

Medical Tourism Industry: Its Framework and Impact on the Global Healthcare

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Summary

The global growth in the flow of patients and health professionals as well as capital funding and medical technology has given rise to the multi billion industry of medical tourism, on the global market. Experts often call it medical tourism Gold Rush, comparing the recent explosive growth and pace of medical tourism participants' emergence on the international market with California gold rush. Nations' Governments around the World express interest in cultivating sectors of medical tourism, as a source of lucrative income and an opportunity for economic growth, health system improvement. Experts of the field find big potential and forecast great perspectives in Health and Medical tourism for Georgia. However, the topic is not studied. For this purpose, firstly, scoping review of literature is conducted to overview the best practices in developing and less developed countries, to identify needs and topics to focus for the research, in Georgia. Studies mainly focus on the drivers of medical tourism, with aim to identify which push and pull factors are mostly influencing customers' decision to travel for the treatment and a choice of the destination country. It shows that, geographical proximity, shorter travel time and ease of barriers in reaching the destination, also familiarity and cultural similarity are significant determinants of the destination country. Moreover, the industry appears to be developing regional hubs that strategically cater services to potential customers in proximity and another well established trend is the reversed flow of medical tourists from developed to developing countries. Governments of all the countries being top destination and successful in medical tourism, have played key role by putting this direction on the top of their agenda, adopted strong measures and enacted policy of promoting medical tourism. Strategic elements for this goal have been: incentives, such as reducing tariffs on imports of equipment for hospitals, incentivizing international accreditation of hospitals through tax free approach, providing incentives or subsidies to attract private sector investment, encouraging cooperation in the public sector between various ministries, developing general tourism infrastructure etc. All-in-all, government's active involvement and appropriate policy are crucial to utilize resources, to develop inbound medical tourism in Georgia and to be established as a destination country in this highly profitable industry. Furthermore, for this purpose, needs assessment research should be conducted to fill gaps in knowledge and increase certainty about what needs to be done to develop medical tourism in Georgia.

Keywords: *medical tourism, drivers of medical tourism, governmental policy, knowledge gap, impact on socio-economic factors, trends and challenges.*

Introduction

The global growth in the flow of patients and health professionals as well as capital funding, medical technology has given rise to broadly defined, rapidly growing, multi billion industry of medical tourism, on the global market. Emergence of medical tourism industry and a significant new element of this trade exchange - the movement of patients across borders in the pursuit of medical treatment and health care- induced establishment of "international healthcare market", thus creating new reality in the global healthcare, capturing interest all over the world. However, the definition of medical tourism is highly debated and ill-defined across the globe. World Health Organization defines medical tourism as encompassing the travel of residents of one country into another (Kelley, 2013). While medical tourism is only a part of the wider term "Health Tourism" which encompasses wellness and spa tourism as well, growing specializations and heterogeneity in services have further expanded the lexicon into sub-domains, such as reproductive tourism, organ transplant tourism, abortion tourism (Global Journal of Health Science, Sep. 2010) etc.

However, the consumption of health care in a foreign land is not a new phenomenon and medical tourism is actually thousands of years old. Historically, starting to Sumerians which, in 4000 b. Chr. built a place for healing around a thermal spring, visited by many travelers for its healing properties and continuing with India's Yoga and Ayurveda healing techniques attracting thousands of persons looking for health improvement, or thinking to Japan people who have travelled for over 1000 years for medical purposes to the "Onsen" mineral springs, or to pilgrims travelling to Epiduria in Greece, we are speaking about medical tourism (Florenta Larisa ILE&GabrielaTigu, 2017). Moreover, early the 16th century, Europe became a destination for medical tourism, due to roman baths or spa. In the 1900, USA and Europe became medical centers of major interest, but only for rich persons who had the possibility to travel in order to take care of their health, "take the waters" in spa towns. In the Soviet era, many tourists from soviet countries visited Georgia's unique spa towns, as well, for mineral waters, mud therapy etc. During the 20th Century,

wealthy people from less developed areas of the world travelled to developed nations to access better facilities and highly trained medics.

