

# Introduction to Destination Healthcare



Serving  
Group Health Plan Sponsors  
Individuals  
Insurance Companies

---

## Introduction to Destination Healthcare

### **Contents**

<i>Introduction to Destination Healthcare</i>	1
<i>Brief History</i>	2
<i>Healthcare Issues</i>	3
<i>Changing Environment</i>	5
<i>Sample Destination Healthcare Costs</i>	7
<i>Issues in Destination Healthcare</i>	7
<i>Why Isn't Everyone Doing It?</i>	10
<i>Looking Forward</i>	11
<i>China Connection Global Healthcare Destination HealthCare™ Solutions</i>	12
<i>References</i>	13
<i>About China Connection Global Healthcare</i>	14

Destination healthcare is the term for the process of traveling from one's home to another location for medical care. It is founded on inextricably linked principles of access, affordability and quality of care. While few think of the decisions they make regarding where to seek medical attention, destination healthcare decisions are common in today's society. It is not unusual for a family to prefer a particular hospital or doctor, because the provider is in their health insurance company network (affordability), nor is it uncommon to select a specialist based on how quickly an appointment can be scheduled (access). Whether across town, across a state or province, or across national borders, quality of care and medical outcome directly influences whether someone makes a destination healthcare decision.

Today's destination healthcare difference is inclusion of international destinations. Premier hospitals spanning the globe provide exceptional medical care and attention. Michael. D. Horowitz, MD, MBA, a cardiothoracic surgeon who studies destination healthcare, states, "It is naive to think that just because someone practices elsewhere they are not as well trained, or qualified, or artistic as a physician in the United States." The World Health Organization designates destination healthcare hospitals in a number of first-world cities as being among the best in the world, and prestigious news outlets such as the Wall Street Journal and Reuters cite them similarly. At the same time, many of them deliver care with no wait times and at rates well below those experienced by patients in North America and Europe.

Unfortunately, there is little well written information on which people can depend. Much of the existing information comes from destination healthcare's less sophisticated cousin, medical tourism. Destination healthcare is exclusively health care focused, emphasizing medical care and outcome. In contrast, medical tourism agencies also serve patients seeking medical care; however, they quickly diverge by integrating luxury trips to exotic locations and using terms such as "recuperation resorts", "surgical safaris", and "cancer cabanas". This failing can be found in

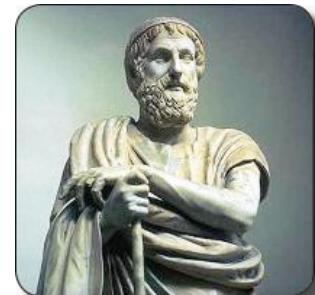
the premise of articles such as “Convention & Visitors Bureau Role in Medical Tourism” in the July/August 2009 issue of Medical Tourism Magazine.

Destination healthcare is not a panacea for the issues facing healthcare in the United States. It does not replace either routine doctor visits or emergency room care. Neither is every medical procedure or patient a candidate for destination healthcare. It is an increasingly popular alternative to high medical care costs, insufficient medical outcomes, delays in access to specialist care, and lack of patient control.

This paper is written to provide straightforward information regarding destination healthcare and to help build a context in which individual patients and corporate administrators can evaluate its benefits.

## Brief History of Destination Healthcare

Destination healthcare is a centuries-old consumer medical practice, with definitive records dating back to the early Greeks who visited Epidauria, a territory along the Aegean Sea, in the sixth century BC. The *asclepieion* at Epidaurus was the most celebrated healing center of the Classical world, the place where ill people went in hope of being cured. Roman records from around 75BC describe the healing centers in Bath, England. The Pool of Bethesda, recorded in the Gospel of John, was surrounded by an *asclepieion* where the ill and infirmed traveled for healing. The earliest references, however, seem to date to about 2650 BC, when people traveled to see the Egyptian physician Imhotep who was renowned for medicines for wound care and for relief of intestinal, muscular and skin disorders.



