment, creating a successful inbound medical tourism program takes more than world-class technology. For Memorial Hermann, a three-year, dedicated

effort is showing results in both increased numbers of inbound patients and high levels of patient satisfaction. Along the way, we have identified five essentials for success.

VIP Service

The number one key to our success is a totally patient-centered concierge approach. When I came on board in 2006, I came from an international banking background. We have brought the same atmosphere of professionalism and service found in VIP banking to the way we care for our international patients and families.

Our International Services team assists patients from pre-arrival to post-discharge. Before a patient even arrives in the United States, our team has smoothed the pre-registration process by accessing medical records for the patient, assisting with financial clearance, helping coordinate travel arrangements and setting initial appointments. While most patients do not require an ambulance at the airport, our personal liaisons coordinate their arrival through the airport system's personal representatives, helping them navigate immigration and customs, get to their hotel and arrange transportation for the duration of their stay.

International Services team members speak a variety of languages, providing a unique multicultural resource. In addition, we often bring in interpreters to assist the family throughout their stay.

Our staff arranges for VIP accommodations at the hospital and sets appointments for evaluations, physician consultations

and treatment within a prompt time frame so the patient and family may return to their country of origin as quickly as possible. We also coordinate care among various specialists to ensure clear communication.

Patient-centered care goes beyond simple logistics. Our experienced physicians and staff are dedicated to providing comprehensive care, including looking out for the religious and cultural needs of international patients and assisting with personal and family issues arising during their stay. This requires a concierge medical service approach with a staff focused on the patient 24 hours a day, seven days a week.

Quality Care

Complementing a patient-centered approach, the second key is a reputation for high quality health care. While the Texas Medical Center is well known, we have worked to build awareness of the Memorial Hermann Healthcare System. Recent recognitions include the 2009 National Quality Healthcare Award, as well as top-tier ratings for our programs in publications as US News & World Report. These acknowledgments attest to our success in this area.



To provide exceptional service, our team gets to know our patients as individuals, understanding their concerns, their needs and the things that will make their stay more comfortable.



Our reputation brings international patients, who search for care as varied as cardiology and cardiovascular treatment, cancer treatment, sports medicine, neuroscience, liver and kidney transplants, burn treatment and plastic surgery.

Affiliations

A third element of our success is the long-term relationships we have developed with institutions and organizations abroad. Because the Texas Medical Center is the largest medical center in the world, with a large contingent of international doctors and staff, it is only natural that they would recommend the Center to patients from their local countries. We have taken this a step further, signing formal affiliation agreements for educational exchange and patient referrals with institutions in Mexico, Guatemala, El Salvador, Venezuela, Spain, Turkey, United Arab Emirates, China and Japan.

Through these affiliations, we provide an observer exchange program customized to meet the specific needs of international health professionals. They come to Memorial Hermann to gain knowledge of U.S. medical technology, and return home more

aware of the services we can offer. In turn, our physicians visit these countries, giving presentations to the local medical and business communities. During such trips, our doctors often conduct grand rounds, a traditional teaching tool where a specific medical case is presented for discussion among doctors, residents, and medical students.

Local relationships

We have learned that one key to exceptional service is establishing strong relationships with organizations and services that can make our patients' lives easier while they are traveling and staying in Houston. Our strategic partnerships include hotels, transportation services, the local airport and airport system, the Houston convention and visitor's bureau. We have also found that it is vital to establish relationships with embassies, consulates and chambers of commerce. These entities can not only help smooth the way for patients, but also spread the word about the level of service we provide.

Physician Relationships

The last and a critical key to our success is the strong working bond we have created between our International Services staff and the physicians, clinical staff and administrators at Memorial Hermann. This enables our team to work seamlessly to coordinate multiple tests and procedures and ensure that cultural and dietary needs are being addressed, whether it means arranging a gluten-free diet or scheduling appointments around religious observances.

Measures of Success

It all comes back to the patient-centered focus that is the heart of our international program. To provide exceptional service, our team gets to know our patients as individuals, understanding their concerns, their needs and the things that will make their stay more comfortable. The success of our approach is reflected in the notes we receive from patients and families after they leave our care. Such notes include: "I was amazed to be greeted at the airport gate and escorted through arrival" and "The team was always there for us".

For our team, knowing that we have contributed to the healing process is the ultimate measure of success. ■

About the Author:



Rosanna Moreno is the System Executive for International Business Development for the Memorial Hermann Healthcare System and Executive Director of the International Services Center at Memorial Hermann-Texas Medical Center. She also chairs the International Affairs Advisory Council of the Texas Medical Center. Moreno is a Texas licensed attorney and has a master's degree in International Relations with a concentration in Economics and Latin America.



More than 14,600 international patients came to the Center in 2008, and that number is on track to increase nearly 20 percent in 2009.





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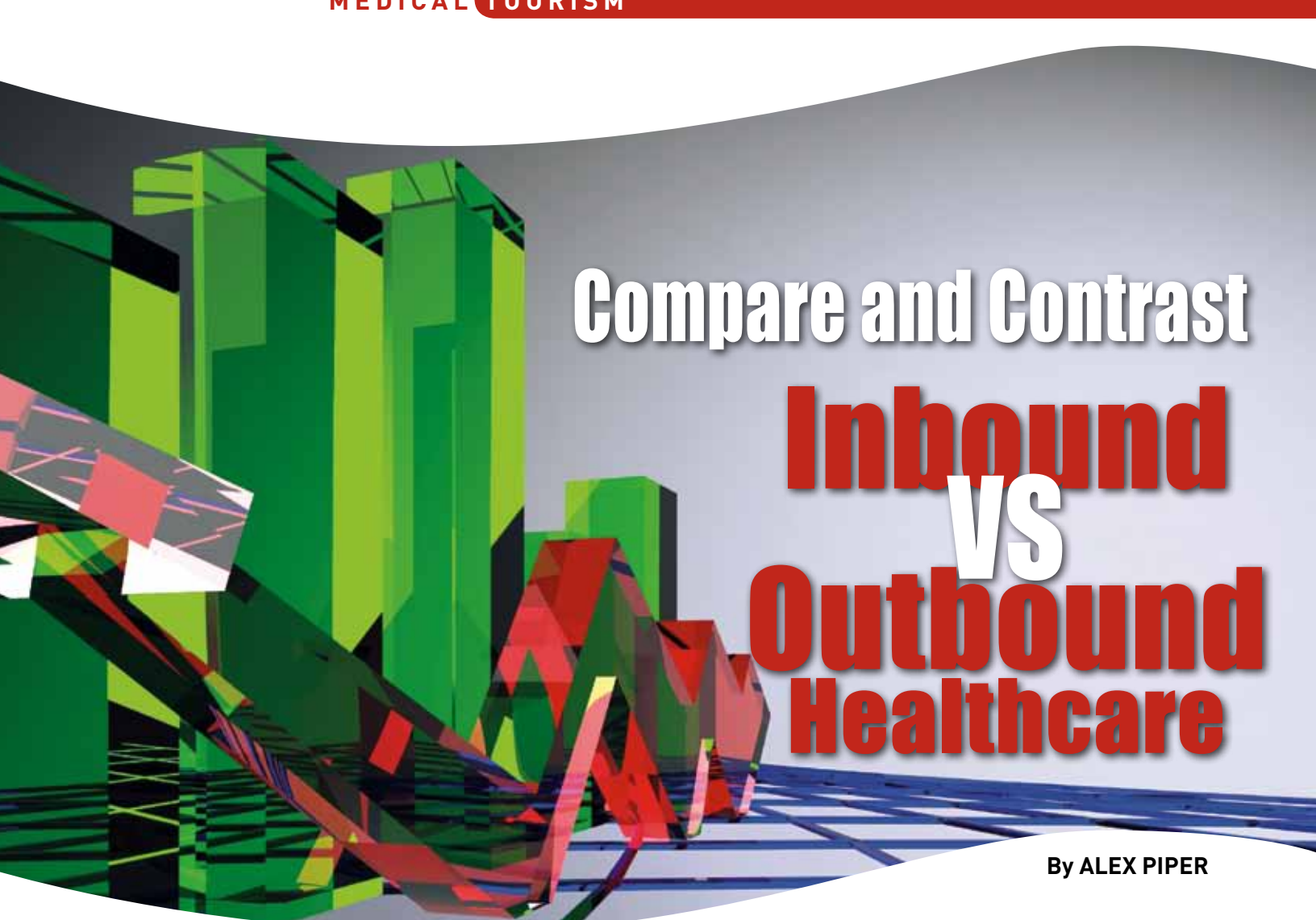
The world of medicine is paying very close attention to what is happening at Memorial Hermann-Texas Medical Center. Physicians with a constant drive for innovation are the reason we are the recognized leader in aortic aneurysm reconstruction. A commitment to achieving the highest standards is why we are nationally renowned for our comprehensive stroke treatment. We've created an environment that encourages remarkable advances like an FDA-approved clinical trial testing a new prostate cancer vaccine.

And because our reputation for innovation attracts patients from all over the world, the International Services Center at Memorial Hermann-TMC provides a comprehensive array of high-level services tailored to their special needs. Each year, the Center welcomes patients of many different nationalities as they arrive for initial diagnosis, treatment for a diagnosed disease or disorder, a valued second opinion or an annual checkup. It's all part of our dedication to making breakthroughs – every day.

For more information about the International Services Center, please call toll-free 1.800.790.7890 or 713.704.5515.

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Compare and Contrast Inbound VS Outbound Healthcare

By ALEX PIPER

For years, non-U.S. residents have traveled into the U.S. for healthcare, many travelling from third-world countries every year for their annual check-ups, second opinions, diagnosis or treatment of a wide array of medical conditions. If you Google the topic, you'll find records of wealthy and/or affluent travelers from other countries visiting the U.S. as far back as 2000 for everything from difficult-pregnancy childbirths to cancer diagnosis.

The 2008 Deloitte Report on Medical Tourism gives a decent state-of-the-union report on inbound medical tourism. Inbound Medical Tourism is described as patients from other countries traveling to the U.S. to receive medical care. Outbound Medical Tourism is the opposite of inbound; it is described as patients from the U.S. traveling to other countries to receive medical care. The main commercial feature of that report is that inbound medical tourism is expected to be essentially stagnant into the foreseeable future. However this doesn't mean that we can't glean some meaningful comparisons between inbound and outbound healthcare.

Industry Drivers

First, for both inbound and outbound medical tourism, there are underlying industry drivers. For inbound, proximity is a driver. The bordering countries of Canada and Mexico offer proximity. In addition, there are domestic issues that render travel as an attractive option. Canadian visitors seek to avoid long waiting times in their country. Mexican visitors may seek better access to quality than they can find locally. For outbound, the overwhelming industry driving force is cost savings for the payer, be it employer, insurance company or government, as well as the individual.

Beyond the industry drivers that essentially create and establish the industry, there is the issue of quality. For inbound, there is the notion that the U.S. hospitals provide a standard of quality that provides sufficient assurance that they will be able to secure quality healthcare. In addition, the affluent inbound patient seeks specific hospitals, clinics and other healthcare providers of international renown in their field of expertise. Both those examples are indicators of the desire for quality. For outbound patients there is the similar desire for quality. In the industry, such quality assurance has become exemplified by accreditation of the foreign-based healthcare provider by a renowned accreditation organization.

The Patient Experience

Patient treatment begins with patient reception; how a healthcare facility prepares for, and receives, its patients – specifically, how it receives its non-resident patients. Consideration of the obvious differences between resident and non-resident patients suggests that this area of treatment (reception) should be specific to each patient type. Language considerations, food considerations, cultural considerations and ethnic considerations are a few of the relevant factors that must be addressed.

How a hospital or clinic incorporates these considerations into their overall business model is of particular interest to a marketing specialist like me. The reason that this holds special appeal for marketing types is because the patient experience is one of the major marketing tools that a healthcare facility has. The patient experience translates directly into word-of-mouth marketing. Word-of-mouth marketing has been and continues to be the strongest influencer in the buying decision of ALL products and services in our world.

Results of the strictest and most disciplined research that includes websites, marketing material review and phone calls, are completely overwhelmed by direct rendition of personal experience. Hurricane ravaged hotels have experienced immediate full occupancy based on one tour's worth of satisfied visitors who spread their satisfaction by word of mouth. High quality restaurants have experienced business-ending public relations as a result of an article by a dissatisfied restaurant critic. And, trust me on this one, hospitals and clinics can be permanently (or almost permanently) erased from industry consideration on the basis of one major bad patient experience.

“ For outbound [medical tourism], the overwhelming industry driving force is cost savings for the payer, be it employer, insurance company or government, as well as the individual. ”

Hospitals that are major players in the medical tourism industry are taking bold, well-thought-out steps to make sure that they own, manage and control the complete patient experience. Hospitals have dedicated entire floors of patient rooms to serve as hotel rooms for patient companions, to retain control of as much of the patient travel and experience as possible. Other hospitals control the tourism experience by hiring and using their own, or favored, tour operators. If you visit world-class hospitals and take a look at their lobby areas, you'll see another example of how hospitals manage the patient experience. The types of food vendors, product vendors and services vendors are indicative of the international patients that they attract. You may see a Starbucks or other coffee vendor, snack outlets, convenience store areas and other “comforts of home” accessories that hospitals use to enhance the patient experience. All of these amenities and activities are intended to manage and achieve positive results for the patient experience.

Let's go back to how hospitals and clinics incorporate these considerations into their overall business model and how this is of particular interest to a marketing specialist such as myself. Specifically, let's take a look at the patient reception step and let's observe international patient departments. These departments are becoming the industry standard of how a healthcare provider positions itself in the international patient component of medical tourism. In reality, the creation, maintenance and operation of an international patient department says a lot about how motivated a hospital and clinic might be in attracting non-resident patients.

Pre-patient marketing design targets the patients' country of origin. The hospital or clinic's international patient department has established marketing plans in the countries from which they wish to attract patients. Some of these plans include



specific niche marketing. For example, a hospital or clinic that wishes to attract orthopedic patients might have agreements with physical therapists in a particular market, to refer their orthopedic clients to the hospital or clinic for treatment consideration. For U.S.-based hospitals, they may achieve the same objective by setting up partnerships or affiliations with foreign-based hospitals to refer their affluent or wealthy clients to the U.S. hospital. Keep in mind that the objectives are similar - namely to achieve specific niche effective marketing directed to the source of patients and directly connected to the healthcare facility for treatment.

Similarities continue in the pre-patient phase. Hospital international patient departments will offer services such as visa assistance, travel planning, lodging reservations, tours and other travel and patient amenities. They will also finalize payment options and offer payment plans. I have found that these services are common to both inbound U.S. hospital international patient departments and foreign-based hospital international patient departments. However, I must point out that the similarity is limited to the “good” foreign-based hospitals – not all of them offer these services.

“ Patient treatment begins with patient reception; how a healthcare facility prepares for, and receives, its patients – specifically, how it receives its non-resident patients. ”

Facility-based marketing plans for foreign-based hospitals include onsite amenities, such as specific reception offices, rooms or cubicles attended to by employees who are proficient in the expected patient's language. In addition, they include use of pre-patient paperwork and patient registration forms in the patient's language. Nurses and doctors who are fluent in the patient's language may also be always on staff, or be specially scheduled to be working when specific patients arrive. One country has even implemented a medical interpreter program designed for all its hospitals, and monitors participation of its member hospitals through it.

Host-related services include transportation of patients upon arrival. This is an industry-wide standard service.

However, excellent hospitals make sure that the transportation includes a language-proficient attendant, and perhaps a review of the patients' upcoming schedules. Inbound hospital international patient departments will include an orientation with the attending physician to make sure the patient is at ease. Outbound hospital international patient departments do not always include this service. Inbound hospital international patient departments have the business luxury of being able to build specific accommodation into their price structure, so that their patients experience complete comfort.

“
...hospitals and clinics can be permanently (or almost permanently) erased from industry consideration on the basis of one major bad patient experience.
 ”

For outbound hospitals, they can take a page out of their inbound counterparts' books and achieve the same satisfaction levels, by enforcing standards on the lodging providers that they select for their patients and their families. The concept of enforcing standards can be duplicated throughout the patient experience value chain and can include tour operators, hotels, personal assistants, facilitators, concierge services, car rentals and any other service provider that impacts the patient experience.

As I've illustrated, there are similarities and differences between inbound and outbound facilities and the services they offer, including their international patient departments. It's important for hospitals, clinics and governments to assess their complete patient experience value chain from Step One: Thinking, to Step Eight: After Glow (from OneWorld Global Healthcare Solutions services' "Create Positive Word-of-Mouth Marketing Campaigns"). They must identify the ownership of each step and how they can influence that owner to guarantee a positive outcome. They will find that the patient is at least part owner of every step, but also that they can manage the patients' assessment of each step so that they will eventually attract and multiply international patients. ■

About the Author



With over 17 years experience in Insurance, Marketing and Employee Benefits Management, Alex Piper possesses extensive knowledge of the U.S. Healthcare Market and the influence that Insurance Carriers, U.S. Employers, Hospitals, Physicians, Physician Groups, Healthcare Professional Organizations and Government will have on the next generation of global healthcare.

He is the President of OneWorld Global Healthcare Solutions, a consulting company committed to creating a worldwide healthcare solution. He can be reached at: alex@oneworldglobalhealthcaresolutions.com or www.OneWorldGlobalHealthcareSolutions.com



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An Innovative Approach to Continuity of Care

By TREY MALICOAT

30 years ago, a Colorado entrepreneur named Paul Sauer identified a growing need for personal care services provided in people's homes. Seeing this empty space in the caregiving world, Sauer developed a program to provide in-home staffing for people managing an illness, recovering from a medical procedure, facing the challenges of physical decline, or challenges of ongoing caregiving demands. Over the years, Homewatch CareGivers has morphed into a comprehensive care model for delivering a full-range of support and care services for people of all ages within a large range of needs.

Innovation in Aftercare

As an innovator in the field, Homewatch CareGivers responded to the growing demands for caregiving services for people traveling for medical treatment and procedures both domestically and abroad by developing a comprehensive Aftercare Program. This program is designed to educate the medical tourism community and patients worldwide on the benefits of working with a medically trained home care company. Unlike most other private duty home care companies, Homewatch CareGivers has a comprehensive education system with over 2000 specific courses for training caregivers, has a credentialed social worker responsible for quality and compliance and retains a nurse on staff to oversee caregiver recruitment, support and training. In addition, many of the franchise offices around the US and abroad have a nurse on staff to insure proper medical care when needed.

The Homewatch CareGivers Aftercare Program is being coordinated globally by Jean Forbes, Director of International

Sales & Business Development, a recognized expert in innovative program design and administration. Forbes said, "Based on the astounding statistics related to medical travel, we see this program as the clear solution for completing the spectrum of care for all patients."

Medical Tourism Applications

Homewatch CareGivers is first in recognizing a clear need for integrated caregiver provision in the scope of medical tourism. "Our goal is to work effectively with the facilitators and all the other people involved in care to insure the most successful treatment outcome," Forbes said. "We are working diligently to ensure that we have a team of caregivers who are trained on the intricacies of working with people with greater medical needs, worldwide."

The Homewatch CareGivers Aftercare Program is designed to work with patients who fit into two specific categories depending on their medical needs. All clients are either short-

term or long-term clients. When working with a short-term client, we know their caregiving needs are often intense on the outset and resolve quickly. A typical short-term client might be traveling for some type of plastic surgery or other orthopedic procedure. On the other hand, long-term clients might be traveling more frequently for ongoing treatments several times a year. The Homewatch CareGivers Aftercare Program recognizes the different needs of the different clients in all stages of care, and works for a seamless and coordinated plan of care for each client.

“**Homewatch CareGivers has a comprehensive education system with over 2000 specific courses for training caregivers.**”

“We believe strong relationships with facilitators, physicians, and facilities are critical to the overall successful care of patients,” said Forbes. “The primary goal of all services,” she added, “is to increase post-surgical or post-treatment compliance by supporting clients with highly trained caregivers, providing the highest quality of care possible.”

Homewatch CareGivers currently has 179 offices throughout the US and in Ireland, Panama, Costa Rica, Canada, and New Zealand. This extensive network enables them to be capable of meeting the aftercare needs of most people traveling for care.

“We have a clear strategy and system to meet the needs of our medical tourism clients whether they are ‘outbound,’ ‘inbound’ or ‘intra-bound’ clients,” said Forbes. When working with inbound patients, Homewatch CareGivers has leveraged its network of offices to provide the same standard of care and educational information for facilitators and others involved in coordination.

With outbound clients, Homewatch CareGivers is currently working primarily with travelers from the US who are having procedures done in Costa Rica, Canada and Panama. It is clear that a significant number of the estimated 750,000+ Americans who are leaving the country for procedures are traveling to Latin America. Intra-bound client care is provided through clear cross-office communication among the network of US offices and caregivers. Homewatch CareGivers understands the different care dynamics and financial aspects for every type of client. Through research, they know that clients have different objectives: some are pursuing medical tourism options as a means of saving money and others are motivated more by the customer service elements. The Homewatch CareGivers Aftercare Program clearly helps clients (in conjunction with their facilitator or physician/ clinic) work to establish the best care plan for healing and rehabilitation from treatments or procedures.

Identifying New Hubs

Homewatch CareGivers continues to expand the program by identifying the appropriate networks for care coordination by studying the most prevalent locations for procedures and treatments, identifying frequent travel patterns, growth areas around the globe, and strategic partners. Homewatch CareGivers has identified emerging “hubs” in Mexico, Brazil, South Africa, India, and several other areas around the world.

“We know the industry of medical tourism is growing significantly and we believe the caregiver component is a critical aspect of the overall care coordination. We want highly trained caregivers who understand the diseases, conditions,



procedures, and cultural differences to serve as ancillary support to the patient experience. Homecare services complete the cycle of care by insuring patient safety and compliance,” said Forbes. ■

For more information about this innovative Aftercare Program or to discuss a strategic partnership, please contact Jean Forbes at Homewatch International jforbes@homewatch-intl.com or call at (800-777-9770). Please visit our booth at the World Medical Tourism & Global Health Congress in L.A. and participate in the educational session with article author Trey Malicoat, MS.

About the Author



Trey Malicoat is currently the Vice President of Communications for Homewatch CareGivers International and is responsible for all global branding, marketing and PR strategy for international operations and 105 franchisees. Malicoat previously served as President of Signature Hospice in Portland, Oregon and served on the faculty at Oregon State University and Clackamas Community College. He has worked in healthcare and non-profit management for over seventeen years providing clinical and administrative oversight of multiple comprehensive programs for adults and children. Trey has worked as an administrator, clinician, consultant and educator focused on the effects of change on life functioning since the early 1990's.




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Among the 50 specialties available at Jackson Memorial Hospital, critical care, high-risk pregnancies and pediatric cardiac surgeries are the most common cases for international patients who seek treatment at Jackson Memorial Hospital.

Jackson Memorial Hospital, one of the largest, most comprehensive academic hospitals in the United States, is consistently recognized as one of America's best hospitals and has been providing the best in medical care for over 90 years. The proximity to Central America, the Caribbean and northern countries in South America makes Jackson Memorial Hospital accessible and vital.

"[It is] the only designated level-1 trauma and burn center located less than three hours from anywhere in the Caribbean Basin," said Dr. Eneida O. Roldan, President and Chief Executive Officer of Jackson Health System. This is crucial for the critically injured, where 24-hour availability of life-saving medical care gives the patient the highest possible chance for survival and recovery.

"At Jackson Memorial Hospital we specialize in complex critical cases," Dr. Roldan said. "At the Ryder Trauma Center at Jackson Memorial Hospital, we receive more than 4,000

patients per year, making Ryder one of the busiest trauma centers in the United States. The team of trauma surgeons and specialists are available 24 hours a day along with burn, vascular, cardiothoracic, orthopedic, neurological, pediatric and other specialists.”

Beyond life-saving medical care, programs like Hospitality and Concierge Services have been specifically designed to cater to the unique needs of international patients and their families. Jackson International also reaches out to the international community with many educational programs including observerships, workshops and telemedicine.

Holtz Children’s Hospital

Among the largest children’s hospitals in the southeast United States, Holtz at Jackson Memorial Hospital is known worldwide for its team of pediatric specialists experienced in cardiology and cardiac surgery, transplantation, diabetes, hematology, oncology, bone marrow transplant and infectious diseases/immunology.

Holtz provides expert diagnosis and treatment on site for virtually every condition, illness and injury that can affect a child today. To facilitate in making sure state of the art care is provided, Jackson added a brand new, 30-bed pediatric ICU that includes a pediatric cathlab.

“**Among the 50 specialties available at Jackson Memorial Hospital, critical care, high-risk pregnancies and pediatric cardiac surgeries are the most common cases for international patients.**”

“The Neonatal Intensive Care Unit at Holtz is the largest in the country and offers a full range of advanced therapies for neonates,” Dr. Roldan said. “The Holtz has more than 200 cumulative years of experience in taking care of the smallest and sickest newborns. We boast some of the best survival rates and successful outcomes in the country.” Roldan continues by praising Jackson Memorial Hospital for having one of the most acclaimed fetal surgeons for in-uterus procedures in the region.

“When we receive a mother that has a high risk pregnancy, the chances of her having a premature baby are higher than in a normal pregnancy,” Dr. Roldan said. “The neonatal intensive care unit [is] ready to follow up once the baby is born.”

Jackson Memorial is providing interactive online resources for medical travelers (medical tourists) and their families traveling to Miami for complex medical and surgical procedures. These tools also permit their affiliate physician HIPAA compliant access to medical records and information to better provide continuity of care for them. ■

For more information: About Jackson International: www.jmhi.org; About the hospital: www.jhsmiami.org; To refer emergency cases 24/7, call: 305-355-1212

“**The proximity to Central America, the Caribbean and northern countries in South America makes Jackson Memorial Hospital accessible and vital.**”

Cruise passengers injured in Dominica are transferred to Jackson Memorial Hospital

In February 2009, 14 Celebrity Cruise line passengers were transported to Jackson Memorial Hospital by air ambulance after a bus crash in Roseau, Dominica.

The tourists on the Celebrity Summit were participants in a “Caribbean Cooking Adventure” in which they learned to prepare and present traditional island dishes. They were returning from the culinary-themed shored excursion when their bus lost control and drove into a ditch. The injuries sustained included broken bones, bumps, bruises and lacerations. After assessing and treating the patients’ injuries, the medical team at Jackson was able to safely discharge the patients.

