

# CCMed

## Medical & Health Care Tourism Hospitality, Quality Management & Patient Safety

8th Cooperation, Competition (C&C) International Conference  
11-13 July 2012, Linnæus University, Växjö, Sweden

Supported by:



Kodolanyi Janos  
University  
Hungary



## Announcement and call for papers

C&C Established in 2000 by Professor Mosad Zineldin at Växjö University–Sweden in cooperation with eminent academics from different countries such as Professor David Walters, Australia, Professor Douglas Hensler, USA and John Peters at Emerald, UK.

### Scope

The growth of medical tourism has opened a world of options for patients and their families. The medical tourism, hospitality, and leisure (THL) industry is particularly challenged to imagine new business models that will accommodate medical and health care reform. The Patient Protection and Affordable Care Act (PPACA) represents a substantial shift in the way health care and health insurance will. Businesses that understand the potential impacts of health care reform may achieve a significant advantage in managing both costs and employee expectations.

Medical Tourism or global healthcare is a combination

of wellness and healthcare coupled with leisure and relaxation which is aimed at rejuvenating a person mentally, physically and emotionally, drawing away from his daily routine to a relaxed environment in an exotic location. Services typically sought by travelers include elective procedures as well as complex specialized surgeries such as joint replacement (knee/hip), cardiac, cosmetic and dental surgeries. However, virtually every type of health care, including psychiatry, alternative treatments, convalescent care and even burial services are including in the health care and medical tourism.

Over 130 countries offer, or want to offer medical tourism services as national industry. Some of these countries are Thailand and Hungary. The dynamics of global are changing. As governments review their options to meet growing healthcare demands with limited resources, medical tourism offers the potential for patients to combine cost savings with travel. However, accreditation and other quality measures of health care in general and medical and health tourism in particular vary widely across the globe, and some destinations may become hazardous or even dangerous for medical tourists. Factors that have led to the increasing popularity of medical and health care tourism and 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 countries. Many health care systems are in bad shape. Medical services are restricted or rationed, many patients receive poor care, and high rates of preventable medical error persist. The avoidance of waiting times is the leading factor for medical tourism from the UK, whereas in the US, the main reason is cheaper prices abroad.

Payer-driven competition has been widely advocated as a means of increasing efficiency in health care markets. The 1990s reforms to the UK, USA, Sweden and many other developed countries health service followed this path. One question is whether competition led to better outcomes for patients. Some studies found that the relationship between competition and quality of care appears to be negative. Greater competition is associated with higher death rates, controlling for patient mix and other observed characteristics of the hospital and the catchment area for its patients. However, the estimated impact of competition is small.

The purpose of the 8th International Conference/workshop on cooperation, competition in Medical and Health care Tourism: hospitality and safety is to bring together researchers and practitioners interested in the tourism and health care advances, services marketing and management, quality, assurance, reengineering and patients safety, etc. Two main simultaneous tracks will be held:

1. Medical tourism, patients' safety, satisfaction and quality assurance
2. Cooperation, ethics, risks and marketing management competition strategies in global health and tourism sector

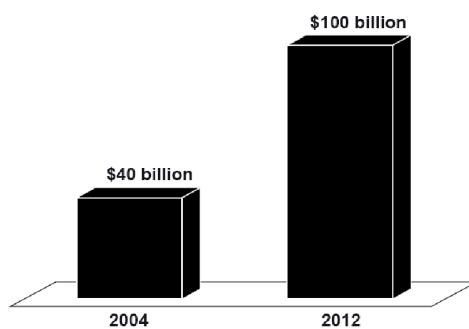
### Area 1:

#### Medical tourism, patients' safety, satisfaction and quality assurance

Nowadays, one of the most rapidly growing industries in the service sector is medical and health care tourism and travel industry. Currently, the industry has to cope with environmental pressures such as demographic changes and ageing of populations as well as emergence of new treatments and technologies and increased insistence on greater quality of service in order to remain competitive. Not surprisingly, health care quality and the closely related patients satisfaction constructs are of vital concern for health care and medical tourism.

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 countries.

**Worldwide Medical Tourism Industry**  
(billions of U.S. dollars)



Source: McKinsey & Company and the Confederation of Indian Industry.



