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Changing Preferences, Moving Places and Third Party Administrators: A Scoping Review of Medical Tourism Trends (1990-2016)

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ABSTRACT

An overview is given of latest trends in medical tourism and its conceptualization with an industry analysis. The rapidly evolving health awareness and preferences of medical tourists, in tandem with medical treatments' higher levels of affordability across the globe, have changed the global medical tourism industry sharply in recent decades, and many international health systems are being opened to patients' greater cross-border movements. A scoping literature review (1990-2016) depicts the recent boom in medical tourism as presenting certain opportunities, and uncovers many challenges which are involved in its policymaking. These developments denote greater mobility of places (P) for medical treatments, affordability (A) levels to bear the inflated treatment costs (C), changing preferences of medical tourists with the passage of time (T) and participation of third party administrators (TPAs) in their overall operations. The study espouses a rise in medical tourism from the United States (US), and participating countries in Europe, Asia and Africa with participating countries, identifies a need for profound policymaking, and highlights the importance and applicability of TPC-TPAs link chain in medical tourism context. This study further recommends understanding the role of industry stakeholders, particularly governments, in the policymaking of medical tourism in order to steer the industry appropriately.

Keywords: Medical tourism; Place mobility; Costs; Affordability; Third party administrators

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Introduction

Medical tourism is an old phenomenon which has evolved over centuries. It is the act of traveling internationally to find medical care (Hong, 2016). This purposeful traveling could be for a variety of reasons, for example, surgeries, diagnostics, lifestyle, vacation or other tourism services (Alberti et al., 2014; Bookman & Bookman, 2007; Reddy et al., 2010; Gupta, 2004) which have influenced the revenue generation capacity of the medical tourism industry as well. The global tourism industry is generating estimated annual revenue around US$ 3.1 trillion, and medical tourism is commanding US$ 50-60 billion business worldwide (with an annual growth rate of 16-20 %) (Khan et al., 2016; Noree et al., 2016; Yeung et al., 2013; MacReady, 2007).

People's motives for travel are based on many factors (Grazulis & Zuromskaite, 2013). Traditionally medical tourism is undertaken to obtain medical treatments by moving from developing countries to developed countries. This movement of patients has been due to technical advancement, specialized medical treatment, and sophisticated health infrastructure in developed countries (Awadzi & Panda, 2005; Ramirez de Arellano, 2007). Yet in recent decades, this phenomenon has been reversed (Crush & Chikanda, 2015). It is due to inflated costs, declining quality of health care, and limitations in domestic healthcare infrastructure. The attraction of cost-effective medical treatments, for medical tourists, is undeniable. Americans are playing a pivotal role in this overall context because their intentions are to obtain lower-cost health care services by traveling abroad. It is estimated that approximately 1.25 million American are traveling across their national borders for medical treatment annually (Khan et al., 2016). It is further noteworthy to mention that the medical traveling would increase from 350,000 travelers in 2003 to 23 million in 2017 which is the exceptional hyper growth rate than other participating countries (Matto & Rathindran, 2006; Keckley, 2008).

Another measure of the growth in this industry is the rapidly changing demographics of medical tourism in the recent era. Approximately 10.8 % of the global population will be 65+ in 2019 (Deloitte, 2016), and aging Americans will be 70 million. The motivation of aging medical tourists, in particular, and medical tourists, in general, to travel abroad for their medical treatments is more varied now. Some individuals are moving to avoid expensive healthcare locally, including patients who are residents of both developed and developing countries, while others are interested in quality services and willing to travel due to the comparatively developed medical infrastructure abroad. A third group is being established composed of members of both the young and old generations. This group is seeking cosmetic surgeries and health related treatments for a better quality of life, and is emerging due to growing financial health of the middle class and high disposable capital within the aging population, who are likely to spend 130 % more than normal tourists on their medical reasons (Vrkljan & Hendija, 2016; Noree et al., 2016). Moreover, there are some external variables which affect the desire of medical tourists to travel abroad for their medical treatments. For example, growing healthcare complexities, exchange rate differentials, and ease of traveling and communication across international boundaries have geared medical tourism momentum in the recent era. Hence, with a change in time (T), the preferences of medical tourists are also

changing and places (P) for medical treatments are more mobile than before. It has also improved the affordability (A) levels to bear the inflated medical treatment costs (C). It is thus evident that the combined push effect of personal and environmental factors, with changing TPC dimensions and globalization, has changed the face of the medical tourism industry in the modern era.

Since the patients are more willing to travel across national borders for their medical treatments (Kovacs et al., 2014), many third party administrators (TPAs) are attempting to capitalize on this willingness by delivering medical tourism management services. TPAs are managing medical tourists' medical trips by coordinating all aspects of medical travel from the patient's arrival up until he/she returns back to home. Hence, it has been found that third party administration (TPA) is an emerging network which is broad in its scope of services. It is not limited to travel agents or other related professionals who manage the medical tourists' medical trips. With a change in TPC dimensions and its impact on TPAs, interest in developing medical tourism across the globe has increased and medical tourism is being marketed in conjunction with other tourist attractions recently. These business prospects link the medical tourism industry to other niche tourism markets which may encompass the hospitality industry, transportation industry, and recreational industry among others. The impact of TPC dimensions on TPAs has opened doors of opportunity for medical tourists and other tourism industry stakeholders for greater market efficiency.

Medical tourism thus has emerged as a new niche in the tourism industry. It is a result of changing preferences, demands, lifestyles and place mobility factors in the current times. However, this niche market is suffering from lack of proper health policymaking. Further, it was highlighted that the role of government is important in this overall context which is a managing authority. A coordinated effort by professionals, policymakers and industry regulatory authorities is needed to steer the medical tourism industry efficiently in the modern challenging contexts. This study also highlights a need for proper policy making to control the excessive waste in healthcare system. This research work incorporates the existing trends of TPC and TPAs, regional composition of medical tourists with their changing preferences and demands to define the nature of medical tourism, and provide recommendations for future research works. Hence, this article paints a new canvas of modern and affordable medical tourism industry with its noteworthy insights and contributions, both practically and theoretically.

