

# **Medical Tourism in India and Strategies to increase flow of International Patients in Centre For Sight**

**A dissertation submitted in partial fulfillment of the requirements  
For the award of**

**Post-Graduate Diploma in Health and Hospital Management**

**By  
(Sumit Gupta)**



**International Institute of Health Management Research**

**New Delhi -110075**

**JAN-APRIL, 2011**

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**Under the guidance of**

Mr Amit Singh  
V.P.(Marketing&Business Development)  
Centre For Sight

Dr Dharmesh Lal  
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**International Institute of Health Management Research**

**New Delhi -110075**

**Jan- April, 2011**

## **Certificate of Internship Completion**

**Date:**

### **TO WHOM IT MAY CONCERN**

This is to certify that Sumit Gupta has successfully completed his 3 months internship in our organization from Jan 17<sup>th</sup>, 2011 to April 17<sup>th</sup>, 2010. During this intern he has worked on **Medical Tourism in India and Strategies to increase flow of International Patients in Centre for Sight** under the guidance of me and my team at Centre for Sight

Mr Sumit Gupta is a sincere and hard worker. He is a keen learner and always tries hard to give the best results. He successfully executed the tasks assigned to him and is very punctual about work.

His behaviour and conduct is very good.

We wish him good luck for his future assignments.

(Signature)

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### Certificate of Approval

The following dissertation titled “**Medical Tourism in India and Strategies to increase flow of international patients in Centre for Sight**” hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name

Signature

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### **Certificate from Dissertation Advisory Committee**

This is to certify that **Sumit Gupta**, a participant of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. He is submitting this dissertation titled "**Medical Tourism in India and Strategies to increase flow of International patients in Centre for Sight**" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Dr Dharmesh Lal  
Associate Dean  
IIHMR, New Delhi

Mr Amit Singh  
V.P.(Marketing&Business Development)  
Centre For Sight

## **ABSTRACT**

### **A Study on Medical Tourism in India and Strategies To Increase flow of International Patients in Centre For Sight**

The Medical Tourism Industry in India is poised to be the next big success story after software.. Encouraged by the incredible pace of growth exhibited by the industry, the Confederation of Indian Industry (CII) and McKinsey have predicted that the industry will grow to earn additional revenue of \$2.2 billion by 2012.

Health Tourism India is a developing concept whereby people from world over visit India for their medical and relaxation needs. Most common treatments are heart surgery, knee transplant, cosmetic surgery and dental care. The reason India is a favourable destination is because of it's infrastructure and technology in which it is at par with developed countries. India has some of the best hospitals and treatment centers in the world with the best facilities.

The key competitive advantages of India in medical tourism stem from the following: low cost advantage, strong reputation in the advanced healthcare segment (cardiovascular surgery, organ transplants, eye surgery) and the diversity of tourist destinations available in the country. The key concerns facing the industry include: absence of government initiative, lack of a coordinated effort to promote the industry, inefficient accreditation mechanism for hospitals and the lack of uniform pricing policies and standards across hospitals.

To realize the industry's full potential, a coordinated effort from the various players – government, private players and the associated sectors is very essential. The government should help in instituting an accreditation mechanism and device policies to facilitate private investment in the sector. An apex body should be formed for the industry in the lines of NASSCOM and should focus on building the Indian Brand across the world and promote inter-sectoral cooperation.

The other part of the project discusses the strategies needed to increase the flow of international patients in Centre for Sight Group of Eye Hospitals. Various strategies have been discussed that can be adapted to increase the patient flow in the hospitals.

Primary research has been conducted with the help of questionnaires and direct interaction with international patients.

A sample size of 70 patients was chosen over a period of 1 month.

Secondary research was conducted with the help of Periodic research articles, Statistical resources and internet source sites.

With the successful implementation of the discussed strategies Centre for Sight can increase its fold of international patients and can retain the edge it has over its competitors.

In years to come medical tourism will be crucial for growth and success of a healthcare organizations.

### **Acknowledgement**

I Sumit Gupta student of IIHMR New Delhi, undergoing Post- Graduate Diploma in Health and Hospital Management Batch (2009-2011) thank all the management and staff of Centre for Sight who really helped me complete my dissertation on **Medical Tourism in India and Strategies to increase flow of International Patients in Centre for Sight**.

I would specially like mention the names of the following whose help and support during this period made it possible to complete my dissertation on time.

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**2.Mr Aman Singh Ahluwalia**(Associate Vice President,Marketing).

**3.Mr Sushant Rai**(Assistant Manager,Marketing).

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Sumit Gupta

Enrollment No.

PG/09/051



## **Table of Contents**

1. Cover Page.....	Pg.No.1
2. Topic Page.....	Pg.No.2
3. Internship completion Certificate.....	Pg. No.3
4. Certificate of Approval.....	Pg. No.4
5. Certificate from Dissertation Advisory Committee.....	Pg. No.5
6. Abstract.....	Pg. No.6-7
7. Acknowledgement.....	Pg. No.8
8. List Of Figures.....	Pg. No.11
9. List of Tables.....	Pg.No.12
10. List of Appendices.....	Pg.No.13
11. List of Abbreviations.....	Pg.No.14
12. Part 1 Internship Report.....	Pg.No.15-30
14. Part 2 Dissertation.....	Pg.No.31
a)Introduction.....	Pg.No.32-33
b)Review of Literature.....	Pg.No.33-50
c)General and Specific Objectives.....	Pg.No.50
d)Opthalmology:"An Untapped avenue for Medical Tourism".....	Pg.No.51-60
15.Research Methodology.....	Pg.No.61

16. Analysis of Data.....	Pg.No.62-68
17. Strategies to increase patient flow in CFS.....	Pg.No.69-84
18. Conclusion.....	Pg.No.85
19. Recommendation.....	Pg.No.86
20. References.....	Pg.No.87
21. Annexure.....	Pg.No.88-89

### **List of Figures**

<b>Figure No.</b>	<b>Description</b>	<b>Page</b>
1	Human eye	52
2	Analysis of Data	66
3	Analysis of Data	67
4	Analysis of Data	68
5	Analysis of Data	69
6	Analysis of Data	70
7	Analysis of Data	71
8	Analysis of Data	72
9	Role of Medical Tourism facilitators	74
10	Services of Medical Tourism Facilitators	75

### **List of Tables**

Table No	Description	Page
1	Major International Players	36
2	Major Medical Tourist Destinations in Asia	37
3	Service Spectrum in India	42
4	Indian Medical Tourism(SWOT Analysis)	43
5	Procedure Charges in India and rest of the countries	47
6	Cost Difference in Ophthalmic Procedures	56
7	Centre for Sight(SWOT Analysis)	60
8	Centre for Sight:SWOT Analysis:w.r.t.Medical Tourism	64
9	Advertisements in International Print Media	79
10	Leading NRI Publication in U.K./Canada	80

## LIST OF APPENDICES

Appendix 1- Cover Page

Appendix 2-Topic Page

Appendix 3- Internship Completion Certificate

Appendix 5- Certificate of Approval

Appendix 6- Approval of DAC

Appendix 7- Abstract

Appendix 8- Acknowledgement

Appendix 9- Table of Contents

Appendix 10- List of Figures

Appendix 11 –List of Appendix

Appendix 12- List of Tables

Appendix 13- List of abbreviations

Appendix 14- Internship report

Appendix 15- Dissertation

Appendix 16- References

## **List Of Abbreviations**

### **Acronyms/Abbreviations used**

CFS – Centre for Sight  
ID – Identification  
OPD – Out Patient Department  
IPD – In Patient Department  
OT – Operation Theater  
OCT – Optical Coherence Tomography  
IOL – Intra Ocular Lens  
ECG – Electrocardiogram  
TPA – Third Party Administrator  
ISO – International Organization for Standardization  
BPO – Business Process Outsourcing  
IVF – In Vitro Fertilization  
FDA – Food and Drug Association  
M-Visa – Medical Visa  
CABG – Coronary Artery Bypass Graph  
CAD – Coronary Artery Disease  
NRI – Non Resident Indians  
FICCI – Federation of Indian Chambers of Commerce and Industry  
CRISIL - Credit Rating Information Services of India Limited  
MM – Millimeter  
Phaco – Phacoemulsification  
NHS – National Health Services  
HMO – Health Maintenance Organization  
PPO – Preferred Provider Organization  
MTF – Medical Tourism Facilitator  
DNS – Domain Name Search  
SEO – Search Engine Optimization

# **Internship Report**

## **I. ORGANIZATION PROFILE**

The centre was setup in 1996 by Dr Mahipal S. Sachdev, former Associate Professor, Ophthalmology from the prestigious Dr R.P. centre, AIIMS, New Delhi, with the vision - ***“To establish the most preferred brand of super specialized eye care centres in North India”*** and with a motto ***“Because every eye deserves the best”***.

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. It is a preferred tertiary referral centre for Glaucoma, squint oculoplastic and advanced vitreo – retinal surgeries. Centre for sight is a pioneer in the treatment of age related macular degeneration.

**Mission:** centre for sight is committed to deliver best quality care with personalized touch and cutting edge technology, to enhance patient satisfaction and provide continual improvement in its services.

**Vision:** To establish the most preferred brand of super specialized world class eye care facilities in and around India by 2020.

### **Objectives:**

- To provide quality of care that exceeds patients’ expectations
- To adhere to operational protocols of the institute in order to reduce errors and enhance patient safety
- To comply with all statutory and regulatory requirements
- To promote on the job training in order to improve skills and competence of the staff.
- To ensure health and safety of the staff members.

Centre For Sight, since its inception in 1996 has always strived to offer the very best to the ophthalmic patients and has been in the forefront of delivering specialized eye care services for various disorders of the eye.

Within a short span, Centre For Sight has become an icon of dynamic progress in the field of ophthalmology. With SEVEN Centres running across NCR and beyond, be it South Delhi, East Delhi, North-West Delhi, Faridabad, Gurgaon or Agra, CFS is well on course to be the largest eye care service provider across North India.

**Safety, Expertise and Technology.** These are the three words that describe what you one can expect from Centre For Sight.

Centre For Sight is recognized by the **Central Govt. Health Scheme (CGHS), Delhi Govt. Health Scheme (DGHS)** and registered by the **Directorate of Health Services**, National Capital Region, New Delhi. It is on the panel of reputed public sector undertakings like **GAIL (India) Pvt. Ltd ,Oil India,DERC, UGC, CPCB, Mother Dairy, ECHS, Indian Airlines, Seema Suraksha Bal, Punjab & Sind Bank, MTNL**, etc. It is also empanelled with Multinational Corporates like **Escorts JCB, Jet Airways,Taj Palace, Oberoi, Global Healthline 98.4 , Hero Honda, Hindustan Lever Ltd, Bennett, Coleman & Co. Ltd.** etc, reputed **Insurance Companies** and a majority of the **TPAs**.

It is the **Dedication, Professionalism and Perseverance** that make Centre for Sight a preferred destination for Quality Eye care not only for Indian Citizens but also for foreign internationals. Infact Centre for Sight is emerging in a big way in the field of Medical Tourism.

Centre For Sight uses the cutting edge technique of **Phacoemulsification** with a foldable lens implant for cataract surgeries. We use the latest generation Phaco machine –**Signature and Millenium by AMO** and **Stellaris by B&L**. In most cases it is a ‘no injection – no stitch – no pad’ surgery leading to very quick visual recovery and rehabilitation resulting in ‘walk in



– walkout’ cataract surgery.

The main centre is located at Safdarjung, New Delhi. There are few satellite centers across Delhi; others are in Faridabad, Gurgaon and Agra. It is coming up with a few more centers in north India. The main satellite centres are:

- Centre for sight, Preet vihar
- Centre for sight, Gurgaon
- Centre for sight, Rohini
- Centre for sight, Escorts Heart Institute, Okhla
- Centre for sight, Sun flag hospital, Faridabad
- Centre for sight, Agra

Centre for Sight is primarily a Super-specialty Ophthalmic hospital i.e. it caters to only eye care. It provides the following Medical and ancillary services:

**Medical Services**

- Complete refractive solutions
- Cataract
- Glaucoma
- Vitreo – Retinal diseases
- Uvea
- Cornea
- Squint
- Pediatric ophthalmology

- Neuro – ophthalmology
- Occuloplasty and tumours
- Opticals and low vision aids
- Contact lenses
- Comprehensive eye check up

#### **Ancillary Services**

- Pharmacy
- Pathlogy lab for tests
- ECG

#### **Facilities and Equipments**

The centre has all the latest facilities and state of the art technology to cater to the needs of patients seeking eye care.

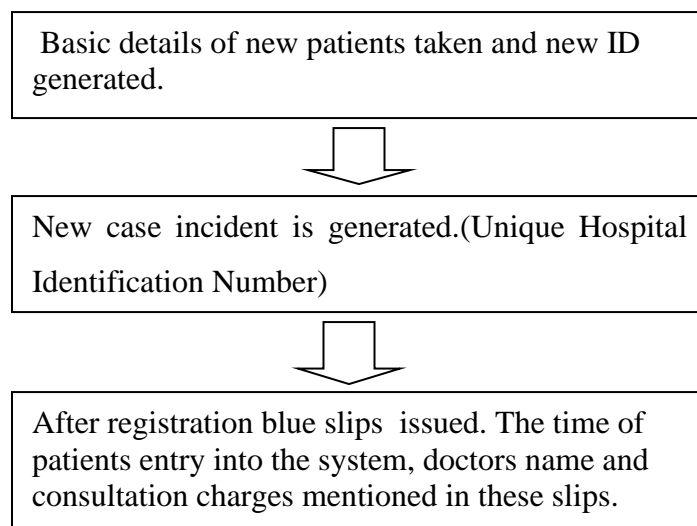
- Intralase Femto second Lasik Laser (Blade-Free Lasik)
- Visx Lasik Laser
- Bausch & Lomb Zyoptix 100 LASIK Laser
- Xp- Microkeratome & Hansatome
- Allergan-Sovereign Phacoemulsification system
- Gemini Phaco & Vitrectomy system
- Millenium –Advanced Cataract and Vitrectomy System
- Glautech Excimer Laser for Glaucoma
- Zeiss YAG Laser
- Zeiss PDT Laser

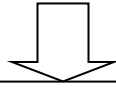
- Optical Coherence Topography (OCT)
- Zeiss Digital Fundus camera
- Humphrey & Medmont Fields Analyzers
- Kowa fundus camera
- Oculus pentacam
- Topcon Fundus cameraz
- YAG Laser YC 1800
- OPD Scan
- AMO –Signature Phacoemulsification system
- AMO- Compact with ICE Phacoemulsification System
- Applanation Tonometers
- Vitrectomy machine

## II. DEPARTMENT WISE WORK PROCESS

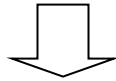
### 1) Reception

It is the first point of interaction between the patient and the hospital. The flow of activities at the reception is as follows –





Blue slips sent along with the files to the OPD directly. These files are color coded. Blue files are for patients with appointment and Pink files are used to indicate walk-in patients



Appointment for next visit may be taken at the reception. However, appointments on phone are given only at the EPBAX cell.

