

HOSPITAL PROFILE

Delhi Heart & Lung Institute is a 'Centre of Excellence' specializing in Cardio-Pulmonary services situated at the T-Junction of Panchkuian Road and Mandir Marg. This hospital came into existence in 2003 as a result of combined efforts of Dr. K. K. Sethi and Dr. G. K. Mani. This hospital adheres to the European standard as it is certified by **ISO 9001:2000** by Intertek which is European company, is **NABL** (National Accreditation Board of Laboratory) accredited and is also recently accredited with **NABH** (National Accreditation Board of Hospital). It is a **101-bedded** centrally air-conditioned hospital with **50% Intensive Care beds**. The hospital offers state-of-the-art facilities for consultation, investigation, early diagnosis and management in the fields of Interventional Cardiology, Cardiac Rhythm disorders, Cardio-Thoracic Surgery, Pulmonology, Pulmonary Surgery and Sleep Disorders.

The institute's cutting-edge core competencies are well sustained by an efficient collaboration with support services like Emergency Medicine, Biochemistry, Clinical Pathology, Blood Transfusion, Telemedicine and Facilities Management adhering to world-class modern standards, making the institute comparable with any other setup of its kind in the world.

Padamshree Dr. K. K. Sethi, Chairman and Managing Director of the institute achieved national and international status in interventional cardiology and Cardiac electrophysiology while he was a professor of Cardiology at the reputed GB Pant Hospital, New Delhi. He is a recognized teacher and a reputed researcher. Dr. Sethi has been the President of Cardiology Society of India, Patron of Indian Heart Rhythm Society Editor of Indian Heart, journal an executive member or advisor to many international Cardiac societies such as Asia pacific society of Cardiology, Heart Rhythm Society of USA and International Cardiac Pacing and Electrophysiology Society. He is one of the pioneers in India in developing angioplasty and management of Heart Rhythm disorders. He has been awarded Padamshree and B C Roy

Memorial Awards and has been recognized as a legend in Cardiology by Delhi Medical Association.

The department of Pulmonology, critical care and sleep medicine is headed by **Dr. Manoj Goel**, who was one of the first physicians to introduce the concept of non-invasive ventilation for both acute and long term home care. He was also one of the pioneers in the field of sleep medicine, especially sleep related breathing disorders. He is amongst only a few experts in India trained in interventional Pulmonology. He has vast experience in airway stenting, laser photogulation, brachytherapy, medical thoracoscopy. He was awarded National Award for research in Pulmonology interventional in year 2004.

MISSION

Delhi Heart & Lung Institute (DHLI) should emerge at the very pinnacle of tertiary health care at par with contemporary centres of excellence in the west, optimally blending human endeavour with modern technology. It should become an important national centre for research and education, and also be a proponent of preventive health care. While pursuing ethically high standards, DHLI should prioritize cost effective methods to minimize the economic burden on the patient or payer.

VISION

To provide quality healthcare at an affordable cost.

QUALITY POLICY

‘DHLI’ is committed to create a state of the art healthcare facility, delivered ethically to the community at large by highly skilled professionals.

SERVICES

1. Cardiology Services

➤ **Interventional Cardiology**

- Coronary Angioplasty and Stenting

- Renal / Carotid Angioplasty and Stenting
- Peripheral Vessel Angioplasty and Stenting
- Pulmonary Vessel Embolization
- Balloon Valvuloplasty (Mitral, Pulmonary & Aortic)
- Closure of ASD & PDA

➤ **Non-Invasive Cardiology**

- ECG
- Echo Cardiography (Including Transesophageal)
- readmill test

➤ **Cardiac & Vascular Surgery Services**

- Aortic surgery
- Congenital Heart Disease
- Thoracic Surgery
- Heart Valve Disease
- Coronary Artery Disease: CABG

2. Pulmonology

- Diagnostic polysomnography
- Therapeutic studies to prescribe Continuous Positive Airway Pressure (CPAP) products
- Multiple Sleep Latency Testing to objectively assess daytime sleepiness
- Maintenance of Wakefulness Testing to objectively determine ability to stay awake
- Ongoing patient education programs

3. Electro physiotherapy

- Basic Diagnostic EP studies
- Arrhythmia induction & Mapping

- Pace maker implantation (Single, Double & Bi-ventricular)
- ICD (Intra Cardiac Defibrilators) Implantation (Single, Double & Bi-ventricular)
- Holter Monitoring

4. Physical Therapy & Rehabilitation Services

- Manual Therapy
- Electrotherapy (TENS, IFT, Russian stimulation, SWD, Ultrasound, etc).
- Cryotherapy
- Pre and Post operative Cardio-respiratory care assessments
- Exercise Prescription for the elderly, cardiac and pulmonary patients.
- Functional rehabilitation
- Therapeutic exercise Including ROM exercises, Strengthening exercises etc
- Manipulative & Mobilization therapy
- Gait training
- Neuro developmental therapy
- Progressive Aerobic Exercise including monitored treadmill, ergocycle etc
- Non Invasive ventilation e.g CPAP.
- Respiratory exercises including PNF , Postural drainage etc
- Body composition analysis

5. Health Packages

- Pre Employment Check-up
- High Risk Cardiac Profile
- Executive Biochemistry Profile
- Executive Cardiac Health Check-up
- Executive Cardio Pulmonary Health Check-up
- Executive Screening Check-up
- Senior Citizen Health Check-up > 60 yrs

6. International Patients

- Exclusive pick-up and drop facility from the Indira Gandhi International Airport or major train stations within the capital.
- Cardiac care ambulance on call, manned by highly trained para-medical staff and accompanied by a doctor
- Interpreter services
- Foreign currency exchange.
- Accommodation for friends or relatives at the nearest quality hotels
- Specially trained catering staff designated to prepare international cuisines

DEPARTMENTS

- Cardiology – Both Invasive & Non-Invasive
- Cardio-Thoracic and Vascular Surgery
- Pulmonology - Critical Care & Sleep Medicine
- General / Laparoscopic Surgery
- Physiotherapy

SUPPORT SERVICES

- OPD Services
 - Non-Invasive Cardiac Lab
- 24 Emergency Services
 - Blood Bank
 - Pathology Lab
 - Radiology
 - Pharmacy
 - Ambulance

ANCILLARY SERVICES

- Hi-tech Mobile Coronary Care Unit (Coronary Ambulance)

- Human Resources Department
- Marketing & Corporate Relations
- Finance & Accounts
- Dietary & Catering
- Medical Records Department
- House-keeping Department
- Security

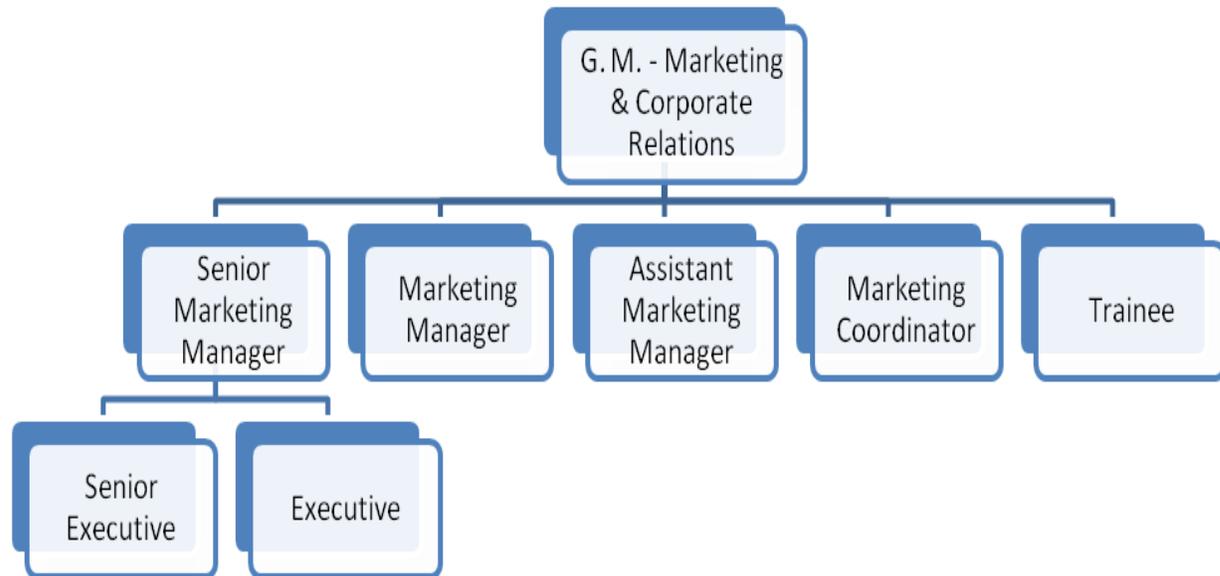
ROOM - DISTRIBUTION

- 50 ICU Beds
 - Surgical ICU 12
 - Cardiac CCU 12
 - CCU2 4
 - HDU 13
 - MICU 9
- Suit Rooms 2
- Private Rooms 9
- Semi-Private Rooms 12
- Economy 27
- Sleep Study Room 1

MARKETING & CORPORATE RELATIONS

Hospital marketing is a specialized field that deals with connecting patients, physicians, and hospitals in mutual relationships. The Marketing & Corporate Relations Department is responsible for implementation of Hospital marketing programs, including external and internal communication, patient satisfaction monitoring, and advertising. The role of the marketing department in hospital is of paramount importance. Apart from helping to create a brand image for the healthcare institution, the department acts as an interface between the doctor and the public.

DHLI MARKETING ORGANOGRAM



KEY INITIATIVES

- Market Research - Marketing team collects the data of different organizations which require health care facilities and presents them with various service offerings to suit their needs. For this purpose, mass media/event managements, seminars, scientific programs etc are attended or organized.
- Health Talks - This is in an effort to educate the public on different means of disease prevention.
- Medical Camps- This is the preparation of health talks and baseline checkups for the public and corporate clients.
 - International Medical Camp - Organized at Nigeria through an association made with the Kanu Heart foundation based in Nigeria. The camp was conducted so as to promote the hospital at an international level, improve patients' awareness about the hospital both at the local & national level and bring in the flow of medical tourism towards the hospital.
- Combined Medical Education Programs - This is the conduct of seminars for the referral physicians for keeping them updated about the latest developments in diseases, their diagnosis and treatment procedures.