1. Medical tourism and its relationship with medical treatments and tourism

Medical tourism stands under the umbrella of health tourism (Amouzagar et al., 2016). It is an act of medical tourists' traveling from one place to another for betterment in their quality of life. It may encompass some related surgeries, for example, cosmetics surgeries with other conventional treatments (Carrera & Bridges, 2006; Henderson, 2004). Hence, a medical service which ranges from a non-invasive and non-hospitalized care, for example, physical examination, dental works, spa and other therapies etc, to invasive and complicated surgeries, for example, heart surgeries, knee or kidney

replacements etc, comes under the scope of medical tourism. Contemporary thoughts on medical tourism unfold it into invasive, diagnostic and lifestyle segments of healthcare (Connell, 2013a; Bookman & Bookman, 2007), however, Reddy et al. (2010) defined the term "medical tourism" with a little broader lens and documented it as an act of traveling abroad to obtain various types of health and wellness treatments (p.510). The non-invasive nature of spa and wellness centers, bonded with health and tourism activities, are generally termed 'Health Tourism' or 'Wellness Tourism' (Smith & Jenner, 2000). Moreover, it is also described as a cost-efficient medical treatment and travel option with attractions for tourism industry (Gupta, 2004). Medical tourism thus has been evolved to include wellness and tourism services in its sphere (Hume & DeMicco, 2007; Gupta, 2004). In a traditional tourism context, traveling is the focal point; however, in medical tourism settings, a specialized medical treatment is a main reason to travel abroad (Singh, 2013; Gatrell, 2011).

2. Methodology

To illuminate and gather recent knowledge on trends in the medical tourism industry, a knowledge synthesis technique was considered optimal. Two knowledge syntheses techniques were engaged in this review study. The first technique was adopted by following the works of Smith (2004) in conducting the primary and secondary literature searches, while the second technique was a scoping review which was adopted from Arksey and O'Malley (2005), and The proposed scoping review was given precedence due to the deeply posed research question, "to find the latest trends in medical tourism", and a lack of existing knowledge synthesis on the research question. Both of these techniques were deployed to solidify this review study.

2.1 Question identification and literature searching strategy

The scoping question was primarily developed by calling a research meeting between the researchers. A limited amount of medical and health tourism literature was initially reviewed by the researchers to figure out relevant keywords that would help to gather the relevant literature. With a consensus between researchers, some keywords, i.e. focus, what, who, why, and where questioning rationales were adopted to set the boundaries for the literature search process. Commonly known but very broad geographical areas, i.e. Asia, Europe, Africa, America, and Australia, were searched primarily to focus the "where" category. The results populated the _"where"_ rationale with subordinate level figures of participating medical tourism countries (details mentioned in Table 1).

After finalizing the keywords and searching dimensions, the study incorporated primary literature search in 13 databases as mentioned in Table 2, with intentions to cover the period from 1990 to 2016. A variety of combinations of keywords (which

were summarized in Table 1) were incorporated in different fields (title, abstract, citations) to find the related articles. The references in the screened articles were searched to find the additional and relevant literature for review. To remove the redundant citations, merging and purging of the references were additionally performed. The websites: 1, www.ncpa.org, http://www.patientsbeyondborders.com, www.oecd.org, www.deloittee.com, www.medicaltourismassociation.com, www.mckinsey.com, www.health-tourism.com, www.unwto.org, were searched to find policy reports, statistics on the medical tourism industry, and latest trends documents with intentions to conduct a secondary literature search.

Table 1: A scoping review: Literature keywords searching approach

Focus	What	Who	Why	Where
. Medical tourism . Wellness tourism . Health tourism . Contemporary tourism . Health care	. Surgical treatments . Non-surgical treatments . Wellness treatments . Cosmetic surgeries . Critical medical treatments . Non-critical medical treatments . Hospital managed care . Physician's office managed care	. Medical tourists . Medical travelers . Patients . Tourists . Individuals seeking care abroad	. Decision making . Destination Choice . Motivation to travel . Destination competencies . Medical staff competencies . Availability of desired treatments . Reasons to travel . Cost saving . Quality treatments . Medical benefits . Medical and tourism options . Limitations in healthcare . Medical preferences	. The United States . Canada . United Kingdom . Switzerland . Belgium . Czech Republic . Spain . China . India . Korea . Singapore . Iran . Taiwan . Malaysia . Costa Rica . Poland . South Africa . Mexico . Thailand . Jordan . United Arab Emirates . Pakistan . The Philippines . Brazil . Panama . Germany . Saudi Arabia . Turkey . Cuba

Source: the authors

2.2 Literature selection

The search results yielded numerous and likely irrelevant articles and published material. Consequently, the search paradigm was narrowed with addition and deletion of keyword combinations to find the relevant literature. The articles which didn't focus on medical tourism, medical and tourism treatments, traveling for medical and health treatments and or were found to contain a duplicate of previously considered literature were set aside. Moreover, the literature which was not specifically in the English language was also ignored for further review with a consensus between the researchers of this study. Reference mining was further adopted for the data collection process.

Table 1: Scoping Review Databases searched Records (Temporal Period: 1990-2016)

Type	Sources searched	Sources found
Primary Literature . Articles . Books	. Biomed Central	7
	. EBSCO host	4
	. Science Direct	9
	. Web of Science	6
	. Medline	3
	. Cross Ref	15
	. EconLit	2
	. Google Scholars	17
	. ProQuest	4
	. Global Health	7
	. PubMed	12
	. BASE	5
	. Sage	3

Source: the authors

2.3 Charting, Collating and data summarization

A data spreadsheet was developed, with the information distilled from the reviewed literature, in order to organize and chart the data and ensured securely accessible online to the researchers. Details were mentioned regarding publication, design of the study, methodology, and sampling criteria (where applicable). Moreover, information relevant to the proposed scoping questions was also recorded by the researchers independently for all the reviewed sources. This step further recorded all the data that was reviewed and excluded. A series of meetings between the researchers conducted to spotlight a mutual consensus on the emerging themes, being considered as an integral part of the charting process (Arksey & O'Malley, 2005), arising from the data spreadsheets. The highlighted themes were then again reviewed by the researchers to organize the best evidence to include in this scoping review study.