The “Appointment” module of I-Care (Hospital HMIS) is

Different color codes are given to manage patient flow, i.e.

- Blue                      New Appointment
- Yellow                  Follow up
- Purple                   One day post operative
- Light purple           One week post operative
- Dark pink              Three weeks post operative
- Brown colour        Check in
- Green colour         For Lasik Work up
- Orange                 For surgery
- Red                      Any information and blocks in OPD

Charges for consultation are collected at the reception itself and daily reconciliation is done.

## **2) EPBAX**

The electronic private automatic branch exchange is equipment that has made day to day working in the offices much simpler, especially in the area of communication.

It is located in the basement reception and serves both the external and internal communication needs of the organization. Main features are call transferring; call forwarding, auto conferencing and automatic redialing of numbers found engaged in the first trial.

EPBAX staff is responsible for giving appointments to patients on phone.

## **3) Counseling**

Upon his visit to the doctor at the OPD, a patient may be advised a specific procedure/surgery. Obviously, the patient would need some counseling to understand various options that are available to him.

The counseling department basically acts upon the advice of the doctor and explains the relevant facts of the procedure/surgery to the patient.

It includes discussion about the exact procedure, choice of lens, cost and investigations required.

Once investigations are done, patient reports to at the reception with his investigation results. They are put in a yellow folder and sent to the doctor. If the patient is fit for surgery, he again goes to the counseling room and a date is assigned to him for his surgery.

A pre and post operative instruction card is given to the patient, which contains all necessary details regarding precautions and medicines.

For CGHS patients, counseling procedure primarily remains the same. Again, they may fall in two categories:-

a) Serving – Permission letter and copy of ID card.

b) Pensioner – Only permission letter.

Patient is informed about any extra amount that they might have to pay from their pocket in case they opt for an expensive lens. Discharge summary of CGHS patients is also prepared at the counseling room.

For TPA patients, counselors tell them about the cashless procedure in brief, get the TPA guidelines and pre authorization forms of their respective TPA'S signed and submit them to the TPA cell.

In Addition to these, they inform all the patients about the timing of their surgery and give them preoperative instructions one day prior to their appointment.

#### **4) Pharmacy**

With the increasing demand, the pharmacy at, Centre for Sight was established in February 2007, which just in few months of its establishment has now grown in its size as well as contents. The pharmacy functions during the regular hospital hours of 9.00 AM to 6.00 PM.

The facilities include:

- All commonly used drugs are available to meet the demand.
- Fully computerized transactions, generation of bills etc.
- Appropriate drug pricing.
- Computerized inventory control system that gives information about drug expiry date, reorder status for a particular drug, pricing etc.
- Good vendor relations and a little lead time in the receipt of order placed.

#### **5) OPD**

Each and every stage of an Eye examination is very crucial & important. Thus, the initial & foremost phase of examination (i.e. Outpatient Services) at Centre for Sight are designed in

such a way that it provides consistent monitoring to our patient by the staff with extreme comfort level of waiting areas, OPD working hours till the hospital functions hence ensuring enhanced treatment facility with flexibility for our patients. The facilities include:

- Spacious OPD located at both the Ground and First Floor with the Premium OPD located at Third Floor.
- More than 20 Consultant chambers
- Equipped with the latest technology equipments to examine and diagnose patients
- Access to more than 14 renowned consultants with the faculty of AIIMS.
- Professionally Skilled and Trained staff.

#### **6) Optical and contact lenses**

The optical shop at Centre for Sight has an extensive selection of frames for every preference – traditional and designer for all ages in wide range of prices.

The facilities include:

- Skilled staff to help select the right frame and lens
- Patients can choose from a variety of non branded and major branded frames including Tommy Hilfiger, Versus, Gucci, Police, Guess, Versace, D&G, Hugo Boss, Carrera etc.
- High standard of craftsmanship are set.
- Quality of dispensing, using latest technology.
- High Accuracy.
- Time taken for making the spectacles is very less.
- Even the most difficult and complicated prescription can be made with ease.
- Other facilities like free adjustments, nose pads and repairs on any eye wear purchased at the optical are also provided

- Wide range of contact lenses i.e. soft, semi soft, hard and bandaged contact lenses are available all the time. Colored lenses for cosmetic purposes can be made available in 24 hours time.

## **7) Billing and Accounts**

The main billing section of the hospital is located in the ground floor near OPD. All the cash billing for empanelled, TPA and general patients is done here. Credit billing for empanelled patients is done in the basement office. Salient features are:

- Entry in the department is for authorized personnel only. No one can enter until the security code is activated.
- Daily reconciliation of receivables is done. Cash generated in other centers is also analyzed routinely in the main centre.
- Reconciliation of accounts is done.
- All the credit bills generated in a month are submitted within the first week of next month.

## **8) Medical records department**

This department is located in the basement along with the stores section. Approximately 40 inpatient records are generated each day. All the records are filled and sent to the store for filing. Here, all the records are supposed to be checked for deficiencies in the basic details, need to set them in order of hospital numbers and then to be filed in box files. Observations Are:

- These files are arranged vertically in racks made for storing the records.
- A register is maintained in which the entry of all received records is done.
- No set pattern is followed for filing and the storage space is insufficient.
- Files of all the TPA/Insurance patients are also kept in the same department.



- Most of the older files are having incomplete data about patient's treatment, but the same information can be generated from the hospital information software.
- This department is centralized where records for both OPD and IPD patients are maintained.

## **9) Stores**

Hospital stores have the main responsibility of arrangement of lenses for surgery according to the patient's requirement. All details regarding this are taken from counseling 1-2 days prior to surgery so that right lens could be arranged for cataract patients. All other inventory is also maintained and checked routinely. Store is centralized and requirement of all other centers is fulfilled on a monthly basis depending on the requisitions generated by them. Inventory mainly consists of:

- Consumables used in the surgery
- OT drugs
- Stationary and misc items
- Lenses
- Linen for OT
- All the material required for camps
- General purpose consumables like tea/coffee, cleaning agents etc.

## **10) IT department**

- Main responsibility of this department is to see that all hospital systems and the server are working properly.
- The department gives assistance in case there is any problem related to hardware or software.
- Maintenance of hospital information software as well as incorporation of changes and its updation is done.

## **11) Operation Theatre**

2<sup>nd</sup> Floor – 3 OTs – Cataract, Retinal, Glaucoma and other surgeries are performed in these OTs.

One pre –operative room and post operative lounges are also there

3<sup>rd</sup> Floor – Refractive Surgeries are done

## **12) Work-up room** – For refractive surgeries. Location: 3<sup>rd</sup> Floor.

Before a surgery, some work up is required to be performed on the patient. This includes: -

- Refraction
- Wave Scan – counter-checking of refraction.
- Ob Scan - To check cornea's curvature
- Aberometry – To know the final status of the eye.

This information is stored in a memory disk, which is used during the refractive procedure

## **13) TPA**

- Hospital is empanelled with 31 TPA's. the list includes all major and some minor TPA's approved by IRDA.
- Department carries out all the processes required for cashless hospitalization and further settlement of claims.
- Maintains the database of all the cases processed till date in files and folders,

- The hard copies of all the claim documents are kept in in box files stored in the MRD.
- All recent and old outstanding cases are kept separately for reference.
- The department gives assistance and guidance to patients regarding cashless hospitalization, and also help them in filing for reimbursements
- Empanelment with New TPA's and renewal of the same is one of the most important task that has to be carried out in coordination with the marketing department.
- Tracking of TPA receivables is done on a routine basis and received payments are checked for deductions, TDS, short payments etc. these deductions if not appropriate, are informed to TPA's and reason is sought.
- Co –ordination with billing and accounts department for financial status reconciliation
- Presenting the current status of TPA financial recovery to the management routinely or as required by them

#### **14) Hospital Website**

- Centre for sight is having a very informative and interactive website
- Wide range of information about the eye, all kinds of eye ailments, signs and symptoms of various eye diseases and treatment options is available for the reference.
- Host of information about the hospital, services, departments, doctors, facilities etc is also shown on the website.
- There is a provision to register online and take appointments.
- Location map and contact details are available for easy accessibility.
- Website is kept updated about all recent activities and changes

### **15) Administration and HR department**

- The main role of hospital administration is to oversee day to day operations of all departments.
- Makes sure that the hospital is working efficiently and providing adequate medical care to patients without causing them any discomfort
- Acts as a liaison between governing board, medical staff, and department leaders and integrate all the activities so that they function as a whole.
- Project management, Budget planning, CFS expansion related activities and making key decisions are some of the important activities in which administration plays a important role.
- Human resource department is concerned with:
  - Recruitment, training and induction of new members.
  - Daily attendance of staff
  - Leave record for the current year
  - Making policies related to code of conduct
  - Performance appraisal of staff

### **16) Hospital marketing team**

- All the marketing activities for the main centre are carried out from the corporate office in Green Park.
- All other centres have their own team of marketing executives and they report to centre managers and in the head office at green park.
- Major activities include:
  - Arranging for camps, live shows, talks and continuing medical education( CME's) programmes

- Keeping the hospital website current and updated
- Designing logos, charts, pamphlets, and brochures necessary for staff and patients education.
- Empanelment with PSU's, TPA, and other agencies for enhancing business.
- Tie up with hospitals and doctors (small nursing homes) for referral and diagnostics.
- Maintenance of public relations and networking inside and outside the hospital

As a part of my training in centre for sight I was given an induction schedule whereby I had an overview of the working of all the departments. The induction programme was for 15 days and it helped significantly in gaining knowledge about hospital operations.

I joined Corporate Marketing division. I was initially given the task of empanelment of various Corporates with Centre for Sight Group Of Eye Hospitals.

For this I created a database of various corporates in gurgaon .I call them up and explain them about our proposal for empanelment.

A copy of our proposal is mailed to the interested corporates. I then follow it up over phone to seek an appointment as per their convenience.

At the meeting my role is to answer their queries and inform them about all the facilities offered by Centre For Sight.

I then follow up with them later and ask for their response.

With the interested organizations we complete our empanelment formalities. Later we organize a talk show or an eye camp at the corporate's office. This is to promote awareness about Centre for Sight and the employees also get to know about the benefits they could avail.

The other task given to me is to start some promotional activities like an eye camp/talk show/awareness campaigns for those organizations already empanelled with Centre for Sight. This is to increase the business from our already empaneled centres.

I visit various organizations and take them through our proposal and answer their queries regarding empanelment.

I learnt about the basics of Corporate Marketing and also things like relationship management with various corporates.

I understood the importance of the standards and quality of services that organizations look for.

It is essential to properly convey the package to the organization and leave them convinced about it. There should not be any ambiguity and confusion in the process as it can affect the reputation of the organization.

The nature of this job demands perseverance and commitment towards the organizations as they are an indispensable part of the whole process.

# **Part II - Dissertation on:**

**MEDICAL TOURISM IN INDIA AND STRATEGIES  
TO INCREASE INTERNATIONAL PATIENT FLOW  
IN CENTRE FOR SIGHT**

## **Introduction**

### **Medical tourism in India**

After the silicon rush India is now considered as the golden spot for treating patients mostly from the developed countries and for ailments and procedures of relatively high cost and complexity. India is also aggressively promoting medical tourism in the current years -and slowly now it is moving into a new area of "medical outsourcing," where subcontractors provide services to the overburdened medical care systems in western countries.

India's National Health Policy declares that treatment of foreign patients is legally an "export" and deemed "eligible for all fiscal incentives extended to export earnings." Government and private sector studies in India estimate that medical tourism could bring between around \$2 billion US into the country by 2012.<sup>(2)</sup>

Going by the Statistics and various studies it can be easily said that India would be the leader in medical tourism within the next decade if only it could improve the infrastructure and tour attractions. The question or rather the doubt that is often asked by critics is how can India provide top line medical care to outsiders when such a large part of population falls below poverty line. Ethically and morally this problem has to be solved if India has to move into the category of developed country and also as a place which provides medical care to both its own people and patients from other country

The aim of this project is to put a finger on the highly profitable service of medical care combined with tourism in which india is currently considered as a market leader. It has been a known fact for past many decades that Indian doctors are highly skillful in their given fields since all around the globe many hospitals have doctors of Indian origin. Therefore it became almost natural that this trend extended to India.



Long waiting lists, rising healthcare cost, inadequate insurance cover and poor follow-up services are some of the factors directing a wave of medical tourists to more affordable healthcare destinations. Most countries are tapping the health tourism market due to aggressive international marketing in conjunction with their tourism industry. In this rat race, Thailand, Malaysia, Jordan, Singapore, Hong Kong, Lithuania and South Africa have emerged as big healthcare destinations.

India is unique as it offers holistic healthcare addressing the mind, body and spirit. With yoga, meditation, ayurveda, allopathy and other Indian systems of medicine, India offers a vast array of services combined with the cultural warmth that is difficult to match by other countries. Also, clinical outcomes in India are on par with the world's best centres, besides having internationally qualified and experienced specialists.

## **REVIEW OF LITERATURE**

History is indeed full of medical travelers who made trips in various places across the globe to seek improvement for their health. Take the case of India. India has enjoyed a rich history of providing Yoga instruction as well as Ayurvedic healing to patients from around the world.