Jackson Memorial Hospital, as the southernmost level-1 trauma and burn center in the United States, was a key factor in making a difference for these passengers. For that reason and for its world-renowned doctors, Jackson has become the preferred destination for trauma cases in the Caribbean Basin.

.....
Puerto Rican pregnant woman transferred to Jackson Memorial Hospital to save her baby

Francis Tirado was 19 weeks pregnant when her doctor in Puerto Rico discovered that her baby had fetal hydronephrosis. The condition is caused by the dilation of the branches and pelvic cavity of the kidney, caused by an accumulation of urine resulting from obstruction of normal outflow.

She was referred to Dr. Quintero, Director of the Division of Maternal-Fetal Medicine at Jackson Memorial Hospital, who inserted a catheter in the baby’s kidney. This procedure has been done only in two centers in the entire world.

The baby was born at 23 weeks. After spending two months at the neonatal intensive care unit at the Holtz Children’s Hospital, Tirado and her son went back home to Puerto Rico.

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Convention & Visitors Bureau Role in Medical Tourism

By DAN CORMANY

It would seem like the perfect wedding when two of the world's largest industries find themselves joining together to support the globalization of health care and the comfortable provision of services to the medical tourist. But as the world of medicine and insurance is introduced to the world of tourism and hospitality, the first impression is more of an arranged marriage between two strangers struggling to become acquainted after the wedding has occurred.

Although each sector is rooted in being of service to its guests or patients, the approaches to service and marketing tactics that each have developed may seem strangely alien to the other. How familiar each becomes with the manner in which the other operates may well be a determining factor on whether medical tourism in a particular city or region succeeds or fails.

While this is a need for all medical tourism destinations, it is perhaps nowhere as true as in the United States. Several international destinations such as Korea, certain locations in South Africa, México and Greece seem further along in integrating the two industries, while in the U.S. the effort appears isolated and rare. There are several world-class medical facilities in the U.S., and for years many of these have served international guests. Their reputations for quality care remain stellar, but the number of additional destinations able to provide that level of care is multiplying internationally.

Selecting a Destination

In such a competitive market, the determination of a surgical destination may be influenced by non-medical factors, such as ease of transportation, services and support available outside of the hospital, appeal of hotel or other aftercare facilities, etc. In short, if medical care in rival destinations is considered equivalent, the final decision may rest either on cost or the non-medical aspects of potential destinations.

If the potential medical traveler is making a decision solely on cost, this means a race starts between destinations to have the least expensive offerings – a race that will result in everyone in medical tourism, including the patient, losing. Eventually the low-cost leader will need to reduce service quality to maintain that position, and those unable to join the stampede in price reduction may not be competitive.

If, however, the potential medical tourist's decision is made on perceived value of a destination, then the goal becomes understanding what non-medical aspects of the travel are valued by medical tourists. Once they are identified, a location enhances

those offerings to increase its value. This is what is known as destination marketing, and this is one the tourism industry's potential contributions to medical tourism. Hospitals are the obvious experts in marketing themselves as health providers, but if the larger destination is becoming a part of the equation, then it is prudent to turn to those with such expertise.

Where the Bureaus Come In

Typically, that expertise is found in the given destination's Convention and Visitor's Bureau, or CVB (which, more recently, are being referred to as "destination marketing organizations"). While over 10,000 such bureaus exist around the world, they carry a special burden in the United States: U.S. bureaus are working to increase tourism to a city or region without the help of a national bureau or ministry of tourism, as is common in many other countries. Faced with that responsibility, most have become very skilled at promoting their area and no city in the country large enough to be offering medical services as a reason for visiting it is without a CVB.

The focus of these bureaus, as illustrated through their websites, has typically been to attract tourists to the area's activities, services and facilities. CVBs serve a role relatively unique in the business world – they exist to promote other businesses within an area and make virtually no direct profit from their marketing efforts. However, their impact on visitor numbers can be substantial, for they give a thorough picture of what the prospective visitor can anticipate. Information they provide can be the pivotal information in a traveler choosing one destination being selected over another.

The variety of businesses that are included on a Convention and Visitor's Bureau website is remarkably diverse, featuring anything from travel agencies with a handful of agents to massive airline corporations, to florists serving a convention market to lavish hotel operations, and single location restaurants to huge entertainment undertakings.

“ If medical care in rival destinations is considered equivalent, the final decision may rest either on cost or the non-medical aspects of potential destinations. ”

All exist to contribute to the traveler's experience and, with the growth of medical tourism, medical facilitators, hospitals, and aftercare all becoming vital contributors of the travel experience for such visitors as well. Indeed, these last providers are central to the medical tourism experience but other local providers of transportation, accommodation, food service and potentially sight-seeing junkets before medical treatment or during recovery all add to the convenience and satisfaction the medical traveler will eventually have with the destination. So it is with some irony that one could learn about sight-seeing junkets while these medically-specific services are not currently on the average CVB website.

Falling Short in Medical Tourism

A visit to over 100 city CVB websites showed only a couple provided any information of assistance to the potential medical tourist. The best example was provided thanks to Harriett Lewis of Konesens Research – Jacksonville, Florida that has a page on its CVB website offering discounted hotel rates to visitors in the area for medical treatment (www.visitjacksonville.com/visitors/medicallrates).

Baltimore's CVB website promotes the city as a venue for medical meetings, and provides an informational video about



its renowned hospitals. It and Jacksonville were the only sites found that provided prospective medical tourists more information than simple links to area hospital websites or press releases.

For example, Boston has links to Harvard Medical Facility Physicians Group and one eye and ear infirmary. New York and Los Angeles have no mention at all of medical facilities, even when using their website search engines, and Chicago lists some facilities for "if you get sick while here." Miami has a nice listing of accessible services and facilities for those with disabilities. Other cities, such as San Francisco, give a "yellow pages" sort of listing of area health care, or list only spas when medical facilities are searched.

When the Destination Marketing Association, International (DMAI – destinationmarketing.org), of which many CVBs in the United States are a member, was contacted and asked about CVBs promoting medical tourism, the DMAI indicated that as an association they were interested in the topic but they knew of very few destination marketing websites doing anything with the topic presently.

While destination marketing is their central task, and could therefore be valuable in the development of a medical tourism location, CVBs could provide several other important enhancements to a city's medical community. Some CVBs offer service training to hospitality workers to enhance visitor experience. For instance, Vancouver found that while many of its leisure visitors were having an enjoyable visit to the area, the quality and service of the city's taxis were frequently noted as unsatisfactory. This was a particular concern as the taxi ride to the airport was often the last memory with which a visitor left. Vancouver's CVB helped in developing training for the city's drivers and advocated for improved vehicles, resulting in overall higher satisfaction scores from tourists.

Following that example, a partnership between the CVB and medical centers could serve to interpret the situation of the medical traveler to area hospitality providers, potentially customizing the information to address the specific needs of the medical traveler coming to the destination. Hotel and restaurant workers called upon to serve medical tourists could be offered special training. As such, the CVB becomes a conduit, interpreting traveler needs to the hospital and medical guest needs to the hospitality firms.

And, just as the CVB works with travel agents and meeting planners, it could become a resource for both the traveler and medical facilitators as an objective clearinghouse for information of area agencies providing services to the medical tourist.

Hospitals may find that area CVBs share many of its special concerns, too. CVBs must establish credibility based upon trust

that the information they provide is accurate. Unlike individual hospitality firms which may be tempted at times to exaggerate their services and facilities, CVBs are committed to positively but honestly representing the features of a region, just as a hospital must truthfully represent its services and capabilities.

“**Just as the CVB works with travel agents and meeting planners, it could become a resource for both the traveler and medical facilitators.**”

Also like hospitals, CVBs need to be experts in cultivating new visitors. For medical facilities, the visitor’s hope is that, in most cases, the visit will be a one-time experience; for CVBs, once the guest visits an area, the prospect of repeat business is out if its hands and is influenced by the experience provided by the hospitality firms. In either case, both hospitals and CVBs hope for positive word-of-mouth once the visitor/patient leaves, but the primary thrust of its individual marketing is to new individuals. And both CVBs and hospitals may have a vested interest in establishing long-term working relationships with agents, medical facilitators and other feeder sources.

Where’s the Explosion?

With these and several other commonalities and with both CVBs and hospitals looking to cultivate more visitors/patients, why has there not already been an explosion of promotion by CVBs of medical tourism potential in the U.S.?

There may be several reasons. In some cases, CVBs are funded by membership dues, and only those businesses in an area who are members receive promotional consideration. If hospitals, medical facilitators, medical concierges and aftercare providers do not become members, they will go without CVB support.

Many CVBs, however, are funded through tax support and this is not at issue. For them, it may be a lack of understanding of the needs of the medical traveler or the potential business they represent for a city. Hospitals and medical providers are in a privileged position of being able to educate CVBs on these needs and potential market. But it requires both sides of this “arranged marriage” to seek to better understand the operations and needs of the other side. Like any partnership, communication is the key, and a willingness to avoid the tunnel vision of “how we’ve always done things” is essential to recognize the value each has to the other. If CVB sites can promote “education tourism,” “ecotourism,” “GLBT tourism,” “environmental tourism,” “cultural tourism” and “volunteer tourism,” as various sites currently do, it is incumbent upon those who would most benefit from an increase in medical tourism – usually hospitals – to communicate the potential value of medical tourists to these destination marketing experts.

Some CVBs may believe the niche market potential of medical tourism too small for their particular destination, and in some cases, that may be true. But with both leisure and business travel dropping significantly this year, if the medical facilities provide a viable source to attract additional visitors and their traveling companions, it may be worth the CVBs needed market research to determine if this is not an overlooked niche worth exploring.

Finally, as quasi-public institutions in some cities, many CVBs allocate next year’s budget “in direct proportion to the amount of return for a destination” to help justify this year’s expenses, as noted by Marshall Murdough, a leading marketing

consultant for destination management organizations. In some cases, this may be a big bureaucratic hurdle, requiring hospitals to provide summaries of the numbers of visitors they served from outside of the community, the average number of traveling partners with each and the average out-of-hospital length of stay in the city, in order to start the justification process for obtaining CVB assistance.

To those inside the industries, medicine and tourism may seem like totally separate worlds. But once CVBs understand the potential of the medical tourism market, it may be a valuable colleague in communicating that potential to the rest of the local hospitality community.

Other regions of the world are devising ways for the worlds of health and tourism to communicate and cooperate. Neither industry seems to have the total picture of this new phenomenon of “medical tourism,” but by recognizing the expertise of both industries, a seamless experience may be created for the medical traveler, leaving specific destinations the option to find new ways to add value to the medical tourist experience. ■

About the Author



Dan Cormany is a doctoral student at the University of Nevada, Las Vegas, focusing his studies in the Hotel College on medical tourism. His emphasis is on hospitality’s potential roles in serving the medical tourist. Prior to starting these studies, he worked for 17 years as Dean of Students at universities in Ohio, Florida and Hawai’i, before embarking on a career change to hospitality. His hotel work includes management positions for Loews Hotels, Hyatt Regency, and Wynn Las Vegas. He holds a Master of Arts in College Administration and a Master of Science in Hotel Management.

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BINABUZZ

aBuzz about

The Competition

By MICHAEL BINA

Everything I know about Competition I learned in Kindergarten - when a snot-nosed classmate stole my girlfriend from under my own snotty little nose!

Back then, I was King of the Jungle Gym! I had a good product, good service – good manners to boot! From my wee, tiny perspective, I was The Competition – until Bruce Graham moved in and stole my girl.

All I needed to know about Competition I learned that day: There's always someone interested in your business.

The same lesson is being learned by US healthcare: In the marketplace, non-US providers have been actively stealing some good business.

The Apple of everyone's eye - Commercial Customers - is being wooed by competition from around the world. Steady "relationships" are being tested by promises of a better product, better service and a much better price. Not only are the relationships being tested, they're being lost. Commercial - and non-commercial customers - have been taking their business elsewhere.

Not only is business slipping in the US, reputations are too. It's not a good trend - no matter what you're selling.

All this new, competitive pressure has awakened the competitive instincts in some US providers to first, get serious about protecting existing business. This outside pressure has also caused some providers to completely rethink their business model and aggressively seek new business from beyond a traditional marketing "territory" and existing medical "relationships." Providers are now saying: Turnabout is fair play!

Informally, this new, provider marketing tactic is called, "Inbound Medical Tourism." Even less formally it's called: "kickin ass and taking names." It's personified by Rolando Rodriguez, president of the Jackson Memorial Foundation in Miami.

"We're going to be the No. 1 international gateway for healthcare," Rodriguez announced to the world last month. Being No. 1 not only means a stronger local economy, but improved healthcare for local residents as providers seek to "upgrade services to compete on a global scale."

Rodriguez is leading the effort by the Greater Miami Chamber of Commerce, six medical institutions, World Trade Center, American Airlines, etc., etc., to make Miami an international destination for wealthy foreigners seeking healthcare. "These people spend more money; they bring their families...it's all very good for the community. Jackson Memorial is going to cooperate on branding, but that's where it all ends."

Rodriguez wants to make Miami Number One for One Reason: as a marketing tool to get new business for HIS hospital. "It's good old American capitalism, he said. "We have an incredible advantage: We're in Miami; we have a strong brand throughout Latin America. Doctors know us; people love us." Rolando is going to take advantage.

Rodriguez also sees this as a way to add new, domestic business – especially as insurance policies continue to incent people to behave certain ways – and buy certain things. More domestic medical tourists will make Miami a destination of choice once the competitive marketplace fully unfolds for consumers. "They're stupid if they're not coming here," he said. "You have to be a devoted consumer to fly to India – or very driven by price. And as far as going to Wisconsin in middle of winter? I'd rather cut my veins."

The competition will have its hands full with Rolando Rodriguez running around the world on the hunt for new business. Rodriguez's competitors will have no idea what hit them, or why their system is suddenly losing good customers to Jackson Memorial.

Jeff Gahnz was a Marketing Executive with one of the largest US healthcare systems ~ Aurora of Wisconsin. He's not involved anymore, but still interested in seeing the [latex] gloves come off in the international fight for commercial customers. "Now that consumers have shown a propensity to travel for care, US hospital systems have a great, competitive opportunity," he said. "I, myself, wouldn't travel to India or Dubai for care, but to Mayo? In Arizona? In February?! I'd think about that, especially if my employer offered incentive. Incentive is key."

Incentive, Mr. Gahnz? How about a couple rounds of golf before - and a few cocktails by the pool while recovering from your annual Executive Physical? In February? In Arizona? In a suite at the Biltmore? (In a Heartbeat!)

Today, Gahnz is Vice President at Nicolet National Bank in Green Bay WI. He said the success of medical tourism is turning US hospital executives into competitive animals. "You just had to know these guys wouldn't let their most profitable customers walk. And these are the same guys who've been saying for years that healthcare is local."

The marketing of this medicine will be fascinating for Gahnz to watch - not only as an ex-healthcare exec, but as an educated, incentivized healthcare consumer: "How will these guys prove quality and service? How will they price it? Will they market as a destination for all services, or pick their best and halo the rest? Who's the target? How will they deliver the messages? What's the local response if "their" customers head for Miami?"

With so much at stake and so much competition, will hospitals start going for each other's throat? Instead of the traditional loving/caring/touching healthcare messaging, will they compete directly? Mano a mano?

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In the marketplace, non-US providers have been actively stealing some good business.
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The polar opposite of Gahnz is Victoria Strobel - a female banker-turned-healthcare executive. She's in charge of Business Development at the respected Marshfield Clinic in Wisconsin. As with other providers, a formal, In Bound Medical program is in the early stages at Marshfield, yet Victoria has already dropped the gloves...

"You have to be very careful," she said. "There's a huge variation in quality in US healthcare. Wisconsin has been ranked in the top in quality for many years."

Marshfield Clinic has - again - been recognized by CMS (Center for Medicare and Medicaid Services) for improving quality and decreasing cost. Already into the third year of a demonstration project with CMS, Marshfield can quantify its quality and cost claims. "Marshfield Clinic is pleased to demonstrate that we can provide savings for Medicare, while further improving quality of care for patients," said Theodore A. Praxel, M.D., M.M.M., FACP, Medical Director of Quality Improvement and Care Management. "Health care is rapidly changing, and participation in this project helps us learn ways to more quickly advance the value of the care we deliver."

Victoria's challenge is to let others know about this gem out on the Wisconsin Prairie. Marshfield already sees patients from all over the world, but the challenge is to formalize the In Bound program; broaden its competitive stance; bring in new business. "We have to do a better job marketing," Victoria said.

Like Miami and its initiatives in Latin America, Marshfield is launching its own into Canada in particular. Marshfield is FAR



from Miami, but close to Canada - where quality care is very appealing. "Yes, we're in rural Wisconsin, but we look very good to Canadians who need good care," she said.

As far as its initiatives to the rest of the world - including other US markets - Marshfield has already built it! Customers will come (if they get the marketing right).

Also in the Hinterland - on the northern edge of The Fruited Plane - stands the best known, medical tourist destination in the World. The "Father" of In Bound Medical Tourism was the brothers Mayo. Since the 1920s, their clinic has been Mecca for medical tourism: Last year alone, 5000 foreign patients sought care for what? \$25,000 for an average procedure? Maybe the average was \$30K? Maybe \$50K? Multiplied by 5000 patients? Yes, Rolando Rodriguez, this is VERY good business and YES, there's competition interested in stealing it from Mayo!

"Yeah, Mayo's got a helluva brand," Rodriguez said, "but you still have to go up there...and in the middle of Winter?" Gloves Off/Game On!

Misty Hathaway is the Director of Marketing and Administrator for the Office of International Alliances at Mayo. She's charged with the development and implementation of Mayo's national and international marketing.

"In Bound is nothing new, and we try very hard to provide outstanding value and care to keep Mayo top of mind," Misty said.

It's EASY for someone from Mayo to say THAT! THEY invented it, and developed the market over the last 90 years or so. They OWN it! How are you going to compete against The Mayo Boys? How do you propose stealing business from them? How are you going to provide a better inbound product than Mayo?

Well...Hell will freeze over before Mayo screws up its In Bound Brand and its considerable Block of Business. "Consumers are looking for value and the onus is on providers to deliver high value care," said Misty. "No Mission/No Money," she said.

In Bound Tourism will be a bloody, no-holds-barred brawl. The gloves are already off! Someone is going to lose their best girl to a Miami, a Marshfield or one of the Mayo boys. May the best "M" win! ■

About the Author



A loser at the competitive game of life early on, Michael Bina has never again rested on his laurels, or his reputation. He's constantly PUSHING HIS CLIENTS to stay ahead of quickly-changing markets and ever-increasing competitive pressure! Call him on his cell: 920.362.5757 or michael@intellectualmarketing.com.

The Role of Telehealth in Medical Tourism

By SCOTT C. SIMMONS and DR. ANNE E. BURDICK

Telehealth, also known as telemedicine, is the remote provision of health care services enabled by technology. A continuum of successful telehealth applications have been demonstrated over the last twenty years, ranging from the transmission of digital photographs and patient histories for diagnostic consultation, to remote monitoring of physiologic data for chronic disease management, to interactive patient physical examination using medical video endoscopes and ultrasound over high-definition videoconferencing links. The common tie among these varied applications is that technology is used to improve access to health care services independent of geography.

Telehealth can improve quality, efficiency and customer service in medical tourism applications by better coordination of care between providers in patients' home and foreign countries, enhanced preoperative and postoperative care, and optimizing patient and family member travel. This article describes the basic principles and applications of telehealth and explores the potential roles and challenges of telehealth in medical tourism.

Telehealth Basics

There are two primary operational modes of telehealth: (1) real-time or synchronous and (2) deferred or asynchronous, or store-and-forward.

Real-time telehealth sessions are live and interactive, and frequently use videoconferencing technologies. Often, a nurse presenter operates special telehealth-enabled instruments, such as a video otoscope to examine the ear or an electronic stethoscope, under a remote consultant's direction to perform a telehealth physical examination.

In deferred telehealth, data (such as digital photographs) are captured locally at the patient's site, then temporarily stored

or cached for transfer at a later time, either via a secure web server, encrypted e-mail, specially-designed store-and-forward software or electronic health record. The consulting provider then reviews the stored data and makes diagnosis, treatment and planning recommendations that are electronically transferred or faxed back to the referring provider.

There are several categories of clinical telehealth applications. Teleconsultation is the classical model of remote care that involves a physician or specialist consultant at a center of medical expertise providing a diagnosis, workup and treatment plan based on conducting a remote interactive patient interview and examination and/or reviewing data from a store-and-forward encounter. Occasionally, the encounter may be a physician-to-physician consultation or the rendering of second opinion services.

Telecare is the use of telehealth to directly communicate with a patient and/or care giver in the location where the patient lives for disease management, electronic monitoring of physiologic data, following up on problems related to a known diagnosis, patient education and ascertaining compliance with treatment plans.

Multidisciplinary clinical collaboration includes specialists at multiple locations collaborating on a single case or groups of cases. An example of this application is a virtual tumor board that involves oncology, radiation oncology, hematology, pathology, immunology, among other specialties. Another example would be physician-to-specialist collaboration.

Fundamentally, telehealth involves the capture, management, and transmission of bits of data. The volume of data carried by a network is known as bandwidth and is characterized in bits per second (bps). Raw uncompressed audio and video would require extremely high bandwidth networks that would be prohibitively expensive for telehealth. Fortunately, properties of the human senses such as vision and hearing allow for these data to be compressed with little or no perceived difference. A CODer-DECoder (CODEC) is the core technology that accomplishes this compression pre-transmission and decompression post-transmission. A CODEC often refers to a standalone videoconferencing device or appliance; but a CODEC may also refer to the software or algorithm that performs the compression/decompression.

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One of the significant potential benefits of telehealth in medical tourism is in improving the process and quality of pre- and post-operative care.
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Another common term for a videoconferencing system is an endpoint – a “hard” endpoint refers to a videoconferencing device or appliance and a “soft” endpoint refers to a system that uses software on a personal computer with an attached video camera, microphone, and speakers (or headphones).

Today’s videoconferencing endpoints also have many additional features and options. Two channels can be transmitted and received simultaneously, for example, digital slides alongside a presenter. Built-in multipoint conferencing allows three or more sites without the need for a dedicated and expensive hardware multipoint conferencing unit (MCU).

There are a variety of different devices called peripherals that can be used to expand the capabilities of a telehealth system. Telehealth-enabled physician’s examination instruments, such as a video otoscope for the ear, dermascope for the skin or electronic stethoscope for heart, lung, and bowel sounds can be connected to a digitizer or videoconferencing endpoint for remote examination. Similarly, other medical diagnostic equipment with standard video outputs can be used for telehealth. For example, ultrasounds for adult or pediatric echocardiograms, obstetrical, gynecologic or abdominal evaluations, ocular imaging equipment including a fundus camera, slit lamp, and optical coherence tomograph, and endoscopes including a rhinolaryngoscope, culposcope, and sigmoidoscope.

There are also many different examples of network-enabled biomedical/physiological monitoring devices that can be used for telehealth, including an electrocardiogram, electroencephalogram, electromyogram, vital signs monitor, glucometer, body weight scale and spirometer. Consumer electronics are being increasingly used in telehealth; e.g. digital cameras are often used in store-and-forward dermatology.



Telehealth in Medical Tourism

One of the significant potential benefits of telehealth in medical tourism is in improving the process and quality of pre- and post-operative care. There are several preoperative telehealth applications. Baseline data can be collected remotely, preoperative physical examinations performed and patient education given. Anesthesiologists can perform teleconsultations, including remote physical assessment of the cardiovascular and respiratory systems, including the airway. Postoperative care can also be provided via telehealth after patients return home with virtual follow-up visits. Wound healing also can be evaluated remotely.

Telehealth would allow surgeons to coordinate follow-up care with patients’ local primary care providers and specialists. Developments in remote monitoring technology make it possible for postoperative home monitoring, potentially mitigating the risk of hospitalization or reducing the length of hospital stays in the immediate postsurgical period.

Finally, telehealth offers the potential to improve the level of customer service provided to medical tourists. For example, preoperative videoconferencing would allow patients, family members, surgeons and other key members of surgical staff to virtually meet face-to-face. Similarly, concerned family members who did not accompany the patient could stay in touch with the patient or traveling family members and receive briefings or updates from the surgeon or other key staff. This level of connectedness could also be used to improve continuity of care, by keeping the patient’s care providers in his or her home country involved throughout the perioperative period.

Challenges

Although telehealth offers great promise in improving medical tourism, several challenges must be addressed. Legal and regulatory factors complicate the telehealth landscape. In the United States, a telehealth physician is considered to be virtually transported to the patient’s state. Therefore physicians are required to possess a medical license in each state where their patients reside. Similarly, the Joint Commission requires that the consulting physician be credentialed at the facility where the patient is located.

Since telehealth is relatively new, policies regarding inter-country telehealth practice are not well developed and the

legal environment must be assessed on a country-by country basis. Many malpractice insurance providers will extend their coverage to care provided via telehealth, sometimes with a telehealth rider. Separate telehealth malpractice policies are commercially available.

Privacy and security issues must also be considered. For example, the Health Insurance Portability and Accountability Act (HIPAA) applies to telehealth in the U.S. However, such risks can be avoided via proper patient consent/authorization. In addition, technical means are available to ensure privacy, including virtual private network connections, file encryption and encrypted videoconferencing.



There are a variety of different devices called peripherals that can be used to expand the capabilities of a telehealth system.



Telehealth technologies have vastly improved over the last decade; however some technical challenges still remain. Although most of the contemporary videoconferencing CODEC appliance manufacturers' systems readily interoperate, personal computer-based videoconferencing systems often do not interoperate between manufacturers or with CODEC appliances. Currently, interoperability is most limited between electronic health record systems and biomedical monitoring devices. Standards development organizations and industry consortia are slowly improving system and device interoperability. Also, network security measures can complicate inter-organizational videoconferencing, although this can be managed via several technical solutions and the willingness to collaborate between different organizations' information technology departments.

Finally, several human and organizational factors may be barriers to telehealth in medical tourism. Physicians and health care organizations may be unwilling to provide their services or facilities to support patients that travel to foreign countries for medical procedures. Health insurance companies may be reluctant to pay for services rendered via telehealth and health providers may be hesitant to adopt this method of delivering care.