2.4 Literature Search Results

The primary search for literature identified 94 relevant sources (within this study context) from databases search, of which 69 were initially marked for review purpose. Additionally, 37 sources were included through reference mining of previously searched articles. A list of 106 sources was thus prepared to conduct the in-depth review and determine the relevancy and authenticity of the sources. The identified sources' list was reduced to 79 which were ultimately included in this review study. With a secondary literature search, 11 reports were yielded. These reports were deemed appropriate and reviewed in full. Some relevant website references and statistics were included which were appropriate and important in this study to support medical tourism trends' discussion.

3. Results: Medical tourism and its emerging trends

Scoping review of the literature yielded a number of latest trends encapsulating the state of medical tourism. Following results will illuminate the findings of this review study.

3.1 Medical tourism: An economic indicator

Investment in medical tourism generates favorable balances of trade, healthy trends in gross domestic product (GDP), and foreign exchange earnings, which have strengthened the economies of many participating countries (Sharafuddin, 2015; Yeoh et al., 2013; Janjaroen & Supakankunti, 2002; Nolan & Schneider, 2006; Henderson, 2004). Although many markets are emerging in the medical tourism industry, medical tourism has significantly impacted certain economies of the world. For example, the US health system is suffering negatively in this overall context. Approximately 250 million Americans, who are insured for their medical treatments, may not be reimbursed for certain medical procedures, while 46 million Americans are without any kind of health insurance coverage (Newman, 2006). Since the healthcare costs in the US are skyrocketing, Americans consider offshore medical care as savior and believe that they may save US$ 1.4 billion annually by availing medical treatments abroad due to favorable exchange rate (Matto & Rathindran, 2006). Bennie (2014) documents that approximately 1.6 million Americans preferred medical tourism in 2012 for their medical treatments. This economic perspective will force US healthcare industry to bear a loss of approximately US$ 20-30 billion annually in just surgical treatments (i.e. heart bypass, knee and hip replacement) (Kumar et al., 2012). Cuba is enjoying a

positive change in its economic growth due to global medical tourism trend. Cuba has managed to attract medical tourists from all around the world, especially from Latin America and Caribbean region. It is estimated that Cuba's national GDP has 10 percent contribution just from the country's medical tourism sector (Reisman, 2014). Likewise, it was estimated that Indian economy is enjoying US$ 2.3 billion revenue from country's medical tourism services (Manhas & Ramjit, 2015). Thailand is a leader in the medical tourism industry with leading economic indicators (Heung et al., 2010). Hence, there are many countries that are getting benefits due to recent boom in medical tourism and most of these countries are developing nations.

Since medical tourism attraction is generally based on overseas patients, medical tourism is playing a vibrant role in generating foreign exchange earnings for participating medical tourism destinations (Janjaroen & Supakankunti, 2002). For example, 25% of the private healthcare revenue in the UK comes from just 7% of the international patients (Hanefeld et al., 2013). Many sectors, which are services providers to medical tourists, for example, hospitality, tourism and travel, may fetch extra benefits from medical tourism. Revenue earned from medical tourism taxation benefits government. Idle medical capacity can be utilized by offering services to overseas patients. It will promise extra benefits for the economy in terms of more jobs and indirect taxes etc. Hence, investment in medical tourism reflects the notions of improved revenue generating capacity, earning foreign exchange, stabilizing the economy with favorable balance of trade, and promoting tourism generally (Ramirez de Arellano, 2007).

3.2 Emerging markets

Considering the attractions of the medical tourism industry and its revenue generating capacity, governments and services providers are now jumping into this tidal stream with intentions to benefit from the profits of this industry and develop it as a service export (Johnston et al., 2016). Within the mentioned frames, it was found that some countries from different regions are emerging as medical tourism destinations, for example, the Philippines, United Arab Emirates (UAE), Saudi Arabia, South Korea, China, India, Jordan, Malaysia, Singapore, Brunei, Thailand and South Korea in Asia are emerging as technically advanced and sophisticated medical tourism destinations (Amouzagar et al., 2016; Ormond & Sulianti, 2014; Deloitte, 2016; Henderson, 2004; Gahlinger, 2008; Newman, 2006; Tattara, 2010; Connell, 2006). Additionally, it is found that some medical tourism destinations are emerging in Latin American, for example, Brazil, Costa Rica, Mexico and Panama. Some medical tourism giants in Caribbean region, for example, Cuba, Panama, Mexico and Costa Rica, have intensified competition in the global medical tourism industry recently (Connell, 2013b). Additionally, Cuba has successfully attracted medical tourists from all around the world due to its holistic preventive medicine approach in cancer, HIV, Alzheimer and Parkinson treatment (Pedroso et al., 2012; Fernández et al., 2005). Some countries, for example, Spain, Poland, Latvia, Germany and Hungary are found competing in Europe. Moreover, Egypt, South Africa and Tunisia are found to be developing medical tourism

destinations in Africa (Gahlinger, 2008, Hendeson, 2004). However, in this intensified global competition, Asia has emerged as a prioritized region for medical tourism holding 80% of the world medical tourism business volume (Amouzagar et al., 2016). It was estimated that 45 % of the North Americans, who were interested in the medical tourism abroad, just traveled to Asia for their medical treatments, followed by 39% of European patients (Ehrbeck et al., 2008; Connell, 2006). Hence, the investment levels in medical tourism infrastructure have been pumped up manifold in the competing regions. The scoping review espouses that this trend is further being fueled by global commercialization (Chuang et al., 2014; Hopkins et al., 2010, p185; Gill & Singh, 2011).