However, dental surgery, cosmetic surgery and other more serious kinds of surgery abroad is relatively a new phenomenon. It started in the 80s and 90s when patients began looking for more affordable options other than what was offered in their homeland or country.

What was referred to as "tooth tourism" grew quickly. Americans were then traveling to Costa Rica or other Central American countries for dental bridges and other dental procedures that were not usually covered by their insurance.

In the late 1980s, Cuba started programs to attract foreigners from countries like India, Latin America and Europe for more affordable eye surgeries, heart surgery and cosmetic procedures. In 1990 alone, it was reported that the Cuban government had around 2,000 medical tourist from various parts of the world.<sup>(5)</sup>

Thailand also became a hot destination for plastic surgery and other routine medical procedures in the late 1990s. On the other hand, New Zealand is getting more popular in hip and knee replacements surgery.

Now, medical tourism is already a global phenomenon. More and more countries will become destinations of medical tourism. But while there are advantages, there are also risks or disadvantages. Medical tourism is a trade-off. You might be able to save a lot of money at the same time have your much-needed vacation abroad but expect some disadvantages along the way. Nonetheless, medical tourism is here to stay thanks to the mass media, modern technology and hassle-free travel to other countries.

In real terms, Medical tourism means, traveling or visiting other country for the medical treatment, to save costs, get better medical facilities or get the treatment fast. If we take a look of the past few years, we will find a large chunk of patients from all over the world visit India for their medical treatment. Some of the key factors for developing medical tourism in India are as follow:-

**(1)Cheaper pricing option available for treatment:** This factor plays a very important role for developing medical tourism in India. The cost of treatment is very low as compared to USA, UK or any developed country. This is the main reason that people from all over the world come to India for medical treatment.

**(2) Availability of Doctors:** The competence of Indian doctors is well known. We have a large pool of renowned doctors with a rich experience with them.

**(3)Negligible Waiting Time:**Unlike the Western Countries, there is no problem of waiting time in India.

**(4) World class services and infrastructure:** Indian hospitals are equipped with well infrastructural facilities and providing world class services to the patients. With corporate hospitals coming into picture the patients can easily avail world class facilities.

**(5)Vast Country to visit:** There are hundreds of visiting places, which attract patients to come here for treatment and visiting places.

**(5) No Language Barrier:** This is also a very crucial factor that a large number of people form USA and UK come down to India for treatment. Here a large chunk of people can speak and understand English language. After US, India is the second largest English speaking country.<sup>(6)</sup>

**Major International Players- [Table No. 1]**

Country	Key Specialties	Main Driving Factor
<b>Costa Rica</b>	Dental Procedures	<ul style="list-style-type: none"> <li>a) Close proximity to USA and Canada</li> <li>b) Health Costs are 80% less than that in USA.</li> </ul>
<b>Cuba</b>	Joint replacement, Cancer treatment, Eye surgery, Cosmetic surgery and addictions rehabilitation.	<ul style="list-style-type: none"> <li>a) Health care costs 60-80% less than US</li> <li>b) Visa is easy to obtain, especially for UK and Canadian residents.</li> </ul>
<b>Mexico</b>	Dentistry, Plastic surgery and Bariatric surgery	<ul style="list-style-type: none"> <li>a) Strong reputation of services and Doctors</li> <li>b) Support from US insurers and Employees.</li> </ul>
<b>Panama</b>	Dental implants, Plastic surgery, Assisted reproduction, Cardiology, Pulmonology and Orthopedics	<ul style="list-style-type: none"> <li>a) Low costs.</li> <li>b) Doctors trained at US and Europe.</li> <li>c) Association with International Organizations such as Johns Hopkins International and Harvard Medical Faculty</li> </ul>
<b>Brazil</b>	Cosmetic surgery	<ul style="list-style-type: none"> <li>a) Quality of care</li> <li>b) JCI Accredited Hospitals</li> </ul>
<b>Colombia</b>	Cosmetic and Eye surgery, Cardiovascular and Transplant surgery	<ul style="list-style-type: none"> <li>a) Ease of travel from US and Europe</li> <li>b) Colombia has such an organ donor and banking system which makes organs available to foreigners with certain legal restrictions.</li> </ul>

**Major Medical Tourism Destinations In Asia[Table No. 2]<sup>(2)</sup>**

Country	Key Specialties	Main Driving Factor
<b>Singapore</b>	Neurosurgical procedures, Orthopedic surgeries	a) A multi – agency government initiative involving Singapore Tourism Board, the Economic Development Board & International Enterprise Singapore.
<b>India</b>	Heart surgery, Hip resurfacing and other Orthopedic procedures, Wellness Tourism and Alternate systems of Medicines.	a) Low cost of Health care up to 1/10 of that in advanced countries. b) English speaking staff. c) World Renowned doctors. d) Ayurveda is catching up fast as an effective alternative. e) Rich heritage that promotes tourism.
<b>Malaysia</b>	Elective surgeries	a) Active collaboration among private players to establish “Association of Private Hospitals of Malaysia” b) Few Internationally accredited Hospitals
<b>Thailand</b>	Cosmetic procedures, spas and rejuvenation centers, Cardiac procedures, Orthopedics, Organ transplants,.	a) JCI accredited hospitals b) High inter-sectoral coordination. c) Initiatives from tourism authorities.

## Medical Tourism - Asia's Growth Industry

Asia's burgeoning medical tourism industry, expected to be worth at least US\$2 billion by 2012, is proving a windfall for the travel and hospitality sector.

Abacus International President and CEO Don Birch says, "The lure of low-cost, high quality healthcare in Asia is estimated to be attracting more than **1.3 million tourists** a year to the key locations – Thailand, Singapore, India, South Korea and Malaysia."

"This is a new breed of travellers. They have particular needs, they are going to these locations for a specific reason, and reports are showing that their daily spend is more than double that of other tourists." Government research on this rapidly-growing business shows a medical tourist spends average US\$362 a day, compared with the average traveller's spend of US\$144. "This spend alone makes medical tourists a highly-attractive niche for travel agencies and the hospitality sector," Mr Birch says.

"This is a big and growing pie, which everyone is wanting a share of. At one level governments and government agencies want to see the economic benefits, hospitals are competing to provide treatments, and the travel and hospitality providers are also vying to claim a slice of the action.

"The opportunities are expanding all the time in the region," Mr Birch says. **India's medical tourism business is growing at 30 per cent per year and is forecast to generate at least US\$2.2 billion a year by 2012.** Singapore is targeting to attract one million foreign patients annually and push the GDP contribution from this sector above US\$1.6 billion, while Malaysia expects medical tourism receipts to be in the region of US\$590 million in five years' time.<sup>(10)</sup>

Coupled with strong growth in Asia's other well-established medical tourism markets, such as Thailand and South Korea, the industry is set to confidently stride past US\$4 billion by 2012. The current estimated 1.32 million medical tourists come to Asia from all corners of the world – including US and Europe but much of the travel is within Asia, Mr Birch says.

“While the long-haul market is important and growing, much of the business is Intra-Asia. Some of the key origin markets are Indonesia, Malaysia, the Middle East and Greater China. This provides a good spin-off for airlines and low cost carriers especially those providing direct flights within the region”.

More than 1 million tourists receive healthcare in Thailand, be it inpatient or day surgery at facilities such as Bumrungrad International Hospital, which offers a full spectrum of services from executive health tests to cardiac packages, cancer therapy, eye surgery, liposuction and other cosmetic options.<sup>(4)</sup>

Bumrungrad has more than 700 internationally-trained and board-certified doctors, and a complete range of healthcare services and facilities.

Singapore on the other hand makes world headlines for performing complex neurosurgical procedures and delivering cutting-edge medical treatment by the region’s leading health specialists. The cost of treatments in Singapore, such as a hip replacement, can be less than a third of the price in the United States. In some cases, the cost is less than a tenth of what people would pay in America or Europe.

## **India the World Class “Medical Treatment Destination”**

Promoted by the government and fuelled by the corporate boom in medical care, India is increasingly seen as the favoured destination of “medical tourists” who cross national boundaries to seek treatment that is cheaper than in their home countries. Medical tourism is a multi-billion dollar industry promoted by governments and the medical and tourism industries. Two other major factors are the sustained growth of corporate hospitals and hospital chains across India and government patronage and promotion of medical tourism as part of public policy.

**The equation holds so true:**

**Medical Tourism in India = World Class Treatment+Holiday+Big Savings**

- ⇒ **Lonely Planet** in a survey of 134 countries –India has been rated among the top 5 favorite
- ⇒ India has been rated among the top 5 favorite destinations.
- ⇒ **i-explore** - India has been rated among top 5 destinations of the world.
- ⇒ **National Geographic Traveler** describes- India as “Land of Mystery & Majesty”



**Forbes** says - “India is one of the world’s fastest growing travel markets”.The most important unique selling points of India include the variety and beauty of India’s mountain ranges, colorful deserts, green rain forests, virgin beaches and holiest rivers besides its history, culture, religion and people. Besides India has architectural wonders like the Taj Mahal, The Golden Temple, Khajuraho Temples, The Sun Temple, Trimurti and many more.

**‘Atithi Devo Bhav’** is the new buzzword for Destination India. The unraveled natural beauty of Himalayas, serene sea shores, vast patches of sand ,thick and green foress with its blossomingt flora and fauna, back waters of Kerala, architecturally designed temples, forts age old traditional Indian Holistic medicinal services have not only wooed the foreigners but the Indians too. This has led to the beginning of a new concept called “Medical Tourism”<sup>(13)</sup>

Having being spurred on by the burgeoning medical tourism market in India, many hospitals have jumped on to the 'being hospitable' bandwagon to cash in on the boom time. The advent of this phenomenon has caused many hospitals to redefine their quality and service standards, in particular, the hospitality side of their business. And it is to meet this need, to spruce up its hospitality, that many hospitals are turning to the hospitality industry for expertise to provide its patients with a wonderful healthcare experience.

**The Service Spectrum in India [Table No. 3]**

	<b>Wellness Tourism</b>	<b>Alternative System of Medicine</b>	<b>Cosmetic Surgery</b>	<b>Advanced and Life Saving Healthcare</b>
<b>Services Offered</b>	Spas, Stress Relief, Rejuvenation Centres	Ayurveda, Siddha, Treatment for Arthritis, Rheumatism etc.	Dental Care, Plastic Surgery, Skin Treatment	Organ Transplant, Cardio-Vascular Surgery, Eye treatment, Hip Replacement, IVF
<b>Profit Margins</b>	Low	High	Medium	High
<b>Key Competitors</b>	Thailand, South Africa		South Africa, Cuba and Thailand	Singapore, Jordan, Thailand and Malaysia
<b>India's Strength</b>	Low – Thailand has captured a significant share of the market. Although South Indian cities like Chennai are catching up fast.	High – Kerala is popular for this service.	Low – South Africa and Thailand lead in plastic surgeries. Cuba specializes in skin treatments.	High – India has strong brand equity. Jordan has a strong presence in middle-eastern market.

### India in Medical Tourism – SWOT Analysis

<u>Strength</u> <ul style="list-style-type: none"> <li>❖ Quality service at affordable cost.</li> <li>❖ Availability of excellent skill set.</li> <li>❖ Global recognition of Doctors and Hospitals</li> <li>❖ Strong presence in advanced healthcare</li> <li>❖ Diversity of tourism destinations and experiences.</li> <li>❖ Increasing number of healthcare facilities with Indian and International accreditation.</li> <li>❖ Adoption of cutting edge technology.</li> </ul>	<u>Weakness</u> <ul style="list-style-type: none"> <li>❖ Lack of government support to promote medical tourism.</li> <li>❖ Lack of coordination between stakeholders of medical tourism namely transportation, hospitality and hospitals.</li> <li>❖ Customer perception as an unsafe and unhygienic country.</li> </ul>
<u>Opportunity</u> <ul style="list-style-type: none"> <li>❖ Increased demand for healthcare services from countries with aging population.</li> <li>❖ Fast-paced lifestyle increases demand for wellness tourism and alternative system of healthcare.</li> <li>❖ Long waiting periods in National Health systems in countries like UK and Canada.</li> <li>❖ Demand from countries with underdeveloped healthcare facilities.</li> <li>❖ Recognition of Indian facilities as a cost effective alternative by US insurance and employers.</li> <li>❖ Accreditation initiatives in India.</li> </ul>	<u>Threat</u> <ul style="list-style-type: none"> <li>❖ Unsynchronized effort of hotel &amp; hospital industry to join hands.</li> <li>❖ Still lacks in infrastructural support.</li> <li>❖ Strong competition from countries like Thailand, Malaysia and Singapore.</li> <li>❖ Under-investment in health infrastructure.</li> </ul>

## **INDIAN MEDICAL VISA**



Travelling to another country for the purposes of undergoing medical treatment is a more frequent and realistic option for those who wish to receive treatment more quickly. In India, medical visas allow their holders to enter the country for a period of up to one year, extendable by a further twelve month period in some circumstances. ***The visit must be undertaken with the sole purpose of receiving treatment at a recognised medical institution.***

Indian medical visas or 'M' visas as they are often known provide a temporary immigration service and are not intended as a route to settlement in India. An Indian medical visa does not provide a means to permanent residency in India and does not provide the opportunity to pursue India citizenship. However, medical visas for India provide a useful means of gaining entry clearance for the specific purpose of receiving medical attention.<sup>(9)</sup>

Unlike an Indian visit visa which is granted for a maximum of six months, a successful medical visa application may result in a grant of leave to remain in India for up to one year. The duration of this visa is determined by the length of time required to perform the medical treatment concerned however, a period of up to 12 months may be permitted, with the facility to extend this by a further 12 months where necessary. Extensions will only be granted on the production of a medical certificate or advice from the appropriate treatment centre. Any extension beyond this period would need to be granted by the Ministry of Home Affairs based on the recommendation of the State Government and appropriate Medical documents.

Whilst visas for medical treatment allow up to three entries, a fourth may be permitted in certain circumstances.

