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VAIDAM HEALTH: FACILITATING MEDICAL-VALUE TRAVEL

Anupama Prashar wrote this case solely to provide material for class discussion. The author does not intend to illustrate either effective or ineffective handling of a managerial situation. The author may have disguised certain names and other identifying information to protect confidentiality.

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Vaidam is there to empower medical travellers in making an informed decision about the selection of [a] health care solution and to provide a seamless experience through[out] their patient journey.

Pankaj Chandna, co-founder, Vaidam Health

Ever since Pankaj Chandna, the co-founder of online medical-value travel (MVT) facilitator Vaidam Health Private Limited (Vaidam),[[1]](#footnote-1) had returned from his trip to Fiji, there had been a lot on his mind. The trip had been aimed at business expansion. Now, Pankaj and his old classmate and co-founder, Manish Chandra, were flipping through the market data he had collected during meetings with health care professionals, corporations, insurers, and representatives of ministries of health during this month-long tour in May 2018. Their intention was to create a presence in the offline market and to identify alternate business channels to attract more patients from some of the key source countries for MVT to India.

Since its inception in January 2016, Vaidam had hosted overseas patients who travelled to India for medical treatment. It had partnered with over 100 world-class health care facilities across the major cities in the country. In addition to hospitals, the company worked closely with over 1,000 medical practitioners (surgeons and specialists) who were renowned for highly advanced allopathic treatments such as organ transplant, cardiology, and oncology. To efficiently address medical travellers’ needs during their stays, the company had also created an ecosystem of service providers offering accommodation, ground transportation, language translation, and domestic services. So far, patients from more than 50 countries (primarily Australia, countries in Africa and the Middle East, and in neighbouring Asian nations) had received satisfactory treatment using Vaidam’s network. It had generated business worth over US$275,000[[2]](#footnote-2) for the associated hospitals and medical practitioners during the first half of financial year 2017–18.

As one of the pioneers in setting up web-based MVT services in India, Vaidam was able to gain the trust of overseas patients by offering personalized and customized care with complete transparency. From a business environment perspective, the Indian health care industry, backed by the supportive policies of the government of India (GOI), was emerging as a global destination for medical tourism. Given the improved attractiveness of MVT, the founders of Vaidam realized that they would face tough competition in attempting to further leverage this massive unaddressed business opportunity. Although they had successfully built the company using personal finances and had come this far, they now faced a tougher challenge. As an MVT facilitator, Vaidam needed to determine how it could continuously offer value to medical travellers so that they would continue to choose Vaidam to plan their treatment and travel to India.

INDIA AS AN EMERGING MVT DESTINATION

With globalization, travelling abroad for medical interventions (known as MVT, medical tourism, or health travel) had become a widespread phenomenon. These medical interventions ranged from advanced medical treatments and surgeries (e.g., curative treatments such as cardiac surgery or knee replacement) to wellness or rejuvenation treatments (e.g., cosmetic surgery and spa services) and alternative medicine (e.g., Ayurveda and naturopathy).[[3]](#footnote-3) The last two decades had witnessed a shift in the MVT destinations preferred by travellers from the developed markets of the United States and Western Europe, who now travelled to Asian countries such as Malaysia, Thailand, Singapore, South Korea, and India.[[4]](#footnote-4) Rising health care costs and long waiting times for treatment in developed countries combined with the availability of heavily subsidized, world-class medical care in Asian countries were the key reasons for this shift.

India was one of the key destinations for MVT and witnessed a 22–25 per cent growth in the arrival of medical tourists in 2017.[[5]](#footnote-5) The MVT industry was expected to reach $9 billion by 2020. This was evident from the steep rise in the number of medical visas the country had issued for both initial medical treatments and follow-up visits.[[6]](#footnote-6) The majority of these tourists were from South Asian Association for Regional Cooperation nations such as Bangladesh, Afghanistan, and the Maldives; Commonwealth of Independent States countries such as Russia, Kazakhstan, and Moldova; African countries such as South Africa, Kenya, and Nigeria; and Middle Eastern countries such as Iran, Turkey, and Egypt. Patients from these regions were primarily travelling for advanced curative care for cardiac and orthopaedic treatments. However, despite large numbers of foreign tourists arriving from the United States, Europe, and other developed regions, the share of medical tourists from these regions had been limited so far. There were numerous environmental considerations that made India a preferred choice for medical tourists.