In the United States, destination healthcare began to take root in the late 19th and early 20th centuries when Americans suffering from tuberculosis traveled to sanatoria in places like Colorado Springs; Battle Creek, Michigan; Louisville, Kentucky; and Saranac Lake, New York, among others. In the second half of the 19th century, destination healthcare developed further as patients traveled cross-country to leading specialty and teaching hospitals including the Mayo Clinic, the Cleveland Clinic, Johns Hopkins, the MD Anderson Cancer Center, and St. Jude Children’s Research Hospital among many others.

Today, advances in medical techniques and technology, international partnerships between hospitals and medical universities, and internationally trained doctors combine to deliver medical outcomes and standards of service equaling or surpassing those in the US. Patients take advantage of the ease of global travel to access world renowned international hospitals in China, India, Thailand, and other countries that provide premier medical care with costs far less than those in the US. The number of Americans receiving medical care internationally, including vacationers and expatriates, was estimated at one million for 2008.

Medical associations have also recognized the value of destination healthcare. In 2009, both the American Medical Association and the American College of Surgeons issued new position statements recognizing the important role destination healthcare can play when properly structured and delivered. The American Society of Anesthesiologists joined them in recognizing the benefits of destination healthcare in April 2010. The American College of Surgeons recommends that patients “seek care of the highest quality” and encourages its member physicians to “assist all patients in reaching informed decisions concerning medical care, whether at home or abroad.”

## Healthcare Issues

Medical patients who look outside their home community for medical care do so for three basic reasons: access to care, affordability, and outstanding care. The American College of Surgeons described it this way:

“Residents of the US may choose to pursue medical care abroad for a variety of reasons, including a real or perceived lack of services available at home; limits imposed by payors or regulatory agencies on access to certain specialists, treatment protocols, equipment or services; prolonged waiting periods, lower costs of care; and personal reasons.”

*The American Medical Association, the American Society of Anesthesiologists and the American College of Surgeons recognize the value of destination healthcare.*

The American College of Surgeons effectively identifies the primary access concerns for patients today: wait times to receive needed care and limited or denied access locally to the care they need. The reasons are often a combination of location, medical specialty, expense to the payor, or, in the case of regulatory issues, that nation’s domestic process for approval of medical procedures.

In some locales, access concerns arise because wait times to see a physician can easily reach four to six months. The Fraser Institute reported the average wait in Canada between a primary doctor referral to a specialist and the appointment is 4.5 months. In Sweden, only 50% of surgical patients receive their surgery within the three-month standard of the national health system, and the median wait time for critical cardiovascular surgery is eight weeks. For non-life threatening procedures, such as hip replacement, waits of six to eight months are common for Swedes. The American Medical Journal reported that wait times in 2009 had risen to an average of six weeks across the United States. In Massachusetts, wait times for certain specialist appointments were stretching to 25 weeks. Merritt Hawkins & Associates’ 2009 Survey of Physician Appointment Wait Times reported 2009 waiting times to schedule an appointment in Minneapolis with a cardiologist averaged seven weeks.

Patients are increasingly frustrated with limitations on available benefits and services. Health insurance policies frequently define the number of visits allowed for particular services, the number of inpatient care days, or financial caps. Kathy Pfeifer, a speech therapist from Louisville, Kentucky describes the frustration in the documentary [9000 Needles](#): ““As soon as you get your patient in the

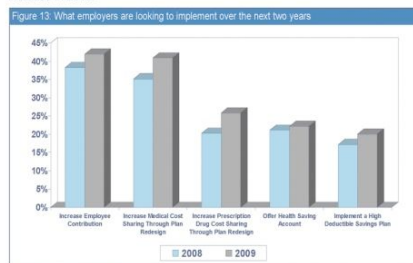
door, the first thing you're looking at is their insurance approval. You need to make your goals according to what time restrictions they give us." Dr. Kelly Vincent adds, "We have to get a stroke rehabbed in less than 100 days, or benefits are cut back to the point that people cannot often proceed with the therapy they need." In other cases, health insurance policy conditions impose a greater co-insurance responsibility for care that is outside a network hospital, even though that same service is not available in-network where the patient lives.