### ***Eligibility:***

In India, medical visa applications are specifically intended for the purposes outlined above and as such, they will be scrutinized to ensure that they match the requirements of this type of Indian visa service. Whilst the system is a useful one, it is important to ensure that those temporarily immigrating to India are genuinely doing so in order to receive treatment. As a result, Indian immigration authorities will require the following criteria to be satisfied.<sup>(9)</sup>

- It must be demonstrated that the applicant has sought preliminary medical guidance in their country of residence and that they have been advised to pursue specialist treatment.
- The applicant must demonstrate that they are seeking medical attention in a recognized institution which specialises in the treatment of the condition.
- In India, immigration authorities will give priority to M visa applications which relate to certain medical conditions. Serious ailments such as heart problems, organ transplants, ophthalmic disorders and neuro-surgery will be given primary consideration.
- Foreign nationals entering the country through this Indian visa service will be required to register their arrival with the Foreigners Regional Registration Office (FRRO) within 14 days.

## **COST COMPARISION**

### **BETWEEN INDIA AND OTHER COUNTRIES**

#### ***“First World Treatment at Third World Costs”***

Many countries have world-renowned health care system in terms of quality and technology. In fact, most of the private hospitals in India use exactly the same machines and instruments as the most advanced hospitals in the west.

For example:

- Apollo Hospital in New Delhi, India, charges \$4,000 for cardiac surgery, compared to about \$30,000 in the United States.
- A rhinoplasty (nose reconstruction) procedure that costs only \$850 in India would cost \$4,500 in the United States

Patients can also find lower-priced nonsurgical procedures and tests abroad:

- An MRI in Brazil, Costa Rica, India, Mexico, Singapore or Thailand costs from \$200 to \$300, compared to more than \$1,000 in the United States.
- A six-hour comprehensive fitness exam — including an echocardiogram, stress test, lung-function test and ultrasound of internal organs — costs only \$125 at India’s Fortis Rajan Dhall Hospital; a similar battery of tests in the United States could easily top \$4,000.<sup>(14)</sup>

**Procedure Charges in India and the rest of the Countries( USD)**

**[Table No. 2]**

<b>Procedure</b>	<b>US</b>	<b>UK</b>	<b>Bangkok</b>	<b>India</b>	<b>Singapore</b>
<b>Angioplasty</b>	30000	21000-27000	4000 - 5000	4000 - 5000	5000
<b>Angiography</b>	2500 - 3000	2000	1100	400	800
<b>Hip replacement</b>	19000	13000-16000	7000	6000	6600
<b>Knee replacement</b>	27000-32000	16000-18000	7000	6000	7000
<b>CABG</b>	30000	20000	7500	6400	9600
<b>Lasik</b>	4000	2250-2900	750	400	700

## **COST COMPARISON BETWEEN US/UK/INDIA.(USD)**

<b>PROCEDURE</b>	<b>US</b>	<b>UK</b>	<b>INDIA</b>
Bone Marrow Transplant	200,000	200,000	25,000
Bypass Surgery	35,000	25,000	6,000
Breast Lump Removal	5000	3,200	700
Haemorrhoidectomy	5000	3,800	1000
Knee Joint Replacement	25000-35000	16000-18000	6,000
Lasik Surgery	4,000	2,800	700
No Stitch Cataract Surgery	4,500	2,600	400
In-vitro fertilisation (IVF) cycle	15,000	-	1,800
Hernia Correction	2,800	2,700	1,000
Dental Implants	3500	2800	800

## **States Promoting Health Tourism**

The Indian Ministry of Tourism has announced a number of incentives to give a fillip to the sector. It has identified 31 villages across the country to be developed as tourism hubs. The states in which these villages have been identified include Himachal Pradesh, Gujarat, Maharashtra, Bihar, Karnataka, Madhya Pradesh, Andhra Pradesh, Kerala, Tamil Nadu, Orissa, Assam, Sikkim, Rajasthan and West Bengal.

**WEST BENGAL** - West Bengal, from where a large number of patients go to the southern states for specialised healthcare, is itself likely to become the hub of health hub of tourism in India soon. Three large super speciality hospitals with world-class facilities would come up in



the state. West Bengal has produced many reputed doctors who are working in different parts of the world and they have been invited to work at these hospitals.

**KERALA - THE PIONEER** state Kerala, or God's Own Country as its corporate slogan goes, has pioneered health and medical tourism in India. They have made a concerted effort to promote health tourism in a big way, which has resulted in a substantial increase of visitor arrivals into the state. Kerala and Ayurveda have virtually become synonymous with each other. However, though Kerala has strongly focussed on Ayurveda and its wide array of treatments and medications, good facilities are also available in the other traditional forms of medicine as well as in modern medical treatment. It is a lucrative destination for people wanting to undergo treatment of certain medical problems who do not need immediate emergency treatment.<sup>(12)</sup>

**GUJARAT :** Much of the NRI population, that is of Gujarati origin can take advantage of the medical facilities in Gujarat. Some of the major hospital groups such as Apollo already have a presence in Gujarat & others are looking for strategic cooperation include: hospital.

**KARNATAKA:** Karnataka and especially Bangalore is now an acknowledged global medical destination. This is because of referral quality health services supported by qualified and experienced medical professionals, reputed medical research institutions, well connected for travel, conducive climate and cost of treatment being just one tenth that of global hospitals.

**MAHARASHTRA:** Maharashtra has a thriving tourism industry, and is now set to have a new kind of tourism -Medical Tourism.The FICCI - Medical Tourism Council of Maharashtra - is a dynamic initiative jointly undertaken by the Government of Maharashtra, the Federation of Indian Chambers of Commerce and Industry, the tourism industry and private as well as public health tourism providers.

FICCI - Medical Tourism Council of Maharashtra **has been founded with a clear mission in mind:**

- To offer the world's best healthcare facilities coupled with the best heritage and tourist destinations. To show the world how to deliver "Value for Money" healthcare, with a human touch.
  - To project Maharashtra as a synergising destination for both medical academia as well as international medical conferences.
  - To regulate and monitor the medical tourism sector and assist patients from abroad.
- Maharashtra has all the necessary ingredients required to make medical tourism a success.

### **General Objective**

To study factors affecting Medical tourism in **Centre for Sight Group of Eye Hospitals**.

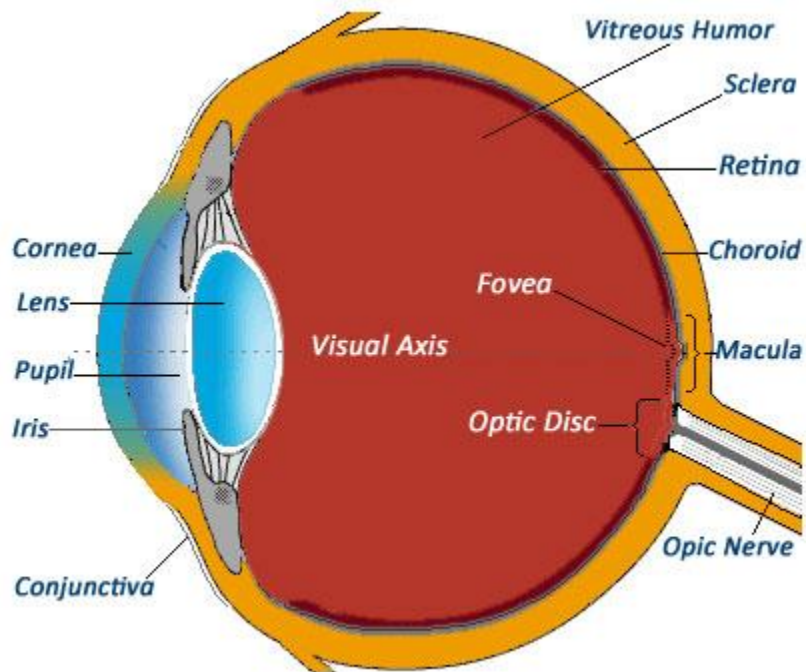
### **Specific Objectives**

- 1) To study cost difference in Ophthalmic procedures in US/UK compared to India.
- 2) To suggest strategies to increase flow of patients in Centre For Sight.

**"Ophthalmology"**

**An untapped avenue for Medical Tourism**

## The Human Eye



The best way to understand function of the eye is to compare it to a camera. Just like a camera creates images by focusing on an object and allowing specific amounts of light to pass through a hole to create a visual impression on film, the eye functions in much the same way.

When light enters the eye, it passes through the cornea, which transmits the light on to the pupil. The light then passes through the pupil (similar to the aperture in a camera) adjusts the amount of light that is allowed to enter.

The shape of the lens alters itself by adjusting the eye muscles to achieve the desired focus. The focused light finally reaches the retina, which one can equate to a camera film. It is in the retina, where the image is converted into electrical systems, which are then sent to the brain. The brain interprets these signals into what we know as sight.

Ailments of the eye can be classified on the basis of the part affected due to it: -

- a) **Cornea** - Cornea is the transparent, dome-shaped tissue covering the front of the eye. It is like the watch glass of a wrist watch. Cornea is a powerful refracting surface and provides about 2/3rd of the eye's focusing power. It gives us a clear window to look through and is very important for good vision.

Abnormal eye length or irregularities of the cornea can lead to refractive errors such as Myopia, Hypermetropia and Astigmatism.

**Myopia or nearsightedness** is a very common refractive error, and starts affecting people at a young age itself. It is a condition in which people have difficulties seeing objects in the distance, but may have no problems focusing on objects that are up close. Myopia occurs when the eyeball is too long or the cornea is too steep (curved). When rays of light enter a myopic (long) eyeball, they are focused in front of the retina instead of directly on the retina.

**Hypermetropia or farsightedness** is a condition in which people have difficulty in focusing at nearby objects but can see objects at far distance clearly. Hypermetropia occurs when the eyeball is too short or the cornea is too flat. When rays of light enter a hyperopic (short) eyeball, they are focused behind the retina. Because of this, the focusing apparatus in the eye must work constantly to make up for the problem and focus images.

**Astigmatism** means that the cornea is oval like a football instead of spherical like a cricket ball. Most astigmatic corneas have two curves – a steeper curve and a flatter curve. This causes light to focus on more than one point in the eye, resulting in blurred vision at distance or near. Astigmatism often occurs along with nearsightedness or farsightedness.

**Presbyopia** is a condition in which focusing for near objects is reduced. It generally affects people over the age of 40. Presbyopia is generally believed to stem from a gradual loss of flexibility in the natural lens inside our eye. The eye's lens stiffens

with age, so it is less able to focus when you view something up close. The result is blurred near vision.

Apart from the refractive errors, diseases of the cornea can lead to loss of its transparency, thus reducing the vision. Injury, infection, genetic diseases and malnutrition can affect the functioning of the Cornea.

Treatment for ailments of cornea: -

1. **Refractive errors** – Refractive errors are the most prevalent eye disorders. Traditional treatments for refractive procedures include use of spectacles or contact lenses to correct vision.

Modern Lasik Laser vision correction has been developed in the past three decades, whereby an excimer laser is used to alter the shape of the cornea in order to remove refractive errors.

The latest advancement in the field of Lasik procedure is Customized vision correction procedure, which uses the latest technology to create a personal vision profile and form an individualized, customized and tailor made procedure.

Traditionally, an instrument called microkeratome was used to create the flap on the cornea before the actual laser procedure was done. Although this is a very sophisticated piece of technology, it had its own disadvantages.

Advancements in the field of Vision Correction procedures has led to introduction of Femto Second laser to create the corneal flap, thereby making the entire vision correction procedure 100% blade free. This all laser Lasik procedure is the latest technology available in refractive surgeries. It is the only vision correction procedure approved by NASA for its astronauts and by US Naval Air force for its pilots.

- b) **Lens** - The lens is a transparent, biconvex structure in the eye that, along with the cornea, helps to refract light to be focused on the retina.

Cloudiness of the natural lens leads to decrease in vision – this is known as cataract.

Cataract seen in the old age may be caused by normal aging process but at younger age, it may be caused by diseases like uveitis, diabetes, heredity, injury, radiation or other infections.

Traditionally, a cataractous lens was removed by making a large incision on the edge of the cornea and an artificial lens was implanted.

Again, with improvement in technology, a newer technique called **Phacoemulsification** has been developed to treat cataract. In **Phacoemulsification**, the incision is smaller (3.2 mm) and the nucleus of the lens is converted to a pulp using high frequency sound waves and sucked out. Then a foldable IOL is inserted through small incision and positioned into capsular bag.

- c) **Retina** - is the inner most layer of the eye. A healthy retina is necessary to transfer the image formed by the eye to the brain. It can be affected by various diseases. The most common of them are:

1. Diabetic Retinopathy
2. Age Related Macular Degeneration
3. Retinal Detachment

Treatments for ailments in retina include Laser photocoagulation and Vitrectomy in case of Diabetic Retinopathy and laser and cryotherapy in case of retinal detachment.

- d) **Aesthetic Procedures** – apart from the ailments related to anatomy of the eye, many other disorders such as squint and ptosis (drooping of the eye lid) require special treatment in consultation with an ophthalmologist.

India has seen a lot of advancements in the field of Ophthalmology. As a result, many patients from abroad are coming to India to seek treatments for their eye ailments.

Not only are these procedures less expensive than that in developed nations such as USA and UK, the technologies used in treatment of eye diseases in India is at par or even better than many other nations.

**Cost difference in different ophthalmic procedures: -**

PROCEDURE	USA (\$)	UK (\$)	INDIA (\$)
Vision Correction	1500-2750 per eye	1800-3600 per eye	250-1250 per eye
Cataract (Phaco)	2500-5000 per eye	3500-6000 per eye	900-1400 per eye
Retinal Detachment	2660-3160 per sitting	3000-4000 per sitting	600-1000 per sitting
Ptosis	2900-3600	3500-4500	750-1000

Factors that encourage patients from abroad to seek eye care in India can be classified on the basis of facilities/healthcare setup in their home countries: -

Group	Description	Countries	Demand Drivers
<b>I</b>	Non-Residential Indians	Across the world	Low cost Healthcare combined with a trip back home.
<b>II</b>	Patients from Countries with underdeveloped facilities	Nepal, Burma, Bangladesh, Mongolia, African Countries, Middle East and Latin America	Quality Healthcare at Affordable Prices.
<b>III</b>	Patients from developed countries (state owned healthcare system)	UK, Canada	Capacity constraints for services in home country and long waiting time for elective procedures.
<b>V</b>	Patients from developed countries (private healthcare system)	USA	High cost of healthcare for the uninsured.