- Client relationship Meetings - Setting up meetings with corporate clients to encourage communication and feedback.
- Designing of promotional material - Develop brochures and fliers with information about the hospital.
- Advertising and signage - Developing key advertisements and signage that delivers information to a wider audience.
- Preparation of newsletter - Ensure that newsletter is developed each quarter of the year.
- Website content management - The department scrutinizes information received and makes decisions on what information should run in the website while responding to queries on the same.
- Development & Printing of Product information – Hospital brochures having details of specialty-wise facilities in the hospital. Banners, pamphlets, posters, sign-boards, billboards etc. printing for hospital promotion and awareness in general and also in event of some camp/CME.

TASKS PERFORMED DURING THE PERIOD OF INTERNSHIP:

- Identifying and building new corporate tie-ups for the hospital.
 - Identifying different potential corporate through data available on internet.
 - Calling up these corporate and setting one-to-one meetings at their organization
 - Promoting available facilities of the hospital.
 - Identifying their requirements and presenting health check-up, investigations and package procedures rates best suiting these requirements.
 - Building relations with these corporate through one-to-one meetings, and organizing health talks and health camps for their employees.
- Building empanelment of hospital with various insurance companies and third party administrator organizations.
- Organizing health talk and health check-up camps for the purpose of general awareness.

- Maintaining individual agreement record of individual corporate.
- Reporting on all marketing activities and results.

REFLECTIVE LEARNING

DHLI is using Integrated Marketing Communications techniques such as:

1. Advertising

Institutional advertising:

Positives - Hospital's image is promoted along with its culture like focus on quality healthcare at an affordable cost and facilities, doctors' expertise available in its brochures, newspapers and health magazines.

Negative – Advertisement for hospital accreditation with NABH logo has not been put in any of the newspaper, banner or fliers.

Cooperative advertising:

Positives - DHLI have made tie-ups with some organizations, which sponsors the camps and CMEs organized by the hospital, and in effect both the hospital and organization gets their services and products advertised.

Negative – The hospital takes a lot of time to make decisions regarding the corporate tie-up for such an arrangement.

2. Sales promotion

Point of purchase promotion: includes displays, counter-pieces, display racks.

Positive – Display of discount on pharmacy is done outside the pharmacy counter. Regular event updates is done on digital display at the front hospital board. Prominent signboards are displayed at appropriate locations in the hospital displaying the hospital facilities, doctors days in OPD, emergency and appointment numbers.

Negative - Display of preventive health packages available is not done in OPD and reception area of the hospital. Bill-boards and banners are not displayed elsewhere than the actual hospital location which is a very important component of promotional activities required.

3. Public Relations

Press releases:

Positive - Latest developments like awards, big camps and achievement of targeted number of procedures' article/write-up is put up in newspapers so as to draw attention of prospective clients towards the hospital.

Negative – Usually a time gap comes in between the event and its press release reducing the impact of the write up.

Newsletter:

Positive - DHLI have its newsletter 'Hridya Sandesh', which is sent to some of its important referring physicians so as to make them aware of the latest developments at the hospital.

Negative – The newsletter should be sent to all the referring physicians without any discrimination to build up their confidence in the hospital. Also, a copy should be sent to concerned persons at all the corporate empanelled with the hospital.

4. Personal selling

Personal Sales:

Positive - Marketing personnel regularly goes for one-to-one meetings with the referral doctors and corporate institutions.

Direct marketing:

Positive - Fliers are printed on major event organization, e-mail and telemarketing is done for new corporate empanelment. Senior consultants' interview with direct query resolution on television is also a usual concept being seen at DHLI.

5. Branding

Positive - Delhi Heart & Lung Institute is using the branding strategy, under which it is known as "DHLI", i.e. the acronym form of brand name. The same is made visible in its logo and brochures very occasionally.

Negative – The hospital has been accredited a month ago with NABH, but its usage for DHLI promotion is still in the planning stages

6. Loyalty marketing:

It is also a major concept being used in DHLI marketing, i.e. to retain its corporate clients, the hospital offers discounts on treatment procedures and health check-up packages. Also, the corporates are offered free health camps and health talks as part of its preventive health programme to retain loyalty. Similarly, the patients coming in health check-up camps organized by the hospital are provided with discount coupons for further consultation and investigations at the hospital. Referring doctors are also provided with incentives on the basis of volume of patients being referred from them.

7. Premium pricing:

DHLI have kept its price towards the high end so as to enhance and reinforce the hospital's services quality image. People usually prefer a hospital with high prices as:

1. They believe the high price is an indication of good quality;
2. They believe it to be a sign of self worth - "They are worth it;" it authenticates the buyer's success and status; it is a signal to others that the owner is a member of an exclusive group;
3. They require the best medical/surgical treatment especially when related to heart diseases with the most comfortable facilities availability.

In the end, I would like to conclude that I have learned a lot because of DHLI being using a mix of various marketing strategies which I have tried to relate to the theoretical aspects being studied during the course; however a few shortcomings are there which can be related to subjective understandings of individuals at the hospital and also the budget requirement for these activities.

INTRODUCTION

1.1 MEDICAL TOURISM

Medical tourism refers specifically to the increasing tendency among people from developed countries to undertake medical travel in combination with visiting tourist attractions¹.

Another recent definition is made in the report Medical Tourism: a global analysis (2006), where **medical tourism** is described as any form of travel from one's normal place of residence to a destination at which medical or surgical treatments is provided or performed. The travel undertaken must involve more than one night away from the country of residence².

Goodrich & Goodrich (1987:217) defined **health-care tourism** as “the attempt on the part of a tourist facility (for example a hotel) or destination (in Baden, Switzerland) to attract tourists by deliberately promoting its health-care services and facilities, in addition to its regular tourist amenities”³.

1.2 HISTORY OF MEDICAL TOURISM

One of the first recorded instances of medical tourism dates back thousands of years to when pilgrims from the Mediterranean region traveled to a small territory in the Saronic Gulf called Epidaurus to visit the sanctuary of the healing god, Asklepios¹.

In 1970s, the first phase of modern medical travel was seen, characterized by the emergence of a private sector that thrived by servicing a small percentage of the population with the ability to buy medical care at the high end of the private medical sector.

At the end of the 1980s and early 1990s, medical travel began its development into its present form when the Cuban Government starting promoting medical tourism as an industry, targeting countries such as Argentina, Chile, Mexico and Venezuela as its main

markets. In this way, Cuba was the first country to systematically make a wide range of affordable medical services available to international patients, while at the same time demonstrating that the medical tourism industry could turn a significant profit.

In the last decade, the medical travel movement has accelerated sharply. The present phase of modern medical travel is characterized by an industry approach whereby underinsured consumers from industrialized countries seek first-class quality at developing country prices, a trend commonly referred to as medical outsourcing. At the same time, the medical travel industry is increasingly grounded in tourism.

Although exact statistics are not available, it is generally estimated that the present medical tourism market is estimated to be in the range of US\$ 403-604 billion with an annual growth rate of 20 per cent. The International Trade Commission in Geneva says medical tourism could grow into a US\$ 188 billion global business by 2013⁴.

1.3 DRIVERS FOR MEDICAL TOURISM⁵

- Advanced medical/healthcare that is not available in one's own country (in the less developed countries)
- Long waiting lists in the hospitals in one's own country
- Availability of affordable & quality health care organizations
- Opportunity to combine vacation with wellness
- Great reputation of Indian doctors and the high success rates compared to other countries
- Diversity of tourist destinations in India
- Availing services that are illegal in one's own country, e.g. abortion, euthanasia. For instance, euthanasia for non-citizens is provided by Dignitas in Switzerland.

1.4 CATEGORY OF MEDICAL TRAVELERS¹

The **first group** includes patients from developed countries who do not have, or have inadequate health insurance coverage. Many of these individuals come from Europe, Australia and Japan, with the majority coming from the United States.

The **second group** includes individuals, also primarily from developed countries such as the United Kingdom and Canada, who face long waiting lists for non-elective surgery and other critical procedures. In the United Kingdom, many individuals choose to pay for medical treatment abroad to avoid long waiting lists even though the national health care system, although overstretched, ensures free treatment to all its citizens.

The **third group** includes individuals looking for affordable cosmetic procedures. Many of these individuals come from Europe, Australia and Japan, with a significant number again coming from the United States.

The **fourth and final group** of medical travelers includes individuals seeking quality assured, often specialized, care that is unavailable or in short supply in their own countries. A significant number comes from the Middle East. An agency in Saudi Arabia estimated that every year, more than 500,000 people from the Middle East travel seeking medical treatment for everything from open heart surgery to infertility treatments.

Of interesting note is the report of Nigerians spending an estimated \$1 billion a year on health care outside of their country⁶. Whereas ten years ago, most of this money was spent in Europe and America, it is now increasingly directed to developing countries with advanced facilities at reasonable prices.

1.5 RISKS

Medical tourism carries some risks that locally-provided medical care does not. Some countries, such as India, Malaysia, or Thailand have very different infectious disease-related epidemiology to Europe and North America. Exposure to diseases without having built up natural immunity can be a hazard for weakened individuals, specifically with respect to gastrointestinal diseases (e.g. Hepatitis A, amoebic dysentery, paratyphoid) which could weaken progress, mosquito-transmitted diseases, influenza, and tuberculosis.

The quality of post-operative care can also vary dramatically, depending on the hospital and country, and may be different from US or European standards. Also, traveling long distances soon after surgery can increase the risk of complications.

Differences in healthcare provider standards around the world have been recognised by the World Health Organization, and in 2004 it launched the World Alliance for Patient Safety. This body assists hospitals and government around the world in setting patient safety policy and practices that can become particularly relevant when providing medical tourism services⁷.

1.6 LEGAL ISSUES

Receiving medical care abroad may subject medical tourists to unfamiliar legal issues. The limited nature of litigation in various countries is one reason for the lower cost of care overseas. While some countries currently presenting themselves as attractive medical tourism destinations provide some form of legal remedies for medical malpractice, these legal avenues may be unappealing to the medical tourist. Should problems arise, patients might not be covered by adequate personal insurance or might be unable to seek compensation via malpractice lawsuits. Hospitals and/or doctors in some countries may be unable to pay the financial damages awarded by a court to a patient who has sued them, owing to the hospital and/or the doctor not possessing appropriate insurance cover and/or medical indemnity⁷.

1.7 ETHICAL ISSUES

There can be major ethical issues around medical tourism. For example, the illegal purchase of organs and tissues for transplantation had been alleged in countries such as India and China prior to 2007⁷.

