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Medical Tourism: Are Your Local Doctors Always Your Best Choice?

By **Mary Jacobs**

Patients travel from around the United States and the world to see Richard Guyer, MD, an orthopedic spine surgeon at the Texas Back Institute in Plano, TX, because he is a recognized, widely published expert in disc-replacement surgery.

But when Guyer, 66, recently needed surgery himself—a complex procedure to remove a benign tumor—he flew to Florida. Good care was available in his own hospital, but he chose a surgery center where surgeons perform the procedure, on average, 50 times a week, using advanced techniques.



Guyer's experience—both as sought-after surgeon and as traveling patient—is becoming more common. Proximity no longer determines health care. A growing number of Americans are willing to travel to other states or overseas as part of a trend called "medical tourism."

Medical tourists leave home to access the best available care or to save money or, in some cases, both. Patients Beyond Borders, an information service for consumers, estimates that 1.7 million Americans will go overseas for elective medical care in 2017. The global medical tourism market is estimated to be \$45 to \$72 billion annually, with approximately 14 million patients crossing borders worldwide, including those who travel to the United States for medical care.

Data on domestic medical tourism—traveling within the United States to another state for health services—is scarce and largely anecdotal. But, noting a growing willingness to travel for care, physicians and medical centers are adjusting their practices to attract patients, particularly for out-of-pocket elective procedures.

What Sends Patients Packing

Within the United States, medical travel typically takes patients to centers of excellence for highly complex procedures, such as the Cleveland Clinic for heart surgery, or to research hospitals offering the latest and best care, such as Memorial Sloan Kettering Cancer Center.

Older Americans are driving the trend. Josef Woodman, CEO of Patients Beyond Borders, estimates that about 85 percent of overseas medical travelers fall within the ages of 45 to 65—too young to qualify for Medicare but at an age more likely to develop complex medical conditions.

Other drivers include the relatively inexpensive cost of travel and wide disparities in care and treatment pricing at home and abroad. Also, the Internet makes it easier for patients to research options and for providers at different locations to share medical records.

Gaps in health care insurance are also a factor, especially as a growing number of patients rely on health plans with high deductibles.

"As health plans continue to become more expensive and less cost-efficient for the patient, the 'underinsured' patient can often realize cost savings on more expensive surgeries over and above their plan reimbursement," Woodman wrote in an email interview.

Featured Article Author



Freelance writer Mary Jacobs lives in Plano, TX, and covers health

and fitness, spirituality, and issues relating to older adults. She writes regularly for the *Dallas Morning News*, the *Senior Voice*, Religion News Service and other publications; her work has been honored by the Religion Communicators Council, the Associated Church Press and the American Association of Orthopaedic Surgeons. Mary's work is online at www.MaryJacobs.com.

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The Silver Century Foundation promotes a positive view of aging. The Foundation challenges entrenched and harmful stereotypes, encourages dialogue between generations, advocates planning for the second half of life, and raises awareness to educate and inspire everyone to live long, healthy, empowered lives.

Notable Quote

"It is not by muscle, speed, or physical dexterity that great things are achieved, but by reflection, force of character, and judgment; in these qualities old age is usually not poorer, but is even richer."
Cicero (106-43 BC)

A 2012 study by Woodman, published in AARP International's *Journal*, identifies three categories of medical tourists:

- Value patients, usually those 50 and older, who are uninsured or underinsured or who seek procedures that insurance doesn't cover
- Access patients, who live in areas where available health care lacks quality or where specific procedures may not be available
- Quality patients, who are willing to travel for exceptional specialty care, including cutting-edge surgeries or new therapies

Bill Ruth falls into the quality category. When the 64-year-old retired teacher and coach learned that he needed heart surgery, he called on a few physician friends for advice. They steered Ruth to the Cleveland Clinic or Baylor University Medical Center in Dallas, even though Ruth lives in Estes Park, CO. After researching his options and interviewing physicians, Ruth chose Baylor. He traveled to Dallas, where the procedure was successfully performed. Within a few days, Ruth was up and walking five miles at a time. And within a few weeks, he went to the high school in Pennsylvania, where he once taught, for his induction into the school's athlete hall of fame.

Ruth's insurance plan, through the teachers' union, covered all of his medical costs; he picked up the cost of travel for himself and for his wife.

As a triathlete who organizes health and fitness programs in his community, Ruth said he would never consider just going to the nearest provider without doing his research.

"You want the best care possible," he said. "Why shouldn't people travel to get the best medical care?"

"Some people put more research into buying a car (than medical care). But when you really care about your health and your activity level, you do what it takes to find the best care."

Typically, for necessary procedures like Ruth's, insurance will cover the treatment at most US locations, although often at out-of-network rates. (Be sure to confirm coverage with the insurance provider before any procedure.) Patients almost always pay the cost of travel.

But in some cases, medical travel is paid for by an employer. Home-improvement retailer Lowe's sends employees in need of complex, non-emergency heart surgery to the Cleveland Clinic. Lowe's, which self-insures its employees, struck deals for bundled prices with the Cleveland Clinic, allowing Lowe's to save money even after paying all medical and travel costs. By going to a center of excellence for heart surgery, patients enjoy better outcomes and fewer readmissions, which in turn helps employees return to work healthier.

Lowe's typically picks up the cost of the trip for a caregiver too and sometimes pays the deductible as an added incentive. (Employees who don't wish to travel may choose a local provider and receive normal coverage.) Other large, self-funding companies, including Walmart, Boeing and PepsiCo, have similar approaches.

Heading Overseas

Patients are traveling to Thailand for plastic surgery, Germany for cancer treatments, Costa Rica and Mexico for dental care, Turkey for eye specialists, Israel for fertility treatments, Poland for dental implants, the United Arab Emirates for bariatric surgery, to list a few.