### **Group I – Non-Residential Indians (NRIs)**

Ahmedabad's portal [www.ahmedabad.com](http://www.ahmedabad.com) and FICCI in a study on NRIs coming back to India to seek healthcare has reported : -

- A large number of NRIs prefer coming back to India to seek health care as they are not only guaranteed excellent treatment at a far lower cost, but also a trip back home.
- Sterling Hospital gets at least 5-7 NRI patients every week.
- 15 per cent of patients at Krishna Heart and Super-specialty Institute at Ahmedabad are NRIs.
- BBC heart care at Jalandhar and Ludhiana received nearly 30 NRI patients every month.
- The Apollo group alone has so far treated 1,00,000 international patients, 64 % of whom are of Indian origin. <sup>(13)</sup>

### **Group – II Patients from Countries with underdeveloped facilities**

The second category of patients coming to India for availing healthcare services is from neighboring developing countries such as Nepal, Pakistan, Afghanistan and African countries or from Middle East, where either latest technology in healthcare is not available or is very expensive. Such patients in the past use to seek healthcare in USA or Europe, but with the growing consciousness about advanced skills of Indian doctors and availability of world class technology in their minds has gradually shifted the traffic to Indian hospitals.

### **Group – III Patients from developed countries with state owned healthcare system.**

For people living in developed nations that have a state owned and state funded healthcare system, there is a big concern of waiting times, especially for non-urgent and elective procedures. For example, in UK, health care is rationed on the grounds of clinical need,

meaning that emergency cases like heart attacks get instant access where those with less urgent needs such as cataract surgery are given lower priority and so wait longer. This means that waiting times for some conditions and surgical procedures can be months long.

Further, such non-urgent or elective procedures are available on retail i.e. on private, but the cost of such procedures is so high that only a fraction of people avail them.

Similar situation is seen in Canada, where there are huge waiting lines for non-urgent and elective procedures.

Ophthalmologists in Canada can do only a fixed number of surgeries per year, therefore if one wish to see a particular doctor, the waiting time may run up to 3-4 months.

All these factors in such countries are forcing its residents to seek healthcare outside their geographical boundaries. For such patients, health tourism destinations such as India, Singapore, Malaysia and Thailand is a viable option that gives them high level of quality care at a fractional cost.<sup>(16)</sup>

#### **Group IV - Patients from developed countries with private healthcare system.**

In countries such as USA, most medical treatment is covered by insurance. However, a large part of the population (16%) is uninsured that accounts for 47 million people. The cost of private healthcare is so high that an uninsured person cannot avail decent healthcare facilities without burning a big hole in his pocket.

Among those who are covered by private insurance or under HMOs or PPOs, there is often lack of choice of service providers and if a person wishes to avail better treatment outside his preferred healthcare provider list, he may have to shell out a huge sum of money for choosing a different service provider. Additionally, patients are finding that insurance either does not cover non- life threatening procedures such as orthopedic surgery (such as knee/hip replacement) or imposes unreasonable restrictions on the choice of the facility, surgeon, or prosthetics to be used.

**In eye care also, procedures with a huge demand such as Lasik (vision correction procedure), unless medically necessary are not covered by insurance companies.**

Again, such factors have been highly influential in steering a large pool of patients from USA, who wish to avail high end medical facilities at 1/6th of what it would cost them in the US.<sup>(8)</sup>

### Centre for Sight – SWOT w.r.t. Medical Tourism

<p><u>Strength</u></p> <ul style="list-style-type: none"> <li>■ Backed by a team of renowned Ophthalmologists.</li> <li>■ Cutting edge technology at par with global standards.</li> <li>■ State of the art infrastructure.</li> <li>■ First eye hospital in Delhi to get ISO certification.</li> <li>■ Value for money as compared to developed countries.</li> </ul>	<p><u>Weakness</u></p> <ul style="list-style-type: none"> <li>■ Lack of Synchronised efforts for a targeting patients on a large scale</li> <li>■ Low awareness of the brand in the International market.</li> </ul>
<p><u>Opportunity</u></p> <ul style="list-style-type: none"> <li>■ Collaboration with medical tourism facilitators.</li> <li>■ Increasing initiatives from private players to promote Indian medical tourism leading to awareness on Indian healthcare.</li> <li>■ Increase in use of internet to seek information on healthcare.</li> </ul>	<p><u>Threat</u></p> <ul style="list-style-type: none"> <li>■ Apprehension among foreign clients to seek services.</li> <li>■ Established eye centres like Shroffeye care</li> <li>■ Upcoming eye hospitals in north India like Vasani Eye/Medfort.</li> </ul>

# **RESEARCH METHODOLOGY**

## **TOOLS OF DATA COLLECTION:**

### ***Primary Research:***

This has been conducted through various questionnaires and face to face interviews from the foreign patients directly.

The Sample Size- 70 patients

Time Taken - 1 month

{ Questionnaire is enclosed in the annexure }

### ***Secondary Research:***

The four main sources of secondary information:

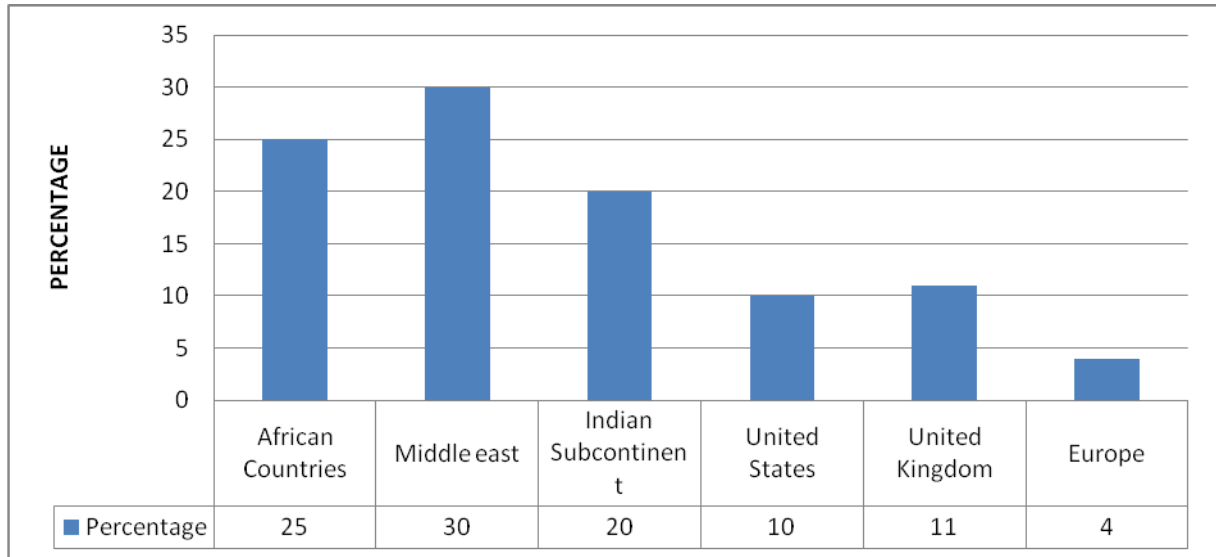
- ⇒ Periodical articles (refer to magazines, journals, and newspapers.)
- ⇒ Statistical sources
- ⇒ Past evaluations and research
- ⇒ Internet resource site

Information has been sourced from namely, Medical books, newspapers, trade journals, and magazines, industry portals, trade associations, monitoring industry news and developments.

## **ANALYSIS OF DATA**

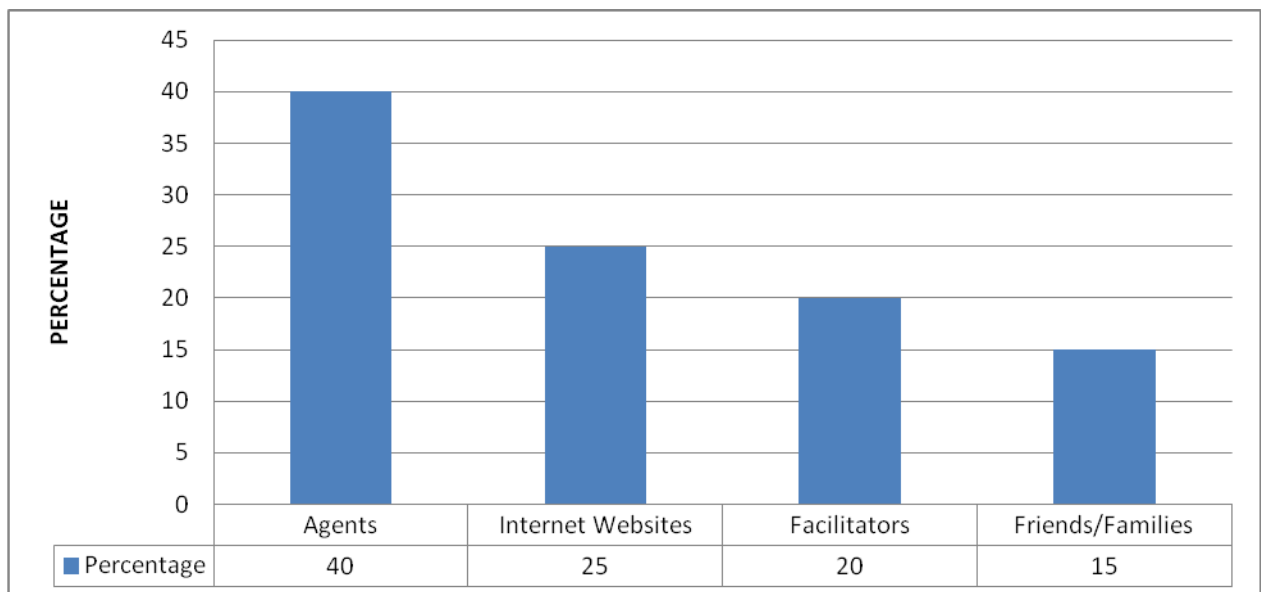
A1. Most patients are from the **Middle East and African Countries**. Followed by Subcontinent. Least number of patients are from US/UK and European countries.

### **COUNTRIES**



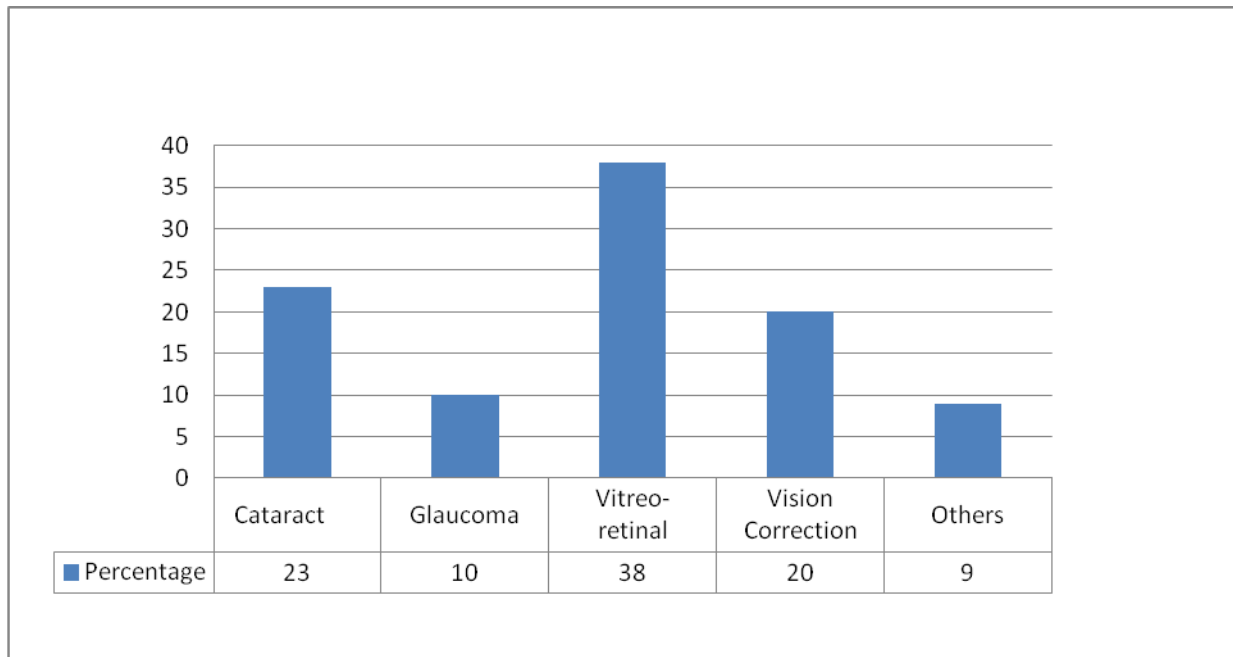
A2. The Most popular source of information for patients are the **Agents**.

### **SOURCES OF INFORMATION**



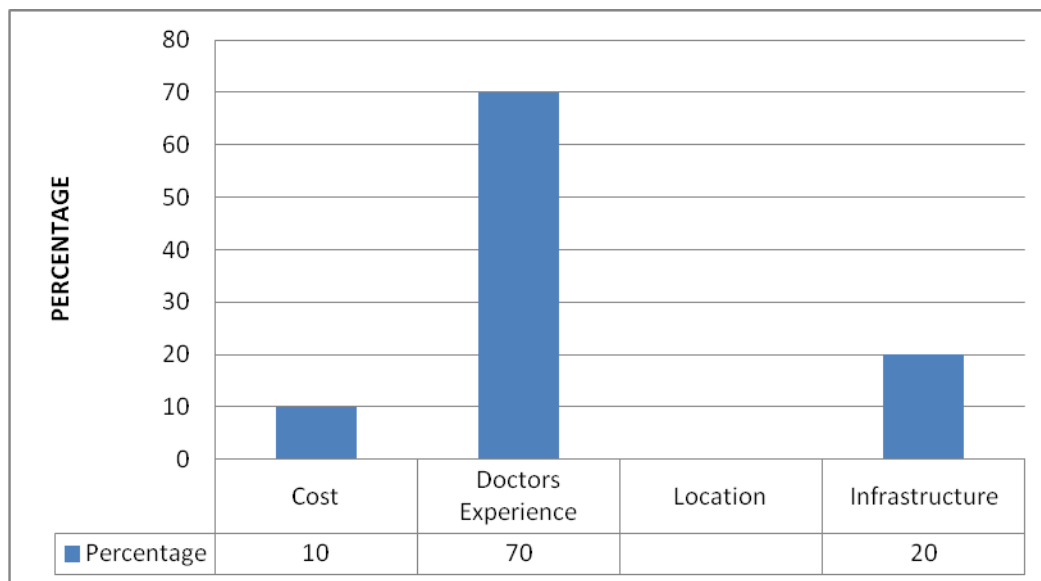
Ans3) Maximum patients came for **Vitreo-retinal procedures**.