Conclusion

Telehealth applications have rapidly expanded over the last five years and offer the potential to make a major impact on the improving quality, efficiency and customer service in medical tourism. Advanced technologies enable the remote provision of health care services at locations most convenient for the patient and minimize travel for patients and family members. Telehealth can lead to improvements quality and efficiency of pre- and postoperative care as well as continuity of care. Although there are several legal, regulatory, technical, and organizational barriers to telehealth, they are surmountable. Telehealth will play a significant role in the continued expansion and improvement of medical tourism. ■

About the Authors



Scott C. Simmons, MS has a proven track record in systems engineering and management of complex research and development projects. He was the project manager for development of the Telemedicine Instrumentation Pack (TIP; U.S. Patent #5,701,904), NASA's first space-certified telemedicine system and the co-PI for the TIP's evaluation aboard Shuttle Endeavour mission, STS-89. In July 2007, Scott moved to join the University of Miami Miller School of Medicine where he is currently the Director of TeleHealth. He has presented and published extensively on various aspects of telemedicine and is a member of the editorial board of the Telemedicine and e-Health Journal. Since joining the University of Miami, Scott has developed many new telehealth product and service offerings and was elected as Secretary of the ATA Latin American and Caribbean Chapter.



Anne E. Burdick, MD is the Associate Dean for Telemedicine and Clinical Outreach and Professor of Dermatology at the University of Miami (UM) Miller School of Medicine. Prior to her arrival at UM she served as Chief of Dermatology at Kaiser Permanente Medical Center in Martinez, California. She was Jackson Memorial Hospital Dermatology Clinic Director for 14 years and currently is Medical Director of the UM/JMH Hansen's Disease (leprosy) Program. Dr. Burdick has over 16 years' experience in telehealth. As Associate Dean for Telemedicine and Clinical Outreach, Dr. Burdick is leading UM's expansion of its telemedicine services and infrastructure to extend its reach and clinical service offerings in the US and internationally.

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Cabrera, whose treatment was completed in six sessions at three times a week for two weeks, says that the therapy was not painful, and that the only discomfort was having to use the very tight plastic mask that immobilizes the patient to the stretcher. However, Dr. Keisch explains that said mask represents progress regarding the patient’s comfort, as the previous tool for immobilization with other equipment such as the Gamma Knife, was a metallic frame that had to be screwed into the skull, which was invasive; the mask is not.

“As soon as the therapy began, the constant pain in my head and the pressure on the left side disappeared. Now, I feel completely well,” says Cabrera, who must still avoid strenuous or very heavy exercises, but has been able to resume his normal activities as a business administration student.

By Alfredo Arango,
Medical Editor

John Cabrera, who moved to Miami with his parents seven years ago, was lifting weights one day at the gym when he felt a very sharp, stabbing pain on the left side of his brain.

At the first hospital where he was seen, the doctors told him he had slight cerebral bleeding. Further extensive examinations indicated that the young Colombian had a condition known as Cerebral Arteriovenous Malformation (AVM), which is an abnormal connection between the arteries and the veins. This problem can be fatal once bleeding begins.

The first option that they suggested for treatment was surgery. At 22 years of age, Cabrera was facing the possibility of an open-skull operation. As he was not happy going that route, he investigated other alternatives. His search led him to discover a different treatment based on radiosurgery and an innovative machine.

“We were able to resolve the problem in a non-invasive way, by means of a new machine which modulates the amount of radiation that is administered according to the characteristics of the area that is treated; it also adjusts for the daily motion of the patient”, says Dr. Martin Keisch, director of Radiation Oncology at Aventura Hospital and Medical Center, in Miami-Dade, Florida.

The company that manufactures this technology called Elekta Synergy®, explains that this equipment allows for the exact location of intracranial lesions, such as Arteriovenous Malformations and other benign conditions.

* * *

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Los Angeles Association of Health Underwriters~

An interview with Ross Pendergraft

Medical Tourism Association: *Ross, you are the President of the Los Angeles Association of Health Underwriters (LAAHU) and you've been in the health insurance industry for over 17 years. Can you tell us a little about your background and history and also explain for those that don't know what LAAHU is?*

Ross: I have represented Arroyo Insurance Services in Los Angeles, California since 1996. Arroyo Insurance Services continues to rank in the top 15 agencies in the Los Angeles area.

It is with great pride and passion that I provide my clients with superior, cost-effective services and products that meet the ever-changing needs of the agency's current and prospective clients, all the while continuing to strive for the highest professional excellence in the delivery of those services and products. In addition to my insurance marketing and services, I continue to be a committed advocate of both wellness and medical tourism; two things that I believe will be critical factors in the future of health care.

A true professional needs to give back to his or her profession. This is why I am a very active member in the National Association of Health Underwriters where I currently serve on the Board of Directors for one of the largest local

chapters, the Los Angeles Association of Health Underwriters (LAAHU). I am currently serving as President for the 2009-2010 term. My passion for our association really showed when I was recently recognized for recruiting the most new members in California.

LAAHU's mission is to help our members thrive in a health care system that is accessible and fair to all through both private and public sectors.

MTA: *You recently had medical tourism as a major topic at LAAHU's last annual conference – why are you such a big fan and supporter of medical tourism?*

Ross: The health insurance industry continues to evolve and change continuously. For the health insurance broker and agent who want to provide the best service to their clients, they must continue to educate themselves and stay abreast of all the latest developments.

Medical tourism is one of these newest developments for people here in the U.S. To begin with, it is a very well known fact that we have a health care system in the U.S. that is failing to provide us with an affordable means of health care. The rising cost of health care has just simply gotten out of control with more and more people unable to afford health care,

leaving them vulnerable to either going without or leaving them strapped with hospital and doctor bills that they are unable to pay.

This is where medical tourism can play a vital role in dealing with the high cost of medical care. When people learn that you can receive high quality medical care outside the U.S. at about 20 to 30 cents on the dollar, they begin to understand the concept. It becomes even more viable when they also discover that many of hospitals and doctors outside the U.S. have as much and sometimes even higher ratings than those in the U.S.

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I continue to be a committed advocate of both wellness and medical tourism; two things that I believe will be critical factors in the future of health care.

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Although cost can be a major attraction to medical tourism, there are many other advantages to medical tourism that can be just as important and vital to a person’s decision. I believe the public is going to start hearing more and more about “best medical outcomes.” People are now demanding to know which doctors and hospitals statistically provide the best surgical and/or procedural results for the specific condition or diagnosis they have. This is another excellent example of where medical tourism can provide better outcomes outside the U.S. whether it is because this surgery or procedure is only practiced outside the U.S. or they just perform better.

MTA: *What are your predictions regarding the adoption of medical tourism by employers and insurance companies in the next few years? Where do you see the industry headed?*

Ross: I wish I could say that employers and insurance companies would take to medical tourism like a fish to water but it seems a harder market than I expected. What I do know is that many of the employer groups of 1,000 or more employees that self insure their medical plans have started incorporating medical tourism into their employee medical plans. With the cost of medical care soaring out of control in the U.S., large employers are seeking viable means to better control their medical insurance costs.

There is another important fact that many people do not realize: if we were to somehow magically fix the unaffordable cost of health care, there are not enough doctors in the U.S. to provide care to every single person that lives in the U.S.

The bottom line is that Americans are going to become more and more reliant on receiving their health care outside the U.S. When Medicare was first introduced it did not provide prescription coverage and now we have Part D Prescription Plans. I think we will see a similar situation whereby a need for this product, medical tourism, is present, making it standard in the coverage we provide.

There are a lot more advantages to medical tourism and I could probably spend the rest of the day discussing just some of these. I would just encourage anyone wanting to provide their clients with the best information to take a serious look at medical tourism.

MTA: *Will you be attending the upcoming World Medical Tourism & Global Health Congress in Los Angeles this year at October 26-28th?*



Ross: Not only will I be attending the next World Medical Tourism & Global Health Congress in Los Angeles in the fall, I will be encouraging other insurance brokers and agents to attend as well. I attended this same event last year when it was held in San Francisco and what I got out of it and came away with was absolutely unbelievable. The speakers, the in-depth sessions and the quality of exhibitors from all around the world made this an event that added more value to my profession than I had ever expected or imagined. Perhaps the most enjoyable and most beneficial part of this event was the networking opportunities. I cannot say that I have ever been to another event where I have made so many valuable and worthwhile contacts in such a short period of time.

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The bottom line is that Americans are going to become more and more reliant on receiving their health care outside the U.S.

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I could take a lot time trying to tell people why they should attend the next World Medical Tourism & Global Health Congress but it is never going replace the actual fantastic experience you will receive from being a part of this wonderful event. I look forward to expanding and increasing my knowledge in this vital new area we call medical tourism, along with meeting new people I will be fortunate enough to call my friends. ■

A tall, slender glass bottle of red wine stands on the left side of the image. In the foreground, a stack of several round cheese wheels is visible, along with a small wooden wheel. The background is a soft-focus green, suggesting an outdoor setting. The text is overlaid on the right side of the image.

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Coming to America~ What Medical Tourists Need to Know

By CHRISTINE G. LEYDEN

When most people think of “medical tourism”, they think of U.S. or European patients seeking health care services in Asia or Latin America where these services are often dramatically less expensive. According to Deloitte LLP, approximately 750,000 Americans traveled abroad in 2007 for medical care. It is estimated this number will grow to six million by 2010.

The high cost of U.S. medical care and the low rate of insurance coverage are driving many Americans to look abroad for treatment. Despite the current debate over health care reform in Congress, many are skeptical that health care costs will come down in the near future. As a result, the demand for overseas medical care is expected to remain strong. In fact, the American Medical Association (AMA) issued guidelines in June 2009 to help employers, insurance companies and other entities that facilitate medical care outside the United States mitigate risk to patients.

Medical Tourism to the US ~ Not About the Cost

But while many Americans are choosing to leave the United States to receive less expensive medical care, more than 400,000 non-U.S. residents came to America seeking high quality care last year. Nearly \$5 billion was spent by non-residents on U.S. health care services in 2008, according to a report from the Deloitte Center for Health Solutions entitled “Medical Tourism: Consumers in Search of Value.” These figures represent approximately two percent of the users of U.S. hospital services annually. Deloitte says that medical tourists to the U.S. do not seek U.S. medical care as a less expensive option. Instead, they are willing to pay higher costs because they believe U.S.-based medical care offers higher quality and shorter waiting times for key procedures.

Nine leading U.S. medical centers are the major providers of services to inbound medical tourists in the United States: Johns Hopkins Hospital, Cleveland Clinic, Mayo Clinic, Duke University School of Medicine and Memorial Sloan-Kettering Cancer Center. Many of these facilities have members and partners overseas, which aids in attracting international patients. For example, Johns Hopkins has ties with institutes in Japan, Singapore, India, United Arab Emirates and seven other countries.

What to Look For ~ Accreditation

As the number of medical tourists entering the United States continues to increase, there are several factors that foreign patients should evaluate when selecting a U.S. medical care provider, similar to the process Americans should use when choosing an overseas provider. Consumers should inquire about the health care providers’ credentials, the facilities’ accreditation status and, most importantly, whether a case manager will assist them to effectively coordinate their care. Perhaps the most important criteria are accreditations held and the care coordination program offerings the facility holds. Accreditation by an independent, third-party organization, such as the Joint Commission, CARF and URAC, is important in helping assure quality health care services. Accreditation can range from an evaluation of an entire organization, such as Hospital Accreditation by the Joint Commission, to a specific function, which URAC’s Case Management Accreditation and Health Provider Credentialing programs offer.

Accreditation offers significant benefits for both consumers and organizations. Accredited organizations often find that after completing a comprehensive accreditation program they have improved management efficiency and program effectiveness. This leads to better quality of care at lower costs. The quality standards that are part of accreditation programs provide guidance on best practices and ensure that an organization’s processes have been thoroughly reviewed and vetted.

Case Management

URAC’s Case Management Accreditation looks at 24 different operational areas, including quality management, organizational structure, case management staff qualifications, collaboration with the consumer, assessment of the consumer’s needs for the development identification of a consumer specific

multidisciplinary plan of care and onsite case management services. URAC's Case Management Accreditation is designed for organizations that use case management to better meet patients' needs and improve their treatment outcomes by coordinating the full continuum of care.

The accreditation also requires reporting by organizations on case management measures of the case management process. These measures include prompt contact for enrollment into case management services, readmission to acute care within 72 hours of discharge, complaint resolution timeliness and reporting of consumers who decline case management services and the overall consumer satisfaction with case management services.

Consumers who select accredited organizations can be assured their health care provider has met the standards of a third-party organization. Often these standards include consumer protection policies and a definition of consumer rights.

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More than 400,000 non-U.S. residents came to America seeking high quality care last year.

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Accredited health care organizations are often evaluated for key factors that are important for consumers considering medical care in the U.S. These include:

Privacy Protection

What is the provider's consumer privacy protection and consumer rights policies? Because of the strict HIPAA regulations in the U.S., foreign visitors often have much more privacy and security protection in the United States than they would in their home countries. However, it is important to ask about training for employees on HIPAA compliance, rights of individuals and authorization procedures.

Transparency

How much transparency of services and disclosure of coverage does the facility ensure? What information do patients receive prior to the procedures? Are all of the costs clearly outlined? The Obama Administration's push for health care reform has made transparency a focal point in its plans. Safety issues have also pushed transparency to the forefront; medication errors, infection rates and death rates are factors that weigh into consumer decisions about which hospital to go to for service. It is imperative that patients understand before they leave home the full extent of the procedures and related costs – and what they will be required to pay.

Follow-up Care

What are the policies and procedures in place to help ensure continuity of care? Will the facility provide a case manager to assist the consumer in navigating necessary follow-up care? One of the biggest challenges with medical tourism is ensuring proper follow-up care after the treatment, especially once the patient has returned home. It is vital that clear instructions are provided and the patient understands the next steps. The patient's primary care physician and specialists in his or her home country should provide the patient's medical records and should receive contact information for the health care provider in the United States. Doctors in the United States and the patient's home country should be introduced prior to the procedure, so that everyone involved in the patient's care will have established clear communication in advance.

Online Information

How transparent is the health website of the hospitals care and providers? According to a recent survey by the Medical Tourism Association (MTA), 49 percent of patients find out about medical tourism via the Internet and 73 percent rely on the Internet to research country destinations and hospitals. It is important that these websites have been evaluated on key criteria including accuracy of information provided to consumers, privacy and security, disclosure of financial relationships to content providers and the process for responding to consumer complaints.

Qualifications of the Health Care Provider

How can consumers find out about the specific qualifications of the physician – and does the hospital monitor the provider to ensure quality care is rendered? Most importantly, does the hospital monitor the credentials of physicians and take action in the event of a serious patient safety issue which may have lead to a temporary suspension, or revocation of a license to practice? Credentialing is a process whereby the hospital or health system verifies the physician's qualifications, or those of another provider (i.e., physician assistant, nurse practitioner, and psychologist). Education, licensure status, liability claims, practice history and training are all evaluated and verified. Credentialing occurs at least every three years and directly prior to being granted privileges to admit and treat patients in a hospital.

Like consumers, international hospitals attempting to contract with U.S. health networks or case management companies should also look for accreditation when selecting partner organizations. Working with an accredited company provides the international hospital an assurance of enhanced consumer transparency for the services provided, which means that these hospitals can provide their patients the information they need. This clear communication benefits everyone – the consumers and the provider organizations.

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Consumers should inquire ... whether a case manager will assist them to effectively coordinate their care.

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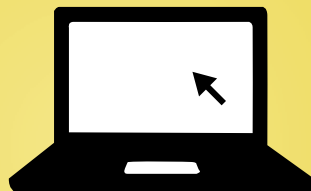
Traveling to the United States for medical services is often a costly and complicated process for non-residents. Selecting an accredited health care provider is one way to ensure that consumers receive the high quality care they are expecting. Working with accredited U.S. organizations gives international hospitals the accountability and responsibility they need to meet their consumers' expectations. Additional information on the practice of case management may be found by contacting Case Management Society of America at www.cmsa.org ■

About the Author:



Christine G. Leyden, RN, MSN is Chief Accreditation Officer and Senior Vice President for URAC, the leading health care accreditation and education organization. For more information on URAC HIPAA accreditation, or to contact Ms. Leyden, visit www.urac.org.

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Healthcare Reform and the Demise of Medical Tourism?

By MARSHA PROCTOR KILLEN, ESQUIRE



Business leaders in the Medical Tourism industry have valid questions about the viability of their business models as healthcare reform transforms the U.S. healthcare environment. While it remains unclear how the U.S. healthcare market will transform over the next decade, it does seem clear that increasing costs of care will continue to drive political and legislative agendas. The combination of rising healthcare costs and the desire to provide healthcare to uninsured Americans will create disruptive market opportunities for companies who identify innovative solutions that address these issues.

Medical Tourism is an example of an innovative and disruptive market solution that has become popular in the U.S. by addressing these concerns. International hospitals did not enter the U.S. market by offering healthcare through traditional insurance products. Instead, a new business model was developed that targets the rapidly growing uninsured and underinsured U.S. market. It offers a disruptive market solution that provides easier access to cost-effective and high quality medical care outside of the U.S.

Identifying New Market Strategies

To capitalize on the healthcare reform debate, organizations specializing in Medical Tourism should develop new marketing strategies based on a differentiated value proposition for emerging targeted customer segments. The marketing strategy should define not only the core products and services for targeted segments, but also where the customers will buy it, how much they will pay, and what messages will resonate. The key to effective marketing strategies lies in understanding both established and emerging targeted segments. Market segments defined by demographics or products are often unsustainable. Successful marketing strategies first segment customers by their circumstance (i.e. uninsured) and then by the “job” that they would like the company to fulfill (i.e. providing affordable and high quality care if willing to travel abroad).

Americans who are uninsured or underinsured and experience a health crisis have few solutions for affordable healthcare. Traditional health plans are generally unavailable to someone already needing medical care without the backing of an employer. Emergency rooms offer short-term healthcare solutions. Insurers have launched some products available regardless of health status, but these are typically designed for low-cost routine care. Medical Tourism was successful not because international facilities competed with products similar to U.S. plans, but by offering affordable and high quality medical care to those paying their own medical expenses and are willing to travel.

Opportunities with Healthcare Reform

While some believe that healthcare reform will eliminate America’s interest in Medical Tourism if all Americans are insured, it may offer

tremendous opportunities. Those specializing in Medical Tourism should identify the circumstances under healthcare reform where Americans will be searching for solutions. While there is no way to know at the time of this writing what direction healthcare reform will take, there are some likely scenarios that have a common foundation. The guiding principle of healthcare reform, “fix what doesn’t work and keep what does” is focused on keeping employer based healthcare, at least for the foreseeable future. Many employers have stated that they intend to continue to provide health benefits as a tool to attract and retain high quality employees. Employers who continue to use health benefits as a way to attract high quality employees may be a sustainable target market including both self-insured employers and insurance carriers.

Public Vs. Private Plans

One issue hotly debated is a public plan competing with private insurance. Public plan advocates state that 97 percent of Americans will be covered if Congress passes a public plan. Whether most Americans will be covered by a combination of public and private alternatives or all are covered under a public plan is not clear in the long term. Even without a public plan, healthcare reform with an individual mandate and guarantee issue, requiring private insurers to sell health plans to anyone regardless of health status, could also greatly impact the market of those who are paying their own medical expenses and willing to travel.

The development and understanding of reform scenarios is required for those specializing in medical tourism to transform their business models and develop successful marketing strategies. Sustainable strategies under U.S. healthcare reform will first define Medical Tourism customer segments by their new circumstances and then learn more about the circumstances and resulting new customer ‘job’ requirements. Savvy business leaders will define and redefine medical tourism customer segments based on circumstances and job requirements created under ongoing healthcare reform scenarios.

Two of the most attractive yet underpenetrated market segments already targeted by medical tourism businesses are large insurance carriers and self-insured employers. These are the third-party payors for the healthcare of 120 million Americans. While some insurance

carriers and self-insured employers have begun offering medical tourism options, many have not. The prospect of competing against a public plan gives insurance carriers greater motivation than ever to reign in medical costs for employers of all sizes. Medical Tourism is uniquely positioned to help drive down medical costs. Attracting this segment will require hard data. Metrics demonstrating systemic costs savings as compared to the discounted medical expenses large insurers pay is essential. Metrics demonstrating high quality outcomes, safety and accreditations are critical for this segment.

Non-Covered Benefits

Cost containment and comparative effectiveness strategies under healthcare reform may increase the kinds of non-covered benefits for many Americans. One early market segment targeted by medical tourism focused on people seeking affordable treatment for non-covered benefits. Plastic surgery, gastric bypass and dental procedures are three examples of non-covered benefits that Americans have been willing to travel for affordable and high-quality care. Under most health plans, many procedures are excluded because they are considered too experimental or aesthetic in nature. Comparative effectiveness research and other cost containment strategies may lead to regulations driving more exclusions and non-covered benefits. Regardless, there will be Americans who want non-covered treatments at affordable price and will be willing to travel for high quality outcomes.

One potential result of healthcare reform in the media is an intolerable increase in waiting times for many procedures as experienced in both Canada and England. These countries also have a history of medical travel for non-urgent procedures. There is a reasonable argument that the U.S. healthcare system does not have capacity under some healthcare reform scenarios. Potential waiting times under U.S. healthcare reform could also result in a growing market segment for medical tourism.

As medical science and technology continues to grow at significant rates around the world, there will always be cutting edge procedures not yet available in the U.S. due to the FDA approval process. Americans have demonstrated a willingness to travel abroad for hip-resurfacing and other non-FDA approved procedures. Medical Tourism facilities on the cutting edge can deliver a differentiated value proposition for this market.

Who's Paying For It?

The unanswered question is whether the U.S. government will pay for medical care abroad under public plans like Medicare or new plans under healthcare reform. That may happen one day but it seems unlikely for 2010. How healthcare reform addresses the higher profile issue of paying for prescription drugs outside the U.S. is some indication

although it is more widely accepted than medical tourism. Perhaps the U.S. government is more likely to accept medical tourism in the future if it has demonstrated systemic costs savings and outcomes with large insurance carriers and the American public generally perceives it as a high quality alternative. This will require a paradigm shift in the perceived value of medical tourism.

Most American consumers of medical tourism are searching for an affordable option. They create peace of mind through word-of-mouth on the internet, understanding safety and accreditation standards, and finally high quality outcome data convince some Americans to say yes to travel. One of the first segments attracted by outcomes and quality before price were medical travelers seeking non-FDA approved procedures. This sustainable value paradigm is about Americans seeking what they perceive as higher quality healthcare whether in the U.S. or not and finding an affordable price and peace of mind abroad. New customer segments that emerge under U.S. healthcare reform may enable this industry to change the value paradigm in the U.S.

Healthcare reform should fuel huge growth opportunities for the medical tourism industry. New and underpenetrated markets segments will emerge, some with more financial resources than the status quo. Insurance carriers will continue to feel increasing pressure to reign-in medical costs driving new alliances abroad. Historically, market disruption in the U.S. has been foundational for new growth and healthcare reform is poised to generate unprecedented market disruption. The politics of healthcare reform is laying the foundation for Congressional action. Fortunately active legislative and regulatory environments always present new market opportunities for savvy business leaders. ■

About the Author:



Marsha Proctor Killen is an attorney who has provided strategic and business advice to health and specialty insurance plans in the U.S. for over a decade. Most recently, she has led the international market segment for a Blue Cross and Blue Shield Plan through alignment with the Blue Cross Blue Shield Association international strategy. Ms. Killen conducted seminars defining strategies to fund healthcare under the U.S. Tax Code (e.g. Health Savings Accounts, Health Reimbursement Arrangements) for Lorman Education Services. At the Linkages Strategies Marketing conference from the Institute for International Research, she presented a case study on Using Targeted Customer Research to Create Relevant Communications. In her law practice, Ms. Killen represented clients on a number of health and elder law issues.

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Bring A Lot of Business Cards, You're Going to Need Them

50 Networking Meetings at Your Fingertips

This year at the World Medical Tourism and Global Health Congress in Los Angeles, October 26th - 28th, we will be implementing a special software program that will allow attendees to pick and choose who they would like to pre-schedule a meeting with. The networking software will allow attendees to set up profiles of their companies within the online website and search through the list of attendees for those companies and people they would like to meet with.

Profile information that attendees can include online include attendees name, website, contact information, company information, and other pertinent information.

Detailed searches can even be done within the system such as searching for all companies within a certain country or other search criteria. Attendees for the 2nd Annual World Medical Tourism & Global Health Congress will be able to choose up to 50 companies to have pre-scheduled one on one networking meetings with over the two day conference. Your invitations for meetings will be accepted, which reduces significantly "no shows". These meetings will be pre-scheduled and will be up to ten (10) minute meetings.

Make sure you're on the List:

- >> Attendees must be registered and paid in full by: **August 19th, 2009** to have first choice for meetings.
- >> Registrations made after August 19th will be entered into the system weekly. To ensure your first choice of meetings, we suggest registering **before August 19th**.
- >> Attendees can begin setting up their profile: **August 24th-28th**.
- >> Attendees can start selecting their meetings: **August 31st - September 27th**.
- >> The computer system will match and schedule your meetings **September 28th-October 2nd**. Networking meetings will be turned off for this week!
- >> Attendees will be sent an email reminding them to log in and view their schedules. Attendees will be able to add, delete, modify, and print their schedules. New companies can register and ask for meetings, however spacing will be limited.
- >> Networking Meetings will be Closed and no other meetings will be pre-arranged after **October 18th**.
- >> Online registration will be closed from **October 19th-26th**.
- >> On site registration at the door will cost \$2,500 Conference only, \$3,000 Conference+Workshops, and \$1,500 for Workshops only. Based up on seat availability, seating not guaranteed.

When the networking meeting software deadline has expired on **September 27th**, the computer system will automatically match and schedule meetings for you according to the guidelines. If you have created a profile you will then receive an email that will let you know when your networking meetings have been scheduled. You will be able to log back into your online profile and view your networking schedule. Your detailed schedule will include the day, time, seat, person, and company you are scheduled to meet with.

Once your schedule has been automatically selected for you based on your choices you will be able to edit or make changes to your schedule if needed until October 18th. You can also accept and decline your existing meetings. You can also move, and add new meetings into open slots in your networking schedule!

This amazing software program allows you to maximize your time at the medical tourism conference to maximize your networking and business opportunities. If you want to have up to 25 networking meetings in one day then you can do it within this system.

Our one on one networking meetings are some of the most valuable time spent at the World Medical Tourism & Global Health Congress. With our new software system implemented this year, we can offer this new and exciting program exclusively to our attendees.