Medical tourism may raise broader ethical issues for the countries in which it is promoted. For example in India, some argue that a "policy of 'medical tourism for the classes and health missions for the masses' will lead to a deepening of the inequities" already embedded in the health care system.

1.8 GENERAL OBJECTIVE:

To study the various **factors affecting medical tourism inflow** in context of various corporate / private hospitals of Delhi/ NCR.

1.9 SPECIFIC OBJECTIVES:

1. To understand the concept of medical tourism
2. To identify the major regions and specialty-wise distribution of international patients.
3. To identify attributes which influence number of international foot-falls. (Through questionnaire – what will attract patient to the hospital again – easy travel, convenience, language, etc.)
4. To develop the process for international patients' visit to Delhi Heart & Lung Institute.

1.10 NEED OF THE STUDY

As more and more patients are coming from Middle East, Europe, United States of America and other affluent countries and looking for quality healthcare & cost effective options; India is becoming a favorable destination despite the presence of Thailand, Singapore and some other Asian countries. This is especially in view of the high quality expertise of medical professionals, backed up by the fast advancing technology, nursing facilities, and above all, the cost-effectiveness of the treatment packages available in India.

The hospital required a primary study by collecting data from the market scenario to be undertaken so as to use the data to develop an effective marketing strategy focusing on the major regions of medical tourists and the service attributes primarily related with the International patients requirements at the Indian corporate hospitals. The hospital is prospective to start the medical tourism business, promote its facility at an International level and make it renowned internationally.

LITERATURE REVIEW

In **CII Report (2007)**, it was reported that India with advanced medical services paired with exotic natural bounties has become a heaven for medical tourists. The Medical Tourism Industry in India is poised to be the next big success story after software. The Confederation of Indian Industry (CII) and McKinsey have predicted that the industry will grow to earn additional revenue of \$2.3 billion by 2012. 'Medical Tourism' can contribute Rs. 50 to 100 bn additional revenue for upmarket tertiary hospitals by 2012, and will account for 3-5 percent of the total healthcare delivery market, says the Confederation of Indian Industry (CII)-McKinsey study on healthcare.

The Indian medical tourism industry, growing at an annual rate of 30 percent, caters to patients chiefly from the US, Europe, West Asia and Africa. Although in its nascent stage, the industry is outsmarting similar industries of other countries such as Greece, South Africa, Jordan, Malaysia, Philippines and Singapore. In 2004, 1,50,000 medical tourists visited India.

A study on medical tourism was done by **Kaur et al. (2007)**, which focused at the emergence of the medical tourism as a booming industry and the key management aspects that will help India establish India as a Health Care Destination.

As per the study, World Tourism Indicators suggest that in 2002, number of International tourists reached the 700 million mark with arrivals to Asia and the Pacific 18.7%. Europe saw highest number of tourists. At that time, India did not figure in the top 10 international tourist destinations because India's share in Asia & Pacific region stands at a mere 1.8%. The study described the major advantages (U.S.P) of India in the field of medical tourism as the quality and huge range of medical services available in India, large pool of medical personnel availability, and majorly the price advantage being available at Indian facilities, no waiting time, tourism attraction and no waiting time for treatment at Indian facilities.

Tang et al. (2007) in his book⁹ had described the various initiatives being undertaken by Indian government as well as its private hospitals for promoting medical tourism in India. Healthcare centers are establishing world-class infrastructure like setting up comprehensive diagnostic centers, imaging centers and world-class blood banks, special desks to handle international patients. Some hospitals are also tying up with travel / tour operators and are establishing international collaborations to offer healthcare tourism as a single service package. Many hospitals are projecting themselves as specialty centers, cost-effective-customer oriented and quality-focused facilities, increasingly going on for International accreditation. Also, the concept of telemedicine is being promoted by Indian corporates while providing healthcare services.

Similarly, government have also taken up major initiatives such as setting up a National Accreditation Board for Hospitals, under the Quality Council of India for accreditation of hospitals and introduction of a new category of visa - “Medical Visa”, given for specific purpose of medical treatment to foreign tourists coming to India. The Ministry of Communications and Information Technology, Government of India has developed a framework for IT Infrastructure for Healthcare (ITIHC).

Hazarika (2008) in his study have described various challenges and threats that are needed to be addressed for expanding medical tourism in India such as inequitable health systems, shortage of skilled health professionals, quality of care and accreditation issues, unregulated growth of private organizations and rising cost of medical care. The study concluded that these threats can be catered through bringing harmonization of regulations within the country, reducing gaps in quality of care between private and government sectors, increasing health insurance coverage, and also the study had recommended a tracking system to be developed so as to have a record of the information on the origin, expenditures and the characteristics of tourists coming to India¹⁰.

A study published in **Renub Research (2009)** described that the Asia medical tourism industry has been growing with a double digit CAGR and expected to reach US\$ 8.5 Billion by 2013. Thailand and India vie with each other for the medical tourism crown. Thailand's prices are a bit higher on average than India's, with the main advantages being a better overall tourist experience and more bundling of services. In 2008 Thailand has treated the highest number of international patients compared to any other Asian countries. But its market share of Asia medical tourist arrivals and medical tourism market is declining year on year, which is a matter of concern.

India advantages are that it is the cheapest of any of the world medical tourism destinations, while being the equal of the other major destinations in terms of quality of staff, equipment and healthcare procedures. With many brand new state of the art hospitals and western trained doctors it is easy to see why it is a leader in medical tourism. In 2008 India market shares in Asia medical tourist arrivals was 18.7 percent and it is expected to rise further to nearly 25 percent by 2013.

Rohtagi Soumya (2009) in her thesis classified the medical tourism industry in India into the hospitals providing alternative therapy services such as yoga, naturopathy, Ayurveda, unani and homeopathic medicine; and competent private hospitals providing corporate health care services with high technology equipments and state-of-the art facilities. The study was conducted through various questionnaires and face to face interviews from the foreign patients directly and the doctors of few top hospitals in Delhi.

The study concluded that the clinical outcomes at Indian facilities are at par with the world's best centers having internationally qualified & experienced Doctors. Costs of the medical procedures in India are approximately 1/5th to 1/10th of costs in the west. The most prominent markets for Indian Medical tourism are USA, UK, UAE, Bangladesh, Nepal, Sri-Lanka, Maldives and Mauritius. Agencies specializing in international medical travel (known as health travel planners or medical concierge agencies) are a growing part of the medical

travel industry and work with hospitals, clinics, physicians, surgeons, airlines, hotels and recovery retreats abroad to offer patients the best quality at the most affordable rates. Many of the visitors combine their treatments with a visit to the 'Exotic east' or 'Serene South'. Also, word-of-mouth is the most common method to be aware of the best hospitals, surgeons and treatments across the country. Now internet is also pacing up its spread as more and more people are becoming comfortable using computers.

METHODOLOGY

3.1 Study Setting:

All the corporate/private hospitals in Delhi/NCR receiving International patients and participating in the project.

- **Study Design:** A cross-sectional study was undertaken collecting the data from patients at a particular point of time.
- **Research method:** Quantitative method was used.
- **Sample Size:** A convenient sample of 100 patients is taken for an equal representation from all the hospitals taking part in the study. Each hospital being providing 10-12 questionnaires.
- **Sampling Technique:** A convenience sampling study of the International patients coming for treatment at various corporate/private hospitals in Delhi/NCR are included in the study.
- **Inclusion criteria:** International patients opted for medical tourism and having filled the complete questionnaire.
- **Exclusion criteria:** National patients and incomplete questionnaires.

3.2 Data Collection:

- A questionnaire was developed for feedback and other information required from International patients.
- Secondary data from internet about the profiles of various hospitals.

3.3 Instrumentation:

- A questionnaire was used which was prepared considering the various factors related to medical tourism.

- Structured questionnaire was developed.
- It comprised of 11 closed-ended questions and one open-ended question.
- Each question had a varying marking scale.
- It took approximately 7-10 minutes to fill the questionnaire.

3.4 Data Analysis: Data is analyzed using excel software.

Analysis is done on patients based on:

- Age-group and sex distribution
- Regional distribution
- Specialty-wise distribution
- Reasons for flowing to India and choosing a particular hospital
- Preference of attributes for a hospital selection
- Requirements of International patients

3.5 LIMITATIONS OF THE STUDY:

- 1) The study represents only the data from patients having filled the questionnaire, which is an inadequate sample size as compared to the entire volume of international patients visiting India for treatment. Hence, the results of the study cannot be generalized for the entire population of medical tourists.
- 2) The study did not focused into the detail regarding the specific home countries of International patients such as the Middle East, Europe and African countries. Going into the detail would have provided a better presentation of their home country, culture and specific areas where marketing efforts could be put in by the hospital.

- 3) Since no detailed study has been done on Indian Medical Tourism in context of various hospitals, collecting secondary data to validate the questionnaire used for the study was unavailable.
- 4) Hospitals were reluctant in providing their data owing to the relative nature of this study with respect to various hospitals, which made the study type convenience sampling rather than the ideal random sampling type.

