



Confederation of Indian Industry

## Medical Value Travel

Following are the industry inputs/suggestions on the medical value travel

1. **Low connectivity:** Limited direct flights to source regions (e.g., only two direct flight to African cities of Nairobi and Addis Ababa – rest all routed through Dubai/Abu Dhabi hubs)
2. **Subdued sales and marketing** resulting in low awareness: Only few Indian hospitals have only 1-2 outposts globally compared to Bumrungrad (32 offices in 18 countries); Govt backing gradually emerging – set up National Medical & Wellness Tourism Promotion Board; We also need to have an independent body to start compiling Clinical outcomes of Indian Hospitals to communicate our above par clinical capability and differentiate ourselves.
3. **Absence of comprehensive bundled product:** combining healthcare services with air travel, local stay and conveyance, interpreter services, food, documentation etc. absence of which is currently exposing travellers to the possibility of being exploited by local service providers
4. **Low technology adoption:** in terms of EHR, PACS, RIS, LIS limits patient engagement pre-arrival and post departure, resulting in sub-optimal handover and hassles if the patient wishes to communicate/interact with operating Clinician from home-country
5. **Lack of Quality Checks for International Patients** – For most of the international patients traveling to India, the journey remains a big leap of faith. Most of them travel using the services of Healthcare Facilitators (HCF's), who work in an informal and unorganised manner. They act as a go-between Indian hospitals and the patients and provide concierge and interpreter services. They are presently completely unregulated, follow no quality parameters and often 'dump' the patients at the hospitals. While NABH has started their accreditation, very few are presently accredited. Many of them are very mercenary in nature, guiding patients to hospitals, which pay the most and not necessarily the ones, which are the most

appropriate for the patients. Guidelines related to HCF's are being prepared now, however this needs to happen as soon as possible.

6. **Lack of authentic information about hospitals/treatments etc.** - Foreign patients often struggle to get authentic and completely neutral information about hospitals, doctors, pricing etc. They are mostly guided by HCF's and have no way of independently checking and possibly comparing hospital infrastructure, clinician skills and experience and the costs. While SEPC has started a website to provide this information, the website needs to be regularly updated and effectively marketed.
7. **Brand India for MVT** – Unlike the 'Incredible India' campaign, which did wonders for conventional tourism into India, there is no equivalent branding/communication strategy to market the strengths of Indian healthcare abroad. Individuals hospitals can do only so much. GoI needs to promote India as a popular medical travel destination abroad.
8. **Visa Issues** – Medical visas are difficult to get. The rules in various embassies are very cumbersome. Many embassies are short-staffed and cannot cope with the visa applications. E-visas have further complicated the situation as the forms etc. needed to be filled are very tedious and patients coming from non-English speaking countries struggle with these forms. Internet connectivity in many countries in Africa and Asia is quite patchy. E Visa should be just one option for patients and not the only one. Visa Fees are quite high and inconsistent. In many countries, the medical visa fee is higher than the traditional/tourist visa fee. This needs to be consistent and reasonable basis the paying capacity of the patients.