

This Week In Medical Travel Today

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by Amanda Haar, Editor

This week's issue is a good reminder of all factors affecting a consumer's choices for medical travel. The SPOTLIGHT interview with Health Advocate's Abbie Leibowitz points to the key role employers play in determining consumer options and what factors influence whether they're in or not.

Abbie Leibowitz, M.D., F.A.A.P., Health Advocate, Inc.

Medical Travel Today (MTT): *What is your familiarity with medical travel? Do you come across it in your business activities with Health Advocate?*

Abbie Leibowitz (AL): Yes, we do. Let me take you back a bit. I was a medical director with U.S. Healthcare, and then the chief medical officer at Aetna U.S. Healthcare after the merger of the two companies, so I go back to the mid-'80s in this business—I'm getting old! We've seen a modest amount of interest in medical tourism among our clients at Health Advocate—medical care delivered overseas or travel for medical services. I remember in the late 1980s and early 1990s when, at U.S. Healthcare, we were approached by a group of physicians from Israel. They had a new procedure for knee replacement surgery. The cost for the procedure as well as a full course of rehabilitation physical therapy after the surgery—plus travel to Israel for not only the patient, but also a family member—could all be done for about half of the cost of doing it here in the United States. So the idea of traveling outside the country for medical care is certainly not a new story.

MTT: *How long ago was that?*

AL: Maybe 1989 or 1990. And I'm sure that was not the beginning of the story either—it's just when I became aware of it. Clearly, the interest in traveling overseas for medical care has been driven mostly by two factors: One is obviously price. Services overseas are often significantly less expensive than here. The second factor is there are things done abroad that are not done here, that some people may be attracted to. These may be procedures or treatment approaches or medications that are not available or approved in the United States. So you have to look at this as either going overseas to receive care that is available here; is recognized as a good and established treatment, but is either done less expensively or better overseas; or going overseas to get care because it is not approved in the United States.



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MTT: *It seems like you have a thorough and long history with medical travel. How would you say it stacks up to what it is in 2011?*

AL: It's certainly much better organized today. As you are well aware, it has been written about in this newsletter and elsewhere, and there are dozens of facilitating organizations working in this space. They work on a fee basis and either have connections to specific facilities and doctors overseas or just functioned as a facilitator. The idea of going abroad for services is easier for individuals today than it was when I first got involved in managed care. Back then, you were really on your own seeking out services. If you go back to the '80s, nobody had the Internet sitting on their desk like we do today. Things have certainly changed as the ability to access these services has become much easier.

MTT: *Do you see a growing interest in medical travel among consumers or employers and payers?*

AL: If you judge by the great propensity of available services and the promotion of those services, you have to conclude that there's increasing consumer interest. However, the truth is that sitting where I sit today at Health Advocate, we don't see a lot of it. We don't receive many inquiries from the 20 million people we serve. Now, that doesn't mean people are not interested in it. Instead, it might mean they don't come to us with any great frequency. We certainly have had a couple of cases, but it's not as though people are beating down our doors to identify places abroad where they can go for infertility care or cancer treatment or a transplant.

MTT: *Do you ever reach out to these people and tell them this service is available? Is your observation just anecdotal based upon their interest or inquiries?*

AL: It's based upon the level of interest and number of inquiries we get, or rather don't get, from our subscribers. It is also true that we don't promote ourselves as having a lot of expertise in this space.

MTT: *Would you ever?*

AL: It's an interesting question. As I was preparing for this interview, we started talking about that. We

have a good relationship with several organizations that work in this area, but we don't see ourselves doing it directly at this time. If we get requests, we do have a database of facilities and physicians our subscribers have used. We can get started on the search and then call on outside resources that we can work with.

MTT: *Do you foresee that there will be an opportunity in the near future to work with employers on getting them to adopt a medical travel benefit?*

AL: Several years ago, there seemed to be more employer interest in this area than today. Clearly, employers, especially large employers, who are self-insured and pay for the medical services that their employees receive, have an interest in helping their employees find less expensive care. The interest in encouraging people to get care abroad as a formal benefit seems to have waned in recent years. There are certainly programs out there, but, today, employers seem to be focusing on other ways to reduce medical costs. So we haven't seen very much activity in this space on the employer-side. There are still employers that offer travel benefits, but there certainly is not a groundswell of interest in this approach.