Brand India

India was one of the oldest civilizations in the world, with a rich cultural heritage. Historically, the country had been the centre of alternative healing therapies such as Ayurveda, yoga, and meditation, attracting travellers globally and offering health and spiritual benefits. Economically, the country was the seventh largest economy, with a gross domestic product (GDP) growth of 5.4 per cent in 2017. With vast cultural and natural resources and price competitiveness, India was ranked 40th (gaining 12 places from 2016) among 136 countries in the Travel and Tourism Competitiveness Report for the year 2017.[[7]](#footnote-7) Further, despite the phenomenal language diversity in the country, English was the official language and was spoken widely by the people. The country’s diversity also contributed to the extensive variety of international and national cuisines offered in the country. Supportive visa policies, such as visa on arrival and e-visas, were indicative of the country’s openness for international travellers. India’s booming information and communication technology industry had contributed to increased Internet and mobile penetration, which facilitated distribution of information for foreign travellers. Nevertheless, security risks in some border regions and cases of crime against women in the past had affected the country’s global image as a tourist destination. Having said that, the GOI had been taking concrete steps to make India stand out in the field of medical tourism.

Health Care Delivery Sector in India

Health care delivery was one of the largest sectors in India; it was growing at a compound annual growth rate of 16.5 per cent and was expected to reach $280 billion by 2020 (up from $160 billion in 2017).[[8]](#footnote-8) This sector comprised public and private health care delivery systems. The public health care system was limited to primary health centres staffed by medical officers and some paramedical staff in rural areas, secondary district hospitals and community health centres, and tertiary care centres and advanced medical research institutes in cities. Total health care spending represented 5 per cent of the country’s GDP; out of this, the amount spent on the public health care system was still low (1.2 per cent in 2017) compared to that in many emerging economies. However, the GOI’s National Health Policy had set a target to increase this share to 2.5 per cent by 2025.[[9]](#footnote-9)

Private health care players, who accounted for 75 percent of the country’s total health care expenditure, were the vibrant force behind the growth of the Indian health care industry. These players had made huge investments in setting up chains of world-class hospitals and diagnostic centres in metros and Tier 1 cities including New Delhi, Chennai, Mumbai, and Hyderabad. Some of the private hospital chains in India, which were renowned for tertiary and quaternary care facilities, were Apollo Hospitals Enterprise Limited (with a capacity of 9,215 beds), Fortis Health Care Limited (10,000 beds), Max Health Care (2,016 beds), Manipal Hospitals Group (4,900 beds), and Narayana Health (7,452 beds).[[10]](#footnote-10) The vision of these hospitals was to offer high standards of medical care along with clinical research and training. According to a recent PWC report, in addition to an influx of private investors, this sector had been witnessing a significant increase in foreign direct investment over the past few years.[[11]](#footnote-11) “Access to capital had been the major roadblock for the growth of [the] Indian health care sector. Both the public and private sectors need to join hands to build the health care infrastructure in the country,” Manish said.

Curative care treatments involving advanced medical procedures for cardiology, orthopaedics, transplants, and ophthalmology were available in India at significant cost differentials and without any waiting time. According to statistics released by the American Marketing Association, the cost of a knee replacement surgery was $40,000 in the United States, $10,000 in Thailand, $13,000 in Singapore, and $8,500 in India (see Exhibit 1). The total cost of treatment, including health services, accommodation, and food services, was estimated to be 70–75 per cent less in India compared to in many Western and South Asian countries.[[12]](#footnote-12) According to a 2013 *Harvard Business Review* study, keys to making the global standards of Indian health care available at a competitive price were coordinated medical planning, economizing the use of expensive equipment and expertise, and minimizing operational costs.[[13]](#footnote-13) “The Indian surgeons operate far more cases than their counterparts in the United Kingdom or the United States and thus are more experienced. They give excellent outcomes with less resources, and that is their USP [unique selling point],” Manish noted. Beyond allopathic medicine, the Indian health care sector enjoyed credibility in a host of traditional healing methods or alternative medicines based on Ayurveda, yoga and naturopathy, and homoeopathy (AYUSH). With the establishment of the Ministry of AYUSH in 2014, the GOI was working to develop and promote these traditional medical and health care systems to attract foreign patients.