You will find more information about the 2009 World Medical Tourism & Global Health Congress™ online at www.medicaltourismcongress.com. We hope you will join us in October, the industry looks forward to your active participation. Please save the date to attend the 2009 World Medical Tourism & Global Health Congress™!



Minimally Invasive Endonasal Surgery ~ Preferred Route for Pituitary, Brain & Skull Base Tumors

By DR. DANIEL F. KELLY

The removal of pituitary tumors through Transsphenoidal Surgery was first described over a century ago by two neurosurgeons, Dr. Harvey Cushing and Dr. Oscar Hirsch. Since then, several developments have allowed this technique to be applied in the removal of not only pituitary adenomas, but a wide range of midline skull base tumors and brain tumors. The advent of the surgical microscope in the 1960s, as well as more recent developments such as refined micro-instrumentation, surgical navigation (like GPS for the brain) and endoscopy (which provides a more panoramic view of the intracranial space), have extended the capabilities and safety of intracranial surgery through the nose.

In contrast to more traditional large craniotomies to reach pituitary and brain tumors, the endonasal approach has several advantages, including a more direct route to the surgical site with less disruption of normal tissues, less bone removal and no need for brain retraction. In experienced hands, these factors translate into high tumor removal rates, a more rapid and less painful recovery and a lower risk of complications. The endonasal approach is now used for removing virtually all pituitary adenomas (including those causing acromegaly, Cushing's disease, prolactinomas and endocrine-inactive adenomas), as well as many brain and skull base tumors such as craniopharyngiomas, chordomas, meningiomas, sinus carcinomas and Rathke's cleft cysts (see Figure 1).

Endonasal Transsphenoidal Surgical Technique

The procedure is performed under general anesthesia with surgical navigation for more precise anatomical orientation. The endonasal route uses the nostril as its entry point with visualization from both the operating microscope and the endoscope. The only incision is in the nasal mucosa at the back of the nasal cavity; this opening is further widened and

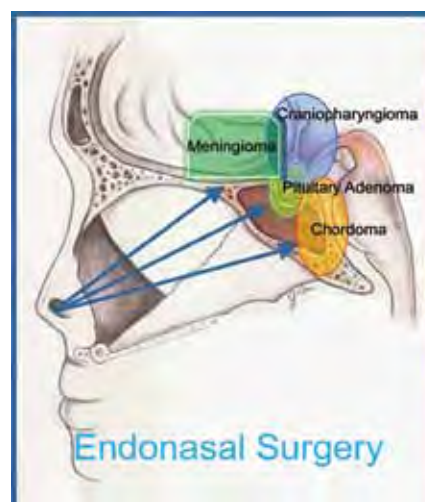


Figure 1. The endonasal surgical route is now used to remove virtually all pituitary adenomas (yellow), and a wide variety of midline brain and skull base tumors including craniopharyngiomas (blue), chordomas (orange) and meningiomas (green).

the two natural bony openings into the sphenoid sinus (ostia) are converted into one larger opening by removing additional sphenoid bone. This endonasal corridor through the nostril and sphenoid sinus serves as the working channel for instruments and the endoscope. Additional bone is removed from the skull base directly in front of the pituitary gland (aka the sella).

In patients in whom the endonasal route is used to remove a brain tumor such as a meningioma or craniopharyngioma, additional bone is removed from the skull base above the pituitary gland. In patients in whom the endonasal route is used to remove skull base tumors such as a chordoma, additional bone is removed below the pituitary gland and sometimes over the cavernous sinus area.

Under high-power high-definition magnification with the operating microscope and endoscope, tumor removal is performed using microsurgical dissection. At the completion of tumor removal, the skull base defect at the sella is closed with a combination of synthetic and natural materials. The size of the defect and the presence or absence of cerebrospinal fluid leakage dictates the extent of the skull base repair. For larger defects with spinal fluid leakage a fat graft is harvested from a small (less than an inch) abdominal incision to help seal the leak and in a small minority of cases, a lumbar drain catheter is inserted into the lower back to divert cerebrospinal fluid for 48 hours.

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Under high-power high-definition magnification with the operating microscope and endoscope, tumor removal is performed using microsurgical dissection.
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At the completion of the procedure, there are no facial incisions and no nasal packing is placed. Patients are typically admitted to a regular (non-ICU) ward. Patients undergoing endonasal surgery for a pituitary adenoma, chordoma or Rathke's cleft cyst, are typically up and about on the first post-operative day and discharged home on the second post-operative day. For those having endonasal removal of a meningioma or craniopharyngioma, a one-night ICU stay is typically followed by two more days in the hospital then discharge home. While in the hospital, patients are followed not only by the neurosurgical team but also by an endocrinologist and an internist. Patient examples are available at www.brain-tumor.org/347_Surgical_Videos.html.

Our Experience with Endonasal Surgery

Endonasal surgery is technically demanding, requiring specialized instrumentation, and is certainly not appropriate for all tumors. Some brain tumors may best be removed through an alternative “keyhole approach” such as an eyebrow craniotomy while others may require a more traditional large bony opening for safe and effective removal. From a personal series of over 1000 endonasal surgeries for a wide range of pituitary, brain and skull base tumors, over 25 publications detail the endonasal technique, endoscopy, surgical outcomes, complication avoidance and patient satisfaction. A brief list of recent publications is provided below; a more complete list can be found at www.brain-tumor.org.

Our Facility

Saint John's Health Center in Santa Monica, California has just opened its new Keck Diagnostic and Treatment Center which includes the new John Wayne Cancer Clinics. This state-



Figure 2. The new Saint John's Keck Center.

of-the-art facility includes new fully integrated operating rooms, surgical navigation, high definition monitoring, 3 Tesla MRI, angiography suite and our new Trilogy Linear Accelerator for radiosurgery and stereotactic radiotherapy. Patients being seen at the Brain Tumor Center are evaluated in the John Wayne Cancer Clinics.

The Brain Tumor Center provides comprehensive care and minimally invasive neurosurgery for patients with brain, skull base and pituitary tumors. With colleagues in Endocrinology, Oncology, Radiation-Oncology, Head & Neck Surgery, Neurology and Neuro-Ophthalmology, we provide a multidisciplinary approach to these complex problems. The Brain Tumor Center serves the Los Angeles region and beyond. For additional information: www.brain-tumor.org. ■

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About the Author



Dr. Kelly completed Neurosurgical Residency training at George Washington University Medical Center in 1993. He joined UCLA and Harbor-UCLA Medical Centers that same year and in 1998 became director of the UCLA Pituitary Tumor and Neuroendocrine Program. Before leaving UCLA in June 2007, he was Professor of Neurosurgery and Vice-Chief of Clinical Affairs for the Division of Neurosurgery and Co-Director of the UCLA Clinical Brain Injury Program. As Director of the newly formed Brain Tumor Center at the John Wayne Cancer Institute and Saint John's Health Center, Dr. Kelly will continue to focus his efforts on developing innovative treatments for patients with brain and pituitary tumors and providing fellowship training in minimally invasive intracranial surgery. Dr. Kelly is the author or co-author of over 50 peer-reviewed publications and a dozen book chapters. He is a member of the editorial board of the journal *Neurosurgery*. He is an active member of the American Association of Neurological Surgeons, the Congress of Neurological Surgeons and the Pituitary Society. He is also a member of the recently appointed Pituitary Adenoma Treatment Guidelines Committee of the American Association of Neurological Surgeons.

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No “Face Time” ~ The Biggest Mistake In Medical Tourism

By JONATHAN EDELHEIT

It is amazing how fast the medical tourism industry has been growing in the past few years. Over five years ago it was rarely mentioned in the media and press, and my recollection was that it was mentioned in the international press in an article in the International Herald Tribune. My name and former employer was mentioned with Bumrungrad Hospital. Today, medical tourism is constantly in the media and press and there is not one day that multiple newspapers and other forms of media write articles about it.

Today medical tourism is featured in thousands of TV, newspaper and magazine articles around the world and over 40 countries are racing to position themselves as one of the leading destinations for patients and their companions for travel. Many of these countries are looking to tap into the billions of dollars these patients and their companions spend each year through medical tourism. Despite this amazing growth in the industry, what is more amazing is the number of mistakes many key players in the medical tourism industry are making.

The biggest mistake many organizations interested or involved in medical tourism are making is missing out on “Face Time.” “Face Time,” simply means the “in person” time you spend with a possible business partner face to face. While the internet and telephone play a critical role in business today, nothing can replace the power of “face time” and a personal face to face business meeting.

Cheapest is not Necessarily the Best Choice

With gadgets or widgets, you know exactly what you want - the specifications, quality and pricing - and you can order it.

With gadgets and widgets, you are looking for the best quality at the cheapest price, and it really doesn't matter who you buy it from. Today most people buy their gadgets and widgets online through an online shopping cart and never once talk to any live person or ever meet them. There is simply no need.

Dealing with patients and medical care, is different then selling gadgets or widgets. When you are trying to develop relationships with insurance companies, employers and medical tourism facilitators “face time” is an absolute requirement. The business world, especially in the area of medical care is built on personal relationships, and networking. So why are the majority of hospitals, clinics, doctors, medical tourism facilitators, and insurance companies treating medical and dental care and patients and their companions as if they are a widget or gadget?

What's more, some hospitals treat medical tourism as a widget or gadget, and do it so impersonally, simply sending emails to people about how beautiful their hospital or clinic is and that they should send patients, and then these same hospitals or clinics wonder why they are not receiving any patients or why they are not growing their business? In person

networking is an absolute requirement. Many people in the industry just don't understand this business model and don't understand how to grow their business. They think they are just selling a commodity and the lowest price may win out.

The Insurance Model

To give a specific example, when you are dealing with the US insurance industry, such as a health insurance carrier, health insurance agent or consultant or employer, the person who has the "personal relationship" will win out the majority of the time. Employers and health insurance agents want to work with someone they trust and have confidence in and feel they can do business with on a long term basis. Many of the hospitals that are successful today and growing their business models are ones that have built a personal relationship with the medical tourism facilitators who are sending them patients. The Medical Tourism Facilitators in return are working with those hospitals they feel they have a personal relationship with and that they can trust and can work with for the long term.

“
...making sure you don't lose
your existing relationships to the
competition.
”

Face Time is the ultimate branding tool. In the United States for example, Hospitals and clinics that are always visible and attend the big conferences and events are seen as the major players in the industry. This is simply how US healthcare conferences work. The big players are the exhibitors and sponsors and speakers at US healthcare conferences. Employers and insurance agents like working with these organizations because since they are in the "limelight" they must be the leaders of the industry, and they clearly want the employer and insurance agents business and are going to work for it.

Face time is also important in making sure you don't lose your country or hospital positioning and the branding you have built up over the past few years. India is a perfect example. Years ago people used to talk about India being the top destination for medical tourism, and this was based on the fact that India had some of the least expensive pricing in the world for quality surgery and so from the US they were receiving a majority of the US patients who had no health insurance.

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Face Time is the ultimate
branding tool.
”

This tactic may work with patients who have no health insurance and want the cheapest prices, but as US health insurance carriers and employers implement medical tourism, the cheapest price is not necessarily the first choice. The cost savings is so large, that the employer or insurer is fine rather than receiving a 90% savings to receive a 60% or 50% savings, as long as they save money.

For these employers and insurance companies making sure the patient has the best patient experience is the absolute most important thing to them. They need to have 100% of the patients having great outcomes and giving rave reviews of their medical tourism experience 100% of the time. This means they want to work with hospitals and clinics that are going to give the employer or insurance company a top personalized level of customer service. One of the only ways of convincing



the insurance company or employer is by meeting them in person and convincing them of this.

But things have changed. Many of the Indian hospitals have no marketing budget and have not been marketing themselves to the US health insurance marketplace, or if they have, pretty ineffectively. Other countries in Asia, like Korea for example, have made a big marketing push into the US as well as some Latin American countries. Now in the US health insurance marketplace people are talking about Mexico, Costa Rica, Korea and other countries, and you don't hear them talking as much about India anymore. Presence and face time can help you keep your brand reputation and your clients. The one key to growing your business is always, networking, networking, networking.

Congress

As we approach this year's 2nd World Medical Tourism & Global Health Congress with up 2,000 attendees and up to 5,000 pre-scheduled private one on one networking meetings, in October this year in Los Angeles, the reason for attending should be clear. The comment, "What can I accomplish there that I can't over the phone or by email," simply is shortsighted. The answer to that is simple - obtaining new clients and customers, developing relationships and even more importantly, maintaining your positioning against the competition. Are you a serious player in this industry or just an observer? This opportunity has fell into your lap, now do something with it. ■

About the Author



Jonathan Edelheit is CEO of the Medical Tourism Association with a long history in the healthcare industry, providing third party administration services for fully insured, self-funded and mini-medical plans to large employers groups.



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Safety and Quality Standards

Driving Patient Expectations

By KAREN H. TIMMONS

Cost and quality don't always mesh, but these two factors are the most common reasons that people travel abroad for health care. Americans, for example, travel to India, Thailand, Singapore, Costa Rica, and other countries for joint replacement, cosmetic surgery, dental treatments, or heart surgery to take advantage of costs that can be drastically lower than in the United States. Some Americans also seek care outside their home country in order to access what are considered alternative treatments that are not yet approved in the United States.

One 2008 report found that more than 750,000 Americans sought treatment outside the United States in 2007 and projected that number to grow to 6 million by 2010. People in other parts of the world are also leaving their countries for medical care, sometimes coming to the United States. The same report estimated that more than 400,000 non-U.S. residents will seek care in the United States. (Deloitte Center for Health Solutions: Medical Tourism: Consumers in Search of Value: 2008 Survey of Health Care Consumers. [http://www.deloitte.com/dtt/cda/doc/content/us_chs_MedicalTourismStudy\(1\).pdf](http://www.deloitte.com/dtt/cda/doc/content/us_chs_MedicalTourismStudy(1).pdf) (accessed Jun. 24, 2009).) For those coming into the United States for treatment, the deciding factor is not always cost but instead the reputation for high quality care with advanced technology and highly-specialized medical facilities and physicians, as well as the potential for quicker access to services that might not be as readily available in a patient's country of origin.

Safety and Quality Standards

The challenges of seeking care in another country are significant and require careful consideration. Although some medical tourism firms tout relaxing destinations and amenities, high quality care and patient safety must always be the top priorities. It is important to remember that despite medical breakthroughs and an ever-expanding knowledge base, providing safe, high quality care is a challenge for each and every health care organization around the world. Health care facilities still struggle to create the systems that achieve effective care, produce the desired results, and reduce the risk of unwanted outcomes.

Because standards of care may vary widely from one health care facility to another and from one country to another, it is important

to look for assurances that a health care organization has publicly committed to safe, quality patient care. One of the best known symbols of this commitment is accreditation, a voluntary process that provides a universal standard of credibility.

In the United States, The Joint Commission has been recognized as a driving force in evaluating and promoting safe, high quality care for more than 50 years and is the leader in health care accreditation. An independent, not-for-profit organization, The Joint Commission was founded in 1951 by major medical societies in the United States to standardize the way patient care is measured. Today, The Joint Commission accredits nearly 16,000 hospitals, ambulatory surgery centers, outpatient clinics, home care agencies, laboratories, behavioral health facilities, and nursing homes. A Joint Commission-accredited health care facility must constantly strive to improve its performance and reduce risk.

The Joint Commission's nationally developed accreditation standards cover all of the major clinical, management, and administrative functions that contribute to safe, quality care. This includes infection prevention and control, medication management, provision of care, and human resources. Accreditation helps an organization build a framework for improving patient safety and quality, based on evidence and best practices.

Joint Commission International

A host of care issues confronts patients who travel abroad to undergo treatment and then return to their home countries. Joint Commission International (JCI), established in 1997 as The Joint Commission's international arm, applies standards specifically developed for international application. JCI standards

are developed with the input of experts from around the globe to assess and accredit health care organizations in more than 30 countries. JCI was created to meet the growing global demands for a standardized method of evaluating patient care and a demonstrated commitment to continuous quality improvement.

JCI works in more than 80 countries to continuously improve safety and quality in the international community, working at both the health system macro level as well as with individual health care organizations. JCI accreditation addresses many of the same clinical topics found in The Joint Commission's standards for hospitals in the United States. JCI's patient-centered standards are developed and reviewed by experts in various health fields across Asia Pacific, Europe, the Middle East, and Latin America. In addition, JCI is accredited by the International Society for Quality in Health Care (ISQua) and, with The Joint Commission, is the world's first World Health Organization (WHO) Collaborating Centre for Patient Safety Solutions dedicated to developing and disseminating patient safety solutions.

JCI offers accreditation for hospitals, ambulatory care facilities, clinical laboratories, care continuum services, medical transport organizations; and certification in disease- or condition- specific care for a variety of health care programs, including primary stroke, maternal and well child care, chronic kidney disease, HIV/AIDS, oncology care, cardiac disease, and diabetes care. While JCI standards are the same across all countries, JCI accreditation is designed to accommodate specific legal, religious and cultural factors within a country. As with Joint Commission accreditation in the United States, facilities accredited by JCI must constantly strive for and demonstrate improvement in patient care performance and reduced risk.

JCI has accredited nearly 260 organizations in countries such as Austria, Bangladesh, Barbados, Bermuda, Brazil, Chile, China, Costa Rica, Cyprus, Czech Republic, Denmark, Egypt, Ethiopia, Germany, India, Indonesia, Ireland, Israel, Italy, Jordan, Kingdom of Saudi Arabia, Korea, Lebanon, Malaysia, Mexico, Pakistan, Philippines, Portugal, Qatar, Singapore, Spain, Switzerland, Taiwan, Thailand, Turkey, and United Arab Emirates.

Both The Joint Commission and JCI look at important aspects of health care such as how patients are assessed, the care of the patients, anesthesia, surgical care, medication safety, patient education and patient rights. The Joint Commission and JCI also focus on how organizations prevent and control infections and create an overall safe environment for patient care. Staff qualifications and education are also a part of the accreditation process. For example, a key question that Joint Commission and JCI standards examine is: How is the organization ensuring that physicians have the training and skills to do the procedures that they are performing?

Understanding Accreditation

Accreditation should not be the only decision making factor in selecting a health care organization. Patients must take the time to make sure that their medical needs can be met by an organization. Patients should communicate directly with the hospital and with the physician or dentist that will be responsible for their care.

Joint Commission and JCI accreditation address the most important factors and concerns that patients should consider when seeking care outside their home country. Some key considerations for patients and expectations for accredited facilities are:

- Patients should inquire as to whether the hospital is accredited by a recognized accrediting body, such as The Joint Commission or JCI. Accreditation by The Joint Commission and JCI means the organization voluntarily sought accreditation and met recognized health and safety standards. The Joint Commission and Joint Commission International conduct on-site surveys to review the hospital's medical and nursing care,

physical condition, life safety program, special care units, pharmaceutical services, infection control procedures and a number of other areas affecting patient care.

- Does the hospital or clinic have a written description of its services and fees? What resources does the hospital provide to help you find financial assistance if you need it?
- Is the hospital clean? Visit the hospital and look around. Ask to see the waiting rooms and patient rooms.
- Do the services and specialties provided by the health care facility meet the patient's specific medical needs? Medical history and current medical condition should be important factors in the type of hospital patients choose.
- What is the hospital's success record in carrying out the specific medical procedure patients need? What is the training of the doctor who will perform the procedure? Ask how often the particular procedure is done.
- Does the hospital explain the patient's rights and responsibilities? An accredited hospital must be able to provide a copy of the patient rights and responsibilities information.
- Who is responsible for maintaining the personal care plan? How are the caregivers kept informed about specific care needs? Can the patient and family be kept up-to-date on the medical care?
- Will a discharge plan be developed for the patient before leaving the hospital? Patients should find out what services are available and the primary care doctor's involvement to ensure continuity of care.
- Does the hospital provide the patient with the necessary training for continued care in the home after discharge? Ask what training is provided in changing bandages, taking medications or using medical equipment or devices.
- Does the hospital provide translation services with easy-to-understand written instructions?

While these issues are a small sampling of the accreditation expectations, they represent some of the key policies and procedures that must be in place for proper patient care. Accreditation is rigorous, but the benefits for the patient, the organization and the community are the ultimate payoff.

For More Information

To find out if a health care organization in the United States is accredited by The Joint Commission, visit Quality Check® at www.qualitycheck.org. Quality Check is a search engine to find any Joint Commission-accredited health care organizations. Joint Commission-accredited organizations are identified by the Gold Seal of Approval on Quality Check. Quality Check provides Quality Reports that include information on the organization's overall performance level and how it compares to other organizations nationwide and statewide in specific performance areas. Visit www.jointcommission.org for more on The Joint Commission. ■

About the Author:



Karen Timmons is President and CEO of Joint Commission International. To find out if a hospital outside the United States is JCI-accredited, visit www.jointcommissioninternational.org. The JCI Web site features a list of the accredited organizations and in most cases there is an immediate link to the organization's Web site.

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Going Green~ Cost Reduction

By CAGRI KANVER

In the previous issue, we covered the basics about corporate sustainability. We presented sustainability as growing from a simple and single department to a mindset change in every major corporation. I hope the article was helpful for industry leaders to emphasize the basics about sustainability and the importance of getting involved in moving towards a sustainable corporate culture as quickly as possible.

In this issue, we will address how to develop a robust sustainability strategy for cost reduction. Our goal should be to create a simple message around the returns of sustainable investments which will allow organizations to make fast decisions for executing their projects. Sometimes the amount of contradictory information can make this process difficult.

Strategy Development for Sustainability

Every organization has a unique way of running their enterprise and varying expectations when reducing costs. A strategic roadmap must be implemented during the early stage of the initiative for identifying the main focus area. This roadmap also might help to analyze current performance gaps and to improve initiatives to help realize achieved benefits. Sustainability value drivers should be investigated and captured during the visioning session with key project members' involvement. This helps the organization to identify the baseline for their metrics.

Organizational characteristics are also important to analyze the gaps for any future recommendations. Before any scenario is suggested, the organizations' social and environmental characteristics should be analyzed as well.

Alternative scenario development is another important task for the organization to establish during the implementation phase. During the recommendation phase, suggestions will be strategically chosen and implemented for the selected scenario to move forward with. The suggestions also have to include alternative ways to measure the identified scenario. Recommended strategies do not mean anything unless alternative ways are created to measure during the life cycle of the asset.



Chart-1 illustrates the recommended roadmap

Project Team Structure

Identifying the right team before kickoff and establishing team members' involvement during the strategic phase are two extremely important factors for the accuracy and timeliness of the project. This process should be initiated before work begins.



Chart-2 illustrates recommended team involvement during the strategy process for a robust project flow

Areas to Evaluate and Focus During the Strategy

Sustainability, in general, is not only related to physical assets. Strategic development should cover the areas beyond the physical portfolio of the organization. Organizations can generate growth, reduce cost and add value to their brand by implementing strategies under seven different areas during the life cycle of the project. Either one or multiple areas can be considered as part of the scenario development.



Chart-3 illustrates the different areas to explore before the strategy development

Alternative Ways to Identify Cost Savings

Once the scenario is selected along with an implementation strategy, it needs to be transferred into the real world for real time savings. The Project team is responsible for developing regular updates on various dimensions such as frequency, environmental impact, ROI, project cost and time-to-implementation.

HOK consults with organizations in various industries to develop their sustainability strategies. Every organization sets up their goals differently to reduce cost. During final analysis, sustainability components offer measurable benefits in the following areas: energy efficiency, green house gas (GHG) emission, water consumption, building performance, environmental management, land and building utilization, workplace management, technology enablement, and waste.

Summary

An important question to ask before assessment begins is “Does my organization present opportunities for integrating sustainable practices in order to identify gaps, improve initiatives and realize their benefits?” If the answer is yes, then a holistic approach for sustainability strategy has to be considered by bringing the right team on board. Decision makers should also think about creating a robust strategy by envisioning the different cycles which will occur during the life time of the project.



Chart-4 illustrates the overall lifecycle for the project

About HOK

HOK is a global provider of planning, design and delivery solutions for the built environment. Since the firm's founding in 1955, HOK has developed into one of the world's largest, most diverse and respected design practices. We employ more than 2,000 professionals linked across a global network of 24 offices on four continents. Industry surveys consistently rank HOK among the leading firms in numerous building types, specialties and regions, and we have earned many awards and honors for our projects, people and practice.

HOK Advance Strategies works with clients to help align their business strategies with their real estate, facilities and workplaces to effectively master change. Our consultants draw on their business and design expertise to align our clients' business strategies with their people, real estate, facilities, workplaces and information systems. We help clients make value-based decisions to achieve clear, quantifiable results. ■

About the Author



Cagri Kanver has six years of progressive experience in the field of global real estate development as a senior consultant. He advised global corporate real estate clients in multiple areas of strategy and operations improvement initiatives. He led number of engagements in the areas of strategic business planning & programming, market research / analysis for global site development. Cagri performed professional projects in four different continents for over 20 clients, specializing in the Middle East and Asian markets. He developed key global client relationship in academic, aviation, corporate, government, healthcare, and manufacturing markets. Prior to joining HOK, Cagri worked for Deloitte Consulting as a senior consultant where he was responsible for sustainable development projects for global perspective for Fortune 500 companies. He can be reached at cagri.kanver@hok.com.

Pana-Health ~ Bridging Overseas Health and Medical Care

By JILL MAURER AND JACOB EHRLER

The data about Medical Tourism shows it is already taking off, with projections that it will skyrocket even more in the next decade. As with any trend, many competitors will jump on board in an attempt to ride the wave to the top. In fact, over 50 countries have already identified medical tourism as a national industry. But who will come out a winner? What countries and what providers will be the front-runners in this incredibly delicate and personal field, one that weaves together well-being and enjoyment?

When any business plays the odds for any proposition, it has to look at all the factors in play. In medical tourism, the obvious key elements are quality, cost of services and attraction of the destination itself. Countries competing in this field are competent in many of the categories. But what the winning bets are really looking for is staying power, impeccable medical reputations, quality of care, hidden talent in a team, or some other factor that nobody else is paying attention to, which helps hedge the odds. One advantage which brings success for Panama over its competitors is location and accessibility, along with other key factors.

American Standards

Many countries are working out their logistical and operational kinks and projecting that they can “live up to U.S. standards”. While the footprint of America still exists in Panama today, this influence has remained in healthcare as well. Excellent medical care, gauged by U.S. standards, is ever present in today’s Panama. What’s the advantage of this small nation? They have had a head start of about 100 years over the rest of the world when it comes to providing services to American patients. In many aspects, it is Panama’s second nature to operate like another state of the Union. The similarities in health care are just one aspect attracting a growing population of northerners to settle “on the Isthmus” between Central and South America. English-speaking doctors with degrees from U.S. Universities on the walls of their practice are just the tip of the iceberg. The whole experience feels like home.