With advances in medical science taking place around the globe, access can mean the opportunity to receive breakthrough new treatments that are not available where the patient lives. For some patients, access to that care offers life saving potential; for others, it offers a chance for improved quality of life. The first successful heart transplant, pioneered through a worldwide effort, was performed in Cape Town South Africa in 1967. Heart transplants are now the fourth most common organ transplant in America. Laser assisted vision correction (LASIK) became widely available in Germany in the mid 1980's and in Canada in the early 1990's. It was 1996 when LASIK became available in the US following approval by the Food and Drug Administration. Finally, there are certain medical procedures that have only been recently approved for use in the US, like hip resurfacing, or are still in research trials, like some stem cell treatments, that have been available for patients outside the US for several years. Destination healthcare opens the door for patients to access these important developments.

Worries about affordability grow almost daily. In February 2010, Anthem Blue Cross announced price increases of 39% for many California policyholders. A health insurance plan with an annual premium of \$3000 per year in 2000 now costs approximately \$7,949, a 165% increase. During this same time, according to the US Bureau of Labor Statistics, direct compensation grew only 37%. At the same time, premiums are increasing for both individual and group health plans, and businesses face economic downturns, continuing a near decade-long run of double-digit cost shifting from employers to employees. This takes several forms, including premium increases, benefit reductions, reduction of co-insurance percentages, and greater copayments for physician visits and prescription medications.

#### Employer cost sharing

The increase in employers shifting medical costs to their workers will continue to increase in 2010.



PriceWaterhouseCoopers reports almost 80% of companies expect to shift costs to their employees again in 2010 by increasing deductibles and employee share of the premium. During the last few years, annual out-of-pocket expenses have risen from just over \$1,500 to almost \$4,800 in 2008, the last year for which complete statistics are available. According to a recent study, 94% of Americans are afraid that a major medical incident will result in a personal financial crisis, even with their health insurance, and over 50% are afraid an incident could bankrupt them.

In this environment, premier medical quality remains the dominant factor, especially for destination healthcare. As much as any person may be willing to travel to get the medical attention they need, none are willing to do so for lesser, or even suspect, quality of delivery or outcome. Even in the United States, people base destination healthcare decisions on quality considerations. In some

cases, it results from worries about quality in that patient's home hospital. A 2009 study conducted by the Robert Wood Johnson Foundation found that 60% of Americans give the US medical care system a letter grade of C or lower. In other instances, the decision is based on access to specialists that don't exist in a patient's home community. Patients have each shown a willingness to travel across the country to top specialty medical centers. Increasingly, that willingness includes international destinations.

## Changing Environment for Destination Healthcare

In America, we want to believe that our medical care is the best in the world, and who can fault that desire. Great medical care is not, however, exclusively an American product. Nations from around the world have made and continue to make important contributions to medicine. "Medicine has always evolved globally. Innovations in health care occur around the world as doctors and scientists working at universities, health care device companies and other organizations grapple with major healthcare issues. What is new is that with globalization, unique health care options are available worldwide to those who can access them," writes Dr. David Hogberg of the National Center for Public Policy Research.



The growth of patient directed care is also having a marked influence on the growth of international destination healthcare. The Deloitte Center for Health Solutions writes, "Consumerism is a formidable force in health care, a defining characteristic between its past and its future that will impact every stakeholder's value proposition and business models. Consumerism is not a fad; it is a trend of enormous significance."