Trends in Medical Tourism

Today, medical tourism, despite its ancient existence, became the newest phenomena, with an explosive growth, which meets equally in very developed countries as well as in the developing economies. Furthermore, the shifts that are currently observed with regard to medical tourism are quantitatively and qualitatively different from earlier forms of health-related travel. The key differences are a reversal of the flow from developed to less developed nations, more regional movements, and the emergence of an “international market” for patients (<https://www.oecd.org/els/health-systems/48723982.pdf>).

Some experts of the field compare medical tourism industry’s rapid growth and the impressive pace of new destination markets’ emergence, with California “Gold Rush” (Keith Polland, IMTJ Summit).

To illustrate, in 2010, there were thirty five destination countries exporting their healthcare services internationally, whereas in 2014 this number grew to 90 (Benefits of Medical Tourism for A Nation, Prem Jagyasi, 2013).

The reason for nations’ governments around the world having expressed interest in cultivating medical tourism sectors is, that it is framed as an opportunity, both for economic growth and health system improvement (Pocock, N. S.&Phua, K. H. Glob. Health 7(1):12, 2011).

Furthermore, it is a source of lucrative foreign revenue for the countries inducing growth of economy, an opportunity to participate in global healthcare, to have better healthcare standards, to enhance the development of technically advanced and specialized medical services, better knowledge exchange, reverse brain drain – chance to retain or bring back local healthcare professionals, political benefits, social benefits (Medical Tourism: Trends and Opportunities, Krista Wendt, 2012).

Investment into more advanced medical services in low and middle income countries can also encourage patients who would otherwise travel abroad for care to get care at home, thus retaining capital within the country. Moreover, in comparison with other branches of tourism, health tourism has more special features that significantly support the competitiveness of the sector:

- ◇ Relatively long stays (due to the treatment-based services, the amount of time spent is more than in the case of other tourism products);
- ◇ Typically patients very randomly travel alone, most frequently one attendant accompanies (thus increasing amount of expenditures);
- ◇ Higher amount of specific expenditure due to the specialized services and tools and the high labor need of health tourism (this is especially true for wellness tourism);

- ◇ Lower seasonality; the services of health tourism are usually independent of the weather;
- ◇ In tourism, there is an increasing need for individually tailored services and it could even be a major competitive advantage. From this aspect, health tourism can be an especially preferred form of tourism, thereby contributing to the higher level of satisfaction of guests (Kocziszky 2004).

However, medical tourism has its negative effects on destination countries as well. Furthermore, critics of medical tourism counter above-cited benefits with assertions, that the allocation of resources towards the provision of medical care for foreign patients can increase care costs for local patients due to increased demand, result in the development of two-tier health system and inequality between medical tourists and local citizens, incentivize the development of tertiary health services that might draw public resources away from needed primary health care, and encourage internal migration of health workers from the public to the private sector. Because medical tourism facilities are primarily urban, this process also hastens the internal migration of health care providers from rural areas into cities, thereby enhancing rural deprivation. For instance, in India, which is the world’s second destination country in medical tourism with all its impressive success rates of treatment and rapidly growing share in the industry, public hospitals’ infrastructure is in extremely poor shape, suffering from shortage of human resources, vulnerable population having very limited access to treatment (India: Impact Medical Tourism, A. S .Rutherford, 2009).

The main concerns of the public system and civil society stakeholders focused on health equity, mirrors opinions often voiced by academic critics of the medical tourism seeing risks, as an expansion of the medical tourism sector might promote a private medical sector that draws resources from the public system, including health human resources (Understanding The Impact Of Medical Tourism On Human Resources In Barbados, International Journal For Equity In Health, V.12. 2013).



Figure 1. Advantages and disadvantages of medical tourism. (Source: adapted from Bookman and Bookman).

The debates between these two positions are contested and ongoing as they draw heavily on speculation due to there being little empirical evidence available to support the claims made by either side. While there is very limited evidence concerning the impacts of medical tourism on public health and health human resources, it is difficult to ascertain whether benefits of medical tourism outweigh its negative impacts or not.

Since, there is no agreed upon definition of medical tourism, there are large variations in market size reported from different sources. Efforts to count the number of medical tourists are reliant upon who is included in the definition of “medical tourist.” These drastically different operational definitions, combined with the difficulty of obtaining data on medical tourism, means that reports on the size of the medical tourism market are only estimates. Numbers range from 60.000 to 50 million people (Lunt et al., 2011).