The founding U.S. board certified physicians and health insurance executives from the United States and Latin America

behind Pana-Health, Panama’s first medical concierge company, knew the potential that their nation had when they founded the company in 2003. This was just a few short years after the nation’s claim to fame, the Panama Canal, had been returned to the Panamanian government by the United States. The exit from the country on January 31, 1999 was the conclusion and the final step of the Torrijos-Carter Treaties of 1977.

It was just nine years ago that the Republic of Panama shifted gears from a nation, which provided international banking and the largest shipping center in the Americas to resident Americans, to become a nation with one of the fastest-growing economies in the world. Panama now provides services to people from all over the world, given its strategic global location and long-instilled U.S. standards. Today Panama is called “the Dubai of Latin America”, with a skyline comparable to Miami’s and a mindset compared to that of New Yorkers and a warm, caring bedside manner characteristic of hospitable Latin American culture.

High End Medical Care

Hospital Punta Pacifica is a new facility in an upscale Panama City neighborhood with standards second to none. It is the only facility in Latin American and Caribbean affiliated with Johns Hopkins Medical International. The facility offers 52 private rooms and 12 suites. Procedures are a fraction of the cost of what they would be elsewhere in the world. Patients comment frequently that the care and service provided to them at Panama’s flagship hospital is often above and beyond in quality of services they have received in their home countries.

This is not the only hospital with respectable U.S. affiliation in Panama. There are several other facilities in the capital city, the mountain communities as well as the beaches, where the medical standards are just as good as one would expect them to be back home. Clinica San Fernando, located in Panama City, is affiliated with Tulane University, Miami Children's Hospital and Baptist Health International Miami. Also located in the capital, Centro Medico Paitilla is affiliated with the Cleveland Clinic Foundation.

In the western province of Chiriquí, close to the Costa Rican border, the foreign residents of the spring-like mountain communities find first-rate health care at Hospital Centro Medico Mae Lewis and Hospital Chiriquí. At the epicenter of Panama's beach communities, Clinica San Fernando has a branch facility in Coronado offering 24-hour attention, general medical services including CAT scans, ultrasound, a dental clinic and an eye clinic.

Hidden Gem ~ New Infrastructure

Panama's natural head start on capturing much of the medical tourism market has gone somewhat unnoticed because the high-quality, low-cost services available in the country remained a well-kept secret. A few years ago the nation began its international projection. A sharp increase in foreign population is usually a precursor for a takeoff into the medical tourism industry. It's simply supply and demand. The nation is just rounding out a building boom in the city, from beach to mountains. Over 10,000 new residences are coming onto the market. Already, management companies are offering timeshare options, short-term rental solutions, corporate lodging and furnishing many of the units for post-operation patients in recovery.

“Many countries are working out their logistical and operational kinks and projecting that they can ‘live up’ to U.S. standards.”

The stage is set for success. Panama's international airport offers direct daily service to and from major world cities like New York, Atlanta, Amsterdam, Miami, Toronto, Dallas and Houston. The nation has surpassed Costa Rica in tourism growth with medical care that feels like home. Panama is a big favorite for taking a big share of this growing market. As far reaching as Thailand and India, some medical procedures are less expensive but when you compare the difference in airfare prices and long travel times to distant locations, one has to weigh the complete package which makes Panama much more desirable.

Pana-Health ~ Bridging the Gap

Pana-Health, along with their strategically developed relationships within their network of providers continue to bring local talent and knowledgeable staff together as they bridge the gap and meet the needs of the medical traveler.

Noemy de Sanchez, the company's administrative assistant, is a valuable part of the Pana-Health family. The staff and patients alike appreciate her warm and willing attitude. Noemy is bi-lingual and will most likely play a part in your medical journey with Pana-Health.

Pana-Health recently awarded Jill Maurer, a resident of the United States, an independent consulting contract with their company. “It is the perfect combination for us,” contends one of the Pana-Health owners. “Pana-Health has an influx of



clients from the U.S. and Jill has first hand knowledge of just how medical travel abroad can benefit those in need. Jill's business acumen coupled with her personal experience from the consumer standpoint is the perfect combination and is a huge asset to us here at Pana-Health.”

With Jill came an extreme amount of energy and foresight. The board members were excited to welcome her. “The way we see it, it is certainly refreshing to have someone with Jill's experience and drive at the reins,” adds one board member. That firsthand experience already has Pana-Health looking years into the future and she is setting the groundwork now. “It is like she instinctively knows what to do and it all makes sense. She has the advantage of personally experiencing medical care abroad while living in the U.S.,” they added.

“I will continue to seek alternate destination choices for my medical care and I have wonderful options outside of the U.S.,” says Jill. “I did not always feel this way. It took that first experience in a medical emergency situation while traveling abroad, to have my eyes opened. My first instinct was to figure out how to get home, back to the U.S.. It was not rational thinking and under the circumstances, I needed prompt medical attention. I received care equal to that of the U.S.,” she added. “Certain aspects of the experience were better than home. Compared to the U.S. experience, the hospital staff and personal attention far exceeded my expectations. This was just the beginning of my exploration into medicine abroad.”

Catering to the Uninsured

Whether a person is traveling abroad for medically necessary treatment or for procedures of elective nature, Jill understands that this journey is not to be taken lightly. “Frequently, people think they can combine tourism and recreation with medical procedures when that simply is not always realistic,” comments Jill. “This is not a game of chance. While cheaper medical prices are not the only reason for medical travel behind the boom they do play a large part in the choice for medicine abroad.”

“In many cases, it is the ONLY choice that some uninsured people have and for those that need medical attention tended to quickly, the challenge is great. It is the wise traveler that explores all options available to them, all the while making their own informed decisions themselves,” explains Jill.

Helping to build more strategic relationships within this already very well known company is only one of Jill's goals. While Pana-Health's concierge services continue on track, Jill is not wasting any time. Her knowledge and business background, combined with her personal interest in wellness, preventative

medicine and anti-aging, along with the fact that she is an American outsourcing her own medical needs, launches her eagerness to dig in deeper and look closely at the risks and benefits.

Looking at the situations with the uninsured Americans seeking alternate choices for medically necessary procedures, having alternative choices can sometimes make the difference. A life might just be enhanced or extended because of the cost savings associated with global medical travel choices. Where once a procedure was cost prohibitive, there remains favorable global options with huge savings to the consumer in need. Quality of life and having options is valuable.

Organizations are trying to create transparency in the industry. Some quality, top-notch medical professionals are in abundance globally and here in Panama. Just like the U.S. and other countries, there are always bad apples mixed in the batch. The consumer has to be on the lookout for compromised unskilled doctors in every country. It is part of the process.

“

Panama's growing medical tourism market is complete with age management, stem cell and BHRT.

”

Doctors realize the valuable asset they possess and without staying on the top in their respective fields they would not have the excellent outcomes. Doctors in Panama even provide their cellular numbers to patients at times. It is not the exception - it is commonplace. It is a win-win situation for some, where the doctors are appreciative and the patients are appreciative. It is a slower paced environment in a doctor's office in Panama... where time IS allocated to care, where the love of profession and love of life still exists.

Aftercare Solutions

Consumers have many options and making informed decisions is only part of the formula. Weighing all the possible outcomes after surgeries abroad, to include follow-up care back at home, is nothing to take lightly. In many cases, the patient's doctor in their home country will communicate with their doctor in the destination country. When it comes to choosing destinations, some very important issues should not be overlooked. Travel times returning home can involve risk when recovery times are cut short. Recreation before and/or after surgeries is not always the right combination. Dental, wellness, anti-aging and less invasive medical procedures are more apt to be combined with recreation and tourism.

Navigating Panama is like navigating any place you are not familiar with. It always pays to be informed. Check with any international travel alerts in any country you are visiting prior to leaving home. It is the informed traveler that can possibly avoid things of chance.

Pana-Health assists in bridging more gaps by planning your journey abroad. Pana-Health can coordinate your doctor's appointments and consultations, hospital or clinic services, hotel or apartment arrangements, airport pickup and the vacation segment of the trip.

Over the years, the Pana-Health network has grown to approximately 100 doctors with specialties in 24 different fields of medicine and can manage your medical case in some of the following specialties: Age Management, Assisted Reproduction, Cardiology, Cosmetic, BHRT, Cardiovascular and Thoracic Surgery, Dental Implants, Dermatology, Endocrinology &

Diabetes, Extreme Makeovers, Gastroenterology, General and Oncology Surgery, General Dentistry, Internal Medicine, Ophthalmology, Orthopedics, Periodontics, Plastic Surgery, Smile Makeovers.

The doctors in our network have been screened and approved by a select board made up of their peers in order to guarantee that they are the best in their respective fields. Pana-Health's affiliated doctors have studied in prestigious Universities in the United States, Europe, and Latin America. Many are U.S. board certified and all speak English.

The Fountain of Youth

A new niche industry in Panama's growing medical tourism market is complete with age management, stem cell and BHRT. Several health care providers, many of them Americans themselves, have set up practice in Panama, where miracle treatments like Human Growth Hormone Replacement and Stem Cell procedures are available with huge savings. Compared to the U.S., Canada and the UK, these medical fields here in Panama are busier than ever.

Non-invasive procedures are other reasons that people flock to Panama for treatments to keep looking great. Combining tourism and the savings on tooth whitening, micro-dermabrasion, Thermage and Fraxel Laser treatment for wrinkles alone, is reason enough for people to pay a visit to Panama. Patients usually add on these services during a vacation visit to Panama. World-class spa services are available at many of Panama's wellness clinics that are located in the bustling capital city or tranquil mountain getaways, where visitors relax in the eternal spring-like climate.

The number of Americans without dental insurance is even higher than those without medical coverage but patient surveys point out that a trip to the dentist's office often causes more anxiety and discomfort than a trip to the doctor or the hospital. Dentals saving are huge in Panama. One of the founding members of PanaHealth, successfully practices dentistry in Panama and is part of our network of providers.

It's Still a Foreign Land

While Panama seems familiar to many people, it is still a foreign country. Having a personal medical concierge at Pana-Health does not just afford patients with a network of pre-approved doctors and specialists, it allows people to feel at home and enjoy insider information on where to go and what to do while visiting. Panama is a wonderfully diverse and exciting country with something for everyone. Pana-Health goes the extra mile, bridging patients with their perfect doctor and enhancing the experience by matching people with very special places throughout the republic. ■

About the Authors

Jill Maurer is a Florida Native Resident. Jill licensed and practiced speciality RE in Florida, Colorado, Texas, Tennessee, Illinois for 20 years. Currently involved with multi country Alternate Energy projects outside of the Continental US, Jill's company was recently awarded the consulting contract from PanaHealth. Jill's current and past business background includes, but not limited to, startup, management, product image and branding, corporate identity, marketing, US exportation. Her interests are in age management to prevent disease, alternative medicine as a choice.

Jacob Ehrler is the quintessential "expat". He left Seattle in 1999 and moved to Costa Rica, from where he explored Central America during his early 20's. Jacob also lived in Manhattan for three years and sold real estate from the Upper East Side flagship office of The Corcoran Group. In 2007 he relocated to Panama City, Panama, where he is currently the editor of The Visitor / El Visitante, Panama's weekly bilinguag newspaper.

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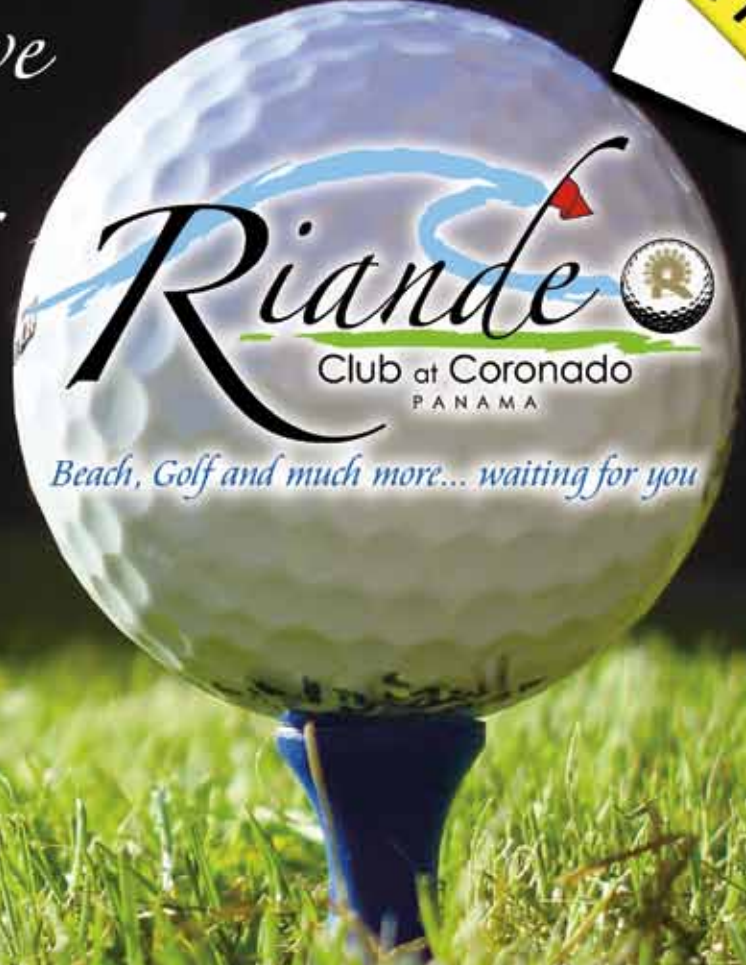
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Intracorneal Rings ~ A Transplant-Free Solution

By DR. ILKA DE OBALDÍA

The cornea is a transparent structure that covers the front of the eye and allows light to enter it. Any alteration in that window which produces a spot or irregularity generates a bad image, which translates into bad vision.

Keratoconus is a rare eye condition in which the shape of the cornea is distorted. Its center becomes thinner and weakens slowly, taking the shape of a cone, producing a patchy image on the retina and, therefore, blurred vision. Sometimes the cornea is so thin that it becomes inflamed and suddenly fills with water (called Hydrops). Wrinkles and scars can eventually form on the cornea, which results in the need of a cornea transplant.

Keratoconus Produces Bad Vision

There are two reasons for this:

- *Due to distortion of the cornea.* Looking through a deformed cornea is like taking pictures with a camera that its lens has an irregular astigmatism.
- *Due to inflammation or scarring of the cornea.* Looking through an inflamed or scarred cornea is like taking pictures with a camera that has a dirty or opaque lens – the resulting picture or vision is blurred.

Symptoms and Causes of Keratoconus

Signs of Keratoconus usually start at puberty and progress over the next 10 to 20 years. The earliest symptoms include reduced vision and worsening of myopia. Sometimes Keratoconus is diagnosed with sudden inflammation.

Keratoconus occurs in 50 to 230 people per 100,000 and has been found in all races and both sexes, but most frequently affects women. It occurs more commonly in patients with Down Syndrome or congenital amaurosis (a rare form of blindness at birth). Very often the patient has a history of suffering from eye allergies and constantly rubbing their eyes.

The specific cause, however, is unknown. It is often very sporadic, which means that only one person out of an entire family could have Keratoconus – only seven percent of all cases are inherited. If one member of your family has Keratoconus, the chances that another blood related relative has the disease are less than 1 in 10.

Diagnosis and Treatment

Keratoconus is usually discovered when the patient seeks an ophthalmologist because of decreased vision. The diagnosis can be made only through eye exams by an ophthalmologist and is usually found when making a corneal topography.

“

...patients who have no stains on their corneas can avoid transplant by using intracorneal rings.

”

Basically, it is important to start with rigid contact lenses because, due to their rigidity, they reform the cornea to its regular shape. Unfortunately, many patients can not tolerate the use of contact lenses because of allergies or simply because the cornea is so curved the contact lenses fall off. It is important to note that until a few years ago, patients who were diagnosed with these symptoms went directly for cornea transplant. In the case of patients whose corneas are so stretched that they have white spots, corneal replacement is the only available course of action. However, patients who have no stains on their corneas can avoid transplant by using intracorneal rings.

Two methacrylate rings, in the shape of semicircles with a variable thickness as required by the patient, are placed inside the peripheral zone, away from the center of the eye to avoid the central visual field.

The insertion procedure is entirely ambulatory. Local anesthesia (in the form of drops) is used and the insertion usually takes only 10 to 15 minutes. The patient can begin working the next day, while using appropriate medications.

“ **Keratoconus is a rare eye condition in which the shape of the cornea is distorted.** ”

Once implanted, the rings flatten the central cornea and produce regulating effect. They remain motionless and invisible to the naked eye because they are as transparent as the corneal tissue in which they are placed. They help restore the cornea to its normal shape and also prevent the progression of Keratoconus. Many patients eventually find they no longer need their glasses, while others still use soft contact lenses or eyeglasses, according to their taste.

Methacrylate, the material which the rings consist of, is a very stable and highly biocompatible (does not generate any reaction in the eye) material. It is used in intraocular lenses for cataracts, which have proven to remain sturdy and clean throughout the patient’s life. The rings interact comfortably and naturally with the eye. If for some reason they must be removed, a specialized surgeon can easily reverse the procedure.

Intracorneal rings ~ An ophthalmologic Breakthrough

The creation of the intracorneal rings has been a breakthrough for ophthalmology. Cornea transplant surgeries are very delicate procedures that require high monitoring to avoid transplant rejection. By using the intracorneal rings, a properly selected patient can avoid the risks involved in transplantation and at the same time prevent the continued thinning of the cornea, all through a quick, simple procedure.

Benefits of Intracorneal Rings Surgery

- It is a rapid method, as the procedure only lasts 15 minutes.
- Anesthesia is topical, with drops.
- You do not need to cover the eyes, so it’s recommended you get both eyes treated at the same time.
- The rings are transparent and concentrate the central optical zone of the cornea.
- They’re adjustable and can be exchanged for other rings of different thicknesses.
- Since the rings are added and there is no removal of tissue, it is a low-risk procedure.
- It is a reversible surgery, so if by any reason the rings must be removed, the patient’s vision will revert identically to how it was initially.
- It can be used to correct high myopia.
- The procedure possesses a high success rate.
- It’s been used since 1990, in patients all around the world.
- It was approved by the Health Committee of the United States (FDA) in 1999.
- It has the EC mark for its use in Europe.



The use of this technique is simple, safe and ambulatory if the patient is properly selected by the cornea ophthalmologist surgeon. ■

For more information on intracorneales rings for Keratoconus, please contact Dra. Ilka De Obaldía F. MD. PHD, at Ageless Wonders Panama, Your Premium Wellness & Health Specialist, at ideobaldia@agelesswonders-pma.com. Panama: (507) 832-7289 and USA (786) 515-9596. www.agelesswonders-pma.com

Intracorneal Rings
 A solution for patients with Keratoconus to avoid the cornea transplant

About the Author:



Dr. Ilka De Obaldia Faruggia earned her Doctorate degree in Medicine at the University of Panama. To continue her studies, she moved to Mexico City to obtain the title of Doctor Specialist in Ophthalmology (UNAM). After that, she decided to participate and obtained a fellowship at the Hospital for Blindness Prevention, in Mexico, where she became certified as a Medical Subspecialist in Cornea, Refractive Surgery and External Eye Disease (UNAM). Then, she finally concluded another Doctorate degree in Corneal Imaging (UNAM), while working as a Medical Instructor in High Specialty Eye Surgical Procedures in Latin America, as a teacher in different courses in United States, Argentina, England, Germany, Spain and Sweden. She is currently in charge of the Cornea Section of the Hospital Santo Tomas, organizing campaigns for cornea transplants, while leading her private practice in Panama City. In the last three years, she began involving herself in the medical tourism environment and promoting this industry through local associations and civic clubs. In 2008, she co-founded Ageless Wonders Panama, where she acts as its Medical Director and, also maintains her Ophthalmology practice.



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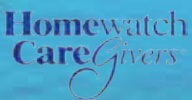
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HOSPITAL PUNTA PACIFICA



Identification of Disease Risk

One of the goals of the doctors at Age Management Panama is to expand the quality of care that patients can receive all over Latin America. Dr. Sigler is quoted as stating, "Our job is to identify Disease Risk. In order to do that, we need to be able to educate our physicians on what the latest markers of disease and disease risk are and then take a proactive approach to our patients' health care."

This proactive and preemptive method of health care has led to the creation of the Age Management Education and Research Foundation. This foundation makes training in age management available to doctors in Latin America in ways it has never been before. The idea is to take preventative medicine to entirely new levels, as one of the most basic precepts of medicine is that prevention is always more effective, more affordable, and more pleasant for the patient than the treatment of a disease after it has already developed.

Bio-Identical Hormones

An important partner in the age management protocols that patients are advised to follow is the company Live Well Pharmaceuticals. This is the company that provides patients with the Bio-Identical hormones that they are prescribed by the doctors to take. The benefits of using Bio-identical hormones over their synthetic counterparts have been detailed extensively in various journals and clinical trials. The Bio-Identical compounds have presented time and again two characteristics that make them stand out from the synthetic products.

“**One of the goals... is to expand the quality of care that patients can receive all over Latin America.**”

First of all, they have demonstrated a higher level of efficacy. Second, they have been shown to have a much lower incidence of creating increased risks of many of the conditions which have been previously associated with hormone treatments, such as cancer. With a lower risk of side effects and a more effective product, Live Well Pharmaceuticals ensures that patients of Dr. Sigler and Age Management Panama can get the medications they need for their treatments. Best of all, they allow them to do so at a reasonable price, with prices up to 50% cheaper than what the same treatments cost in the United States. Everyone knows that you have nothing if you don't have your health, but in the current economic climate, most people can't afford to spend indiscriminately on healthcare, which is why affordable, safe and effective hormones help to complete the package offered in Panama for age management.

Consumer Awareness ~ Oprah's Story

For the longest time, the conversation about hormone replacement therapies in men and women has been something that has been underground, secretive and not trusted by the general population. The mission of Dr. Sigler and others in the field is spreading through the development of these age management therapies and educational programs. Slowly, public awareness about the safety and effectiveness of these treatments has grown, but in recent months, it has fully exploded onto the airwaves with the Oprah Winfrey Show episodes that were dedicated to treatments with Bio-Identical hormones, airing as part of her "Best Life" series.

The acceptance and promotion of this type of treatment by a renowned figure like Oprah will have a profound and

long reaching effect on making these treatments known and accessible to more people than ever before. Women have traditionally turned to hormone therapy that has been associated with certain risks and side effects which are not present with Bio-Identical hormones. After beginning her treatment, Oprah discovered a new flavor in life which had been totally lacking as her hormone deficiency problems increased. After beginning her treatments Oprah speaks about her treatments on her website www.oprah.com with these words, "The sky was bluer, my brain was no longer fuzzy and my memory was sharper. I was literally singing and had a skip in my step." This was realized after just three days of treatment and after a careful hormone analysis. After years of trying to figure out what the problem, something had slowly been leaching the life force from this dynamic public personality.

Proper Analysis is the Key to Prevention

It is important to realize that Dr. Sigler and the clinic have never pretended that hormone treatments are some kind of magical Panacea in the way that some media outlets have made it appear to be. However, there can be few tools as powerful as a careful one-on-one analysis of a patient's situation, including evaluation of hormone levels. An adult hormone deficiency in both men and women can cause numerous problems that we commonly think are the symptoms of old age. There is finally concrete medicine that we can use to help prevent the effects of hormone deficiency.

With any kind of health, wellness or medically oriented life plan, it is the results that matter more than anything. The reason that the Age Management Panama Clinic exists and the reason that doctors dedicate their lives to research in this area is to achieve two things: to help clients feel better longer and to help clients prevent diseases from ever entering their lives. This is accomplished by keeping people on a proper diet, exercising, and ensuring that their hormones are at an optimum level for their age. This not only will help patients to feel good, but also to stay at a healthy weight, which greatly reduces the risk of developing many diseases, including heart disease and diabetes, two of the most prolific diseases facing the world today.



The Oprah Winfrey episodes discussing the use of bio-identical hormone replacement therapies clearly outline the benefits that women have to face by exploring this kind of therapy. She explained on her show that women over the age of thirty five will eventually face some kind of hormonal imbalance. This means that literally billions of women will experience declining health and especially declining feelings of well being and energy as their hormone levels become depleted. With the knowledge of the therapies that exist for age management, and with access to clinics like Age Management Panama that can provide the personalized treatment that women need, none of this remains inevitable, rather it becomes preventable.

Getting Results

Results in both men and women vary from the subtle to the dramatic, but anyone who is tested and found to have a hormone deficiency is certainly going to benefit from having that problem corrected. In addition, patients who follow the other important elements of the treatment plans given to them through AMP are going to experience other benefits. A low glycemic diet and a good exercise regimen, especially when coupled with hormone replacement therapy (HRT) is going to help both men and women increase their amount of lean muscle in the body and burn fat. This leaves patients stronger, with more energy and at a much healthier weight for long term health and well being.

Simply put, testimonials for patients who have undergone these and similar treatments at the Cenegenics Institute show that these treatments and programs work. For someone already fit and healthy, it could mean losing a few extra pounds and maintaining their current levels of wellness and energy well into their twilight years. For others who have already experienced the declines that age can bring, it has signaled a remarkable turnaround that transforms them from a person feeling on the downward slope of their life to someone with the vitality they only vaguely remember from decades ago.

“I was not kidding when I told you the other day that you have given me the keys to use that will save my life.”

These strong words are just one of many testimonials from patients of the Cenegenics Clinic. While every case might not be this extreme, this is the true potential offered by the work being done through the clinics pursuing HRT and other age management therapies as a means to lifelong wellness.

For as long as medicine has existed, doctors have waged war against the effects of aging. Age itself is not the enemy, as

it often brings wisdom and inner peace which can't be found in youth. Now however, medicine is winning that battle against the effects of aging; allowing people to be strong, vital and healthy in order to enjoy the wisdom and knowledge that their years can bring them. ■

For more information on Aging Revolution or Anti-Aging Treatments, please contact Ageless Wonders Panama, Your Premium Wellness & Health Specialist, at edeycaza@agelesswonders-pma.com Panama: (507) 832-7289 and USA (786) 515-9596. www.agelesswonders-pma.com

About the Author:



Dr. Sigler is Executive Director of Age Management Panama, Consultorios Médicos Punta Pacífica, receiving his medical training both domestically and internationally, at prestigious universities including Stanford, University of California, University of Miami School of Medicine, University of Toronto, University of Cambridge, England, and Saint Eustatius, Netherlands. He has treated thousands of patients abroad and in the community of South Florida throughout his training in surgery and rehabilitation at Mount Sinai Medical Center, Jackson Memorial Hospital, Hollywood Memorial Hospital and the VA Hospital.