More and more, patients are seeking information about potential treatments and are looking for ways to become more knowledgeable and more involved with the direction of their care. The Internet has made more of that information available to them than at any time in history, and these informed patients are more comfortable with both quality of care and medical outcomes around the globe. The Deloitte Center for Health Solutions noted that 60% of the respondents to its 2009 survey reported seeking information about treatment options online during the previous year. Patients and their family members are able to gather information about treatments, medications, and new advances and discuss them with their doctors. Support groups for family members have sprung up across the Internet, including many that have become outstanding information resources regarding difficult to treat diseases. The parents, for example, of children with Batten's Disease routinely share information that is leading to strides in treatment and to destination healthcare decisions accessing specialized programs in Germany and China. In each of these situations and more, international destinations that offer outstanding levels of medical care and advances in treating difficult to treat medical conditions offer medical outcomes not available to the patient at home. Patients are also comparing physician and hospital quality. Deloitte reported that three out of ten patients in 2009 were comparing doctors before selecting them, a 30% increase over 2008.

Similar developments are found in the number of people comparing quality of hospitals and their medical outcomes.

Businesses and insurance companies are paying attention to destination healthcare as a means to control costs and realize positive medical outcomes. A survey conducted by China Connection Global Healthcare found that savings on 13 leading destination healthcare candidate procedures can exceed \$1.4 million per 100 cases. For companies sponsoring self-funded health insurance plans, those savings can contribute to direct savings as well as the ability to stabilize benefit costs for their employees. Destination healthcare can also remove volatility from corporate health plans by managing the costs of high dollar claims with an integrated destination healthcare benefit. For a direct health insurance company or a stop-loss insurer, destination healthcare can address volatility concerns, reduce individual and aggregate loss limits, and increase both pricing stability and profitability.

Businesses and insurance companies have tried to mitigate some of the cost-shifting burden through high deductible health plans (HDHP), Health Savings Accounts, Health Reimbursement Accounts and Section 125 flex benefit plans. Properly designed and implemented, this approach can be very effective. With HDHP's, destination healthcare can reduce the cost of medical procedures, resulting in direct savings to both the individual and the health plan. For example, a procedure that would cost \$25,000 in the US and use all of a \$7,500 deductible may only cost \$5,000 internationally, even after including airfare, a savings to the insured of \$2,500. Used with a medical expense reimbursement plan, like an HSA or a flex plan, a properly designed destination healthcare benefit can reduce the direct out-of-pocket expense to the individual even further, in some cases to zero.

Finally, a new group of destination healthcare facilitators has emerged to assist patients and organizations access first-world medical destinations. Rather than emphasizing leisure travel and low cost medical procedures, the better firms are healthcare companies whose focus is on quality medical care, access and affordability issues. The importance of this difference cannot be underestimated. Among the factors that distinguish these top companies are:

- Transportation assistance, including travel arrangements and document assistance, arrival assistance from the airport to the hospital;
- Direct admission and discharge support, including bill resolution and payment guarantee;
- Company staff on-site at the destination, rather than reliance on hospital staff or independent contractors;
- Internal assessment criteria for hospital selection, rather than sole reliance on an international credential; and
- Service programs that preserve and directly coordinate with payors of medical benefits.

The emergence of destination healthcare facilitators and other factors open new opportunities for individual patients and corporate administrators to realize the benefits available via destination healthcare. In the United States, the outcome of ongoing health insurance reform debates stands to further change the environment.

## Sample Destination Healthcare Costs

Procedure	United States		China	Costa Rica	India	Thailand
	Billed Amount	Insurer Cost				
Heart Bypass	\$ 144,000	\$ 64,800	\$ 12,900	\$ 25,000	\$ 8,500	\$ 24,000
Angioplasty	\$ 65,000	\$ 31,125	\$ 5,550	\$ 13,000	\$ 8,500	\$ 7,000
Heart Value Replacement	\$ 170,000	\$ 86,135	\$ 19,000	\$ 30,000	\$ 12,000	\$ 22,000
Hip Replacement	\$ 60,000	\$ 25,850	\$ 10,000	\$ 12,500	\$ 8,000	\$ 16,000
Knee Replacement	\$ 52,000	\$ 23,400	\$ 10,000	\$ 11,500	\$ 8,000	\$ 12,000
Spinal Fusion	\$ 100,000	\$ 46,000	\$ 7,500	\$ 15,000	\$ 7,000	\$ 11,000
Regenerative medicine for neurological disease	Not available		\$ 32,000	Not available	Not available	\$ 72,000
Stroke rehabilitation	\$ 110,000	\$ 63,000 <sup>1</sup>	\$ 23,000	\$ 70,000	Not available	\$ 58,000

<sup>1</sup>. Amount does not include patient out-pocket for costs exceeding maximum insured benefits. Individuals are frequently left with amounts ranging from \$60,000 in additional expenses.