The focus on accreditation of Indian health care facilities played a key role in building patients’ confidence in the quality of health care outcomes. “The patient’s trust towards a certain hospital is automatically enhanced when they see that it is well accredited,” Manish explained. Established in 2006, the National Accreditation Board for Hospitals and Health Care Providers (NABH), a constituent body of the Quality Council of India, established comprehensive health care standards for all hospital activities—right from a patient’s registration to their discharge. These standards were equivalent to international standards established by the Joint Commission International (JCI),[[14]](#footnote-14) the Australian Council on Health care Standards (ACHS),[[15]](#footnote-15) and Accreditation Canada (AC).[[16]](#footnote-16) The NABH standards were recognized by the International Society for Quality in Health care (ISQua), an independent not-for-profit organization promoting the quality and safety of health care systems worldwide. As of March 2017, 520 hospitals in India were NABH accredited, and another 661 were undergoing the accreditation process.[[17]](#footnote-17) Further, to achieve global acceptance of their medical procedures, Indian health care service providers were aggressively working to meet the requirements of JCI accreditation standards. As of March 2018, 37 Indian medical and health care centres were JCI accredited.[[18]](#footnote-18)

Policy Support

To promote India as a medical-tourist-friendly destination across the globe, the GOI had initiated many policies and schemes over the past few years. One such initiative was the liberalization of the visa regime through the introduction of a new subcategory of electronic visa—an e-medical visa—for 161 countries. Other rules relating to visa fees, duration of stay, frequency of visits, and police reporting of patients were also liberalized to ease the experience of medical travellers.[[19]](#footnote-19) The Ministry of Tourism had set up the National Medical and Wellness Tourism Board to address all issues related to medical tourism.[[20]](#footnote-20) The Ministry of Tourism, the Ministry of Health and Family Welfare, and the Ministry of Commerce carried out promotional initiatives to endorse the Indian health care industry on international platforms such as global-travel trade shows. “Realizing the potential of [the] MVT industry to generate foreign exchange (Forex) earnings, the government has been working to reduce the challenges faced by medical travellers in treatment cost estimation, visa documentation, hospital admission, and recovery assistance,” Pankaj explained.

VAIDAM HEALTH

Based out of Gurgaon, India, Vaidam Health was certified according to ISO 9001 and 27001 standards (international standards for assuring customer satisfaction and information risk reduction)[[21]](#footnote-21) as a web-based MVT facilitator. It offered treatment and travel assistance services to international patients travelling to India for treatment. The venture was officially launched in January 2016 after receiving funds from a Singapore-based venture capital firm. The brainchild of Pankaj and Manish, both alumni of the Indian Institute of Management in Lucknow, Vaidam was the outcome of in-depth market research of the health care sector. Manish explained:

The term Vaidam is derived from the Sanskrit word vaidya, which means “doctor.” It is usual that, when it comes to travelling abroad for advanced treatments, people always have apprehensions around the selection of host country, hospitals, surgeons, and estimated cost of treatment. They do consult their relatives, friends, [and] family doctors to retrieve such information. They use [the] Internet to find and validate information about the suitability of medical and health procedures. However, people could not find any credible source of answer [to] all their queries. No one in the field of health care was providing an easy solution for this problem. We decided to establish a business to fill this unmet customer need in the health care sector.

Before establishing Vaidam, both founders had worked in the development of health-technology platforms. Pankaj had closely worked with public and private health institutions such as Lybrate Inc., an online doctor-consultation platform (as vice-president of Sales), and Manish had 15 years’ experience in managing customer experience on technology platforms such as Shopclues.com, one of India’s leading e-retailers, and the Indian Railway Catering and Tourism Corporation’s massive railway booking platform IRCTC.co.in. The duo was careful to form a team by hiring people with diverse skills, such as medical consultants, operations managers, logistics experts, language translators, and digital marketing professionals. “We are a team of 20. All the members are highly efficient and carry experience in their respective domain. Having the right people at the right place has enabled us to improve the patient experience during their travel,” Pankaj expressed.