About 70 percent of Americans who go overseas for medical care do so for elective treatments that insurance typically doesn't cover, such as dental work, cosmetic surgery, bariatrics or fertility treatments, Woodman said.

Opting for treatment abroad can be 20 to 80 percent less expensive, depending on the country and the procedure, even after the cost of travel. What's problematic, however, is judging quality of care.

Leigh Turner, PhD, associate professor at the Center for Bioethics, University of Minnesota, cautions that much of the information available online is created by providers, who have a financial stake in painting a positive picture.

"It's not so easy to spot the bad actors," Turner said. Overseas providers are "businesses that are trying to attract patients, and they are quite savvy in painting a positive picture. While the Internet gives patients more access to information, it's also creating more misinformation."

It's extremely important for medical tourists to do their homework. Patients must have a good understanding of the desired procedure and make careful assessments of the quality of the provider. Patients Beyond Borders advises contacting physicians in advance for references and to check accreditations.

"If the doctor is evasive, hurried, or frequently interrupted, or if you cannot understand his or her language, then either dig deeper or move on," Woodman writes in his book, *Patients Beyond Borders: Everybody's Guide to Getting Affordable, World-Class Healthcare* (2015).

Medical-tourism concierge services can help you locate clinics and arrange travel, but they are not regulated and do not provide medical advice. Some may steer patients toward

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clinics that pay commissions. You should get recommendations from former customers, ask how the agency is compensated and use a US-based agency if possible.

Those who use overseas hospitals have little recourse in the event of poor outcomes. Regulation and oversight can vary widely, although that may be changing. The Joint Commission International (an independent, not-for-profit accrediting organization for US hospitals and medical providers) **now accredits more than 400 hospitals worldwide**, giving patients some reassurance as to quality.

Costs of Medical Tourism

Medical travel remains an option largely for those who can afford it. With very few exceptions, you must cover your own travel costs, as well as those of any accompanying caregiver.

Medicare patients may seek care at any US provider that accepts their plan, but aside from a very few rare circumstances, Medicare doesn't pay for overseas procedures or travel costs, foreign or domestic. (Some Medicare Advantage plans might cover the cost of the trip for those who must go to a distant US facility for transplant surgery.)

Patients must also consider nondollar costs. There will be additional time spent traveling to the location and recovering there. You may need to avoid air travel, especially very long flights, for a period of time after surgery. When you are overseas, language and cultural differences can create additional stress. "Receiving care at a facility where you do not speak the language fluently might increase the chance that misunderstandings will arise about your care," warns the Centers for Disease Control and Prevention's website.

Some overseas hospitals offer hotels or resorts where patients may stay for recovery and post-op care before returning home. However, coordinating long-term follow-up and managing postsurgical complications can be problematic. Studies suggest that when patients are admitted for complications at a different hospital than where the original surgery took place, mortality rates are higher.

Guyer, the Texas surgeon, sees that as a key difference between domestic medical travel and overseas travel.

"If a patient comes here from Montana for surgery and later has problems, they can send pictures, we can consult over the phone, and they can fly back if need be," he said. "If somebody goes abroad for surgery and then has a problem, we don't like to take care of it here, because we weren't there for the surgery."

Effects of Medical Travel

Many hope that the trend toward medical tourism could drive improvements in quality and help keep costs down in the United States.

"Theoretically, it makes sense—as you expand patients' options, there's increased competition in terms of quality and price," said Steve Wojcik, vice president of public policy for the National Business Group on Health. "That benefits everybody."

When employers like Lowe's send patients to the Cleveland Clinic, for example, that takes patients away from local providers.

"In those cases, a local provider might approach a big employer and say, 'We know you're sending people out of town; here's our data, and here's what we can offer you,'" Wojcik said.

But while increased competition should reduce prices and improve quality in theory, price transparency in the United States is still spotty, especially for nonelective procedures, and price disparity is wide. A 2013 *Journal of the American Medical Association* study of domestic providers found a wide range in pricing for hip replacement surgery: as low as \$11,000 or as high as \$125,000. Also, when researchers posed as patients prepared to pay cash, more than half of the hospitals queried would not provide prices upon request.

"There's no correlation between cost and quality," said Jesse Gomez, executive vice president of sales and marketing for BridgeHealth, a Denver health consulting firm that negotiates bundled rates for self-insured employers for procedures at centers of excellence. "But fortunately for consumers, objective provider data is becoming increasingly more accessible."

Gomez notes that patients can now find **average prices for common procedures** from the Health Care Cost Institute by way of its consumer website and **hospital quality ratings** by way of websites like www.carechex.com.

But some foreign providers make it even easier. Bumrungrad International Hospital in Bangkok, a top destination for global medical tourism, publishes costs online for some 30 procedures and offers package pricing in many specialty areas.

"We can only hope for this kind of transparency to visit us sooner than later here in the US," said Woodman of Patients Beyond Borders.

The desire to attract patients is clearly changing the way some medical providers do business. The Cleveland Clinic's website offers extensive information for foreign and

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domestic travelers, plus a concierge service to assist with trip arrangements. Other centers of excellence that attract domestic medical travelers are improving the ways they integrate post-treatment and follow-up care with local providers.

Some of those providers are becoming more transparent and consumer-friendly on pricing, especially those that cater to cash patients. For example, Guyer's clinic negotiated with the Texas Health Center for Diagnostics & Surgery to offer a package price, which allows out-of-pocket patients to pay up front and avoid unexpected charges.

The option of medical tourism is also encouraging people to become more educated and more proactive in their own medical care.

"The patients who travel to see me have done their homework," Guyer said. "They know all about the procedure and they know what questions to ask."

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