## Issues in Destination Healthcare

Destination healthcare, like medical procedures in general, is accompanied by both benefits of favorable outcome and concerns about associated risks. For the person considering destination healthcare, it is important to understand these concerns and the ways in which each of the service providers manages the risks involved. There are five commonly cited concerns.

### Discerning medical quality

Evaluating hospitals and doctors can be challenging; however, it is not impossible. In one's own community, a patient will often have either direct experience with or knowledge of a hospital or doctor. He may also know others who have experience with that provider. For destination healthcare, information regarding the experiences of previous patients, international accrediting authorities, and medical outcome statistics, including negative outcomes like post-surgical complications, is important

*The best companies do not rely solely on the judgement of accrediting agencies in selecting hospitals.*

for both prospective patients and health insurance administrators. Many medical tourism companies tout the fact that each hospital they recommend has JCI accreditation. This can be one element of evaluating the quality of a hospital; however, it should not be the only one. Ori Karev, CEO of United Health International, speaking on the subject of accreditation suggested that while JCI may be good, he is not sure if it is the solution. As one example of the gap left by using JCI alone is the absence of JCI-accredited hospitals in Canada, the United Kingdom, Australia, Finland, or France, countries where few patients would have concerns about being treated in the best hospitals. Currently, United Health International does its own credentialing of doctors and hospitals. The best destination healthcare companies do so as well. Evaluations often include the ratio of English-speaking doctors and nurses, the hospital's complication and infection rates, successful medical outcomes, familiarity and experience with treating international patients, and medical specialties and their ranking by other medical authorities. It is imperative for patients and plan sponsors to inquire how the facilitator offering a recommendation has evaluated the provider.

### Liability Concerns

This is the most commonly cited concern, and somewhat interestingly, a patient's home physician most often raises it. Medical errors resulting from malpractice can occur internationally just as it can in America. It is true that many countries have malpractice laws that are weaker or courts that make significantly smaller damage awards than the United States. The level of damage awards and the nature of legal systems also is one of several factors making premier quality care more affordable in those nations. One study found that malpractice premiums in India are about 12% of those in the US. It is also true that bringing legal action in a distant country involves a different set of logistical challenges than in the US. However, bringing legal action is not impossible. There are excellent international law firms that can assist with a particular nation's malpractice laws and court system. The best destination healthcare firms have insurance options available that can aid with the direct costs of medical complications for their clients as another element of helping manage these concerns. In addition, they have working relationships with the hospital and advocate on their clients' behalf with the hospital staff.

*The best destination healthcare providers have options that assist with the costs of medical complications.*

### Travel Concerns

This concern consists of two elements for many patients. People occasionally express concerns about flying to their medical destination prior to care and about comfort and safety on their return. It is critical that the selected destination healthcare company be knowledgeable in travel medicine to ensure that patients who are not medically fit to fly are properly advised of the risks. In fact, the best destination healthcare companies have protocols to assure that only patients who are fit to travel do so. Individuals should ask how their provider would address a situation of this type, including inquiring about specific examples to determine how the company assesses these risks. Related concerns arise regarding return travel following surgical care. In part, this concern relates to experiences with the discharge requirements of managed care programs. However, because destination healthcare hospitals are able to provide longer stays for less expense, patients are able

to remain in the hospital in they have recovered enough to travel safely. A destination healthcare company with experience in travel medicine working alongside physicians at home and at the destination can ensure that the patient is ready for travel before leaving for home.