The low side of the range was from a study by McKinsey and Co., which excluded many portions of the medical tourism market such as outpatients, dental patients, patients returning to their country of origin for treatment or going to their parents’ or grandparents’ country of origin for treatment, people who decided to mix travel for medical care with travel for other purposes, tourists who needed urgent medical care due to an accident while traveling and patients travelling across borders to nearby countries (such as between Mexico and the U.S. or between some European countries) (Youngman, 2008).

We face same difficulty in reporting and differentiating medical tourists in Georgia. For instance, majority of the foreign patients reported to Ministry of Healthcare in 2017, were tourists in a need of an emergency care due to an accident during their trip.

While reviewing the industry, it is apparent that medical tourism consists of a wide scope of stakeholders, acknowledging mainly commercial, for-profit interests. Still, major participants of the industry are:

- ◇ Medical tourists
- ◇ Intermediaries
- ◇ Health care providers
- ◇ Events (conferences, exhibitions, trade shows etc.)
- ◇ Policies and government
- ◇ Internet and web-site advertising
- ◇ Insurance providers.

Prevailing Healthcare Services in Medical Tourism

Another topic of research and interest in the industry of medical tourism is the type of healthcare services for which customers travel and which should be developed in destination countries, to attract patients and capture its share on the market. Bookman and Bookman (2007) classify specific medical tourism services in the following categories: a) invasive - most popular continues to be dental treatment, plastic surgery as well, eye surgery, cancer treatment and joint replacement; b) diagnostic – blood screen-

ing, preventive etc. and c) lifestyle - covering a broad range such as wellness, nutrition, stress reduction, weight loss, anti-aging.

From International Medical Travel Journal 2016 survey, it is apparent that the range of treatments available overseas for prospective medical tourists are wide, including:

- ◇ Cosmetic surgery (breast, face, liposuction)
- ◇ Dentistry (cosmetic and reconstruction)
- ◇ Cardiology/cardiac surgery (by-pass, valve replacement)
- ◇ Orthopedic surgery (hip replacement, resurfacing, knee replacement, joint surgery)
- ◇ Bariatric surgery (gastric by-pass, gastric banding)
- ◇ Fertility/reproductive system (IVF, gender reassignment)
- ◇ Organ, cell and tissue transplantation (organ transplantation; stem cell)
- ◇ Eye surgery
- ◇ Diagnostics and check-ups.

A wide variety of services can be obtained through medical tourism, ranging from various essential treatments to different kinds of traditional and alternative treatments. Reproductive tourism and reproductive outsourcing are growing in popularity, which is the practice of traveling abroad to engage in surrogate pregnancy, in vitro fertilization and other assisted reproductive technology methods (Medical Tourism Climate Survey, IMTJ, 2016).

Collectively, not all of the above-cited treatments would be classed as acute and life-threatening and some are clearly more marginal to health care. As the International Medical Travel Journal’s 2016 Survey shows, the most common types of procedures that patients pursue during medical tourism trips are elective cosmetic surgery, dentistry, organ transplantation, cardiac surgery and orthopedic surgery. However, dental treatment, cosmetic and plastic surgery and health screening are the most commonly offered by the provider organizations participating in the survey.

Drivers, Push & Pull Factors

Still another (and probably most important for the countries planning to become medical tourism destination markets) important topic to focus on in medical tourism is which factors influence customers’ decision to travel abroad for a treatment and choosing a destination country. Doshi’s study of medical tourists in Malaysian private hospitals (2002) identified six key dimensions of motivation. In descending order of importance these are: value for money, reputation, medical services, and cultural similarity, distance, and travel attractions. Doshi (2002) also reported the five main reasons why medical tourists chose private hospitals in Malaysia to seek medical treatment: a clean and hygienic physical environment, modern and up-to-date medical treatment, reputable medical services, the excellent track-record of medical services, and a wide range of medical services.

In his study of medical tourists in Thailand, Jotikasthira (2010) found the following aspects to be important when identifying factors influencing the decision of prospective medical tourists with regard to their choice of destination:

1. Identifying the various aspects of the motivation of medical tourists to engage in medical tourism: a) health locus of control; b) attitudes towards the cost of healthcare provided in the tourists' countries of residence; and c) attitudes towards waiting times and administrative procedures involved with the healthcare systems in the medical tourists' countries of residence.
2. Identifying the four attributes important for respondents in evaluating alternative destinations: a) quality of care; b) savings potential; c) destination image regarding hygiene and d) destination image regarding safety and security.
3. Identifying the information search behavior of medical tourists when choosing a destination. Prospective medical tourists place more importance on destination attributes related to quality of care and the potential for savings than attributes related to tourism opportunities (Medical Tourism: Establishing A Sustainable Medical Facility, D. Darwazeh 2011).

