



MEDICAL TRAVEL
SUMMIT 2015

IS THE MEDICAL TOURIST SPOILED FOR CHOICE? **HOW CAN MEDICAL TOURISTS MAKE INFORMED DECISIONS?**

DAY 1: QUALITY... MEANS DOING IT RIGHT WHEN NO ONE IS
LOOKING

DR SHARON KLEEFIELD, PHD HARVARD MEDICAL SCHOOL

Informed Decisions: Signals of Quality and Safety for Medical Travel

IMTJ Medical Travel Summit
London, April 15-16, 2015

Sharon Kleefield, Ph.D.
Harvard Medical School



Harvard Medical School Boston, MA



Medical Travel: Where to Look

- >50 countries have identified medical tourism as a strategic national industry
- Not every country will succeed in becoming a 'hub'



Informed Choice

- **Expertise of physicians/surgeons and continuity of care**
- **Ease of travel**
- **Familiarity with country, language and health care system**
- **Facility amenities**
- **Cost for the treatment**
- **Accreditation**
- **Ratings**



Information Available to 'Signal' Quality

- High value form of accreditation
- Academic training/ credentials of physicians
- Association with a US health care system
(Harvard, Hopkins, Mayo, Cleveland Clinic)
- Advanced biomedical technologies



US Rating Organizations

- 1) U.S. News & World Report (America's Best hospitals, 732/48,000 hospitals)
- 2) HealthGrades (50/100 Best hospitals)
- 3) Consumer Reports (famous for testing care/appliances, now its first 'safety score for hospitals, 18% of US hospitals)
- 4) Leapfrog Group (safety scores, 26 metrics, supported by employers/purchasers)
- 5) Joint Commission, Top Hospital Performers

Health Affairs, 2015



Implications of Ratings

- **Different ‘winners’ across rating systems**
- **Some well-known hospitals receive low safety scores**
- **Less than acceptable (preventable) infection rates**
- **Few get rated highly by all organizations**
- **Patients don’t rely on ratings; used for marketing**



Choice Limited by Information

- **Evidence of clinical outcomes is sparse and research reports are difficult to verify**
- **Little is known about relative clinical effectiveness and outcomes by procedure/treatment at specific institutions**
- **No empirical evidence for comparing institutional risks and safety**

N.Lunt, 2013



Equal Risks for Patients

- **Medical travelers face the same risks as other patients, with no isomorphic system for quality and safety standards**
- **Locating those hospitals and physicians who will provide the ‘best’ treatment and outcomes remains challenging (better than what?)**



The Open Secret

- **Hospitals are dangerous places**
- **The safety/risk problem is an ‘open secret’ among people working in health care**
- **Patient safety and quality is a global concern for patients**



WHO 2011

“If you were admitted to a hospital tomorrow in any country...your chances of being subjected to an error in your care would be something like 1 in 10... your chances of dying due to an error would be something like 1 in 300...”

Liam Donaldson, WHO



A risky business...

- **1.7 million nosocomial infections in US hospitals every year, causing 100,000 deaths**
- **5-10% of patients admitted to modern hospitals in the developed world acquire one or more infection**
- **4.5 million infections in European hospitals every year, causing 37,000 deaths**
- **Risk is higher in developing countries, with approximately 15% of patients acquiring infections**

WHO



Justified Paternalism

- **Protect patients from making poor decisions that will have possible and significant negative impacts on their lives**
- **Direct patients to where we think their welfare would be best served**
- **Influence patients' choice through 'channeling'**

I. Glenn Cohen, 2015



“Channeling” Interventions

- **Create a list of criteria for an “approved” list and an “unapproved” list of quality services/procedures**
- **Push patients to “approved” medical tourism services, giving provider organizations incentives to improve (and compete)**
- **Focus on positive incentives to engage medical selectivity (improve care globally)**
- **Patient choice is “channeled” to particular facilities for specific procedures abroad, based on reliable quality/safety metrics**



Forms of Channeling

Channel patients to facilities:

- for specific services**
- based on a list criteria (metrics)**
- with high volumes for specific surgeries**
- that passed major accreditation process**
- that measure and disclose quality outcomes data**



Channeling Interventions: Orthopedics

Safety/risks when considering overseas surgery:

- **Prophylactic antibiotic protocols**
- **Wrong-site surgery protocols**
- **Infection control procedures**
- **ICU services**
- **Hospital accreditation**
- **Nursing care (ratios/training)**
- **Subspecialists available for complications**
- **Blood safety**



Promote High Standards

- **Informed choice relies on the quality of care abroad**
- **Define specific signals for quality, comparable across health care facilities, creating competition, benchmarks**
- **Channeling patients to where we think their welfare would be best served**
- **Serious efforts to set high standards promotes access to reliable, publically accessible information on safety and quality, changing the culture of clinical care internationally**



Informed Choice for Consumers & Stakeholders

- **Unexpected mortality rates**
- **Infection rates: surgical site, urinary, respiratory**
- **Hand hygiene practice**
- **Patient falls**
- **Use of prophylactic antibiotics prior to surgery**
- **Blood Safety (screening by WHO recommendations)**
- **Use of surgical checklist**
- **ICU services available**
- **Universal precautions**
- **Medication delivery process/error management**
- **Patient Satisfaction**
- **Nurse Training**
- **Patient Volume/procedure**
- **Readmission rates (by procedure, 15 days)**
- **Accreditation (ISQUA accredited), passed reaccreditation, revocations**



sharon_kleefield@hms.harvard.edu