3.6 HOSPITALS VISITED for Data collection

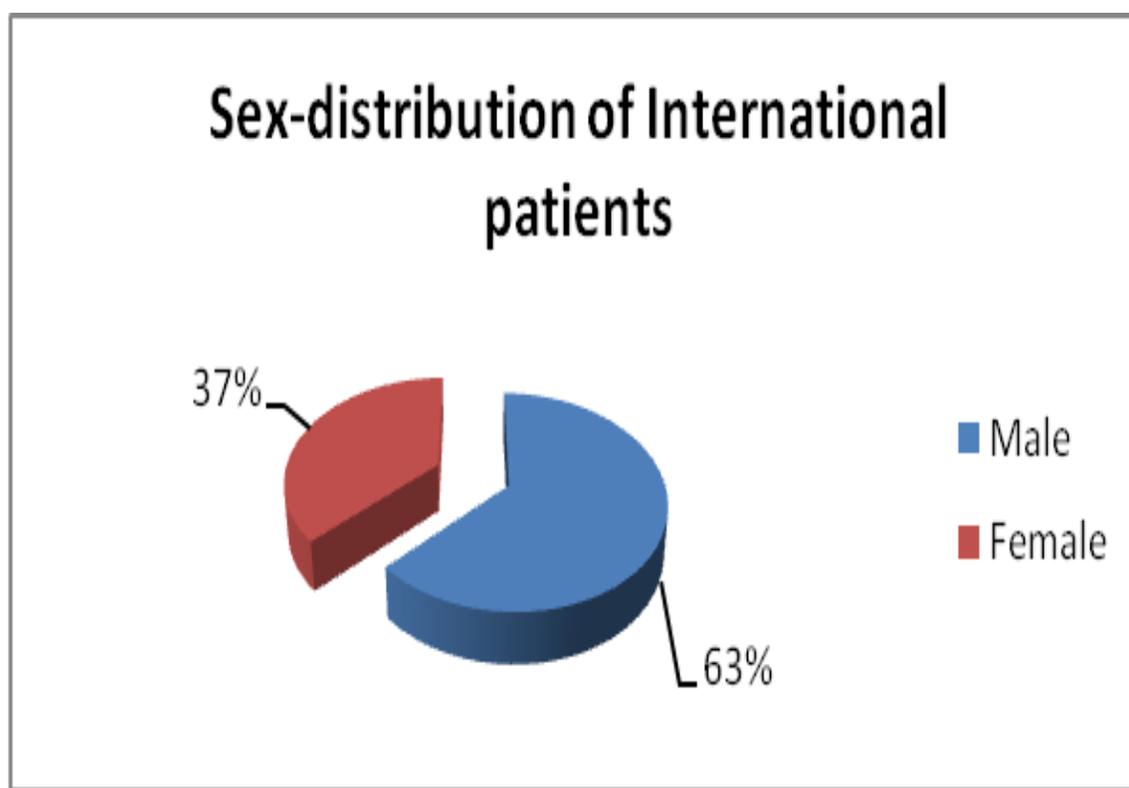
1. Indraprastha Apollo
2. Medanta – The Medicity
3. Artemis Health Institute (AHI)
4. Max Super Speciality Hospital
5. Pushpanjali Crosslay Hospital
6. Alchemist Hospital
7. National Heart Institute
8. Paras Hospital
9. Center for Sight

RESULTS AND FINDINGS

TABLE 4.1: Sex distribution of International patients

SEX	%AGE OF INTERNATIONAL PATIENTS
Male	63%
Female	37%

FIGURE 4.1: Sex distribution of International patients

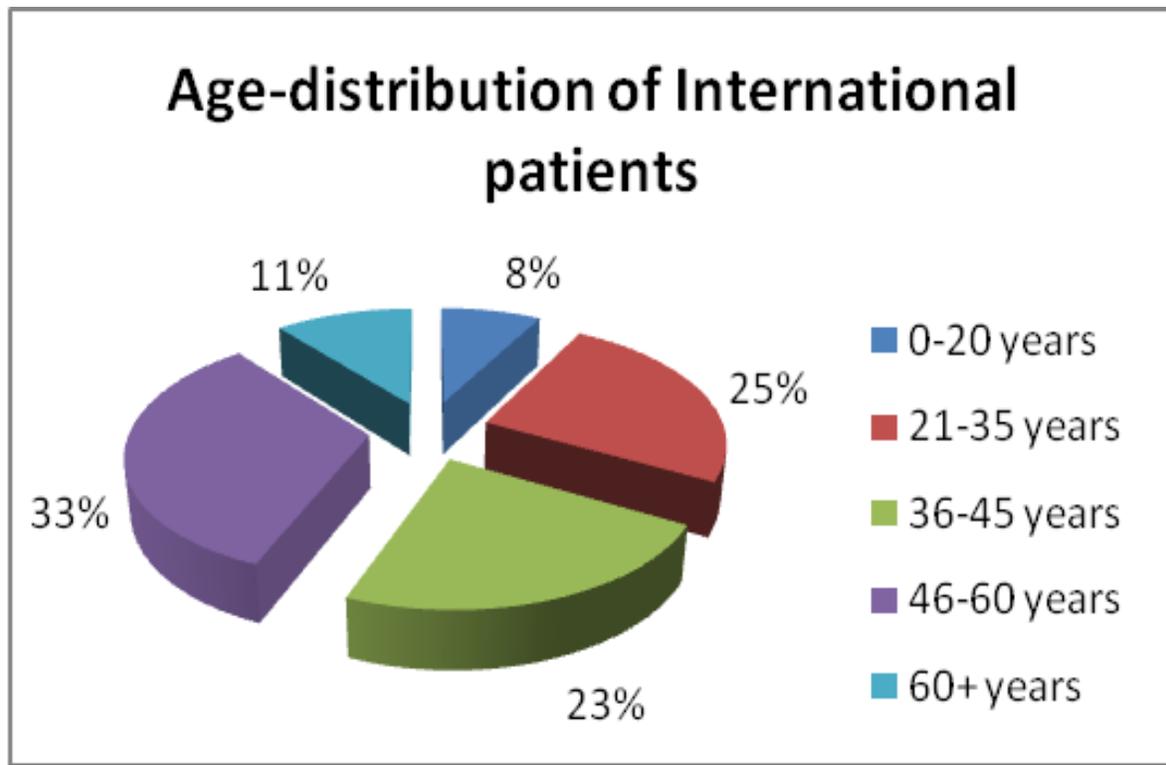


The above graph is describing the sex distribution of the International patients visiting corporate hospitals in Delhi/NCR. Where we can see that 63% were males and only 37% were females.

TABLE 4.2: Age-group distribution of International patients

AGE	%AGE OF INTERNATIONAL PATIENTS
0-20 years	8%
21-35 years	25%
36-45 years	23%
46-60 years	33%
60+ years	11%

FIGURE 4.2: Age-group distribution of International patients

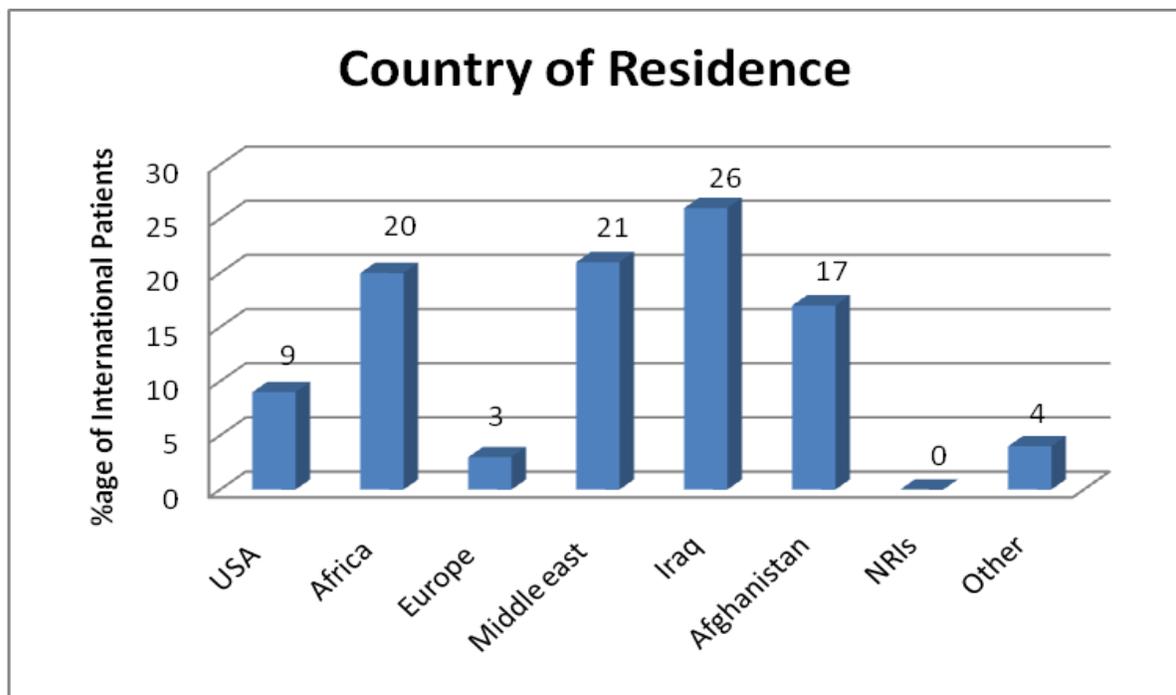


The above graph is describing the age group distribution of patients, i.e. the highest proportion **33%** of the international patients were of the age group 46-60 years while the lowest proportion constituted of the age group 0-20 years, i.e. only 8%. The second highest proportion of the patients were of the age group 21-35 years, i.e. 25%.

TABLE 4.3: Region-wide distribution of International patients

COUNTRY OF RESIDENCE	%AGE OF INTERNATIONAL PATIENTS
USA	9%
Africa	20%
Europe	3%
Middle east	21%
Iraq	26%
Afghanistan	17%
NRIs	0%
Others	4%

FIGURE 4.3: Region-wide distribution of International patients



The above graph is showing Iraq is contributing the largest proportion of international patients, i.e. 26% followed by 21% from other Middle East countries and the lowest proportion being 3% and 0% for European countries and NRIs. This can be related to the poor medical infrastructural facilities available in Middle East countries.