In the face of uncertainties, healthcare organisations have to be reprogrammed and renewed, repositioning themselves for the future. Faced with the necessity to improve healthcare quality, both governmental, non-governmental and private organizations are undertaking reforms and programmes in order to improve the health standard of the citizens. Patients' safety and satisfaction is created through cooperation between different internal and external departments and organisation as well as a combination of responsiveness to the patient's views and needs, and continuous improvement of the healthcare services, as well as continuous improvement of the overall doctor-patients relationship.

## Area 2:

### **Cooperation, ethics, risks and marketing management competition strategies in global health and tourism sector**

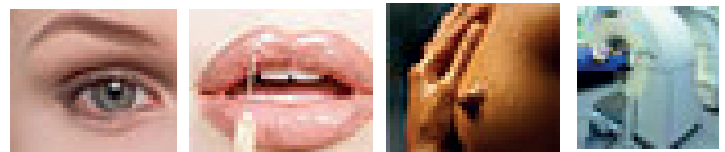
Medical tourism carries some risks that locally-provided medical care does not. Some countries have very different infectious disease-related epidemiology to Europe and North America. Exposure to diseases without having built up natural immunity can be a hazard for weakened individuals, specifically 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. Traveling long distances soon after surgery can increase the risk of complications. Long flights and decreased mobility in a cramped airline cabin are a known risk factor for developing blood clots in the legs such as venous thrombosis or pulmonary embolus. To minimize these problems, medical tourism patients often combine their medical trips with vacation time set aside for rest and recovery in the destination country. Also, health facilities treating medical tourists may lack an adequate complaints policy to deal fairly with patients' complaints.

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 masses' will lead to a deepening of the inequities" already embedded in the health care system. In Thailand, in 2008 it was stated that, "Doctors in Thailand have become so busy with foreigners that Thai patients are having trouble getting care". The primary health care policy envisioned a national health system led by the public sector and should be based on a philosophy of cooperation.

### **Main conference Issues**

- Medical and Health Tourism development, an area of world cooperation.
- World cooperation in anti terrorism efforts for safer travel and tourism.
- The application of marketing management strategic competition in health care and Tourism.
- Regional Competition versus international competition.
- How can competition and cooperation improve patient's safety in the global health?
- Why Competition Law Matters To Health Care Quality? Services, Tourism and Hospitality Management.
- Efforts to Improve Patient Safety and what are best Quality Indicators and Monitoring.
- Service quality and Quality Assurance in medical tourism
- Is medical tourism ready for Six Sigma Quality.
- The role of host communities in Tourism competition and the main legal and ethical issues.



As medical tourism grows to become a worldwide phenomenon, increasing attention is being paid to issues such as quality of treatment, accreditation of surgeons and dentists, hospitals and clinics.

A rhinoplasty (nose reconstruction) procedure that costs only \$850 in India or \$1,500 in Egypt, Croatia or Turkey would cost \$3,500 in UK or \$4,500 in the United States. The cost of surgery in India, Thailand or South Africa can be one-tenth of what it is in the United States or Sweden or any other 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 knee replacement in Thailand with six days of physical therapy costs about one-fifth of what it would in the States or Western Europe, a metal-free dental bridge worth \$6,000 in the US costs \$500 in India, and Lasik eye surgery worth \$4,000 in the US is available in many other countries for only \$800. Cosmetic surgery savings are even greater.



## Important dates

Submission of abstract (500 words): 1 Feb 2012  
Notification of Abstract acceptance: 28 Feb 2012  
Final date for submission of completed paper: 1 May 2012

Your paper will be subject to blind review by the review panel.  
Send your abstract to mosad.zineldin@lnu.se and  
vasicheva@yahoo.com

## Accommodation

Conference coordinator Mrs. Valentina Vasicheva  
(vasicheva@yahoo.com) and other staff will provide assistance  
with travel and hotel reservations (90-110 EURO per night).  
Hotels in Växjö are:  
Elite Stadshotellet: +470 13400  
Royal Corner: +470 701000  
Teaterparken Hotel: +470 39900

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## CONFERENCE REGISTRATION FORM

Please complete & email to: mosad.zineldin@lnu.se, Fax +46 470 83092

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Title of Paper: \_\_\_\_\_ Preferred Track No: \_\_\_\_\_  
Organization: \_\_\_\_\_ Dep: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Fee (incl. Proceeding, 2 lunches, coffee/tee breaks and dinner)

Regular Registration -Early birds before March 1st	EURO 300	<input type="checkbox"/>
Regular- after March 1st	EURO 350	<input type="checkbox"/>
Doctoral Students and Spouse	EURO 200	<input type="checkbox"/>

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