On the other hand, "have to" and "want to" are discussed as two separate mechanisms stimulating medical tourists. The former one refers to medical travelers pursuing treatment abroad as a consequence of national inefficiency of the healthcare system (long waiting lists, high prices, lack of access or technology, legal constraints). The latter one reflects an elective decision of an individual, who, among competing providers, seeks for world's most advanced technology and better quality. Such categorization covers to some extent also the division off actors to pursue medical treatment into push and pull factors: the ones that lead patients outside their home country and the ones that attract patients to a foreign country. Those two sets of factors influence together the decision-making process (HOPE-European Hospital and Healthcare Federation, 2015).

To illustrate better cost as one of the push factors, below table shows that medical tourists from the United States can seek treatment in destination countries at a quarter or sometimes even a 10th of the cost at home.

Procedure	USA	India	Thailand	Singapore
Heart Bypass	USD 100,000	USD 7,200	USD 11,000	USD 16,500
Angioplasty	USD 160,000	USD 7,000	USD 10,000	USD 15,000
Hip Replacement	USD 43,000	USD 7,100	USD 12,000	USD 9,200
Knee Replacement	USD 40,000	USD 8,500	USD 10,000	USD 11,000

Figure 2. Prices of medical services in different countries.

K. Pollard introduced a "model of destination attractiveness". The model covers the complex set of factors that determine patient's ultimate decision where to pursue treatment abroad. It excludes technology and quality comparisons (as not contributing to being ultimate decision factors) and consists of seven key determinants.

- ◊ Geographical proximity, travel time, ease and barriers in reaching the destination. Patients are not willing to take long, indirect flights from/to deserted airports, nor are they willingly going through complicated visa procedures.
- ◊ Cultural proximity including language, religion, customs and practices. Medical tourism seems to be influenced by familiarity and cultural similarity.
- ◊ Destination image, reputation of a country and stereotypes, which are hard or even impossible to reverse. They influence patient's perception of a particular treatment facility.
- ◊ Destination infrastructure on country or treatment facility level.
- ◊ Destination environment climate, tourism attractions, facilities compose factors that make the destination more attractive to a patient.
- ◊ Risk and reward. Medical tourists need to balance treatment outcomes against potential risks, considering safety, treatment guarantee, track records of particular medical services in destination countries etc.
- ◊ Price. Not only the treatment costs count, but also travel, accommodation and insurance expenses.

KMPG, on the other hand, lists geographical proximity and cultural similarities as prime reasons, later lower costs, better technology and wider treatment options, long waiting periods, tourism and vacation as factors that incentivize patients to follow treatment abroad. McKinsey on the contrary, through conducted research, recognizes quality drivers as the major ones that influence patient's decision on destination. They cover in order of importance: advanced technology, better quality, quicker access and at the very end – costs of care.

A report commissioned by the Executive Agency for Consumers, Health and Food (CHAFEA) and published in August 2014 shed some light on "Patients' choice within the context of the Directive 2011/24/EU". The survey of citizens and doctors, in combination with the behavioral experiment, identified the key drivers of travelling to another Member State for a medical treatment. The most important drivers identified were the following:

- ◊ The cost of the treatment in the other Member State relative to the cost of the treatment domestically. Cost is found to be the strongest determinant of deciding to select a cross-border provider of healthcare in our experiment.

- ◇ The waiting time of the treatment in the target country relative to the waiting time in the home country is the second most important driver of selecting a cross-border provider of healthcare.
- ◇ Trust in the healthcare system in the target country and in particular the difference in trust in the target country healthcare system and the domestic healthcare system is the third most important driver of opting for a cross-border treatment.