3.3 Globalization and new dimension in push forces

Traditionally, affluent patients from developing countries traveled to the US and other developed countries for their medical treatments (Crush & Chikanda, 2015; Awadzi & Panda, 2005; Ramirez de Arellano, 2007). This trend persisted for decades due to the technically advanced, sophisticated and specialized medical treatment that patients were lacking in their own countries. However, this scoping review of medical tourism literature revealed that the confluence of internal (personalized) and external (environmental) factors have vigorously pushed healthcare demand's trend in the opposite direction (Chuang et al., 2014; Bookman & Bookman, 2007; Johnston et al., 2010; Newman, 2006; Awadzi & Panda, 2005; Connell, 2006; Gray & Poland, 2008; García-Altés, 2005; Smith & Forgione, 2007; Delinksy, 2005; Crouch, 1992). Thus, the combined push of internal and external forces (as summarized in **figure 1**), and globalization have repositioned the healthcare industry in the recent era. Moreover, it has fostered tourism demands in other tourism niche markets with the newly identified push dimension.

Since medical tourists are cost-conscious individuals, traveling to lower and middle-income countries (LMICs) for medical treatment is an attraction for them Hong, 2016). It could be due to favorable exchange rates in these countries (Johnston et al., 2010). The price of tourism services in local currency and favorable exchange rates were found to have significant impacts on travel decisions (Crouch, 1992). An article, written by Woodman (2008) based on the excerpts from _“The Patient Beyond Borders”_, quoted that the patients can save 40 – 90% on their medical treatments abroad. Hence, the exchange rate attraction was found as an important consideration by medical tourists in their medial tourism travel decision (Ernest, 2006; Gill & Singh, 2011).

3.4 Medical tourists’ preferences: Changing needs and demands with a change in time (T)

Medical tourists' traveling for offshore medical treatments has been increased over the past decades (Johnston et al., 2016). In this situation, financial consideration may be a leading motivator to push medical tourists toward offshore medical treatments (Chen & Wilson, 2013; Hudson & Lee, 2012; Bies & Zacharia, 2007). However, the literature review results reveal that it doesn't posit the reason of leading motivation appropriately when put into a specialized demand context. Many reasons may determine a person's travel motives (Grazulis & Zuromskaite, 2013). Western people's aspirations were found as to achieve better health conditions and live for a longer period of time. The aging generation is forefront in this megatrend because health and personal care issues are the most important concerns for the elderly population (Chen et al., 2013). The period starting from 2010 till 2030 is declared, in literature, as an older generational period with age cohorts over 65 years (PGPF, 2016). Deloitte (2016) further predicted that there will be 604 million 65+ people worldwide in 2019, and this figure is 10.8%, approximately, of the overall global population. Another estimate states that 65+ elderly population will be 23 % of the population in France, 25 % in Italy, and 28 % in Germany (Chen et al., 2013). Overall, this aging population trend will rise to 28% by 2020 in Europe (Vrkljan & Hendija, 2016). The aging Americans, who are dominant population in medical tourism, will be around 70 million, in the meantime, with some age cohorts over 85 years. Since the elderly population is growing rapidly, health care preferences and complexities of these medical tourists are also varying with the passage of time which is worthy to be addressed.