TABLE 4.4: Specialty-wise distribution of International patients

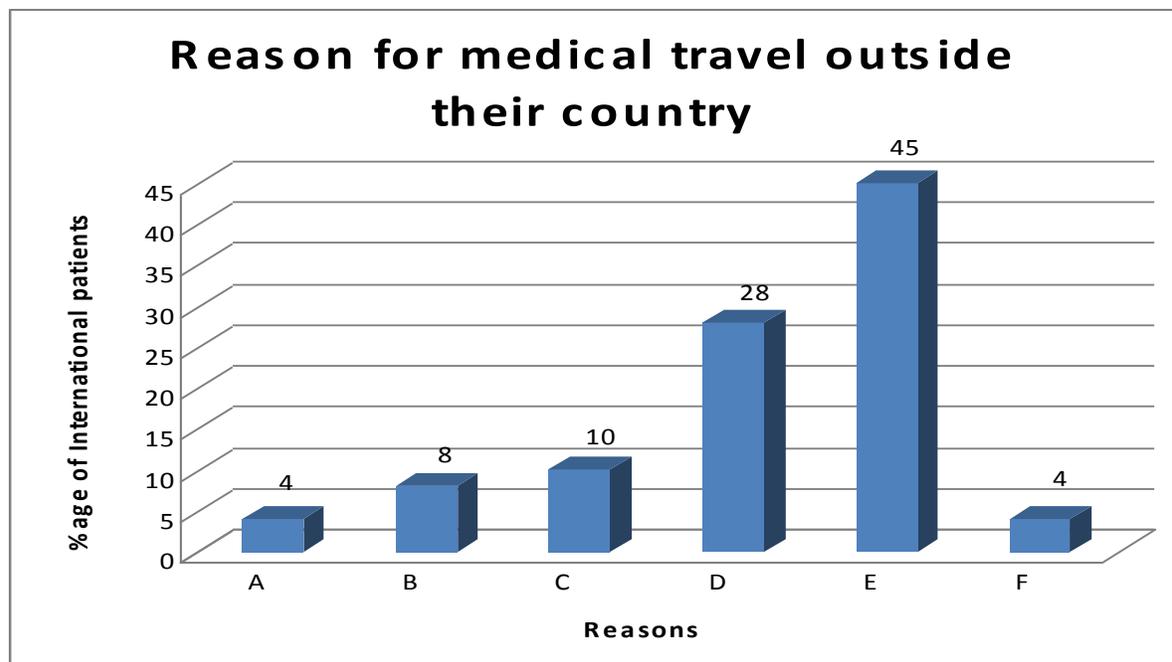
TYPE OF TREATMENT	%AGE OF INTERNATIONAL PATIENTS
a) Medical	20%
➤ General medicine	9
➤ Cosmetic treatment	1
➤ Cardiology	4
➤ Neurology	2
➤ Ophthalmology	4
b) Surgical	72%
➤ General surgery	7
➤ Cardiac surgery	25
➤ Cosmetic surgery	8
➤ Organ transplant	1
➤ Orthopedic treatment	9
➤ Neurosurgery	10
➤ Ophthalmic surgery	12
c) Others	8%
➤ Ayurvedic treatment	0
➤ Homeopathic treatment	1
➤ Unani medicine	0
➤ Yoga	1
➤ Other	6

The above table is depicting that the highest proportion of international patients came for surgical treatment, i.e. 72%, and in which patients coming for cardiac surgery were contributing the largest proportion, i.e. 25%. 20% of patients came for medical treatment and rest 8 % of patients had visited the facilities for other alternative treatment procedures.

TABLE 4.5: Reasons for Medical Travel Outside Home Country

REASON FOR MEDICAL TRAVEL OUTSIDE HOME COUNTRY	%AGE OF INTERNATIONAL PATIENTS
(A) Inadequate health insurance coverage	4%
(B) Long waiting list	8%
(C) High cost of medical treatment in home country	10%
(D) Unavailable quality services	28%
(E) Poor medical infrastructural facilities	45%
(F) Rare/Complex medical disease	4%

FIGURE 4.4: Reasons for Medical Travel Outside Home Country

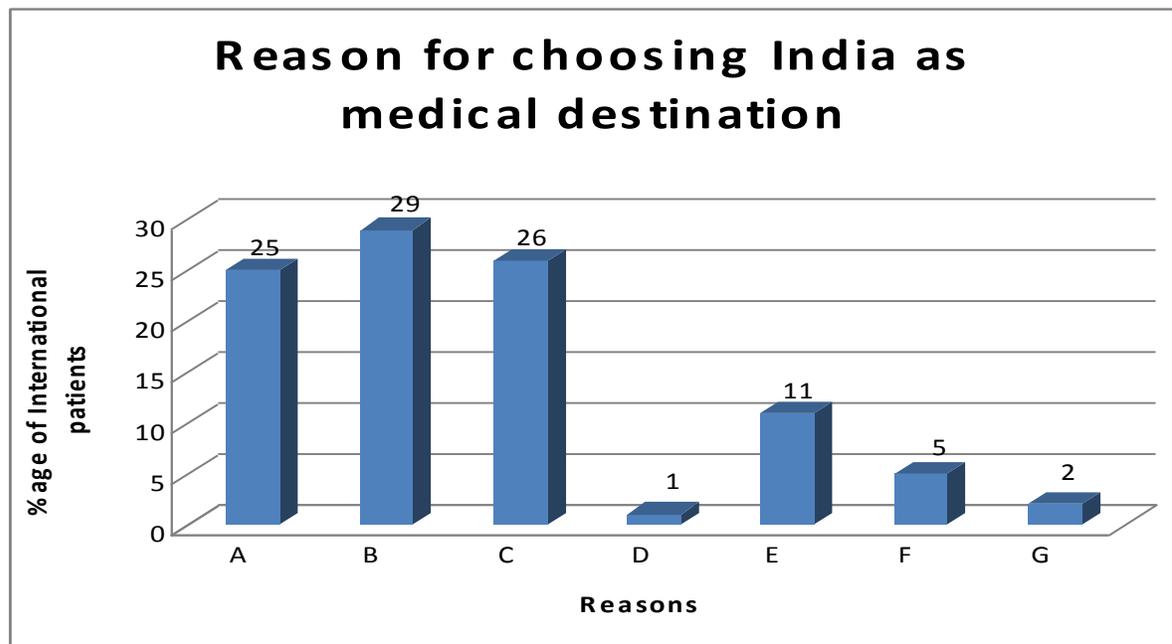


The above graph is describing that the highest proportion, i.e. 45% of international patients opted for medical tourism owing to poor infrastructural facilities at their home country while the lowest, i.e. 4% of the patients provided their reason for medical tourism as inadequate health insurance coverage and another 4% described their reason as rare/complex medical disease.

TABLE 4.6: Reasons for Choosing India as Medical Destination

REASON FOR CHOOSING INDIA AS MEDICAL DESTINATION	%AGE OF INTERNATIONAL PATIENTS
(A) Low cost treatment	25%
(B) Availability of latest medical technologies	29%
(C) Excellent quality services	26%
(D) No language barrier in India	1%
(E) No waiting time/Immediate treatment	11%
(F) Convenient to travel	5%
(G) Coinciding with business trip to India	2%

FIGURE 4.5: Reasons for Choosing India as Medical Destination

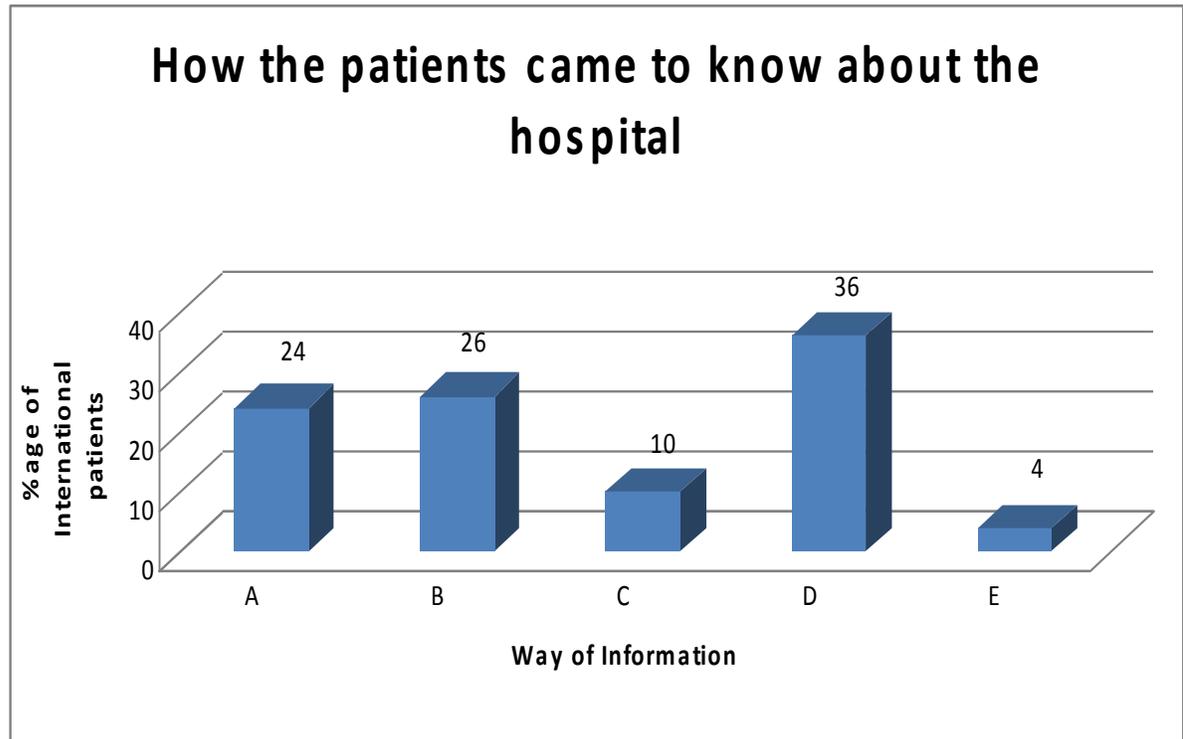


The above graph is predicting that the highest proportion of patients chose India as their medical destination because of the availability of latest medical technologies, i.e. 29%. Whereas the lowest proportion of the patients provided their reason as no language barriers, i.e. only 1%. This trend can be explained by the easy availability of interpreters and English-speaking staff as well as the high-end facilities available at most of the facilities these days.

TABLE 4.7: How the Patients Came To Know About the Hospital

HOW THEY CAME TO KNOW ABOUT THE HOSPITAL	%AGE OF INTERNATIONAL PATIENTS
(A) Tourism agency	24%
(B) Doctor/Hospital reference	26%
(C) Internet	10%
(D) Referred by friend/relative	36%
(E) Other	4%