Patients may express concerns about family members being able to accompany and/or visit them while hospitalized. Many medical studies demonstrate the importance of support from family and friends during major surgical care and recuperation. Destination healthcare hospitals understand this, encourage patients to bring a family member or other companion and provide an environment in which family and companions are comfortable. Unlike the US where family or companions are asked to leave at the end of the day, destination healthcare hospitals have rooms in which the companion can stay throughout the admission. Many provide Internet connections, so patients can remain in touch with family and friends at home through email or voice over internet phone services.



#### Continuity of Care

Continuity of care, particularly post-operative treatment, is essential in patient care. When someone visits a distant specialty hospital, she leaves the direct care of her home physician for treatment and requires appropriate medical and therapeutic follow up care after returning. Domestically, she returns to her general physician who oversees that care. Some doctors and commentators have expressed concerns about the challenges of doing this effectively relative to destination healthcare. Some go as far as expressing reluctance to treat a patient returning from a destination healthcare experience. This argument overlooks the fact that this situation exists regardless of whether the destination hospital is domestic or international. Dr. Kevin Huffman, Chief Medical Officer for Ohio-based iBariHealth, recognizes the real issue is different from the argument being raised, “It isn’t the potential for any complication occurring. It is not a matter of where a surgery was performed that worries a doctor. It is whether the surgeon performed the procedure properly. We don’t want to clean up another doctor’s lack of knowledge, poor technique or lack of skill.” For premier medical facilities and doctors, these concerns do not stand in the way. he adds.

The best destination healthcare providers understand the demands of continuously connected care and have procedures to connect home physician(s), destination physician(s), therapists, insurance company case managers, and other aftercare providers. Doctors are available to one another, regardless of location, to plan treatment, coordinate during its delivery, and share follow-up needs. Your facilitator should have defined processes in place for after-care arrangements to ensure that your care starts before you leave and continues when you return.

## If it's this good, why isn't everyone doing it?

Simply put, many people are taking advantage of destination healthcare's benefits. Millions of Americans are making domestic destination healthcare decisions every day. Deloitte estimated the number of Americans using international destinations at approximately 750,000 in 2008. Deloitte and Forbes both forecast that number will quadruple by 2012. While there are many who believe some of the past numbers are high, there is equally good reason to accept the forecasts as well targeted. Healthcare patients are coming to realize the same benefits of global competition that consumers of other products and services have enjoyed for many years: improved quality, improved access, and improved prices.

There are some reasons people are just beginning to take advantage of international destination healthcare's advantages.

First, and foremost, people are only beginning to learn about international destination healthcare and its benefits. As noted earlier, people routinely make destination healthcare decisions locally or regionally. The idea of using an international medical network, especially for Americans, is a new concept.

Because destination healthcare as a serious discipline is still confused with medical tourism, people see it as travel to an exotic location for elective or cosmetic procedures or only for people without health insurance. Medical tourism facilitators run the gamut from the serious provider to displaced travel agents who attempt to replace hotels with hospitals when booking a vacation. Many of them fail almost as quickly as they arise; regrettably, the leftover sense of a hospital hostel remains behind in their wake. One medical tourism company furthers the problem with this statement from its business-to-business marketing effort: "There is no better way to gain the favor of patients than to offer them an all-expense paid trip to an exotic destination. While this proposition may seem overly generous initially, this is a true win-win situation. Insurers can cut costs while patients receive outstanding care and exciting travel opportunities." The absurdity of this statement is obvious. Americans making healthcare decisions focus on quality of care, not travel to exciting destinations.

Second, people have had reasonable worries over quality of medical care, liability and potential complications. The best destination healthcare firms realize the nature of these concerns and review the hospitals and physicians to whom they refer patients carefully. Ask the firm whether they know the rates of medical complication in the hospitals. If they can't answer, don't use them. Ask about the hospital's record of medical outcomes for the procedure you are considering. If it isn't better than close to home, don't go. The best firms will be able to provide a combination of answers related to access, affordability, medical quality and medical outcome questions that support a destination healthcare choice.