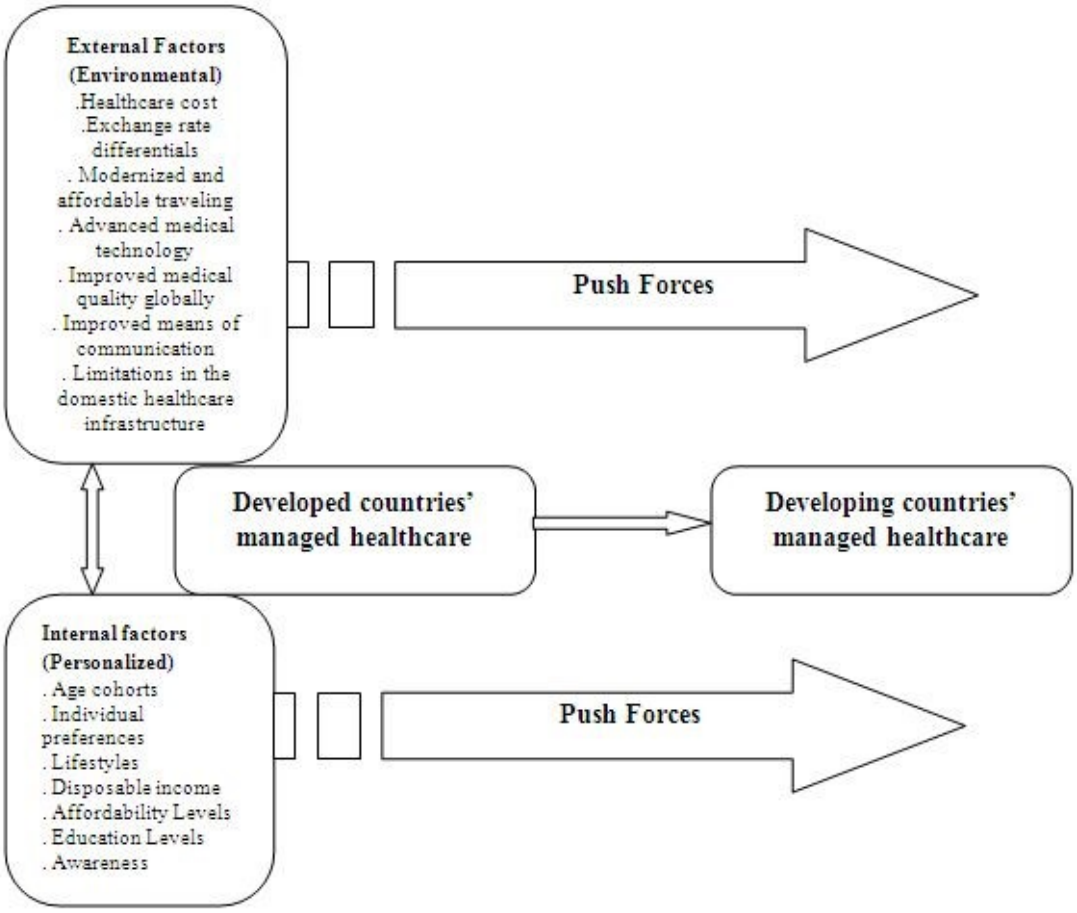

Figure 1: Combined push managed care model
Source: the authors

Due to availability of cosmetic procedures, higher disposable capital with the aging population and their increasing medical spending, it has been found that the older generation is more willing to avail cosmetic and aesthetic products and services than ever before (Connell, 2013a; Goulding & Shankar, 2004; PGPF, 2016, García-Altés, 2005). Estimates document that 33% (approximately) medical tourists prefer to travel abroad just for their cosmetic surgeries. These tourists are further adopting healthy lifestyles to remain productive for a long time (Hudson & Li, 2012; MTA, 2009). This shows a shift in demands and preferences of medical tourists with the change in time (T). It was also found that cosmetic treatments are not exclusively for the older generation in the recent era. The young generation is also increasingly interested in availing cosmetic treatments now, for example, Botox Injections (Healy, 2008). McDowall (2006) claimed that one-tenth of the young Iranian females were interested to undergo the cosmetic surgeries. Hence, with a change in time (T), the traditional elderly approach is also changing to look active, live longer and achieve good appearance levels. Thus, the demands and preferences of modern medical tourists' for their medical treatments are more varied and diversified recently.

3.5 Transfusion of costs (C) concept into affordability (A) concept

The advent of affordable and luxurious medical tourism, with high quality managed care abroad, is increasingly attracting medical tourists to move across their international borders for the better health and medical treatments (Johnston et al., 2016; Leibrock, 2000; Kangas, 2007; Caballero-Danell & Mugomba, 2007; Connell, 2006). The aging population, who will be playing a dominant role in medical tourism industry in next few decades, is found able to afford medical spending nearly 1.5 times as much as those those who are less than 65 years of age. This medical spending trend is hyper-projected upward, in nearly double figures, when their age cohorts cross the 85 years limit. Hence, the individuals who are over 85 years of age may afford to spend 3.5 times as much on medical necessities than those who are less than 65 years (PGPF, 2016). Thus, medical tourists may spend 130% more than the average medical tourist on their health and wellness treatments (Vrkljan & Hendija, 2016; Noree et al., 2016).
Apart from the elderly health and wellness concepts, it was found that 66% of China's 1.18 million millionaires would be considering spending their wealth on medical tourism recently (MTA, 2010). This trend has projected upward by 400% from 2004 to 2014 (Hong, 2016). The US, Japan and Germany have become preferred destinations for Chinese medical tourists. Apart from Japan, healthcare costs in the US and Germany are higher than many other developed and developing countries. Hence, these results challenge the conventional costs (C) concepts of medical tourism. Medical tourists may avail luxurious medical tourism and spend more for their health and maintenance. Thus, it is a matter of affordability (A), overall, which is highly convergent upon the angle of growing expectations of medical tourists. The conventional concepts of medical tourism as a cost-effective international medical care don't paint the real nature of medical tourism in recent contexts. It is thus evident that medical tourists' trends in the current times have been reshaped. They are more prone to experience the kind of tourism that encompasses medical and wellness combination. Therefore, the costs (C) concept of medical tourism is transfusing into the affordability (A) concept in the modern era of medical tourism.

3.6 Emergence of mobile places (P)

In the previous works of literature, it was found that the contemporary movement of medical tourists was from developed to developing countries for cost-effective medical treatments (Noree et al., 2016; Hopkins et al., 2010). This notion of place (P) concept is reversed when patients travel from developed to other developed countries for their medical treatments where cost differentials may not be very significant. For example, many Americans visit Canada for their medical treatments (Gatrell, 2002). Moreover, it was found that the US and UK, which are major demand generators in medical tourism, are receiving many international medical tourists (Johnson & Garman, 2010). This trend is also spreading in Europe and many European medical tourists travel within Europe for their medical treatments (Shenfield et al., 2010). Certain medical treatments may

be prohibited, illegal or considered unethical in patients' home countries, and other countries may provide some additional legal benefits with medical treatments. For example, European medical tourists travel to the Czech Republic and Spain for egg donations; Switzerland and Belgium for sperm donations etc. These kind of patients are also traveling to eastern European countries for their reproductive treatments which may not be available or permitted in their own countries, for example, abortions or the case of pregnant mainland Chinese women traveling to Hong Kong for childbirth and Hong Kong residency (Gatrell, 2011; Laugesen & Vargas-Bustamante, 2010; Shenfield et al., 2010; Stolley & Watson, 2012; Ye et al., 2011). These arguments support the notion that cost-saving motivation, therefore, is not always a primary reason to travel for medical treatments. The satisfaction of medical tourists with their medical treatments is found effective in implanting higher potentials to afford premium price payment for their medical treatments (Ganiyu et al., 2012).