### PROCEDURES



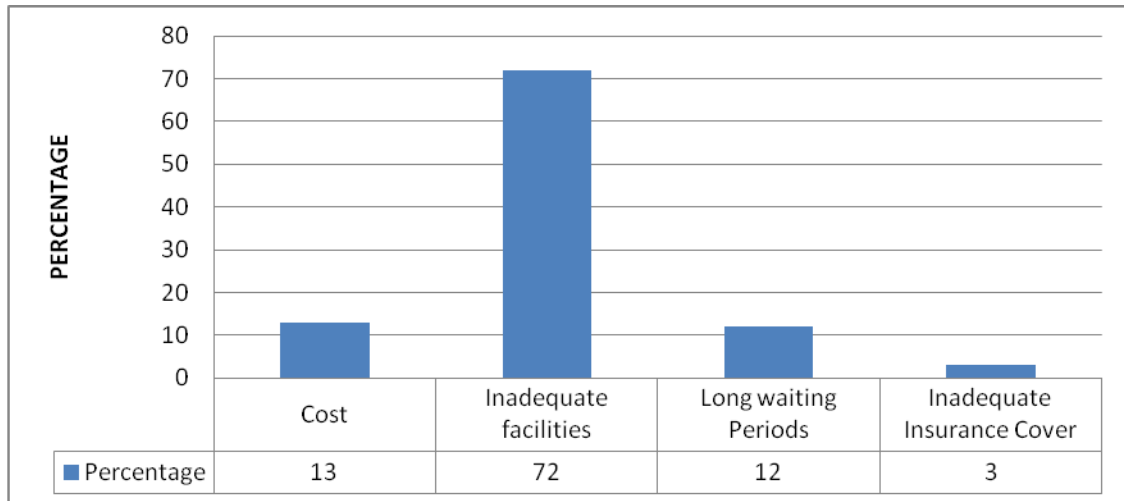
Ans4) **Doctors experience** was the most important factor for patients.

### Important factors before seeking treatment



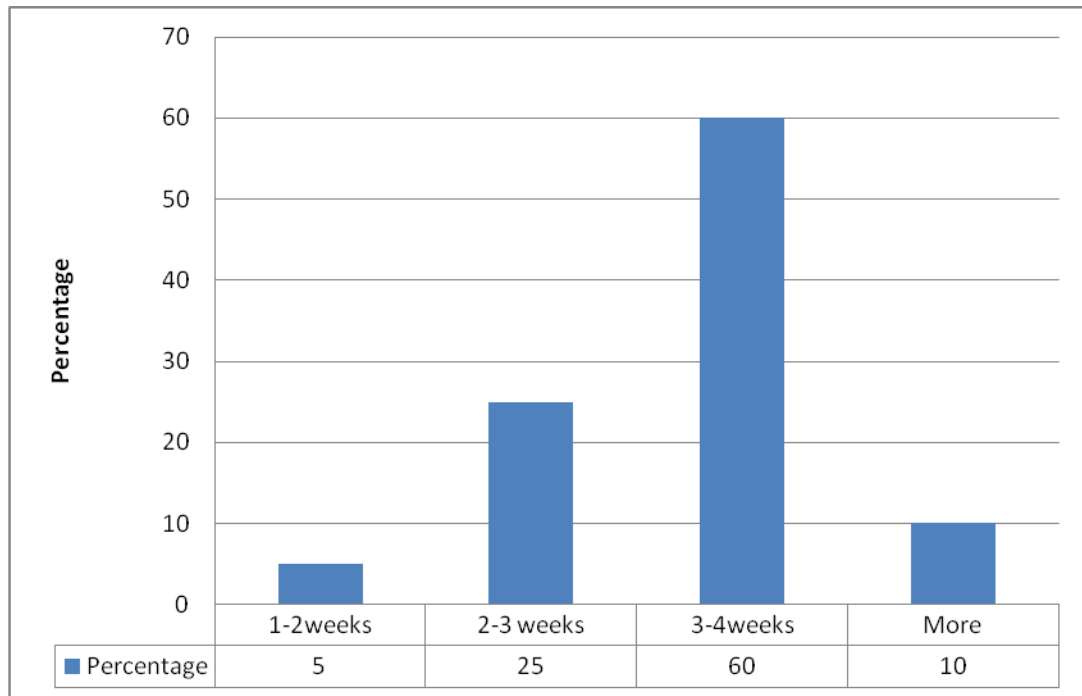
Ans5) **Inadequate healthcare facilities** in home country was the leading cause for patients seeking treatment in Centre for Sight

**Reasons for seeking treatment abroad**



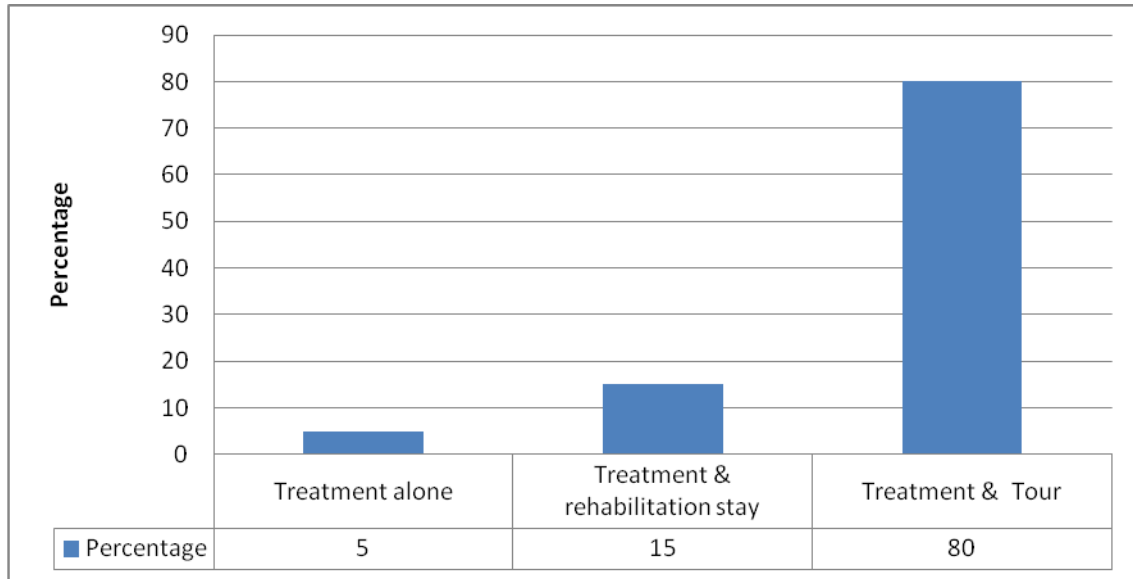
Ans6) For majority of the patients it took 3-4 weeks to get the visa.

**Time taken to Procure Visa**





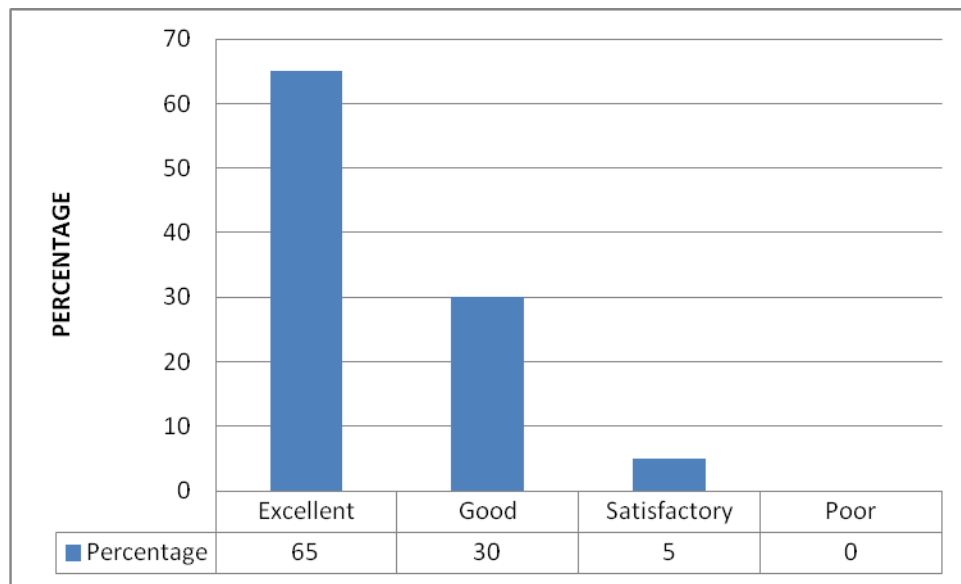
Ans7) Majority of the patients preferred touring after treatment.



Ans8) **Rating of Areas.**

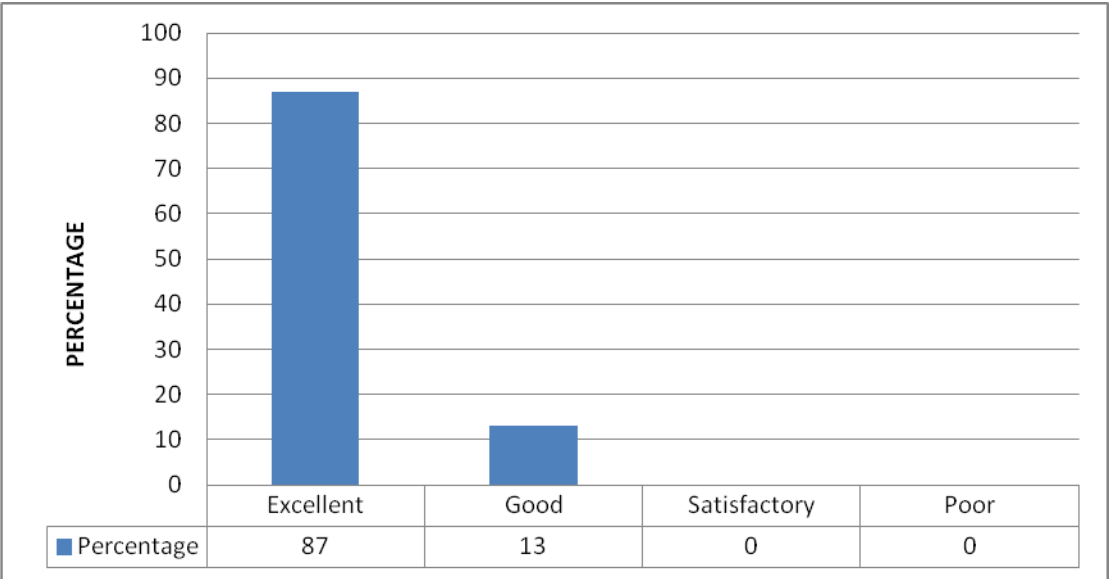
a)

**RECEPTION/HELP DESK**



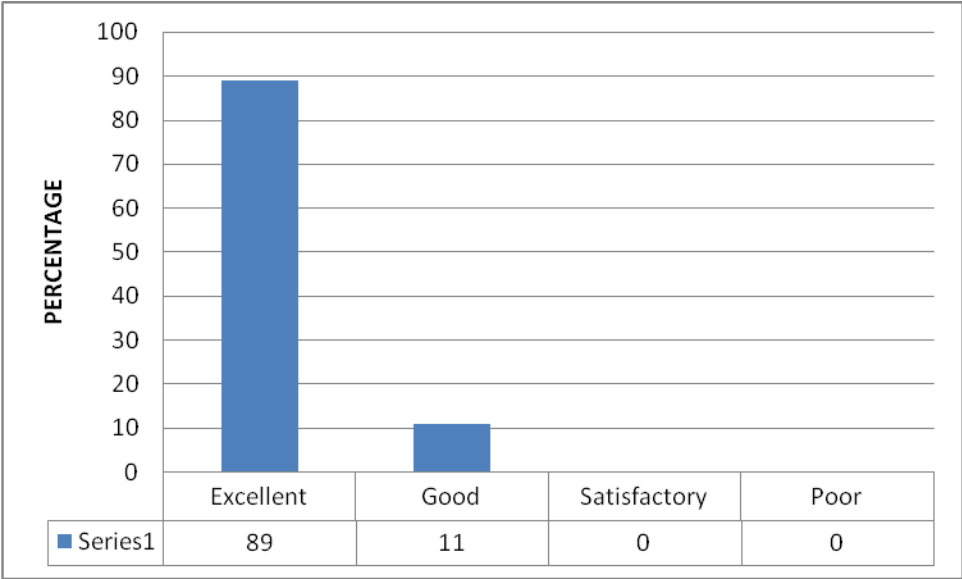
**International Patient Coordinators**

b)