FIGURE 4.6: How the Patients Came To Know About the Hospital

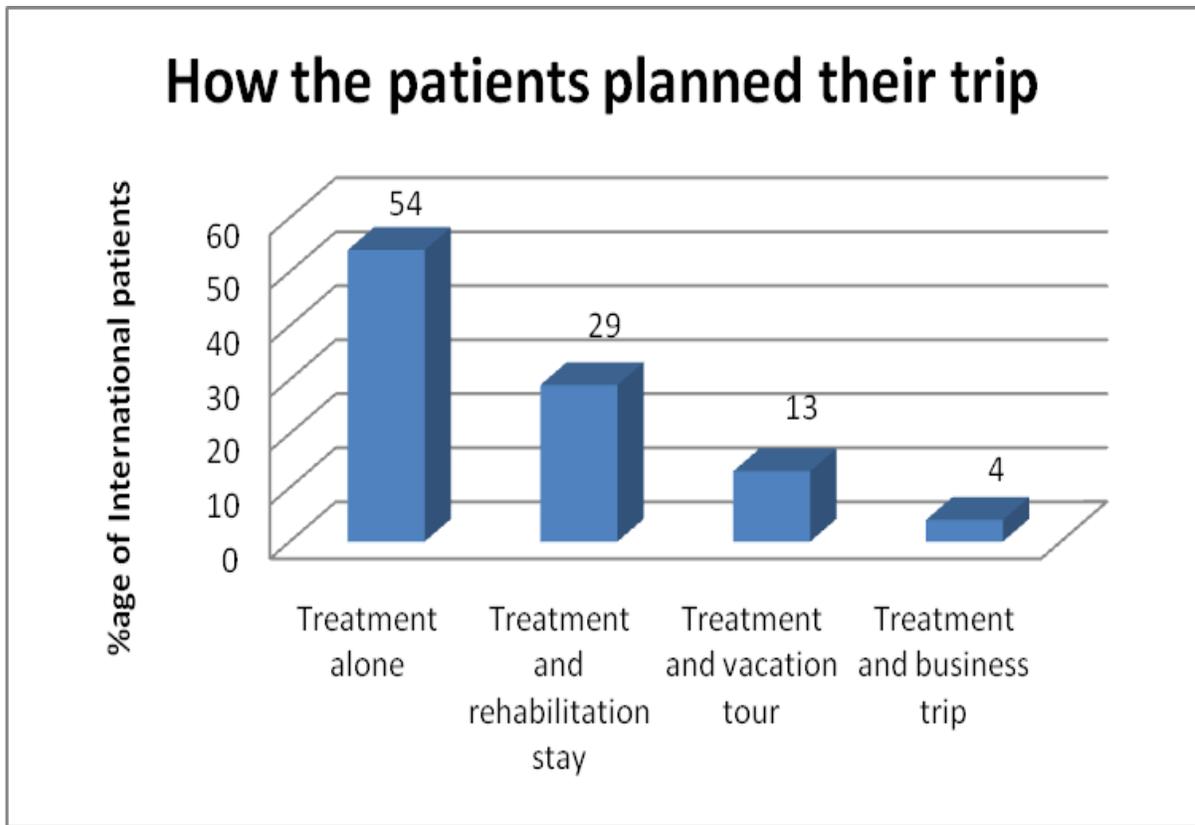


The above bar graph illustrates that the 36% of patients got the information about the hospital through their friends or relatives which is the highest percentage while only 10% got the information from Internet and 4% through other ways such as translators etc.

TABLE 4.8: How the Patients Planned Their Trip

HOW THEY PLANNED THE TRIP	%AGE OF INTERNATIONAL PATIENTS
Treatment alone	54%
Treatment and rehabilitation stay	29%
Treatment and vacation tour	13%
Treatment and business trip	4%

FIGURE 4.7: How the Patients Planned Their Trip

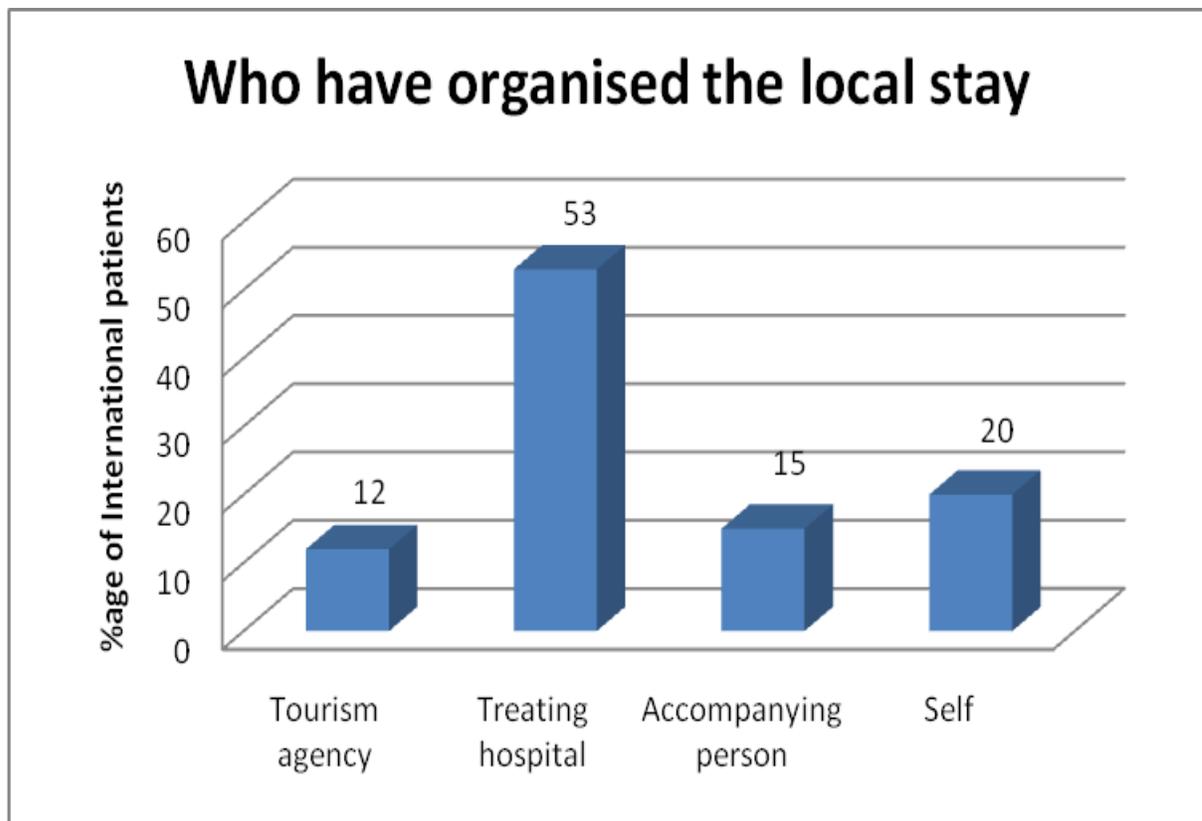


The above graph shows that the highest percentage, i.e. 54% of the patients planned their trip solely for the purpose of treatment only while the least percentage of patients, i.e. 4% planned their trip along with their business trip. This can be understood in terms of their exclusive purpose of medical treatment for their travel to India.

TABLE 4.9: Who Organized the Local Stay of International Patients

WHO ORGANIZED THE LOCAL STAY	%AGE OF INTERNATIONAL PATIENTS
Tourism agency	12%
Treating hospital	53%
Accompanying person	15%
Self	20%

FIGURE 4.8: Who Organized the Local Stay of International Patients



The above graph is showing that for 53%, i.e. the highest percentage of the patients' stay was organized by their treating hospital while for only 12%, the accommodation was arranged by the tourism agency.

TABLE 4.10: Preferences of Attributes of Services of the Hospital

ATTRIBUTES OF SERVICES OF HOSPITAL	AVERAGED RANKING	RELATIVE RANKING
Good medical / surgical treatment	2.06	1
Comfortable facility	3.69	3
Low cost procedures	3.16	2
Transparent billing	5.38	5
Responsive nursing	5.56	6
Easy communication	6.08	7
High technology equipment	3.93	4
Organized and planned trip	6.12	8

In the above table, averaged ranking is found out by averaging out the ranks given by 100 respondents for each attribute. Here, good medical/surgical treatment received the highest relative rank, i.e. 1 indicating it to be the first attribute sought after by patients while choosing a hospital. The attribute organized and planned trip on the other hand, got the last relative rank, i.e. 8, which indicates it to be of not much importance to an international patient. This ranking can be understood in a way that first preference for any patient is good treatment, it can however be followed by any of the other attributes receiving different rankings by different patients as it is a subjective issue.

TABLE 4.11: Percentage of Patients That Would Like To Revisit the Hospital

WOULD THEY LIKE TO REVISIT THE HOSPITAL	%AGE OF INTERNATIONAL PATIENTS
Yes	94%
No	6%

The above table here shows that out of the 100 International patients surveyed, 94% of the patients wished to revisit the same hospital for their future requirement and only 6% of the patients were found unsatisfied, which can be related to the hospitals' quality services provided, amount to be paid more than the estimated cost or their overall trip arrangement.

DISCUSSION

1. Region-wide distribution

26% of medical tourists arrived from Iraq, 21% from Middle East and so on. This is because of their large populations, comparatively high wealth, the high expense of health care or lack of health care options locally, and increasingly high expectations of their populations with respect to health care. According to a study, there are two totally different types of patients benefiting from Indian Hospitals. Those from less developed countries: they do not expect any added services or soft skills of Medical Staff, while those from developed countries compares Indian Hospital with western world and other Asian healthcare facilities in countries like Singapore, Thailand and Malaysia¹³.

2. Specialty-wide distribution

The study showed that highest % of foreign patients, i.e. 25% visited India for cardiac surgery, showing it to be the major requirement of foreign patients being presented in the study, and so Indian hospitals are needed to focus on improving upon its technology and facilities for performing these complex surgeries. According to a study, many good hospitals started in last few years have better infrastructure and quality of Doctors than world's best Hospitals, such that if someone visited India five years ago for the healthcare treatment then he or she will be shocked to see the dramatic changes it has gone through¹³. A RESEARCH study has revealed the fact that India ranks second in medical tourism throughout the world. The author further added, “Thailand, which revolutionized medical tourism, is more into cosmetic surgery; India focuses on cardiac, neurological or orthopedic problems¹⁴.” India has top-notch centers for open-heart surgery, pediatric heart surgery, hip and knee replacement, cosmetic surgery, dentistry, bone marrow transplants and cancer therapy, and virtually all of India’s clinics are equipped with the latest electronic and medical diagnostic equipment.

Unlike many of its competitors in medical tourism, India also has the technological sophistication and infrastructure to maintain its market niche, and Indian pharmaceuticals meet the stringent requirements of the U.S. Food and Drug Administration. Additionally, India's quality of care is up to American standards, and some Indian medical centers even provide services that are uncommon elsewhere. For example, hip surgery patients in India can opt for a hip-resurfacing procedure, in which damaged bone is scraped away and replaced with chrome alloy--an operation that costs less and causes less post-operative trauma than the traditional replacement procedure performed in the U.S¹⁵.

3. Attributes influencing number of International foot-falls

The major reasons for medical travel abroad have found to be poor medical infrastructural facilities, followed by unavailability of quality services and high cost of medical treatment at home country in the study. Also as per a recent research, the four most popular reasons given for why patients travel abroad to receive medical treatment were 'Affordability (costly in home country)' at 88%, 'Accessibility (waiting period is high)' at 66%, 'Better quality (care and support services are better quality than the home country)' at 38% and 'Availability (not available in home country)' at 46%. With these important reasons, the growth of Medical Tourism is inevitable¹⁶.