The recent epochal trends in medical tourism also triggered medical tourism culture in developing countries on the same grounds as in developed countries. Many developing countries are promoting themselves as medical tourism destinations, hoping to attract medical tourists from other developing and developed countries (Alberti et al., 2014; Noree et al., 2016).The results espouse that patients from developing countries now afford to manage their healthcare needs by traveling to other developing countries for their medical treatment. The motivations to travel in these countries might be the same as those of developed countries to other developed countries' medical tourists. Similarly to the US and the UK, many developing countries also export and import medical tourists, for example, Korea, Singapore and Iran etc (Choo, 2002), to name a few. Medical tourists from several developing African, Middle Eastern and south Asian countries now afford to travel to India which is also a developing country (Paul, 1999). The medical treatments and tourism infrastructure in these countries are not as developed and sophisticated as in developed countries. Thus, the arguments of Carrera and Lunt (2010), who held that the developed medical infrastructure, communication channels and ease of transportation are attractive means of medical tourism for the less-developed countries' patients in the developed countries, may not truly represent the nature of modern trends in medical tourism. Hence, globalization has gradually removed the borders between countries promoting greater mobility of patients and tourists across the borders (Kozmenko & Lysenko, 2014). Thus, the contemporary specific concept of place (P) for medical treatments across international border has been changed with the change in time (T). Medical tourists are now heading towards every corner of the world for possible medical treatments (and this trend has been summarized in **Figure 2**).

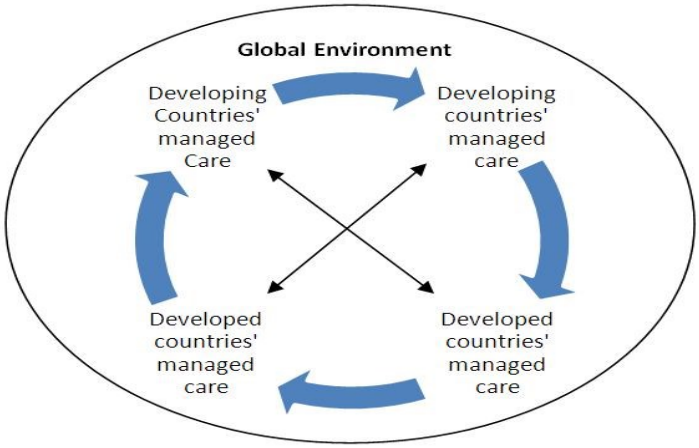

Figure 2: The global rotational medical place curve
Source: the authors

Hence, the medical tourism traveling is not a game of developed or developing countries anymore. It is a matter of affordability that is an outcome of interwoven constructs of available medical treatments (ethically and legally), qualified medical staff, quality of medical care, proximity, growing financial health of medical tourists, the lure of experiencing a differentiated medical and tourism care, satisfaction, anonymity, and privacy (Hong, 2016; Whittaker, 2008; Crooks et al., 2010; Connell, 2013a; Hanefeld et al., 2013; Meghani, 2013; MacReady, 2007; Hopkins et al., 2010; Runnels & Carrera, 2012; Bies & Zacharia, 2007; Ganiyu et al., 2012; Connell, 2006; Ye et al., 2011; Turner, 2007; Bookman & Bookman, 2007; woodman, 2007; Herrick, 2007). Thus, the emerging concepts of costs (C) and affordability have opened place (P) boundaries for medical tourists in the broader time (T) dimension. The results highlight emerging TPC dimensions which have changed the predefined axis of medical tourism. These trends are continuously changing and revolving around the core medical tourism concept in its most recent configuration (**Figure 3**).

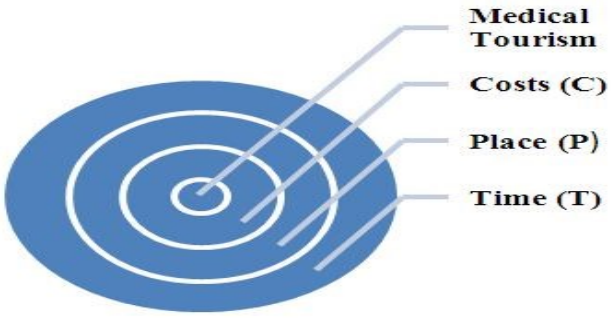

Figure 3: TPC- emerging axis of modern medical tourism
Source: the authors

3.7 Emerging managing paradigm: Third party administrators (TPAs)

Medical tourism is a billion dollar industry which involves extensive traveling. Thus, it has seduced the travel industry as well. Despite primary care provider destination (for

example, hospitals and other health care centers etc.), the results show an emerging network of agents and professionals that are facilitating patients by linking them to host medical destinations (Turner, 2008). This networking is specialized in assisting the selection of medical destination, hospitals, and other travel arrangements (Khan et al., 2016; Hanefeld et al., 2014). This newly established network could generally be referred to third parties administrators (TPAs).

TPAs are found in providing travel and treatment (TT) packages that may include non-surgical treatments, i.e. spa, Ayurvedic medicine, traditional Chinese medicines etc, and surgical treatments, i.e. cosmetics, orthopedic, cardiac, dental, and organ transplants etc, with traveling and tourism options. However, these TPAs are considered non-professionals by the medical tourism industry. It is due to their deep roots in the travel industry and relevant lack of expertise in the medical needs and preferences of medical tourists. Despite non-professional medical brokerage, Ruka and Garel (2015) mentioned a networking of physicians, surgeons and medical staff that is emerging in a more sophisticated way. These are professionals of the health and tourism industry and named as 'medical tourism facilitators'. It was further found that medical facilitators' role is to facilitate patients with their arrangements for the journey, connecting them to internationally accredited hospitals and assisting them in arbitration between clinics and patients.

According to MTA (2009) statistics, 80% of medical tourists travel with their companions on their medical trips abroad. The results further elaborate the role of TPAs in this context and reveal that the emerging TPAs' trend not only manages patient's medical trips but also provides care for their companions. They administer their medical round trips with all possible care being demanded (Horowitz & Rosensweig, 2007; Cormany & Baloglu, 2010; Newman, 2006; Lunt & Carrera, 2010). These newly arranged medical tourism round trip (MTRT) activities are summarized in **Figure 4**. Thus, the evolution of TPAs has made medical tourism industry easier and more reliable than in previous decades. Other reasons have been found which may fuel this trend, for example, family visits, social and cultural similarities etc. (Michael, 2011). The development of the medical tourism industry and recent advancement in traveling across the international borders further illustrate brain drain effects (Snyder et al., 2011).