For patients, Vaidam played several roles: it was an educator, providing verified information on treatment options, accreditations, affiliations of hospitals and specialists, and on other travel considerations such as security and culture; it was an organizer, facilitating medical history compilation, scheduling appointments, and managing travel logistics; it acted as a bridge, providing a 24/7 point of contact in the host country to deal with local issues such as language barriers; and it functioned as an advocate, acting as the representative of the patient in the host country. For the health care industry in host nations, facilitators worked to boost the countries’ image to generate a source of foreign-exchange earnings.[[22]](#footnote-22)

In India, NABH was responsible for evaluating the reliability and accountability of MVT facilitators using defined empanelment criteria.[[23]](#footnote-23) Enticed by the GOI’s supportive policies and the growing number of foreign tourists entering the country, many players had entered the space of web-based MVT facilitation service. Some of the discovery platforms were MediConnect India, Tour2india4health Consultants Pvt. Ltd., Indicure Health Tours, and Zoylo Digihealth Pvt. Ltd. Manish said,

What makes us distinct from the other health care discovery platforms is we go beyond the norm in assisting the travellers with consultations, travel plans, and everything amid, till the time they fly back, post check-ups or surgeries. We carefully select the hospitals, doctors, accommodation, and other services that we market to our patients on our platform.

In addition to MVT facilitators, independent hotel groups and travel agencies such as Travelite India, which offered travel packages for Ayurveda and yoga, had also ventured into this service, seeing it as an alternate business opportunity. For hotel groups, MVT was an additional service line for connecting international patients with the health care institutions they were associated with. Travel agencies utilized their logistics knowledge to offer travel packages for clinical programs.

Business Model

Vaidam targeted various categories of international medical travellers—uninsured, underinsured, or fully insured—through different business channels.

Individual Patients

The largest segment of medical travellers to India was uninsured individual patients, who paid for their treatments with their own cash and thus looked for low-cost destinations to make significant savings. “At this point, 80 per cent of our business is generated through inquires coming directly from the patients on our website or through referrals from our past clients,” Pankaj explained. The lack of public or insurance funding for advanced medical procedures in their home countries (e.g., African nations such as Kenya and Nigeria and neighbouring Asian countries such as Bangladesh, Afghanistan, and the Maldives) was driving these patients to travel to destinations like India for quality health care at affordable prices. These patients generally made a trade-off between perceived health care quality and cost of treatment, proximity, and culture while selecting the health care destination. These patients primarily sought medical treatment for dentistry, cosmetic surgery, and in-vitro fertilization.

Insured Patients

Insurance companies that offered self-funded health care benefits collaborated with Vaidam to add world-class hospitals in India to their network and worked out packages for various medical procedures. Vaidam’s team offered to conduct site visits to hospitals, hotels, and other facilities on behalf of the insurance companies to understand the true conditions of each destination. Having established strong relationships with over 100 hospital affiliates, the team facilitated preferential treatment for patients and resolved issues that required immediate attention during their patients’ stay in the country. “At present, we are working with three insurance companies abroad and [are] in discussion with many others for the empanelment of Indian medical centres and hospitals into their network,” Pankaj explained.

Government-Funded Patients

This segment included international patients travelling from countries where their government funded treatments abroad for its citizens, due either to lack of domestic expertise and facilities to handle advanced medical treatments or to lengthy waiting times. The Vaidam team had collaborated with ministries of health in two countries to assist the patients referred by the ministries. Manish explained:

Currently we are receiving patients referred through ministries of small-population countries such as Fiji, which have well-developed health care systems, but the range of health care facilities is limited. On the other hand, ministries of countries like Ireland are funding treatment abroad due to long waiting times.

These patients sought complicated treatments for hip or knee replacement, cataract surgery, or other surgeries.