Also, an another study showed that various factors that have led to the increasing popularity of medical travel include the high cost of health care, long wait times for certain procedures, the ease and affordability of international travel, and improvements in both technology and standards of care in many countries⁷.

Cost specifically depicted as an important attribute

Cost plays a very important factor for any medical tourism patient while going outside his country and also choosing a particular destination. The same has also been evident in our

study as 10% of patients chose to travel outside his home country because of high cost of treatment at home country and also 25% of patients chose India because of low cost treatment. A study conducted at Taiwan also had shown that cost plays an important role in the occurrence of medical tourism, many surgery procedures performed overseas cost a fraction of the price they do in America. For example a liver transplant that cost \$300,000 USD in America cost about \$91,000 USD in Taiwan¹⁷.

According to an article by the University of Delaware publication, Udaily, the cost of surgery in India, Thailand or South Africa can be one-tenth of what it is in the United States or Western Europe, and sometimes even less. A heart-valve replacement that would cost \$200,000 or more in the US, for example, goes for \$10,000 in India--and that includes round-trip airfare and a brief vacation package. Similarly, a metal-free dental bridge worth \$5,500 in the US costs \$500 in India, a knee replacement in Thailand with six days of physical therapy costs about one-fifth of what it would in the States, and Lasik eye surgery worth \$3,700 in the US is available in many other countries for only \$730. Cosmetic surgery savings are even greater: A full facelift that would cost \$20,000 in the US runs about \$1,250 in South Africa¹⁸.

Convenience to travel and immediate treatment availability also being one of the major attributes influencing International patients flow

Convenience to travel and the waiting time for treatment are also important factors that are considered by foreign patients while choosing a treatment destination. As is relevant by this study, 11% of foreign patients considered India as a destination country for their treatment because of immediate treatment availability and 5% because of the convenience to travel. A study undertaken has also shown that a large draw to medical travel is convenience and speed. Countries that operate public health-care systems are often so taxed that it can take considerable time to get non-urgent medical care. Using Canada as an example, an estimated 782,936 Canadians spent time on medical waiting lists in 2005, waiting an average of 9.4

weeks. Canada has set waiting-time benchmarks, e. g. 26 weeks for a hip replacement and 16 weeks for cataract surgery, for non-urgent medical procedures¹⁹.

Word of mouth spread found as the major way through which foreign patients got information and visited Indian Hospitals

Largest proportion of medical tourists came through word of mouth spread, i.e. 36% followed by a doctor/hospital referral, i.e. 26% of the international patients. One of the surgeons, Dr Biodun Ogungbo, alleges that some doctors in Nigeria encourage patients to go to overseas hospitals abroad in exchange for a percentage of the treatment fees for every referral, “We have heard reports of patients and their relatives being asked to become touts in Nigeria for some hospitals abroad for a percentage of the treatment cost²⁰.”

6.1 CONCLUSION

The medical tourism industry offers high potential for India primarily because of its inherent advantages in terms of cost and quality. However the competition is getting heated up because of the large number of private players entering into the healthcare industry. They are developing and implementing a combination of strategies to attract and retain international patients. So, Delhi Heart & Lung Institute is also required to develop strategies such as Joint ventures with medical tourism facilitators in India & with overseas partners, and build a significant advantage and leadership position in the industry.

Also, it was found that most of the patients were satisfied with the quality of services provided to them. The only recommendation that some of the patients provided for improving the services further were better language training to the nursing staff and more efforts to be focused upon medical tourism marketing by the hospitals.

RECOMMENDATIONS

6.2 MARKETING STRATEGIES TO BE UNDERTAKEN:

- Tie-up with medical tourism companies.
- Tie-up with doctors and/or hospitals at countries with prospective patients.
- Campaigns to be conducted at the countries with prospective patients.
- Combined Medical Education programs for referral doctors at countries with prospective patients.
- Articles, advertisements to be printed in some financially feasible international journals/ magazines on medical tourism.
- Tie-up with health insurance companies for assisting international patients in health insurance facilitation for their treatment.
- Tie-up with hospitals within the country to facilitate international patients transfer to self and other specialized care facility as and when required.

6.3 RESULTS SPECIFIC STRATEGIES:

1. More number of males than females visited for medical treatment in the hospitals included in the study. However this cannot be supported with any specific inference. A detailed study for determining the country and culture specific needs is required to be undertaken for supporting this outcome of the study.
2. Highest number of people between the age group of 46-60 years visited India for medical treatment in India, which makes up the elderly working part of the population. This population can be approached through various social clubs as this age group population remains very active in the social circles.

3. Highest number of patients from Iraq followed by other Middle East countries reflects more promotional strategies to be directed to these countries followed by to Nigeria.
4. Surgical treatment is receiving the highest number of patients signifying more efforts to be directed towards advancement in super-specialization of facilities and also more promotion of surgical facilities to be done while undertaking medical tourism marketing activities.
5. Major reason for medical travel outside their resident countries is found as poor infrastructural facilities, this is coinciding with the major resident country of international patients. To cater to this reason, one of the major initiative that can be undertaken is undertaking a 3-5 days OPD or camp at these countries every 3-6 months, so as to cater to the health needs of some people there only, and those requiring advanced treatment could be directed to the self hospital without any risk of their deviation in between.
6. India is being chosen by most patients because of the availability of latest medical technologies at its hospitals, cost however is also an important part and coincides with quality at the second position implying major focus to be kept upon advancement in treatment methodologies and quality service delivery as they both play a very major role in selection of the country as well as facility.
7. Largest proportion of medical tourists came through word of mouth spread followed by a doctor/hospital referral. So, each patient needs to be provided the highest quality care during their stay along with a good referral tie-up to be made with the doctors/hospitals in their home countries.
8. Most of the patients visit only for treatment followed by some for rehabilitation stay also. So, there is a need to make this stay as best as possible for them. Promotion of vacation tour needs to be done to further improvise their stay.

9. Local stay of the patient is usually organized by the treating hospital, so the hospital must have very good tie-ups with some of the hotels to avoid any difficulty in their accommodation arrangements on time.

10. Preferences for various attributes of services given describes that for better flow of international patients to the hospital, it needs to take the following steps:
 - Billing for particular procedure should be predefined & pre-informed to the international patients.
 - Strict Communication training for the nursing staff should be undertaken as they represent the medical services of the hospital.
 - Correct, accurate & relevant information should be provided by every employee of the hospital to the patients.
 - Response time should be well defined & fast as per the International standard.
 - Appointment scheduling, air-ticket booking and accommodation arrangement for patient and attendant by Marketing personnel alone or in coordination with medical tourism agency, if involved with patient's arrival should be there to make their trip well organized & planned.

6.4 SERVICE OFFERINGS FOR INTERNATIONAL PATIENTS

➤ Pre-Departure Services

- Tele-consultation and Pre Departure Evaluation
- Facilitate Travel arrangements (through a medical tourism agency partner)
- Assistance in FRRO and Visa Services
- Hotel Booking for companion during the hospital stay and also for the patient during the rehabilitation stay
- Pickup and drop at the International Airport in New Delhi

➤ Post Admission Services

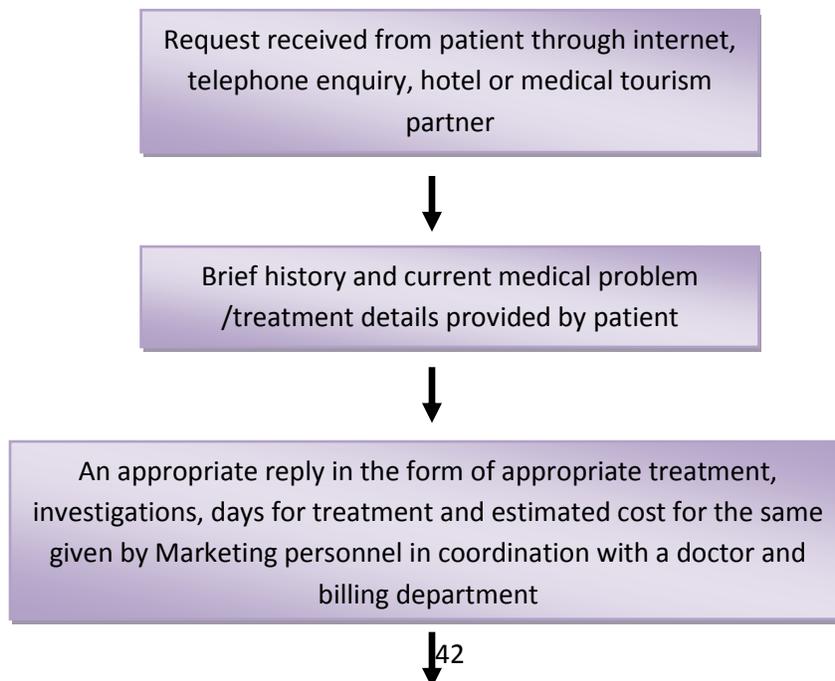
- Highest quality patient care
- Centrally air-conditioned hospital

- Choice of rooms from private to luxury suites
- Choice of International cuisines
- Interpreters in different languages
- Provision of specific language channels
- Mobile Phones for easy access and communication
- Suites with internet connectivity
- Money Exchange facility within the hospital
- Personal relationship executive 24x7
- Patient's progress available online for relatives and friends

➤ **Post Discharge Services**

- Post Discharge travel arrangements through a travel partner
- Post discharge stay in Delhi in a choice of hotels
- Sightseeing in Delhi
- Travel back home facilitated
- Tele-consultation with the treating doctor

6.5 PROCESS FOR INTERNATIONAL PATIENTS' VISIT TO DHLI



↓

An acceptance reply received from the patient

↓

Appointment scheduling, air-ticket booking and accommodation arrangement for patient and attendant by Marketing personnel alone or in coordination with medical tourism agency, if involved with patient's arrival

↓

Information of the above given to patient followed by his/her confirmation of the same

↓

A patient care executive/marketing executive solely designated for patient and his attendant assistance during his/her stay at the hospital (language interpreters, sim card, internet facility, language channels, magazines, newspapers etc.)

