

FACTS & STATISTICS

DID YOU KNOW?

Medical tourism has been around for thousands of years! In fact, archaeological evidence from the third millennium B.C. suggests that people in ancient Mesopotamia travelled to the temple of a healing god or goddess at Tell Brak, Syria to heal eye disorders. A couple of millennia later, the Greeks and Romans would travel by foot or boat to spas and culture centres all over the Mediterranean. The Asclepia Temples, dedicated to the Greek God of medicine, were some of the world's first healing centres. Pilgrims would come and stay several nights praying that Asclepius would appear in a dream and provide a cure to their ailment.

There are 458 Joint Commission International accredited hospitals around the world. This figure does not include ambulatory clinics. A Joint Commission is an independent not-for-profit organization that evaluates and accredits more than 15,000 healthcare organizations in the United States. Its international arm (Joint Commission International) has been accrediting hospitals outside the U.S. since the late 90's. JCI accreditation is one of the main criteria patients use to ensure they are traveling to a hospital with high standards of patient care. 1.6 million U.S. patients travel abroad for care. In 2009, Deloitte predicted that over one and a half million U.S. patients would be traveling abroad for care, with a 35% increase over the next several years.

You may spend more time at a hotel than at a hospital during your medical trip. Depending on your procedure, often you will only stay a night or two in the hospital and then spend the rest of the time at a hotel recuperating and/or engaging in physical rehabilitation. So it is important that patients choose a hotel that has experience with medical tourists and understands their needs and expectations.

MTA PATIENT SURVEYS

- 64% of patients that traveled abroad for care did not have health insurance.
- Almost 83% of patients travelled with a companion.
- Almost 70% of patients rated their medical care as excellent.
- 33% of patients travelled abroad for cosmetic surgery.
- Almost 90% of patients or their companions engaged in tourism activities.
- Almost 85% of US patients found they received more personalized medical care than in the US
- Almost 86% of US patients said they would travel again overseas for medical care
- Nearly 27% of patients had previously traveled to a foreign country to receive medical care, most were female, all were between ages 45 and 64; the majority were White/Caucasian; all were American; all were college educated; half had household incomes between \$50,000 and \$100,000; and some had health insurance (50%), while other did not.
- Nearly 80% of the demand for medical travel is driven by cost savings.
- Medical tourists spend between \$7,475 and \$15,833 per medical travel trip.
- 48% of respondents would be interested in engaging in medical tourism again at some point in the future.
- The cost of medical treatment (85%) and state-of-the-art technology (83%) were the most important factors in their decision to travel abroad for treatment.
- Out of 49 participants that had previously traveled overseas for medical treatment, 36% used a medical tourism facilitator.

Government Data

Government data shows the number of people going abroad for healthcare has increased from 48,000 in 2014 to almost 144,000 last year as the health service struggles to cope with demand.

Experts said lengthening waiting times for surgery - particularly hip, knee and cataract operations - and cutbacks to fertility treatment - were fuelling the rise.

NHS waiting times are now the longest they have been for almost a decade, with more than 409,000 people waiting more than 18 weeks for treatment - a rise from 34,000 in 2014.

Why is the NHS under so much pressure?

- **An ageing population.** There are more than one million people over the age of 65 than five years ago. This has caused a surge in demand for medical care
- **Cuts to budgets for social care.** While the NHS budget has been protected, social services for home helps and other care have fallen by 11 per cent in five years. This has caused record levels of “bedblocking”; people with no medical need to be in hospital are stuck there because they can not be supported at home
- **Staff shortages.** While hospital doctor and nurse numbers have risen over the last decade, they have not kept pace with the rise in demand. Meanwhile 2016 saw record numbers of GP practices close, displacing patients on to A&E departments as they seek medical advice
- **Lifestyle factors.** Drinking too much alcohol, smoking, a poor diet with not enough fruit and vegetables and not doing enough exercise are all major reasons for becoming unwell and needing to rely on the national health services.