Among the first few to enter the niche of online MVT facilitation, the Vaidam team had focused on building a reputation of trust, care, and expertise during its initial years. “We have adopted a ‘patient-centric’ business model, not just in facilitating the medical consultation and care but also in every process associated with their medical travel, including air travel, ground transportation, and accommodation,” Pankaj said. Vaidam had created a strong network of accredited hospitals and boutique clinics. The company monetized the marketing of services offered by these health care institutions on its website, and these institutions paid referral fees for each patient coming through the Vaidam route. This fee was mostly a commission percentage based on the package price of the medical procedure. However, this fee was sometimes charged from the hospitals on a per-patient basis regardless of the cost of the procedure. “Our business model is such that we don’t charge from our patients. Only in special cases, when a patient requires a second opinion or needs additional services such as a full-time attendant, we charge a concierge fee,” Pankaj explained. Apart from charging referral fees from medical service providers, the company also received commissions from the partners offering lodging, ground transportation, and tour services. One of these was OYO Rooms, a budget hotel network in India. “Our partnership with OYO Rooms, one of the largest hospitality companies in the country, has allowed us to extend standardized and affordable accommodation to our travellers. In lieu, we earn commission whenever a user makes an OYO hotel booking through Vaidam’s tracking link,” Manish explained.

VAIDAM’S VALUE CHAIN

Vaidam’s value chain was divided into three stages that corresponded to the series of activities involved in MVT: pre-procedure, procedure, and post-procedure.

Pre-procedure Stage

At this stage, individual patient queries received through different business channels (online, referrals, and insurance companies) were attended by the patient relation team at Vaidam, who facilitated the patient’s choice of hospital, doctor, and medical procedure. This team, composed of health care professionals, helped in compiling patients’ medical reports, which were shared with the empanelled hospitals and doctors. The team offered at least three personalized treatment plan options for each query, based on each patient’s treatment budget. Pankaj explained:

The cost of treatment varies widely across hospitals and cities. The average quote for a single knee replacement surgery is $5,000. However, the budget of one of our patients from Nigeria was $3,500. Our case manager researched and negotiated the price with the empanelled hospitals and eventually found a quality treatment within the patient’s budget.

Live consultations with doctors and sharing the experiences of previous patients was also facilitated by the team. The team also assisted the patients in processing their visas and planning their air travel. As Pankaj explained,

The anxiety of a patient travelling abroad for treatment is usually beyond finding a good hospital and doctor. Our team actively helps the patients in case assessment, treatment cost estimation, travel planning, and hospitality. The prices quoted by the hospitals are discounted for patients coming through our route.

Procedure Stage

This stage began as soon as the patient landed at the destination. The company assigned a dedicated patient case manager, who acted as a point of contact while the patient stayed in the country. Besides the case management system, the team also created customer relationship management (CRM) software to facilitate individual patient interactions and create personalized relationships. Upon each patient’s arrival to the destination, the concierge team managed the patient pickup, discounted accommodation, currency exchange, language interpretation, food options, and other local issues. Priority appointments with the doctor and admission to the chosen hospital were also arranged. “Our concierge team ensures that the patient is taken care of from the moment of arrival to departure after checkup or surgery,” Manish said.

Post-procedure Stage

This stage included post-operative care and follow-ups. Once the procedure was over, the patient was assisted with post-treatment rehabilitation or physiotherapy and follow-ups with the surgeon. An internal team of doctors also helped resolve patients’ post-operative concerns. In case of any billing issues with the hospital, the Vaidam team escalated the problem on the patient’s behalf for quick resolution. After post-operative care, once the patient had recovered, the concierge team assisted with shopping and planning leisure tours. The team cautiously worked on improving their services based on patients’ feedback received after they had returned to their home countries. “It’s the customer experience–focused mindset of [the] Vaidam team that has made it popular among the international medical travellers,” Pankaj explained.

SERVICE FEATURES

Cost Estimator

Along with curated profiles of hospitals, doctors, and patient testimonials to facilitate informed choices regarding health care destinations, the technology team had also created a self-help tool—a cost estimator for medical travellers. This tool enabled patients to get a total cost estimate that included treatment cost, airfare, accommodation, visa processing, food, ground transportation, and other miscellaneous costs, based on the specific hospital, doctor, duration of stay, number of attendants, and other preferences of the patient. “We understand that [patients do] not want to experience an information overload by browsing hundreds of medical procedures available. With the cost estimator, we provide answers to patients’ queries related to treatment cost,” Manish said.

Customer Relationship Management (CRM) Solution

Managing patient interactions before and after the medical procedure was the key to a successful relationship between facilitators and their patients. Realizing this, the technology team at Vaidam developed a CRM solution. Not only did this solution allow the team to consolidate the patient leads generated through different business channels, it also helped it to manage real-time interactions with patients and to secure patient information. “Our CRM tool is designed to bridge the inherent physical distance between the team and the patients,” Manish said.