MTT: *What do you think would ignite their interest?*

AL: The biggest concern has always been assuring the quality of care that an individual gets, and that is not becoming much easier. Finding American-trained physicians who are practicing abroad and who have developed programs to attract patients from the United States has become easier. In terms of the number of patients who need medical care and leave the United States compared to the patients coming from overseas to get care here, there's a far greater influx of patients coming here for care than there are patients going abroad. In the northern border states, there is a considerable flow of Americans going to Canada for care and there are many Canadian programs that actively promote that care is less expensive in Canada. To a certain extent, the same applies at the southern border, where people are going to Mexico for care; although it doesn't seem to me that—at present—the flow into Mexico is nearly as well developed or as comfortable as it is to go into Canada to access care.



MTT: *Access to care is a consideration for many people. Do you believe access would have an impact on any kind of trends in medical travel?*

AL: It may, but there's plenty of good care accessible and available in the United States—if you are willing to travel, and going to another city or state is typically a lot closer than going abroad.

MTT: *You describe the domestic medical traveler.*

AL: Would you say, “I can't find a physician within five miles of my home who can treat my arthritis, so I am going to go to Latvia?” I think that would be a little odd. I don't think medical tourism is truly driven by the lack of access to services because I think anyone willing to travel overseas could certainly find a domestic provider somewhere available and able to provide that care. The other thing that shouldn't be overlooked in this discussion is that Medicare does not provide any coverage for services received outside of the United States. That cuts off a significant number of chronically ill people from this adventure of going abroad.

MTT: *What about for procedures that are not available here – like stem cell or organ transplant?*

AL: I would think that you could really look at the whole transplant situation, but there are some important ethical issues surrounding how organ donors are found in some countries. That's a serious concern. But transplants and the limited supply of organs in our country is one of the highest profile services for which people will travel abroad.

MTT: *And cost is usually no object.*

AL: To the individual, cost is often no object in these situations. But staying in the United States, using your health insurance benefits and getting a transplant here in a high quality program, is the lowest cost-option on multiple levels for the individual. However, it is unfortunately true that many Americans die before a transplant ever becomes available. So, how do you put a price on that?

MTT: *What about embryonic stem cell treatment?*

AL: There is much less political overtone to some of these interventions abroad than there is in the United States. But it's my belief that the level of

expert care offered in the United States can't be matched elsewhere. It doesn't mean we don't have many quality of care issues and inefficiencies in our healthcare system that can't be improved, but at the highest level of care, it's very hard to argue that the United States is not as good or better than anywhere. However, there are definitely programs abroad that have great experience, wonderful outcomes and are doing things that cannot be done here. The challenge to the individual is to identify the level of excellence abroad—and that's why you write a newsletter and why we started Health Advocate.

MTT: *Exactly. So what would you recommend to a patient that had prostate cancer and heard about this HIFU treatment in Mexico?*

AL: I would recommend they seek the level expertise appropriate to their condition in the United States, and speak specifically to that physician about all of their treatment options including those that are available outside the country.

MTT: *Do you believe physicians in the United States are giving that information to patients?*

AL: Yes I do. I am sure that at the level of expertise that we help our subscribers reach, physicians are more than willing to discuss all of the various care options. If you were to go to the top-tier academic medical centers of the country, I think you could trust the physician to give you an honest opinion about the things that could be provided outside the country that are not available here. Typically, many of these “medical innovations” that are being practiced abroad are working their way through the approval process. If they haven't been approved, it may be because there are concerns about the effectiveness or the safety and value of the procedure or treatment. I think you have to be a little skeptical about care offered outside the United States I think you also have to do your research and decide whether you want to go abroad and get the opinion of the doctor who provides any one of these procedures in another country.

MTT: *Can we go back to the discussion about Medicare? Do you think the U.S. government would start outsourcing healthcare to other countries – places not too far away where they*



are building phenomenal hospitals and delivering high-quality care?