Third, people are only now beginning to understand the range of medical services for which destination healthcare is a serious alternative. Increasingly, this is changing and the number of individuals, health plan sponsors and insurance companies is increasing with it. Destination healthcare, as noted above, is a replacement neither for routine medical care or obtaining prescription medicines on one end of the spectrum nor for emergency care on the other. In between, destination healthcare is not the right choice for every patient or every medical condition. Using

hospital admission statistics from the American Hospital Association, there are more than 59 million hospital admissions annually in the United States alone based on medical procedures that are good candidates for destination healthcare.

Third, some corporate and insurance company pilot programs have not yielded the results plan sponsors desired. Close assessment of this finds quickly that the plans were either too narrowly designed, e.g., a single medical procedure or a single destination; based on ineffective benefit design; or poorly delivered, e.g., focused on use of a hospital in a third world environment.

Finally, it is still relatively new as a corporate benefit. Companies are coming to realize that they can offer employees and their families an alternative to the high costs of American healthcare. In combination with other corporate benefits, like health savings or medical reimbursement plans and higher deductible health plans, destination healthcare offers a highly effective means of managing employer costs and maintaining robust benefits for employees. The best destination healthcare companies have already evaluated issues, including ERISA compliance considerations and potential plan liabilities, and are working with employers and insurers to implement solutions.

## Looking Forward

Individual patients and corporations seeking ways to access premier medical care and better manage their financial resources in the face of increasing medical and health insurance costs will continue to drive the growth of international destination healthcare. People are increasingly willing to travel to seek lower cost alternatives that help them manage reduced insurance benefits and higher out-of-pocket expenses. Patients as consumers will seek access to care they cannot obtain at home, whether to avoid long waits for doctor visits or to take advantage of treatments not available to them at home. Destination healthcare will become more and more attractive in the business community as an effective way to manage costs in an environment where double-digit health premium increases are the norm.

There is little doubt that destination healthcare will be more widely accepted and used during the coming years. Whether destination healthcare grows as quickly or to levels forecast by the analysts remains to be seen. What is clear is destination healthcare has arrived as a viable option meeting the needs of those seeking premier quality, accessible, affordable medical care.

## China Connection Global Healthcare Destination HealthCare™ Solutions

China Connection Global Healthcare's Destination HealthCare™ solutions are designed to meet the needs of a diverse audience, including:

- Individuals
- Corporations with fully insured or self-insured health plans
- Corporations offering mini-med or specific condition medical plans
- Educational institutions
- Government entities and contractors
- Insurance companies, including direct insurers, health reinsurers, and stop-loss insurers
- Associations and affinity groups

CCGH provides turnkey corporate and individual services including travel preparation, reservations, and visa support; on-site visits with patients in the hospital using CCGH's own staff not hospital employees or contractors; coordination between the patient's home and destination physicians; and a comprehensive aftercare program that connects patients, their doctors, and their insurers to deliver the best in coordinated care.

Destination HealthCare™ Solutions are available for more than 30 medical specialties and subspecialties. Treatments include Integrated Medicine, the powerful convergence of modern Western and Traditional Chinese Medicine; regenerative medicine for neurological conditions; and a wide range of surgical procedures.

For mid-sized and large corporations, international destination healthcare is an opportunity to remove volatility from group-rated and self-funded health plans without compromising medical quality. In addition, as claim costs are reduced, corporate premiums and the corresponding employee payroll deduction for those premiums will stabilize. Integrated with medical reimbursement plans or as an extended network with special benefits, companies can effectively steward their money by reducing expenses and maximizing the use of pre-tax dollars.

Smaller businesses who can only offer limited benefits, such as mini-med, specific conditions or specific limit health plans can also take advantage of the benefits of CCGH's Destination HealthCare™ Solutions. Patients can use destination healthcare as an affordable major medical arrangement, able to save up to 90% of billed charges for comparable care in America. A Destination HealthCare™ benefit can also stretch the dollars available from a specific condition or specific limit policy, resulting in added funds to cover other necessary expenses.