Quality and Compliance

As a leading web-based MVT facilitator, Vaidam was committed to maintaining the highest standards of service quality and information security. The patient management protocols for treatment, travel, and post-operative care were compliant with ISO 9001:2008 quality-management requirements for ensuring patient satisfaction. Stringent data security practices were in place to ensure the protection of patients’ personal and health information, in line with the ISO 27001 specification. According to Pankaj, “The requirement of these certifications strengthens our commitment towards the customer service.”

the ROAD AHEAD

Since its official launch in January 2016, Vaidam had grown to become a trusted name in the Indian MVT industry. In the last two years, the team had successfully built a strong ecosystem to take care of every need of international medical travellers, before and after treatment. Pankaj said,

We have a network of over 100 hospitals, and we are looking forward to entering into more partnerships with health care institutions, insurance providers, and health ministries of countries from where the patients travel to India. This will allow us to penetrate deeper into the industry and offer more value to our clients.

The team had developed an online platform fed by effectively curated content available in multiple languages for international travellers, an efficient on-ground team to aid the patients during their stay, and self-help technology tools to improve customer experience.

The team wanted to expand the partnership network both nationally and internationally in the coming years. So far, the team had worked on promoting and facilitating MVT services in its own country. Now, building its recognized brand in the MVT market, the company wanted to set up a network of medical providers in countries that were popular for their health care infrastructure. Pankaj mentioned:

We want to refer patients to global destinations in the future, especially to countries like Thailand, Turkey, Dubai, Malaysia, and Singapore, which are ranked very highly in the [hierarchy] of countries receiving medical travellers. Our alliance team is working for opening offices at these overseas locations.

The company invested in marketing its services through the local newspapers and radio channels to create brand awareness in these overseas destinations. Apart from investing in diverse marketing channels, the content team at Vaidam had worked to translate content into seven different languages, to increase access for patients. As Pankaj said,

Vaidam aims to help patients from any country travelling to any country for treatment as per their preference for health care cost, quality, and social alignment. We are working towards achieving our aim. Now it is to be seen whether we are able [to] continuously create value for the medical travellers.

EXHIBIT 1: COST COMPARISON OF MEDICAL TREATMENT AMONG KEY HEALTH CARE DESTINATIONS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cost of Treatment (USD)** | | | | | | |
| **Health Care Destination** | | | | | | |
| **Medical Procedure** | **India** | **United States** | **Korea** | **Mexico** | **Thailand** | **Malaysia** |
| Heart Bypass | 5,200 | 144,000 | 28,900 | 27,000 | 15,121 | 11,430 |
| Angioplasty | 3,300 | 57,000 | 15,200 | 12,500 | 3,788 | 5,430 |
| Heart Valve Replacement | 5,500 | 170,000 | 43,500 | 18,000 | 21,212 | 10,580 |
| Hip Replacement | 7,000 | 50,000 | 14,120 | 13,000 | 7,879 | 7,500 |
| Hip Resurfacing | 7,000 | 50,000 | 15,600 | 15,000 | 15,152 | 12,350 |
| Knee Replacement | 6,200 | 50,000 | 19,800 | 12,000 | 12,297 | 7,000 |
| Spinal Fusion | 6,500 | 100,000 | 15,400 | 12,000 | 9,091 | 6,000 |
| Dental Implant | 1,000 | 2,800 | 4,200 | 1,800 | 3,636 | 345 |
| Lap Band | 3,000 | 30,000 | Not available | 6,500 | 11,515 | Not available |
| Breast Implants | 3,500 | 10,000 | 12,500 | 3,500 | 2,727 | Not available |
| Rhinoplasty | 4,000 | 8,000 | 5,000 | 3,500 | 3,901 | 1,293 |
| Face Lift | 4,000 | 15,000 | 15,300 | 4,900 | 3,697 | 3,440 |
| Hysterectomy | 2,500 | 15,000 | 11,000 | 5,800 | 2,727 | 5,250 |
| Gastric Sleeve | 5,000 | 28,700 | Not available | 9,995 | 13,636 | Not available |
| Gastric Bypass | 5,000 | 32,972 | Not available | 10,950 | 16,667 | 9,450 |
| Liposuction | 2,800 | 9,000 | Not available | 2,800 | 2,303 | 2,299 |
| Tummy Tuck | 3,000 | 9,750 | Not available | 4,025 | 5,000 | Not available |
| Lap Band | 3,000 | 30,000 | Not available | 6,500 | 11,515 | Not available |
| Rhinoplasty | 4,000 | 8,000 | 5,000 | 3,500 | 3,901 | 1,293 |

Source: Adapted from “Cost Comparison of Treatments,” Mediconnect India, accessed April 3, 2018, www.medicalindiatourism.com/treatment-cost.html.