Still another study by Smith & Forgione, 2007 exposes a framework that presents several medical tourism factors, the consideration of which can affect a patient's decision when choosing a medical destination and facility. These characteristics include: accreditation, advanced medical technology, skilled physicians, social responsibility, accommodation, hotel themes, foreign patient affair, affiliation with external organizations, collaboration with tourism stakeholders, and environmental responsibility. On the other hand, Dunn (2007) highlights the essential elements of creating a medical tourism destination that remains competitive in the global market; these elements are defined by the "PEST" test and include: political strength and stability, economic strength and stability, social behavior, and technological infrastructure and capability. Implementing these foundations soundly is vital to a Country's ability to establish a sustainable medical tourism facility(file:///C:/Users/User/Desktop/Travel/PhD/darwazeh_durgham.pdf).

Moreover, nineteen variables that effect medical tourism markets were explored through the research in India. The four dimensions which have been identified are:

1. Cost, quality of treatment and care:
 - ◇ Pharmacology sector
 - ◇ Facilitation and care
 - ◇ Interpreter facility
 - ◇ Dietary services
 - ◇ Infrastructure of Indian hospitals
 - ◇ Insurance coverage
 - ◇ Efficient information system
 - ◇ The cost of medical and diagnostic procedures
2. Availability of experts
 - ◇ Competence of doctors and staff
 - ◇ Clinical excellence
 - ◇ Effective Human Resource pool
3. Competitive advantage
 - ◇ Professionalism in the management of hospitals
 - ◇ Coordination between healthcare & tourism sector
 - ◇ Global competition
4. Political, legal and visa related factors
 - ◇ Medico-legal security for medical tourists
 - ◇ Visa related issues
 - ◇ Transplantation law
 - ◇ National healthcare policy
 - ◇ Marketing strategies

(Quantifying the variables affecting Indian medical tourism sector by graph theory and matrix Approach, V. Jain & P.

Ajmera, Management Science Letters 8 (2018) 225–240).

All-in-all, having reviewed literature about all these factors and drivers influencing decisions of medical tourists, we can conclude that it needs to be studied purposely for every country of destination together with its potential source countries' to identify factors attracting customers and their needs and requirements, to conduct gap analysis afterwards on a supply side and then plan how to attract patients and meet their requirements.

National Strategies

Governments of all the countries that have foreseen significant economic development potential in the emergent field of medical tourism and became top destinations and successful in this industry, have played key role by putting this direction on the top of their agenda, adopted strong measures and enacted policy of promoting medical tourism. For example, the Thai, Indian, Singaporean, Malaysian, Hungarian, Polish and Maltese governments have all sought to promote their comparative advantage as medical tourism destinations at large international trade fairs, via advertising within the overseas press, and official support for activities as part of their economic development and tourism policy (Mudur, 2004, Chee, 2007, Whittaker, 2008, Reisman, 2010).

To illustrate further, since 2003, Singapore Medicine has been a multi-agency government-industry partnership aiming to promote Singapore as a medical hub and a destination for advanced patient care. It is led by the Ministry of Health, and has the support of the Development Board (new investments and healthcare industry capabilities), International Enterprise Singapore (growth and expansion of Singapore's healthcare interests overseas), Singapore Tourism Board (branding and marketing of its healthcare services).

Moreover, India has introduced a special visa category – an M visa – to cater for the growing number of medical tourists (Chinai and Goswami, 2007) as well as allowing tax breaks to providers. Sengupta (2008) notes that medical tourism facilities allow increased rate of depreciation on life saving equipment, and also prime land at subsidized rates.

Another example is Malaysia case, where the National Committee for Promotion of Medical and Health Tourism was formed by the Ministry of Health in 1998. It developed a strategic plan and networked both domestically and overseas with relevant interests. Tax incentives were provided for buildings, equipment, training, advertising and IT, and providers were encouraged to pursue accreditation with an emphasis on quality (Chee, 2007).

Toyota (2011) suggests that the medical tourism markets of both Singapore and Dubai, alongside those of India, Thailand, and Malaysia should be considered as the first wave of Asian medical tourism. She points to the post - 2008

expansion of both the Japanese and South Korean medical tourism markets as representing a second wave, marked by increasing state involvement. Both the Japanese and Korean governments have declared publically the desire to place medical tourism at the center of plans for future economic growth (Sang-Hun, 2008, Hall, 2009, IT Times, 2009, Independent, 2010, Kester, 2011) and both have matched this commitment with a liberalization of visa laws (Sang-Hun, 2008, Toyota, 2011), making inbound medical tourism easier. However, in the Japanese case, the low numbers of trained doctors and high cost of treatment has severely constrained the growth of the medical tourism market (Hall, 2009, Toyota, 2011, p.10). Indeed, as Connell highlights, Japan has until recently been primarily thought of as a source country rather than a destination country in terms of medical tourism, with large numbers of Japanese citizens travelling abroad for healthcare (Connell, 2006, p.1096).