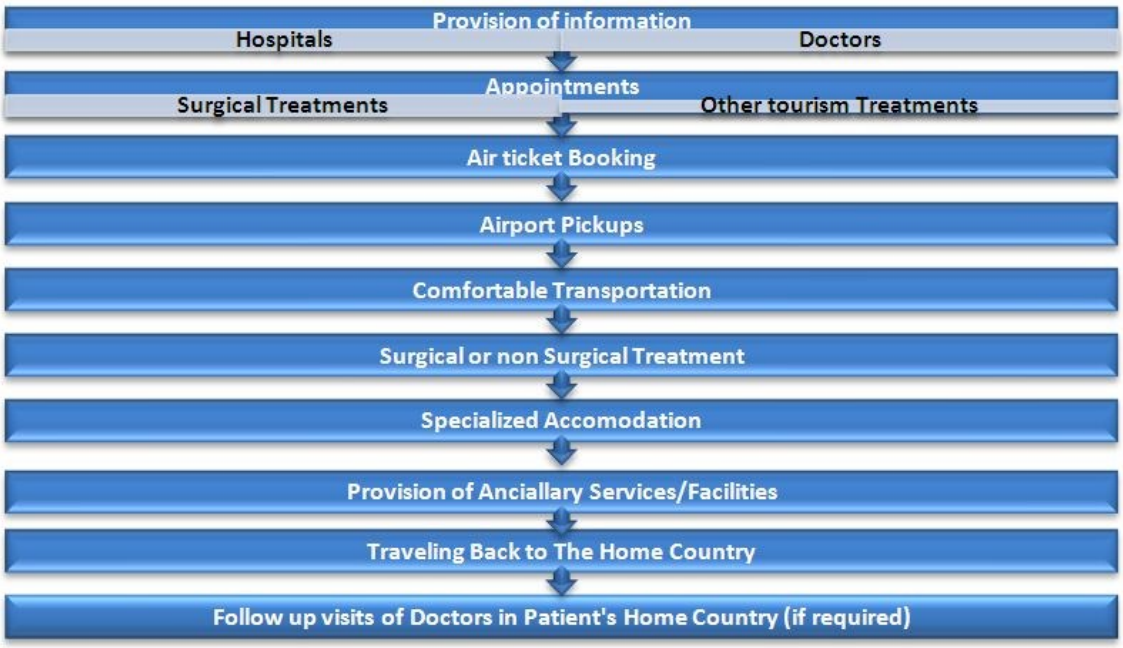

Figure 4: MTRT (Medical tourism round trip) Steps
Source: the authors

4. Concluding remarks and directions for future research

It has been found that the medical tourism industry is continuously in a state of flux (Khan et al., 2016; Noree et al., 2016; Hong, 2016). The market mechanisms have also been changed with its changing nature. This study documents that medical tourism has become a more global phenomenon which remained largely regional in previous decades. The growing global competition among medical tourism destinations has promised the notion that medical treatments are more like an international fashion than a local trend. It also highlights the concerns that the most previously ostensibly place-based activities are more mobile now. A shift from traditional place-bound medical services has triggered global competition in the medical tourism industry. Additionally, in the emerging nexus of changing preferences, links to tourism TPAs espouse institutional evidence that cross-border medical treatments are not merely a concern of hospitals or clinics. The documentation of MTRT steps model reveals theses links to many other TPAs as well which are involved in managing medical tourists' medical trips. TPAs may encapsulate the transportation industry, hospitality industry, and governments or any other organization or concerns which are directly or indirectly linked to medical tourism. However, TPAs need to play their role in assisting and linking patients to medical tourism host destinations. The evolving dimensions of TPC have changed the nature of modern medical tourism. In order to stay abroad (P) for a longer period of time (T), for a better rehabilitation of health and high capacity to travel globally, the willingness to afford the inflated cost (C) of desired medical treatments has highlighted brighter business prospects for the hospitality and transportation industries. Longer night stays could be traded at hotels, specialized medical hotels could be framed to match medical tourists' preferences and cheaper medical

apartments could be developed for long staying medical tourists. Moreover, the transportation industry (road, water, air etc) can offer specialized medical vehicles with comfort, basic medical facilities, and luxuries. The TPC-TPAs links are framing a new shape of medical tourism and influencing each other in the most recent times (**Figure 5).**

