



Traveling for Treatment

Americans are looking overseas for less-expensive medical care

WEDNESDAY, April 8 (HealthDay News) -- David Boucher celebrated his 50th birthday this year by jetting to Bangkok for his first colonoscopy.

There he was seen by a California-educated physician and no shortage of nurses, who verified his identity 15 times before the procedure.

To be sure, Boucher had a secondary motive: He is founder and president of Companion Global Healthcare, a subsidiary of Blue Cross Blue Shield of South Carolina that includes in its network 13 hospitals around the world that have been accredited by the Joint Commission International (JCI).

The JCI, which calls itself the "Good Housekeeping Seal of Approval," has accredited more than 170 hospitals outside of the United States.

An estimated 6 million Americans are traveling each year to such countries as India, [Costa Rica](#), Mexico and Thailand in search of less-expensive treatments for simple and complex procedures. Even France and Belgium tend to be cheaper than the United States.

"People are going abroad for necessary medical treatments such as knee and hip replacements and cardiac procedures," said

Devon Herrick, senior fellow with the National Center for Policy Analysis, in Dallas. "And in many countries, especially places like India, the quality is very high and the price can be up to 80 percent less expensive."

And that often includes the [airline ticket](#).

Major U.S. health-care players are jumping on the train, including BlueShield of California. Its "Access Baja" health plan caters to Americans and Mexicans wanting to get medical care in northern Mexico. BridgeHealth International, based in Denver, also has an overseas network.

What's driving the trend?

"The cost of health care in the U.S., combined with the fact that we have a shortage in this country of physicians and, probably more acutely, nurses," responded Boucher. "At the same time, 2008 was the first year of the 'silver tsunami,' with Americans turning 62 at [a rapid] rate," he noted.

"Over half of folks turning 62 opted for early Social Security, and most do not have an employer-sponsored medical program," Boucher added. "There's going to be a sharply increasing number of people that need bypass surgery and hip and knee replacements."

According to the National Center for Policy Analysis, costs for treatment abroad can be

as little as one-half to one-fifth the going rate in the United States. As an example, it cited New Delhi's Apollo Hospital, which charges \$4,000 for heart surgery, compared with an average of \$30,000 in the United States.

A "nose job" might cost \$850 in India and \$4,500 in the United States. An MRI in Brazil, Costa Rica, India, Mexico, Singapore or Thailand ranges from \$200 to \$300, but it can be three or four times that much stateside.

To be sure, the trend can have a downside. According to one study from researchers at the David Geffen School of Medicine at the [University of California](#), Los Angeles, people getting kidney transplants overseas tend to experience more complications, including rejection of the organ and severe infections, than do people opting to undergo the procedure in the United States.

And what happens with follow-up care once a so-called medical tourist returns to the United States? And which country's laws prevail if there's a problem?

For the most part, those questions have no standard answers, leaving each person to resolve the issues, and any similar ones, that might come up.

But Herrick says that a little planning and common-sense precautions can minimize the risks. He advises anyone contemplating medical treatment abroad to:

- Make sure the facility is accredited by JCI or an equivalent standard-setting organization in the destination country.
- Check the credentials of the physicians; many doctors in other countries have been trained in the United States, Europe, Japan, Australia and [New Zealand](#).
- Find a good intermediary to help choose the right facility in the right country. Some hospitals overseas have lower mortality rates than those in so-called developed nations.
- Compare outcomes with other institutions, regardless of where you go.

Herrick said that cost and quality-of-care tend to be higher in Singapore than in Thailand or India, but all three offer extremely good quality and could be considered for more complex procedures.

But he suggested that people go somewhere closer to home -- such as Costa Rica or Mexico -- or stay in the United States for procedures that are generally less exorbitant. Airfare and hotel costs can be prohibitive. Also, Herrick said, "most people would prefer to find a place not quite so far away as a 16-hour plane ride."

Traveling to other countries for medical care "is in its infancy," Herrick said. "I don't think any insurer is doing it in a major, major way. People are testing the waters slowly. Most of the interest really seems to lie with self-insured plans."

According to a small survey conducted by the International Foundation of Employee Benefit Plans, about 11 percent of employers offer overseas benefit options, although it was unclear how extensive the

benefits were or if employees were using them.

The goal, proponents of the concept say, is for everyone -- patients, employers, insurance companies -- to end up paying less.

More information

To learn more about this phenomenon, visit the [Medical Tourism Association](#).