AL: There are two answers to the question: You phrased the question to say, “Gee, why wouldn’t the government do that?” However, if you take a step back and look at the present health debate in the country relating to Medicare costs and spending, this idea is not on the agenda. So, if you ask me to predict whether or not over the next 3-4 years we would see Medicare expand to cover treatment overseas, I would doubt it very much. That’s not saying whether or not it’s a good idea, it’s just not in the forefront of the important discussions happening today. Medicare does have a lot of flexibility under present legislation to conduct pilot programs. Certainly, they could turn around tomorrow and say, “Let’s put together a pilot and study the value of having people get care overseas.” I just don’t think it’s on anybody’s agenda right now. I think there are other priorities to address.

MTT: Do you think it’s a good idea?

AL: I think it’s interesting, but there are certainly challenges. I think you’d get into issues of how to credential providers and how to decide what to cover. There are a many issues around making this public policy.

MTT: Have you ever visited these hospitals outside the country?

AL: I have visited hospitals in Western Europe, England, France and Brazil.

MTT: Where did you go in Brazil?

AL: We were in Rio and it was more of a personal visit, nothing formally organized.

MTT: I think you may find it an eye-opener to visit some of these places.

AL: Well, American-style care, Western medical care is spreading to other countries. American hospitals are setting their sights on opportunities in other countries. It’s very hard to get physicians to leave Boston and take up shop in the Middle East. There is a lot of interest in spreading the flag around the globe; both the export and import of Western medicine.

MTT: Do you foresee more of these alliances and partnerships?

AL: Yes. Medicine is a big business. It’s one of the best export industries that we’ve got in this country. We manufacture good healthcare and we export it abroad. It drives money through multiple levels into our economy. If you’re the guy walking down the street in Beijing who has cancer, you deserve the same expert level of treatment that the person walking down the street in Baltimore does.

MTT: So if you were invited to go on one of these healthcare missions, to South Korea or Brazil or one of the healthcare destinations of excellence, would you go? Would you entertain that?

AL: I’d entertain that if I thought that it would be helpful and consistent with the business that we’re in at Health Advocate.

MTT: Is there anything we didn’t cover about medical travel that you think we should touch upon?

AL: I know that the focus of the newsletter is medical travel, but I point out that there are many innovative programs happening here where employers are focusing on quality medical services available to their employees and facilitating the employee’s transport and travel to those facilities. Lowe’s Home Centers is a Health Advocate client. They just put together a relationship with the Cleveland Clinic and we are part of facilitating its electronic second opinion service and helping employees access travel benefits. So, there is awareness among employers that good care is valuable even though it may not be less expensive to get heart surgery, for example, done in Cleveland compared to having the procedure done in another community hospital. But there’s a focus on the quality and outcomes of the care, so Lowe’s and other employers are attempting to channel cases to places that have better results.



About Abbie Leibowitz

Dr. Abbie Leibowitz is a nationally recognized leader in the healthcare industry and an authority on managed care, clinical management, quality assurance, and medical data and information systems.

Before co-founding Health Advocate, Leibowitz was a vice president for Medscape, Inc.; served as chief medical officer for Aetna U.S. Healthcare and U.S. Healthcare; and spent 12 years in private pediatric practice.

He received his medical degree from Temple University Medical School. Leibowitz is board certified by the American Board of Pediatrics, a fellow of the American Academy of Pediatrics and a member of the Philadelphia Pediatric Society.

About Health Advocate

Health Advocate™, Inc., the nation's leading independent healthcare advocacy and assistance company, offers a spectrum of time- and money-saving solutions to businesses. Health Advocate serves more than 21 million Americans and 7,500 clients—including the nation's largest companies—offering expert, personalized help to navigate the complex healthcare system and resolve clinical and insurance issues. Complementary solutions include Wellness Advocate, Benefits Gateway, EAP and Work-Life, Health Information Dashboards, Pricing Decision Support and HR solutions. The company also offers a direct-to-consumer advocacy service, called Health Proponent®, to individuals who are not part of groups.

Founded in 2001 and headquartered in suburban Philadelphia, Health Advocate has been recognized, for the fourth consecutive year, as one of America's fastest growing private companies by *Inc. 500*, named one of the Fastest Growing Companies in North America on Deloitte's 2010 Technology Fast 500™ and is rated one of the Top 20 Best Places to Work by *Philadelphia Magazine*.

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