State involvement in the medical tourism industry is not confined to Asia. As with Asian countries, State involvement varies from country to country with a mixture of private and public facilities catering for medical tourism. In Poland, a popular destination for dental tourists and cosmetic tourists, medical tourism is facilitated through private companies, many of the clinics used are state-owned, serving Polish citizens alongside medical tourism. This reflects the Polish government's desire to capture the potential of medical tourism and marked by the creation of the Polish Medical Tourism Chamber of Commerce (Reisman, 2010, p.133) and networking with the Polish Association of Medical Tourism (PAMT). Hungary has also sought to harness the opportunities presented by EU accession and develop a medical tourism industry. While many of the clinics offering treatment to medical tourists are private, the role of the Hungarian government should not be overlooked. Terry refers to Hungary as the - dental capital of the world (2007 p.419) and only a glance at medical tourism sites reveals that a wide range of procedures are being actively marketed to tourists.

Furthermore, beyond national strategies there is a range of ways that national policy can directly foster the domestic medical tourism industry. Strategic elements of these policies have been: incentives, such as reducing tariffs on imports of equipment for hospitals, incentivizing international accreditation of hospitals through tax free approach, providing incentives or subsidies to attract private sector investment, encouraging cooperation in the public sector between various ministries, developing general tourism infrastructure etc. To illustrate, from 2009 the South Korean Government allowed hospitals to fully market health services to foreign patients; Another example is supporting trade fairs: many of which include government support (through tourism, airlines or health) – UAE, Dubai, Turkey, Cyprus, and Malta; In some cases, governments have directly supported the process by encouraging the acquisi-

tion of international accreditation by their hospitals, for example in Singapore and Dubai (UAE).

Knowledge Gaps

The scoping review process unveiled that there are major gaps in what is known about the effects of medical tourism. Most broadly, there is currently a very limited body of empirical research on the topic. In general, research from across the social and health sciences is necessary to begin to properly document and explore in depth this trade practice. Firstly, there is no reliable hard data on patient numbers, flows, treatment types and success rates. As it stands, there are conflicting estimates of patient numbers, with magnitudes of difference between them that likely stem from definitional issues of what comprises medical tourism. Success rates are reported by some facilities, but without an independent auditor or the inclusion of long-term success rates after medical tourists return to their home countries, these are of little value (Medical Tourism: an Emerging Global Industry, D. S. Sandberg, International Journal of Health management, vol.10, 2017). This contrasts sharply with the marketing reports of treatment success rates in some business briefs, reports and popular news media that have failed to acknowledge the purely speculative and self-reported nature of the numbers at this point. Research is needed that can produce reliable understandings of the scope and volume of the practice of medical tourism in a way that is comparable across facilities and countries. Legal perspectives, especially those of destination countries, are needed to help to further clarify issues of malpractice and other legal dimensions of the industry. Regulatory frameworks should ensure the safety of medical tourists, but sources that seek to realistically outline what these regulations would look like and how they would operate are absent. Meanwhile, these frameworks are necessary if the continuing expansion of the industry is to adopt safe and evenhanded approaches to organizing and delivering care.

Moreover, implications of medical tourism and issues of equity have been poorly studied and largely been ignored in the popular, legal and business literature surrounding medical tourism, with reports instead focusing on the novelty of the industry or low prices available to potential patients (Horowitz *et al.*, 2007, Lautier, 2008).

Medical Tourism Climate Globally and its Challenges

According to International Medical Travel Journal's (IMTJ) Medical Tourism Climate Survey 2016, countries providing the biggest source of medical tourists for businesses are UK, UAE, Germany, Australia and China, Russian Federation is on 9th place, whereas the leading destination countries for medical tourists are seen to be the USA, India and Germany, followed by Singapore, Thailand, Turkey and Malaysia.