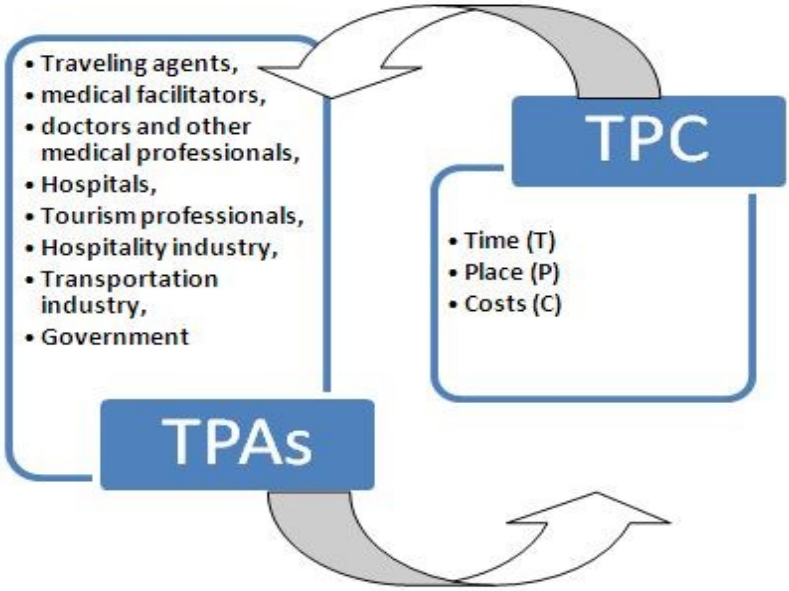

Figure 5: TPC-TPAs link chain
Source: the authors

The role of the medical tourism industry's stakeholders is found to be more important than before in regulating recent market mechanisms. The emerging link-chain has established new marketplaces for health care professionals, patients and TPAs. However, the role of government is instrumental, which is a managing authority of all other TPAs. In fact, medical tourism is found as an emerging part of income generating capacity, in both developed and developing countries, that motivates some parties to exert strenuous efforts to invest in healthcare infrastructure. Government regulatory authorities may invest funds and efforts in medical tourism infrastructure to restructure it. It could be done through interwoven participation of hospitals, medical clinics, health professionals and the tourism, hospitality, food and beverage (F&B), cultural, recreational, and transportation industries, as well as TPAs and retail trade of the country (Chekalina, 2015). Thus, there is a need to further evaluate this multifaceted industry. Active role of TPAs, proactive support by the government, and medical infrastructure links to tourism and hospitality need attention for deeper and broader relationships among the industry stakeholders.

Medical tourists' preferences are changing and their demands will differ when medical and tourism treatments will be combined. Hence, the role of TPAs is important in addressing how well they can integrate both of these constructs. A better understanding of medical tourists' changing preferences and emerging phenomena of TPC and TPAs interaction may steer medical tourism industry profitably in the modern era.

Medical tourism is not only a price driven phenomenon for healthcare in foreign countries but also involves many other factors in its breadth and scope (Inhorn et al., 2012; Runnels & Turner, 2011). Hence, considering its diversified nature, it is difficult to define medical tourism in a finite sense. This study has attempted to uncover changing preferences of medical tourists across different regions, highlighting the varied nature of mobile medical places (in developed and developing countries) and affordability levels which were remarkably little known before. Traveling for cost-effective medical tourism has become a priority of a specific group of medical tourists in the modern medical tourism industry. These ground facts are poorly understood even in developing countries.

Remarkably, the advancement of theory in medical tourism is static and revolves around old concepts. Hence, there is a need to extend the knowledge into new realms of the tourism industry with its changing medical tourism scene. Although the study has contributed to medical tourism literature with age, changing demands and regional composition of medical tourists, little is yet known of how demands and preferences of medical tourists differ from the other conventional tourists, what are the factors which influence medical tourism destination choice process and what kind of medical treatments are more favorable in generating medical tourism business. Moreover, there is a need to explore how medical tourism experience is different than other niche tourism, and when the individuals will consider themselves as travelers, medical tourists, patients and general tourists in a diversified medical tourism industry. The role of TPAs and influence of TPC on different niche markets of tourism are worthy to be addressed.

Many researchers consider medical tourism as an emerging industry. However, medical tourism is suffering from passive dimensions of contemporary health reforms (Lunt et al., 2012) . Hence, it demands an attentive approach from policymakers and academicians. The oft-quoted debates on push-pull forces obfuscate motivations traveling abroad, and for medical treatments, discuss only one-dimensional attribute of these models. The present study documented an additional discussion with its external dimension that is different than internal push dimension. It generates further discussion in theory and practice, appropriate policymaking for the medical tourism industry and research from relevant push forces instead of jumbled and vague research grounds. It supports finding the solutions to competitive regional policy making which is mentioned by Alberti et al. (2014). Further, the review results illuminate tourism demands in other tourism niche markets with identified push dimensions. Healthcare spending is increasingly becoming unnecessary, ineffective and wasteful due to malpractice and culprits' role behind unreasonably inflated costs. A proper planning and monitoring system may apprehend these shortcomings in health care infrastructure, encourage TPAs to operate effectively and control unreasonable waste of resources. Due to changing TPC dimensions, there may be a scope to revitalize health care reforms, enhance the skills of domestic medical professionals, collaboration with public and private market players through a strategic management approach.

Medical tourism effects are not just restricted to patients and medical services providers; they impact the whole society. Medical tourism demand will likely to grow in the near future due to an aging population and their preferences (Deloitte, 2016). Moreover, when medical and tourism treatments are combined, the medical tourists'

demands will differ widely. This study attempts to uncover these facts and wake up the academicians and professionals to study if they are ready to address the mighty flood of medical tourism demands in near future or not.

Although medical tourism is gaining attention in recent years, there is fairly a limited availability of research work in medical tourism industry about its nature and trends. Given the scarcity of literature, the aim of this study is to bridge literature gaps and update existing works of literature with emerging trends of the industry. This study was an attempt to challenge the orthodox assumptions, improve the conceptual clarity, theory building and expansion with an advanced looking approach to bring new opportunities and ideas together, and define strategic roles of the industry stakeholders.

5. Limitations

A vivid and deep research approach was followed to scoping a widely scattered variety of literature. This approach was taken to highlight and answer what are the latest trends in medical tourism. The scoping depth of this study and search for relevant literature across the globe from the comprehensive blocks of databases has poured strength into this review study. However, some limitations need to be documented. This study reviewed literature only in English. A limited number of medical tourisrelated pieces of literature are also available in other languages. However, non-English-language literature was ignored while documenting medical tourism trends. Another limitation is that many researchers and databases are reflecting published research work on countries participating in medical tourism participating countries, for example, Thailand, India, the US, and the UK, to name a few. However, there are many other participating countries that are contributing to the emerging medical tourism industry. This ceiling made the availability of medical tourism statistics of global medical tourism participants difficult and, hence, limited. This reason pushed the authors to present the media sources as a representation of the participating medical tourism players that exist in the industry and, hence, cannot be ignored.

Abbreviations

US: United States
UK: United Kingdom
UAE: United Arab Emirates
T: Time
P: Place
C: Costs
A: Affordability
TPC: Time, Place, and Costs
TPAs: Third Party Administrators
TPA: Third Party Administration
LMICs: Lower and Middle Income Countries
MTRT: Medical Tourism Round Trip

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