Located at Consultorios Medicos Punta Pacífica attached to the New Hospital Punta Pacífica Johns Hopkins International, Dr. Sigler helps people across the globe specializing in Age Management Medicine & Rejuvenology. His comprehensive, interdisciplinary approach includes Hormonal Therapy, Growth & Bio-identical, Men's Health: Andropause & Sexual Function, Women's Health: Menopause & Perimenopause, Health & Lifestyle Assessment: Nutrition & Exercises, Executive Health Evaluations, and a wealth of Rejuvenology, aesthetic medical spa surgical procedures, all helping lead the art and science of appearance, health and performance enhancement.



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HOSPITAL PUNTA PACÍFICA - PROGRAMA DE TURISMO MÉDICO

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En el Hospital Punta Pacífica nuestros pacientes internacionales encontrarán:

- Una Oficina de Mercadeo Internacional que cotiza y tiene los enlaces con los intermediarios de servicios de salud en diversas partes del mundo.
- Personal altamente calificado y bilingüe.
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- Se coordinan arreglos de transporte, de hospedaje y tours de turismo interno.
- Se coordinan compra y alquiler de equipos médicos.
- Se ofrece precios competitivos en el mercado.
- Servicio personalizado para cada paciente.

HOSPITAL PUNTA PACÍFICA - MEDICAL TOURISM PROGRAM

With soaring health care costs and long waits for medical procedures, it is becoming increasingly difficult to find quality, affordable treatment. Whether you want cosmetic surgery or life-saving procedures, you don't have to wait several months before receiving the medical treatment that you require.

You could try medical tourism and receive quality care for a fraction of the price and without the long wait.

At Hospital Punta Pacífica, international patients will find:

- An International Marketing Office that has links to the middlemen of health services in various parts of the world.
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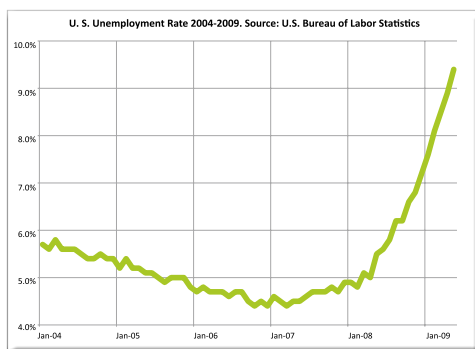
Medical Tourism~ An Economic Boost to the United States

By JOSE QUESADA

The current economic crisis is affecting U.S. hospitals on many different fronts, from a reduction in patient volumes to an increase in debt, producing a negative financial effect. According to Moody's Investors Service, last year not-for-profit hospitals received 27 credit upgrades versus 53 credit downgrades - the largest number of downgrades since 2001.

The rise in unemployment has placed strain upon the already delicate situation of uninsured patients. From December 2008 to March 2009, more than 2.7 million people lost their jobs, bringing the total of unemployed to 5.3 million in the last 12 months.

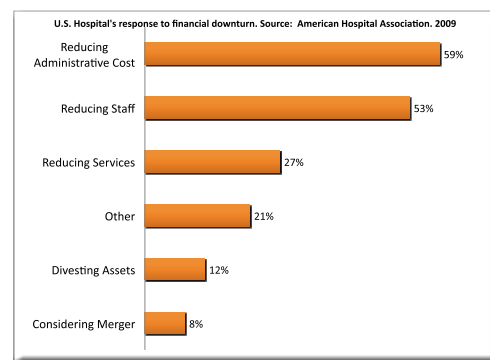
As a direct consequence of job loss, people are no longer covered by employers' health plans nor have the financial means to purchase individual health insurance. It is estimated that the number of uninsured has increased by 3.7 million in the last year alone, surpassing more than 50 million, or 16.7 percent of the total U.S. population.



The Impact on Hospitals

Uninsured patients delay elective medical care and therefore misuse emergency rooms, which are costlier to operate. In addition, these patients are unable to pay for care or are covered by Medicaid or other public programs designed for low income populations, increasing the financial burden on hospitals.

A survey conducted in March 2009 by the American Hospital Association reported that 58 percent of hospitals have seen an increase in emergency department visits. It also reported a 70 percent raise in uncompensated care as percent of total gross revenues. During the calendar year 2009, US hospitals will have lower revenues due to a shift from private payers to Medicaid for elective admissions and procedures, and higher debt as a result of increased uncompensated and charity care.



Medical Tourism ~ Ensuring an Economic Boost

Medical tourism represents an opportunity for U.S. hospitals to diversify revenue - usually hospitals with dedicated international centers generate five to ten percent of total revenue from international patients. Inbound medical tourism to the U.S. is approximately \$5 billion or 400,000 patients annually, according to the Deloitte Center for Health Solutions.

Patients come mainly from Latin America, the Caribbean, Europe and the Middle East. Many are cash paying patients,

usually wealthy people traveling to the U.S. looking for high tech care, but the largest medical tourism group consists of patients with international insurance policies. These policies cover most medical expenses, leaving patients with the normal co-payments and deductibles. In addition, hospitals benefit financially from international insurance policies because reimbursement rates from these commercial payers are usually higher than government sponsored plans.

These international policies, along with strategic relationships with international insurance companies, third party administrators and cost containment companies, boost revenues and contribute positively to the bottom line of US hospitals.

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From December 2008 to March 2009, more than 2.7 million people lost their jobs,

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The Three Reasons Patients Travel to Other Countries for Medical Services

- Perception ~ A patient may judge the hospitals in a particular country to have better quality and/or a faster response to their needs.
- Affluence ~ A patient may have insurance or the financial means to cover medical care, lodging, transportation and other expenses related to traveling abroad.
- Technology ~ Current or relevant medical technology may not be available in a patient's country of origin.

Catering to Tourism

International patients require a portfolio of logistic services while traveling abroad for medical care. Hospitals must have well-trained personnel to assist with visas, hotels, transportation and translation services. They should also provide timely access to physicians during scheduling appointments and procedures. Also, travelers on vacation or business can get injured or sick, requiring emergency services. For example, the University of Miami Health System provides medical care to numerous patients in need of emergency evacuations while traveling to the Caribbean.

U.S. hospitals are well positioned to manage complex chronic medical conditions while providing excellent customer service and international departments play a critical role in coordinating concierge, medical and financial services for international patients.

Seven Aspects for Hospital Administrations to Consider When Building an International Program

Comprehensiveness. In meeting the complex medical needs of international patients, hospitals should be part of a complete health system and provide services in the full spectrum of specialties and sub-specialties. Coordination between facilities and physicians within the same organization facilitates clinical management.

Going beyond patients. To foster patient referrals, it is important to build relationships with physicians, hospitals and other healthcare organizations overseas. Collaborative efforts in education, training, research and consulting initiatives assist in improving healthcare in their countries while ensuring referral of complex cases.



Multicultural Environment. Personnel working in the international department should be multilingual and multicultural to facilitate addressing differences of language, religion and social custom between patients from regions around the world.

Pricing. Think strategically about pricing when dealing with payers; link discounts to volume and timely payments. Be reasonable to self-pay patients – payment in advance will avoid revenue cycle hassles.

Customer experience. Experience is not only about clinical outcome - international patients are looking for outstanding customer service and rank hospitals accordingly. Create “the experience” in every encounter at the hospital, with the physician and the staff. Even the city should have a welcoming setting.

“

Inbound medical tourism to the U.S. is approximately \$5 billion, or 400,000 patients annually.

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Prioritization. Make international patients an organizational priority. Hospital staff and physicians should be flexible in providing appointments, scheduling procedures and facilitating care in general.

Setting foot overseas. Explore opportunities to expand your brand and facilities overseas to take advantage of inbound and outbound medical tourism.

Globalization and its impact on migration to urban settings and modern lifestyles are shifting the focus of healthcare from infections and nutritional diseases to complex medical conditions such as cancer, trauma, diabetes and cardiovascular problems. The current economic environment is an excellent opportunity to look beyond geographical borders for growth: successful U.S. hospitals of the future will be required to be global players. ■

About the Author:

Jose Quesada, MD MBA, is the Director of Finance and Operations for UHealth International at the University of Miami Health System and School of Medicine. He received his Medical Degree from Carabobo University and a Master of Business Administration from IESA Venezuela. He has held several positions with health care providers in USA, Latin America and the Middle East. He has extensive experience in hospital operations, revenue cycle management and financial planning. He may be reached at: Jquesada3@med.miami.edu.

Australia

Privacy, Quality and Follow-Up

in the Treatment of Mental Illness

By PROFESSOR ISAAC SCHWEITZER

Although Australia is becoming ever more popular as a destination for cosmetic surgery and other medical procedures, the country's world-class mental health services are increasingly being accessed by international clients. As well as receiving referrals from all over Australia, The Melbourne Clinic receives international referrals for a variety of reasons ranging from the effectiveness of the specialty services, to its cultural understanding, as well as the patient's wish to maintain a greater degree of anonymity.

Creating a Comfortable, Secure Environment

Melbourne is a multicultural society, so we have the advantage of being used to the numerous groups already being represented at the clinic. Much of the staff at The Melbourne Clinic is of first or second generation Asian descent and can speak a wide variety of languages. We're in a fortunate position to be able to provide assistance in a culturally sensitive manner.

Aside from cultural literacy, privacy and discretion is one of many valid reasons why patients seek treatment away from their home cities or countries. In Australia, there has been greater acceptance of mental illness and individuals have been more willing to come here to seek treatment. While there has been an improvement in tolerance in the last decade, for many individuals it is still very difficult to seek treatment in their own societies and countries because of the concern that they will be discovered and not viewed in an appropriate manner. There are prominent figures as well, who prefer their illnesses not be publicly vetted and so choose to go to another country where their anonymity can be preserved.

Quality Treatment

Privacy is indeed important, but nothing is more essential than the quality of treatment. The Melbourne Clinic employs a multi-disciplinary approach with experienced specialists to ensure patient care is optimum.

With its own Intensive Care Unit and provision of truly comprehensive assessments, including neuro-imaging and the

latest in endocrine testing, the Clinic has the resources and the structure to provide exceptional support for its programs. In the eight-bed ICU there is a higher nurse-to-patient ratio, allowing more time for one-on-one care for the severely unwell patients who are at risk.

The Melbourne Clinic has a number of programs in which patients are seen by professionals and treatment is provided by team members on a one-on-one basis. Patients also have access to group programs, which are educational and supportive. We have specialists in many areas and, via the Professorial Unit, are able to provide super-specialist services. The eating disorders program, for example, is led by Dr Chia Huang, an expert in the field, and along with Dr Harry Derham they head up a multidisciplinary team of pediatricians, psychologists, social workers and occupational therapists for the treatment of what are often complex cases of severe anorexia nervosa. Where needed, we also have access to other specialist physicians including neurologists, gastroenterologists and medical physicians.

Two of the Clinic's most highly regarded programs are Mood Disorders and Psycho-Geriatrics. The Psycho-Geriatric Unit deals with all types of problems that occur in the elderly. They are a specialist unit that have added expertise in treating patients with anxiety and mood disorders in this age group. The program operates within a context of understanding the interaction between the psychological, physiological and social effects of the aging process.

The Unit consists of psycho-geriatricians, old age psychiatrists, physiotherapist and neuro-psychologists that are

able to evaluate subtle cognitive changes, such as problems with memory and thinking, early on. There is a physician of geriatric medicine, as well as general practitioners, who are available to treat co-morbid medical problems in this group. It's very ably run by its director, Dr Richard Bonwick, Chair of the College branch of Old Age Psychiatry.

The Mood Disorders program caters to both of the broad categories of Mood Disorder: Major Depression and Bipolar Disorder. Patients who have bipolar disorder suffer from depression as well but also have periods of an elevated mood state.

In some severely depressed patients, there can be risk of suicide. These patients become so demoralized that they give up and don't feel they have anything to live for and that their families would be better off without them. The greatest risk we face is that the patient may act on this and try to end their life. This could happen before they come into the hospital or even be attempted while they are an inpatient, which is why patients are assessed and closely observed for risk of self-harm and suicide. Very close monitoring and careful confidence-building are essential for the success of the Clinic's Mood Disorders program.



Very close monitoring and careful confidence-building are essential for the success of the Clinic's Mood Disorders program.



Many of the patients admitted are very unwell and their headspace is such that they cannot actually participate very much in the way of psychotherapy. By occupying patients with simple or creative activities, they can be distracted from their illnesses and work on building confidence and take part in the program more actively and with greater benefit.

Continued Support

Inpatients at The Melbourne Clinic can expect a short stay with an average length between two and three weeks, so as not to unduly interrupt their lives outside of hospital. We know that the longer they are away, the harder it is to re-enter society. On the other hand, it's unwise to let people go out too soon, as this may be a time of high risk. So, patients are well supported with outreach and day programs upon their discharge, continuing therapy. The Melbourne Clinic's treating psychiatrists ensure that they liaise with the patient's doctors in their home country to provide a smooth transition and ensure that ongoing support is available.

The Melbourne Clinic provides two streams of support and therapy after discharge. One is our outreach service, which is staffed by nurses, psychologists, social workers and occupational therapists. These experienced clinicians focus on therapeutic support to enable patients to recover, develop coping strategies and stay well. With the consent of the patient, they involve the patient's family and friends.

The outreach service is a very important source of support for patients when discharged. Initially patients are seen weekly but can be seen more frequently if deemed appropriate. Eventually the outreach support is tapered down in collaboration with the patient and psychiatrist.

Another important support service available to patients is our extensive collection of day programs. They range from diagnosis-specific therapy groups to general programs that



provide patients with skill development and the learning and practice of viable coping strategies.

The Melbourne Clinic

Established in 1978, The Melbourne Clinic is one of Healthscope's 43 private hospitals across Australia. The Clinic, in its 32nd year now, has been a very successful long-running facility and is really "the mother ship" of the 14 Healthscope Mental Health Hospitals. The establishment of the Professorial Unit was the culmination of a long relationship with public health facilities and Melbourne University.

The Melbourne Clinic is the driving force for new developments and best practice in psychiatric services not only within Healthscope, but also for private psychiatric facilities throughout Australia.

We've been fortunate to work through a very exciting time where there have been many great developments in treatment for our patients, both psychological as well as pharmacological. This has made a tremendous difference in the quality of life for our patients and for those of us at The Melbourne Clinic, it has been gratifying to see them be able to function better and return their home countries, families, work and social activities. ■

About the Author:

Professor Schweitzer is a graduate of the University of Melbourne and after his admission as a Fellow to RANZCP, he pursued further studies in London and New York. He is the Healthscope Chair of Psychiatry at the University of Melbourne and the Medical Director and Director of a Mood Disorders Unit at The Melbourne Clinic. He has been intensively involved in the investigations of the biological aspects of depressive disorder, including neuroendocrine and neuroimaging studies. He has considerable research experience in the psychopharmacology of mood and anxiety disorders and schizophrenia, and has published extensively in his fields of interest. He has been the recipient of many major research grants and currently has NHMRC funding to pursue studies in ECT. He has been on the editorial board of several journals and is a former Vice President of the World Federation of Societies of Biological Psychiatry. He may be contacted at: Healthscope Chair of Psychiatry, Department of Psychiatry, University of Melbourne & Medical Director, The Melbourne Clinic, 130 Church Street, Richmond 3121 Victoria Australia. <http://www.healthscopehospitals.com.au>.



US Health Insurance

An Interview with Jerry Turney

Medical Tourism Association: Jerry, you've been in the US health insurance industry for over 33 years, can you tell us a little about your background and history?

Turney: Wow, it is hard to believe that 33 years ago I got into the insurance business entirely by accident! I actually took an insurance industry job rather than a promotion with Procter & Gamble and moved to Detroit to be a sales manager in the Institutional Cleaning Products Division. I went to work for a wonderful gentleman named Clifford Barbanell of Barbanell Associates in San Francisco, California. He actually wanted to hire and train someone in the Taft-Hartley Labor Trust consulting business and wanted someone who knew absolutely nothing about the industry. I certainly met his low skill requirements, got the job and here I am 33 years later, still in love with the industry.

I stayed in the Labor Consulting business with Mr. Barbanell for a number of years and learned the major medical insurance, pension and Union Labor Trust business from him. I was then recruited by Blue Cross of California to be a Labor and National Accounts Group Rep in their San Francisco office and shortly thereafter moved into the San Jose office as Regional Director. That move started a long, enjoyable career in the Blue Cross-Blue Shield system and gave me the opportunity to develop a broad range of expertise spanning all lines of business and levels of sales and marketing management. During that period I managed offices in San Jose, Sacramento, Fresno, Oakland and Los Angeles. I ended my "Blue Career" in Phoenix managing sales and marketing for Blue Cross Blue Shield of Arizona and still have a warm feeling for the "Blue System."

After Blue Cross of Arizona I joined The Harden Family of Companies and its parent company, Anchor Pacific Underwriters, as Vice President of Marketing and as a member of the Board of Directors. My years with this large third-party administrator exposed me even more directly to self-insured medical programs and the ever-rising costs of medical services in the US. This was really when I started thinking that there had to be a better way to address the issues of quality care at affordable rates, however, my recognition of the role Medical Tourism could play in this crisis had to wait a few years, until the Medical Tourism Association came along. We sold The Harden Family of Companies to a private investment group and I went to work for Pan American Life Insurance Company of New Orleans, Louisiana.

It was as Sales Director at Pan American that I learned about Limited Benefit Medical Plans and their place in the ever-changing U.S. employer-employee medical insurance world. I enjoyed my time at Pan American and worked with some wonderful people like Deborah Tatro, who is now Vice President of The Manhattan Insurance Group and a brilliant innovator in the limited benefit and worksite worlds, David Lindsay of USNow, John Ferguson, developer of FlexMed Insurance, Bob Edelheit of United Group Programs and several others. We all worked with Pan American Life to push the envelope in plan design, program packaging and market development.

Since leaving Pan American Life, I have continued to work with them and other companies like USNow, AIG, American Medical Life Insurance and many others to continue the product development evolution of Limited Benefit Medical Plans and support the critical

role medical tourism can play in their consumer effectiveness. At The Consolidated Marketing Group, we are absolutely committed to Medical Tourism and ensure that every product we develop, sell or on which we do consulting work has Medical Tourism embedded in the plan design.

As I reflect on the last 30-plus years in an industry I love, my main memories are of the wonderful people with whom I worked and am thankful that I still am working with many of the same people I have known for most of these years! What an industry!

“
My years with this large third-party administrator exposed me even more directly to self-insured medical programs and the ever-rising costs of medical services in the US.”

MTA: *You were formerly with USNow: can you tell us a little about what USNow does and how they are a leader in a niche industry of health insurance plans?*

Turney: I have known David Lindsay of USNow for ten years, since my Pan American days, and was actually an employee of USNow for a period of time before joining The Consolidated Marketing Group. I continue to work closely with USNow and Pan American Life (among several others) in the development and distribution of their Limited Benefit Medical Plans and medical tourism involvement.

Last year David Lindsay and I were talking about medical tourism and the critical role it could play in the plans we were selling in our predominantly Latin marketplace. David immediately grasped the potential of medical tourism and put the program into all new business and existing USNow groups. The effect of this strategic decision has been to rocket the USNow/Pan American Plans into the forefront of the Limited Benefit Plan marketplace.

MTA: *You were at the forefront of USNow's adoption of medical tourism into its health insurance plans for all of its new employer groups that enroll, can you tell us why USNow implemented medical tourism?*

Turney: The decision to implement medical tourism had several considerations. Our largely Hispanic and Latin customers at USNow are at the entry level of the benefit world. A Limited Benefit Medical Plan does a number of things for the people who are covered. It gets them benefits for their day-to-day medical expenses, of course, but it also gets them a plastic ID card so a physician will see them, as well as access to PPO discounts so they are not forced to pay retail for their care (I wrote about this concept extensively in an article at www.worksitemagazine.com in the inaugural issue). The limited nature of the benefits payable in these plans means that any benefit of any reduction in the cost of procedures will accrue directly to the customer. The cultural aspect of medical tourism is especially attractive to our customers who often will feel more comfortable in facilities in Mexico, Panama or other non-US locations, especially considering the level of facilities participating in this program.

A final consideration for medical tourism was the market focus of Pan American Life and their position as a primarily Hispanic/Latin-focused company with offices in several Central and South American countries. It is interesting to note that this has been their focus for most of their almost 100 years in business.

MTA: *There are some people in the medical tourism industry that are skeptics and don't believe U.S. insurance companies or employers are implementing medical tourism. Coming from*

a company that is actually doing medical tourism and has implemented it, what would your response be to these skeptics?

Turney: I would say they should follow me around for a week in my consulting work or sit in with me on my many conference calls with insurance companies, insurance agents, private employers, unions and cultural affinity groups! Each of these groups has their own distinct reasons for pursuing medical tourism. For example:

- A self-insured employer responsible for the first \$50,000 in claims from each of his employees looking for an employee-friendly way to take a \$50,000 procedure and reduce the cost to \$20,000.
- A cultural affinity association looking for me to design a medical plan for their members that will encourage them to return to their homeland for quality care and to re-establish cultural ties for themselves and their families.
- A union which has 80 percent of its members are already going to Mexico for care with no ability to predict or control quality.
- An insurance company who just lost out in a competitive bidding situation on a large group because their competitor has a medical tourism plan composed of providers participating in the Medical Tourism Association.
- An insurance agent who just lost a long-time key client because someone else showed medical tourism to that client.

The list goes on and on but the one constant is that the Medical Tourism Association has pulled together all the pieces and provided the leadership that is giving medical tourism the critical mass I see working every day.

MTA: *How fast do you see medical tourism being adopted by other employers and insurance companies?*

Turney: I think you will see medical tourism plans being incorporated into the vast majority of insured and self-insured medical programs over the next three years. The real key now is for all of us involved in any aspect of this industry to support the Medical Tourism Association as we move as one body to ensure continued evolution of the concept and to promote it with the goal that the consumer use of these programs becomes as commonplace as going to a medical specialist across town.

Think of where this concept was three years ago. The association and the dedicated work of its staff and international membership moved a mostly abstract concept into the collective consciousness of medical providers, governments, employers and insurance companies while spurring the development of a number of new supporting industries, such as facilitators. Not a bad day's work and I have a feeling they are just getting started.

MTA: *Will you be attending the upcoming World Medical Tourism & Global Health Congress in Los Angeles this year at October 26-28th?*

Turney: This must be a trick question – you are kidding me, right? I love what I do and I love being around dynamic, creative and energetic people with a vision! The San Francisco convention last year was the most exciting gathering of its type that I have had the pleasure of attending and I still speak almost daily with business contacts I made there. I will be speaking again at the fall convention in Los Angeles and am already excited, I wish it were starting tomorrow!

If any readers retain anything of what we have spoken of today, I hope it is this: this is an exciting time for medical plan insurers, medical care providers, medical care consumers and medical tourism professionals and we are at the forefront of its evolution. Get involved with the Medical Tourism Association and help move this concept to the level to which it can be developed. ■



MedicalTourismCity.com

It's Your Social Network

The Internet is overflowing with an assortment of social networking sites to suit every individual's needs. From Friendster, Myspace, Facebook and Twitter, the increased usage of networking sites has been duly noted and a new form of social networking for the Medical Tourism industry has come forth in the form of MedicalTourismCity.com.

MedicalTourismCity.com is a social networking forum created by the Medical Tourism Association to connect thousands around the globe that are involved in global healthcare, medical tourism, medical travel and health tourism so that they can interact, network and share ideas and thoughts, that will all work together to grow the industry.

Launching its first network site, the Medical Tourism Association created Medical Tourism City as a global healthcare community whose users would consist of international hospitals, governments, medical tourism facilitators, ministries of health and tourism, governmental economic development entities, insurance companies, employers, consultants, health insurance agents, patients and others who participate or are interested in the industry. The role of the site is to promote and encourage communication amongst all of these different parties and elements behind medical tourism and healthcare.

"The MTA launched the social network as a way for people to find a common place to communicate and grow the medical tourism industry in a positive direction," said Renee-Marie Stephano, editor of the Medical Tourism Magazine and President of Medical Tourism Association. "Anyone, anywhere in the world can use the site freely. The most important part is that users of the medical tourism city social

network will have access to meet business people and colleagues online that otherwise they would never be able to meet," she added. "You can blog, carry on discussions, live chat and more."

Just as in the format of other popular social networking sites, MedicalTourismCity.com allows its users to create personal profiles to reflect their individual personalities to other users in their network. By becoming a member of Medical Tourism City, you can create your own group or forum, related to the industry, and write blogs and post messages. Another feature is the ability to create a list of contacts that could include international doctors, hospitals and other participants in the global medical tourism industry, all with a purpose to network or exchange information. A multimedia facet of the site is the ability to post photos and video on the site as part of a forum, group or personal profile.

Finally, the biggest feature of the site is to share information. Whether you are a hospital, facilitator, government entity or someone just interested in the industry, this site has something for everyone.

Medical Tourism City is projected to have thousands of active users from all over the globe before the end of the year. With its growth, the site is expected to expand beyond issues of medical tourism and reach out internationally to encompass global healthcare.

To get started and to learn more information about this groundbreaking site, visit www.MedicalTourismCity.com and log in and create an account today. Try out of all its features and add a photo to your profile or post a message on a forum and share the information.



Cyclical Care for Patients~ Here and Abroad

By CHRISTIN ERAZO

Patient healthcare has come full circle with World-wide Managed Care Partners and World-wide Medical Partners coming together to bring patients inbound and outbound to provide the most cost-efficient, quality care.

Seven years ago, World-wide Managed Care Partners was established to bring quality care to patients from Latin America and the Caribbean by sending them to the United States for surgical and elective procedures. Founded by Dr. Luis A. Cabrera-Haber, he noticed that there was a need for a company that could provide effective solutions at a reasonable price within the international healthcare industry.

Dr. Cabrera-Haber, a Family Practice Physician, saw an opportunity for such a company when he noticed that there were people coming to the United States from different countries looking for medical care. One of the most important factors in creating this business was cost containment.