Another finding of the survey is that, the biggest internal factor considered by providers and agencies to affect growth or their international patient numbers is financial constraints e.g. cost of finance, followed by the size of marketing budget and lack of marketing expertise, whereas external factors restricting growth of their business is seen to be lack of government support for medical tourism, followed by increased competition, the image of the destination country and the political situation in the country.

To continue, 80.4% of respondents (participants of medical tourism industry, medical tourism agencies and facilitators, hospitals and others) think the most significant change in medical tourism anticipated over the next five years should be the adoption of e-health and electronic patient records in medical tourism. Other changes to take the place are: medical tourists will make treatment choices based on quality rather than price; national governments will introduce regulation and licensing of medical travel agencies and facilitators; a significant increase in legal cases in which medical tourists sue healthcare providers in other countries.

As the report data show, the most significant issues facing medical tourism industry are: lack of international standards for measuring outcomes, lack of awareness of medical tourism in the source countries and lack of reliable information for medical tourists regarding quality and lack of international standard for patient records.

Still another interesting finding of this survey is that 61.2% of the respondents forecast cancer treatment to grow the most in next five years, followed by cosmetic and plastic surgery (47.6%), stem cell treatment (39.8%) and infertility treatment (35%). Furthermore, according to respondents, the most important factors for a medical tourist in choosing a healthcare facility in a particular country are the expertise and qualifications of the doctor followed by the cost of treatment, the standard of hospital or clinic accommodation and hospital or clinic accreditation. These factors ranked identically in 2014 survey as well.

Below table from the IMTJ highlights the trend and importance of providing other services for medical tourists beyond the treatment and healthcare services:

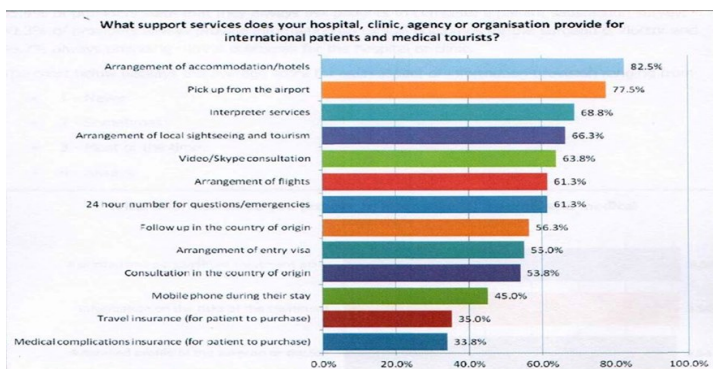


Figure 3. Services other than healthcare services provided to medical tourists

Since, the marketing and promotion of medical tourism became very important constituent of medical tourism industry for destination countries we can take a look of below table, to overview which channels of advertisement are considered best by respondents.

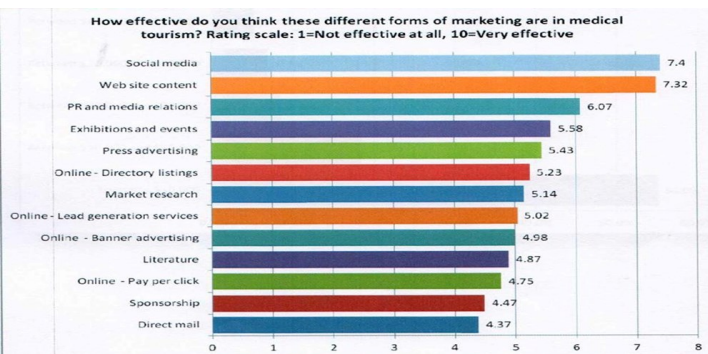


Figure 4. Channels of marketing and advertisement

Medical Tourism in Georgia

International medical tourism agencies and facilitators see the great potential for medical tourism in Georgia. After Georgia regained independence in 1991, private spending became the major source of healthcare financing. A new direction for the Country healthcare was set in 2003, aimed at liberalizing healthcare policy and boosting competitiveness through major changes including but not limited to easing regulations and letting private companies enter the market. By end-2014, private companies owned 84.3% of all hospital beds and health insurance generated US\$74.1mn in gross premiums written, or 43.2% of the total insurance market. Several tides of health reforms, backed by strong political support, fostered a competitive environment in the healthcare sector by attracting private companies. The latter made considerable investments in the sector, which, combined with the Ministry of Healthcare liberalization policy and increased government healthcare spending, create room for sustained growth in Georgia’s healthcare sector (Galt & Taggart Research, Georgia Healthcare Industry Overview, 2016).

