# Chapter 4 Best "Experience" Practices in Medical Tourism

Mengyu Li The University of Delaware, USA

Frederick J. DeMicco
The University of Delaware, USA

#### **ABSTRACT**

The principal objective of this paper is to demonstrate the best practices in the rising trend of H2H and Medical Tourism. The concept of "Experience Economy" expedites the merging process of hospitality and hospitals: patients are also travelers now whose needs are not merely commodity type of medical care anymore but a memorable wellbeing experience. Moreover, H2H optimizes the process of realizing excellent care, which serves as the fundamental reason for tourism industry. In the section of "Best Practices in Medical Tourism, Christiana Care Way, Starwood Five Human Truths, and H2H packages in Switzerland are selected to show how patient/guest experience can be made more interactive and less transactional. Therefore, although H2H demands the considerable collaboration from all parties involved in order to ultimately present the excellent care that customers, tourists, and patients want, H2H indeed carries tremendous opportunity for hospitals, hotels, Spa, restaurants, transportation, and more.

#### **CURRENT TREND**

With the development of technology, transportation and global economy, many tourists have begun traveling to other destinations for medical or health and wellness services. This process is called "medical tourism," also known as healthcare tourism, or wellness tourism (Medical Tourism Association). In 2007, an estimated 750,000 Americans traveled abroad for medical care with \$2.1 billion spent overseas for care (Deloitte, 2009). According to the results of an online Survey of more than 3,000 Health Care Consumers conducted by Deloitte Center for Health Solutions (2009), almost 39% said they would go abroad for an elective procedure if they could save half the cost and be assured quality was comparable. 88% said they would consider going out of their community or local areas to get care/treatment for a condition if they knew the outcomes were better and the costs were no higher there.

DOI: 10.4018/978-1-5225-3920-9.ch004

In 2008, more than 400,000 non-US residents sought medical care in the United States and spent almost \$5 billion for health services. Inbound tourists are primarily from the Middle East, South America and Canada. The most common treatments sought by inbound medical tourists included oncology (31.69%), cardiology (14.17%), and neurology (11.75%), followed by "other" specialties (Stackpole & Associates, 2010). In the research titled as Asia Medical Tourism Analysis and Forecast to 2015, Asian medical tourist number of arrivals is expected to cross the figure of 10 Million by 2015 and the market value in 2011 is expected to double by 2015; 3 countries – India, Thailand, Singapore – are expected to control more than 80% market share in 2015. Many other countries in Asia like Malaysia, Philippines, and South Korea are all keen to make traveling abroad for medical treatment a growth industry within their own economies (Renub Research, 2012).

#### MACRO ENVIRONMENT: THE EXPERIENCE ECONOMY

In the modern world, an increasing number of businesses are moving away from the traditional commodity, goods and service model but are becoming more experience-driven. B. Joseph Pine II and James H. Gilmore first introduced "The Experience Economy" in 1999. What many hospitals fail to realize is that patients are also customers, and these customers are charged for the wellbeing they get by being engaged in an experience economy (Pine, B. J., & Gilmore, J. H., 2011). The medical care institutions are expected to offer travel, lodging, spa care and even fitness classes in order to cater to their patients' needs. The goal for the process of the medical care is evolving from transactional care to a transformational experience in which customers/patients receive health benefits, not limited to medical care.

#### **GOAL OF H2H: EXCELLENT CARE**

What are the key components of a fond healthcare experience? When it comes to medical tourism, the success of medical care obviously is one crucial determinant. Unfortunately, the patients and customers will not credit the well-done treatment coming with unpleasant customer service as excellent source of care. Moreover, as one of the most distinctive icons in the service industry, Disney has provided a convincing list summarized by Dr. Lee in his book "If Disney Ran Your Hospital": initiative, teamwork, empathy, courtesy, and communication (Dr. Lee, 2004). Based on the Disney model, six major factors should be considered necessary for realization of excellent care in medical care settings. To be more illustrative, the graphic model for medical care can be created as shown in Figure 1.

Successful medical treatment serves as the primary goal of medical tourism. It is the core competency of hospitals while a hospitality team has expertise in customer care. Both teams have competitive methods to reinforce their core competence and enhance their strengths. However, the greater success in medical tourism is to align these two core competencies from both parties. Productivity and efficiency can be maximized by the alignment. Also, success in medical treatment and memorable customer care are compensating each other to deliver excellent medical tourism experience.

For example, the majority of patients will not highly praise their healthcare experiences simply because the health institution is able to deliver successful medical treatments. It is likely that there are a handful of possible other institutions that can achieve the same result. However, H2H that is composed with medical staff, hoteliers, spa staff, personal trainers, and other wellbeing facilitators can significantly differentiate

## 6 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/best-experience-practices-in-medical-tourism/191478

#### Related Content

#### Hierarchy Similarity Analyser: An Approach to Securely Share Electronic Health Records

Shalini Bhartiya, Deepti Mehrotraand Anup Girdhar (2020). *Virtual and Mobile Healthcare: Breakthroughs in Research and Practice (pp. 204-220).* 

www.irma-international.org/chapter/hierarchy-similarity-analyser/235313

#### Using Simulation to Teach Security and Encryption to Non-Technical Healthcare Professionals

Mark Gaynor, Tracy Omerand Jason S. Turner (2020). *Virtual and Mobile Healthcare: Breakthroughs in Research and Practice (pp. 1044-1064).* 

www.irma-international.org/chapter/using-simulation-to-teach-security-and-encryption-to-non-technical-healthcare-professionals/235361

### A Comparative Study of Medical Image Retrieval Using Distance, Transform, Texture, and Shape

A. Swarnambigaand Vasuki S. (2019). *Medical Image Processing for Improved Clinical Diagnosis (pp. 228-262).* 

www.irma-international.org/chapter/a-comparative-study-of-medical-image-retrieval-using-distance-transform-texture-and-shape/210926

#### HeartMath®: A University Initiative

Beth M. King, Charlotte D. Barry, Jo Ann M. Bamdas, Kimberly Bronnerand Karethy A. Edwards (2017). Healthcare Community Synergism between Patients, Practitioners, and Researchers (pp. 49-64). www.irma-international.org/chapter/heartmath/159283

Machine Learning in Healthcare: Introduction and Real-World Application Considerations

Stavros Pitoglou (2020). *Quality Assurance in the Era of Individualized Medicine (pp. 92-109).* www.irma-international.org/chapter/machine-learning-in-healthcare/241623