Along with being a physician, Dr. Cabrera-Haber also had experience in the insurance industry and could see from the viewpoint of the patient, payer and provider and the challenges they face due to overpriced healthcare.

“It is our mission to employ innovative cost containment solutions in the provision of the highest quality of healthcare to the worldwide marketplace,” Dr. Cabrera said. “We are committed to lowering costs to conserve insurance expenditures,

delivering responsive patient care and providing for timely reimbursement of medical claims.”

WMCP does not believe in sacrificing care for cost. They provide quality healthcare at its highest possible value, while working with acclaimed organizations, hospitals and physicians throughout North America. Some of these acclaimed institutions that work together with WMCP include MD Anderson, John Hopkins, the Mayo Clinic and Cleveland Clinic where patients seek varied procedures, such as organ transplants, cancer treatments, cardiovascular procedures or neurosurgery.

“

WMCP prides itself in providing cost effective solutions to international healthcare.

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With its focus in Latin America and the Caribbean, WMCP works with international insurance plans and employers. Mundial Insurance, American Life and Mapfre, insurance companies with offices in Panama, Honduras, El Salvador,

Guatemala, Nicaragua and many other countries in Central America, are just some of the international insurance companies that WMCP works with in partnership.

Along with international insurance companies, WMCP also works closely with employers like TACA Airlines that service Central America and portions of South America.

“**While WMCP specializes in inbound patients, its sister company WMP focuses on outbound patients.**”

WMCP prides itself in providing cost effective solutions to international healthcare and by offering a series of options and services to further facilitate the patient. Three years ago, the company introduced concierge service, with the purpose of focusing on excellent care for patients and making sure the patient was satisfied.

Provider Selection

With the assistance of trained medical personnel, patients can select the best provider to treat their condition. With help from WMCP, patients can assess which hospital and physician is best qualified to them and determine if the hospital is accredited or if the physician is board-certified. WMCP facilitators are available to answer these questions.

Appointment Assistance

WMCP will provide appointment assistance to its VIP patients. Working together with the physician and patient, WMCP will find the most convenient time for the patient and set up medical appointments, as well include appointment reminders and contact caregivers. WMCP will follow-up with both patient and physician to guarantee quality of care.

Travel and Hotel Arrangements

Experienced travel agents will help with hotel and travel arrangements as patients prepare to travel abroad for procedures. As a VIP Patient card member, patients will receive discounts on airline tickets, hotel reservations and other travel services.

Translation and Language Services

Communication is the key and when it comes to healthcare it is vital. When traveling abroad, patients may not be able to communicate due to language barriers and may have trouble communicating ideas, questions or concerns to their doctor. WMCP ensures access to their staff to help communicate directly with the provider.

After 7 years, WMCP has expanded and has taken advantage of the partnerships and connections created in Latin America and the Caribbean. In an effort to come full circle, Worldwide Medical Partners was created to send North American patients to different Latin American countries.

While WMCP specializes in inbound patients, its sister company WMP focuses on outbound patients while still following the same model of success achieved by its predecessor.



Executive director of WMP, Dr. Ves Gitchev, explains that WMP plans to utilize all of its connections and to tap into the large network of physicians that WMCP has worked with over the years. He believes that by providing medical tourism it offers the patients more options.

“A lot of time we deal with life saving conditions. A lot of time you can’t afford them here,” Dr. Gitchev said. “Medicare and Medicaid can only cover so much. Medical tourism caters to the uninsured or underinsured.”

“**Communication is key and in when it comes to healthcare it is vital.**”

With its successful model, WMP plans to emulate the model of WMCP and help the provider and patient save money. Over the years, employers and insurance companies have had to cut coverage in order to save money, leaving patients underinsured and at times vulnerable. Gitchev has seen that adding medical tourism garners a saving of 15%-20% in health coverage over one year, which eliminates the need to cut benefits.

“We are seeing the beginning of a steady growth. In 10 years medical tourism will not be seen as a phenomenon, but as the norm,” Dr. Gitchev said.

As the industry progresses, there will be more innovative techniques and companies branching out into the growing medical tourism industry. WMCP and WMP have pioneered into Latin American regions and continue to make a name for themselves. ■

About the Author

Christin Erazo is a contributing editor of Health Tourism Magazine. A student at Florida International University, she is currently seeking a Bachelor of Science in Communication with a specialization in Journalism. Currently, she also serves as a staff writer for the Miami Herald. To reach Christin, email her at christin@medicaltourismassociation.com

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The University of Texas M. D. Anderson Cancer Center

Making Cancer History

Marking more than six decades of Making Cancer History®, The University of Texas M. D. Anderson Cancer Center is located in Houston on the campus of the Texas Medical Center. The Texas Legislature created M. D. Anderson in 1941 as a component of The University of Texas System. The institution is one of the nation's original three comprehensive cancer centers designated by the National Cancer Act of 1971.

Great Hospital, Great Physicians

M. D. Anderson is one of the largest, most-respected centers in the world devoted exclusively to cancer patient care, research, education and prevention and has been working to eliminate cancer for more than sixty years. It has ranked as one of the top two hospitals in cancer care every year since U.S. News & World Report began its annual "America's Best Hospital's survey in 1990.

M. D. Anderson physicians are frequently recognized as among the best in the nation by surveys including Best Doctors in America. M. D. Anderson focuses exclusively on cancer, physicians at the center have experience with all types of cancer resulting in patients receiving expert care regardless of their diagnosis. M. D. Anderson is world-renowned for using and developing front-line diagnostic technology, letting physicians pinpoint each patient's unique cancer and tailor therapy for the best possible outcome.

Research and Innovation

M. D. Anderson's history is filled with stories of physicians, scientists, nurses and others who observed a problem and worked to solve it. One of the center's greatest strengths is the ability to translate today's most promising laboratory findings into tomorrow's new, more effective and minimally invasive treatments. M. D. Anderson has pioneered countless medical advances over the years. Patients benefit from that quest by receiving not only the best treatments to minimize or eliminate their cancer, but those treatments that also offer the best chance at a high quality of life. New and innovative therapies generally are available at M. D. Anderson several years before they become standard in the community.

Comprehensive Care and State-of-the-Art Technology

Most of the new patients who come to M. D. Anderson are treated in one of twelve multidisciplinary care centers, which embody the team approach to cancer care that has become an M. D. Anderson trademark. The primary care center team may also refer patients to one of twelve specialty or treatment centers for consultation or treatment. Altogether patients receive the most comprehensive, personalized care possible which includes treatment delivered with the most state-of-the-art technology such as the Proton Therapy Center, BrainSUITE®, and the Da Vinci® Robotic Surgical System.

Proton Therapy Center

The future of radiation therapy for cancer is in Houston, Texas. The Proton Therapy Center at M. D. Anderson offers the most advanced form of radiation treatment available in the Southwest. Proton therapy provides M. D. Anderson radiation oncologists with a specialized weapon in their arsenal to fight cancer. Proton therapy allows for the most aggressive radiation therapy possible, while keeping the harm to healthy tissue and side effects to a minimum. Combined with M. D. Anderson's more than sixty years of expertise and pioneering research in radiation therapy, The Proton Therapy Center is the premier destination for cancer patients desiring the best treatment by the most experienced radiation oncologists.

BrainSUITE

M. D. Anderson's BrainSUITE® is the world's first-of-its-kind and is the latest advancement in image-guided surgery. The system provides real-time views of the tumor site during neurosurgery with intraoperative magnetic resonance imaging.

This allows for more precise treatment of complicated tumors in sensitive areas of the brain. The tools provided by the BrainSUITE maximize a neurosurgeon's ability to significantly decrease undesirable side-effects after surgery and a patient's need for second surgeries.



Proton therapy provides M. D. Anderson radiation oncologists with a specialized weapon in their arsenal to fight cancer.



Da Vinci® Robotic Surgical System

Minimally invasive surgery takes advantage of advances in computer imaging and robotics to provide effective surgical cancer treatment with a much smaller impact on the patient. Using tiny, tube-like cameras that look inside the body and miniaturized instruments and imaging machines that provide real-time views in the operating room, minimally invasive surgeries result in much smaller incisions and decreased recovery time. M. D. Anderson uses the Da Vinci® robotic surgery system, which has four robotic arms that perform the actual surgery, though they still require direct input from the surgeon. Candidates for robotic-assisted surgery include patients undergoing prostatectomy, hysterectomy, thoracic procedures and some general surgeries.

Patients from Around the World

Each year more than 60,000 patients turn to M. D. Anderson for diagnosis and treatment, including patients from over 90 countries around the world. Many programs and services are in place to help and support all patients, as well as their families, each step of the way.

International Center

A diagnosis of cancer is frightening, even in the best of circumstances. Those who make the difficult decision to seek medical care far from home face even more anxiety and uncertainty due to the strain of international travel as well as cultural and language differences. Breaking through these barriers, the compassionate staff at M. D. Anderson's International Center is dedicated to easing the stress of this journey with personal support to answer questions, resolve fears and concerns, and help with adjusting to life in Houston.

The International Center serves as the gateway for patients from outside the U.S., offering a wealth of programs that address the wide-ranging needs of international patients and families. To best meet the medical needs of international patients, M. D. Anderson's International Cancer Assessment Center completes cancer staging evaluations for patients who come to the institution from other countries and refers them to the appropriate disease-site center for treatment. "Recognizing that international patients face unique challenges, our goal is to remove any and all barriers for these patients so that we may provide the level of care for which M. D. Anderson is best known," says Daniel Epner, M.D., associate professor in the Department of General Oncology, who cares for international patients in the center.

Personal Attention

Upon first contacting M. D. Anderson, international patients are assigned an international representative, fluent in the patient's own language, who provides guidance on becoming a patient at M.D. Anderson, securing the initial appointment, what personal items and medical records to bring and assistance with travel, lodging and financial arrangements. Once a patient arrives, their representative helps them

become familiar with the hospital campus, learn about M. D. Anderson's unique programs, and navigate around their new community. Interpreters are available 24 hours a day to ensure that the exchange of medical information between physicians and patients and their family members is clear and precise. Additionally, M. D. Anderson has discounts negotiated with airlines, hotels and ground transportation agencies for patients and their caregivers, as well as a full service on-site travel agency.

M. D. Anderson has long welcomed international patients and their families, providing invaluable personal assistance and free services that allow patients to focus their energy on the most important thing: fighting cancer.

World Class Health Care, World Class City

The Texas Medical Center

As the largest medical center in the world, the Texas Medical Center is an internationally recognized community of healing, education and groundbreaking research. The sprawling campus is home to many of the nation's best hospitals, physicians, researchers, educational institutions and health care providers.



One of the center's greatest strengths is the ability to translate today's most promising laboratory findings into tomorrow's new, more effective and minimally invasive treatments.



All 47 of institutions of the Texas Medical Center are not-for-profit, and are dedicated to the highest standards of patient care, research, and education. These institutions include 13 renowned hospitals and two specialty institutions, two medical schools, four nursing schools, and schools of dentistry, public health, pharmacy, and virtually all health-related careers.

Surrounding the Texas Medical Center are prestigious Rice University, beautiful Hermann Park, Reliant Park Stadium and the Museum District, one of the top cultural districts in the country.

Houston, Texas

The fourth largest city in the United States is also one of the most culturally rich cities in the nation. Home to a respected and energetic cultural arts scene, celebrated restaurants featuring flavors from 35 countries, some of the best museums in the country, the brains behind United States space exploration, and the largest medical center in the world, Houston is as diverse a city as they come.

Houston is an internationally acclaimed shopping destination that includes deluxe malls with hundreds of stores, world-class European-style shopping centers, eclectic shopping districts in historic neighborhoods and bargain filled outlets. International shoppers can take advantage of tax free shopping

Houston's two airports make up the fourth largest multi-airport system in the United States. Nonstop or direct service is available to 65 international destinations. Houston is also the primary gateway to Latin America—first in the nation in the number of weekly nonstop flights to Mexico. ■

About the Author

For more information about M. D. Anderson Cancer Center, visit www.mdanderson.org.

To contact the International Center directly, call 713-745-0450 or email international@mdanderson.org.



Talking the Talk ~ Obtaining Culturally and Linguistically Competent Health Care in the United States

By NATALY KELLY

Countless patients and families come to the United States from abroad to seek medical care each year, yet few are familiar with their options for receiving access to language services – such as interpreting and translation – along with culturally sensitive care. Standards for culturally and linguistically appropriate services (CLAS) are promoted at a federal level and are widely observed within the U.S. health care system. This article introduces the range of cultural and linguistic services commonly offered within the United States that are available to international visitors seeking health care.

An Overview of Language and Cultural Requirements

With more than 300 languages spoken within its borders, the United States is one of the most linguistically diverse countries in the world. While the majority of its population speaks English, the most recent Census data reveals that roughly 18% of residents speak other languages at home [1].

Given the country's incredible diversity, the federal government has long recognized, through Title VI of the Civil Rights Act of 1964, the rights of individuals to be free of discrimination on the basis of language [2]. However, it is only in recent years that greater emphasis has been placed on the rights of patients with limited English proficiency (LEP).

The landscape of language access in the U.S. health care system changed dramatically in August 2000, when President Clinton signed Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." This

order requires all recipients of federal funding to provide "meaningful access" to services for individuals with LEP [3].

The federal Office of Minority Health (OMH) made important strides by developing national standards for culturally and linguistically appropriate services (CLAS) [4]. After the standards were published in 2000, the OMH made a series of web-based cultural competence training programs available to help nurses, physicians, and emergency responders become more familiar with the CLAS standards. While the courses were designed for U.S. clinicians, health care providers can access these programs for free, online, from anywhere in the world.

In addition to the federal support for language services, nearly every state has also passed laws requiring language services. According to research from the National Health Law Program, the State of California alone has more than 150 laws on the books related to language access. Five states – California, New Jersey, New Mexico, Maryland and Washington – also

require or strongly recommend that physicians obtain cultural competence training.

Typical Components of a Language Access Program

Because health care organizations are required to provide language services to meet the needs of diverse patient populations, they rely on a myriad of technologies and techniques. Here are some of the most common features of linguistic programs at U.S. hospitals:

- **Bilingual staff:** Health care workers need different levels of language competence, depending on their role. If clinicians have been properly tested for language proficiency, they may be able to treat patients directly in the patients' native tongue, without the need for an interpreter. Reception staff may be able to greet patients in other languages with less advanced levels of proficiency.
- **In-person interpreters:** Nearly every hospital offers interpreters who are physically present on site to assist with language needs directly in person. Often, having a person who is familiar with the patient's native culture also provides a sense of being "at home" in what can be an intimidating place.
- **Telephone interpreters:** Typically, telephone interpreting services are used when no in-person interpreters are available. However, some patients may prefer not to have another person physically in the room with them, especially for cultures where privacy and modesty are important.
- **Video interpreters:** Some hospitals also offer interpreters by using videoconferencing technology. Interpreters may be located in a remote center, or directly in the facility. This service is most commonly used for American Sign Language. Recently, some facilities have begun to offer Mexican Sign Language, as well as spoken language interpreting via video.
- **Written translation:** Many hospitals offer written translations of certain critical information, such as discharge instructions and consent forms. However, a large number of facilities address this need by having interpreters perform what is called "sight translation." In this process, the interpreter reads the document in English and renders a verbal rendition of the information in another language. This is not ideal. However, more and more facilities are recognizing the best practice of procuring written translations in advance to ensure accuracy and quality.

- **Signage:** It can be confusing to navigate a sprawling hospital campus, especially when basic words to designate place names are in another language. Some hospitals have multilingual maps available at the main entrance, while others make sure that prominent signs like "Emergency Room," "Radiology" and "Labor and Delivery" are clearly marked in multiple languages.

“**The Mayo Clinic has 23 languages covered through its staff interpreters, who work on site and accompany patients directly to their appointments.**”

- **“I Speak” cards:** Many facilities give patients pocket-sized cards that state “I speak [language]” and advises individuals of the bearer's need for an interpreter. The U.S. government has printable versions of a language identification sheet available online [5]. Immigrant and refugee support organizations also make these tools available to members of their communities. However, many organizations create branded, laminated cards that are convenient for patients to carry with them in a wallet or clip onto another identification tag.

- **Language identification tools:** Some hospitals place posters throughout the facilities to advise patients of their right to receive language services and to help providers identify which language is needed. Posters typically display only the most common languages, so some organizations have other language identification tools – such as a binder that patients can flip through until they find their language, or tri-fold cards that include dozens of languages.



In addition to these core components, many organizations are recognizing the benefits of new technologies, such as clip-on microphones that physicians can wear in order to conference in a telephone interpreter, and multilingual software programs that enable a patient to register and answer basic intake questions without the need for an interpreter.

Case in Point ~ Mayo Clinic

Renowned the world over for its quality of care, the Mayo Clinic annually treats more than half a million people at its sites in Minnesota, Florida and Arizona. Each year, approximately 8,000 patients travel from more than 150 different countries in order to receive diagnoses, second opinions and treatment from Mayo. The Rochester-based health care facility is a medical tourism veteran, with more than 100 years of experience in treating patients from around the world.

Patients from abroad – and their families – have access to a hospitality center where they can read newspapers from their home countries and obtain other services to make their stay

easier. As Jane Hughes, supervisor of the facility’s language department explains, “International patients face the logistical challenges of traveling outside of their country for medical care and Mayo Clinic makes every effort to meet these needs.”

Language support is one of the most common requests. According to Hughes, interpreters were dispatched to 66,000 outpatient and inpatient appointments in the past year alone. The top three languages are Arabic, Spanish and Somali. The Mayo Clinic has 23 languages covered through its staff interpreters, who work on site and accompany patients directly to their appointments. Because of its diverse patient population, the facility also has access to two telephone interpreting suppliers, enabling clinicians to dial up language assistance for more than 180 languages.

The qualifications of interpreters are of critical importance – it isn’t enough to just find someone who happens to speak the language of the patient. All interpreters undergo specific training to interpret in medical settings. In keeping with federal guidelines, the Mayo Clinic also discourages the use of family members, friends and minors as interpreters. Mayo Clinic draws a clear distinction between the two separate disciplines of spoken language interpreting and written translation. “Translation of key written materials are either provided by in-house translators or outsourced according to policy,” Hughes explains.

“**Because health care organizations are required to provide language services to meet the needs of diverse patient populations, they rely on a myriad of technologies and techniques.**”

Knowing how to adeptly manage all of these resources is a core component of the language access strategy at Mayo Clinic. Patient language preferences are noted during the registration process and forwarded to the department that generates the interpreters’ daily schedules. As Jane Hughes points out, “Notifications that interpreter services are provided at no charge are posted in key locations and patients are given a business-size card indicating that they need an interpreter.”

Clinicians also attend classes to learn how to properly work with interpreters and patients from diverse cultural backgrounds.



The Costs of Catering to Multilingual Patient Populations

Of course, providing language services comes at a price. A 2008 study conducted by Common Sense Advisory revealed that hospitals spend an average of \$56 USD per day for every bed that corresponds to a person with limited English proficiency. Many hospitals spend in excess of one million dollars per year on translation and interpreting services.

However, the benefits far outweigh the costs. Multiple studies show that when language access is not provided, providers conduct expensive diagnostic tests to determine problems instead of simply communicating with patients. Also, federal language access requirements are an “unfunded mandate” – meaning that hospitals do not receive funding for language services, but must provide them regardless.

Still, technology offers an array of possibilities for making language services more affordable. Already, shared networks of interpreters improve resource utilization and decrease costs. Software programs reduce the reliance on human hours to book and dispatch interpreters. Repositories of pre-translated documents enable hospitals to benefit from economies of scale.

Budgets aside, providing language access is not only a requirement in the United States. More and more, patients are coming to expect information – be it spoken or written – in their native languages. For patients who travel to the United States specifically to purchase high-quality health care services, language services are not only an amenity, but a right. ■

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American Hospitality ~ Inbound Medical Tourism at International Standards

By CAYLA LAMBIER

What do Bumrungrad, Cleveland Clinic and Galicia Heart have in common? Accreditation, high quality standards and medical tourism are in the spotlight.

Bumrungrad International in Bangkok Thailand is the largest private hospital in Southeast Asia with 200 beds and the largest international hospital in the world with 100,000 international patients annually. Opened in 1997, Bumrungrad International receives 56 percent of its revenue from international patients and ranks as the top provider of care to Americans who travel outside the U.S. for medical care.

Curtis Schroeder, group CEO of Bumrungrad, said the hospital sees about 190 different nationalities each day. “We have over 26 overseas patient coordination offices, ranging everywhere from Mongolia and Australia to Ethiopia and Kazakhstan,” Schroeder said.

“We have about nine physicians who are full-time case managers – they speak between them something like 13 or 14 languages – and they take complicated cases from overseas and come up with care plans to help the patient work their way through final diagnoses and treatment,” he added.

Aside from its International Medical Coordination department (IMCO), Bumrungrad relies on an e-mail response and contact center for all patients – international and domestic.

“It’s a round-the-clock manned business; we respond to close to a thousand international e-mails every day, seven days a week,” Schroeder said. “We have people who specialize in international insurance, and we obviously have a very large phalanx of interpreters covering virtually every modern language in the world, both on-site and available by phone.”

Bumrungrad also uses one of the most advanced computer systems in the world, which Schroeder doesn’t know “how we would do what we do without it.” The system, developed over a ten year period in Bangkok, was purchased in 2007 by Microsoft and is now known as Microsoft Amalgam.

Yes, it is safe to say that Bumrungrad International is a successful medical tourism location. In fact, it seems that the trend of outbound medical tourism to hospitals like Bumrungrad International is on the rise. According to the Deloitte Center for Health Solutions’ report “Medical Tourism: Consumers in Search of Value,” an estimated six million Americans will travel out of the U.S. for medical care.

Six million? Well, the Cleveland Clinic and other American medical tourism destinations like it just might have something to say about that number.

Destination ~ Cleveland

Founded in 1921, Cleveland Clinic has 1,800 physicians and scientists on staff and represents 120 specialties and subspecialties. U.S. News & World Report ranks Cleveland Clinic as one of the top hospitals in America and, in 2008, the clinic recorded “3.3 million total visits and more than 50,000 hospital admissions” (www.clevelandclinic.org).

The Cleveland Clinic took notice of medical tourism very early on. The Global Patient Services department was started in 1975 and dealt primarily with patients traveling from within the U.S. but now that global medical travel has grown from a rarity into an industry, Cleveland Clinic is taking on its fair share of inbound tourism.

Nora Bizri, Director of Patient Services at Cleveland Clinic’s Global Patient Services, estimated that the clinic sees about 2,600 international patients each year and works with at least 80 different nations.



Bumrungrad relies on an e-mail response and contact center for all patients – international and domestic.



“Global Patient Services encompasses both national and international patient services. We provide assistance with hotels, reservations, airport pick-ups, medical planning and general information,” Bizri said.

Bizri said Global Patient Services has 13 different language interpreters on staff who provide interpretation during medical appointments and take on the “role of social work as well – they are the only link some international patients have.”

In conjunction with its Global Patient Services department, the Cleveland Clinic strives to maintain a high level of transparency and understanding with patients.

“We have made accommodations that that we can send patients an estimate before their arrival – we don’t want them to have any surprises when it comes to operations and surgeries,” Bizri said. “We have reached out so that we can adapt and accommodate to our patients for the period of time they are here – each medical institution has its own culture, and every patient has their own culture. [Global Patient Services] acts as a buffer between patients and staff.”

Bizri said that Cleveland Clinic and Global Patient Services have gone to extreme lengths to provide a steady flow of information to patients and their family members, as well as to remain educated on cultural differences. These extreme lengths have led to “superior feedback” from international patients.

Destination ~ Kansas

While the Cleveland Clinic continues to refine and expand its involvement with the medical tourism industry, other American medical facilities are just getting started. Take Galichia Heart, for instance.

An 82-bed general acute care hospital in Wichita, Kansas, Galichia Heart opened in 2001 as a specialty heart hospital and

has grown to be more than just a cardiac center. Galichia Heart now offers all services except obstetrics and pediatrics – not to mention that those services are being offered to patients both national and international.

“It’s a growing and developing program at this point – only one or two patients a week – but certainly I think we’ll continue to grow,” Vice President of Business Development Alisa Crawford said. We are working with third-party administrators – we signed a contract with one TPA that has, I think, a million lives on it.”

Galichia Heart may not be pulling in the same numbers of medical tourists as Cleveland Clinic but they are making an effort to get their name out there in the medical tourism world.

“We’re just working to get the word out in any way that we can, working with Google, working with our website – doing the kinds of things that will get us in front of patients that would consider going overseas for a procedure,” Crawford said.

And what does Galichia Heart have to offer international patients? Aside from having high ratings at HealthGrades.com and being the recipient of the outstanding patient experience award, Galichia Heart features all-private rooms, a Culinary Institute of America trained chef, a nurse-to-patient ratio of 4-to-1 and a heart surgeon who operated on over 200 hearts last year.

In addition to above average patient amenities and highly qualified medical personnel, Galichia Heart also maintains a competitive business model.

“We’re very competitive with our pricing,” Crawford said. “We compete on fixed rates with the prices that are being charged in India, Singapore and other countries.”



We compete on fixed rates with the prices that are being charged in India, Singapore and other countries.



A competitive business model seems to be quite the focus among U.S. medical facilities that are trying to break into the medical tourism industry. Dr. Kenneth Martin, an orthopedic surgeon at Martin Bowen Hefley Orthopedics in Little Rock, Arkansas, has developed what he feels will be a successful business plan for attracting inbound medical tourism.

“We’re privately owned and we’re very efficient,” Dr. Martin said. “We can control our costs unlike some of the larger hospitals. With our efficiencies in the operating room and hospital, we can control our costs directly without having a lot of high overhead.”

This control of costs allows Martin Bowen Hefley to maintain low prices which is what medical tourism is all about, said Dr. Martin.

The 41-bed, nine-operating room facility specializes in orthopedic, spine and plastic surgery. Each room is a completely private suite, and Martin Bowen Hefley is five-star rated in both orthopedic and spine surgery.

“We provide a quality at our hospital that’s document,” Dr. Martin said. “There’s nothing else like it in Arkansas.” While Dr. Martin is yet to receive his first medical tourist, he’s searching for the best route into the industry.

“We’re going to start advertising in the near future. [Medical tourism] looks like a good market and we’d like to do it,” Dr. Martin said. “We like to reach out to other countries and have people come to Little Rock for their joint replacements and spine surgeries.”

Some Words of Wisdom

Global Surgery Network, Inc. is a medical tourism facilitator based in Alpharetta, Georgia, and is one of only seven medical tourism facilitators being certified by the Medical Tourism Association.