To overview tourism sector in Georgia, tourist numbers are already close to the country’s population of 3.7mn. The total number of international visitors (tourists, transit and one-day arrivals combined) increased at a CAGR of 21.7% over 2008-17 and reached a record 7.5mn persons in 2017. With 3.5mn tourists in 2017, 2018 looks set to be another bumper year with tourist arrivals forecast to reach anew record of around 4.2mn – above Georgia’s local population (Tourism at Full Speed, Galt & Taggart 2018). Traditionally, visitors to Georgia have been more frequently from CIS countries and Turkey. However, arrivals have increased significantly from the Middle East and Iran in last years. Tourism development is one of the key areas in the four pillars of reforms that the government introduced in 2016.

These reforms target promoting high-quality sustainable tourism development and transforming Georgia into a four-season tourism destination. Furthermore, one of the aims of planned reforms is development of different types of tourism – medical as well.

Enhancing medical tourism can attract high-yielding visitors in Georgia. Medical tourism is in the development stage in Georgia. Currently opportunities lie in attracting medical travelers from low-income Asian and post-Soviet countries in niche medical areas like dentistry, cosmetic surgery, cardiology and fertility. In these directions the country is price-competitive VS other regional medical tourism destinations like Turkey and the UAE (Tourism at Full Speed, Galt & Taggart 2018). However, there is huge knowledge gap about the real potential and perspectives of the country to become destination for medical tourists given very intense competition in this industry on the international market.

First of all, better understanding of medical tourists' needs and requirements should be gained, potential source countries of medical tourists to be explored, needs assessment research to be conducted to identify why and for which medical services patients travel to Georgia. Furthermore, Georgia's neighboring country Turkey's lessons are useful for Georgia: a clear statement of objectives, sequencing of reforms, strong political support, focus on visible outcomes, and monitoring of progress toward the objectives are all key to success (Republic of Turkey, Ministry of Health). For this reason, a case study should be performed to explore Turkey's best practices and transition process in detail.

As a result of the major upgrade in its healthcare system, the number of foreigners receiving healthcare services in Turkey increased from 74.000 to 270.000 over 2008-12 a 38.2% CAGR. The attraction lies in world standard quality care, inexpensive and personalized service, short wait times, as well as the country's non-medical cultural attractions. Health tourists came predominantly from Germany, Azerbaijan, Bulgaria, Iraq, Romania, and Libya, as well as from Georgia. Turkey's Ministry of Healthcare is cooperating closely with the Ministry of Culture and Tourism to further increase the scope of health tourism. The segment was projected to generate US\$ 7bn in revenue from 0.5mn foreign patients in 2015 and US\$ 20bn from 2mn patients in 2023 (First Wealth is Health, Galt & Taggart 2016).

Conclusion:

To conclude, medical tourism industry is undoubtedly very attractive for nations. This is explained by benefits inbound medical tourism brings to destination countries; it is an important source of foreign exchange and boosts economic growth of the destination country. Medical tourism improves healthcare system, brings healthcare quality closer or equal to international standards, thus improving treatment quality for local citizens as well. However, negative

implications of medical tourism on destination country's socio-economic factors are poorly evaluated. Another field in this industry needing increased focus and research is lack of regulation framework, to reconcile medical and legal issues related to medical tourism - informed consent, liability and legislating for malpractice. The evidence base is limited to enable one to assess who benefits and who loses out at the level of system, organization and treatment.

At last, bottom line of this scoping review is that in order to become a destination country for medical tourists and capture its share on a highly competitive international market, Georgia needs mobilization of Government, very close co-operation of involved government entities and strong measures to develop properly Georgia's healthcare system, tourism sphere. Good marketing strategy is surely needed to make Georgia visible on medical tourism global radar. Furthermore, research and empirical base should be considered to fill gaps in the knowledge and to have better understanding of the challenges of medical tourism, implications on the country and to work out solutions for best results. Successfully achieving all the above-mentioned goals means that Georgia will be able to not only retain internal patients, but also to attract a significant number of health tourists, especially from nearby countries.

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