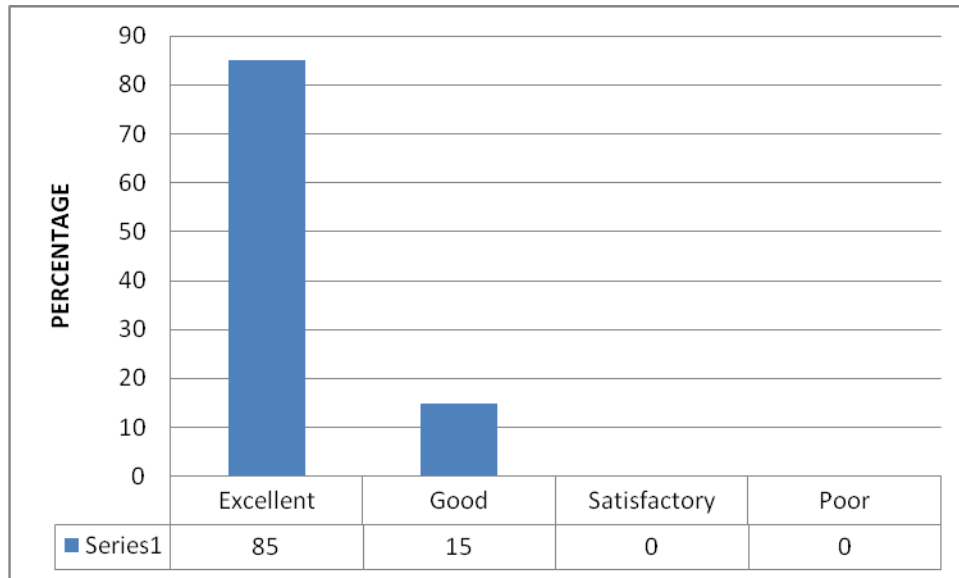
**DOCTORS**

c)



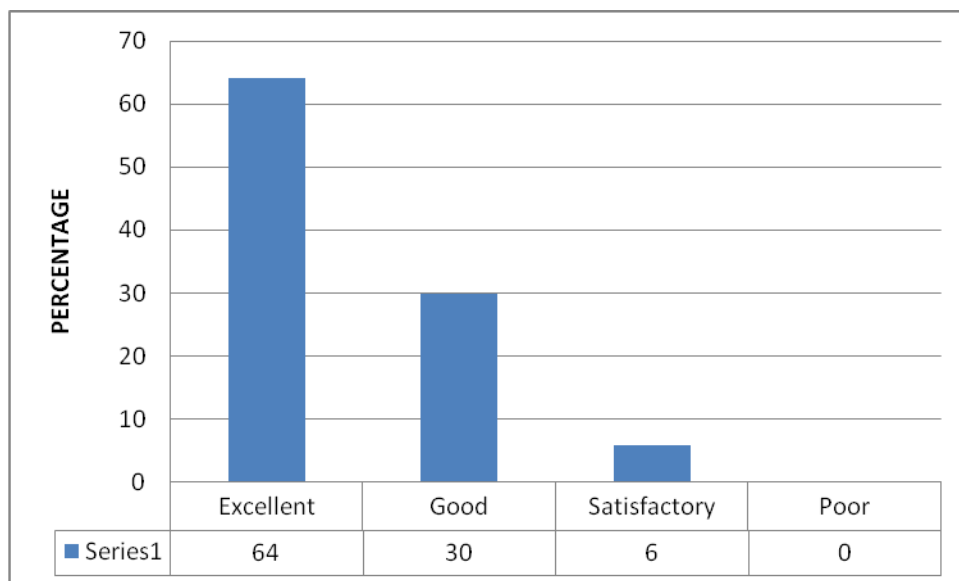
d)

### **TECHNICIANS**

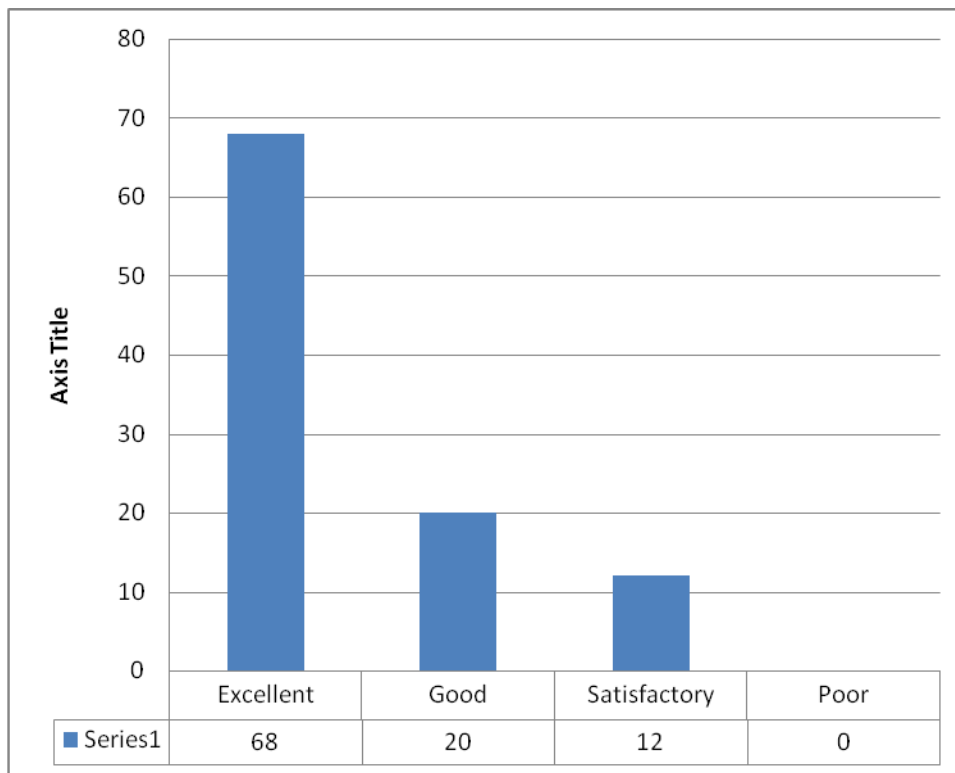


e)

### **COUNSELLORS**



## **BILLING**



**STRATEGIES TO INCREASE FLOW OF INTERNATIONAL  
PATIENTS IN CENTRE FOR SIGHT.**

### **Activity 1: Tie up with Medical Tourism Facilitators**

Medical Tourism Facilitators are organizations or companies which seek to bring together a prospective patient with a service provider, usually a hospital or a clinic.

These groups are generally facilitators and developers of medical tourism, which brings into play a number of issues that do not apply when a patient stays within their own country of origin.

### **Role of Medical Tourism Facilitators**

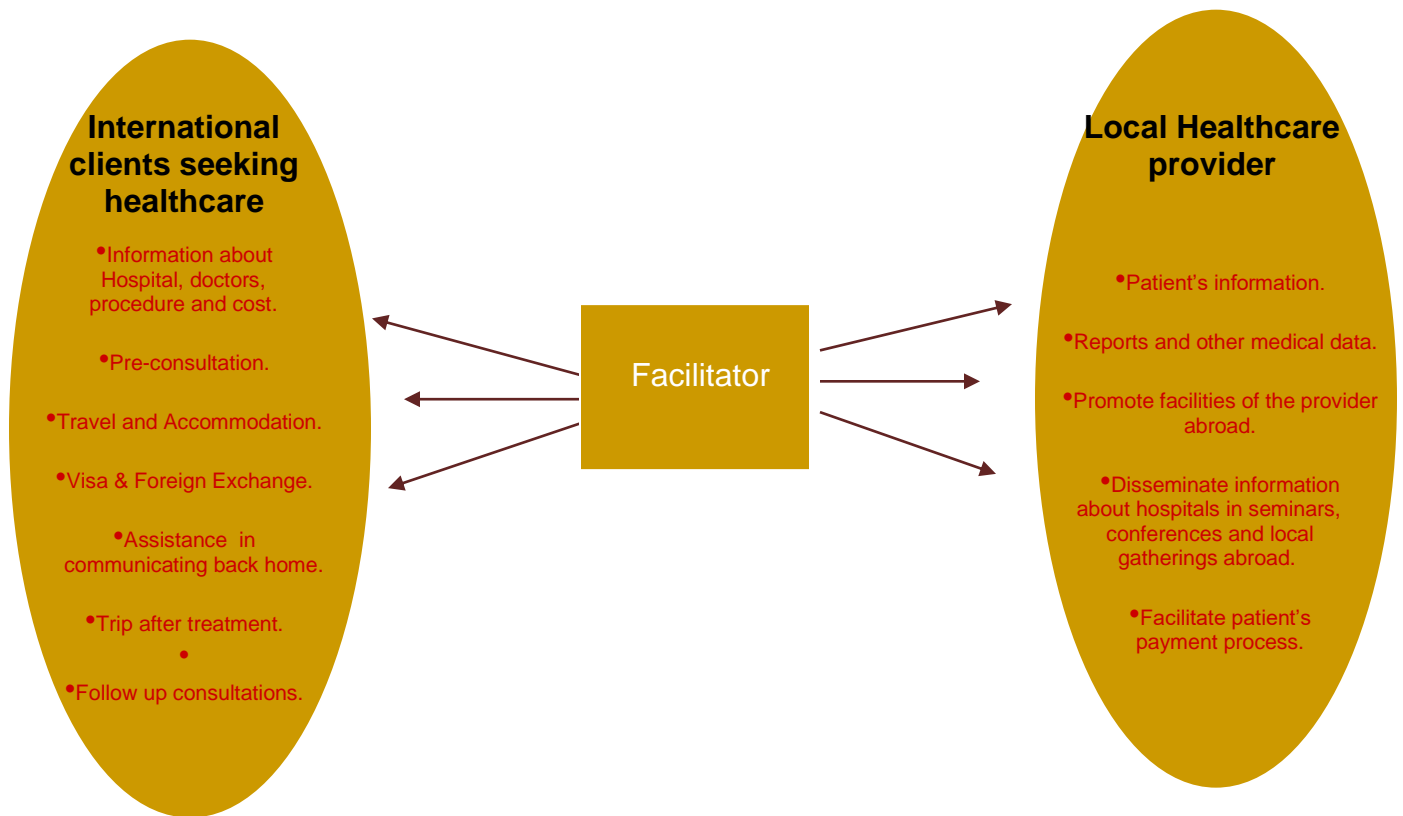


The basic role of a Medical Tourism Facilitator (MTF) is to act as a link between International patients seeking healthcare and the Local Healthcare provider.

They investigate healthcare providers to ensure quality and screen customers to assess those who are physically well enough to travel.

They often have doctors and nurses on staff to assess the medical efficacy of procedures and help patients select physicians and hospitals.

## Services of a Medical Tourism Facilitator



## **Types of Medical Tourism Facilitators**

- International

- Healthbase
- MedRetreat
- IndUS

- Local

- Sahara
- Recover Discover
- Indicure

## **Benefits to Centre for Sight by such tie-ups: -**

- Increase in number of international patients.
- No organized efforts done so far.
- Initial outlay to promote facilities abroad.
- Important for a Single-specialty day care setup.

## **Cost**

Such MTF charge a 10-20% facilitation fee from the healthcare provider for their services.



## **Logistics Required**

- Comprehensive information on ailments, treatment options and cost.
- Dedicated staff to coordinate patient's treatment and other services.
- Internet and other communication services.

### **Top Medical Tourism Facilitators in India: -**

- 1) **Sahara Medical** – It is the part of US\$ 10.87 billion Sahara India Pariwar which is one of India's largest business conglomerates and offers complete wellness journey of patients across the borders. Sahara Medical Tourism has consolidated alliance with state of art hospitals and world class surgeons all across India. Its Primary aim is to facilitate the highest standard of quality medical treatment & Patient care at a cost which is affordable and enjoyable. Sahara's team of professionals with global presence in the fields of Healthcare, Travel, Marketing and Operations provide the best of the services.<sup>(3)</sup>

Sahara Medical has a strong presence in the up market countries such as USA and UK, and had facilitated patients coming for various procedures such as: -

- a) Coronary Angiography/Angioplasty and CABG
- b) Bariatric Surgery
- c) Cosmetic procedures
- d) Ophthalmology
- e) Dental care

It has tie-ups with leading hospitals all over India, as their preferred partners in delivering healthcare. Some of its partners include – Fortis Group, Apollo Hospitals, Max Hospitals, Sri Ganga Ram and Wockhardt.

In addition to hospitals, Sahara Medical also has tie ups with many ayurvedic centres, spas and offers visit to numerous tourist destinations to foreign patients.

- 2) **Recover Discover** – Lead by a team of highly skilled Doctors and Management staff, Recover Discover is a health tourism facilitator which has a strong presence in USA, Canada and South Asia.

Similar to others, Recover Discover (RD) offers all facilities of a facilitator such as managing patient information, seeking appointments and carrying out administrative work to process patient's travel to India. The USP of Recover Discover is its tie ups with leading corporate in the west for providing healthcare services in India. It has special plans for corporates who wish to associate with RD.

Recover Discover provides global corporate medical treatment abroad that includes hospitalization in internationally accredited hospitals. A typical corporate medical tourism plan would also accommodate a partner for the patient and would involve an option for vacationing before /after the treatment. Some companies also offer corporate medical treatment abroad with a possible cash back options for the employee provided from the savings on corporate health care.

Corporate medical treatment abroad is a very real and viable alternative. Employers all over the world have realized that retiree healthcare coverage has placed an excessive burden on their corporations. In fact companies offering small business health insurance plans have collaborated with RD with a wide choice of hospital partners and destinations.

Recover Discover has partnered with leading hospitals in India and offers all elective (non-emergency) surgeries through corporate healthcare packages with its alliance partners.

- 3) **Indicure** – Solely focusing on collaborating with African countries, Indicure’s vision is to “assist development of state-of-art healthcare facilities in Africa and realize the dream of disease-free Africa. Thus, ensuring better life for everyone”

Indicure aims to provide healthcare facilities that are not available in Africa and are priced exorbitantly in USA and UK.