For primary health insurance companies, stop-loss carriers, or reinsurance companies, Destination HealthCare™ offers the opportunity to capture readily achievable savings of \$1.4 million and up per 100 cases. Expense reductions from specific claims and aggregate annual losses provide direct bottom line savings, as well as provide the means to create a competitive distinctive as a carrier able to offer stable premiums over time. A custom solution can begin to realize direct return on invested fees after only 150 cases for a 1000 policyholder program.

Available as a direct service plan or as a complementary network, CCGH Destination HealthCare™ solutions are easy to administer, offer access to outstanding medical outcomes for expensive and/or difficult to treat conditions, and can stabilize or reduce your cost of insurance.

## References

2009 Survey of Health Care Consumers. Deloitte Center for Health Solutions, 2009.

Aristophanes, *Plutus 410 & 620* (trans. O'Neill) (Greek comedy C5th to 4th B.C.)

"Epidaurus." Wikipedia, The Free Encyclopedia, Accessed Web. 9 Feb. 2010.

Huffman, Dr. Kevin. Corporate Interview. August 2009.

"Medical and Surgical Tourism: The New World of Health Care Globalization and What It Means for the Practicing Surgeon." James A. Unti, MD, FACS. Bulletin of the American College of Surgeons, Vol. 94, No. 4. April 2009.

Medical Tourism. American Hospital Management Company. August 2008

"Medical Tourism -- An Expert Interview with Michael Horowitz, MD, MBA." Medscape Plastic Surgery & Aesthetic Medicine 10/14/2009

Medical Tourism: Implications for Participants in the US Health Care System. MedPharma Partners LLC & MedTriplInfo.com. October 2007.

Medical Tourism: The Ultimate Outsourcing. Aon Consulting. March 2007.

Medical tourism: *Update and implications*. Deloitte Center for Health Solutions. June 2009.

Mending bodies, saving souls: a history of hospitals. Risse, G.B. Oxford University Press. 1990.

2009 Survey of Physician Appointment Wait Times, Merritt Hawkins & Associates. April 2009.

## **About China Connection Global HealthCare (CCGH):**

Since 2006, China Connection Global HealthCare ([www.chinaconnection.cc](http://www.chinaconnection.cc)) has been dedicated to meeting the needs of people seeking premier quality, accessible and affordable health care. During that time, CCGH has become recognized as the pioneering leader in destination healthcare.

CCGH is exclusively a healthcare company. Operating from offices in the United States and China, CCGH arranges medical care through an exclusively contracted network of world-class hospitals and physicians in Tianjin and Beijing, China, including hospitals cited by the World Health Organization, the International Olympic Committee and major news publications, such as the Wall Street Journal, as being among the best in the world. Each hospital has been personally reviewed by CCGH staff and subjected to a rigorous credentialing process.

Destination HealthCare™ network hospitals provide premier quality medical care in more than 30 medical specialties and subspecialties. With proven savings in excess of \$1.4 million per 100 cases, CCGH delivers real savings to its clients and their people. More importantly CCGH clients are achieving recovery from conditions including stroke, traumatic brain injury, anoxic injury, and neurological conditions, including cerebral palsy, Parkinson's Disease, muscular sclerosis and others, that they have been told were not possible.

Since 2006, CCGH has assisted clients from the United States, Canada, the United Kingdom, the Netherlands, Egypt, Mauritius, and India, among others, find the medical care they needed. The company maintains an active 94% client satisfaction rating.

## **For More Information**

For more information or to learn how you or your business can benefit from Destination HealthCare™, contact China Connection Global Healthcare by phone at 720-324-5000, by email at [dhcinfo@chinaconnection.cc](mailto:dhcinfo@chinaconnection.cc) or visit us on the web at [www.chinaconnection.cc](http://www.chinaconnection.cc).

## **Informational Notice**

This white paper is a publication of China Connection Global Healthcare, Inc. and is produced for informational purposes only. Information contained herein is considered accurate as of its date of publication. The content should not be construed as legal or business management advice.