↓

Airport pick-up facility arrangement along with any required assistance provided by Marketing personnel

↓

Admission of the patient according to the planned treatment

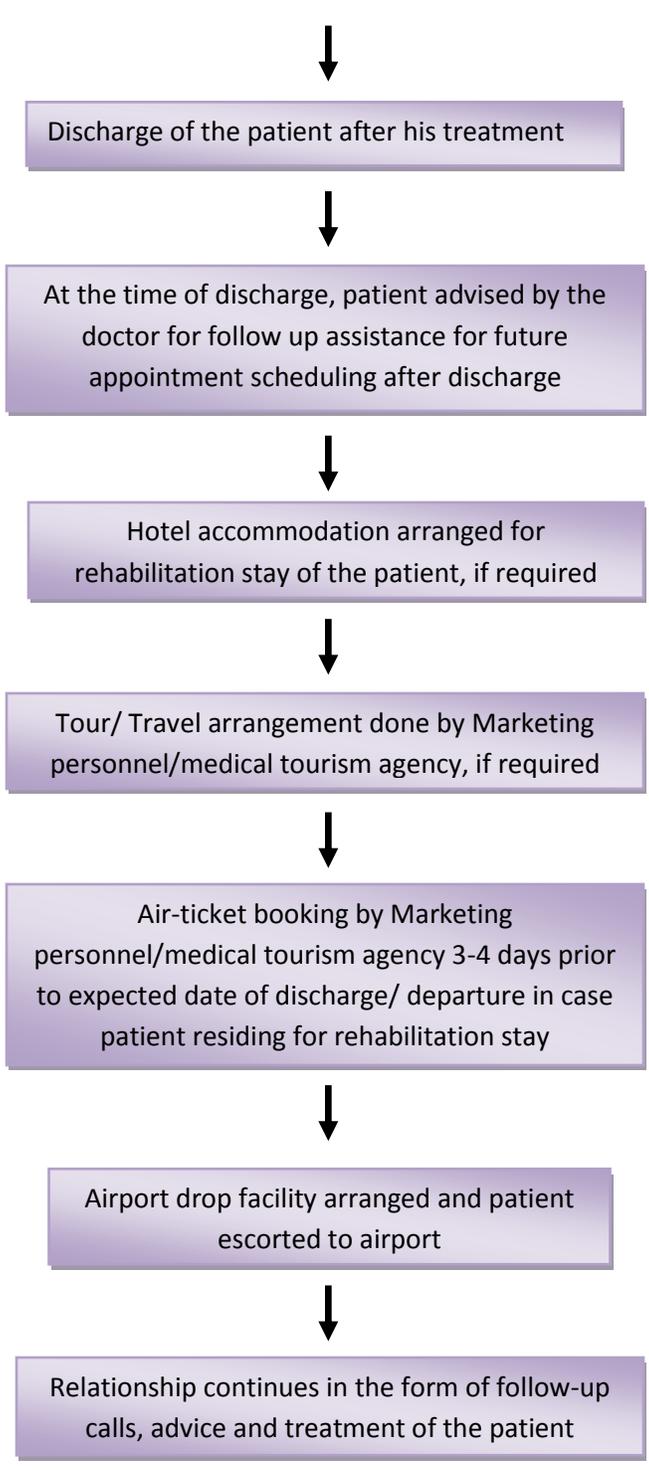
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Patient treatment as per the planned procedure

↓

International cuisine provided to patient and his/her attendant during his/her stay, arranged by Dietician and Kitchen

↓



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5. What was the reason for medical travel outside your country?

- a) Inadequate health insurance coverage
- b) Long waiting list
- c) High cost of medical treatment in home country
- d) Unavailable quality services
- e) Poor medical infrastructural facilities
- f) Rare/Complex medical disease

6. What was the most important reason for choosing India as your medical destination?

- a) Low cost treatment
- b) Availability of latest medical technologies
- c) Excellent quality services
- d) No language barrier in India
- e) No waiting time/Immediate treatment
- f) Convenient to travel
- f) Coinciding with business trip to India

7. How did you come to know about this hospital?

- a) Tourism agency
- b) Doctor/Hospital reference
- c) Internet
- d) Referred by friend/relative
- e) Other, (please specify).....

8. How have you planned your trip?

- a) Treatment alone
- b) Treatment and rehabilitation stay
- c) Treatment and vacation tour
- d) Treatment and business trip

9. Who have organized the local stay?

- a) Tourism agency
- b) Treating hospital
- c) Accompanying person
- d) Self

10. Rank the following attributes of services of a hospital in order of your preference?

- a) Good medical/surgical treatment
- b) Comfortable facility
- c) Low cost procedures
- d) Transparent billing
- e) Responsive nursing providing accurate information
- f) Easy communication
- g) High technology equipment
- h) Organized and planned trip
- i) Others

11. If required, would you like to revisit the hospital? Please provide a reason for the same.

- a) Yes
- b) No

12. Additional comments or recommendations for further improvement of services.

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APPENDIX – II

HOSPITALS VISITED FOR DATA COLLECTION

INDRAPRASTHA APOLLO

It is one of the largest corporate hospitals in the world and is the third super specialty tertiary care hospital set by the Apollo Hospitals Group. It is a 695 bedded hospital, with the provision for expansion to 1000 beds in future. It is presently the largest integrated healthcare company in Asia, employing over 4000 specialists and super-specialists and 3000 medical officers spanning 53 clinical departments in patient care.

MEDANTA – THE MEDICITY

It is one of India's largest multi-super specialty institutes located in Gurgaon. The hospital was founded by eminent cardiac surgeon, Dr. Naresh Trehan. Spread across 43 acres, the institute includes a research center, medical and nursing school. It has 1250 beds and over 350 critical care beds with 45 operation theatres catering to over 20 specialties.

ARTEMIS HEALTH INSTITUTE (AHI)

Located at Gurgaon, is a NABH Accredited, 260-bed tertiary care super-specialty hospital. The super-specialties chosen by Artemis as its area of focus include Cardiovascular (Heart), Oncology (Cancer), Orthopedics & Joint Replacements, Neurosciences and Bariatric & Minimally Invasive Surgery. The facility is spread across a total area of 525,000 square feet accommodating 550 beds to fulfill the ever growing need for high quality patient care.

MAX SUPER SPECIALITY HOSPITAL

A unit of Devki Devi Foundation, Saket provides world class cardiovascular care with a service focus and creates unparalleled standards of medical and service excellence. The hospital includes 11 OTs dedicated for Adult Cardiac Surgery, Paediatric Cardiac Surgery, Vascular Surgery, Onco (Cancer) Surgery, Minimal Access Surgery, Aesthetic and Reconstructive Surgery and other allied specialties. MSSH is a centrally air-conditioned

hospital with total bed capacity of 278 beds (Suite, Deluxe, Standard and Economy), 2 cardiac cath labs, 17 CTVS ICU beds, 9 Onco Surgical ICU beds, 11 bed Minimal Access Surgery recovery rooms, 8 bed High Dependency Units and a 17-bed Dialysis Unit.

PUSHPANJALI CROSSLAY HOSPITAL

Strategically located on the NH 24, Pushpanjali Crosslay Hospital is conveniently accessible to people from NCR Delhi, West Uttar Pradesh and Uttarakhand. The 400- bedded hospital housing 8 state-of the art operation theatres, have an experienced team of Guest Relations Officers, well defined policies and processes and a robust web based Hospital Information system to support them. This institution has a presented a unique model of “Cooperative Corporate” wherein more than 100 physicians have contributed to its equity and is governed by doctors on corporate lines.

ALCHEMIST HOSPITAL

It is a world class healthcare facility based in Gurgaon, a major urban centre in Haryana. Built to international standards, the hospital prescribes and adheres to the most exacting and verifiable certifications. The hospital have developed a pathological and imaging unit which is forever alert to find the most appropriate diagnosis and cure for the patient. A highly skilled operating theatre is backed by the most sterilized sub-systems leading to speedy recovery. The highly trained and experienced team of doctors works hard to find the most effective cure.

The Alchemist has zones for people seeking physiotherapy, natural care, Ayurvedic treatment and meditation. The Lifestyle Clinic is backed by a team of experts. **Alchemist's** sense of aesthetics is directly connected with the cleanliness of an enclosed area.

NATIONAL HEART INSTITUTE

National Heart Institute, located at east of kailash, Delhi was inaugurated in the year 1981. The hospital is recognized by National Boards for post doctoral training and is also recognized as a Collaborative Centre of WHO in Preventive Cardiology since 1983. Also, it is the Research & Referral tertiary care Heart Hospital of the All India Heart Foundation.

Surgical services at the hospital include all kinds of closed and open Heart Surgeries like Coronary Artery Bypass Surgery, off pump bypass surgery (beating heart surgery), valve repair & replacement surgeries, aortic / carotid surgeries, congenital heart surgeries including blue babies and minimally invasive (Key hole) surgeries. The hospital also has a department of Pulmonology and Sleep Medicine, equipped with sophisticated machines and manned by dedicated Pulmonologists, Thoracic Surgeons and Physiotherapists.

PARAS HOSPITAL

It is a state-of-the-art multi super specialty hospital providing a depth of expertise in the complete spectrum of advanced medical & surgical interventions with a comprehensive mix of inpatient and outpatient services. It has large, comfortable rooms and services are delivered through specially trained nursing staff, F&B services professionals and Housekeeping services professionals ensuring global standards of hygiene and infection control.

CENTRE FOR SIGHT

Centre for Sight is an ISO 9001:2000 Certified organization. Today it is possibly one of the largest eye care providers in the private sector in north India. The main centre is located at Safdarjung, New Delhi. There are few satellite centers across Delhi; others are in Faridabad, Gurgaon and Agra. Centre for Sight is primarily a Super-specialty Ophthalmic hospital i.e. it caters to only eye care. It provides the Complete refractive solutions as well as the Medical services for Cataract, Glaucoma, Vitreo – Retinal diseases etc. The centre has all the latest facilities and state of the art technology to cater to the needs of patients seeking eye care.

APPENDIX – III

Price Comparison of India, U.S. And U.K.

Treatment Approximate	Cost in India (\$)	Cost in other Major Healthcare Destination (\$)	Approximate Waiting Periods in USA / UK (in months)
Open heart Surgery	4,500	> 18,000	9-11
Cranio-facial Surgery and skull base	4,300	> 13,000	6-8
Neuro-surgery with Hypothermia	6,500	> 21,000	12-14
Complex spine surgery with implants	4,300	> 13,000	9-11
Simple Spine surgery	2,100	> 6,500	9-11
Simple Brain Tumor -Biopsy	1,000	> 4,300	6-8
-Surgery	4,300	> 10,000	
Parkinsons -Lesion	2,100	> 6,500	9-11
-DBS	17,000	> 26,000	