### **Activity 2: Advertise in International Print Media catering to NRIs**

#### **Leading NRI Publications in USA**

	<b>NEWS INDIA TIMES</b>	<b>INDIA WEST</b>	<b>DESI TALK (NY/NJ)</b>	<b>SHER – E - PUNJAB</b>
<b>Readership</b>	100,000 +	110,000 +	100,000	45,000
<b>Frequency</b>	Weekly – Friday	Weekly - Friday	Weekly – Friday	Weekly – Friday
<b>Quarter Page</b>	Rs 38,700	Rs 49,820	Rs 15,500	Rs 12,600
<b>Half Page</b>	Rs 70,950	Rs 68,150	Rs 24,675	Rs 24,000
<b>Full Page</b>	Rs 1,35,450	Rs 1,03,400	Rs 49,350	Rs 45,680

## **Leading NRI Publications in UK**

	<b>PUNJAB TIMES</b>	<b>DES PARDES (PUNJABI)</b>	<b>ASIAN TRADER</b>	<b>INDIA LINK</b>
<b>Readership</b>	3,00,000 +	1,50,000	1,50,000	1,28,000
<b>Frequency (per month)</b>	4 (Weekly-Wednesday)	4 (weekly-Thursday)	2 (Fortnightly)	2 (Bi-monthly)
<b>Full Page</b>	Rs 1,32,660	Rs 1,35,000	Rs 110,000	Rs 79,200
<b>Half Page</b>	Rs 65,340	Rs 45,000	Rs 55,000	Rs 44,000
<b>Quarter Page</b>	Rs 32,670	Rs 22,500	Rs 25,000	Rs 22,000

## **Leading NRI Publications in Canada**

	<b>THE WEEKLY VOICE</b>	<b>AWAAZ (PUNJABI)</b>	<b>THE LINK</b>
<b>Readership</b>	3,00,000 +	1,50,000	1,50,000
<b>Frequency (per month)</b>	4 (Weekly)	4 (Weekly-Friday)	4 (Weekly-Friday)
<b>Full Page</b>	Rs 1,59,420	Rs 86,100	Rs 96,640
<b>Half Page</b>	Rs 80,840	Rs 47,730	Rs 43,645
<b>Quarter Page</b>	Rs 48,480	Rs 31,930	Rs 21,820

A number of corporate hospitals are promoting their medical services via the local media, newspapers and magazines that cater specially to NRI population in USA, UK and Canada.

Newspapers such as Desi Talk, Des Pardes and The voice are a few examples of publications that are edited and managed by NRIs abroad. They carry information about current events in India, along with information about local events and other relevant advertisements that are of interest to NRIs.<sup>(16)</sup>

### **Resources Required for International Advertisements**

- Information on demographics of NRI population.
- Circulation and Readership of NRI publications.
- Information on cost involved.
- Agency to coordinate advertisements.

### **Action Plan**

For USA, the following publications are ideal: -

- a) Desi Talk – It covers the up market cities of New York and New Jersey and enjoys a readership of 100,000 NRIs.

# desi TALK

In New York

Vol. XII No. 19 May 9, 2008

## CITY JOURNAL

Angie Kamath  
appointed Deputy  
Commissioner  
for Workforce  
Development  
by NYC  
Department  
of Small Business  
Services (SBS)



## THE ARTS



### Art, photography and philosophy meld together in 'Oneness of Creation'

'The Oneness of Creation: Cosmopolitan India in Ancient Times,' a film by art historian, film maker and photographer Benoy K. Behl, which was screened at the Consulate General of India in New York on May 5, takes the viewer on a journey of Indian art to prove a thesis.

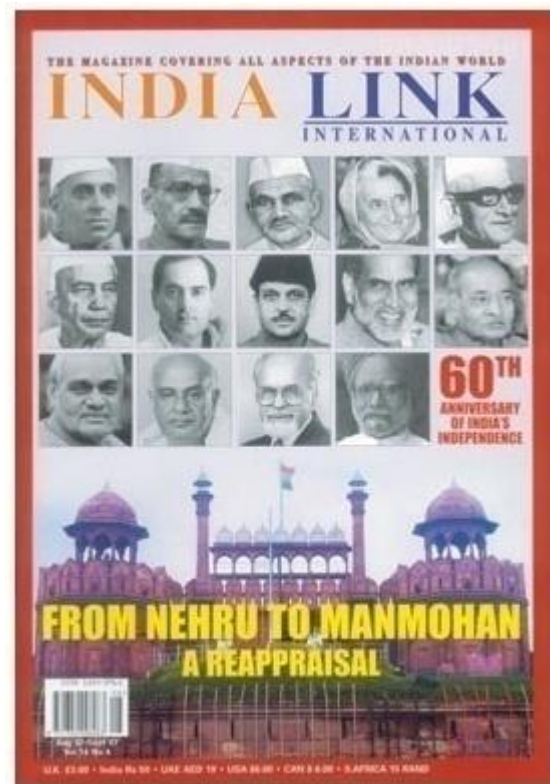


New York and New Jersey have more than 400,000 NRIs, which is a huge potential market to spread awareness about CFS's services. They in turn can refer relatives and friends living in other parts of US.

Sher -e- Punjab – Caters to the affluent Punjabi speaking community in US, circulating 12,000 copies and reaches the affluent Punjabi community

For UK, the following publications can be selected: -

- a) **India Link (Magazine)** – Caters to Indians, Bangladeshis and Pakistanis in UK and also to overseas community of the Indians sub continent who had initially migrated to the African continent but are now residents in the UK. The publication is read by professionals and businessmen, together with national and local government officials.



- b) **Punjab Times** – Published in Punjabi and English, it reaches out to all Punjabi speaking Asians in the UK. It has a huge readership of 300,000 in UK and Europe.

For Canada, following publications can be selected: -

- a) **Weekly Voice** – It is a newspaper which caters directly to the growing South Asian population of Toronto and surrounding areas. The primary target market is the affluent business people and professionals within its community. This newspaper

deals with facts and issues that affect South Asians. The coverage consists of community news and local news, besides Indian and International news.

- b) **Awaz (Punjabi Weekly)** - The Punjabi Weekly Voice is a weekly Punjabi language newspaper which caters directly to an existing and expanding Punjabi-Canadian population. The Punjabi Community is approximately 60% of the total South Asian market. This newspaper caters more to readers with greater interest in news from India and Punjab.<sup>(8)</sup>

### **Activity 3: Use Website as a marketing tool**

Before starting to think of using website as a promotional tool to market the organization or a product, one must make sure that the information on the website must include relevant information on what the company deals in, what kind of products it sells and how the website can facilitate dissemination of information.

C David Shepherd PhD, Professor, Kennesaw State University, in his study titled “**Hospital Marketing and the Internet: The Adoption of an Innovation**” has described how since 1995, hospitals have increased the use of internet for targeting more clients seeking healthcare by putting information about the hospitals, its floaters, specialties that it deals in and a feedback mechanism so that patients can post their queries and get information on their specific issues.<sup>(2)</sup>

Patients seeking health care usually log on to leading search engines such as Google.com or yahoo.com and enter their query, usually in terms of a specific ailment or a generalized keyword for a disease. For example, to search for hospitals looking for hip replacement surgery, a surfer may like to look in for keywords such as – *ortho, orthopedics, orthopedic hospital, hip replacement, top orthopedic doctor etc.*



In order to increase traffic to the website, a process known as Search Engine Optimization (SEO) is undertaken so that the website is optimized in order to be accepted by search engines and show the website among the top rated.

Technically, Search engine optimization is the process of improving the volume and quality of traffic to a web site from search engines via "natural" ("organic" or "algorithmic") search results for targeted keywords.

Usually, the earlier a site is presented in the search results or the higher it "ranks", the more searchers will visit that site. SEO can also target different kinds of search, including image search, local search, and industry-specific vertical search engines.

As a marketing strategy for increasing a site's relevance, SEO considers how search algorithms work and what people search for. SEO efforts may involve a site's coding, presentation, and structure, as well as fixing problems that could prevent search engine indexing programs from fully spidering a site. Other, more noticeable efforts may include adding unique content to a site, ensuring that content is easily indexed by search engine robots, and making the site more appealing to users.<sup>(2)</sup>

Key things to be kept in mind for a hospital's website seeking to increase its internet audience among foreign clients: -

#### ■ Managing Information

- Include relevant information to increase client's information about different ailments, treatment options and facilities provided at the centre.

#### ■ Separate section for International clients

- Information about facilities at the centre.
- Comparison of cost.
- Information on medical visa.
- Feedback/enquiry form.

### ■ Patient Testimonials

In a study cited by The New York Times, "word-of-mouth" was listed as the #1 influence in swaying a decision and was cited by 71% of respondents.

In healthcare, a lot of emphasis is provided to what one would hear about a healthcare provider from patients it has catered to in the past. Including experiences of past clients in an effective way to add authenticity to services provided and also to add credit to the quality of service.

### Resources Required

- Well designed website with properly designed and formatted pages.
- List of 30-40 expected keywords that an information seeker is likely to enter in the search engine.
- External agencies to draft and submit web pages as per desired keywords.

### Activity4

#### Tie-ups with Foreign Insurance Companies

In an attempt to rein in exploding medical costs, a growing number of health insurance companies are offering their customers, both individuals and employers, an opportunity to get their health care overseas. Some medical and dental procedures overseas can cost up to 80 percent less, excluding travel costs, than in the states.

According to a 2008 survey conducted by Deloitte Center for Health Solutions, nearly 40 percent of Americans said they would travel overseas to receive medical treatment if the cost was cut in half and the quality of care was comparable.

**Health insurance providers are slowing joining in. Among them are:**

- **BUPA INTERNATIONAL**
- **BLUE CROSS BLUE SHIELD**
- **AETNA**
- **ALICO(AMERICAN LIFE INSURANCE COMPANY)**
- **CIGNA**
- **SEVEN CORNERS INC**
- **INTERNATIONAL SOS**
- **ASIA RESCUE & MEDICAL SERVICES**
- **ASIA MEDICAL ASSISTANCE**

Some US insurance providers have agreements with foreign hospitals to coordinate post-procedure care.

### **Activity5**

#### **Tie-ups with with Corporates in other countries.**

Tie-ups can also be initiated with corporates in other countries. The patients can avail treatment and the organizations can reimburse the medical bills to their employees.

### **Activity6**

#### **International Help Desk**

Centre for Sight Group of Eye Hospitals can establish offices and contact centres for the convenience and awareness of international patients.

These help desks can act as sources of information for international patients and they can fasten the process for such patients.

Apollo offers similar facilities in Kathmandu.

Such initiatives can help in branding and promotion of the organisation. At the same time it will lead to increased patient flow.

### **Activity7**

#### **Target NRI Population**

The hospital can promote itself among locals and Indians living abroad by increasing its visibility during festivals.

It can actively target the NRI population by different ways of promotion during the festive seasons.

### **Activity8**

#### **Tie-ups with International NGO's**

As a part of its promotional Strategy, Centre For Sight can work with International NGO's working for achieving the target of Vision 2020. This will give a positive image to the organization globally.

## CONCLUSION

- 1) The Clinical outcomes in India are at par with the world's best. Having internationally qualified & experienced Doctors is a tremendous advantage. Costs of the medical procedures in India are approximately 1/5th to 1/10th of costs in the west. This cost differential enables patients the opportunity to have a vacation in a foreign location. Recover in a luxurious atmosphere and then return home having spent less than the procedure alone in their country.
- 2) The most prominent markets for Indian Medical tourism are USA, UK, UAE, African Nations and Southeast asia. The government should provide tax incentives to hospitals to promote India as a health and wellness tourism destination.
- 3) There has to be greater intersectoral coordination among various stakeholders like Government, Private players, Travel & Tourism industry and also the media.
- 4) Agencies specializing in international medical travel, known as Medical Tourism Facilitators (MTF) 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. Centre for Sight must have tie- ups with maximum number of these facilitators to expand its network.
- 5) With big corporate hospitals coming into picture they have attained international benchmarks. More such hospitals are going for International Accreditation. Centre for Sight must work towards this as it will give the organization a distinct advantage.
- 6) Centre for Sight must work towards creating a strong brand name abroad. It needs to follow the promotional strategies to increase the patient flow.

## **Recommendations**

- 1) Presently number of patients from US/UK/Europe are very few.They are mostly coming for vision correction procedures. Strategies to increase their flow must be implemented.
- 2) Presently majority of the patients visiting are through the agents/brokers. Other sources to get patients must be implemented.
- 3) Similarly Centre for Sight is not advertising presently in foreign publications/media. This should be done to target the NRI population as they prefer coming to their home country for treatments.
- 4) Since 70% of the patients rate doctors expertise as the most important factor for coming for treatments it is equally important to promote doctors expertise as well.This will build a positive brand image of the hospital.
- 5) Most middle eastern and African countries have a patriarchal society. We can promote women health and educate them on eye care to raise awareness among them about the hospital services.
- 6) As per the analysis counseling area needs more attention. We can increase the number of counselors to reduce the waiting time of the patients.

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## **ANNEXURE**

### **Questionnaire**

This questionnaire is designed as a part of a **Project Study** for Students pursuing **Post-Graduation Diploma in Hospital&Health Management(PGDHHM)**.

Your cooperation in providing useful information is greatly appreciated. The information you provide will be kept and treated as strictly confidential.

**Name**  
**Age**  
**Sex**  
**Country**

**1. How did you come to know about this hospital?**

- a) Agents   b) Internet/Websites  
c) Referred by friend/relative   d) Facilitators   e) Others.....(Please Specify)

**2.Reason For admission**

- a) Cataract   b) Glaucoma   c) Vision Correction   d) Vitreo-Retinal   e )Others (Specify)

**3. Factors considered before choosing a Hospital**

- a) Cost   b) Infrastructure Facilities   c) Doctors Experience   d) Location

**4. 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) Inadequate healthcare Facilities.

**5.Time taken to Procured Medical Visa/Tourist Visa**

- a) 1-2 Weeks   b) 2-3Weeks   c) 3-4Weeks   d) More

**6. How have you planned your trip?**

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



**7. Rate Your Experience with the mentioned areas of services.**

- a) **Reception/Help Desk.** i )Excellent ii ) Good iii) Satisfactory iv)  
Poor
- b) **International Patient Coordinators.** i )Excellent ii ) Good iii) Satisfactory iv)  
Poor
- c) **Doctors.** i )Excellent ii ) Good iii) Satisfactory iv)  
Poor
- d) **Technicians.** i )Excellent ii ) Good iii) Satisfactory iv)  
Poor
- e ) **Counsellors.** i )Excellent ii ) Good iii) Satisfactory iv)  
Poor
- f) **Billing.** i )Excellent ii ) Good iii) Satisfactory iv)  
Poor

**8).Additional comments or recommendations for further improvement of services.**

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