1. MVT facilitators were companies that worked as intermediaries between medical travellers and health care service providers, creating value for both parties. [↑](#footnote-ref-1)
2. All dollar amounts are in U.S. dollars unless otherwise stated. [↑](#footnote-ref-2)
3. Federation of Indian Chambers of Commerce and Industry, *Medical Value Travel in India: Enhancing Value in MVT*, IMS Health Incorporated, 2016, accessed April 10, 2018, http://ficci.in/Medical-Value-Travel-Report.pdf. [↑](#footnote-ref-3)
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5. [Sharath Chowdary](http://www.business-standard.com/author/search/keyword/sharath-chowdary), “Medical Tourist Arrivals in India Up 25%,” *Business Standard*, April 22, 2017, accessed March 21, 2018, www.business-standard.com/article/companies/medical-tourist-arrivals-in-india-up-25-117041900577\_1.html. [↑](#footnote-ref-5)
6. [Neetu Chandra Sharma](https://www.livemint.com/Search/Link/Author/Neetu%20Chandra%20Sharma), “Steep Rise in Medical Visas as India Becomes Medical Tourism Hub,” *Livemint*, July 27, 2017, accessed March 13, 2018, https://www.livemint.com/Politics/uZVQVrUTyDNIjLKxiXKRZN/Steep-rise-in-medical-visas-as-India-becomes-medical-tourism.html. [↑](#footnote-ref-6)
7. World Economic Forum, *The Travel & Tourism Competitiveness Report 2017: Paving the Way for a More Sustainable and Inclusive Future*, January 2017, accessed April 6, 2018, www3.weforum.org/docs/WEF\_TTCR\_2017\_web\_0401.pdf. [↑](#footnote-ref-7)
8. India Brand Equity Foundation, *Health Care*, January, 2017, accessed April 12, 2018, https://www.ibef.org/download/Health care-January-2017.pdf. [↑](#footnote-ref-8)
9. [Dipti Jain](https://www.livemint.com/Search/Link/Author/Dipti%20Jain), “Budget 2018: India’s Health Sector Needs More Funds and Better Management,” *Livemint*, January 25, 2018, accessed March 12, 2018, www.livemint.com/Politics/drnszDrkbt418WpuQEHfZI/Budget-2018-Indias-health-sector-needs-more-funds-and-bett.html. [↑](#footnote-ref-9)
10. India Brand Equity Foundation, op. cit. [↑](#footnote-ref-10)
11. PricewaterhouseCoopers, *Funding Indian Health Care: Catalysing the Next Wave of Growth*, January 2017, accessed February 15, 2018, www.pwc.in/assets/pdfs/publications/2017/funding-indian-health care-catalysing-the-next-wave-of-growth.pdf. [↑](#footnote-ref-11)
12. “Cost Comparison of Medical Treatment,” MediConnect India, accessed March 13, 2018, www.medicalindiatourism.com/treatment-cost.html. [↑](#footnote-ref-12)
13. Vijay Govindarajan and Ravi Ramamurti, “Delivering World Class Health Care, Affordably,” *Harvard Business Review* 91, no. 11 (2013): 117–122. [↑](#footnote-ref-13)
14. JCI was a U.S.-based, non-profit organization that accredited health care organizations, medical services, and programs worldwide. [↑](#footnote-ref-14)
15. ACHS was a health care accreditation body based in Australia; it also met overseas requests for quality accreditation programs through ACHS International. [↑](#footnote-ref-15)
16. Headquartered in Ottawa, Canada, Accreditation Canada was a non-profit organization offering accreditation programs throughout the world. [↑](#footnote-ref-16)
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