Founder and CEO Jack Schafer, who worked in the tourism industry for two decades before breaking into medical tourism, holds his company to very high standards.

“

All of our providers have been visited and inspected. They are all accredited and meet very demanding criteria.

”

“Without thought or concern, our client can expect all of the details of their experience to be taken care of: before, during and especially after the procedure,” he said. “To us, being able to provide “the best” is a standard that we will not sell out. Everyone wins when it’s done right.”

As expected, hospitals and medical facilities are held to equally strict standards. Global Surgery Network, Inc. currently has a network of eight medical providers whom Schafer describes as being “among the best in the world. Period.”

“All of our providers have been visited and inspected. They are all accredited and meet very demanding criteria,” Schafer said.

And the criteria?

“We certainly look to International Accreditation, such as JCI,” he said. “Beyond that, we require the review of a physician’s or surgeon’s resume – any good surgeon will be proud to show it off. Experience, more than anything else, is what we use to bring providers and surgeons into our network.”

Schafer also emphasized a need for clear dialogue on both sides of the process – international departments must be able to communicate in whatever languages they will be dealing with, in addition to their own.

Most importantly, Schafer said, hospitals and medical facilities need to focus on being just that – providers of first class medical procedures. “Stop trying to do it all. The ‘experience’ is a lot harder to manage than the procedures for those not familiar in dealing with travelers,” he said. “Facilitators do play a very important role in making the overall experience work. Either you compete with them or use them as partners.”

Bumrungrad’s Curtis Schroeder pointed out the importance of self-assessment as well. “The one thing I would say to any people interested in embracing international medical tourism is that it’s probably more complex than they’re anticipating,” Schroeder said.

One of the most common mistakes hospitals going into medical tourism make is that they assume they always have the fundamental draws for medical travel, Schroeder explained. Rather than sandy beaches and temperate weather, medical tourists are seeking quality medical procedures, easy access to them and affordable prices.

“You have to first look at your own infrastructure in your home country and make an honest self-assessment of whether people from another country would want to come, would be happy with the environment and services, and you could provide them in a cost-effective way,” Schroeder said.

Marking America as a Medical Tourism Hub

The world of medical tourism is growing quickly and while the emphasis may seem to be on Americans leaving the U.S. for cheaper medical care, it’s important to remember that medical tourism is a two-sided coin. High quality and modern technology attracts international patients to some of America’s top hospitals and medical facilities. American medical providers are placing their own stake in inbound medical tourism and are reaping the benefits – some are operating on large levels like Cleveland Clinic, while others are just hoping to see what kind of international patients they can help like Martin Bowen Hefley. Medical tourism is an encouraging market for U.S. medicine but all the same, it’s not an industry to be taken lightly.

“The message is that it is quite a complex project,” said Schroeder. “It should not be taken on by the faint of heart – it involves a significant investment in time and effort and understanding, but it can prove quite a good business model if you’re willing to put the time and effort into it.”

Those interested in getting involved in medical tourism are encouraged to make a thorough self-assessment and work to develop a competitive business plan and comprehensive international program, as found at Cleveland Clinic. Many medical facilities and entrepreneurs have recognized the business potential that inbound medical tourism represents, and are taking measures to adjust their procedures and protocols to better accommodate and attract inbound medical tourism.

In the world of medical tourism, the United States is certainly a prominent figure. ■

About the Author:

Cayla Lambier is a senior undergraduate at Washington State University, where she studies journalism and English. Her involvement with the communication industry is steadily growing and has expanded into print, radio, internet broadcast and public speaking. She is a contributing Editor to the Medical Tourism Magazine. She may be reached at Cayla@MedicalTourismAssociation.com.

PRESS RELEASES

Medical Tourism Association Releases Employer Survey from Society of Human Resource Management's 61st Annual Conference, the Largest Employer Healthcare Conference in the US

The Medical Tourism Association exhibited for the second year at the largest US employer health conference SHRM, as part of the MTA's mission to educate employers on the benefits of medical tourism and its mission to promote MTA members!

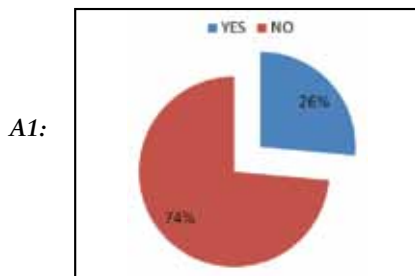
AT the 2009 SHRM Exposition MTA had the opportunity to meet HR professionals in an environment dedicated to networking and the sharing of ideas. This world class event had more than 700 exhibiting companies that featured their latest products and services for US and international employers. Attendance was estimated at around 10,000 people.

At the conference the Medical Tourism Association surveyed employers on medical tourism and international healthcare. The results of the survey are below:

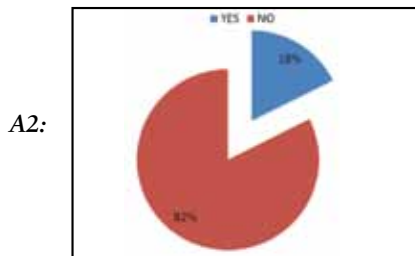
Approximately 200 employers at the conference participated in the medical tourism survey. The survey results showed that while many US employers were not aware of medical tourism, once aware they had a significant interest in learning more about medical tourism. 8% of employers surveyed were interested in offering medical tourism to their employees, while 67% said they would consider it, and only 25% did not want to offer it to their employees. The majority of employers surveyed, over 59% of those employers surveyed wanted more information on medical tourism, while only a small portion, 38% were not interested in learning more about medical tourism.

The US employer marketplace is so large that if only 8% of US employers offered medical tourism this would most likely fill up to capacity those foreign hospitals trying to attract foreign patients.

Q1: Have you ever heard of Medical Tourism (when Americans travel internationally for healthcare)?

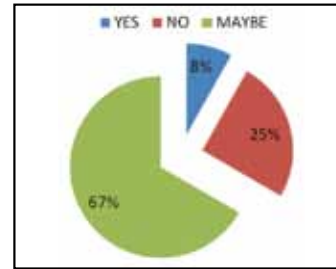


Q2: Did you know that Aetna, WellPoint Blue Cross Blue Shield & other insurance companies have implemented medical tourism for employer groups?



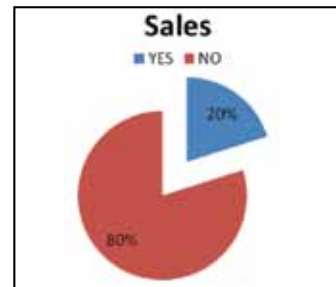
Q3: Would you be interested in offering medical tourism to your employees on a voluntary basis? Example: employees would choose whether to get care locally or internationally and save 50% to 90% while receiving equal or better quality of care than in the U.S.

A3:



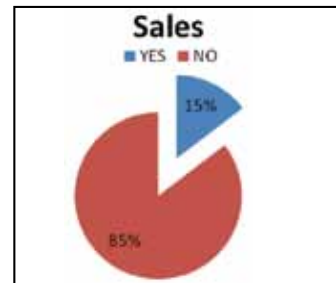
Q4: Did you know that Gallop Poll's recent survey stated 29% of Americans said they would consider traveling internationally for heart bypass surgery, hip or knee replacement, plastic surgery, cancer diagnosis and treatment, or alternative medical care?

A4:



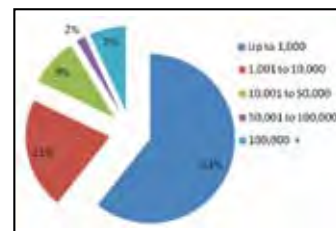
Q5: Did you know that according to the Deloitte report on Medical Tourism 51.4% of American Hispanics, 56.8% of Asian Americans, and 37% of Caucasians said they would consider going overseas for medical tourism?

A5:



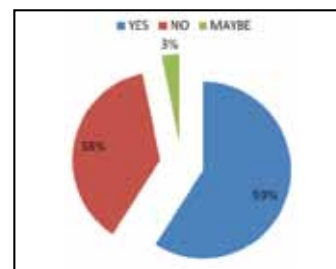
Q6: How many employees does your company have?

A6:



Q7: Are you interested in learning more about Medical Tourism?

A7:



PRESS RELEASES

Panama Workshop

The Medical Tourism Association organized a Workshop in Panama this month that took place in Hospital Punta Pacifica. There are several aspects that are worth mentioning, from the importance of the topics that were covered to Panama's vision as a top quality destination for Medical Tourists.

The workshop itself was organized with Ageless Wonders Panama as our host. Hospital and clinic visits were arranged including a dedicated day for sightseeing, a tourism day, which illustrates how beautiful the country is, giving us a clear picture of what Panama has to offer in addition to high quality healthcare – flora and fauna.

The Workshop promised to be a long, interactive day/forum, where the most important topics, questions, and concerns regarding the Medical Tourism Industry had to be covered one by one.

So the day was divided into two interesting parts, first the Medical Tourism Association, with Renee Marie Stephano that spoke all of the details of the huge opportunity that Panamanian Institutions wanted to hear about, starting from the History of the Medical Tourism Association, the Medical Tourism Magazine, Member Benefits such as visibility and branding, listing/ audio Podcast on the MTA website, Video on the Magazine website, Networking, among others, also, went thru the Membership Committees, the Background of Medical Tourism, and also very basic stuff as the definition of Medical Tourism.

Our President, René-Marie Stephano commenced the day with a background about the industry as a whole and the growing expectations for years to come. The Healthcare crisis in the US, the world crisis of Healthcare, and how countries are working to improve their medical systems was discussed thereafter. In the afternoon, the second part was presented from Alex Piper from One World Global Healthcare Solutions about marketing and branding.

On the second day, we visited the Hospital Punta Pacifica for a tour. (www.hospitalpuntapacifica.com). Punta Pacifica is a very organized Hospital that has a



Dr. Ilka De Obaldía - Ageless Wonders, Eric De Ycaza – Ageless Wonders, Alex Piper - OneWorld Global Healthcare Solutions, Michael Quiros – MTA



good quality to offer to International patients. We also visited some Clinics, Age Management Panama (www.cenegenics.com), Women's Health IVF with Dr. Camilo Alleyne (www.womanshealthandivf.com), Centro de Alergias y Asma (www.doctorzebede.com), Clinica Cohen, inside Hospital Punta Pacifica (Phone: 507-204-8585). Plus some individual high quality Clinics such as MedStetic (www.medsteticpanama.com)

On the third day, we spent an interesting tourism day thru Panama, starting at the Gamboa Hotel, touring the beautiful spots, and then to the Canal in a small boat through the gorgeous view and Flora, and the Huge space of water, trees, animals, crocodiles, monkeys... Such a peaceful ride, an enormous wilderness all around us, a totally different adventure for most people from North America, Europe, or other regions not used to seeing this type of attraction.

In the afternoon, we went to the Canal, but this time, to see it in action, were the water levels go down in the proper order to allow for the passing through. With its amazing size and presence, a lot of merchandise travels through the Canal, instead of going around America. , Panamanians are very proud of this Canal and it infuses a tremendous amount of economy into the country. That evening we enjoyed a courtesy cocktail reception at the Riande Continental Hotel, with the Hotel General Manager Miguel Franco (www.hotelesriande.com), Ageless Wonders Panama (www.agelesswonders-pma.com), WorldWide Medical Assurance (www.wmedicalassurance.com), among others interested in the Los Angeles Congress in October (26th-28).

Overall, the visit was worthy every minute of it's planning. MTA and One World Global Healthcare Solutions thanks Ageless Wonders Eric and Ilka, Hospital Punta Pacifica, the whole crew, Hotel Riande Continental and Panama, for allowing us share our cultures and receive us in such a gentle way. With concerted efforts on the part of the providers, Panama is on its way to become a top destination for Medical Tourism. ■



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This year in Los Angeles we have amazing line up of "star quality" speakers, with up to 200 expert speakers. We have expanded the pre-congress workshops so there are over 20 cutting edge unique workshops to teach you everything you need to know to succeed and grow in the medical tourism industry. This year will feature an even bigger sold out exhibit hall with over 125 exhibitors and sponsors.

We have expanded and worked on the pre-scheduled one-on-one networking meetings and are expecting up to 5,000 private one-on-one ten to fifteen minute private meetings for our attendees.

If your looking for the best medical tourism conference in the world and the only medical tourism convention than you cannot afford to miss the World Medical Tourism & Global Health Congress, October 26-28th, 2009. Whether you're a hospital, clinic of healthcare professional looking to connect with an insurance company or medical tourism facilitator or a insurance company or employer trying to find a hospital or facilitator to send patients over to you, this is the one place to accomplish what would normally take you 2-3 years in just 2 to 3 days.

I'll see you in Los Angeles in October.



Renee-Marie Stephano, Esquire
President of the Medical Tourism Association
Editor-in-Chief Medical Tourism Magazine



Up to 5,000 Pre-Scheduled Private One-on-One Networking Sessions will be arranged at the 2nd World Medical Tourism & Global Health Congress, October 25-28th, 2009 in Los Angeles with new software technology that the MTA has implemented to make scheduling your networking meetings as easy as the click of your mouse!

>> Networking Meetings

Accomplish in 3 days what would otherwise take you years to accomplish!

This year we will be implementing a special software program that will allow attendees to pick and choose who they would like to pre-schedule a meeting with. The networking software will allow attendees to set up profiles of their companies and themselves within the online website and search through the list of attendees for those companies and people they would like to meet with. Profile information that attendees can include online include attendees name, website, contact information, company information, and other pertinent information.

Detailed searches can even be done within the system such as searching for all companies within a certain country or other search criteria. Attendees for the 2nd Annual World Medical Tourism & Global Health Congress will be able to choose up to 50 companies to have pre-scheduled one on one networking meetings with over the two day conference. Attendees will have to have all networking meeting selections done prior to the conference.

When the networking meeting software deadline has expired the computer system will automatically match and schedule meetings for you according to the guidelines. If you have created a profile you will then receive an email that will let you know when your networking meetings have been scheduled. You will be able to log back into your online profile and view

your networking schedule. Your detailed schedule will include the day, time, seat, person, and company you are scheduled to meet with. Once your schedule has been automatically selected for you based on your choices you will be able to edit or make changes to your schedule if needed. You can also accept and decline your existing meetings. You can also move, and add new meetings into open slots in your networking schedule! This amazing software program allows you to maximize your time at the medical tourism conference to maximize your networking and business opportunities. If you want to have up to 25 networking meetings in one day then you can do it within this system.

Our one on one networking meetings are some of the most valuable time spent at the World Medical Tourism & Global Health Congress and with our new software system implemented this year we are so excited to offer this new and exciting program exclusively to our attendees. These meetings will be pre-scheduled and will be up to ten (10) minute meetings.

** The World Medical Tourism and Global Health Congress encourages but does not guarantee any meetings to any attendees and is not responsible for any attendees who do not show up for their networking meetings. In the spirit of the Congress, we hope everyone shows common courtesy of attending the meetings since they have requested and accepted all meetings on their agenda.*



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Seoul Wooridul Spine Hospital
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Seoul 156-800 KOREA
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5 De Mayo #525 Ote. Edificio Elizondo
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MD&T Argentina

Castex 3315 2oA
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Medical Tourism Partners, LLC

1333A North Ave, #237
New Rochelle, NY 10804
USA
Telephone: 914-819-0839
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BridgeHealth Named to Inc. 5000 List for Fourth Consecutive Year

Posted on August 16, 2018

DENVER—(BUSINESS WIRE)—BridgeHealth, the leading provider of value-based healthcare services, has again been recognized as an Inc. 5000 fastest-growing private company, making 2018 the fourth year in a row the company has earned this recognition. The company ranked #3469 this year, with a three-year sales growth of 109%.

Stadler credits BridgeHealth's success to the increasing interest of self-insured health plan sponsors to more directly control healthcare costs without limiting plan member access to quality care. In addition, he praises the BridgeHealth team for their focus on delivering a level of service far above that which is typical in the healthcare industry.

BridgeHealth delivers surgical benefit management services for self-insured plan sponsors and their plan members. It identifies top-rated hospitals and surgeons, as validated by CareChex and its Hospital Quality Rating Analysis and Physician Quality Rating Analysis scores, and brings incremental volume to these top-tier providers by bundling costs and pre-negotiating fixed case rates for procedures.

BridgeHealth has been able to lower costs for its self-insured plan sponsor customers while increasing the quality of medical care received by their plan members.

The Inc. 5000 ranks companies by overall revenue growth over a three-year period. This year's rankings were based on growth from 2014 to 2017. This

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prestigious list of the nation's most successful private companies has become the hallmark of entrepreneurial success.

About BridgeHealth

Founded in 2007, BridgeHealth (www.bridgehealth.com) is a provider of value-based healthcare services. Its bundled rates allow self-insured group health plans to improve quality and outcomes of surgery, reduce costs and positively affect the rate of unnecessary surgery. Through decision support, highest-quality providers, care coordination and other strategies, clients get real results while providing an outstanding patient experience through a facilitated process. BridgeHealth is headquartered in Denver, Colorado.

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Jared Polis: Bringing Universal Health Care to Colorado

Jared PolisGuest Commentary

February 25, 2018

Last spring I found myself on the House floor imploring my Republican colleagues not to jam through a bill that would have taken affordable health care away from 20 million Americans.

It was one of the toughest nights of all my time in Congress. For me, no one illustrated the stakes better than a young Coloradan named Kimberlin.

Kimberlin was my student a decade ago at the New America School, a public school I founded for new immigrants where I served as superintendent. She suffered from diabetes, a manageable disease with the right preventive treatments. But without health insurance, she could only get care by allowing her health to degrade to the point she had to go to the ER. Eventually she needed dialysis, and today she is on the waitlist for a kidney transplant. She is an exceptionally bright, compassionate, good-hearted young woman who has spent years battling her health when she should have been living her life and supporting her family.

It should never happen this way — not for Kimberlin, not for anyone. Health care is a human right. I believed that 10 years ago when I first ran for Congress on a platform of Medicare for All, and I believe it today. And yet, my colleagues were hell-bent on causing millions to suffer the same way that Kimberlin has.

With the absence of leadership coming from Washington, we need to think outside the box and lead the charge ourselves to bring universal health coverage to Colorado.

I'm running for governor because it's time for us to translate the core value that health care is a human right into public policy. It's not only the right thing to do, but the most cost-effective way to reform health care in the long-term.

A Regional Single-Payer Model

If I'm elected governor of Colorado, I will work with other western states to tackle our shared health care challenges. Together, we can pioneer a groundbreaking multi-state consortium to offer a universal, single-payer option out west. With states partnering in cost-sharing, development, and implementation, we can provide coverage to more people at a lower cost and better quality of care than a state implementing such a system would alone.

Western states suffer from many of the same issues plaguing Colorado, including rising health care costs and premiums that price rural citizens out of care. In fact, 20 percent of rural Coloradans lack insurance, and 11 counties don't have a hospital. A multi-state single-payer system would allow us to better analyze access to providers for rural Colorado and correct disparities of primary-care availability in these areas.

We can turn this idea into reality by working in a bipartisan way on a shared set of strong legal standards for implementing the system. By removing the moral hazards and perverse incentives to deny coverage that exists in private insurance, we can put people before politics and be a regional model for the rest of the nation. Insurance creates the most value with the largest possible risk pool, so why shouldn't all of us be in one risk pool to prevent gaming the system?

Preventive Care

Another key element of universal health care is prevention. That means not only continuing to guarantee coverage for preventive health visits, but also enabling more Coloradans to live healthy lifestyles that lead to lower long-term costs and better quality-of-life. After all, none of us set New Year's resolutions to "receive more health care." We set resolutions with the goal of achieving better health.

Preventive health begins in childhood. By ensuring children receive quality minutes of physical activity per day throughout their education, and never restricting physical activity as punishment for behavior in the classroom, we build lifelong healthy habits for our kids. Additionally, we should repeal outdated provisions in our law that prevent municipalities from raising their own tobacco tax without having to surrender revenue from the state's tobacco tax. Getting this giveaway to Big Tobacco off our books is a bipartisan goal government can aggressively pursue to bring down costs and promote longer, healthier lives.

Preventive health also includes paid leave. When we force employees to choose between keeping their paycheck or staying home to recover from an illness, we raise the risk of health complications and long-term health consequences. When we force parents to choose between holding onto their job and caring for their sick child, we harm the healthy physical and psychological development of our children. It's time to bring paid sick, family, and medical leave to Colorado.

Reproductive Health



Finally, if we are truly going to commit ourselves to universal health care, we also must take seriously the issues of reproductive care and reproductive justice. We can't very well claim to value health care as a human right at the same time that we try to criminalize abortion or leave low-income women without access to safe, affordable prenatal and infant care.

As governor, I will fight for equal pay policies and ensure that workforce protections are in place that allow women to seek the care they need when they need it. I will work alongside lawmakers and advocates to permanently fund the Long-Acting Reversible Contraception program, which has succeeded in reducing teen abortion rates by nearly two thirds. And I will use my position to center the voices of women of color in forming a task force to address the systemic barriers to reproductive health for women due to economic, racial, ability, and immigratory factors.


These proposals are only the beginning of the comprehensive approach we need to make health care truly universal. We will also have to account for the unique barriers rural communities face, as well as issues like mental health care, the cost of prescription drugs, and the opioid epidemic that is ravaging Colorado communities. I look forward to outlining my plans to tackle these challenges in these pages throughout the week.

Most of us agree that health care is a human right. But like any big idea, turning it into action will require hard work and cooperation from Coloradans from all walks of life. Let's get started.

Jared Polis is a Democratic candidate for Colorado governor and currently is the U.S. representative for Colorado's 2nd District. This editorial is the first in a series of three running this week on Polis' plans for health care in our state. His next editorial Wednesday will focus on rural health.

15 Comments

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Laurie Beckel

Right on Jared Polis!

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Lila Rosenthal

Wow I'm hearing some new and innovative ideas in this Multistate Single Payer proposal. I'm curious how you came up with this? Is this something other governors in the west are talking about? I want to sincerely thank you for putting yourself out there and being an advocate for the issues that really matter to me and so many coloradans.

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Gail Reynolds

I have long favored a single payer plan, but it seems to be a no-go for those afraid of the word "socialism." It has worked well as a method to achieve outstanding health- care results in many Western European countries so what keeps us from implementing a similar plan ? Strong, bipartisan leadership. I think we've found it in Jared Polis. His ideas are practical, reasonable, and he's willing to work on compromise to make change in the right direction happen. Gail Reynolds.

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Heidi Zippay Barnes

Really? If its so great in Europe, why does my brother, who lives in the Netherlands, and pays huge amounts of taxes, still have to pay for supplemental health insurance so he can get decent coverage? Where us our freedom if the government is telling us where we have to spend all if our money. Where are the dollar amounts gor this great plan?

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Polis Has Investments In Many Industries He Would Regulate As Governor


September 26, 2018 at 7:05 pm Filed Under: [Campaign 2018](#), [Jared Polis](#), [Local TV](#), [Walker Stapleton](#)

By [Shaun Boyd](#)

DENVER (CBS4) – Jared Polis bills himself as an entrepreneur who started his first [business](#) from a college dorm room. It was one of several tech startups that would make him a multi-millionaire before the age of 30.





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(credit: CBS)

He would use that money to run for public office . He spent \$1 million to win a seat on the Colorado Board of Education, \$6 million to win the Second Congressional District, and more than \$18 million so far in the governor's race.

His critics accuse him of buying every seat he's ever held.

"I think that's absurd. Look, the people of Colorado are better than that," Polis told CBS4's Political Specialist Shaun Boyd.



CBS4's Shaun Boyd interviews Jared Polis. (credit: CBS)

Polis says self-funding frees him from the influence of special interests, but it invites scrutiny of his own financial interests and potential conflicts of interest too.

"I'm always somebody that wants to go above and beyond on ethics."

Polis says that is why he put his assets in a blind trust when he went to Congress. But neither he nor his campaign will talk about what percentage of his overall net worth is in the trust today.

Despite promises of transparency, Polis's campaign pushed back hard on this story for several weeks and wouldn't provide documentation regarding the blind trust.

Based on analysis by the Center for Responsive Politics, as little as nine percent of Polis' assets are in the trust.

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(credit: CBS)

He claims the House Ethics Committee wouldn't allow him to put all of his assets in the trust because of certain restrictions, but his campaign also wouldn't share any communication with the committee. Polis says he'd revisit his blind trust as governor.

"We would have to discuss that obviously with our counsel and make sure it was able to do it, but of course we'd be able to put more assets in a blind trust as governor."

Not only do most of Polis' assets appear to be outside his blind trust, but he has direct control over many of his assets as well.

His 32 page financial disclosure for Congress is a sprawling list of investments in private equity funds, real estate and industries that, as governor, he would be in a position to help or hurt.

Those investments include hundreds of thousands of dollars in renewable energy companies, millions of dollars in office technology companies, and tens of millions of dollars in health care companies.

Among his health care investments is Bridgehealth, a company he helped found that advertises medical tourism, an industry that benefited from the Affordable Care Act.

Polis says he was unaware of that.



Jared Polis (credit: CBS)

"I have no operational role, so until you told me that, I wouldn't

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know it.”

He insists he is simply a passive investor in all of funds.

“I’m not in any decision-making capacity... that I’m aware of.”

But his own financial disclosure shows he is a managing member, partner, limited partner or director for 26 different limited liability companies that hold multi-million dollar funds and real estate investments. His campaign acknowledges he has managing or decision-making control in the companies where he is a managing member.

“If I’m elected governor, I’d be happy to step down from any other roles I have in any other companies because being governor is a full-time job that will represent 110 percent of my efforts every day.”

RELATED: [CBS4 Takes An In Depth Look At Walker Stapleton’s Finances](#)

Shaun Boyd is CBS4’s political specialist. She’s a veteran reporter with more than 25 years of experience. Follow her on Twitter [@cbs4shaun](#).

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A man has come forward claiming he is Christopher Abeyta, the boy who was snatched from his crib in Colorado 33 years ago.

Colorado Springs Mom Pleads Guilty To Starving Infant Son To Death

A 23-year-old Colorado woman has pleaded guilty to felony child abuse after her 6-week-old son starved to death.

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A woman dubbed the "serial squatter" for continually renting properties, living in them but not paying, has been sentenced to six years in prison.

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The skier who tried to jump the crowd at the annual Slopesoakers pond-skimming event at Copper Mountain has pleaded guilty in the case.

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